

# CAAM-HP Medical Education Database

## Section I: INSTITUTIONAL SETTING

### BACKGROUND INFORMATION ABOUT THE SCHOOL

- a. State the current Accreditation status. If previously accredited insert as an Appendix a copy of the school's current letter of accreditation.
  
- b. Give a brief history of the Medical School.
  
- c. Indicate any major changes in administrative positions that have taken place since the last CAAM-HP accreditation.

### INSTITUTIONAL SETTING

#### Part A: Key Quantitative Indicators

- a. Number of vacant department chair positions (CAAM-HP Annual Medical School Questionnaire 1).

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- b. Total numbers of enrolled master's and doctoral students in graduate programmes in the biomedical sciences (CAAM-HP Annual Medical School Questionnaire 2).

Master's	Doctoral

- c. Total numbers of residents/junior staff and part-time clinical faculty that are the associated with the medical school faculty and who regularly take part in teaching.

Residents/JS	PT Faculty

- d. For each of the past two years, percentage of graduating students who participated in a research project with a faculty member.

Most recent year	One year prior

**Part B: Narrative Data and Tables**

**The goal of each accredited programme of medical education in CARICOM countries must be meeting the standards for accreditation by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP).**

**The accreditation process requires educational programmes to provide assurances that their graduates exhibit general professional competencies that are appropriate for entry to the next stage of their training, and that serve as the foundation for life-long learning and proficient medical care.**

**While recognising the existence and appropriateness of diverse institutional missions and educational objectives, the CAAM-HP does not subscribe to the proposition that local circumstances justify accreditation of a substandard programme of medical education.**

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**a.** Provide a brief statement of the mission and goals of the medical school.

**IS-1** *Medical schools are part of a university or an education institution registered by the government of the jurisdiction in which it operates.*

*Accreditation will be conferred only on those programmes that are legally authorized under applicable law to provide a programme of education beyond secondary education.*

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**a.** Year of initial operating: \_\_\_\_\_

**b.** Type of charter (check one):

<input type="checkbox"/>	Not-for-profit
<input type="checkbox"/>	Commercial, for profit

**IS-2** *The manner in which the medical school is organized, including the responsibilities and privileges of administrative officers, faculty, students and committees must be promulgated in medical school or university bylaws.*

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**a.** Provide a copy of the faculty bylaws that apply to the medical school, (Appendix).

**b.** Date of their most recent revision:

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c. Briefly describe how the by-laws are communicated to the faculty.

IS-3 *The governing board responsible for oversight of the medical school should be composed of persons who have the educational needs of the institution as their first priority and no clear conflict of interest in the operation of the school, its associated hospitals, or any related enterprises.*

IS-4 *The terms of the governing body members should be sufficiently long to permit them to gain an understanding of the programmes of the medical school.*

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a. Name of board chair: \_\_\_\_\_

b. Year of Appointment:

c. Summarize the procedure for appointment and renewal of board members, including length of term and staggering of appointments, if appropriate. Note any specific mechanisms intended to prevent conflicts of interest among board members. If the medical school has a separate board of trustees, provide a separate description for appointment and renewal of its members.

IS-5 *Administrative officers and members of a medical school faculty must be appointed by, or on the authority of, the governing board of the medical school or its parent university.*

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a. Briefly describe the role of the governing board in the appointment of administrative officers and faculty of the medical school.

IS-6 *The dean or chief official of the medical school, must have ready access to the administrative head of the university or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the dean's office.*

IS-7 *There must be clear understanding of the authority and responsibility for medical school matters among the administrative officials of the university, the dean of the*

*school, the faculty, and the administrative officials of other components of the medical teaching complex and of the university.*

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- a. Provide a job description for the dean and, if applicable, the vice president or equivalent official for health affairs.
- b. Supply a chart showing the relationships between the medical school and university administration, other schools and colleges, institutes, centres, etc. Include, if appropriate, the reporting relationships for the director of any teaching hospitals owned or operated by the medical school or university.

IS-8 *The dean or chief academic officer must be qualified by education and experience to provide leadership in medical education, scholarly activity, and he/she or his/her deputy in the care of patients.*

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- a. Give a brief resume of the dean's academic and administrative experience (not a full curriculum vitae).

IS-9 *The medical school administration should include such associate or assistant deans, department chairs, leaders of other organizational units, and staff as are necessary to accomplish the missions of the medical school.*

*There should not be excessive turnover or long-standing vacancies in medical school leadership. Medical school leaders include the dean, vice/associate deans, department chairs, and others where a vacancy could negatively impact institutional stability, especially planning for or implementing the educational programme. Areas that commonly require administrative support include admissions, student affairs, academic affairs, faculty affairs, graduate education, continuing education, hospital relationships, research, business and planning, and fund raising.*

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- a. Attach a chart showing the organization of the dean's office.
- b. If any associate or assistant deans function on a part-time basis in those roles, list the percent of effort which each of them contributes for the administrative support of the medical school.
- c. Indicate the term of appointment for department chairs, and the number of times it can be renewed.

- d. Briefly describe how and how often the performance of chairs is reviewed.
- e. Briefly describe the budgetary authority of department chairs, and the sources of funding for departmental budgets.

**IS-10** *A medical school should be a component of a university offering other graduate and professional degree programmes that contribute to the academic environment of the medical school.*

*There should be regular and formal review of all graduate and professional programmes in which medical school faculty participate, to foster adherence to high standards of quality in education, research, and scholarship, and to facilitate the progress and achievement of the trainees. (Total numbers should be consistent where appropriate with CAAM-HP Annual Medical School Questionnaire 2, 3)*

- a. Numbers of students and fellows enrolled in graduate and professional training programmes:

<b>Department or Programme</b>	<b>M.Sc.</b>	<b>PhD</b>	<b>Post graduate professional training</b>

- b. Average time to complete:

Master's degree	
Doctoral degree	
Professional training	

- c. Note any major successes or significant problems associated with the graduate programmes.
- d. Number of house officers/residents that are the responsibility of your faculty, by training programme (Note: If the school operates geographically separate clinical campuses, provide a separate table for each campus):

<b>Training Programme</b>	<b>Interns</b>	<b>Post-graduates / residents in Univ. Prog.</b>	<b>Other Junior staff /residents</b>	<b>Total Residents</b>

See also Part A, items (b.) and (c.) in this section of the database.

- e. Describe the mechanism used for oversight and coordination of graduate medical education, including evaluation and allocation of training positions. Identify any programmes experiencing difficulty in filling positions.

**IS-11** *The programme of medical education should be conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars.*

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- a. Describe any research institutes or centres operating under the authority of the medical school. Does staff at such facilities hold faculty appointments in the school?
- b. Summarize institutional efforts or programmes to address research ethics, scientific misconduct, conflicts of interest, and human subjects protection. Which administrative units oversee such programmes, and who are their target audiences?

**IS-12** *Students should have the opportunity to participate in research and other scholarly activities of the faculty.*

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- a. Briefly describe the opportunities for medical students to participate in research, including the times when students may do so, the general level of student involvement, and funding available for such activities.

See also Part A, item (d.) in this section of the database.

**IS-13 *Medical school faculty members from different disciplines should work together in teaching, research, and appropriate health care delivery programmes.***

*Because the education of both medical students and graduate physicians requires an academic environment that provides close interaction among faculty members, those skilled in teaching and research in the basic sciences must maintain awareness of the relevance of their disciplines to clinical problems. Conversely, clinicians must maintain awareness of the contributions that basic sciences, and non science areas such as culture and religion, bring to the understanding of clinical problems. These reciprocal obligations emphasize the importance of collegiality among medical school faculty across disciplinary boundaries and throughout the continuum of medical education.*

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- a.** Describe any organized activities or events that promote faculty collaboration in the achievement of the school's missions, such as integrated teaching efforts, collaborative research projects or programmes, or faculty development activities.

**END OF SECTION I**