



GMDC

Accreditation Procedures: Medical Schools

Grenada Medical and Dental Council

GRENADA MEDICAL AND DENTAL COUNCIL

**GMDC Accreditation Procedures Manual:
Medical Schools**

2021

Table of Contents

Overview and Scope	5
Part 1: Accreditation Procedures	6
I. Establishment and Legal Authority of GMDC	6
A. Governing Body Membership	6
B. Meetings and Operations of the Governing Body	7
C. Responsibility of GMDC Accreditation Secretariat	8
D. Other Groups	8
E. Training of GMDC members	9
II. Accreditation of Medical Education Programmes	9
A. Review of Medical Education Programmes	9
B. Accreditation Standards	10
C. Data Collection Instrument (DCI)	10
D. Self-Study	11
E. Surveys	11
F. Role of Students	11
G. Site Visit Teams	11
III. Accreditation Review Process Overview	12
A. Full Review - Review of representative sample of clinical sites	13
B. Full Review - Review of main campus	15
1) Role of student experience survey in full review	16
C. Limited Review	19
D. Special Information Requests	20
IV. Accreditation Decisions (from Full Review)	20
A. Accreditation	21
B. Extension of Accreditation	21
C. Probation	21
D. Withdrawal of Accreditation	22
E. Accreditation Decisions for Initial Accreditation of a Programme	23
F. Reporting of GMDC Accreditation Decisions	23
G. Appeal and Reconsideration Procedures	23
V. Annual Progress Report (APR)	27
A. Section A	27

B. Section B	27
C. Section C	27
VI. Managing and Addressing Citations	28
A. Accreditation	28
B. Limited Review	28
VII. Substantive and Non-Substantive Changes	29
A. Substantive Changes	29
B. Non-Substantive Changes	30
VIII. New Clinical Site Reviews	30
IX. Complaints	30
X. Willful Deception	31
XI. School Closures	32
Part 2: Glossary of Terms	32

Overview and Scope

Accreditation is a review process designed to attest to the educational quality of new and established educational programmes. The Government of Grenada, through the Grenada Medical and Dental Council (GMDC), is committed to ensuring the quality of medical education in the country. GMDC accomplishes this through the review and accreditation of medical programmes consistent with its standards and procedures which meet the guidelines of the U.S. Department of Education and other international norms of accreditation or recognition such as the World Federation for Medical Education.

The following Accreditation Procedures (“the Procedures”) establish GMDC’s processes and practices with respect to the review and accreditation of medical schools operating in Grenada. GMDC’s primary goal is to assure current and prospective students, the health professions, healthcare organizations, and the general public that the programmes it accredits meet appropriate quality standards and educational requirements.

This document serves as the primary resource and reference guide for GMDC’s accreditation operations and procedures for all stakeholders. The structure of the document is divided into three parts:

- (1) Accreditation Procedures
- (2) Glossary of Terms

Each part provides a comprehensive overview of the mechanisms and processes involved in the accreditation operations and procedures of GMDC. All stakeholders involved in the accreditation process should review the Accreditation Procedures to stay apprised of the current requirements and expectations for engagement in each step of the process.

The accreditation policies, procedures, and supporting documentation are subject to periodic review and revision by GMDC. For more information regarding the accreditation activities of GMDC or to review specific documents related to the accreditation process, please visit <https://gmdc.gd/>.

Part 1: Accreditation Procedures

I. Establishment and Legal Authority of GMDC

The Health Practitioners Act (“the Act”), enacted in 2010, establishes the Grenada Medical and Dental Council (“GMDC” or “the Governing Body”) as the entity responsible to oversee and “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 Grenada. The Minister of Health and Minister of Education took action to authorise GMDC to accredit professional medical schools located in Grenada. The Health Practitioners (Amendment) Act of 2019 (“Amendment Act”) formally gives GMDC authority to review and accredit medical doctor degree programmes in Grenada. The Amendment Act took effect on December 5, 2019 and was Gazetted on December 16, 2019.

These Accreditation Procedures (“the Procedures”) establish GMDC’s accreditation processes and practices with respect to the review and accreditation of medical schools operating 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 regional and international best practices in quality standards and educational requirements.

Medical schools with an established medical education programme seeking initial accreditation from GMDC must first apply for and obtain authorization to do so from the Government of Grenada in accordance with the Accreditation Act #15, 2011, and then apply for candidacy from GMDC. More information on the process of applying for initial accreditation from GMDC can be found in Section II.A. of this manual.

Accreditation from GMDC signifies that a medical programme has satisfied established standards. It also signifies that the programme satisfies standards comparable to the standards of medical accreditation employed in the United States, and consistent with other international norms of accreditation. Once accreditation has been granted, it is an indication that graduates of medical education programmes accredited by GMDC have attained the skills, competencies and knowledge needed to become competent medical practitioners in Grenada, the United States, and other countries.

These Procedures are subject to periodic review and revision by the Governing Body and shall be construed to be consistent with the terms of the Act, as amended from time to time.

A. Governing Body Membership

As mandated by the Health Practitioners Act (2010), the Governing Body represents the members of the Grenada Medical and Dental Council (GMDC). The term Governing Body is utilized to differentiate between the decision-making members of GMDC and the Accreditation Secretariat and other subcommittees. The Accreditation Secretariat reports to the Governing body. The GMDC Governing

Body is composed of the following members:

- 1) The Chief Medical Officer who shall be an ex officio member;
- 2) Seven members appointed by the Minister as follows—
 - i. One medical practitioner,
 - ii. One dental practitioner,
 - iii. Three medical practitioners nominated by the Medical and Dental Association, one of whom shall be a dental practitioner;
 - iv. An attorney-at-law of at least eight years standing nominated by the Grenada Bar Association; and
 - v. A member of the public who is not a medical practitioner or a dental practitioner.

A Chairperson and/or a Deputy Chairperson presides over all Governing Body meetings. Members of the Governing Body shall be appointed for a period of five (5) years which may be extended on the authority of the Minister of health.

B. Meetings and Operations of the Governing Body

Through legislative action by the Minister of Health, the Governing Body is authorised to:

- 1) Establish standards and criteria for the accreditation of medical schools that offer professional medical education programmes;
- 2) Establish procedures and guidelines for the accreditation of medical education programmes;
- 3) Retain and oversee consultants and advisors to assist the Governing Body in the work leading up to its accreditation decisions;
- 4) Deliberate and render accreditation decisions for medical education programmes seeking candidate status, initial accreditation or continued accreditation, and conduct follow-up activities to monitor or take action with respect to any accredited medical programme; and
- 5) Determine fees for accreditation services.

The Governing Body conducts its business, including the creation of committees tasked with specific responsibilities, in the manner it considers appropriate, subject to the following provisions:

- 1) The Minister of Health shall provide the Governing Body with appropriate staff and support services, facilities and financial resources as appear to the Minister to be necessary or expedient to enable the Governing Body to carry out its functions under the Act;
- 2) The Governing Body Secretary shall keep the minutes to record all meetings and resolutions;
- 3) Meetings of the Governing Body shall be held at the time and place as decided by the Chairperson;
- 4) The Chairperson shall call a meeting if requested to do so, in writing, by the Minister or by members of the Governing Body;
- 5) The quorum for a meeting of the Governing Body shall be five (5) members;
- 6) Decisions shall be made by majority vote of members present with each

member having one (1) vote, and the Chairperson casting the deciding vote in the event of a tie;

- 7) Official accreditation decisions of the Governing Body are reported to Grenada National Accreditation Board for the purpose of keeping the Government of Grenada informed of the accreditation status of an institution; and
- 8) The Governing Body by a majority vote may create committees to assist with various GMDC operations. In no event shall any such committee be authorised to render accreditation decisions on behalf of the Governing Body.

C. Responsibility of GMDC Accreditation Secretariat

The Act and the Amendment outline GMDC's main functions as follows:

- A) Licensing and registration of health practitioners; and
- B) Accreditation of medical education programmes.

To carry out these functions, GMDC is organised into two Secretariats (1) the Licensure & Registration Secretariat and (2) the Accreditation Secretariat. Each Secretariat is supported by technical and administrative staff. The Executive Director of GMDC's Accreditation Secretariat reports to GMDC's Governing Body which in turn reports to the Minister of Health. In this document, unless otherwise specified, actions carried out by GMDC are by the GMDC Accreditation Secretariat.

In particular the GMDC Accreditation Secretariat is responsible for administrative, operational, and quality assurance functions. These include but are not limited to:

- 1) Develop and maintain policies, procedures and guidelines on behalf of the Governing Body.
- 2) Evaluate and analyse documents, correspondence, policies, etc relating to quality assurance and accreditation.
- 3) Prepare for and represent GMDC in the evaluation by regional and international regulatory bodies.
- 4) Communicate with regional and international internal and external stakeholders.
- 5) Organize training and professional development experiences for members of the Governing Body, site visitors, and its consultants or advisors;
- 6) Participate in site visits and other medical school evaluation activities as their schedules allow. The site visit coordinator and Executive Director of the Accreditation Secretariat of GMDC may attend site visits on occasion for quality assurance purposes and to ensure that site visits are conducted in a manner consistent with GMDC guidelines.
- 7) Identify and select qualified individuals to serve as medical education site visitors ("site visitors");
- 8) Coordination of all site visits

D. Other Groups

GMDC utilises support from other groups including Accreditation Working Groups and site visitors for the accreditation procedures as appropriate. Accreditation Working Groups are non-binding, internal or external members with specific areas of expertise engaged by GMDC for specific, time-limited activities (e.g. appeals or

reconsideration panel, writing white papers, facilitating thought leadership).

Site visitors are individuals with medical education expertise (excluding members of the school being reviewed by GMDC in a particular cycle) who conduct site visits on behalf of GMDC during the accreditation review process. The site visit teams develop reports and submit those to GMDC. These reports help to guide the Governing Body's accreditation decisions. Site visitors do not make any recommendations or final accreditation decisions on behalf of GMDC.

E. Training of GMDC members

For information on the procedures and requirements by which GMDC members train for their roles please refer to the GMDC HR Management Policy.

II. Accreditation of Medical Education Programmes

A. Review of Medical Education Programmes

Medical schools with an established medical education programme seeking initial accreditation from GMDC must first apply for and obtain authorization to do so from the Government of Grenada in accordance with the Accreditation Act #15, 2011, and then apply for candidacy from GMDC.

A medical school may apply for accreditation from GMDC if it meets the following two criteria:

- 1) The programme has students who have been enrolled continuously for a period of not less than ten (10) years
- 2) The programme has been accredited for not less than five (5) years by an accrediting body that is affiliated with a national accreditation system, such as the U.S. Department of Education's National Committee on Foreign Medical Education and Accreditation (NCFMEA) or any other higher education legislative organization/committee responsible for higher education/medical education

The process for an established medical school to obtain initial GMDC accreditation requires that the medical school:

- 1) Submit a written request to GMDC's Executive Director of the Accreditation Secretariat;
- 2) Submit documentation demonstrating that, at the time of its application, the medical programme (i) has continuously enrolled students for a period of ten (10) years or more and (ii) has been accredited for at least five (5) years by an accrediting body that is part of a national accreditation system approved by the NCFMEA or any other higher education legislative organization/committee responsible for higher education/medical education;
- 3) Prepare and submit an institutional self-study to GMDC;
- 4) Prepare and submit a complete data collection instrument (DCI) to GMDC;
- 5) Provide any other information requested by GMDC, including reports and assessments of the school as prepared by other accrediting bodies or regulators; and

- 6) Cooperate with GMDC and its site visitors for review team(s) to conduct on-site and/or virtual evaluation visits of the medical school's main campus and a critical mass of clinical sites, which shall form the basis for reports for review by GMDC.

B. Accreditation Standards

To ensure the delivery of high-quality medical education through evaluation, processes, and mechanisms, GMDC has established six (6) accreditation themes for use by the Governing Body to determine whether a medical education programme leading to a medical degree is eligible for accreditation:

Theme I	Institutional Setting
Theme II	Curriculum
Theme III	Students
Theme IV	Academic Environment
Theme V	Faculty
Theme VI	Institutional Effectiveness
Theme VII	Pilot Elements ¹

The Accreditation Standards are organised in the following way:

- I. Theme
 1. Standard
 1. Element

Additional information and details regarding the themes and their associated standards and elements can be found in the Standards for the Accreditation of Medical Schools in Grenada ("the Standards"). The Standards are subject to periodic review and revision by the Governing Body in accordance with the Review of Accreditation Standards Policy.

C. Data Collection Instrument (DCI)

The Data Collection Instrument (DCI) is a document completed by the school of medicine as part of the full review process. The DCI is used by GMDC to assess a programme on each theme, standard, and associated elements. The sub-categories beneath each element of each standard facilitate the collection of narrative responses, supporting data (e.g., student performance and outcomes, faculty appointments, clinical sites), and supporting documentation.

The Data Collection Instrument (DCI) is organised in the following way:

- II. Theme
 1. Standard

¹ The pilot element theme is not required by the GMDC and does not impact a programme's accreditation decision. This is a location in which the GMDC can test out new themes for eventual incorporation into the DCI.

1. Element
 - a) Supporting Data
 - b) Narrative Response
 - c) Supporting Documentation

For more information about the steps of the Accreditation process, see Section III.

D. Self-Study

As part of the full review process, a medical school completes an institutional self-study designed to be an instrument of self-evaluation for the stakeholders of the medical education programme. The self-study helps to identify institution-wide areas for operational and programmatic improvement in the institution's goal to meet GMDC Accreditation Standards, as well as those areas of strength the programme identifies.

The self-study is a complement to the DCI and provides additional information and supporting documentation. Schools participating in an accreditation review process are encouraged to start the self-study process twelve (12) months prior to the start of the main campus site visit of the full review. A self-study summary report is completed and submitted to GMDC six months prior to the main campus site visit. The Site Visit Coordinator provides the DCI and self-study summary report as well as any additional relevant documentation to the Site Visit Team Chair who circulates the documentation to the members of the visiting teams for review prior to the on-site main campus visit. The site visitors use these documents to identify initial questions and supplemental data requests.

E. Surveys

GMDC utilises two surveys to support its accreditation process: (1) the GMDC student experience survey and (2) the GMDC graduate survey. The student experience survey is an independent review used to understand student satisfaction in key areas related to the students' medical school experience. The GMDC graduate survey is an independent review of students that are soon to be medical school graduates used to understand students' reflections on their medical school experience and future plans. The role of the surveys in the accreditation process is described in further detail in Section III. Accreditation Review Process.

F. Role of Students

Students of a medical school preparing for an accreditation review are expected to participate in the analysis of the educational programme including courses and curriculum, student support services, and the environment for learning. Student participation in GMDC surveys is not compulsory. However, the medical school is responsible for encouraging responses that are representative of the entire student body. For further detail on the role of surveys see Section III. Accreditation Review Process.

G. Site Visit Teams

GMDC ensures that qualified and impartial site visitors are responsible for completing all site reviews, including separate reviews of the main campus and administrative sites, basic science sites, other campuses (if applicable), and a

representative sample of clinical sites. The composition of a team is determined in part by the characteristics of the medical school site to be visited and the nature of the issues to be reviewed.

Generally, main campus site visit teams² consist of three (3) to five (5) individuals and clinical site visit teams consist of two (2) to three (3) individuals. The final site visit team is selected from a roster by the Accreditation Secretariat and will consist of a cross-section of basic science and clinical educators and practitioners.

GMDC selects site visitors who have the necessary qualifications as educators, medical practitioners, or educational administrators to conduct accreditation reviews and evaluations, as verified through an application and approval process. Site visitors are required to complete a conflict-of-interest form as a part of the application process, and annually thereafter, to ensure there are no conflicts of interest with the medical school(s) GMDC accredits. The medical school also has an opportunity to review the list of proposed site visitors to identify any potential conflicts of interest.

GMDC ensures that site visitors receive appropriate information and orientation prior to conducting site visits, focused on the application of the Standards and the data gathering to support GMDC in its assessment of compliance.

The Site Visit Coordinator, who is a member of the GMDC Office of the Accreditation Secretariat, serves as the primary contact for the medical school in planning for site visits. The Site Visit Coordinator assists in the selection of site visitors and is responsible for the logistics of the visits together with the Site Visit Team Chair and the School's liaison. The Site Visit Coordinator works with the Site Visit Team Chair to ensure that the members of the site visit team adhere to GMDC's Accreditation Policies and Procedures and that the Standards are interpreted correctly and consistently.

Site visit teams make on-site observations to verify information and evaluate data provided by the medical school. The teams' observations are incorporated into a written main campus site visit report and prepared and submitted to GMDC.

III. Accreditation Review Process Overview

GMDC conducts the following types of accreditation reviews:

- **Full Accreditation Reviews:** Full accreditation reviews examine the entirety of the medical school programme. To do so, the full review consists of two parts:
 - 1) Review of a representative sample of clinical sites conducted in the three years leading up to the main campus visit, and

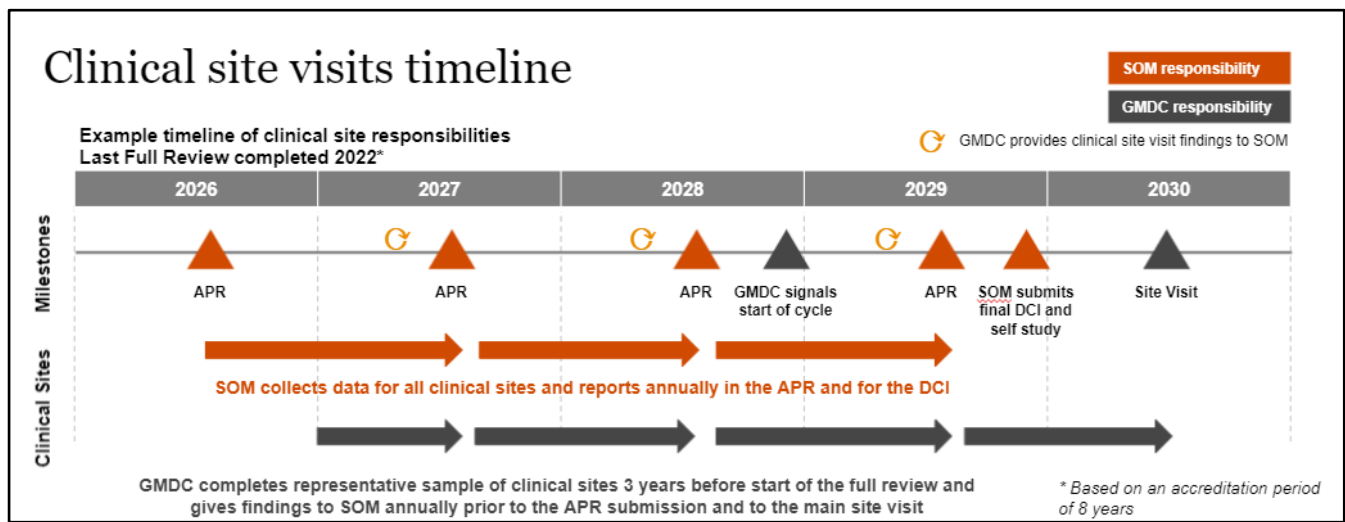
² New site visitors and other relevant persons as agreed to by GMDC may be included as observers to the site visit process.

2) Review of the medical school's main campus.

Both reviews have associated processes and requirements from an institution as described below. Full reviews are typically conducted every eight (8) years. However, a school applying for initial accreditation will be granted an accreditation period of five (5) years and eight (8) years every subsequent full review. In the event of extenuating circumstances, such as a natural disaster or a pandemic, the accreditation period may be extended for up to two (2) years.

- **Limited Accreditation Reviews:** Limited accreditation reviews may be conducted during the accreditation period to focus on specific areas of concern or identified non-compliance. An institutional self-study is not required prior to a limited review, unless specified by GMDC. However, GMDC may request for the medical school to submit a report or respond to specific questions. These will be sent to the GMDC for forwarding to the site visit team in sufficient time to allow the team to review and prepare for the issues to be addressed in the visit. Limited accreditation reviews that occur as a result of probationary status will require an action plan and briefing book.
- **Special Information Requests:** GMDC may initiate a special information request outside of the full review to gather information on specified issues. A special information request can trigger a limited accreditation review, leading to an on-site visit which would be coordinated with the school in advance.

A. Full Review - Review of representative sample of clinical sites



In order for GMDC to affirm that a medical school is operating in compliance with GMDC Standards of Accreditation it conducts a representative sample of clinical site visits as part of the full review. The representative sample is approximately 20-35% of the total number of clinical sites. If the sites of concern exceed the 20-35% threshold, these additional sites are reviewed separately in a timely manner by GMDC site visit teams. New clinical sites will also be visited in a separate process not included in the representative sample (see Section VIII: New Clinical Site

Review).

GMDC utilises the following methodology to determine which clinical sites are included in the representative sample as a part of the full review:

- 1) Determine the total number of clinical sites that have core clerkship rotations
- 2) Determine the number of sites that meet any of the following criteria:
 - a) A clinical site has experienced a substantial increase or decrease of students [“substantial” $\geq 35\%$];
 - b) A clinical site has received student complaints concerning the quality of the clinical experience;
 - c) A clinical site where there are questions/concerns regarding affiliation agreements;
 - d) A clinical site where GMDC has concerns about student clinical experiences;
 - e) A clinical site that does not provide a minimum threshold experience, as measured by COMLEX, NBME, SHELF exams, student evaluations, and other relevant examinations.
- 3) Determine the remaining number of sites needed to reach approximately 20-35% of total clinical sites
- 4) Fill the remaining sample size with a selection of clinical sites from a cross-section (geographical, specialty, hospital/ambulatory, facility size) of required clinical rotations and electives based on percentage/number of students assigned to those sites.

To facilitate identifying the representative sample, GMDC reviews the clinical site data submitted in the Annual Progress Report (APR) every year by the school. GMDC uses the APR to identify which clinical sites meet the criteria of the representative sample methodology and communicates the list to the school of medicine each year.

The representative sample of clinical site visits occurs during the three year period leading up to the main campus site visit. These visits are conducted in geographic clusters for efficiency. Site visitors utilise the Clinical Site Visit Form in their review of each clinical site.

The Clinical Site Visit Form is a checklist for clinical site visits used to assess performance against the accreditation standards and elements related to clinical sites. Because clinical sites are only reviewed against a focused set of accreditation standards and elements applicable to the clinical site, the Clinical Site Visit Form uses the terms satisfactory, marginally satisfactory, and unsatisfactory to evaluate each clinical site. Compliance with each standard is the responsibility of the medical school as a whole and therefore not determined at an individual clinical site. The final compliance decision for each standard and element, including those reviewed during clinical site visits, is determined by the GMDC Governing Body following the main campus visit report prepared by the site visit team following the main campus site visit. Citations are not based on a single clinical site visit. GMDC cites a programme on overall performance at clinical sites if the non-compliance is consistent in a significant number of clinical sites or affects a significant number of

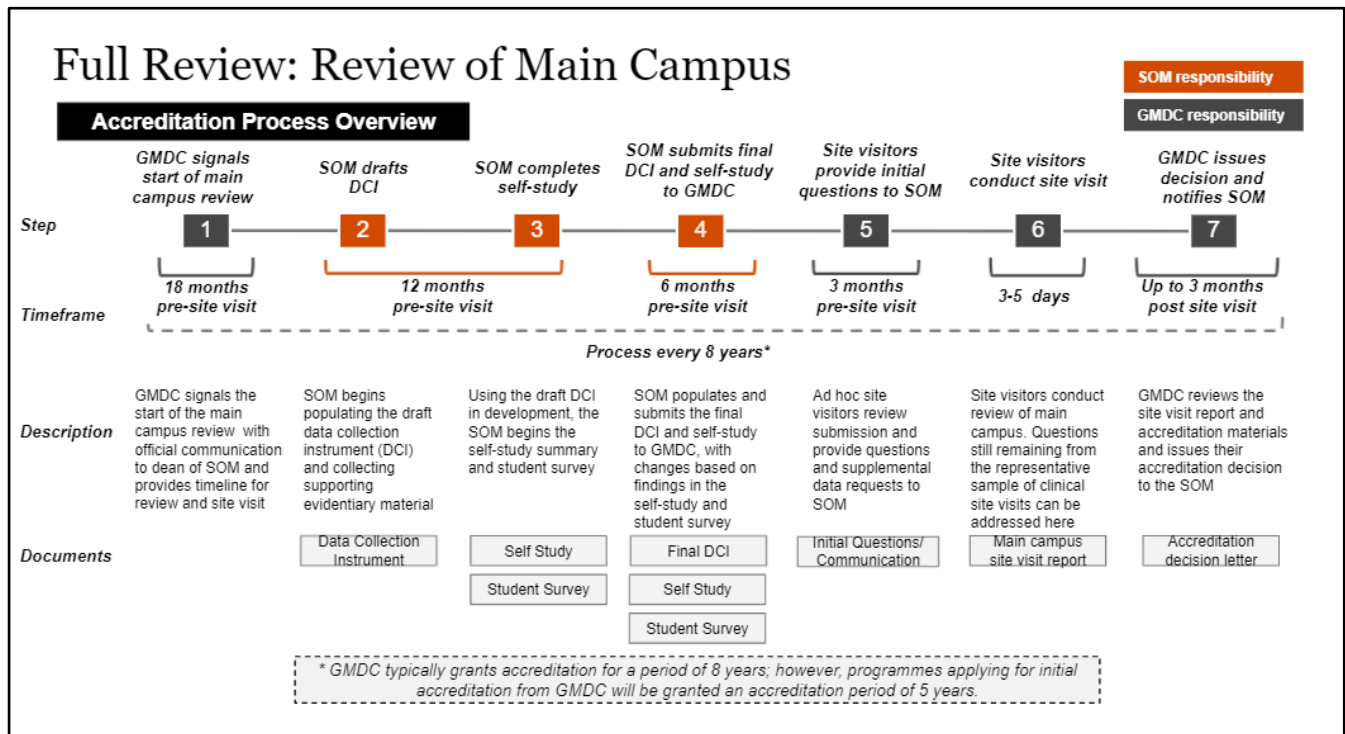
students.

The school is sent the completed Clinical Site Visit Form at the completion of each clinical site visit indicating any areas of concern from the representative sample of clinical site visits. The programme is required to respond to any areas of concern identified in the clinical site visit forms in the APR.

The school uses the APR each year to respond with progress updates detailing how it intends to address any areas of concern identified in the completed clinical site visits from that year. In certain circumstances, GMDC may request that the programme issue a response to the areas of concern prior to the submission of the APR if the areas of concern are deemed to be urgent, or significantly impact the students. GMDC may issue a Special Information Request to follow up on progress on the areas of concern. A Special Information Request can also trigger a limited review. This limited review site visit can be conducted by site visitors or the Accreditation Secretariat.

The representative sample of clinical sites concludes with the full review - main campus site visit. Remaining issues identified from clinical site visits are addressed during the main campus visit. For more information on the main campus site visit process, see Section III.B. Full Review - Review of main campus.

B. Full Review - Review of main campus



GMDC contacts the medical school approximately 18 months before the anticipated date of the next main campus site visit to signal the start of the main campus review. Beginning 12 months prior to the main campus review, the school of medicine starts populating the data collection instrument (DCI) and conducting the self-study. Simultaneously, GMDC deploys the student experience survey (see Section III.B.1 - Role of student experience survey in full review). A final DCI and self-study report is submitted to GMDC no later than 6 months prior to the

scheduled main campus site visit.

GMDC and the school of medicine will confirm the main campus site visit dates no later than 6 months prior to the intended visit. Site visitors review the submitted DCI and self-study summary report and provide initial questions and supplemental data requests three (3) months prior to the start of the visit.

The main campus site visit typically lasts three to five days and includes interviews with medical school stakeholders associated with the main campus. Schools with regional main campuses may have additional time added to the visit.

After concluding the main campus site visit, the site visitors compile the main campus site visit report. This is a written report of the site visit team's findings related to the programme's performance in each of the accreditation elements. It also includes a summary of the representative sample of clinical site visits, based on the clinical site visit forms completed by the site visitors. Absent extenuating circumstances, portions of the report specifically assigned to individual team members should either be written on-site or forwarded to the Site Visit Team Chair no later than thirty (30) days after the conclusion of the site visit. The report contains relevant excerpts from the self-study and the DCI to support the team's findings. The report similarly summarises findings from the representative sample of clinical sites. For more details see Section III.A. Full Review - Review of representative sample of clinical sites.

The site visitors do not make decisions regarding compliance but instead provide their observations related to each element for GMDC's review and ultimate decision about the programme's accreditation status.

The Site Visit Team Chair arranges for the draft of the main campus site visit report to be sent to the Executive Director of GMDC's Accreditation Secretariat who forwards the report to the chief academic official (CAO) of the medical school for review and response. The CAO has ten (10) business days from the receipt of the draft to respond, in writing, to correct any errors of fact, and address any concerns with the analysis, conclusion, or tone of the report. If the school fails to respond within 10 days, GMDC may assume the school has no such changes. These comments will be reviewed by the site visit team and Accreditation Secretariat. The Site Visit Team Chair will respond in writing to the CAO about the changes that were or were not made based on the CAO's comments. The main campus site visit report is then brought to the Governing Body for final approval.

Following the completion of the main campus site visit report approval, the GMDC Governing Body proceeds with its accreditation decision (see Section IV. Accreditation Decisions (from Full Review) for more detail).

1) Role of student experience survey in full review

The student experience survey is deployed by GMDC approximately twelve months prior to the main site visit. Students are provided an introduction and access to the survey which stays open for approximately one to two months. Participation is optional but encouraged by the school and GMDC. The

medical school is responsible for encouraging responses that are representative of the entire student body. The survey results are provided to both the school and GMDC. Student experience survey results are a distinct component of the DCI package submission (DCI and appendices, self-study summary, student survey results). Results are utilised in the following ways:

- a) The school **must** respond to select questions and tables in the DCI that ask for information from the student survey results
 - a. I.3.5.c
 - b. II.4.3.d
 - c. Table II.3.7
 - d. Table III.3.2
 - e. Table IV.3.1-1
 - f. IV.2.1.a.
- b) In addition, the school should address student survey results in their DCI responses where applicable. The school should use the following mapping to address specific student survey results in their DCI responses but is not limited to only these results and responses. *(Note: student survey results may be applicable overall to one or several themes, the school is encouraged to summarise additional findings as it finds appropriate. Example: using the results from “Section 3 - Your Medical School Experience” in narrative responses to Theme II: Curriculum and Theme IV: Academic Environment)*

Recommended areas to address specific results in the DCI

	Student survey section	Student survey sub-section	Student survey question	DCI element(s)
Q4	Section 3 - Your Medical School Experience	Overall	How satisfied are you with your overall experience at the medical school?	IV.5 Learning Environment
Q5	Section 3 - Your Medical School Experience	Institutional setting	Still thinking about medical school, how satisfied or dissatisfied are you with each of the following?	I.1 Governance, I.3 Institutional Policies, I.7 Facilities and Equipment, I.8 IT, I.9 Libraries
Q6	Section 3 - Your Medical School Experience	Curriculum	Still thinking about medical school, how satisfied or dissatisfied are you with each of the following?	II.1 Curriculum Governance, II.2 Delivery/Structure, II.3 Content, II.4 Assessment, IV.4 Clinical Experience
Q7	Section 3 - Your Medical School Experience	Student support	Still thinking about medical school, how satisfied or dissatisfied are you with each of the following?	III.2 Registrar, III.3 Student Affairs, III.4 Financial Aid and Debt Management, III.5 Visiting Students

Q8	Section 3 - Your Medical School Experience	Academic environment	Still thinking about medical school, how satisfied or dissatisfied are you with each of the following?	IV.1 Interprofessional Education, IV.2 Diversity, IV.3 Research Portfolio, IV.5 Learning Environment
Q9	Section 3 - Your Medical School Experience	Faculty members	Still thinking about medical school, how satisfied or dissatisfied are you with each of the following?	II.2 Delivery/Structure, V.2 Faculty Development
Q10	Section 3 - Your Medical School Experience	Overall - facilities and safety	To what extent are you then concerned about each of the following?	I.3 Institutional Policies, I.6 Admin/HR and Contracts Management
Q11	Section 3 - Your Medical School Experience	Overall - mistreatment	Have you seen or experienced any of the following forms of mistreatment in your time at your medical school?	I.3 Institutional Policies
Q12	Section 3 - Your Medical School Experience	Overall - mistreatment	To what extent do you agree with the following statements regarding mistreatment?	I.3 Institutional Policies
Q13	Section 3 - Your Medical School Experience	Overall - well-being	To what extent do you agree with the following statements regarding your medical schools well-being policy?	VII.1 Student Well-Being
Q14	Section 3 - Your Medical School Experience	Overall - well-being	To what extent do you agree with the following statements around your well-being?	VII.1 Student Well-Being
Q15	Section 3 - Your Medical School Experience	Overall - preparation	How satisfied are you that your time at medical school has prepared you for your future residency?	IV.4 Clinical Experience
Q16	Section 3 - Your Medical School Experience	Overall - QAI	What one area would you like to see your medical school improve on in the next 12 months?	VI.2 Quality Assurance and Improvement

- c) The school is **not** responsible for any additional summary report of the student survey results
- d) GMDC provides site visitors with the student survey results and site visitors use the results as part of the material to generate the initial questions to the school
- e) Site visitors conducting the site visit will ask questions about student survey results as appropriate

- f) Site visitors provide GMDC with the main campus site visit report including site visitor observations on responses for the accreditation decision (Note: site visitors **cannot** make compliance ratings based on the school's student experience survey results)
- g) The GMDC Governing Body uses the main campus site visit report and student survey results as part of the evidence used to make the accreditation decision (Note: The GMDC Governing Body **will not** cite the school based solely on the school's student experience survey results).

C. Limited Review

Limited accreditation reviews may be conducted under limited circumstances and at the discretion of GMDC to focus on specific areas of concern or identified non-compliance. As with the Full Review, the Limited Review is intended to explore specific areas of concern regarding the medical school programme. If additional clinical site visits are determined to be necessary, GMDC addresses them in a timely manner. An institutional self-study is not required prior to a limited review, unless specified by GMDC. A response to a set of questions provided by GMDC may be required depending on the trigger for the limited review.

The types of limited review triggers can include:

1. Probationary action from full review
2. Significant non-compliance with GMDC's Standards of Accreditation from a majority of the clinical site reviews not rising to the level of a probation decision
3. Special Information Requests for accreditation concerns

Limited review site visits are typically shorter in length, lasting from one to two days. The GMDC Accreditation Secretariat will communicate with the medical school regarding the format of the visit (i.e. in-person, virtual, or data requests) and any supporting documentation required.

After the site visit team conducts the limited review site visit, a draft limited site visit report, which is specific to the areas of concern reviewed during the visit, is sent to the medical accreditation programme for its comments on the facts and tone of the report. The CAO has ten (10) business days from the receipt of the draft to respond in writing to correct any errors of fact, and address any concerns with the analysis, conclusion, or tone of the report. If the school fails to respond within 10 business days, GMDC may assume the school has no such changes. These comments will be reviewed by the limited site visit team and the Accreditation Secretariat. The Executive Director of GMDC's Accreditation Secretariat will respond in writing to the CAO about the changes that were or were not made based on the CAO's comments. The limited site visit report is then brought to the Governing Body for review and action.

Following the completion of the limited site visit report approval, the GMDC proceeds with a process similar to that of the accreditation decision from full review to determine whether each relevant element reviewed in the limited review is: a) compliant, b) marginally compliant, or c) non-compliant. (see Section IV.

Accreditation Decisions (from Full Review) for detail on the criterion-referenced decision-making system GMDC utilizes to determine compliance). For elements determined to be marginally compliant or non-compliant, GMDC issues an appropriate citation.

The Governing Body then relays the decision to the Accreditation Secretariat for communication to the CAO of the medical programme. The Executive Director of GMDC's Accreditation Secretariat notifies the medical school of the areas of compliance, marginal compliance, and non-compliance.

D. Special Information Requests

Special Information Requests may be initiated by GMDC, at their discretion, to gather information on specified issues such as substantive changes or issues identified from the data reported by the school in the Annual Progress Report. Depending on the request and information received, GMDC may request additional information, or schedule a limited site visit for further exploration of the issue.

IV. Accreditation Decisions (from Full Review)

The GMDC Governing Body has a rigorous and multilevel process for making its accreditation decisions. Up to three (3) months following the main campus site visit, the GMDC Accreditation Secretariat gathers and reviews the main campus site visit report (including a summary of the representative sample of clinical site visits) prepared by the site visitors, annual progress reports, DCI, self-study, and student surveys completed by the programme, and any other additional information requested from the institution. The GMDC Governing Body reviews the materials provided by the GMDC Accreditation Secretariat to make the official accreditation decision.

The GMDC Governing Body utilises the above-mentioned documents, including the main campus site visit report and summary of the representative sample of clinical site visits, to arrive at an accreditation decision regarding a medical programme. All documents are reviewed and analyzed in reference to the Accreditation Standards to evaluate compliance. The Governing Body uses a criterion-referenced decision-making system to ensure fairness, consistency, and accuracy.

In its review of the medical school to make an accreditation decision, the GMDC Governing Body checks for three foundational components related to each accreditation standard: a) governance, b) procedures, and c) documentation. The GMDC Governing Body assesses the presence of these foundational items by reviewing the main campus site visit report (including a summary of the representative sample of clinical site visits) prepared by the site visitors. This information is then reviewed in the context of annual progress reports, DCI, self-study, and student surveys completed by the medical school. Depending on the presence and maturity of these foundational items related to each element and standard within the Accreditation Standards, the GMDC Governing Body determines whether each element is: a) compliant, b) marginally compliant, or c) non-compliant. For elements determined to be marginally compliant or non-compliant GMDC issues an appropriate citation. From the review and determination of compliance with GMDC Standards, GMDC makes its overall accreditation decision as described above.

All Governing Body members are required to review the documents prior to the meeting to facilitate discussion and decision-making. After a comprehensive review, the Governing Body must arrive at a consensus and make an accreditation decision. An accreditation decision letter is drafted, to include narrative descriptions of compliance, marginal compliance, and non-compliance findings, justifications for the decision, and associated citations.

The GMDC Governing Body makes one of the following accreditation decisions for a medical school programme:

1. Accreditation
2. Extension of Accreditation
3. Probation
4. Withdrawal of Accreditation

The Governing Body then relays the decision to the Accreditation Secretariat for communication to the CAO of the medical programme. The Executive Director of the GMDC Accreditation Secretariat notifies the medical school of the official accreditation decision, including areas of compliance, marginal compliance, and non-compliance, and associated citations.

The GMDC Governing Body has, at its discretion, the authority to place reporting requirements or additional conditions on a programme in connection with any grant of accreditation.

A. Accreditation

For programmes going through an initial full accreditation review with GMDC, the Governing Body may grant an accreditation period of five (5) years. A programme participating in subsequent full accreditation reviews will be granted accreditation for eight (8) years based on the determination that the programme has demonstrated compliance with the Accreditation Standards. This accreditation status may be granted even if GMDC has identified citations from their review, but the citations do not rise to the level of the programme being placed on probation by GMDC. The programme will receive an accreditation decision letter stating that they have been granted accreditation status. If any marginal or non-compliant citations were identified during the full review, those citations will be identified in the accreditation decision letter. In the year following the granting of accreditation and every year thereafter, until the next full review, the medical school will prepare and submit an annual progress report. Programmes that are accredited without probation must update GMDC on their progress regarding citations in Section A of the APR.

B. Extension of Accreditation

In the event of extenuating circumstances, such as a natural disaster or a pandemic, or subject to the discretion of GMDC, the accreditation period may be extended for up to two (2) years.

C. Probation

The GMDC Governing Body may place an established programme or GMDC-

accredited programme on probation based on the determination that a constellation of areas of non-compliance with the Standards have been identified or the programme has not made satisfactory progress in addressing areas of non-compliance with the Standards, and further, that the nature and scope of those areas of non-compliance may seriously compromise the quality of the educational programme or jeopardise the educational experiences of students.

The probation status may extend up to 2 years, effective from the date of the GMDC decision letter from the full review. Within 6 months after the full review decision is communicated, the medical school prepares an action plan for all marginal and non-compliant citations and submits it to GMDC for review and approval. Over the next 3 months, GMDC reviews the action plan. GMDC can approve the plan or request changes to the action plan from the medical school. GMDC provides the school with a briefing book containing questions that are based on the action plan. Within 6 months after GMDC sends the medical school the approved action plan, the medical school populates the briefing book responses and submits it to GMDC for review of all non-compliant and marginal citations.

As part of probation status, a limited review occurs after the programme submits the briefing book. This limited review includes reviewing the responses in the briefing book and a limited site visit is scheduled. The site visitors review the submission of the briefing book and provide a list of additional questions or data requests up to 3 months before the limited site visit is conducted. The site visitors conduct the limited site visit for not more than 3 days to review the programme's progress on the citations. Up to 3 months after the limited site visit, GMDC reviews the limited site visit report and issues the decision to keep probationary status or change to "accreditation" or "withdrawal of accreditation."

The next full review is conducted not fewer than five (5) years after the medical school's most recent full review if participating in the initial accreditation process and not fewer than eight (8) years if participating in subsequent accreditation reviews. A medical school can submit a written request to GMDC for reconsideration of a probation decision. For more information on the procedures related to a request for reconsideration or appeal, please refer to Section IV.G..

D. Withdrawal of Accreditation

The Governing Body may withdraw accreditation to a previously GMDC-accredited programme based on the determination that the programme has not substantially met the Standards and the medical school is unlikely to make adequate progress towards meeting the Standards after one or more probation periods. Withdrawal of Accreditation is only an option after a programme has gone through one or more probation periods.

The withdrawal of accreditation is eligible for appeal. More information on the process for appeals can be found in the Reconsideration and Appeals Policy. A medical education programme that has its accreditation withdrawn may not re-apply for accreditation until it can provide evidence that its deficiencies have been addressed and at least one calendar year has elapsed from the date of the GMDC decision letter.

E. Accreditation Decisions for Initial Accreditation of a Programme

An established programme applying for initial accreditation from GMDC must follow the steps outlined in Section II.A. Review of Medical Education Programmes. After completing a full accreditation review, the following accreditation decisions may be issued:

- Accreditation
- Denial of accreditation

Denial of accreditation is issued if the programme has significant non-compliance with GMDC Standards. Denial of accreditation is subject to appeal, and the programme is eligible to reapply for accreditation in the next calendar year. More information on the appeals process can be found in the Reconsideration and Appeals Policy.

Probation, extension of accreditation, and withdrawal of accreditation are not available decisions for initial accreditation reviews.

F. Reporting of GMDC Accreditation Decisions

Within thirty (30) days of the Governing Body's determination, GMDC sends the decision letter to the chief academic official of the medical school. The decision letter contains the final determination of the programme's strengths, areas of compliance, marginal and non-compliance with the Accreditation Standards.

The main campus site visit report and the decision letter are held confidential from public disclosure by GMDC for 30 days. The report may be disclosed by the medical school at its discretion. The decision letter, signed by the chairperson of the GMDC Governing Body, may be displayed or published by the school at its discretion. GMDC will publish the accreditation decision, as well as the length of time a programme is accredited for, on its official website.

In the event of a decision of probation or withdrawal of accreditation, the medical school must notify all students enrolled, those newly accepted for enrollment, and those seeking enrollment, of this accreditation decision. Such notice must be delivered within ten (10) calendar days of receipt of the GMDC decision letter. In the event that the medical school decides to go through the reconsideration or appeal process, the notice must be issued after the appeal or reconsideration determination. This notice must be delivered within (10) calendar days of the receipt of the letter stating the appeal or reconsideration determination. The medical school is required to provide a copy of the notice to GMDC and accurately publish its accreditation standing to the public.

G. Appeal and Reconsideration Procedures

A GMDC decision of probation is eligible for reconsideration, and decisions of withdrawal of accreditation and denial of accreditation are eligible for appeal. The Chief Academic Official of the medical school has fourteen (14) calendar days from the date of the receipt of the accreditation decision letter to submit a request for

reconsideration or appeal. If the written request for reconsideration or appeal is not received by the Executive Director within fourteen (14) calendar days from the date of the decision letter, GMDC's decision will serve as the final action.

A request for appeal is followed by a written appeal, which includes a response to each of the areas of non-compliance noted in the GMDC decision letter, no later than thirty (30) days prior to the date of the appeals hearing. A request for reconsideration must outline the grounds for the request for reconsideration.

Should a medical school decide to submit a request for reconsideration or appeal, the following steps will be taken:

Step 1: Convening a panel

The Executive Director will convene a panel, composed of three individuals who were not directly involved in the accreditation decision and who did not participate in the review or evaluation of the medical school's programme. Each individual who agrees to serve on the panel will be subject to GMDC's conflict of interest and disclosure policy as well as, requirements for confidentiality, and an orientation on their role.

The Executive Director will schedule a hearing and will notify the medical school of the date, location, and time, in writing at least thirty (30) calendar days prior to the scheduled hearing date. The medical school will also be provided with the names and titles of the individuals appointed to serve on the panel. GMDC will inform the medical school that it has (10) ten days to affirm in writing that there are no conflicts of interest associated with any member of the panel.

Step 2: Preparation for the hearing

At least thirty (30) days prior to the hearing, the medical school shall:

- a) submit a written response to the noncompliance issues noted in the initial GMDC decision letter, and
- b) provide the Executive Director with the names of the individuals who will represent the school at the hearing (no more than six (6) individuals in total). The medical school may be represented by legal counsel, who shall be one of the six (6) individuals selected by the medical school to participate in the hearing.

The hearing must be limited to the issues and considerations that led to the GMDC decision and whether the accreditation action was arbitrary and capricious, or made due to procedural error. Therefore, no new information, evidence or documentation will be accepted into the record for the medical education programme, unless—

- (a) the accreditation decision was based solely on noncompliance of the accreditation standards pertaining to finances;
- (b) relevant information was not available to the medical school prior to the GMDC decision about or related to financial noncompliance issues;

(c) the information is determined to be significant and material with regard to the financial noncompliance issues.

The information will be distributed to the panel if each of the conditions above are met.

The panel will review the written appeal or reconsideration as well as any relevant documentation submitted by the medical school. A complete file of the materials GMDC used to make the accreditation decision probation, such as clinical site visit forms, the main campus site visit report, medical school responses to GMDC, and any follow-up documentation and/or correspondence regarding the issues of concern identified in the decision letter will also be reviewed.

Step 3: Procedures at the hearing

The Executive Director will select an individual from among the members of the panel to serve as Chair of the proceedings. Generally, the hearing will follow the following format:

1. Introductory statement by the Chair of the panel
2. Statement by the GMDC Chair or Deputy Chair on the grounds for the accreditation decision
3. Presentation by representatives from the medical school
4. Questions by the panel (thirty (30) minutes)
5. Panel deliberates in private session
6. After the private session concludes, the panel can reconvene and pose additional questions to the medical school representatives
7. Closing statement by GMDC Chair or Deputy Chair (ten (10) minutes)
8. Closing statement made by the medical school (ten (10) minutes)
9. Adjournment

The proceedings will be recorded by a certified court reporter or official stenographer. A transcript of the proceeding will be made available to the medical school and the Governing Body after the hearing, but it will not include private sessions held by the panel or its deliberations.

Step 4: Decisions from the hearing

For an appeals request

Once the hearing has adjourned, the panel will review the proceedings and make a recommendation based on the materials in the record, the additional information and documentation submitted by the medical school, as well as the written response that adequately supports the basis for the appeal or reconsideration. The panel will decide by majority vote whether the record and the evidence support a recommendation to—

- Affirm the initial action,
- Modify or reverse the initial action, or

- Remand the matter back to the Governing Body for further consideration and identification of the issues to be addressed.

The panel shall put its recommendation in writing within thirty (30) calendar days from the hearing date and inform GMDC of its recommendation. The recommendation of the appeals panel is considered final and not subject to further review unless the panel has remanded the matter back to the Governing Body. The recommendation will outline the rationale in support of the decision and include any guidance it may have for GMDC.

For a reconsideration request:

The panel will examine the GMDC record that led to the decision to place the medical education programme on probation and, if submitted, the written statement presented by the medical school. The panel will decide by majority vote as to whether the record and the evidence support a recommendation of one of the following actions, which the panel shall present to the Governing Body in writing (along with the findings to support the decision):

- Affirm the initial action, or
- Modify the initial action, or
- Reverse the initial action

Shortly after the reconsideration hearing the Governing Body shall convene to determine by a majority vote whether sufficient evidence supports the recommendation of the panel, and then move to decide whether to accept the recommendation or to modify it. The action will constitute the final accreditation decision and the GMDC Chair will send a decision letter to the medical school

Step 5: Notification of outcome

The GMDC Chair shall inform the medical school of the panel's decision within thirty (30) days of the date of the appeals or reconsideration hearing, which will not be subject to further review, reconsideration, or appeal. If the decision is to uphold an accreditation decision of probation, withdrawal of accreditation or denial of accreditation, the programme shall be required to notify all students enrolled, those accepted for enrollment, and those seeking enrollment within ten (10) business days of receipt of the decision letter. The programme shall provide GMDC with a copy of such notification promptly within ten (10) business days of receiving the written accreditation letter with the notice of the final action by GMDC.

The appeals or reconsideration process shall be completed within ninety (90) calendar days from the time that the medical school files its notice of appeal or reconsideration. The medical school shall be responsible for all costs associated with the conduct of an appeal or reconsideration, including the travel and other related expenses of the panel. This cost is paid prior to the hearing.

V. Annual Progress Report (APR)

The annual progress report (APR) must be completed by the medical school each year. The APR comprises 3 sections: (A) A progress update, (B) medical school data and clinical site updates, and (C) supporting information, including non-substantive changes. All sections need to be completed for medical schools with accreditation with citations, while sections B and C only need to be completed for medical schools with accreditation with no citations or probation.

A. Section A

This section requests information on how the medical school has addressed any citations from the most recent GMDC full review and/or individual limited site visit reports. A school receiving a decision of accreditation will complete this section to detail their progress on marginal and non-compliant citations.

B. Section B

This section requests medical school data for the most recent academic year beginning with the class that matriculated in August. It is divided into the following sections:

- Part 1 - General and GMDC Data Collection Instrument Information
- Part 2 - Clinical Site Visit Updates
 - Section 1: A listing of all clinical sites and the requested data
 - Section 2: Details the progress update for areas of concern identified from the representative sample of clinical site visits.

Information collected in Part 1 includes: student enrollment, examination performance, student attrition, graduation rates, faculty scholarly activity, and tuition data. In Part 2, the medical school reports data on all their clinical sites annually. Additionally, the programme is required to provide a progress update for any elements deemed unsatisfactory or any areas of concern identified from the representative sample of clinical site visits in this section of the APR.

The clinical site data provided in Part 2 of the APR is used to determine which clinical sites will be included in the representative sample. Please see Section III.A. - Full Review - Review of the representative sample of clinical sites for more information.

C. Section C

This section outlines a list of documents required to support the medical school's compliance. It also asks the medical school to report any plans for new developments (non-substantive changes, major curriculum content or delivery changes). If there are substantive changes, the medical school submits prior notification to GMDC about the changes using the Substantive Change Notice form and provides a detailed plan of the proposed change in the Substantive Change Detail form in a separate procedure (See Section VII on Substantive Changes and Non-Substantive Changes for further details).

Within 6 months of the receipt of the APR, the GMDC Governing Body reviews the

APR for approval. GMDC issues its decision to approve the APR and the Executive Director of GMDC's Accreditation Secretariat notifies the medical school of any changes to be made. Decisions regarding the APR include:

- a) Approving the APR and updating citation statuses as needed. (see Section VI - Managing and Addressing Citations for further detail),
- b) Requesting additional information from the medical school programme, or

VI. Managing and Addressing Citations

After its review of a programme during the full review or limited review, the GMDC Governing Body may issue citations based on an analysis of the findings from the site visits and/or accreditation documents. The citations will be stated in the accreditation decision letter.

All marginally compliant and non-compliant citations from the full review or limited review require the medical school to include information in Section A of the APR on progress taken to address the citations. In the case of a programme put on probation, GMDC must review and approve an action plan that addresses the programme's citations. The GMDC will provide the programme with a briefing book consisting of specific, tailored questions based on the approved action plan. The programme must complete the briefing book before any further action or site visits occur.

A. Accreditation

A school receiving a decision of accreditation status after the full review will be required to update its progress on citations in Section A of the APR for annual review by GMDC. Following GMDC's annual review of Section A of the APR, the Governing Body determines if the status of a citation changes (resolved, marginally compliant, or non-compliant). Marginally compliant citations can remain as marginally compliant, become non-compliant, or be resolved during GMDC's review. Similarly, non-compliant citations can remain as non-compliant, become marginally compliant, or be resolved during GMDC's review.

B. Limited Review

A school that has been notified of a requirement for a limited review will be required to prepare and submit a response to GMDC's questions prior to the limited site visit. GMDC reviews the programme's responses to the questions and the findings from the limited site visit. Marginally compliant citations can remain marginally compliant, become non-compliant, or be resolved as a result of GMDC's Limited Review. Similarly, non-compliant citations can remain as non-compliant, become marginally compliant, or be resolved as a result of GMDC's Limited Review.

Note: A school on probation status is required to prepare a briefing book. The briefing book contains detailed questions from GMDC that encompass all non-compliant and marginally compliant citations. The school populates the briefing book and reports on the progress it has made on action plans for their citations.

VII. Substantive and Non-Substantive Changes

A. Substantive Changes

A medical school must notify GMDC in writing as soon as practicable, but in no case fewer than 60 days prior to the implementation of a substantive change in the institution. A medical school must use the Substantive Change Notice form to notify the school in writing. GMDC includes the following criteria in their definition of a substantive change:

- 1) A significant increase in the number of students enrolled (i.e., a 10% change in enrollment in 1 year or a 20% or change in enrollment in a 3-year period)
- 2) A material change in the school's ownership (as defined in the DCI)
- 3) 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.
 - a) Contracting with a non-Title IV eligible institution for delivery of between 25% and 49% of its programme;
 - b) Creation or closure of regional or branch campuses
 - c) Relocation of the medical school
- 4) Major modification or creation of the curriculum (i.e., the structure of the curriculum)
- 5) A material change in the established mission and vision of the institution, beyond changes in the phraseology, resulting in an impact to the medical education programme's governance, curricular focus, financial aid eligibility, or other physical or financial resources.

The steps for notifying GMDC about a substantive change are detailed below.

- 1) At least 60 days prior to the intended implementation of a substantive change, the medical school submits the Substantive Change Notice form.
- 2) 60 days prior to the intended implementation of a substantive change, the medical school provides additional information and documentation using the Substantive Change Detail form. This form includes specific information requirements for each respective substantive change. The programme must demonstrate that the change will not diminish the capacity of the school to continue to meet its mission and goals and substantially comply with the Accreditation Standards.
- 3) Within 30 days of receiving the Substantive Change Detail form, GMDC reviews the form for completeness and responds with any questions.
- 4) Within 10 days of GMDC's correspondence, the programme must then respond to GMDC's questions.
- 5) Within 10 days of the programme's response, the Governing Body reviews all the information the institution has provided regarding the proposed substantive change and makes a decision.

If there is a substantive change review, it can trigger GMDC to:

- (1) Accept the application and take no further action
- (2) Request additional information

(3) Deny substantive change for those categories requiring approval

The Governing Body approves a substantive change when it is clear that the change will not jeopardise the ability of the school to meet its mission and goals and substantially comply with GMDC Standards.

In the event of extenuating circumstances, such as a natural disaster or a pandemic, the school of medicine should still notify GMDC of the substantive changes as soon as practicable and request an expedited review. More information on substantive changes can be found in the Substantive Change Policy.

B. Non-Substantive Changes

A medical school will notify GMDC of the addition of new clinical sites in Section C of the APR on an annual basis.

1) New Clinical Sites

The medical school must provide the GMDC Governing Body details on any new clinical sites in Section C of the APR during the corresponding academic year of the planned new clinical site. The medical school should provide the GMDC Governing Body with the following:

- a) Location of the site;
- b) Types of clinical rotations that will be available to students;
- c) Projected number of students that will be placed at the site;
- d) Affiliation agreement between the school and the clinical site for the placement of medical students at the location.

GMDC reviews the affiliation agreement and conducts a site visit for any new clinical site within 12 months. More information on this process can be found in Section VIII.

VIII. New Clinical Site Reviews

As required by the National Committee on Foreign Medical Education Accreditation (NCFMEA), GMDC conducts a clinical site visit within 12 months of students being placed at a new clinical site. Visits to new clinical sites involve a review of the clinical affiliation agreement, interviews with key stakeholders (teaching faculty and students, as available), and a tour of the clinical facility.

GMDC will communicate the timeline for visiting new clinical sites with the School of Medicine following the School of Medicine's reporting of any new clinical sites in the APR.

IX. Complaints

As an accrediting agency, GMDC and its site visit teams focus on determinations about whether the school meets the requirements of GMDC Standards.

An individual who can demonstrate that the actions of a medical school with a GMDC-accredited programme may not be in compliance with the Accreditation Standards can bring the issue to the attention of the GMDC by submitting a formal complaint about the school. This can be done at any time, by using the email address and contact information posted on GMDC's website. The complainant will be asked to provide a written statement outlining the individual's concern relative to the Accreditation Standards, the individual's name and contact information, and to give GMDC permission to share the complaint with the medical school should GMDC determine that the complaint should be pursued. GMDC will not be able to proceed with the complaint and seek a response from the medical school unless it has the individual's permission to share the actual complaint as well as any supporting documentation.

Anonymous complaints will not be considered. GMDC will acknowledge receipt of the individual's complaint within fifteen (15) calendar days,

GMDC will act only on complaints about programme quality that may, if substantiated, indicate areas of non-compliance with its Standards. GMDC does not address or review complaints from individuals regarding personal issues including matters of admission, grades, application of academic policies, or disciplinary matters, unless the matter presents facts and allegations that if true, would constitute a violation of its Standards. Further, the Governing Body will not consider complaints that are currently being considered within the medical school's grievance process or matters that are in litigation.

If GMDC receives a complaint alleging facts that could reasonably be interpreted to indicate that the school is not in compliance with its Standards, the Governing Body will assign an impartial member or their designee, to review the complaint, including as necessary, requesting information and/or documentation necessary to consider the issues outlined in the individual's complaint. The reviewer will offer a recommendation to the Governing Body as to whether the complaint should be pursued based on evidence of possible noncompliance with GMDC Standards. If the recommendation is to pursue the complaint, GMDC will share a copy of the complaint and supporting documentation with the medical school's CAO and request a written response. The Governing Body will review the school's response and then issue a formal written decision containing its findings with respect to the complaint to the individual and the medical school's CAO. The written decision will detail any reporting requirements or other remedial actions deemed appropriate by the Governing Body.

The result of the investigation is not shared with the complainant.

For complaints against GMDC, see the Complaints Concerning GMDC policy in Part 2: Accreditation Policies in the Accreditation Policies and Procedures Manual.

x. Willful Deception

If GMDC determines that a medical school has knowingly supplied false or misleading information or has failed to supply relevant material information to GMDC, GMDC will reconsider the medical education programme's accreditation decision and period. GMDC will determine any appropriate follow-up action, which may include a change in

the programme's accreditation status and/or period. GMDC may take similar action if a medical school knowingly takes actions that result in misleading information being provided to GMDC or to survey teams, makes misleading or incorrect public statements or disclosures regarding its accreditation status, or fails to notify relevant parties of a probation or withdrawal of accreditation decision.

XI. School Closures

In the event of a school closure, the school must notify its students, GMDC, and the public. GMDC requires a medical school to submit a complete a teach-out plan to ensure the orderly and complete teach-out of the school's students upon the occurrence of any of the following events:

- The loss of authority to operate in Grenada;
- When a medical school notifies GMDC in writing that it intends to close;
- When the Governing Body determines that a medical school lacks sufficient financial resources for the continued operation of the school and discharge of its obligations to students;
- When the Governing Body takes action to withdraw a school's accreditation; or
- When the Governing Body otherwise determines that the submission of a teach-out plan is appropriate.

Part 2: Glossary of Terms

- 1. Accreditation decision letter:** The decision report issued by the GMDC Governing Body to the medical school as a result of the full review's main campus site visit, outlining the areas of compliance, non-compliance and marginal compliance for each element under GMDC's Accreditation Standards. The decision report will reflect one of the following accreditation decisions: accreditation, probation, and withdrawal of accreditation. If the programme has received citations, they will be stated in the decision letter.
- 2. Accreditation period:** The length of time a medical education programme is

accredited by GMDC as a result of the full review. GMDC uses an accreditation period of 5 years for initial accreditation and 8 years for subsequent accreditation determinations.

3. **Accreditation Secretariat:** The body within GMDC responsible for carrying out the accreditation procedures and assisting the Governing Body with administrative functions.
4. **Accreditation site visit:** A series of meetings with the medical school's representatives conducted by GMDC through a site visit team, to determine the medical school's compliance against GMDC's Standards. The accreditation site visit will validate the data and responses provided in the DCI and may involve requests for additional clarifying information directly related to the Standards, if deemed necessary by the site visitors. Site visits occur throughout the accreditation period at the medical school's main campus, basic science sites, administrative sites, and clinical sites.
5. **Action plan:** the plan the programme develops to address citations from an accreditation determination of probation after the full review or limited review; this is reported in Section A of the APR.
6. **Annual progress report (APR):** A document prepared annually by the medical school to report updates to GMDC on areas of marginal compliance and non-compliance identified during the full review or limited review and additional data pertaining to its medical education programme and clinical sites. The APR consists of three sections. Section A requests a progress update on marginal and non-compliant citations. Section B requests medical school data from the recent academic year and clinical site updates. Section C requests supplemental documents and updates on new developments. The school of medicine also provides progress on previously identified areas of concern identified during the representative sample of clinical site visits.
7. **Briefing book:** During a school's probation status, a briefing book is prepared by the programme. It contains detailed questions from GMDC for review of all non-compliant and marginal citations. It should be noted that the other limited review triggers besides probation status will have GMDC provide a set of questions for the programme to respond to, which is less extensive than the briefing book.
8. **Chief Academic Officer (CAO):** The individual with formal responsibility for the management and evaluation of the medical education programme. The official at the school of medicine, who is primarily responsible for formal communication with GMDC; the CAO receives all site visit reports and corrects it for errors of fact or tone.
9. **Citations:** Detailed findings from GMDC during a full review or limited review relating to instances where a medical school has been marginally compliant or non-compliant against a standard.
10. **Clinical site visit form:** A checklist that is used to assess performance against the DCI elements related to clinical sites; it is completed by the site visitors and identifies elements of concerns from each clinical site visit which the School of Medicine will respond to in the APR.
11. **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 GMDC's Standards of Accreditation.
12. **Data Collection Instrument (DCI):** An instrument that allows a medical school to

compile evidence of compliance for each of the 6 themes within GMDC's Standards of Accreditation. The DCI contains requirements for narrative responses, supporting data and supporting documentation from the institution, to enable GMDC to make a compliance determination.

13. **Established medical school:** A medical school with an established medical education programme in which students have been enrolled continuously for a period of not less than ten (10) years and which has been accredited for not less than five (5) years by an accrediting body that is part of a national accreditation system determined by the U.S. Department of Education's National Committee on Foreign Medical Education and Accreditation (NCFMEA) or any other higher education legislative organization/committee responsible for higher education/medical education to be comparable to the U.S. system of accreditation.
14. **Full Review:** The primary accreditation review to determine a medical school programme's compliance with GMDC's Standards and establish or maintain accreditation. It includes the representative sample of clinical site visits, the submission of the DCI and self-study, and the main campus site visit. It ends with an accreditation decision.
15. **Graduate survey:** An independent review of students that are soon to be medical school graduates administered by GMDC and used to understand student's reflections on their medical experience and future plans.
16. **Governing Body:** The ruling body of GMDC that makes accreditation decisions, establishes the Standards of Accreditation, and establishes fees for the institution seeking accreditation.
17. **Initial accreditation:** The first time a school is being accredited by GMDC. A programme must be an established medical school and obtain authorization to apply for GMDC accreditation from the Government of Grenada before applying for candidacy from GMDC.
18. **Limited Review:** A type of accreditation review that is normally triggered by specific circumstances to focus on areas of concern or identified non-compliance.
19. **Main campus:** the campus/grounds of the institution applying for accreditation; as part of the full review process a main campus site visit is conducted, and it includes a review of classrooms, basic sciences facilities, and administrative buildings.
20. **Main campus site visit report:** A document which reports on findings from the main campus site visit and states compliance recommendations based on site visitors' review of medical school operations compared with the Standards. It also includes a summary of the representative sample of clinical site visits.
21. **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 Standards of Accreditation, it has evidence to support a reasonable expectation that the issue(s) of concern will be resolved within a reasonable period of time.
22. **Narrative response:** Written response requested in a DCI submission to describe the medical school's current state of operations related to GMDC's Standards.
23. **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 Standards and it is unlikely that the issue(s) of concern will be resolved within a reasonable period of time.

24. **Special Information Requests:** requests for additional data or information on specific concerns outside of the full review process
25. **Representative sample:** A sample of clinical sites which are reviewed 3 years prior to the main site visit during a full review. Please see Section III.A. - Full Review - Review of representative sample of clinical sites for further details on the methodology and composition of the representative sample of clinical sites.
26. **Self-study:** A document for quality assessment and self-evaluation of the medical education programme, by the institution undergoing accreditation by GMDC. The self-study references the information in a draft DCI, and in turn, contributes information to the final version of the DCI.
27. **Self-study summary:** A document prepared by a medical school and shared with GMDC which presents the summary, main findings, and actions from the self-study.
28. **Site visit coordinator:** Representative from GMDC that coordinates site visits and assists in the selection of site visitors; he/she does not typically attend the site visits.
29. **Site visit team chair:** Leader of the site visit team(s); he/she attends site visits with site visitors; responsible for collating the findings of the site visit team into the final site visit report.
30. **Student experience survey:** The student experience survey is an independent review of students administered by GMDC and used to understand student satisfaction in key areas related to the students' medical school experience.
31. **Substantive change detail form:** A written document detailing specific plans and information regarding a substantive change (as defined by the Policies and Procedures Manual). It is submitted to GMDC 60 days prior to the implementation of such a change.
32. **Substantive change notice form:** A written notice of a school's intent to make a substantive change (as defined by the Policies and Procedures Manual) to the institution. It is submitted to GMDC at least 60 days prior to the implementation of such a change.
33. **Supporting data:** Evidentiary materials, in the form of tabular data, that provide information to demonstrate compliance with a standard.
34. **Supporting documents:** Evidentiary materials, such as policies, bylaws, and other reports, that provide information demonstrating compliance with a standard.