# STANDARDS FOR THE ACCREDITATION OF MEDICAL SCHOOLS IN GRENADA

## Grenada Medical and Dental Council 2025

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# INTRODUCTION

## Foreword

The Grenada Medical and Dental Council ("GMDC" or "the Council) presents its 're-envisioned' Accreditation Standards to guide the internal and external evaluation process for medical education programmes. These standards were first developed in 2018, with minor revisions in 2020 before this comprehensive review. These Standards are subject to periodic review by the Council and may be updated subject to Council's decisions in accordance with the GMDC policy on the review of standards (ACC 2.1). Changes to existing standards and elements that impose new or additional compliance requirements will be published and distributed to stakeholders and will indicate when the changes become effective.

Accreditation is a review process designed to attest to the educational quality of new and established educational programmes. The Government of Grenada, through the GMDC, is committed to ensuring the quality of medical education in the country. GMDC accomplishes this goal through the review and accreditation of medical programmes consistent with its standards and procedures that meet the Guidelines of the U.S. Department of Education and other international norms of accreditation.

The standards compiled in this document are intended to ensure that schools operating in Grenada graduate students who are prepared to practice medicine in Grenada, the United States, and other international societies and are capable of satisfying the requirements of international licensing bodies.

## Legal Underpinnings

The Council is an independent body lawfully established in Grenada by the Health Practitioners Act of 2010 and comprised of medical professionals and members of the public. The Act grants the Council authority to "confer ... with educational institutions with respect to the education of persons in the practice of the medical or dental profession" and "to promote high standards in the practice of medicine and dentistry." In addition, the Health Practitioners (Amendment) Act of 2019 ("Amendment Act") formally gives GMDC authority to review and accredit medical education programmes in Grenada. Accreditation by the Council is required to offer medical education programmes in Grenada.

GMDC's primary goal is to assure current and prospective students, the health professions, healthcare organizations, and the general public that the medical schools it accredits meet appropriate quality standards and educational requirements.

## Development of the Standards

The GMDC standards were designed to be used as measurement criteria for a medical education programme for the preparation of medical doctors. The standards are intended to guide medical schools seeking accreditation in the assessment of their programmes as well as to be used by independent site visitors during the accreditation process.

In the development of the Standards, GMDC sought to create flexible standards that reflect the unique context of each medical school yet are sufficiently rigorous to ensure that compliance enhances the development, knowledge, skills and competencies among students. In addition, GMDC strove to create Standards that were clearly written, contextually appropriate, consistently applicable, and measurable.

At a minimum, the Standards address a medical school's level of performance in specific areas referred to as Themes. Further, it addresses not just what the medical school is capable of doing but what it actually does. In theory, the GMDC standards set forth maximum achievable performance expectations for activities that affect the learning outcomes achieved by students.

As a part of its comprehensive review, GMDC has reorganized its Standards into 'Themes'. Each theme, groups related standards and elements to facilitate understanding and to eliminate redundancies. The GMDC has established six (6) accreditation themes for use by the Council to determine whether a medical education programme leading to a Medical Doctor degree is eligible for the granting of accreditation:

Theme I: Institutional Setting
Theme II: Curriculum Theme
Theme III: Students
Theme IV: Academic Environment
Theme V: Faculty
Theme VI: Institutional Effectiveness
Theme VII: Pilot Elements*

The Standards of Accreditation are organized in the following hierarchy:

**I. Themes** – There are six (6) broad areas against which medical education programmes are evaluated.

**I.1 Standards –** These assess critical aspects of acceptable quality

**I.1.1. Elements** – These are the scope of evidence which an institution should present to demonstrate that it satisfies each standard.

*The pilot element theme is not required by GMDC and does not impact a programme's accreditation decision. This is a location in which GMDC can test out new themes for eventual incorporation into the Data Collection Instrument (DCI).

## Evaluation of Compliance to Standards

The Standards were developed with consideration of the mechanisms that will be used to evaluate a medical school's level of compliance. The institution employs the Standards in conjunction with a set of specific evaluative tools designed to effectively collect institutional data and measure compliance. GMDC's independent site visitors examine how an institution's supporting evidence validates its affirmations on compliance. Any determination on compliance to a given standard MUST be based on supporting evidence. Medical schools seeking accreditation will be required to provide evidence of compliance.

## Conclusion

GMDC is confident that its 're-envisioned' theme-based standards will help institutions deliver high-quality medical education through GMDC's administration of robust evaluation procedures and mechanisms.

For more details on the entire accreditation process, please refer to the Accreditation Procedures Manual

# THEME: I. INSTITUTIONAL SETTING

## I.1 Governance

I.1.1. There must be appropriate accountability of the medical school to an external authority that is independent of the medical school's administration in the form of a governing board of the institution, or equivalent.

I.1.2. The administration of the medical school must be effective and appropriate in relation to the school's mission and objectives, including the sufficient number and time commitment by associate or assistant deans (or other senior administrators under the dean) and leaders of organisational units.

I.1.3. The chief academic official (CAO) of the medical school is appointed by the institution's governing board, or equivalent, after an appropriate search for a qualified individual. The selection process is based on a thorough review of each candidate's academic credentials, training, and experience. The CAO of the medical school must be qualified by education, training, and experience to provide leadership in medical education, scholarly activity, and patient care.

I.1.4. The senior administrative staff and faculty of a medical school are appointed by, or on the authority of, the independent external authority. There must be a clear understanding of authority and responsibilities among the chief academic official of the medical school, faculty, and administration.

I.1.5. The chief academic official of the medical school must have ready access to the officials charged with final responsibility for the medical education programme and to other institutional officials in order to fulfil his or her responsibilities and sufficient authority to administer the educational programme. The chief academic official must be responsible for the medical education programme and for ensuring the adequacy of faculty at all campuses and all instructional sites. If the school maintains more than one campus, the principal academic official at each campus must report to, and be administratively responsible to, the chief academic official for the medical school.

I.1.6. At affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority and resources consistent with their instructional responsibilities.

I.1.7. The accrediting agency must be notified of any substantive change in the institution, including (i) a significant increase in the number of students enrolled (i.e., a 10% change in enrolment in one year or a 20% change in enrolment in a three-year period), (ii) a significant change in the institution's resources such as faculty, physical facilities, clinical sites, or financial resources that could affect its ability to fulfil its mission and goals, (iii) a material change in the school's ownership, (iv) and material changes to its affiliation agreements. Such changes will be reviewed by the Council to determine if the school remains in compliance with these standards.

## I.2 Faculty Committees

I.2.1. The administrative and faculty governance structure of the medical school must include appropriate faculty involvement, including the chief academic official, in decision-making, including in the areas of: admissions; hiring, retention, promotion, and discipline of faculty; and policies, procedures, and curricular decisions relating to all phases of the medical education programme, including clinical education.

## I.3 Institutional Policies

I.3.1. A medical school must promulgate institutional bylaws and/or other relevant policy documents that explain how the school is organised and that describe the responsibilities and privileges of its administrative officers, faculty, medical students, and committees.

I.3.2. A medical school must establish and follow effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education programme to avoid the impact of conflicts of interest in the operation of the medical education programme and its associated clinical facilities, and any related enterprises.

I.3.3. A medical school must establish and regularly review effective policies to maintain and promote a diverse and safe learning environment.

I.3.4. 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 law.

I.3.5. The medical school has effective written policies defining mistreatment, mechanisms established for prompt response to any complaints, and educational activities designed at preventing mistreatment. All policies and mechanisms are communicated to students (including visiting students), faculty, and others associated with the institution ensuring that any violations will be investigated and addressed without fear of retaliation.

## I.4 Legal, Risk, And Compliance

I.4.1. The school is authorized and licensed by the appropriate governmental authority to provide a programme of medicine leading to a medical degree. The institution maintains, in effect, any charter, licenses or approvals required for it to function as a medical school in any jurisdiction in which it operates.

## I.5 Finance

I.5.1. A medical school admits only as many applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission. Such resources, whether physical or online, include the capacity and quality of classrooms, libraries, clinical facilities, and support services.

I.5.2. The medical school's present and anticipated financial resources must be adequate to sustain the institution's educational programme as well as its mission, goals, and objectives. The

medical school's financial resources should support the management and evaluation of the medical curriculum.

## I.6 Admin/HR And Contracts Management

I.6.1. There must be sufficient administrative personnel and support staff to ensure the effective administration of the school.

## I.7 Facilities And Equipment

I.7.1. The medical school must have, or be assured the use of, adequate, physical facilities, including buildings and equipment, relative to the number of students in order to meet its educational, clinical, and research goals and objectives.

I.7.2. The medical school ensures appropriate space is available to medical students for study, lounge areas, and secure storage lockers/facilities across campus and at affiliated clinical sites.

I.7.3. The medical school ensures adequate resources to support currently enrolled students and visiting students.

## I.8 Information Technology

I.8.1. A medical school ensures access to information technology resources to support the delivery of its curriculum, institutional goals and objectives, and to meet the needs of its students, faculty, staff, and others associated with the institution.

## I.9 Libraries

I.9.1. A medical school has access to well-maintained library and information facilities, sufficient in size and breadth of holdings, including electronic holdings, to support its educational programme and other goals and objectives. Library services are supervised by professional staff familiar with information resources and data systems who support the needs of the medical students, faculty, and others associated with the institution.

## I.10 Clinical Affiliations

I.10.1. The medical school must have adequate resources for instruction (patient volumes and types) at each clinical facility to teach clinical sciences and core clerkship rotations, covering the breadth of ambulatory and inpatient learning.

I.10.2. The medical school maintains current affiliation agreements with each clinical site that offers required clerkships and/or other clinical rotation opportunities. The affiliation agreements specify that the medical education programme for all medical students remains under the control of the medical school's faculty and each agreement, at a minimum:

a. Defines the responsibilities of each party related to the delivery of medical education
b. Confirms access to appropriate resources for faculty and medical learners
c. Defines the primacy of the medical education programme's authority in overseeing the education conducted at clinical affiliate sites
d. Ensures SOM faculty oversight of clinical education and assessments
e. Defines protocols and the follow-up process for student exposure to infectious or

environmentally hazardous situations or other occupational injury,

f. Defines shared responsibility of creating and maintaining an appropriate learning environment

## I.11 Safety and Security

I.11.1. The medical school ensures campus safety and security across all locations through published policies and procedures, adequate security systems and personnel.

## I.12 Disaster Preparedness

I.12.1. The medical school publishes policies and procedures to address emergency and disaster preparedness.

# THEME: II. CURRICULUM

## II.1 Curriculum Governance

II.1.1. The medical school must demonstrate that its faculty maintain institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum. The medical school faculty shall design, monitor, and periodically review and revise the educational objectives and content of the medical school's curriculum.

II.1.2. The medical school develops and implements effective policies and procedures regarding the amount of time medical students spend in required activities, including total hours required for clinical and educational activities during clerkships.

II.1.3. The medical school must have a single standard for the promotion and graduation of medical students across all instructional sites. The medical school must have policies and procedures for the assessment, advancement, and graduation of students. The medical school must carefully monitor the progress of students throughout their educational programme, 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 programme.

## II.2 Delivery/Structure

II.2.1. The medical school defines its medical education objectives and outcomes which must be appropriate in light of the mission and objectives of the school.

II.2.2. The medical school defines its medical education objectives and outcomes and makes them known to medical students, faculty, postgraduate trainees, and others with direct responsibility for medical student education and assessment.

II.2.3. The educational programme objectives must serve as guides for establishing curriculum content. The educational objectives must be stated in outcome-based terms that allow assessment of student progress throughout the curriculum.

II.2.4. The curriculum of the medical school includes a minimum of 130 weeks of instruction.

II.2.5. A medical school must assume responsibility for the fair selection and assignment of all medical students to all instructional sites. There must be a process by which a medical student can request an alternative assignment if circumstances allow.

II.2.6. The medical school must demonstrate comparable educational experiences, assessments, and resources at all instructional sites within a given discipline, including the standards of achievement identified within each discipline. Comparability must apply to all sites including geographically separated sites.

II.2.7. The medical education programme must demonstrate how the faculty at each instructional site participate in and are held accountable for medical student education to ensure that such education is consistent with the objectives and performance expectations established by the

course or clerkship leadership.

II.2.8. The curriculum includes elective opportunities that supplement the required learning experiences, allow medical students to gain exposure to and expand their understanding of medical specialties, and explore their individual academic interests.

## II.3 Content

II.3.1. The curriculum of the medical school includes content that supports mastery of contemporary scientific principles in relation to the practice of medicine from the biomedical sciences, inter alia anatomy, biochemistry, genetics, physiology, microbiology and immunology; behavioural sciences; and social sciences/medical humanities.

II.3.2. The curriculum of the medical school includes didactic and clinical instruction necessary for students to become competent practitioners of contemporary medicine.

II.3.3. The medical school curriculum includes clinical experiences in the core areas of internal medicine, obstetrics and gynaecology, paediatrics, surgery, psychiatry and primary care/family medicine.

II.3.4. The curriculum of a medical school includes defined types and numbers of patients and clinical conditions that medical students must encounter with respective expected levels of medical student responsibility, and expected clinical settings including both inpatient and ambulatory locations.

II.3.5. The curriculum of the medical school must cover all organ systems and include aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.

II.3.6. The curriculum of the medical school includes instructional opportunities for students to facilitate active learning and independent study to promote lifelong learning.

II.3.7. The faculty of a medical school ensures that the medical education programme provides sufficient opportunities for, encourages, and supports medical student participation in service learning and supports community service-learning activities.

II.3.8. The curriculum of the medical school includes practical opportunities for the direct application of the scientific method, including laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analysis of data.

II.3.9. The curriculum of the medical school includes medical ethics and human values, including, but not limited to, ethical principles in caring for patients.

II.3.10. The curriculum of the medical school includes instruction in, and assessment of, the students' communication skills as they relate to patients, families, colleagues, and other health professionals.

II.3.11. The medical programme ensures that the curriculum provides opportunities for medical students to learn to recognize and appropriately address biases in themselves, in others, and in the health care delivery process.

II.3.12. Educational opportunities must be available in the disciplines that support general medical practice, such as diagnostic imaging and clinical pathology, biostatistics, epidemiology, and behavioural sciences.

II.3.13. The curriculum provides opportunities for medical students to develop and apply the professional qualities set forth by the medical programme.

II.3.14. The curriculum provides training on the determinants of lifelong health and wellbeing, with focused content on the role of physical activity and nutrition in preventing, reducing and treating chronic diseases, and on other wellness barriers that stem from widespread social issues.

## II.4 Assessment

II.4.1. A medical school has a system in place for the effective assessment of medical student performance against competencies consistent with medical educational programme objectives throughout the programme. The system of student assessment employs a variety of measures of knowledge, skills, behaviours, and attitudes.

II.4.2. The medical school must include ongoing assessment of medical students' problem solving, clinical reasoning, decision making, and communication skills.

II.4.3. 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 program. Final grades are available within six weeks of the end of a course or clerkship.

II.4.4. The medical school 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.

II.4.5. The medical school utilizes assessments of students within the framework of established national and international norms and standards, including student outcomes on applicable licensing exams and standardised tests to affirm that students are achieving medical education program objectives.

II.4.6. The medical school ensures a narrative description of student performance is included in the assessment for each required course and clerkship whenever the teacher-learner interaction permits this form of assessment.

# THEME: III. STUDENTS

## III.1 Admissions

III.1.1. A medical school establishes and publishes admission requirements for potential applicants and transfer students who are considering applying to the medical education programme and uses effective policies and procedures for medical student selection, enrolment, and assignment. These requirements must ensure the comparability of transfer students.

III.1.2. The admissions criteria, policies, and procedures used by the medical school must provide for the selection of students who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become effective physicians.

III.1.3. The final responsibility for selecting students to be admitted to medical school rests with a formally constituted admissions committee with majority faculty representation.

III.1.4. A medical school's catalogue and other informational, advertising, and recruitment materials must be published in the primary language of instruction and must 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 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.

III.1.5. The medical school employs fair, transparent, and mission-aligned recruitment and admissions practices that broaden access to medical education and assess applicants' readiness to contribute to a professional and multicultural learning environment.

## III.2 Registrar

III.2.1. The medical school must have a published policy that protects the privacy of student education records. This policy must detail the process by which the school makes student records available for review by the student and gives the student an opportunity to challenge their accuracy. This policy must detail any other circumstances and individuals by which student education records may be released.

III.2.2. The medical school provides a formal performance evaluation letter (MSPE or equivalent) to accompany the postgraduate training application of a medical student on or after October 1 of the student's final year of medical education.

III.2.3. A medical school determines immunization requirements based on the current guidelines in place in the locations where students are based or will rotate, and monitors students' compliance with those requirements.

## III.3 Student Affairs

III.3.1. The medical school develops and publishes technical standards and policies for admissions, retention, advancement, and graduation of applicants and medical students in accordance with

legal requirements and guidelines.

III.3.2. The medical school develops and makes available to students the cost for attendance, including tuition, fees, and, if applicable, health insurance in the primary language of instruction.

III.3.3. The medical school must also have and publish a policy for the refund of tuition and fees.

III.3.4. Medical students assigned to each instructional site must have the same rights and support services as other students.

III.3.5. There must be a system to assist students in career choices and application to postgraduate training programmes and to guide students in choosing elective clinical rotations.

III.3.6. The medical school must have an effective system of academic and personal advising/ counselling for medical students.

III.3.7. A medical school must have policies in place that effectively address medical student exposure to infectious and environmental hazards, including education, prevention, and management of an exposure. As part of management, the medical school must define the financial responsibility in the event of an exposure. All registered medical students and visiting students must be informed of these policies before undertaking any educational activities that would place them at risk.

III.3.8. 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.

III.3.9. The medical school must provide students with effective financial aid and debt management counselling in the primary language of instruction.

## III.4 Student Well-Being

III.4.1. The medical school must provide resources to support student wellness initiatives including providing access to confidential personal counselling and health services.

III.4.2. The medical school has programs that promote student's well-being, including preventative and therapeutic health services and confidential mental health counselling..

III.4.3. The medical school provides medical students with access to diagnostic, preventative and therapeutic health services.

III.4.4. A medical school has policies and procedures in place that allow students to be excused from required educational experiences to seek necessary care.

III.4.5. With the exception of extraordinary circumstances, health professionals who offer medical students health services, such as psychological or psychiatric counselling, are not involved in the academic evaluation or advancement of medical students receiving those services.

III.4.6. A medical school makes sure that medical students' health records are kept up to date in compliance with accessibility, security, privacy, and confidentiality laws.

## III.5 Visiting Students

III.5.1. A medical school must have a process in place for visiting students including:

a. Verifying credentials for visiting medical students to ensure that each student demonstrates comparable skills to join in educational experiences.
b. Maintaining a roster of visiting medical students, including approval of each visiting student's placement in educational experiences.
c. Providing a fair and timely assessment for each visiting medical student's performance during elective rotations and educational experiences.
d. Providing access to policies and protocols related to the health and safety of visiting students.
e. Identifying the administrative unit responsible for overseeing the visiting student experience and performing these duties.

## III.6 Postgraduate Progression

III.6.1. The medical school commits adequate resources to the data collection on postgraduate progression of its graduates to report on the achievement of the school's educational programme objectives.

# THEME: IV. ACADEMIC ENVIRONMENT

## IV.1 Interprofessional Education

IV.1.1. The medical school ensures that medical students have opportunities to learn in academic and clinical environments that permit interaction with health professionals from other disciplines, graduate and professional degree programmes, and physicians in graduate medical education programmes as they provide coordinated services to patients.

## IV.2 Research Portfolio

IV.2.1. The medical school must engage in a planning process that establishes the direction for its research within the medical education programme and result in measurable outcomes.

IV.2.2. A medical education programme is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars.

IV.2.3. The medical school provides sufficient opportunities, resources, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.

## IV.3 Clinical Experience

IV.3.1. Required core clerkships are conducted in health care settings where postgraduate trainee physicians in accredited programmes of graduate medical education are trained so that students have sufficient exposure to postgraduate trainee or post-graduate physicians (or equivalent) to understand the expectations of them at the next level of training (GME or equivalent).

IV.3.2. Postgraduate trainee physicians and other non-faculty instructors in the medical education program 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.

IV.3.3. The medical school must ensure that medical students in clinical learning situations involving patient care are appropriately supervised at all times by members of the school's faculty in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

IV.3.4. The medical school has clerkships that promote the comprehensive study of selected patients having major and common diseases representative of the clerkship.

IV.3.5. The medical school has instituted mechanisms with central oversight that keep track of all medical students and ensure the completion of required clinical experiences in the medical education program and address any identified gaps.

IV.3.6. The medical school has a centralized system for reviewing proposed away/extramural electives prior to permitting medical student involvement. The approval process should evaluate the following:

a. Potential risks to the health and safety of the student and patients
b. Access to emergency care
c. Potential threat of national disasters, political instability, and exposure to disease
d. Preparedness of the medical student for the clinical experience
e. Adequate supervision and responsibilities
f. Potential challenges to the home institution's code of medical ethics
g. Appropriate assessments will be conducted of the student and elective location (performance assessment, student evaluation of the elective location)

## IV.4 Learning Environment

IV.4.1. The medical school ensures that the learning environment facilitates appropriate professionalism in its students, faculty, and staff and establishes standards of conduct for the faculty/student relationship.

IV.4.2. The medical school fosters a respectful, multicultural, and supportive learning environment that enables all students to achieve their full academic and clinical potential.

# THEME: V. FACULTY

## V.1 Faculty Affairs

V.1.1. A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve faculty, department heads, and the chief academic officer, as appropriate.

V.1.2. The medical school must have policies that deal with potential conflicts of interest for faculty.

V.1.3. Faculty are provided written information about terms of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings. Faculty are informed of their responsibilities in teaching, research and, where relevant, patient care on a regularly-scheduled basis.

V.1.4. Faculty members must receive regularly scheduled feedback on academic performance and progress toward promotion.

V.1.5. The faculty of each discipline at all instructional sites must be functionally integrated by appropriate administrative mechanisms.

## V.2 Faculty Development

V.2.1. The programme must have a system of faculty development to address core curricular topics, teaching and assessment skills, scholarly activity, promotion processes, and other discipline-specific topics.

V.2.2. The medical school must have an adequate number of qualified faculty to support the medical education programme in relation to the number of students, including the subjects basic to medicine and the clinical disciplines, and to achieve the mission of the medical school.

V.2.3. Faculty must have the capacity and commitment to be effective teachers.

V.2.4. The faculty of the medical school engage in continuing scholarly activity and research that is characteristic of an institution of higher education.

V.2.5. The medical school must dedicate sufficient resources to support faculty and student research consistent with the mission and goals of the medical school.

# THEME: VI. INSTITUTIONAL EFFECTIVENESS

## VI.1 Mission And Strategic Planning

VI.1.1. The medical school must have a clear and comprehensive mission that is specific and appropriate to higher education and serving the public good. The mission is published and complements the mission of the parent institution (as applicable). The mission of the medical school informs its strategic plan.

VI.1.2. The medical school must engage in a planning process that establishes the direction for the medical education programme and results in measurable outcomes.

## VI.2 Quality Assurance And Improvement

VI.2.1. The medical school programme engages in ongoing and comprehensive quality assurance processes that (a) focus on institutional quality and effectiveness and (b) incorporates a systematic review of institutional goals and outcomes consistent with its mission and educational programme objectives.

VI.2.2. The medical school must have a quality assurance and improvement (QAI) plan to improve educational programme quality and ensure effective monitoring of the medical education programme's compliance with accreditation standards. The plan must include measures, targets, resources dedicated/responsible, and timing. The school must have a process, policy, and appropriate governance for the administration of its QAI plan. In the administration of the plan, the programme has a process to identify and remediate non-compliance.

VI.2.3. In evaluating the programme, the medical school must consider medical student evaluation of courses, clerkships, and faculty.

VI.2.4. The medical school gathers and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are meeting the objectives of the medical education program and improve the program's quality. This information is gathered during program enrollment and after program completion.

# THEME: VII. PILOT ELEMENTS

## VII.1 Artificial Intelligence

VII.1.1. The medical school should outline the uses of AI in the medical education programme.

VII.1.2. The medical school should ensure that its AI systems adhere to ethical principles.

VII.1.3. The medical school should protect the privacy and confidentiality of any patient, student, or other personal data used in AI systems, including data used for AI training or testing purposes.

VII.1.4. The medical school should establish standards of conduct for the use of AI by faculty, staff, and medical students.