

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: April 16, 2014
ATTENTION: Medical Board of California
SUBJECT: Recognition of International Medical School
Medical University of the Americas
STAFF CONTACT: Curtis J. Worden, Chief of Licensing

REQUESTED ACTION AND RECOMMENDATION:

After review and discussion of the initial evaluation of the Medical University of the Americas (MUA):

1. Determine if the admission process at MUA, which does not include a minimum G.P.A. or MCAT scores, is equivalent to those utilized by US and Canadian medical schools as required by the California Code of Regulations, Title 16, Division 13, section 1314.1 (b)(8).
2. If the Board determines MUA's admission process is sufficient to meet the standards set in regulation:
 - a. Authorize a site team to conduct a site inspection of MUA in Nevis and several representative teaching hospitals in the US where MUA students receive clinical training.
 - b. Approve the composition of the site team, which usually includes at least one Board executive staff member, one legal counsel, one Board Member and a medical consultant.
 - c. Delegate to staff the determination of the hospital training site or sites to be reviewed.
 - d. Approve staff to move forward with an out-of-state travel request for the teaching hospital sites and an out-of-country travel request for the medical school site visit.

BACKGROUND AND ANALYSIS:

The Medical University of the Americas 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 M.D. at MUA. The Accreditation Commission on Colleges of Medicine (ACCM) accredited the school in 2010.

The Board is aware of two organizations that offer medical school accreditation to medical schools in the Caribbean:

- Accreditation Commission on Colleges of Medicine (ACCM)
- Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP)

ACCM and CAAM-HP both state that their standards and processes are aligned with the Liaison Committee on Medical Education (LCME) and the US Department of Education's National Committee on Foreign Medical Education and Accreditation (NCFMEA).

The Board does not recognize either of these medical school accreditation organizations.

The Board received MUA's Self-Assessment Report in March 2012. Board staff requested additional information from MUA on two occasions. MUA provided the Board with the additional information for each request.

The Board's Medical Consultant, Mark Servis, M.D.'s initial review identified nine areas of concern (BRD 5 - 4 through BRD 5 - 5). MUA provided additional information to address the concerns. Dr. Servis' review of the additional information provided by MUA provides some evidence that MUA potentially meets the minimum requirements. However, Dr. Servis identified five (5) areas of concern (BRD 5 – 8).

Board staff is of the opinion that in order for the Board to ensure consumer protection and actual compliance with the California Business and Professions Code Sections 2089 – 2091.2, and California Code of Regulations, Title 16, Division 13, section 1314.1, site visits to MUA's basic science campus and to at least a sufficient number of the hospitals where MUA students receive clinical clerkship instruction must be conducted before the Board has sufficient information to make a final determination of MUA's request for recognition by the Board. In addition, Board staff requests that Board members review the Medical Consultant's report dated April 5, 2014, (pages BRD 5 – 4 through BRD 5 – 11) to determine if the Board believes the information provide to the Board in MUA's Self-Assessment Report is sufficient enough to authorize staff to move forward with an out-of-state travel request to conduct a site visit at MUA

It is the understanding that a representative(s) from MUA plans to attend the May 1, 2014 Board meeting to be available during the meeting to answer any questions the Board may have concerning the school's educational program.

FISCAL CONSIDERATIONS:

In accordance with Business and Professions Code Section 2089.5, the costs of conducting a site inspection are borne by the medical school applying for the Board's recognition. These costs include all team members' air and ground travel costs within the guidelines allowed by the State, the consultant's daily per diem expense, and the Board Member's daily per diem expense.

Medical University of the Americas
Request for Recognition by the Medical Board of California
April 16, 2014

Subsection (e) of Section 1314.1 of the regulations requires the medical school to reimburse the Board for the team's estimated travel expenses in advance of the site visit.

April 5, 2014

To: Kimberly Kirchmeyer
Executive Director
Medical Board of California

From: Mark Servis, MD
Professor and Senior Associate Dean for Medical Education
UC Davis School of Medicine
2230 Stockton Blvd.
Sacramento, CA 95817

Re: Evaluation of the Medical University of the Americas Self-Assessment Report;
Application for Recognition in California

BACKGROUND

The Medical Board of California requested a review of the Self-Assessment Report submitted by the Medical University of the Americas (MUA) in March 2012, whose mission is to “educate tomorrow’s healthcare leaders and the advancement of patient-centered care.”

Medical University of the Americas 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. MUA is operated in accordance with its by-laws, which establish a Board of Trustees, their powers and duties. The Board of Trustees are empowered to supervise the academic affairs of the university and are the governing academic authority. Since its inception, over 600 physicians have earned their M.D. at MUA. The Accreditation Commission on Colleges of Medicine (ACCM) accredited the school in 2010. The school’s program of study is principally designed to meet the guidelines for medical education set forth by the Liaison Committee on Medical Education (LCME) and graduates aspire to residency training and practice in the United States and Canada.

The originally submitted Self-Assessment Report from MUA 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 the following questions, addressing areas of potential concern:

1. In addition to the academic assistance and support services for students...have there been other efforts to address the high rates of (student dismissal, dropout and leave of absence) the last three years (i.e. financial aid, more formative assessments of students in the curriculum, raising admissions requirements such as establishing a minimum GPA, more effective screening of applicants)?

2. How are the functions of student affairs managed during the clinical years – i.e. who is responsible for student counseling, support, career advising, etc.?
3. ...lecture is the primary teaching method in every course in the five semester pre-clinical curriculum, and there is very limited small group teaching...Are there plans to increase small group teaching and engaged learning in the curriculum? If so, is there faculty development planned for such efforts and faculty resources available to staff small group teaching sessions?
4. ...there are 17 “recommended” electives of 4-8 weeks in the fourth year and only one fourth year requirement of 4 weeks (primary care medicine). With so much elective time and so many recommended offerings, how are students assisted in selecting a fourth year curriculum? How does the school monitor the fourth year selections of students to ensure depth and breadth in their curriculum?”
5. ...there is a high failure rate on USMLE Step 2 CK and Step 2 CS exams compared to the total pool of all medical students taking these exams annually. Has MUA done an analysis of this high failure rate to establish possible causes and taken any steps to address it?
6. Please provide more detail regarding the simulation/lab/small group experiences in the longitudinal Foundations of Clinical Medicine course. Do students learn physical exams on each other? What about pelvic and other sensitive elements of the physical exam? Are there standardized patients? What is the nature of the simulation component of the course? What is the experience with actual patients at Nevis hospital?
7. How are the school’s institutional objectives/competencies used in student assessment, particularly in the clinical curriculum? Are students specifically evaluated using these objectives as a framework? How does the school determine that graduates have met the institutional objectives/competencies?
8. MUA uses multiple and geographically distributed clinical affiliates for the third and fourth year clinical curriculum. How does the school ensure comparable clinical experiences and student assessment methods across sites that provide the same core clinical rotations? There is a reference to a logbook of patients, but no detail as to how this is implemented or monitored. Are there any formalized clinical skills assessments during the third and fourth year clinical curriculum?
9. Is there outcome data, besides residency placement, regarding the performance of graduates? Are there any evaluations done by students of the medical education program as a whole (not just courses)? Are there any evaluations done by faculty of the medical education program? If so, please provide samples of the evaluations forms used and the relevant outcome data.

MUA provided clarifying information addressing these nine areas on December 13, 2013, and this material was analyzed and incorporated in this consultant’s report and recommendations.

This report is based entirely on my review of the documents submitted by MUA. The goal of the 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.

RECOMMENDATIONS

The MUA has provided sufficient documentation to satisfy 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. The program is designed to meet the standards of medical education from the LCME, however it may not meet all 130 LCME accreditation standards. While the program is in substantial compliance with the requirements of current California statutes and regulations, there are five areas of concern that remain, and further evaluation, including site visits to MUA's basic science campus and to some of the affiliated hospitals where MUA students receive clinical clerkship courses are recommended to provide the Board with a full evaluation of MUA.

REVIEW

The following is a detailed assessment of MUA based on the relevant California statutes and regulations.

Business and Professions Code Section 2089

Section 2089 requires the medical curriculum to extend over four years or 32 months of actual instruction. MUA has a full four-year program that consists of 155 weeks of 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. These preclinical hours total 2,248 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 exceed 6,780, including over 1,000 "required assignment hours" in the preclinical curriculum that are not classroom based. Even if these non-classroom hours are subtracted, MUA meets the Section 2089 requirement for a minimum of 4,000 hours of course instruction.

Students are required to attend 80% of classes in the first two years, with higher thresholds of 85% attendance required in Neuroscience and 90% in Genetics. 100% full attendance is mandatory for students in the third and fourth clinical years. Attendance is monitored by students signing into classes in the preclinical years or by roll call, at least twice during each class session. Attendance in the clinical years is monitored by Clinical Medicine Preceptors and is part of the evaluation of students in the clinical years. This meets the Section 2089 requirement for 80% actual attendance in all courses. Instruction in pain management and end-of-life care is included in the Foundations of Clinical Medicine course in the second year, and in core clinical rotations and an online case during rotations in the third and fourth year.

Business and Professions Code Section 2089.5

The 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 exactly 72 weeks of clinical coursework and includes all of the required minimums of surgery, internal medicine, family medicine, pediatrics, obstetrics and gynecology, and psychiatry stipulated in Section 2089.5. The family medicine requirement is met through a fourth year 4 week requirement in primary care medicine.

Clinical rotations are in established teaching hospitals with formal affiliation agreements with MUA. All of the MUA affiliated teaching hospitals are located in the United States and are accredited by the Joint Commission on the Accreditation of Hospitals (JCAHO). In addition, each is affiliated with an ACGME accredited residency program. There are a total of 10 hospitals used by MUA for required clinical rotations in seven different states from New York to Oklahoma. MUA has sufficient numbers of clinical faculty in its teaching hospitals to provide experiences in all major specialties. MUA students have pursued fourth year elective rotations in over 90 different hospitals affiliated with other schools and residency programs.

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

The stated mission of the MUA is to “educate tomorrow’s healthcare leaders and the advancement of patient-centered care. The recognition of the importance of primary care and a commitment to underserved populations is critical to this mission. Ethical conduct in all of its activities is also key to its achievement of success.”

As a result of a recent review MUA adopted a comprehensive set of graduation competencies to serve as the basis for the medical education program. These competencies provide the foundation for pedagogy, curricular content and student assessment in the institution and establish future priorities for curricular and programmatic change.

As required in section 1314.1, the administration and governance system allows the institution to accomplish its objectives and the faculty have a formal role in curriculum oversight and evaluation of student progress. There are faculty on the Curriculum Committee, Clinical Curriculum Committee, and Student Promotions Committee. There is an adequate number of faculty on the Nevis campus for the preclinical curriculum consisting of 31 full time professors each of whom hold an MD and/or PhD in their field of specialty. There are clinical department chairs for each of five major specialties (not family medicine) and all are board certified in their specialty. They work with the Associate Dean of Clinical Medicine and the 10 teaching hospitals on the assignment and monitoring of clinical preceptors for each rotation. The majority of clinical instructors are hospital based with only 16% from private practice settings. MUA has recognized the challenge of teaching students research and lifelong learning skills and has worked with faculty and modified the curriculum to ensure students acquire these competencies, including an eight-week research module during the third year.

The structure and content of the educational program provides an adequate foundation in the basic and clinical sciences and enables students to learn the fundamental principles of medicine, to acquire critical judgment skills, and to use those principles and skills to provide competent medical care. The MUA curriculum makes limited use of active and engaged learning methods such as problem-based learning and small group teaching in the preclinical years, and most of the content in the first five semesters is taught by lecture. MUA is currently working on a comprehensive curricular revision that will substantially increase content integration and active learning pedagogies in the curriculum, and recent faculty development efforts have addressed the need for more active and engaged learning in the classroom. Given the geographically distributed teaching hospitals in the third year, efforts have also been made to standardize the clerkship experiences across the teaching hospitals, including a core set of assigned cases that all students are required to complete.

MUA has organized central oversight of the curriculum. 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 courses 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, simulations, and the USMLE examinations. Student performance on USMLE exams has been variable, and there is a high failure rate on the USMLE Step 2 CK and CS exams compared to national norms. MUA has added NBME shelf exams to the core clinical rotations to improve USMLE Step 2 CK performance and recently introduced in February 2014 a comprehensive clinical skills examination for fourth year students to improve USMLE Step 2 CS performance.

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 admissions criteria, student selection and promotion criteria. Admissions oversight with faculty input is provided from an Admissions Committee. Admissions standards are consistent with those utilized by U.S. and Canadian medical schools, though there are no minimum GPA or MCAT scores, which may contribute to the high drop out and failure rate of students. MUA has recently enhanced their screening and admissions process to better evaluate applicants, including hiring a new Director of Admissions and new Director of Enrollment Services. Students having difficulty are comprehensively assessed and remediation plans are determined by the Student Promotions Committee co-chaired by two course directors, with four additional faculty as members of the committee. The school has very limited assessment and feedback regarding the performance of its graduates, besides their placement in residency programs. MUA recently established an Office of Graduate Affairs to improve contact with alumni and acquire more meaningful outcome data and surveys from their graduates.

There are no branch campuses. Records and student transcripts are kept permanently on a secure database. There are established quality assurance programs for patient care in the affiliated teaching hospitals. Facilities at MUA are adequate and include all needed

physical, laboratory, library and academic resources, classroom space, and technology needed to fulfill its mission and objectives, including a new Student Center that opened in November 2013.

MUA presented information on its financial resources in the form of the Department budgets for the fiscal year ending in April 2012. MUA maintains a reserve of approximately 25% of its earnings in the event of a tuition shortfall. Tuition for MUA students is approximately \$104,050 over four years and student cost of living is \$116,040 for four years, for a total cost of education of over \$220,000 per student. All of the MUA property and facilities are owned free and clear and there is \$6 million in insurance to cover operating expenses in the event of unplanned disruptions.

SUMMARY

In summary, MUA may not currently be meeting a few of the LCME accreditation standards such as: (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 and; (5) Regular and comprehensive evaluation of the curriculum as a whole, tied to outcomes and assessments from graduates. However, MUA has active, organized, and well-designed plans to address these issues, including a thoughtful and comprehensive curricular revision with anticipated implementation after completion of planning in 12-18 months. Further evaluation is warranted to confirm the information provided in the MUA Self-Assessment Report and the additional documentation provided by MUA. Site visits to MUA and some of its affiliated hospitals where students receive clinical clerkship courses are recommended to provide the Board with a full evaluation of MUA.

Thank you for the opportunity to review the materials from Medical University of the Americas.