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

Annual Medical School Questionnaire

**Submitted by:**

|  |
| --- |
| [Insert name of school] |

**Date of Submission:**

|  |  |
| --- | --- |
| **Month** | **Year** |
|  |  |

**Period Covered in this Report**

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

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**Guidelines for Completing this Questionnaire**

* This questionnaire has been prepared as an editable document template in Microsoft Word format with colour shaded text boxes and tables for entry of the school’s information.
* Please enter the name of the school on the cover page and also in the running footer starting on page 1
* The shaded boxes and tables are preformatted in Times New Roman font, and will expand to accommodate entry of text as necessary
* When pasting text from other documents into these spaces, care should be taken to avoid changes in formatting that may result in difficulty for the reader
* Should it be necessary to include explanatory text outside of the designated shaded areas, this should be in clearly highlighted text and indicated with an asterisk.
* Note that some tables may need to be expanded and column or row headings adjusted to conform to terminology used by the school. In such cases, the changes should be clearly highlighted.
* As tables expand, pages may be added to the questionnaire. Final referencing will refer to the questionnaire page and item number.
* Wherever possible, tables should be suitably placed to avoid rows breaking across pages.
* Schools should make every effort to be concise in their responses while ensuring that each required item is addressed adequately.
* The final document submitted to the CAAM-HP should not be converted to pdf but should remain in Word format

For further assistance, please contact the CAAM-HP Secretariat as below

|  |  |  |  |
| --- | --- | --- | --- |
| The CAAM-HP Secretariat  Suite # 7, Pinnacle Pointe  53 Lady Musgrave Road  Kingston 10, Jamaica |  | or | P.O. Box 5167  Kingston 6, Jamaica  Tel: (876) 927-4765  E-mail: [info@caam-hp.org](mailto:info@caam-hp.org) |

1. Enter the current 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. For schools offering postgraduate programmes, indicate: The total number of students enrolled in Masters, Doctoral, Residency (professional degree) or other graduate programmes in the biomedical sciences.

|  |  |  |
| --- | --- | --- |
| **Masters** |  |  |
| **Doctoral** |  |  |
| **Residency (Professional Degrees)** |  |  |
| **Other (Specify)** |  |  |

1. 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** |  |  |  |  |  |  |

\*For schools offering 5 year programmes.

1. For each geographically separate campus (including the main campus of the medical school) indicate the number of students in each academic 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 |  |  |  |  |  |  |

\*For schools offering 5 year programmes.

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

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

1. If available, for the most recent academic year indicate 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)*

|  |
| --- |
|  |

The school does not collect data on the ethnicity of its students   
(indicate with an X)

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Programme** | **Title of Examination** | **Number**  **Examined** | **Percent**  **Passing** | **Mean**  **GPA** |
| **Year 1** |  |  |  |  |
| **Year 2** |  |  |  |  |
| **Year 3** |  |  |  |  |
| **Year 4** |  |  |  |  |
| **Year 5\*** |  |  |  |  |

\*For schools offering 5 year programmes.

1. Provide 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **[Insert Year]** | **No. articles in Peer-reviewed Journals** | **Books and Book Chapters Published** | **Name(s) of Principal Investigator(s) on Extramural Grants** |
| Basic Science Departments |  |  |  |
| Clinical Departments |  |  |  |

1. State the total tuition and other miscellaneous fees for entering national, regional and extra regional students per student in the current and past two academic years.

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

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

1. Complete the following table for new students admitted in the most recent 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 revenue and expenditure data (in US$) for the most recently completed fiscal year.

Year ending:

|  |  |
| --- | --- |
| **Month** | **Year** |
|  |  |

|  |  |
| --- | --- |
| 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) |  |

1. Placement of graduates from the last graduating class in internship positions or formal graduate training posts

Graduation Date:

|  |  |
| --- | --- |
| **Month** | **Year** |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employing/Supervising Authority** | **Numbers of Graduates** | | | |
| **Nationals** | **Regional** | **Extra-regional** | |
| **U.S Citizens and PRs** | **Other Nationalities** |
| Graduate’s University |  |  |  |  |
| National government |  |  |  |  |
| National non-government |  |  |  |  |
| Regional government |  |  |  |  |
| Regional non-government |  |  |  |  |
| Extra-regional (excl. U.S. ACGME positions) |  |  |  |  |
| In ACGME approved residencies |  |  |  |  |
| No. graduating students |  |  |  |  |

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**END OF QUESTIONNAIRE**