



**U.S. Department of Education
Office of Postsecondary Education
National Committee on
Foreign Medical Education and Accreditation**

**GUIDELINES
For
REQUESTING A COMPARABILITY DETERMINATION**

Revised September 2009

OVERVIEW and PURPOSE

The National Committee on Foreign Medical Education and Accreditation (NCFMEA) is charged with determining whether the standards of accreditation used by a foreign country to accredit medical schools offering programs leading to the Medical Doctor (M.D.) degree, or its equivalent, are comparable to the standards of accreditation applied to M.D. programs in the United States. In making this determination, the Committee uses the following **Guidelines** that it has determined provide an appropriate framework for the thorough evaluation of medical schools offering programs leading to the M.D. (or equivalent) degree. In general, these **Guidelines** are similar to, and based upon, the standards used by the Liaison Committee on Medical Education (LCME) to accredit medical schools in the United States.

The NCFMEA wishes to make it clear, however, that these are **Guidelines**. A foreign country's standards and evaluation processes may differ substantially from these **Guidelines** and the LCME standards and still be determined to be comparable to the standards and evaluation processes used in the United States, provided the foreign country can demonstrate that its standards and processes are effective alternatives to those used in the United States.

It is recognized that circumstances within a country may appropriately result in diverse institutional missions and educational objectives. However, those circumstances can never justify the accreditation of a substandard program of medical education leading to the M.D. (or equivalent) degree. The NCFMEA expects the accreditation decisions to be consistent and in compliance with the **country's accreditation standards and evaluation processes**.

The NCFMEA has encountered significant variability in the structure used by each country in administering its accreditation process. In some countries, the entity charged with the determination that a medical school has met the necessary standards to be formally accredited is a governmental entity, in others it is a professional entity, and in still others it is an external body composed of international experts that has contracted to perform this function. Generally, in most countries, the ability to operate as a medical school or college where students matriculate and emerge with a degree equivalent to an M.D. degree is under the jurisdiction of a governmental entity such as the Ministry or Department of Education. This entity generally holds the power to both open and close the medical school. In some countries, there may be more than one governmental body involved, such as the Ministry of Education and the Ministry of Health. It is important for the NCFMEA to clearly understand how your country administrates the operation of your medical schools.

The NCFMEA is concerned with the processes that a country uses to accredit/approve its medical schools. These processes most certainly require the existence of standards whose validation is determined by the processes of inspection and auditing used in a global evaluation. It includes the review of certifications and licensure. It is more, however, than the recognition of a medical school by a government. It is the further determination that the evaluated medical school meets required standards comparable to those used by the LCME to accredit United States medical schools.

GENERAL INSTRUCTIONS for Completing the Application

- The application is arranged in three parts:
 - **Part 1** requests information about the structure of the system that your country has to authorize the establishment of medical schools and subsequent oversight of the quality of the medical education program.
 - **Part 2** requests information about the standards and requirements your country uses to evaluate the quality of medical education leading to the M.D. (or equivalent) degree.
 - **Part 3** requests specific information regarding the evaluation process and application of your quality standards, including the qualifications of evaluators, quality controls against conflict of interest, monitoring, and verification of compliance with your standards.
- Please provide a **narrative response** for **each** individual subsection of the application.
- Please provide **documentation** for **each** individual subsection of the application. Provide documents to verify each response and demonstrate application of the process or procedure, as appropriate. Suggested documentation includes:
 - Copies of relevant laws
 - Copies of regulations, standards, or other authoritative documents
 - Copies of accreditation standards
 - Copies of accreditation processes and procedures documents
 - Samples of institutional self-study reports
 - On-site review team guidance
 - Samples of site visit reports
 - Decision meeting minutes
 - Training materials, etc.
- Please provide **English translations** of **all** documents that are submitted with the application.
- Before completing each subsection, first carefully read the standard (indicated in **BOLD** print) and answer each question that follows within the context of the **Guidelines** and the definitions and concepts provided below:

Accreditation/Approval: The act or process of confirming compliance with developed standards in order to attest that a designated level of operational capacity exists within a medical school educational facilities and processes so as to assure its ongoing ability to function and to provide for the future competence of its students.

Audit: The act or process of a strict and/or close examination in order to determine that the processes so being examined are in fact genuine and operating as specified and result in the desired outcomes. It generally requires a step-by-step review of the processes under examination.

Certification: The act of attesting and/or guaranteeing of the genuineness of a specific operational capacity, generally the result of several inspections and/or audits used in an evaluation.

Evaluation: The act or result of judging, appraising and/or rating the operational characteristics, capacities and performance of a medical school, which generally results from the inspections and/or auditing of a whole group of operational requirements and provides a de-facto statement about the **relative merit of medical school's processes**. **The significance of evaluations for purposes of comparability depends on the standards being applied.** Sometimes such evaluations only state that a medical school has met the minimal requirements, but does not further rate the performance, a so-called "pass/fail." **In other circumstances the evaluation may produce a gradation** such as unsatisfactory, satisfactory, and exemplary.

Inspection: The act or process of a strict and/or close examination on-site in order to determine the state of operational integrity; often limited to specific aspects such as compliance with building and safety codes, it may also be used to ascertain the existence of required conditions.

Institutional Self-Study: During an institutional self-study, a medical school brings together representatives of the administration, faculty, student body, and other constituencies to (1) collect and review data about the medical school and its educational programs, (2) identify institutional strengths and issues requiring action, and (3) define strategies to ensure that the strengths are maintained and any problems are addressed. A summary **self-study report** of this information is submitted to the accrediting/approval body for the **on-site review team's** use when conducting an on-site review at the medical school.

Licensure: The granting of licenses and/or permits in accordance with established standards to allow legal operation of a medical school within a country, often a permit, license or charter. Although licensure formally documents compliance with the legal requirements applied by the licensing authority, those requirements may be minimal thresholds only and may have little bearing on comparability determinations.

Recognition: The action of formal acknowledgment of the de facto existence of a medical school implies the existence of minimal standards of operation and governance from the perspective of a **country's government, but** in no way attests to the accreditation of such an institution's compliance **with higher, if voluntary standards, such as the LCME's**. **Hence,** the formal recognition of a medical school by a government is only that it is empowered to commence and/or continue operations and, as such, does not meet the needs of the NCFMEA to determine comparable accreditation.

On-Site Review: During an on-site review, a team representing the accrediting/approval body visits all of the medical school's sites (including all clinical sites) and evaluates strengths, areas of noncompliance with accreditation/approval standards, and any areas in transition (activities currently in progress whose outcome could affect compliance with the accreditation/approval standards). The on-site review team writes a **site visit report** of its findings and presents the report to the accrediting/approval body for its use in determining the accreditation/approval status of the medical education program.

Standards: Uniform performance specifications established by authority, custom, or general consent, and used as a model or an example to be followed to ensure operational capacity within the **medical school's processes**. **Standards** provide measures of performance and reflect carefully thought-out methods of performing tasks, which may then be inspected and/or audited.

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PART 1:
Entity or Entities Responsible for the
Approval and Accreditation of Medical Schools

Required documentation to support and verify responses to Part 1:
Please provide a copy of the law(s), regulation(s), or other document(s) that authorize the entity or entities to accredit/approve medical schools. This information must be provided in English.

Section 1: Approval of Medical Schools

(a) There should be one or more clearly designated entities that have authority to approve or deny the operation of medical schools in your country that offer educational programs leading to the M.D. (or equivalent) degree.

1. In your country, are there one or more clearly designated entities whose consent must be obtained in order for a medical school to commence operations? If so, what is the name of each entity and to whom does each entity report?
2. Do these entities regulate the certification/licensure of the medical school (not the certification/licensure of the medical students)? If not, which entity does?
3. In your country, are there one or more governmental entities with the authority to force the closure of a medical school or to take away its right to operate? If so, what is the name of each entity and to whom does each entity report? **NOTE:** Examples have been found where the entity that grants the license for the medical school to begin operations does not have the authority to force closure of the medical school.

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Section 2: Accreditation of Medical Schools

(a) There should be one or more clearly designated entities responsible for evaluating the quality of medical education in your country, and those bodies should have clear authority to accredit the operation of medical schools in your country that offer educational programs leading to the M.D. (or equivalent) degree.

1. In your country, are there one or more entities that conduct in-depth evaluations of each medical school in order to confirm the school's compliance with a defined set of standards for operation? If so, what is the name of each entity and to whom does each entity report?

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PART 2: **Accreditation/Approval Standards**

Required documentation to support and verify responses to Part 2:

Please provide a copy of the specific laws, regulations, standards or requirements your country applies in its evaluation of the medical school program leading to the M.D. (or equivalent) degree. Please include specific requirements for each component of the program (mission, governance, administration, basic sciences, clinical sciences, students, faculty, resources, etc.). This information must be provided in English.

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

Section 1: Mission and Objectives

- (a) The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school's educational program must be appropriate in light of the mission and objectives of the school.**
- (b) The medical school faculty must define the objectives of its educational program. The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the educational program.**
- (c) It is expected that the objectives of the educational program will be formally adopted by the faculty, as a whole, and through its recognized governance process.**
- (d) The objectives of the educational program must be stated in outcomes-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician.**
- (e) An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.**

1. Does the entity responsible for evaluating the quality of medical education in your country require its medical schools to have an educational mission that serves the public interest? If your answer is yes, please explain how the public is served.

2. What are your country's requirements related to how medical schools must prepare graduates to qualify for licensure and to provide competent medical care?

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Section 2: Governance

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

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

1. Does the entity responsible for evaluating the quality of medical education in your country require medical schools to be legally authorized or licensed to provide a program of medical education? If yes, what are the requirements for medical schools to be legally authorized or licensed to provide a program of medical education in your country?

2. In your country, are the administrators of medical schools held accountable for the operation and success of the school and its programs to an authority external and independent of the medical school? If yes, what is name of that authority and its relationship to the school and/or to the government?

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Section 3: Administration

Subsection 3.1: Administrative Personnel and Authority

(a) The administration of the medical school must be effective and appropriate in light of the school’s mission and objectives.

(i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and the other administrative functions that the medical school performs.

(ii) The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the chief academic officer’s office.

(iii) In affiliated institutions, the medical school’s department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.

(iv) There should not be excessive turnover or long-standing vacancies in medical school leadership, including the dean, vice/associate deans, department chairs, and others where a vacancy could have an adverse impact on the educational program.

1. What are your country's requirements regarding how medical schools are to be administered?
2. What are the criteria used to determine that the chief medical officer of the medical school has sufficient access to the resources and authority of the university president or other university officials to effectively administer the medical educational program?
3. What are the criteria for determining that the medical school department heads and senior clinical faculty members have sufficient access to the resources and authority needed to effectively instruct students?

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Subsection 3.2: Chief Academic Official

(b) The chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education, scholarly activity, and patient care.

1. What are the qualifications your country requires for the person who holds the position of chief academic official of a medical school?
2. Please describe the selection process for the chief academic official of the medical school.

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Subsection 3.3: Faculty

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

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

1. In what way do faculty members of medical schools participate in decisions related to admissions, the curriculum, and the hiring, retention, promotion, and discipline of faculty?

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Subsection 3.4: Remote Sites

(d) The accreditation process of a medical school must be for the entire educational program and not individual parts of the program separated geographically from the main campus.

(e) No part of the preclinical educational program may be taken outside the comparable country in which the medical school is located.

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

(i) The educational experiences at all geographically separated sites must be comparable in quality to those at the main campus; and

(ii) The faculty in each discipline at all sites must be functionally integrated by appropriate administrative mechanisms; and

(iii) There must be consistency in student evaluations at all sites.

1. Do any of your medical schools offer all or part of the medical education program at geographically separated locations? If yes, what are the requirements you apply to the evaluation of the medical school to ensure that the quality of the educational program at geographically separated sites is comparable to that at the main campus and that students are evaluated in a comparable manner at all sites?

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Section 4: Educational Program

Subsection 4.1: Program Length

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

1. What is the program length requirement (expressed in terms of weeks and calendar years) for the medical education program leading to the M.D. (or equivalent) degree?

2. Alternatively, if your country is a member of the European Community (EC) and, therefore, subscribes to the EC requirement of 5500 hours for the medical program, please provide documentation that your country is a member of the EC.

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Subsection 4.2: Curriculum

(b) The curriculum must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow students to acquire skills of critical judgment based on evidence and experience; and develop students' ability to use principles and skills wisely in solving problems of health in disease.

(c) The curriculum must include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effects of social needs and demands on care.

(d) Medical schools are encouraged to make available sufficient opportunities for medical students to participate in research and other scholarly activities of the faculty.

(e) The educational program must include instructional programs for active learning and independent study to develop the skills necessary for lifelong learning.

(f) Medical schools are encouraged to make available opportunities for medical students to participate in service-learning activities, and should encourage and support student participation. "Service-learning" is defined as a structured learning experience that combines community service with preparation and reflection.

(g) At a minimum, the curriculum must provide education in the following:

(i) The sciences basic to medicine, including—

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

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

1. What are your requirements related to the basic sciences component of a medical program leading to the M.D. (or equivalent) degree?
2. What subjects does your country require a medical school to include in the basic sciences? Please provide as an attachment.
3. What requirements does your country have for the laboratory portion of the basic sciences curriculum?

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Subsection 4.3: Clinical Experience

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

(i) Schools that do not require clinical experience in one or another of these disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.

(j) Students' clinical experiences must utilize both outpatient and inpatient settings.

(k) Educational opportunities should also be available in multidisciplinary content areas, such as emergency medicine and geriatrics.

1. What are your country's requirements related to the clinical sciences component of a medical program leading to the M.D. (or equivalent) degree? What subjects does your country require a medical school to include in the clinical sciences?

2. How do medical schools require clinical experience in all of the required disciplines to ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education?
3. How does clinical instruction cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care?
4. How is the **medical school's program** of clinical instruction designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine?
5. How is instruction and experience in patient care provided in both ambulatory and hospital settings?
6. How does each core (required) clinical clerkship (or its equivalent) allow the student to undertake a thorough study of selected patients having the major and common types of disease problems representative of the clerkship?

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Subsection 4.4: Supporting Disciplines

(l) Educational opportunities must be available in the disciplines that support general medical practice, such as diagnostic imaging and clinical pathology.

1. What is the extent and nature of the educational experience provided within the M.D. (or equivalent) degree program for disciplines that support the clinical subjects?

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Subsection 4.5: Ethics

(m) A medical school must teach medical ethics and human values, and require its students to exhibit scrupulous ethical principles in caring for patients, and in relating to patients' families and to others involved in patient care.

1. What is the extent and nature of the educational experience provided within the M.D. (or equivalent) program to provide teaching in medical ethics and human values?
2. What programs does the school have in place to monitor and evaluate the success of the instruction in medical ethics and human values?

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Subsection 4.6: Communication Skills

(n) There must be specific instruction in communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues, and other health professionals.

1. What is the extent and nature of the educational experience provided within the M.D. (or equivalent) program to provide instruction in communications skills?

2. What programs does the school have in place to monitor and evaluate the success of the instruction in communication skills?

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Subsection 4.7: Design, Implementation, and Evaluation

(o) Design, Implementation, and Evaluation

(i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.

(ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school’s mission and objectives.

1. What are your requirements related to the design, implementation, and evaluation of a medical school’s curriculum?

2. Does your country require each medical school to have its own system for evaluating the effectiveness of its curriculum and making changes to the curriculum as a result of its evaluation?

3. What is the role of the school faculty in the curriculum evaluation process?

4. Alternatively, does your country mandate that the evaluation of the curriculum all medical schools are required to have be provided by some centralized authority or body? If so, what is the name and authority of that body? Please describe the curriculum evaluation process.

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Section 5: Medical Students

Subsection 5.1: Admissions, Recruiting, and Publications

(a) Admissions, Recruiting, and Publications

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

(ii) The faculty of each school must develop criteria and procedures for the selection of students that are readily available to potential applicants and to their advisors.

(iii) The final responsibility for selecting students to be admitted for medical study must reside with a duly constituted faculty committee.

(iv) Each medical school must have a pool of applicants sufficiently large and possessing national level qualifications to fill its entering class.

(v) The size of the entering class and of the medical student body as a whole should be determined not only by the number of qualified applicants, but also the adequacy of teaching resources.

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

(vii) The medical school must publish the primary language of instruction, and any alternative language of instruction.

(viii) The medical school must publish and make available to medical students its annual costs for attendance, including tuition, fees, and required health insurance.

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

1. What are the requirements for admission to medical school? Are these national admission standards or are they established by the individual medical school?
2. What are your requirements or standards for catalogues, publications, and other advertising used by the medical school to promote its educational program?
3. Do students have access to their academic records?
4. What laws (if any) govern student access to records and the confidentiality of student records?

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Subsection 5.2: Student Achievement

(b) Evaluation of Student Achievement

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

(ii) The medical school's evaluation of student achievement must employ a variety of measures of student knowledge, competence, and performance,

systematically and sequentially applied throughout the medical program, including the clinical clerkships.

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

(iv) A medical school must collect and use a variety of outcomes data, including national norms of accomplishment, to demonstrate the extent to which its educational program objectives are being met. Schools should collect outcomes data on student performance during and after medical school as appropriate to document the achievement of the school’s educational program objectives.

(v) It is expected that schools will have a formal process to collect and use information from students on the quality of courses and clerkships, which could include such measures as questionnaires, focus groups, or other structured data collection tools.

1. Does your country set national requirements by which medical schools are to evaluate student achievement? If yes, what are requirements for evaluating student achievement?
2. In the alternative, are medical schools free to establish their own methods of evaluating student achievement? If yes, how does your country determine if the requirements are adequate?
3. Does your country establish student performance outcomes measures, benchmarks, or requirements for schools, such as acceptable numbers of graduates from the school passing a licensing examination, to determine whether to grant accreditation or approval to that school? If so, what are they? Please describe your collection and use of the data.

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Subsection 5.3: Student Services

(c) Student Services

(i) Students must have access to preventive, diagnostic and therapeutic health services, including confidential mental health counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program.

(ii) A medical school must provide students with effective financial aid and debt management counseling.

(iii) There should be a system to assist students in career choice and application to graduate, residency, or fellowship programs, and to guide students in choosing elective courses and rotations.

(iv) Student records must be confidential and available only to members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

(v) Students must be allowed to review and challenge their records.

1. What are your requirements for the provision of student services by medical schools? (Examples of other types of student services might include academic advising, counseling and psychological services, disability services, housing and residential services, international student services, student health and health insurance, tutoring, etc.)

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Subsection 5.4: Student Complaints

(d) Student Complaints

(i) The medical school must have written policies for addressing student complaints related to the areas covered by the agency’s accreditation standards and processes.

(ii) The medical school must publicize to all faculty and students its standards and procedures for the evaluation, advancement, and graduation of its students.

(iii) The medical school shall likewise publicize its standards for student conduct and procedures for disciplinary action.

(iv) The information provided by the medical school to students must include the school’s policies for addressing student complaints, as well as the name and contact information for the accrediting/approval entity to which students may submit complaints not resolved at the institutional level.

1. What are your country’s standards or procedures regarding how medical schools must address student complaints?

2. Do you investigate complaints from students against medical schools? If yes, how are students made aware of this?

3. Do you have a written procedure for investigating student complaints pertaining to medical schools? If yes, what is the procedure?

4. What types of complaints has the agency received during the past year, and what were the results of the investigation of those complaints?

5. Please describe how the record of student complaints received by the agency is used in the agency’s reevaluation or ongoing monitoring of medical schools.

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Section 6: Resources for the Educational Program

Subsection 6.1: Finances

(a) Finances:

(i) The medical school must have adequate financial resources for the size and scope of its educational program. The school should provide evidence of an officially audited financial statement to the appropriate accrediting body.

1. How are your medical schools financed? If your country permits privately owned medical schools, what standards does your country have regarding their finances?
2. What authority or entity decides on the size and scope of the educational program?

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Subsection 6.2: Facilities

(b) Facilities:

(i) The medical school must have, or be assured use of, physical facilities and equipment, including clinical teaching facilities, that are quantitatively and qualitatively adequate for the size and scope of the educational program, as well as the size of the student body.

(ii) The medical school facilities should include offices for faculty, administrators, and support staff; laboratories and other space appropriate for the conduct of research; student classrooms and laboratories; lecture halls sufficiently large to accommodate a full year's class and any other students taking the same courses; space for student use, including space for student study and space; and equipment for library and information access.

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

1. What are your country's requirements related to the types and quality of facilities a medical school must have?
2. Please describe how these determinations are made.

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Subsection 6.3: Faculty

(c) Faculty:

(i) Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their

teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.

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

1. What are your country's requirements related to the size of the faculty a medical school is required to have?
2. What are your country's requirements regarding the qualifications for appointment to the faculty?
3. How is conflict of interest by the faculty between personal and professional interests prevented?

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Subsection 6.4: Library

(d) Library:

(i) The medical school must have access to well-maintained library and information facilities, sufficient in size, breadth, and depth to support its educational mission and the educational program.

(ii) The library and other learning resource centers must be equipped to allow students to access information electronically, including self-instructional materials.

(iii) A professional staff should supervise the library and information data services and provide training in information management skills.

1. Does your country establish national standards related to the quality of a medical school's library? If yes, what are they?

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Subsection 6.5: Clinical Teaching Facilities

(e) Clinical Teaching Facilities:

(i) The medical school must have approved affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.

1. Do you require affiliation agreements between medical schools and clinical teaching sites? What is required in the affiliation agreement and who approves the agreement?
2. Who is responsible for ensuring the quality of the clinical teaching sites? What are the quality standards by which they are evaluated?

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PART 3:
Accreditation/Approval Processes and Procedures

Required documentation to support and verify responses to Part 3:

Please provide a copy of the specific laws, regulations, standards or requirements governing the accreditation/approval processes and procedures used in your country in the evaluation of the medical school program leading to the M.D. (or equivalent) degree. Please include specific documents, including self-study reports and site visit reports, which verify the requirements for each component of the evaluation process (on-site review process, evaluation process, monitoring, re-evaluation, substantial change processes, integrity, controls against conflict of interest, etc.). This information must be provided in English.

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

Section 1: On-Site Review

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

(b) To assure the clinical education component is adequate for the size and scope of the educational program, all clinical clerkship sites must be individually reviewed and approved by the accreditor of the comparable country, and must be located in a country which has been determined to be comparable or in the United States.

(c) The accreditation/approval process must include an on-site review of all core (required) clinical clerkship sites.

(i) At sites that have never been visited by an accreditor (whose standards have been determined to be comparable), the accreditor must conduct an on-site review within 12 months of the accreditation review of the school.

(ii) At sites that have been reviewed previously and approved by an accreditor whose standards are comparable, the accreditor must conduct an on-site review at least once during the accredited period.

(iii) At new sites (sites opened during the accredited period and that have never been visited previously), the accreditor must conduct an on-site review within 12 months of the placement of students at those sites.

(d) Clinical clerkships must be located in institutions that have committed to providing quality supervised instruction, stability of the program, and the necessary resources for the clinical component of the curriculum through formal affiliation agreements, which must be reviewed by the accreditor of the comparable country.

(e) If the clinical program is located in the United States or in a comparable third country, the required medical accreditor must have conducted an on-site visit and approved the clinical training program. Such educational programs must be offered in conjunction with the educational programs offered to students enrolled in medical schools in the approved foreign country or in the United States.

NOTE: If an accrediting body is accrediting multiple schools that use a common core (required) clinical clerkship site, where that site has a single coordinator responsible for the educational experience of students from the multiple schools, and where the accrediting body, whenever it visits that site, interviews students from all schools, then that site does not need to be visited more than once during the accreditation period.

1. Does the entity that is responsible for accrediting/approving medical schools in your country conduct an on-site review at a medical school prior to granting it accreditation/ approval? If yes, does the on-site review include a review of the school’s admissions process, its curriculum, its faculty, the achievement of its students and graduates, the facilities, and the academic support services available to students? Please provide documentation of the application of the on-site review process such as examples of self-study reports and handbooks or guides provided to site evaluators, as well as an example of a site visit report prepared by site evaluators.

2. Do the on-site reviews encompass the main campus of the medical school, any branch campus or campuses, and any other additional location or locations operated by the medical school, as well as all core (required) clinical clerkship sites affiliated with the medical school? Please provide documentation of how you conduct the evaluation.

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

(a) The accreditation/approval process must use competent and knowledgeable individuals, who are qualified by experience and training in the basic or clinical sciences, for on-site reviews of medical schools, policy-making, and decision-making.

1. What are your requirements regarding the qualifications and training of the individuals who participate in on-site reviews of medical schools, the individuals who establish the accreditation/approval standards for medical schools, and the individuals who decide whether a specific medical school should be accredited/ approved? Please provide samples of training materials.

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Section 3: Re-evaluation and Monitoring

(a) The accreditation/approval process must demonstrate the regular re-evaluation of medical schools in order to verify that they continue to comply with the approval standards. The entity must also provide for the monitoring of medical schools throughout any period of accreditation/approval granted to verify their continued compliance with the standards.

(b) The accreditation/approval process must demonstrate that the accrediting/approval entity reviews complaints it receives from students and, as appropriate, investigates and takes follow-up action. The complaint review process must demonstrate that it ensures the timely, fair, and equitable handling of all complaints related to the standards and procedures for accreditation/approval. The procedures also must demonstrate that follow-up action, including enforcement action, is appropriate based on the results of the investigation. In addition, the accreditation/approval entity must consider the complaints it has received regarding a medical school when re-evaluating the medical school for accreditation.

1. How frequently do accredited/approved medical schools undergo periodic re-evaluation to determine if they are still in compliance with the standards for accreditation/approval?

2. What is your process for monitoring accredited medical schools during the accreditation/recognition period to verify their continued compliance with the standards? If you require a report from the medical school, what information is requested? Please provide a sample of any report you require.

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Section 4: Substantial Changes

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

1. If a medical school wants to make a substantial change to its educational program or some other aspect of the medical school, what are your country's requirements and procedures requiring notification of the change to the appropriate entity and review by the entity?

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Section 5: Conflicts of Interest, Inconsistent Application of Standards

(a) The accreditation/approval process must include effective controls against conflicts of interest by those involved in the accreditation evaluation and decision-making process and controls against the inconsistent application of the accreditation/approval standards.

1. What are your country's policies regarding bias or conflict of interest by persons involved in the accreditation evaluation and decision-making process? How does your country ensure that those

involved in the accreditation/approval decision for a specific medical school do not have a conflict of interest that might prevent them from making an objective decision?

2. How does your country ensure that your standards for the accreditation/approval of medical schools are applied consistently to all schools that seek that accreditation/approval?

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Section 6: Accrediting/Approval Decisions

(a) While there may be diverse institutional missions and educational objectives, this should not result in accreditation of a substandard program of medical education leading to the M.D. (or equivalent) degree. Decisions must be based on compliance with the accreditation standards and based, in part, on an evaluation of the performance of students after graduation from the medical school.

1. What procedures do you use to ensure that accreditation/approval decisions are based on your accreditation/approval standards?

2. What information on the performance of a medical school's graduates do you use in reaching your decision on whether or not to grant that school accreditation/approval?

3. Does your country establish student performance outcomes measures, benchmarks, or requirements for schools, such as acceptable numbers of graduates from the school passing a licensing examination, to determine whether to grant accreditation or approval to that school? If so, what are they? Please describe your collection and use of the data.