

STANDARDS FOR THE ACCREDITATION OF MEDICAL SCHOOLS IN GRENADA

**Grenada Medical and Dental Council
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See updates:

Standard 2.11 (p. 5)

Standard 4.1 (p. 6)

Standard 4.4 (p. 6)

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GMDC Medical School Accreditation Standards

Introduction

Accreditation is a voluntary review process designed to attest to the educational quality of new and established educational programmes. The Government of Grenada is committed to ensuring the quality of medical education in the country through the review and accreditation of medical programmes consistent with the standards and procedures that are comparable to those used in the United States and that meet the Guidelines of the U.S. Department of Education's National Committee of Foreign Medical Education Accreditation (NCFMEA).

The Grenada Medical and Dental Council (the Council) has been authorized by the Grenadian Ministry of Health and the Grenadian Ministry of Education to undertake the independent review and accreditation of medical education programmes in Grenada. The Council is an independent body lawfully established in Grenada by the Health Practitioners Act of 2010 (as amended from time to time) 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." Accreditation by the Council, as well as authorization by the Government of Grenada, is required to offer medical education programmes in Grenada.

To achieve and maintain accreditation, a school must meet the standards and elements contained in this document. These standards were compiled by professionals with extensive experience in the accreditation of medical programmes and taking into account the standards of the Liaison Committee on Medical Education (LCME), the NCFMEA Guidelines, and other international standards and norms of accreditation. The standards compiled in this document are intended to ensure that schools operating in Grenada graduate students who are prepared to enter practice in both Grenada and the United States, and are capable of satisfying the requirements of international licensing bodies.

After a period of development, the Council adopted these Standards and Procedures in January 2018. These Standards are subject to periodic review by the Council and may be updated subject to regular Council decisions. 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.

Standards

Part 1. Institutional Status

- 1.1 The medical school must be legally authorized by the Government of Grenada to provide a programme of medical education in Grenada.
- 1.2 The medical school must define its medical education objectives and outcomes and make them known to faculty and students. The educational mission of the

medical school must serve the public interest, and its educational objectives must support its mission and stated learner outcomes. The medical school's educational programme must be appropriate in light of the mission and objectives of the school.

Part 2. Governance and Administration

- 2.1 The medical school must be organised to assure effective delivery of its educational programme.
- 2.2 A medical school must promulgate institutional bylaws and 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.
- 2.3 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.
- 2.4 There must be an appropriate accountability of the medical school to an authority external to, and independent of, the medical school's administration.
- 2.5 The administration of the medical school must be effective and appropriate in relation to the school's mission and objectives.
- 2.6 There must be sufficient administrative personnel and support staff to ensure the effective administration of the school.
- 2.7 The chief academic official of the medical school must be qualified by education, training, and experience to provide leadership in medical education, scholarly activity, and patient care.
- 2.8 There must be a clear understanding of authority and responsibilities among the chief academic official of the medical school, faculty, and administration.
- 2.9 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 fulfill 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.

- 2.10 The chief academic official of the medical school is appointed by the institution's governing body after an appropriate search for a qualified individual. The selection process should be based on a thorough review of each candidate's academic credentials, training, and experience.
- 2.11 The medical school shall determine the administrative structure that best suits its mission and objectives. Such structure must ensure that the faculty is appropriately involved in issues related to admissions, hiring, retention, promotion, and discipline of faculty, and in all phases of the medical education programme, including clinical education. Further, appropriate administrative mechanisms should exist to promote faculty involvement and decision-making. There should also be appropriate faculty participation in the development of policies and procedures concerning the school's medical education programme.
- 2.12 At affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their instructional responsibilities. The medical school's faculty must have and use effective methods for coordinating geographically separate sites and assuring the use of consistent and common methods for evaluating student performance at all sites. The medical school's administration will assure that its students and faculty have access to appropriate resources at all locations including clinical affiliates.
- 2.13 The faculty of each discipline at all instructional sites must be functionally integrated by appropriate administrative mechanisms. The medical education program must be able to 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. Mechanisms to achieve functional integration may include regular meetings or electronic communications, periodic site visits by senior staff and the sharing of student and faculty evaluation data.
- 2.14 The educational experiences at all geographically separated sites are comparable in quality to those at the main campus.
- 2.15 The medical school must engage in a planning process that establishes the direction for the programme and results in measurable outcomes.

Part 3. Educational Objectives and Programme Design

- 3.1 The educational objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the programme. The educational objectives must be stated in outcome-based terms that allow assessment of student progress throughout the curriculum.
- 3.2 The medical school must have in place a system with central oversight to ensure that the faculty defines the adequate types and numbers of patients and clinical conditions that medical students must encounter, the appropriate

clinical setting for the educational experiences, the expected level of medical student responsibility, and the relevant outcomes-based educational objectives.

- 3.3 The medical school must demonstrate that it provides comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.
- 3.4. The educational objectives of the medical school must be published and made accessible to all medical students and to the faculty, residents, and others with direct responsibility for medical student education and assessment.
- 3.5 The medical school must include instructional opportunities for students to facilitate active learning and independent study to promote lifelong learning.
- 3.6 Medical students should have opportunities to learn in academic environments that permit interaction with resident physicians in graduate medical education programmes.
- 3.7 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 supports community service learning activities.
- 3.8 A medical education programme is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.

Part 4. Curriculum Structure and Content

- 4.1 The curriculum of the medical school must include a minimum of 130 weeks of instruction and include the fundamental principles of medicine and its underlying scientific principles. Further, the curriculum should include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effects of social needs and demands on care.
- 4.2 The medical school must develop clearly defined outcome measures to ensure that students who complete the programme have acquired the skills and ability to apply evidence to solve problems related to health and diseases.
- 4.3 The curriculum of the medical school must include content from the biomedical sciences that supports mastery of contemporary scientific principles in relation to the practice of medicine.
- 4.4 The curriculum of the medical school must include 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 analyses of data.

- 4.5 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.
- 4.6 The medical school curriculum shall include didactic and clinical instruction necessary for students to become competent practitioners of contemporary medicine, including communication skills as they relate to physician responsibilities.
- 4.7 The medical school curriculum shall include clinical experiences in the core areas of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry including, but not limited to, primary care and family medicine. All clinical experiences shall be designed and implemented in such a manner as to ensure that students perform appropriate and progressive clinical responsibilities, and, regardless of the setting in which they are undertaken, shall be supervised by individuals appointed to the faculty of the medical school.
- 4.8 The medical school shall provide instruction in medical ethics and human values, including, but not limited to, ethical principles in caring for patients and communicating effectively with patients' families and to others involved in patient care.
- 4.9 The medical school must demonstrate that its faculty comprise and maintain integrated 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.
- 4.10 The medical school shall have a system in place for the effective assessment of medical student performance throughout the programme. The system of student assessment shall employ a variety of measures of knowledge, skills, behaviors, and attitudes.
- 4.11 The curriculum of the medical school must include instruction in, and assessment of, the students' communication skills as they relate to patients, families, colleagues, and other health professionals.
- 4.12 The medical school must assure that faculty and medical students recognize and address gender and cultural biases in themselves and others in the process of health care delivery.
- 4.13 There must be integrated institutional responsibility for the overall design, management, and evaluation of the curriculum.
- 4.14 The faculty of the medical school must be responsible for the design, implementation and ongoing review of the curriculum and curriculum management.

Part 5. Teaching and Student Evaluation

- 5.1 The medical school must utilize an evaluation system 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), behaviors, and attitudes as specified in medical education programme objectives. The evaluation system must ensure that all medical students achieve the same medical education programme objectives.
- 5.2 A medical school must ensure 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 his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.
- 5.3 The standards of achievement identified within each discipline must be consistent across all sites in which the discipline is taught.
- 5.4 The medical school must have a single standard for the promotion and graduation of medical students across all instructional sites.
- 5.5 All individuals who teach or supervise medical students must be familiar with course objectives and assessment procedures.
- 5.6 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.
- 5.7 The medical school must include ongoing assessment of medical students' problem solving, clinical reasoning, decision making, and communication skills.
- 5.8 Each medical student must be assessed and provided with the formal feedback early enough in each required course or clerkship to allow sufficient time for remediation.

Part 6. Evaluation of Programme Effectiveness

- 6.1 The medical school must evaluate the effectiveness of its educational programme through the collection and use of a variety of measures and outcome data appropriate to the school's educational objectives and mission.
- 6.2 The medical school must evaluate the performance of students and graduates within the framework of established national and international norms and standards, including student outcomes on applicable licensing exams and standardized tests.
- 6.3 In evaluating the programme, the medical school must consider medical

student evaluation of courses, clerkships, and faculty.

- 6.4 To assure consistency with its missions and goals, a medical school must tie its admissions process to the outcome performance of its graduates.

Part 7. Medical Students

- 7.1 A medical school establishes and publishes admission requirements for potential applicants and transfer students to apply to the medical education programme, and uses effective policies and procedures for medical student selection, enrollment, and assignment.
- 7.2 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.
- 7.3 The medical school should seek to admit a diverse pool of applicants to promote a diverse and inclusive educational environment.
- 7.4 The final responsibility for selecting students to be admitted to medical school should rest with a formally constituted admission committee.
- 7.5 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.
- 7.6 The medical school must ensure that any medical student visiting for clinical clerkship rotations and electives demonstrates qualifications comparable to those of the medical students he or she will join in those experiences.
- 7.7 The medical school must publish, at least once a year, information on academic standards, grading, attendance, tuition and fees, refund policy, primary language of instruction, satisfactory academic progress criteria, student promotion, retention, graduation, academic freedom, students' rights and responsibilities, standards for student conduct and disciplinary action, including a grievance policy and appeal procedures and information on filing complaints with the school, accrediting bodies and other oversight agencies, the programme's criteria for admission, and describe the application and admission process as well as other information pertinent to the student body.
- 7.8 A medical school's catalog and other informational, advertising, and recruitment materials must present a balanced and accurate representation of the mission and objectives of the medical education programme, state the academic and other (e.g., immunization) 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.
- 7.9 A medical school must assume responsibility for the 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.

- 7.10 The medical school must have a published policy under which the school makes student records available for review by the student and gives the student an opportunity to challenge their accuracy.
- 7.11 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.
- 7.12 Medical students assigned to each instructional site should have the same rights and support services as other students.
- 7.13 The medical school must have an effective system of academic and personal advising/counseling for medical students that integrates the efforts of faculty members, course directors, and student affairs officers.
- 7.14 The medical school must provide students with financial aid and debt management counseling. It must also have a clear and fair policy for the refund of tuition and fees.
- 7.15 The medical school must make available to students access to confidential personal counseling and health services.
- 7.16 A medical school must have policies in place that effectively address medical student exposure to infectious and environmental hazards, including education, prevention, and managing exposure. All registered medical students must be informed of these policies before undertaking any educational activities that would place them at risk.
- 7.17 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.

Part 8. Educational Environment

- 8.1 The medical school must ensure that the learning environment at all sites promotes the development of appropriate professional attributes in its students.
- 8.2 The medical school must establish standards of conduct for the faculty/student relationship.
- 8.3 The medical school must establish standards and procedures for the assessment, advancement, and graduation of students and for disciplinary actions.
- 8.4 Medical student records must be confidential and only made available to appropriate faculty and staff, unless released by the medical student.
- 8.5. Medical students must be allowed to review and petition the school to adjust records that he or she considers to be inaccurate or misleading.

Part 9. Faculty

- 9.1 The medical school must have adequate qualified faculty in the subjects basic to medicine and the clinical disciplines to achieve the mission of the medical school.
- 9.2 Faculty members must demonstrate achievements commensurate with their academic rank and participate in decisions relating to student admissions, promotion, graduation, and providing student guidance and counseling.
- 9.3 Faculty must have the capacity and commitment to be effective teachers.
- 9.4 There must be clear policies for faculty appointments, renewal of appointment promotion, and dismissal that involve faculty, appropriate department heads, and the chief academic official.
- 9.5 The medical school must have policies that deal with potential conflicts of interest for faculty.
- 9.6 Faculty members should receive regularly scheduled feedback on academic performance and progress toward promotion.
- 9.7 The faculty, including the chief academic official, should assist in the determination of medical school policies and decisions concerning the educational programme.

Part 10. Educational Resources

- 10.1 The accrediting agency must be notified of any substantial change in the institution, including (i) a significant increase in the number of students enrolled (i.e., a 10% change in enrollment in one year or a 20% or change in enrollment in a three-year period), (ii) a significant change in the institution's resources such as faculty, physical facilities, or financial resources that could affect its ability to fulfil its mission and goals, or (iii) a material change in the school's ownership. Such changes may be reviewed by the Council to determine if the school remains in compliance with these standards.
- 10.2 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.
- 10.3 The medical school must have adequate physical facilities, including buildings and equipment, relative to the number of students in order to meet its educational goals and objectives.
- 10.4 The medical school must have adequate resources for instruction in the clinical sciences and to provide required core clinical clerkships in health care facilities with appropriate accredited postgraduate medical education programmes.

- 10.5 There must be written affiliation agreements between the medical school and clinical affiliates that define the responsibilities of each party in relation to the programme of medical education and assure student and faculty access to appropriate resources for medical education.
- 10.6 In the relationship between the medical school and its clinical affiliates, the education programme for medical students must remain under the control of the medical school's faculty.
- 10.7 The medical school must have appropriate resources for the clinical instruction of medical students covering the breadth of ambulatory and inpatient teaching including adequate types and numbers of patients.
- 10.8 Each hospital or other clinical facility that serves as a major instructional site must have adequate instructional facilities and information resources.
- 10.9 Required core clerkships should only be conducted in health care settings where resident physicians in accredited programs of graduate medical education can be trained.
- 10.10 A medical school has access to well-maintained library and information facilities, sufficient in size, breadth of holdings, as well as information technology to support its educational programme and other goals and objectives.
- 10.11 Educational opportunities must be available in the disciplines that support general medical practice, such as diagnostic imaging and clinical pathology.

Definitions/Glossary

The definitions in this section apply to these standards and procedures, as well as the self-study document and all other materials prepared by GMDC.

Adequate types and numbers of patients: Medical students are provided access, in a variety of inpatient settings, to a sufficient mix of patients with a range of severity of illness and diagnoses, ages, and both genders to meet medical educational programme objectives and the learning objectives.

Admission requirements: A comprehensive publicized listing of criteria used for screening, selection, and admission of applicants to a medical education programme.

Assessment: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a medical student has acquired the competencies (e.g., knowledge, skills, behaviors, and attitudes) that the profession and the public expect of a physician.

Clinical affiliates: Those institutions providing ambulatory and/or inpatient medical care that have formal agreements with a medical school to provide clinical experiences as part of a medical school's required educational programme.

Clinical reasoning: The integration, organisation, and interpretation of information gathered as part of medical problem solving in the patient setting.

Coherent and coordinated curriculum: The design of a complete medical education programme, including its content, educational objectives and modes of delivery. Coherence and coordination as reflected in a well-planned curriculum include the following characteristics: 1) appropriate sequencing of curricular topics and educational objectives, 2) coordinated and integrated content within and across academic periods of study (i.e., horizontal and vertical integration), and 3) methods of instruction and student assessment appropriate to the achievement of the programme's educational objectives.

Comparable educational experiences: Learning experiences that are sufficiently similar so as to ensure that medical students are achieving the same learning objectives at all educational sites at which those experiences occur.

Competency: Statements of defined skills or behavioral outcomes (i.e., exercises that a physician should be able to complete) in areas including, but not limited to, patient care, medical knowledge, interpersonal and communication skills, professionalism and ethics, and systems-based practice for which a medical student is required to demonstrate mastery prior to completion of his or her medical education programme and receipt of the MD degree.

Curriculum management: Involves the following activities with respect to all aspects of the medical school's curriculum: directing, coordinating, controlling, planning, evaluating, revising, and reporting. An effective system of curriculum management exhibits the following characteristics: 1) evaluation of programme effectiveness by outcomes analysis as compared to established norms of accomplishment, 2) monitoring content and workload in each discipline, and 3) review of the stated objectives of each individual curricular component, the methods of instruction, and student assessment to ensure that such stated objectives of each component contribute to, and are consistent with, the school's programmatic educational objectives.

Effective: Documentation or other evidence sufficient to support the conclusion that the policy, practice, and/or process has produced the intended or expected result(s).

Equivalent methods of assessment: The use of methods of medical student assessment that are as similar as possible across all educational sites at which core curricular activities take place.

Evaluation: The systematic application of a variety of methods to collect, analyze, and use information to determine whether a programme is fulfilling its mission(s) and achieving its goal(s).

Formally constituted admission committee: An established committee solely responsible for admitting medical students to the medical education programme in accordance with appropriately approved selection criteria in which a majority of the committee members responsible for selecting students are faculty.

Functionally integrated: Coordination of the various components of the medical school and medical education programme by means of policies, procedures, and practices that define and inform the relationships among them.

Integrated institutional responsibility: Oversight by an appropriate central institutional body of the medical education programme as a whole, such as a curriculum committee. An effective central curriculum authority exhibits participation by faculty, students, and administrators experience in curricular design and methods of instruction, student assessment, and programme evaluation, and empowerment, through bylaws or administrative mandate, to perform its work impartially and in the best interests of the institution and its medical education programme.

Learning objectives: A statement of the specific, observable, and measurable expected outcomes of each specific component (e.g., course, module, clinical clerkship, rotation) of a medical education programme that defines the content of the component and the assessment methodology and that is linked back to one or more of the medical education programme objectives.

Major location for required clinical learning experiences: A clinical affiliate of the medical school that is the site of one or more required clinical experiences for its medical students.

Material change in the school's ownership: A transaction or other event in which a person obtains authority to control a school's management and policies by virtue of acquiring a majority ownership position or utilizing other established means, such as voting agreements, to control the school or its parent entity.

Medical education programme objectives: Statements, in measurable terms, of the knowledge, skills, and behaviors, exhibited by a medical student as evidence of his or her achievement of all programmatic requirements upon completing the medical education programme.

Medical education parallel curriculum (track): A parallel program of study for a subset of the medical student body that requires participating students to complete specific programmatic learning objectives (e.g., in research, primary care, leadership) in addition to the medical educational program objectives required of all medical students.

Established norms of accomplishment: Those data sources that would permit comparison of relevant medical school-specific student performance data to accepted data for all medical schools and medical students (e.g., USMLE scores, AAMC GQ data, specialty certification rates).

Outcomes-based terms: Descriptions of observable and measurable desired and expected outcomes of learning experiences in a medical curriculum (e.g., knowledge, skills, attitudes, and behavior).

Principal academic official at each campus: The administrator identified with primary responsibility for implementation of all aspects and components of the medical education programme that occur at a separate campus distinct from the main campus (but excluding clinical sites), including programme assessment and student evaluation.

Regional campus: A regional campus is an instructional site that is distinct from the central/administrative campus of the medical school and at which some students spend one or more complete curricular years.

Senior administrative staff: People in academic leadership roles, to include but not limited to, associate/assistant deans, directors, academic department chairs, and people who oversee the operation of affiliated clinical facilities and other educational sites.

Single standard for the promotion and graduation of medical students across all locations: The criteria and levels of performance defined by a medical education programme and published in policies that must be met by all medical students on all medical school campuses at the conclusion of each academic year for promotion to the next academic year and at the conclusion of the medical education programme for receipt of the MD.

Standards of achievement: Criteria by which to measure a medical student's attainment of relevant learning objectives and that contribute to a summative grade.

Site Visit Evaluation Term Definitions

The following definitions apply to the terms used to evaluate a medical school's compliance with GMDC's standards.

Compliant determination is based on the review and analysis of information and evidence provided during an accreditation review; interviews with faculty, staff, students, the governing board or representatives from other relevant constituencies; and the professional judgment of qualified site visitors that the medical educational programme has demonstrated that it substantially meets the GMDC accreditation standards.

Marginally-compliant determination is based on the review and analysis of information and evidence provided during an accreditation review; interviews with faculty, staff, students, members of the governing board or representatives from other relevant constituencies; and the professional judgment of qualified site visitors that while the medical educational programme may be out of compliance with one or more GMDC accreditation standards, it has evidence to support a reasonable expectation that the issue(s) of concern will be resolved within a reasonable period of time.

Non-compliant determination is based on the review and analysis of information and evidence provided during an accreditation review; interviews with faculty, staff, students, members of the governing board or representatives from other relevant constituencies; and the professional judgment of qualified site visitors that the medical education programme was not able to demonstrate that it substantially meets the GMDC accreditation standards and it is unlikely that the issue(s) of concern will be resolved within a reasonable period of time.