

Revised January 2024



## THE CARIBBEAN ACCREDITATION AUTHORITY FOR EDUCATION IN MEDICINE AND OTHER HEALTH PROFESSIONS

# Standards for the Accreditation of Medical Schools in the Caribbean Community (CARICOM)

### Sections 1-5

The standards in these five sections are relevant to all medical schools offering educational programmes leading to the award of the MD/MBBS Degree who seek accreditation from the CAAM-HP.

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# ACKNOWLEDGEMENT

These standards for accreditation of medical schools in the Caribbean are adopted with permission from the Liaison Committee on Medical Education, and modified, from their document *Functions and Structure of a Medical School 2023-2024*.

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## Introduction

Accreditation is a peer review process of new and established medical educational programmes. The Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) is established to accredit medical education programmes leading to the MD/MBBS degree in CARICOM member states. By judging the compliance of medical education programmes with national and internationally accepted standards of educational quality, this accrediting agency serves the interests of the public in the Caribbean Community and the interest of the students enrolled in the programmes of the schools.

The Accreditation reports and decisions are intended to attest to member governments, registration bodies (national, regional, and international) as well as education institutions the quality of the programmes offered by the institutions. To achieve and maintain accreditation under the auspices of the CAAM-HP, medical education programmes must meet the standards portrayed in this and other relevant documents. While recognising the existence and appropriateness of diverse institutional missions and educational objectives, local circumstances do not justify accreditation of a substandard programme of medical education leading to the MD/MBBS degree.

The standards are defined in the following areas:

1. The Institutional Setting
2. The Students
3. Education Programmes
4. The Faculty
5. Educational Resources

These standards were originally compiled in 2005, considering the circumstances within the region, and took into account the standards of the General Medical Council of Great Britain (GMC), as well as those of the Liaison Committee on Medical Education (LCME) of the United States and Canada. The LCME gave permission to CAAM-HP to use the format for adaptation of their document entitled 'Functions and Structure of a Medical School' 2002. The LCME also gave permission to CAAM-HP to use the standards and elements for adaptation of their document entitled 'Functions and Structure of a Medical School 2023-2024', and the Data Collection Instrument (DCI).

The CAAM-HP regularly reviews the content of the standards and the Database forms and seeks feedback on their validity, importance, and clarity from members of the medical education community. Changes to existing standards that impose new or additional compliance requirements are reviewed by CAAM-HP's stakeholders and are considered at a public hearing before being adopted. Once approved, new or revised standards are published in the Standards for the Accreditation of Medical Schools in the Caribbean Community and in the relevant version of the Database, which will indicate when the changes become effective. Such periodic reviews may result in the creation or elimination of a specific standard or a substantial reorganisation of the Standards for the Accreditation of Medical Schools in the Caribbean Community. It is important, therefore, that school personnel understand the version of these revised documents.

CAAM-HP expects that adherence to the standards laid out in the documents should produce doctors who are equipped to enter practice in CARICOM countries and are able to satisfy the requirements of international licensing bodies. They should be capable of serving patients in resource poor conditions as well as in the modern hospital or clinic setting. Graduates should be skilled in making clinical diagnoses and undertaking basic treatment of those conditions that do not require specialist skills but must know how to access specialist skills and facilities when required. The graduate doctor must also be capable to enter postgraduate medical education and after a period of supervised practice to independently practice medicine in the CARICOM countries. Graduates must have the capacity and desire for life-long learning so they can practice in circumstances where knowledge, health conditions and cultures are different or change over time.

Since the postgraduate education of new physicians varies from country to country, CAAM-HP may make recommendations as to the licensing requirements for graduate doctors who wish to practice in CARICOM countries. This acknowledges that most of the doctors currently being trained in the CARICOM region are being prepared to enter countries where the professional requirements for further training towards independent practice may not be the same as those within CARICOM countries. For example, the assessment examination (USMLE Steps 1, 2, and 3) used by the United States of America (USA) to determine whether a graduate from a school in a CARICOM country, or other foreign locations, is capable of entering residency programmes in the USA is not considered by the competent CARICOM body, the Caribbean Association of Medical Councils (CAMC), to be a sufficiently thorough process to assess a doctor who wishes to enter independent practice in CARICOM countries.

The standards are therefore written to assure governments, students and the public that graduates of medical schools that are accredited by CAAM-HP in CARICOM countries attain educational standards that allow them to adapt to practice anywhere in the world. However, when seeking to practice in CARICOM countries graduate doctors must also meet the standards for independent practice in these countries.



# STANDARDS FOR ACCREDITATION

## Summary of the Standards for Accreditation

### **Institutional Setting (IS):**

A medical school has a written statement of mission and goals for the medical education programme, conducts ongoing planning, and has written bylaws that describe an effective organisational structure and governance processes.

In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

The school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education programme and to ensure the functional integration of all programmatic components.

It ensures that its medical education programme occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognises the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

### **Medical Students (MS):**

A medical school establishes and publishes admission requirements for potential applicants to the medical education programme and uses effective policies and procedures for medical student selection, enrolment, and assignment.

The school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education programme objectives. It also provides effective student services to all medical students to assist them in achieving the programme's goals for its students.

All medical students have the same rights and receive comparable services.

### **Educational Programme (ED):**

The faculty of a medical school define the competencies to be achieved by its medical students through medical education programme objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives.

Medical education programme objectives are statements of the knowledge, skills, behaviours, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the programme. The faculty ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency programme and for the subsequent contemporary practice of medicine.

The faculty also engage in curricular revision and programme evaluation activities to ensure that medical education programme quality is maintained and enhanced and that medical students achieve all medical education programme objectives and participate in required clinical experiences and settings.

The school ensures that its medical education programme includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

**Faculty (FA):**

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

**Educational Resources (ER):**

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

# STANDARDS FOR ACCREDITATION

## SECTION 1

### INSTITUTIONAL SETTING (IS)

**IS-1: Eligibility Requirements**

The medical school ensures that its medical education programme meets all eligibility requirements of the CAAM-HP for initial and continuing accreditation, including receipt of degree-granting authority from the government or jurisdiction in which it operates.

**IS-2: Strategic Planning and Continuous Quality Improvement**

A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish both short and long-term programmatic goals, establishes measurable outcomes that are used to improve programme quality, and effectively monitors the medical education programme's compliance with the accreditation standards of CAAM-HP.

**IS-3: Policies and Bylaws**

A medical school disseminates bylaws or appropriate policy documents that describe the responsibilities and privileges of its administrative officers, faculty, students, and committees.

**IS-4: Conflict of Interest**

A medical school establishes and follows effective policies and procedures to govern the actions of board members, faculty and any other individuals who participate in decision-making that affects the medical education programme in order to avoid the impact of conflicts of interest in the operation of the programme, its associated clinical facilities and any other related enterprise.

**IS-5: Senior Administrative Staff and Faculty Appointments**

The senior administrative staff and faculty of a medical school are appointed by, or on the authority of, the governing board of the school or parent university to which it belongs.

**IS-6: Access and Authority of the Dean**

The dean of a medical school has sufficient and ready access to the school's president or other institutional official charged with final responsibility for the medical education programme; there is a clear definition of the dean's authority and responsibility for the medical education programme.

**IS-7: Responsibility of and Reporting to the Dean**

The dean/designated chief academic officer (CAO) of a medical school with one or more regional campuses is administratively responsible for the conduct and quality of the entire medical education programme and for ensuring the adequacy of faculty and educational resources at each such campus. The principal academic officer at each campus is administratively responsible to the dean.

**IS-8: Qualifications of the Dean**

The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, matters pertaining to patient care, and other stated missions of the medical school.

**IS-9: Sufficiency and Stability of Administrative Staff**

A medical school has in place a sufficient number of suitably experienced associate or assistant deans, department chairs and senior administrative staff who are able to commit the necessary time to accomplish effectively the missions of the medical school. There should not be excessive turnover or long-standing vacancies in medical school leadership. Medical school leaders include the dean, vice / associate deans, department chairs, and others where a vacancy could negatively impact institutional stability, especially planning for or implementing the educational programme.

*Areas that commonly require administrative support include admissions, student affairs, academic affairs, faculty affairs, graduate education, continuing education, hospital relationships, research, business and planning, department chairs, and fundraising.*

**IS-10: Functional Integration of the Faculty**

At a medical school with one or more teaching sites/campuses, the faculty and staff at each site/campus, including clinical faculty at affiliated hospitals, are functionally integrated by appropriate mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance and data sharing) which permit them to work together in teaching, research and administrative capacities.

**IS-11: Diversity Policies and Practices**

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community.

**IS-12: Antidiscrimination Policy**

A medical school has a policy in place to ensure that it does not discriminate on the basis of age, disability, gender identity, national origin, race, religion, sex, sexual orientation or any basis protected by the laws of the country in which the school operates.

**IS-13: Affiliation Agreements**

There are written and signed affiliation agreements between the medical school and all of its clinical affiliates where the school's medical students regularly rotate on one or more required clerkship(s) that define, at a minimum, the responsibilities of each party related to the educational programme for medical students.

*Affiliation agreements must be signed and dated by the appropriate officials of the school and of the affiliated site with the address of the site and include, at a minimum, the following five areas:*

- 1. The assurance of student and faculty access to appropriate resources for medical student education.*
- 2. The primacy of the medical school over academic affairs and the education / assessment of students.*
- 3. The role of the medical school in appointment / assignment of faculty members with responsibility for medical student teaching and evaluation.*

4. *Specification of the responsibility for treatment and follow-up when students are exposed to infectious or environmental hazards or other occupational injuries.*
5. *The role of the school and the clinical site to ensure an appropriate learning environment.*

# STANDARDS FOR ACCREDITATION

## SECTION 2

### MEDICAL STUDENTS (MS)



**MS-1: Premedical Education Required/Coursework**

Through its requirements for admission, a medical school prioritises applicants who have broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences; and confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.

**MS-2: Applicants' Performance on MCAT for Admission**

A medical school that has or is expected to have a total medical student enrolment (all years) of at least 20 students or 5% of the total enrolment, whichever is less, of the student body who are US citizens or US permanent residents includes for all applicants performance on the MCAT among the criteria for admission. A medical school accepts for admission medical students who sat for the MCAT more than three times only in rare and extraordinary personal circumstances.

**MS-3: Final Authority of Admission Committee**

The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee that includes faculty, administrators, and students and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings.

**MS-4: Avoidance of Political or Financial Considerations in Admission**

The selection of individual medical students for admission is not influenced by any political or financial factors.

**MS-5: Policies and Procedures Regarding Student Selection and Their Dissemination**

The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.

**MS-6: Personal Attributes of Accepted Applicants**

A medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent empathetic physicians.

**MS-7: Technical Standards**

A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements.

**MS-8: Content of Informational Materials**

A medical school's academic bulletin and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education programme, state the academic and other (e.g., immunisation) requirements for the MD/MBBS degree and all associated joint degree programmes, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships offered by the medical education programme.

**MS-9: Transfer Students**

A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join.

*Note: Transfer students who do not complete all of their required curriculum from medical schools chartered and located in the Caribbean, which are accredited by CAAM-HP, the LCME, or by the COCA, cannot be said to have graduated from a CAAM-HP-accredited medical education programme.*

**MS-10: Final Year Transfer Students**

A medical school accepts a transfer medical student into the final year of a medical education programme only in rare and extraordinary personal or educational circumstances.

**MS-11: Policies and Procedures for Visiting Students and Students Rotating with the School's Medical Students**

A medical school does all of the following:

- Verifies the credentials of each visiting medical student.
- Ensures that each visiting medical student demonstrates qualifications comparable to those of the medical students the visiting student would join in educational experiences.
- Maintains a complete roster of visiting medical students.
- Approves each visiting medical student's assignments.
- Provides a performance assessment for each visiting medical student.
- Establishes health-related protocols for such visiting medical students.
- Identifies the administrative office that fulfils each of these responsibilities.
- Ensures that medical students from other schools rotating with the school's medical students are from schools accredited by CAAM-HP, by the LCME, or by COCA.

*See MS-9 – Transfer Students and ER-10 – Resources Used by Transfer Students, Visiting Students, and Students from Other Schools.*

**MS-12: Student Assignment**

A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., track) and identifies the administrative office that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

**MS-13: Academic Advising and Academic Counseling**

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and provides medical students academic counseling only by individuals who have no role in making assessment or promotion decisions about them.

**MS-14: Career Advising**

A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programmes.

**MS-15: Financial Aid/Debt Management Counseling/Student Educational Debt**

A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimise the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

**MS-16: Tuition Refund Policy**

A medical school has clear policies for the refund of a medical student's tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).

**MS-17: Personal Counseling/Mental Health/Well-Being Programme**

A medical school has in place an effective system of counseling services for its medical students that includes programmes to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

**MS-18: Provision of MSPE or Equivalent Letter**

A medical school provides a Medical Student Performance Evaluation (MSPE), or equivalent letter required for the residency application of a medical student to align with the AAMC/ERAS or equivalent residency application protocol and timeline.

**MS-19: Confidentiality of Student Educational Record**

At a medical school, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

**MS-20: Student Access to Educational Records**

A medical school has policies and procedures in place that permit a medical student to review and to challenge the student's educational records, including the Medical Student Performance Evaluation, if the student considers the information contained therein to be inaccurate, misleading, or inappropriate.

**MS-21: Student Access to Healthcare Services**

A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

**MS-22: Non-Involvement of Providers of Student Health Services in Student Assessment and Security of Student Health Records**

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student are not involved in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

**MS-23: Student Health and Disability Insurance**

A medical school ensures that health insurance and disability insurance are available to each medical student and that health insurance is also available to each medical student's dependents.

**MS-24: Immunisation Requirements and Monitoring**

A medical school follows the ministry of health or other accepted guidelines in determining the minimum immunisations for medical students in the locations where they study, including electives and monitors students' compliance with those requirements.

**MS-25: Student Exposure Policies/Procedures**

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:

- The education of medical students about methods of prevention
- The procedures for care and treatment after exposure, including a definition of financial responsibility
- The effects of infectious and environmental disease or disability on medical student learning activities

*All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.*

**MS-26: Learning Environment and Professional Standards**

A medical school ensures that the learning environment of its medical education programme is conducive to the ongoing development of explicit and appropriate professional behaviours in its medical students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

**MS-27: Academic Environments**

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programmes, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programmes and in continuing medical education programmes.

*Also see MS-28 – Resident Participation in Medical Student Education*

**MS-28: Resident Participation in Medical Student Education**

Each medical student in a medical education programme participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited programme of graduate medical education that includes at least four (4) weeks of in-patient care experience.

**MS-29: Student Mistreatment**

A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment and other complaints are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

**MS-30: Student Complaints**

A medical school has written policy and procedures for addressing complaints from students related to areas covered by CAAM-HP standards and processes. The information provided by the medical school to students includes the school's policy and procedures for addressing student complaints, as well as contact information for the CAAM-HP secretariat to which students may submit complaints not resolved at the institutional level.

# STANDARDS FOR ACCREDITATION

## SECTION 3

### THE EDUCATIONAL PROGRAMME (ED)

**ED-1: Programme and Learning Objectives**

The faculty of a medical school define its medical education programme objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education programme objectives known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

**ED-2: Required Clinical Experiences**

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

**ED-3: Self-Directed and Life-Long Learning**

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences that allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills from faculty and/or staff.

**ED-4: Inpatient/Outpatient Experiences**

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

**ED-5: Elective Opportunities**

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and expand their understanding of medical specialties, and to pursue their individual academic interests.

*See also ED-6 – Oversight of Extramural Electives*

**ED-6: Oversight of Extramural Electives**

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organisation, a centralised system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

- Potential risks to the health and safety of patients, students, and the community
- The availability of emergency care

- The possibility of natural disasters, political instability, and exposure to disease
- The need for additional preparation prior to, support during, and follow-up after the elective
- The level and quality of supervision
- Any potential challenges to the code of medical ethics adopted by the home school

*See ED-5 – Elective Opportunities*

**ED-7: Service-Learning/Community Service**

The faculty of a medical school ensure that the medical education programme provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and/or community service activities.

**ED-8: Education Programme Duration**

A medical education programme includes at least 130 weeks of instruction delivered over at least four (4) calendar years.

**ED-9: Biomedical, Behavioural, Social Sciences**

The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioural, and socioeconomic sciences to support medical students' mastery of contemporary medical science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

**ED-10: Organ Systems, Life Cycle, Prevention, Symptoms and Signs, Differential Diagnosis, Treatment Planning**

The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, and end-of-life care.

**ED-11: Scientific Method/Clinical/Translational Research**

The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method and in the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care.

**ED-12: Societal Problems**

The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.



**ED-13: Structural Competence, Cultural Competence and Health Inequities**

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognise and appropriately address biases in themselves, in others, and in the health care delivery process. The medical curriculum includes content regarding the following:

- The diverse manner in which people perceive health and illness and respond to various symptoms, diseases, and treatments
- The basic principles of culturally and structurally competent health care
- The importance of health care disparities and health inequities
- The impact of disparities in health care on all populations and approaches to reduce health care inequities
- The knowledge, skills, and core professional attributes needed to provide effective care in a multidimensional and diverse society

**ED-14: Medical Ethics**

The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and require medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

**ED-15: Communication Skills**

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

**ED-16: Interprofessional Collaborative Skills**

The faculty of a medical school ensure that the core curriculum of the medical education programme prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

**ED-17: Curricular Management**

A medical school has in place an institutional body (i.e., a faculty committee) that oversees the medical education programme as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

**ED-18: Use of Medical Educational Programme Objectives**

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education programme objectives to guide the selection of curriculum content, and to review and revise the curriculum. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education programme objectives.

**ED-19: Curricular Design, Review, Revision/Content Monitoring**

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education programme, including the medical education programme objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education programme objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.

**ED-20: Evaluation of Educational Programme Outcomes**

A medical school collects and uses a variety of outcome data, including United States of America national or equivalent norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education programme objectives and to enhance the quality of the medical education programme as a whole. These data are collected during programme enrolment and after programme completion.

**ED-21: Medical Student Feedback**

In evaluating medical education programme quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

**ED-22: Monitoring of Completion of Required Clinical Experiences**

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education programme and remedies any identified gaps.

**ED-23: Comparability of Education/Assessment**

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education programme objectives.

**ED-24: Monitoring Student Time**

The medical school faculty committee responsible for the medical curriculum and the programme's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.

**ED-25: Preparation of Resident and Non-Faculty Instructors**

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education programme who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills and provides central monitoring of their participation in those opportunities.

**ED-26: Faculty Supervision of Medical Students**

A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty.

**ED-27: Clinical Supervision of Medical Students**

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student's level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

**ED-28: Assessment System**

A medical school ensures that, throughout its medical education programme, there is a centralised system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviours, and attitudes specified in medical education programme objectives, and that ensures that all medical students achieve the same medical education programme objectives.

**ED-29: Narrative Assessment**

A medical school ensures that a narrative description of a medical student's performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education programme whenever teacher-student interaction permits this form of assessment.

**ED-30: Setting Standards of Achievement**

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education programme.

**ED-31: Formative Assessment and Feedback**

The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.

**ED-32: Fair and Timely Summative Assessment**

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education programme. Final grades are available within six weeks of the end of a course or clerkship.

**ED-33: Student Appeal Process**

A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

**ED-34: Student Advancement and Graduation**

A medical school ensures that the medical education programme has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum.

# STANDARDS FOR ACCREDITATION

## SECTION 4

### FACULTY (FA)

**FA-1: Faculty Recruitment**

The recruitment and development of a medical school's faculty take into account its mission, the diversity of its student body, and the population that it serves.

**FA-2: Sufficiency of Faculty**

A medical school has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the institution.

**FA-3: Faculty Rank**

Persons appointed to faculty positions must have demonstrated achievements commensurate with their academic rank.

**FA-4: Scholarly Productivity**

The faculty members demonstrate a commitment to continuing scholarly productivity characteristic of an institution of higher learning.

**FA-5: Faculty Appointment, Promotion, Discipline, and Dismissal Policies**

A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, discipline, and dismissal that involve the faculty, the appropriate department heads, and the dean and provides each faculty member with written information about term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

**FA-6: Feedback to Faculty**

A medical school faculty receives regularly scheduled and timely feedback from departmental or institutional leaders on their academic performance and their progress toward promotion and, if applicable, tenure.

**FA-7: Faculty Professional Development**

A medical school and/or its sponsoring organisation provides opportunities for professional development for all faculty members, including part-time faculty and volunteer physicians involved in teaching in the areas of discipline content, curricular design, programme evaluation, student assessment methods, instructional methodology, and research to enhance his or her skills and leadership abilities in these areas.

**FA-8: Responsibility for Medical School Policies**

The dean and a committee of the medical school's administrators and members of the school's faculty determine governance and medical school policies within their purview.

**FA-9: Mechanisms for Faculty Participation**

A medical school has in place mechanisms for direct faculty involvement in decisions related to the educational programme. These include student admissions; curriculum development, management, and evaluation; student promotions and graduation; and policies and procedures relevant for the programme as appropriate. Strategies for assuring direct faculty participation include peer selection or other mechanisms that bring a broad faculty perspective to the decision-making process, independent of departmental or central administration points of view.

**FA-10: Faculty Meetings**

The faculty meet often enough for all members to have the opportunity to participate in the discussion and establishment of medical school policies and practices.

# STANDARDS FOR ACCREDITATION

## SECTION 5

### EDUCATIONAL RESOURCES (ER)



**ER-1: Adequacy of Financial Resources**

The current and anticipated financial resources of a medical school are from diverse sources and are adequate to sustain a sound programme of medical education and to accomplish other institutional goals. The resources must also be sufficient to continue the programme until all enrolled students are placed in a comparable programme or graduated in the event of unexpected closure of the school.

**ER-2: Dean's Authority for Resources**

The dean of a medical school has access to sufficient resources and the budgetary authority to achieve the mission and educational objectives of the school.

**ER-3: Pressures for Institutional Self-Financing**

A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission.

**ER-4: Sufficiency of Buildings and Equipment**

A medical school has or is assured the use of, buildings and equipment appropriate to achieve its educational, clinical, research, and other goals of the mission.

**ER-5: Resources for Clinical Instruction**

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings that have adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

**ER-6: Clinical Instructional Facilities/Information Resources**

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

**ER-7: Security, Student Safety, and Disaster/Emergency Preparedness**

Appropriate security systems are in place and policies and procedures for students, faculty, and support staff to follow in case of a disaster or emergency, are published and widely distributed at all educational sites.

**ER-8: Library Resources/Staff**

A medical school provides ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff who are familiar with regional and national information resources and data systems and responsive to the needs of the medical students, faculty members, and others associated with the institution.

**ER-9: Information Technology Resources/Staff**

A medical school has and provides access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education programme has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

**ER-10: Resources used by Transfer, Visiting Students, and Students from Other Schools**

Resources to accommodate any visiting or transfer students, and students from other medical schools do not significantly diminish the resources available to the school's medical students.

*See MS-11 – Policies and Procedures for Visiting Students and Students Rotating with the School's Medical Students*

**ER-11: Study Space/Lounge/Storage Space/Call Rooms**

A medical school has or ensures that each campus and each clinical site for required clerkships has adequate study space, lounge for student relaxation, personal lockers for students, and secure and safe on-call rooms for students who are on evening, late night, and all-night calls.

**ER-12: Required Notifications to the CAAM-HP**

A medical school accredited by or seeking accreditation from the CAAM-HP notifies the CAAM-HP as soon as possible, by letter or in their annual report of any of the following:

1. Change in ownership
2. Change in legal status
3. Closure or plan to close the institution or programme
4. Relocation of the campus
5. Establishment of an additional campus
6. Change in dean/CAO
7. Plans for any major modification of its medical curriculum
8. Changes in the clinical affiliations
9. Substantial change in student enrollment (25% or more of prior academic year's enrolment).
10. Decrease in the resources available to the institution for its medical education programme, including faculty, physical facilities, clinical sites for medical student education.

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