**CARIBBEAN ACCREDITATION AUTHORITY FOR EDUCATION IN MEDICINE AND OTHER HEALTH PROFESSIONS**

Annual Medical School Questionnaire

insert name of school

##

|  |  |
| --- | --- |
| Submission Year |  |

Period Covered

|  |  |
| --- | --- |
| From: | To: |
| (Month) | (Year) | (Month) | (Year) |

**GUIDELINES FOR SCHOOLS**

This questionnaire has been prepared as an editable template in Microsoft Word format

Shaded text boxes and tables are provided as guidelines for entering text in response to each item.

In some cases, tables may need to be modified to conform to terminology used by the school

Schools should make every effort to be concise in their responses while ensuring that each item is addressed adequately

For further information, contact the CAAM-HP Secretariat at:

Suite # 7, Pinnacle Pointe, 53 Lady Musgrave Road, Kingston 10, Jamaica

Tel: (876) 927-4765; Fax: (876) 927-6781

©Copyright 2012 by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions. All rights reserved. All material subject to this copyright may be photocopied for the non-commercial purpose of scientific or educational advancement, with citation.

1. Number of established (permanent) and vacant department Chair/Head positions.

|  |  |
| --- | --- |
| **Established** |  |
| **Vacant** |  |

(A vacancy exists when the post has been unfilled for half or more of the year.)

1. Total number of students enrolled in Masters, Doctoral or other graduate programmes in the biomedical sciences.

|  |  |
| --- | --- |
| **Master’s** |  |
| **Doctoral** |  |
| **Other (Specify)** |  |

1. Total number of residents/junior staff registered in your university’s sponsored postgraduate professional degree programmes.
2. Complete the following table for the most recently concluded academic year:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| Total student enrolment |  |  |  |  |  |  |
| Withdrew or dismissed for academic reasons  |  |  |  |  |  |  |
| Withdrew or dismissed for other reasons |  |  |  |  |  |  |
| Transferred to another medical school |  |  |  |  |  |  |
| Repeated one or more required courses |  |  |  |  |  |  |
| Repeated one or more semesters |  |  |  |  |  |  |
| Took leave of absence for any reason |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

1. For each geographically separate campus (including the main campus of the medical school) indicate the number of students in a given year at that site. The total for each year should add up to the total enrolment for that year.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Campus | Year 1  | Year 2  | Year 3  | Year 4  | **Year 5** | **Total** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total  |  |  |  |  |  |  |

1. The percentage of first-year students in the following categories – national, regional, extra-regional.

|  |  |  |  |
| --- | --- | --- | --- |
| **First-year students** | **National** | **Regional** | **Extra-regional** |
|  |  |  |

***National*** *refers to the country sponsoring the school and/or in which the school is located.*

***Regional*** *refers to non-nationals from CARICOM countries.*

***Extra-regional*** *refers to nationals from countries outside of the CARICOM*

1. Gender distribution (percentage) in the first-year class and in the total medical school enrolment.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Female** | **Male** | **Undeclared** |
| **First-year** |  |  |  |
| **All Students** |  |  |  |

1. For the most recent year the percentage by gender and ethnicity of the national students admitted.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **[insert Year]** | **Asian** | **Black** | **White** | **Other** | **Undeclared** |
| **Female** |  |  |  |  |  |
| **Male** |  |  |  |  |  |
| **undeclared** |  |  |  |  |  |

*(Modify column headings as necessary)*

1. Provide the examination results for first-time takers of promotion/graduation exams in the period covered by this report.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year of Programme**  | **Title of Examination** | **Number****Examined** | **Percent****Passing** | **Mean****GPA** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Indicate the number of full-time and part-time faculty in basic science and clinical departments for the current academic year.

|  |  |
| --- | --- |
| **Full-time** | **Part-time** |
| **Basic Science** | **Clinical** | **Basic Science** | **Clinical** |
|  |  |  |  |

1. Provide the following data by department (basic science and clinical) for the most recently completed academic year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Department** | **No. articles in Peer-reviewed Journals** | **Books and Book Chapters Published** | **Name(s) of Principal Investigator(s) on Extramural Grants** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. State total tuition and other miscellaneous fees for entering national, regional and extra regional students per student

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current Year | 1 Year Prior | 2 Years Prior |
| National |  |  |  |
| Regional |  |  |  |
| Extra-regional |  |  |  |
| Total revenue (tuition & misc. fees) |  |  |  |

***National*** *refers to the country sponsoring the school and/or in which the school is located.*

***Regional*** *refers to non-nationals from CARICOM countries.*

***Extra-regional*** *refers to nationals from countries outside of the CARICOM*

1. Complete the following table for new students admitted this academic year:

|  |  |
| --- | --- |
| Total new student enrolment |  |
| No. of students receiving financial aid from government agencies |  |
| No. of students receiving grants and scholarships from the institution |  |
| No. of students receiving grants and scholarships from other sources |  |
| No. of students receiving educational loans (all sources) |  |
|  |  |
| Average total cost of attendance per student (Tuition and Misc. fees) |  |

1. Provide the following for the most recently completed fiscal year

Year ending:

|  |  |
| --- | --- |
| Total revenue (in millions, one decimal place) |  |
| Total revenue from student tuition and fees |  |
| Total revenue from research grants |  |
| Other revenue (contracts, professional fees, electives, etc.) |  |
| Total expenditure (in millions, one decimal place) |  |

*(Indicate Currency unit)*

1. Placement for internship/postgraduate training of the last graduating class

 **Graduation Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employing/Supervising Authority** | **Nationals** | **Regional** | **Extra-regional** |
| Graduate’s University |  |  |  |
| National government |  |  |  |
| National non-government |  |  |  |
| Regional government |  |  |  |
| Regional non-government |  |  |  |
| Extra-regional |  |  |  |
| No. graduating students  |  |  |  |

***National*** *refers to the country sponsoring the school and/or in which the school is located.*

***Regional*** *refers to non-nationals from CARICOM countries.*

***Extra-regional*** *refers to nationals from countries outside of the CARICOM*

**END OF QUESTIONNAIRE**