

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 17, 2017
 ATTENTION: Medical Board of California
 SUBJECT: Recognition of International Medical School
 Medical University of the Americas
 STAFF CONTACT: Kimberly Kirchmeyer, Executive Director

REQUESTED ACTION AND RECOMMENDATION:

After review and discussion, recognize Medical University of the Americas (MUA); deem MUA to be in substantial compliance with the requirements of California Business and Professions Code (BPC) sections 2089 and 2089.5 and Title 16, Division 13, California Code of Regulations (CCR), section 1314.1; and grant recognition to MUA students who matriculate at MUA on or after May 1, 2015.

BACKGROUND AND ANALYSIS:

MUA is a private, for-profit medical school chartered by the Government of St. Christopher's and Nevis, West Indies since 1998 and is located on a 10-acre campus on the Island of Nevis. Since MUA's inception, over 600 physicians have earned their medical degrees at MUA. The Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP) accredited MUA, and the Accreditation Commission on Colleges of Medicine (ACCM) accredited the school in 2010. ACCM and CAAM-HP both state that their standards and processes are aligned with the Liaison Committee on Medical Education (LCME) and the U.S. Department of Education's National Committee on Foreign Medical Education and Accreditation (NCFMEA), however, the Board does not recognize these medical school accreditation organizations.

MUA has a four-year curriculum. The first year two years are broken into five semesters of basic sciences and the final two years are considered the clinical medicine curriculum.

MUA has approximately 45 full-time faculty, at the Nevis campus, who have appropriate credentials from the United States, United Kingdom, Canadian and Asian universities. MUA has one medical school program which is taught in English.

MUA has affiliated with 14 major clinical teaching hospitals located in the United States and one in Canada. The major clinical clerkship programs are accredited by one of the following: Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), or Royal College of Physicians and Surgeons (RCPSC).

MUA requires students to sit for and pass the United States Medical Licensing Examinations (USMLE) Step 1, prior to starting core clinical rotations. In addition, students are required to pass USMLE Steps 2 CK and 2 CS in order to graduate.

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At the Board's Quarterly Meeting on May 2, 2014, the Board authorized a site visit to MUA once MUA's new curriculum had been instituted for at least one year. The site visit was conducted June 19, 2017 through June 23, 2017. The Board's site visit team consisted of the following team members:

Kimberly Kirchmeyer, Executive Director
Ronald Lewis, M.D., Board Member
Mark Servis, M.D., Licensing Medical Consultant
Kerrie Webb, Staff Counsel

The Board's Licensing Medical Consultant, Mark Servis, M.D., prepared a thorough report of his findings regarding the MUA site visit. Dr. Servis' report was reviewed by each member of the site visit team, and the final site visit report has been included as Attachment A for review. Dr. Servis is recommending the Board recognize MUA for students who matriculated on or after May 1, 2015.

Prior to the site visit, Board staff and Dr. Servis reviewed all of MUA's Self-Assessment Report material, including all of the additional material that was requested to be provided for further clarification, including but not limited to MUA's new curriculum that was implemented on or about May 1, 2015. The materials were reviewed for compliance with BPC sections 2089 and 2089.5 and CCR, Title 16, Division 13, section 1314.1. Based upon that review, Dr. Servis recommended the Board perform a site visit to confirm substantial compliance with California statutes and regulations. The site visit team's findings have determined MUA is in substantial compliance with BPC sections 2089 and 2089.5 and CCR section 1314.1.

If the Board grants recognition to MUA students who matriculate on or after May 1, 2015, these students will be eligible to apply for a California Postgraduate Training Authorization Letter and/or a California physician and surgeon license. MUA students who matriculate prior to May 1, 2015 will be eligible to apply for licensure in California pursuant to BPC section 2135.7.

Attachment A

July 14, 2017

To: Members
Medical Board of California

From: Mark Servis, MD
Professor and Vice Dean for Medical Education
UC Davis School of Medicine
4610 X Street
Sacramento, CA 95817

Re: Evaluation of the Medical University of the Americas, St. Kitts/Nevis;
Application for Recognition in California

BACKGROUND

The Medical Board of California (Board) requested a review of the Self-Assessment Report submitted by the Medical University of the Americas (MUA) in March 2012. These materials were submitted by MUA in pursuit of a request for recognition by the Board to enable their students and graduates to participate in clinical clerkships, to enter graduate medical education programs, and to become eligible for licensure to practice medicine in California.

The originally submitted Self-Assessment Report was missing information in some areas, and Board staff subsequently requested missing and clarifying information from MUA, which was provided for review on April 8, 2013. Upon review of the Self-Assessment Report and the subsequently submitted information from April 8 by this consultant, further clarifying information was requested to respond to nine areas of potential concern. MUA provided clarifying information addressing these nine areas on December 13, 2013. Upon review of the additional clarifying information provided on December 13, this consultant issued a report to the Board on April 5, 2014 citing five remaining areas of concern to meet substantial compliance with the criteria in sections 2089 and 2089.5 of the Business and Professions Code and section 1314.1 of Title 16, California Code of Regulations:

1. An over reliance on lecture in the preclinical curriculum and insufficient active learning pedagogies.
2. Widely geographically distributed clinical rotations within core specialties with insufficient measures to ensure comparable clinical experiences between students and alignment with stated clinical competencies.
3. Unacceptably high failure and dropout rates of students.
4. Inadequate monitoring of the learning environment of students, particularly in the clinical years.
5. A lack of regular and comprehensive evaluation of the curriculum as a whole, tied to outcomes and assessments of graduates.

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MUA reported to the Board that they had an active, organized and well-designed plan to address these concerns, including a comprehensive curricular revision, which was going to be implemented in 2015.

This consultant recommended and the Board supported a site visit to MUA and an affiliated hospital clinical training site once the curricular changes had been implemented to confirm the information provided in the MUA Self-Assessment Report and the subsequently provided documentation, and to fully evaluate the curricular revision addressing areas of concern cited in this consultant's report of April 5, 2014.

This report is based on my review of an updated MUA Self-Assessment Report of April 5, 2017, and the findings of the site visit team during a five-day site visit to MUA in Nevis and one of its major affiliated hospitals, Medstar Harbor Hospital in Baltimore from June 19-23, 2017.

The goal of this review was to determine if the medical education at MUA meets the requirements of current California statutes and regulations for recognition by the Medical Board of California.

SITE VISIT TEAM

The site visit team consisted of:

Kimberly Kirchmeyer, Board Executive Director

Ronald Lewis, MD, Board Member

Kerrie Webb, Board Staff Counsel

Mark Servis, MD, Board Licensing Medical Consultant

SITE VISIT

The agenda for the site visit was negotiated with MUA to include meetings with school leadership, faculty, students from all four years, staff, and tours of teaching and clinical facilities in Nevis and at Medstar Harbor Hospital in Baltimore. Interviews of faculty were conducted without MUA administrators present, and interviews of students were conducted without faculty, staff or school administration in attendance. At no time did it appear that the MUA administrative leadership interfered with the site visit teams' interaction with students and faculty.

Day One – June 19, 2017

The site visit team had an introductory two hour meeting with school leadership including Steven Rodger, CEO, Gordon Green, Executive Dean, and Patrick Donnellan, Executive Vice President. Several topics were addressed including the logistics of the

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site visit, goals of the visit, an overview of recent and projected changes at MUA, and the governance, mission, resources, and history of MUA.

Day Two – June 20, 2017

The site visit team met for an hour with the Executive Dean, Gordon Green, and members of his leadership team including four Associate Deans, Jim Bruzik, Maurice Clifton, Ralph Crum, and Tamara Tilleman. Their respective roles were explored in detail and questions were asked about the mission of the school, the commitment to diversity, the adequacy of resources, mechanisms for faculty participation in governance, faculty development programs, and conflicts of interest.

The next meeting was for 90 minutes and was with department chairs. There were four department chairs from basic science and three from clinical departments. Questions were asked about the process for selecting and mentoring new faculty, mechanisms for faculty development, the promotion process for faculty, the role of the chairs in annual reviews and salary negotiations, research and scholarly activity by faculty, the adequacy of resources to support teaching, chair participation in school governance, retention of faculty, and familiarity and alignment with the school mission and graduation competencies for students.

The site visit team then met for 30 minutes with Greg Czuba, Chief Operating Officer, in a video conference from Massachusetts to discuss the Data and Learning Management Systems. Questions were asked about the learning management software, the curriculum database, distance learning technologies, computer support to students and faculty, electronic communication, the adequacy of resources, and facility support to Nevis.

This meeting was followed by a 90 minute meeting with a group of first and second year students. The site visit team asked the students questions about their experience to verify the information provided by the MUA documentation, and the answers to questions posed to leadership and faculty during the site visit. The quality of the faculty, courses, and facilities was discussed. Additional questions included the admissions process, financial aid, the school orientation for new students, housing support to students, the role of student governance at MUA, attendance monitoring, quality and quantity of student support services, and the perceived strengths and weaknesses of MUA.

The site visit team was then given a 90 minute tour of the entire MUA campus including both lecture and small group classrooms, laboratory facilities for anatomy and microbiology, the library including plans for its renovation, clinical skills teaching facilities with video capability and standardized patients, secure testing facilities for online examinations, faculty office space, the cafeteria, and workout facilities for students. During the tour the site visit team was able to observe two classes in session and a teaching demonstration with students in the microbiology laboratory.

Following the campus tour, the site visit team met with members of the basic science faculty for one hour. Questions for the faculty included their reasons for joining MUA,

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their roles in the curriculum, the mentoring process for faculty, adequacy of faculty development, the promotion and annual review process, evaluation and feedback to faculty from students and chairs, opportunities and support for research and scholarly activity, the adequacy of teaching resources, participation in school governance including admissions and curriculum, faculty retention, familiarity and alignment with the school mission and graduation competencies of students, perception of the new curriculum implementation, and commitment to content integration and active learning.

The site visit team then requested a 30 minute meeting with Danielle Gold, the school counselor and a Doctor of Behavioral Health, which was not on the original itinerary, after hearing about her key role from the first and second year students earlier in the day. The site visit team asked her questions about student confidentiality, her relationship to the school administration and faculty, student attrition, wellness programming, remediation of students in academic difficulty, academic support services including test taking strategies, and the general quality of student support services.

The final meeting at MUA this day was with Jim Bruzik, the Research: Literature Review and Analysis course director, who is also an Associate Dean. He was joined by Executive Dean Gordon Green and Associate Dean Maurice Clifton. The curriculum in research methods, biostatistics, critical reading of the literature, and evidence-based medicine was discussed. Student participation in scholarly activity, presentations and publication was also reviewed.

The site visit team met after returning to their hotel to discuss their findings from the day.

Day Three – June 21, 2017

The site visit team began the day with a visit to Alexandra Hospital in Nevis where second year students are provided shadowing opportunities to observe clinical care of patients. A tour was provided by the medical director and medical and nursing staff of the hospital facilities and key personnel. There was a discussion of the medical student experience at the hospital, the healthcare system in Nevis, and the learning opportunities for students.

The site visit team then returned to the MUA campus for a one hour meeting with four clinical faculty members. They are all full-time employees of health systems or in private practice in the US, but oversee clinical clerkships provided to MUA students at affiliated hospitals. Questions for the clinical faculty included their reasons for joining MUA, their roles in the curriculum, the mentoring process for faculty, adequacy of faculty development, the promotion and annual review process, evaluation and feedback to clinical faculty, perception of readiness of MUA students for clinical rotations, opportunities and support for research and scholarly activity, participation in school governance including admissions and curriculum, faculty retention, familiarity and alignment with the school mission and graduation competencies of students, influence with clinical faculty preceptors at affiliated hospitals, maintenance of quality and

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comparability of clinical experience across rotation sites, monitoring of the learning environment, and incidents of student mistreatment.

The next meeting was for one hour and was with five members of the MUA student support services team from the Dean's Office, including advising and career development services. Their respective roles in student support services were discussed, and the methods and monitoring of student advising and student trajectories through the curriculum were explored. Questions were asked about quality control of affiliated sites for clinical rotations, centralized and peripheral resources for students at distributed clinical sites, student success in the National Residency Matching Program (NRMP), and monitoring of the learning environment and student mistreatment in clinical settings.

The site visit team then met for 45 minutes via videoconference with Sarah Russell in Massachusetts who is the Director of Admissions for MUA. Her role in admissions was discussed and questions were asked about the admissions process including advertising, the applicant pool, the applicant interview process, background checks of prospective students, faculty roles in the admissions process and the selection of students, use of outcome data to gauge admissions success, and the preparation and orientation of accepted students for entry to MUA.

The following meeting was via teleconference for 75 minutes with third and fourth year students currently on rotations at affiliated clinical sites. The site visit team asked the students questions about their experience on clinical rotations in the third and fourth year to verify the information provided by the MUA documentation, and the answers to questions posed to leadership and faculty during the site visit. The quality of the clinical faculty, teaching, courses, and facilities was discussed. Questions were asked about preparation for and orientation to the third year, and orientation to the electronic medical record and facilities at affiliated sites. Additional questions included USMLE Step 1 Examination preparation and performance, the advising process for third year, the scheduling process for third year rotations, monitoring of the learning environment and student mistreatment, specialty and NRMP advising, preparation for USMLE Step 2 CK and CS Examinations, balance of service versus education on clinical rotations, level of clinical responsibility for students, duty hours monitoring and compliance, online curriculum with MedU cases and weekly note writing reviews, and the perceived strengths and weaknesses of MUA.

The final meeting at MUA was with members of the Curriculum Committee, including the chair, Jim Bruzik. The mechanisms for oversight, systematic and regular course review, comprehensive overall curriculum review, and monitoring of the quality of the curriculum were discussed. Questions were asked about faculty participation, use of the graduation competencies, implementation of the new curriculum, and efforts to promote horizontal and vertical content integration and active learning pedagogy.

The site visit team met after returning to their hotel to discuss their findings from the day.

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Day Four – June 22, 2017

The site visit team traveled to Baltimore to visit one of MUA's major affiliated hospitals, Medstar Harbor Hospital.

Day Five – June 23, 2017

The site visit team met for one hour with three members of the clinical faculty at Medstar Harbor Hospital, including Dr. Richard Williams who is also the chair of the Internal Medicine department for MUA. All were full-time employees of Medstar Harbor Hospital, but oversee the clinical clerkships provided to MUA students, and students from other affiliated medical schools on rotation at Medstar Harbor Hospital. Questions for the clinical faculty included their roles in the curriculum, relationship to MUA, perception of MUA student readiness for clinical rotations, the mentoring process for faculty, adequacy of faculty development, the promotion and annual review process, evaluation and feedback to clinical faculty, opportunities and support for research and scholarly activity, participation in school governance including admissions and curriculum, faculty retention, familiarity and alignment with the school mission and graduation competencies of students, and monitoring of the learning environment and incidents of student mistreatment.

The next meeting was for one hour with third and fourth year students from MUA currently on rotations at Medstar Harbor Hospital. The site visit team asked the students questions about their experience on clinical rotations at Medstar Harbor Hospital and other affiliated sites where they had clinical rotations. The quality of the clinical faculty, teaching, courses, and facilities was discussed, and the potential interference of other students on rotations from other schools. Additional questions for the students included USMLE Step 1 Examination preparation and performance, the advising process for third year, the scheduling process for third year rotations, orientation to the third year and to clinical sites, monitoring of the learning environment and student mistreatment, specialty and NRMP advising, preparation for USMLE Step 2 CK and CS Examinations, balance of service versus education on clinical rotations, duty hours monitoring and compliance, online curriculum with MedU cases and weekly note writing reviews, and the perceived strengths and weaknesses of MUA.

The site visit team then went on a one hour tour of the facilities at Medstar Harbor Hospital with one of the students and with Dr. Williams. The tour was comprehensive and included clinical wards, call rooms, conference and teaching space, the hospital cafeteria, student lockers and computer access, library and online resources, and a student lounge.

The final meeting of the site visit team was a 30 minute exit interview with the MUA leadership where the site visit team presented its preliminary findings, areas of strength, and opportunities for improvement to MUA administrators including CEO Steven Rodger, Executive Dean Gordon Green, Associate Dean Maurice Clifton, and Executive Vice President Patrick Donnellan.

RECOMMENDATIONS

Following review of all of the information obtained from documentation and the site visit, it is the opinion of the site visit team that the Medical University of the Americas is in compliance with the requirements of Sections 2089 and 2089.5 of the Business and Professions Code and Section 1314.1 of Title 16, California Code of Regulations. The site visit team recommends recognition of the MUA program retroactive to the initiation of the new curriculum in May 2015, for MUA students who matriculated on or after May 1, 2015.

MUA has instituted a well-designed, competency-based curriculum that comprehensively addresses the five concerns identified in the report of April 5, 2014. The site visit team identified multiple strengths at MUA including the strong central leadership and resource support from the CEO and Deans, curriculum oversight and regular course review from the Curriculum Committee, high quality and dedicated teaching faculty who live in Nevis, faculty development for implementation of the new curriculum and innovative approaches in medical education, student support services in Nevis, quality of teaching and laboratory facilities on the Nevis campus, housing assistance to students in Nevis, confidential counseling to students in Nevis, the Research: Literature Review and Analysis course, the “Road to Residency” curriculum from Associate Deans, student advising and centralized oversight in the third year from the Associate Deans, the use of National Board of Medical Examiners assessments throughout the curriculum, and the quality and diversity of MUA students and their satisfaction with the medical education experience at MUA.

Opportunities for improvement include the following:

1. The admissions interview process consists of a single phone interview with Sarah Russell, Director of Admissions, or one of her two admissions staff. A Skype or other online video interview would provide additional information and improve the admissions and selection process.
2. Homosexual behavior for men is illegal in Nevis and prospective students should be informed of this before coming to the island.
3. The only background check on accepted students is a local police clearance. A more thorough and comprehensive background check for criminal activity is warranted.
4. There are no faculty on the Admissions Committee, and they have no role in the selection process. Similarly, students are not involved in the admissions process. Faculty should be active participants in admissions, as they teach admitted students and see the outcomes of admissions decisions. Students could also play a role in screening or other admissions outreach to prospective students.
5. Based on the teams’ interviews of the faculty in the site visit, chairs of basic science departments were only rarely involved in the interviewing of prospective faculty in their own department.

6. Clinical chairs were not meaningfully involved in faculty appointments and the review and promotion of faculty in their own departments, and in most cases had limited or no familiarity with the faculty at affiliated sites. Clinical faculty attendance at regular conference calls hosted by chairs and MUA administration was inconsistent and not enforced.
7. Faculty roles in governance were generally limited, with limited or no membership on Admissions and Curriculum Committees, and no regular reporting of these committees at faculty meetings to the general faculty.
8. The opportunity for additional experience with live patients at Alexandra Hospital is excellent and an underutilized resource in the first two years for MUA students. Most MUA students do not have experience with rectal and pelvic exams with live patients before their third year rotations.

REVIEW

The following is a detailed assessment of MUA based on the relevant California statutes and regulations and on the site visit information from the visit detailed above, and MUA's most recent Self-Assessment Report of April 5, 2017.

MUA is a private, for-profit, medical school that has been in operation pursuant to a charter granted by the Government of St. Christopher's and Nevis, West Indies since 1998. It is governed by a Board of Trustees in accordance with MUA bylaws and owned by R3 Education, Inc., which is itself directly owned by Equinox EIC Partners LLC. Its stated mission is to provide students of diverse backgrounds who exhibit a passion for the field of medicine with the opportunity to acquire the medical and clinical expertise needed for a successful career as a practicing clinician along with the skills and confidence needed to critically evaluate and apply new information. The six MUA graduation competencies parallel those defined by the Accreditation Council for Graduate Medical Education (ACGME) and include: (1) Patient Care; (2) Scientific and Medical Knowledge; (3) Lifelong Learning, Scholarship and Collaboration; (4) Professionalism; (5) Communication and Interpersonal Skills; and (6) Social and Community Context of Healthcare.

Business and Professions Code Section 2089

Section 2089 requires the medical curriculum to extend over four years or 32 months of actual instruction. MUA is a full four-year program that consists of 155 weeks of formal instruction, with the first five semesters on Nevis where students are trained in the Basic Sciences, introduced to clinical skills, and provided limited direct patient experience at Alexandra Hospital. These preclinical hours total 2317 hours of direct classroom instruction. This is followed by an 80-week clinical medicine component consisting of an 8-week research module and 72 weeks of clinical clerkships. The estimated total hours of instruction over four years is 6,974 hours. MUA therefore easily meets the section 2089 requirement for a minimum of 4,000 hours of course instruction.

Students are required to attend 90% of classes in the first two years, and 100% attendance in the Clinical Skill courses during the first two years. Full attendance is mandatory for students in the third and fourth clinical years. Attendance is monitored by faculty roll call or a sign in sheet in classes in the preclinical years, and is part of the evaluation of students in the clinical years. This clearly meets the section 2089 requirement for 80% actual attendance in all courses.

The MUA curriculum includes all of the required coursework listed in section 2089(b). Instruction in pain management and end-of-life care is included in several courses in the curriculum including Human Body Structure and Function (MED 502), Cell/Tissue Structure and Function (MED 503), Genetics and Development (MED 602), Neuroscience, Mind and Behavior (MED 701), Medical Ethics (MED 703), the Clinical Skills course series, core clinical clerkships, and in comprehensive online cases students are required to complete in the third year.

The school has a clear policy on accepting transfer students. They are required to meet all documentation requirements of a new student and must be in good academic standing. Requirements include an official transcript from the transferring institution, verification that the student was a registered medical student, and that coursework was taken while the student was “in residence.” MUA only offers transfer credit for coursework completed through an accredited medical school that meets its standards and matches its curriculum. MUA will not consider coursework completed through a distance learning program. Students with unsatisfactory records or dismissal for any reason from other medical schools are not considered for transfer.

Business and Professions Code Section 2089.5

The site visit information and documents provided by MUA demonstrate that instruction in the clinical courses meets or exceeds the minimum requirements of Section 2089.5. For example, Section 2089.5 requires a minimum of 72 weeks of clinical coursework. MUA requires 72 weeks in the third and fourth year and includes all of the required minimums of surgery, medicine, family medicine, pediatrics, obstetrics and gynecology, and psychiatry stipulated in Section 2089.5. The family medicine requirement is met through a minimum 4 week requirement in primary care medicine in the fourth year.

Clinical rotations are in established teaching hospitals with ACGME or Royal College of Physicians and Surgeons of Canada approved residency programs at affiliated institutions in Louisiana, Oklahoma, Maryland, Florida, Illinois, New York, District of Columbia, and Ontario, Canada. All of the affiliated teaching hospitals are accredited by the Joint Commission on the Accreditation of Hospitals (JCAHO) or by Accreditation Canada. MUA has a sufficient number of clinical sites and faculty in its teaching hospitals to provide experiences in all required specialties. The patient census at affiliated sites is adequate for teaching. Formal written affiliation agreements exist between MUA and each of the training sites, and regular site visits by MUA leaders are conducted to monitor quality of the educational experience of students and provide feedback to clinical faculty and the affiliated institutional leadership. MUA students pursue fourth year elective

rotations even more broadly at over 75 different hospitals affiliated with others schools and residency programs.

California Code of Regulations, Title 16, Division 13, Section 1314.1

The stated mission of MUA is "to provide students of diverse backgrounds who exhibit a passion for the field of medicine with the opportunity to acquire the medical and clinical expertise needed for a successful career as a practicing clinician along with the skills and confidence needed to critically evaluate and apply new information." The school leadership and the faculty demonstrated familiarity and alignment with this stated mission during the site visit. There are six MUA graduation competencies used as the foundation for pedagogy, curricular content, and student assessment in the institution. These parallel those defined by the ACGME and include: (1) Patient Care; (2) Scientific and Medical Knowledge; (3) Lifelong Learning, Scholarship and Collaboration; (4) Professionalism; (5) Communication and Interpersonal Skills; and (6) Social and Community Context of Healthcare. As a result, the school does have a clearly defined mission statement with educational goals and objectives.

As required in Section 1314.1, the administration and governance system allows the institution to accomplish its objectives and the faculty have a formal, though somewhat limited role in curriculum oversight and evaluation of student progress.

There is an adequate number of faculty available for the MUA program with 45 full-time faculty, each of whom hold an MD and/or PhD in their field of specialty. There are clinical department chairs for each of the five required major specialties (not family medicine) and all are board certified in their specialty. The chairs work with the Associate Dean of Clinical Medicine and the clerkship site directors at affiliated hospitals to assign and monitor clinical faculty for each rotation. The majority of clinical instructors are hospital based, with only a few from private practice settings. There is an organized effort to standardize the clerkship experiences across teaching hospitals, including a core set of assigned MedU cases that all students are required to complete, and a required weekly case write-up assignment that is centrally evaluated by the Associate Deans.

MUA has organized central oversight of the curriculum and an active Curriculum Committee with faculty representation. Courses and faculty are systematically and regularly evaluated by students to ensure they are meeting objectives and to ensure quality. Faculty define the types of patients and clinical conditions that students must encounter and the expected level of student responsibility in clinical courses. The student's experiences in clinical courses and with patients can be modified to ensure that the objectives are being met. Students are comprehensively evaluated in all courses and a broad range of evaluation instruments are used including OSCEs, NBME subject examinations, the NBME Comprehensive Basic Science Examination (CBSE) and the USMLE examinations. Students are required to score 70 or above on the CBSE to take the USMLE Step 1 examination. While past performance on USMLE examinations by MUA students was poor, recent USMLE Step 1 performance is significantly improved

and now consistent with LCME accredited medical schools, and USMLE Step 2 CK and CS performance is satisfactory. Students must pass USMLE Step 1, Step 2 CK, and Step 2 CS examinations to graduate.

MUA has clear admission and promotion standards and a rolling admissions process with entry at three different points during the academic year. There is a clear and transparent description of the admissions criteria, student selection and promotion criteria, and admissions oversight provided from an Admissions Committee that uses a holistic admissions process. These standards are consistent with those utilized by U.S. and Canadian medical schools, except for the limited role of MUA faculty in the admissions and selection process, with administrative Deans occupying the primary roles. Students having academic or professional difficulty are comprehensively assessed and remediation plans are determined by a Student Promotions Committee and by Associate Deans. The school has limited assessment and feedback regarding the performance of its graduates, besides their placement in residency programs, but has instituted mechanisms to acquire this outcome data through contact with alumni and surveys of graduates.

There are no branch campuses. Records and student transcripts are kept permanently in a secure database. There is an established quality assurance program for patient care in the affiliated teaching hospitals consistent with JCAHO and ACGME standards. Facilities at MUA are excellent and include all needed physical, laboratory, library and academic resources, classroom space, and technology needed to fulfill its mission and objectives.

MUA presented information on its financial resources in the form of the institutions' budget for the fiscal year ending April 30, 2018. MUA is conservatively financed and has no obligations for borrowed money and all of the university's property and facilities are owned free and clear. For the fiscal year ending April 31, 2016, the university retained earnings of \$14,544,620. MUA also maintains \$6 million in insurance to cover operating expenses in the event that circumstances arise that disrupt operations. MUA appears to have more than adequate financial resources to carry out its stated mission.

SUMMARY

In summary, the site visit team believes the Medical University of the Americas is now in compliance with the requirements of sections 2089 and 2089.5 of the Business and Professions Code and section 1314.1 of Title 16, California Code of Regulations. The site visit team recommends recognition of the MUA program retroactive to the initiation of the new curriculum in May 2015, for MUA students who matriculated on or after May 1, 2015.

Thank you for the opportunity to review the materials and conduct a site visit of the Medical University of the Americas.

Medical University of the Americas – MUA

Site Visit





Nevis, West Indies



MUA – Main Building





Students at Work





Student tools



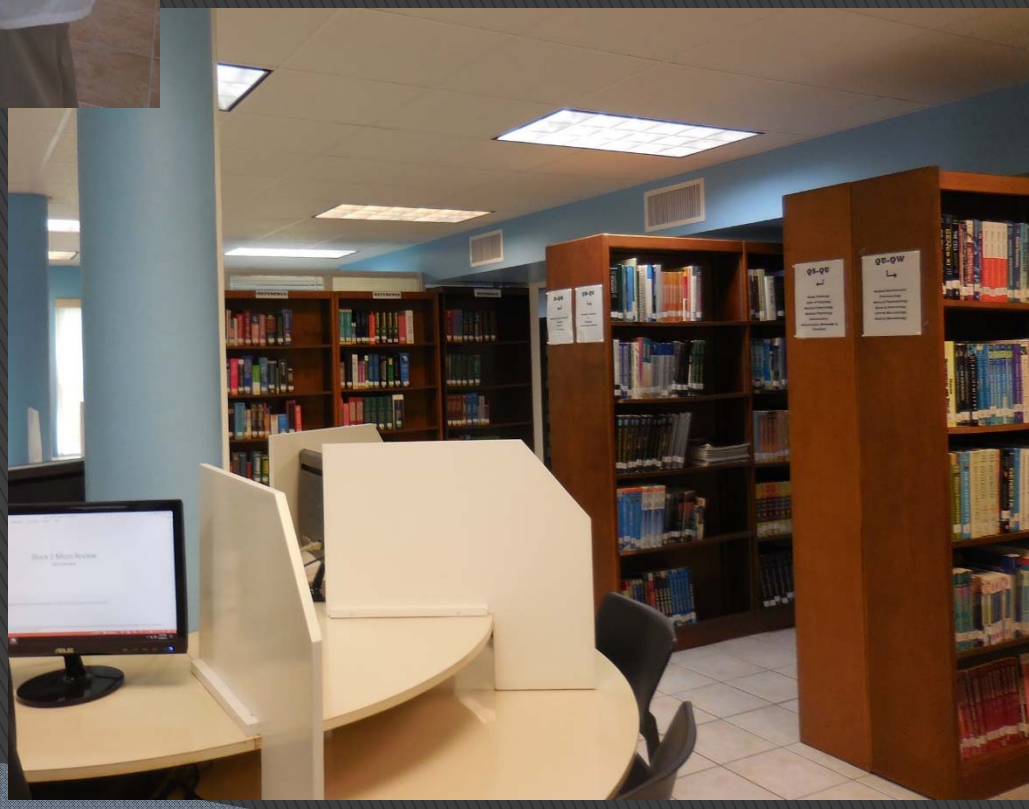


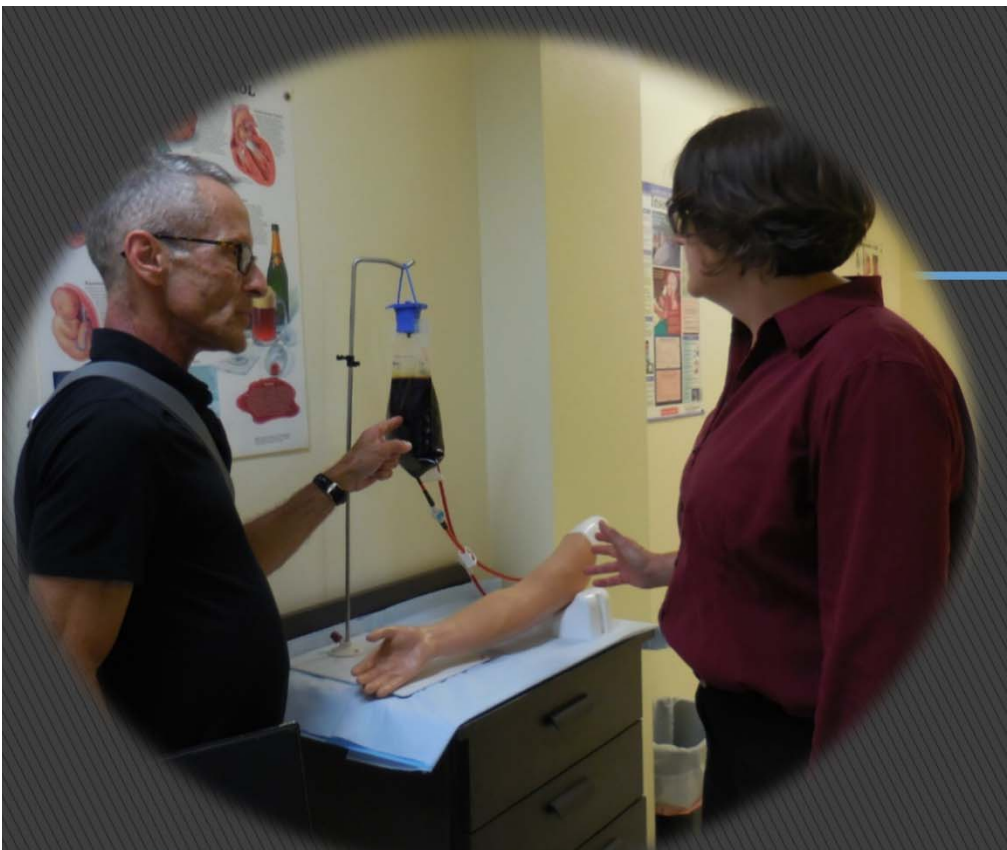
Classroom learning – group participation



Tour of MUA in Nevis







Alexandra Hospital – Nevis





Medstar Harbor Hospital Baltimore, Maryland



MUA Team

