

State of California
State and Consumer Services Agency

MEDICAL BOARD OF CALIFORNIA



International Medical Schools Special Task Force

Gary Gitnick, M.D.

Reginald Low, M.D.

January 4, 2010



State of California
Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, Ca 95815
www.mbc.ca.gov

Memorandum

Date: January 4, 2010

To: Gary Gitnick, M.D., Member
Reginald Low, M.D., Member

From: Debbie Pellegrini, Chief Licensing Program *Deborah Pellegrini*

Subject: International Medical Schools Task Force

Thank you for forming a task force to review the procedures that the Board currently uses to review international medical schools.

Section 1314.1 of Title 16, California Code of Regulations (copy attached) outlines the Board's process for reviewing international medical schools. Subsection (a)(1) applies to the majority of the world's approximately 1,000 medical schools whose mission is to train their own citizens to practice medicine in their country.

For approximately the last five years, the Board has received no Self Assessment Reports from medical schools that needed site inspections. The Board was able to rely on the excellent services of two medical consultants to review these applications. However, recently the consultants' work has been interrupted by illness, a "freeze" imposed by the Governor between July and November 2008, and the unavailability of one of the consultants due to heavy teaching responsibilities. We have three applications available:

Universidad Iberoamericana (UNIBE), Dominican Republic
Medical University of Silesia's English program, Poland
Ross University, Bahamas branch campus

At the same time, three Self Assessment Reports have arrived from schools that will need site inspections, and the Board is set to begin its first seven-year reevaluations of three previously recognized medical schools. Clearly, the Board needs to hire two new consultants to handle the current workload, and I am taking steps to address this backlog. The new consultants' first priority will be to begin reviewing applications from UNIBE, the Medical

MCLs receive reimbursement at an hourly rate for the time they spend reviewing applications, records and other information for the Board. MCLs also receive a daily per diem when they travel to international medical school campuses and to quarterly Board meetings to present their findings.

The Board has several applications for recognition pending from international medical schools and would like to hire two new MCLs as soon as possible.

Please circulate this letter among your colleagues who have the experience and interest to serve as a Medical Consultant to the Board's Licensing Program or if you can identify a colleague who might be interested, please contact me directly. If you or a colleague has any questions concerning the Medical Consultant position, please contact me at the address below, telephone me at (916) 263-2365, or e-mail me at dpellegrini@mbc.ca.gov.

Sincerely,

A handwritten signature in dark ink, reading "Deborah Pelligrini". The signature is written in a cursive, flowing style.

Deborah Pelligrini, Chief
Licensing Program

Enclosure



MEDICAL BOARD OF CALIFORNIA

Licensing Program



January 4, 2010

Attachment #1

(TO: SFPRC Members)

Dear Dr.:

The Medical Board of California (Board) seeks to expand its staff of part-time Medical Consultants who provide medical consultative services to the Board. This letter is to request your assistance in identifying medical school faculty with expertise in medical school administration who might be interested in serving as a Medical Consultant to the Board's Licensing Program.

Enclosed is a copy of the duty statement for the Medical Consultant - Licensing (MCLs) position. Primarily, MCLs review applications from international medical schools seeking recognition from the Board. The recognition process involves a comprehensive review of the school's application and related information. In some instances, a site inspection may be necessary and in this event, the MCL would take a leadership role in the inspection and the preparation of the inspection report. An MCL would also be responsible for the presentation of his or her findings to the Board, including any recommendations that the Board grant or deny recognition. The Board usually receives two or more of these applications per year. The Board may also utilize MCLs to review and revise medical school review policies and procedures or to advise on generalized medical licensing matters.

To qualify for appointment as an MCL, a currently licensed California physician must have medical teaching experience and a broad knowledge of medical school administration. Medical consultants will use their experience and knowledge to evaluate a medical school's curriculum, governance, faculty, admissions and promotion standards, financial resources, facilities, medical student support services, record keeping practices, administrative control over multiple campuses, if applicable, and its affiliation agreements with clinical training facilities.

We encourage physicians who serve or have recently served in positions such as Dean or Associate Dean in a California medical school who are interested in this work to contact me directly. Experience in evaluating international medical schools or serving as a Liaison Committee on Medical Education site surveyor or similar endeavors is desirable but not required. As these positions are part-time and the workload is variable, candidates need to allocate their availability such that the MCL responsibilities do not conflict with other obligations.

University of Silesia's English-language program and Ross University's new branch campus in the Bahamas.

Attached is the following background information to assist you in your review of the Board's current processes.

1. A draft letter addressed to the members of the Special Faculty Permit Review Committee requesting their assistance in identifying potential new medical consultants to review international medical schools for the Board.
2. A duty statement for the Medical Consultant-Licensing classification.
3. A contact letter that staff will mail to physicians who express an interest in the Medical Consultant-Licensing position.
4. An addendum to update staff's April 2, 2002 memorandum entitled "History of the Division of Licensing's Past Approvals and Disapprovals of International Medical Schools."
5. A listing of the steps involved when the Board reviews an international medical school pursuant to Section 1314.1 (a)(2).
6. A breakdown of the past processing times for each step in the Board's review of eight international medical schools since 2007. The Board granted recognition to four of these schools without a site inspection. Of the remaining four schools pending review, three will require site inspections while one school (Silesia) probably will not.
7. A summary of the accomplishments of three prior Board committees (2002-2006) that addressed international medical school issues.
8. A list of four international medical schools that have applied for the Board's recognition pursuant to subsection (a)(2) and three medical schools that the Board will reevaluate pursuant to subsection (f)(2).

I apologize for the delay in providing you this information, as it was necessary to research the entire history of approved and disapproved international medical schools. Barbara Yaroslavsky asked that you make a presentation to the Board at the January 29, 2010 Board meeting. After you review the attached materials, please contact me at (916) 263-2365 or e-mail me at dpellegrini@mbc.ca.gov and let me know how I can assist you. If you would like to schedule a teleconference to discuss the Task Force's activities, please let me know your availability Monday through Thursday. Please note that Monday, January 18, is a state holiday.

Thank you for assisting the Licensing Program.

Classification Title	Board/Bureau/Division
Working Title Medical Consultant - Licensing	Office/Unit/Section / Geographic Location
Position Number	Effective Date

The Licensing Medical Consultant provides professional consultation to the Licensing Program of the Medical Board of California. The incumbent reviews applications that are submitted by international medical schools seeking the Board's determination that their educational program meets California's standards. The Board receives one or more of these applications per year. After conducting this review, the incumbent advises the Board of the school's compliance or non-compliance with standards and recommends a course of action to the Board. **This position does not require regular daily attendance at the Board's headquarters but will require travel to quarterly meetings of the Medical Board to present findings to the Board members and may require travel to the international medical school's facilities abroad and in the United States.**

A. SPECIFIC ACTIVITIES [Essential (E) / Marginal (M) Functions]

- 90% (E) **REVIEW OF INTERNATIONAL MEDICAL SCHOOL PROGRAMS**
- Reviews applications from international medical schools for compliance with California statutes and regulations.
 - Drafts reports to the Board with findings and recommendations.
 - Presents the reports at quarterly Board meetings.
 - If site inspections are deemed necessary, serves as the medical education expert on the site inspection team; assists in drafting the team's findings and recommendations to the Board with respect to whether the Board should disapprove or grant recognition to the schools or take other actions.
 - Presents the team's report at quarterly Board meetings.
 - May serve as expert witness in Superior Court hearings if school officials challenge the Board's decision to disapprove schools.
- 5% (E) **SUBJECT MATTER EXPERT**
- Provides expertise and consultation to Board members and staff of the Licensing Program on a variety of licensing, training and practice issues relating to statutes, regulations or policies.
 - May present information, research findings, and other reports to staff or the Board both orally and in writing.
- 3% (M) **EVALUATION OF LICENSURE APPLICATIONS**
- Reviews atypical applications for physician licensure to determine whether candidates are able to practice medicine safely.
 - Recommends to management whether licensure should be approved, denied, approved with specified limitations or whether additional documentation is needed to make a determination.

2% (M) Other duties requiring medical knowledge and expertise as required by management and the Board.

B. Supervision Received

The incumbent works under the direction of the Chief of Licensing (CEA I).

C. Supervision Exercised

None

D. Administrative Responsibility

None

E. Personal Contacts

The Incumbent has weekly contact with staff and management of the Board in order to carry out program responsibilities. In addition, the incumbent has direct contact with the Board members, medical school officials and the public when the incumbent prepares and presents findings and recommendations at public meetings of the Board.

F. Actions and Consequences

Failure to perform duties adequately could prevent the Board from reaching decisions on schools' compliance or noncompliance with California's medical education standards in a timely and efficient fashion, which ultimately impacts the Board carrying out its mission to protect California healthcare consumers through proper licensure and enforcement of physicians, surgeons and certain healthcare professions.

G. Functional Requirements

No specific physical requirements are required. The incumbent works in his or her own office when performing application review functions. Daily access to and use of a personal computer and telephone is essential. Sitting and standing requirements are consistent with office work. Travel is required to attend Board and Committee meetings held in various locations throughout California. Travel to the applicant medical school's campus outside the United States and some of the school's affiliated clinical sites in the United States may be required when recommended by the incumbent and approved by the Board. Incumbent is required to travel by commercial carrier or auto, whichever method is in the best interest of the State. Travel may be for one or several consecutive days, or one to two weeks in the case of medical school site inspections.

H. Other Information

Incumbent must hold a valid California medical license in good standing.

Incumbent must be serving or have served as a medical school educator and administrator in a U.S. medical school and be familiar with all aspects of medical education program evaluation in the United States. Knowledge of the function and structures of international medical school programs is highly desirable. The incumbent must possess good communication skills, use good judgment in decision-making, exercise creativity, flexibility, diplomacy and cultural sensitivity in problem identification and resolution, manage time and resources effectively, and be responsive to Board staff, Board and Committee Members and Department of Consumer Affairs management needs.

The incumbent will be privy to sensitive and confidential issues and/or materials and is expected to maintain the privacy and confidentiality of documents and topics pertaining to individuals, medical schools or to sensitive program matters at all times.

Title 11, section 703D California Code of Regulations requires criminal record checks of all personnel who have access to Criminal Offender Record Information (CORI). Pursuant to this requirement, applicants for this position will be required to submit fingerprints to the Department of Justice and be cleared before hiring.

I have read and understand the duties listed above and I can perform these duties with or without reasonable accommodation. (If you believe reasonable accommodation is necessary, discuss your concerns with the hiring supervisor. If unsure of a need for reasonable accommodation, inform the hiring supervisor, who will discuss your concerns with the Health & Safety analyst.)

Employee Signature

Date

Printed Name

I have discussed the duties of this position with and have provided a copy of this duty statement to the employee named above.

Supervisor Signature

Date

Printed Name

Revised: 12/2006



MEDICAL BOARD OF CALIFORNIA

Licensing Program



Attachment #3

WELCOME LETTER TO NEW CONSULTANTS

DATE

NAME
ADDRESS

Dear Dr.

Thank you for expressing an interest in joining the Medical Board of California as a Medical Consultant.

To acquaint you with the projects in which the consultant assists the Board, enclosed is a copy of the Duty Statement for this position.

The Board currently has three applications from international medical schools that are awaiting immediate review. Three applications will involve travel outside the United States. Consultants spend most of their time at their own locations reviewing the schools' self assessment documents and writing their recommendation to the Board. The Board members rely heavily on the consultants' expertise in reaching their decision to recognize or disapprove international medical schools. Consultants work on a part-time basis. They are compensated at \$54 to \$75 per hour for their professional services. Any travel duties are arranged around the consultants' schedules.

If you are interested in pursuing the Medical Consultant position, please complete the enclosed California State Examination/Employment Application Form 678, enclose a copy of your Curriculum Vitae and describe your previous experience in the areas described in the Duty Statement. If you have any questions, please contact me at the address below or telephone me at (916) 263-2365 or e-mail me at dpellegrini@mbc.ca.gov.

Sincerely,

Deborah Pellegrini, Chief
Licensing Program

Enclosures



State of California
Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, Ca 95815
www.mbc.ca.gov

Attachment #4

Memorandum

Date: January 4, 2010

To: Gary Gitnick, M.D., Member
Reginald Low, M.D., Member

From: Debbie Pellegrini, Chief
Licensing Program *Deborah Pellegrini*

Subject: International Medical School Decisions - Update

Attached is a list of the Board's decisions to either disapprove or recognize certain international medical schools since April 2, 2002.

The attached memorandum dated April 2, 2002, was circulated to the Division of Licensing members at their May 10, 2002 meeting. The memo summarized the history of the Division's actions to date regarding for-profit international medical schools.

The April 2, 2002 memo accompanied a draft of the Division's proposed International Medical School regulations, which the members reviewed for the first time on May 10, 2002. The regulations were intended to codify the process that the Division used to review the schools discussed in the memo. The final regulations were later approved, effective December 13, 2003.

This memorandum briefly updates the Board's decisions since April 2, 2002. The following list indicates 11 schools or programs to which the Board granted recognition and two schools that the Board disapproved between 2002 and 2009. Two of the 11 medical schools received site inspections.

For your reference, attached are copies of the Saba University and St. Matthew's University site inspection teams' reports to the Division.

School NameDecision DateInternational Medical School Granted Recognition (Site Visit Required)

Saba University (Saba, Netherlands Antilles)	November 5, 2004
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English Programs Granted Recognition (No Site Visit Required)

Semmelweis University (Hungary)	May 30, 2002
Szeged University (Hungary)	September 22, 2003
Charles Univ. First Faculty of Medicine (Czech. Republic)	December 29, 2003
Debrecen Univ. (Hungary)	April 28, 2005
Pecs Univ. (Hungary)	May 3, 2005
Jagiellonian (Poland)	July 27, 2007
Lublin (Poland)	July 25, 2008
Poznan (Poland)	July 25, 2008

International Schools Granted Recognition (No Site Visit Required)

ELAM (Cuba) (Program restricted to non-citizens)	July 25, 2008
St. George's - U.K. branch campus (First-year basic sciences only)	July 24, 2009

International Medical School Disapproved (Site Visit Required)

St. Matthew's University, Grand Cayman	February 18, 2005
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International Medical School Disapproved (No Site Visit Required)

Kigezi International, England and Uganda*	November 2, 2007
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*The Board disapproved this medical school as an administrative action after the school closed. School officials had not submitted a Self Assessment Report.

Memorandum

AGENDA ITEM # 9

To : Members, Division of Licensing

Date: 4/2/02

From : 
Pat Park, Associate Analyst, Licensing Program

Subject : **HISTORY OF THE DIVISION OF LICENSING'S PAST APPROVALS AND
DISAPPROVALS OF INTERNATIONAL MEDICAL SCHOOLS**

This memorandum is a complement to the proposed regulations that legal counsel has drafted governing the Division of Licensing's process for reviewing and recognizing international medical schools.

Over the past 20 years, the Division has reviewed 12 medical schools in the Caribbean and Dominican Republic for their compliance with the minimum requirements in Sections 2089 and 2089.5 of the Business and Professions (B&P) Code. The Division followed a fairly standard process in conducting its review of these schools. However, the process has not been adopted in regulations. During recent meetings, the Division members and legal counsel have discussed the wisdom of adopting the Division's review process in regulation. To assist in this process, staff was asked to summarize the historical background to the Division's review of international medical schools. This memo summarizes the Division's activities in this regard over the last 20 years.

BACKGROUND

Section 2084 of the B&P Code authorizes the Division of Licensing to approve medical schools that comply with the medical education requirements in Sections 2089 and 2089.5 of the Code. Medical schools located in the United States, Canada and Puerto Rico are deemed approved by the Division of Licensing through their accreditation by the Liaison Committee on Medical Education, LCME (pursuant to Section 1314 of Title 16, California Code of Regulations). All other medical schools are subject to the Division's individual review and approval, and must demonstrate that they offer a resident course of professional instruction that is equivalent, not necessarily identical, to that provided in LCME-accredited medical schools. The law further provides that only students from "approved" medical schools may complete clinical clerkship training in California facilities, and only graduates of "approved" medical schools may qualify for licensure or complete postgraduate training in California.

Prior to 1985, Division staff conducted no reviews of international medical schools. If an applicant graduated from a new medical school that was listed in the World Health Organization's "Directory of Medical Schools," staff issued the school a "school code" and processed the application routinely. WHO listing was not required in statute or regulation. The WHO Directory merely lists the names and addresses of medical schools without conducting any quality review of the schools. In addition, for political reasons, the Directory excludes all Taiwanese medical schools. Therefore, the WHO Directory is not a practical tool for evaluating international medical schools. No other international organization exists that evaluates or accredits the world's 1000+ medical schools for compliance with some educational standard.

Almost all international medical schools are founded to train physicians to address the medical needs of their country's population. In the late 1970s, entrepreneurs began to develop for-profit, English-language medical schools in the Caribbean and Dominican Republic aimed at attracting Americans who were unable to enter U.S. medical schools. Staff issued school codes to these schools as their graduates began to apply here in the early 1980s.

In the spring of 1983, the U.S. Postal Service uncovered a scandal involving the widespread production of fraudulent medical diplomas and other unethical practices on the part of officials at CETEC and CIFAS Universities in the Dominican Republic and their U.S. agents. During the course of their investigation, other medical schools in the Dominican Republic and Caribbean were implicated. Thousands of individuals - many of them nurses, physician assistants, pharmacists, chiropractors, podiatrists - bought fraudulent transcripts and diplomas for prices ranging from \$8,000 to \$50,000. They spent little or no time attending the school listed on their diploma. As a result of the postal investigators' findings, licensing boards across the United States were forced to investigate the backgrounds of thousands of applicants and licensees who had attended the implicated schools. Individuals who were found to have submitted false documentation had their licenses revoked or were dismissed from training programs. Dominican authorities closed two schools, CETEC and CIFAS, and jailed several administrators who were involved in document forgery schemes.

As a result of the above scandal, the Division of Licensing disapproved CETEC on May 19, 1983. With investigators from the Enforcement Division, the Division formed a License Investigation Task Force (LIFT) to investigate the extent of fraudulent documentation among graduates of offshore schools with pending licensure applications in California. In addition to confirming unethical practices involving bogus documents and transfer credit, LIFT investigators uncovered widespread violations of Section 1327 of Title 16, California Code of Regulations; at least 15 hospitals in California were unlawfully training offshore students in clinical clerkships. In many cases, students received little or no supervision or evaluation. In some instances, offshore schools granted students clinical credit for clerkships that had included no hands-on clinical training.

In an emergency session held on October 11, 1984, the Division voted to temporarily disapprove six schools: American University of the Caribbean (AUC), CIFAS University, Ross University, St. George's University, Spartan Health Sciences University and UTESA School of Medicine. The disapproval order offered each school the opportunity to show cause why the Division should not make the disapproval permanent. On November 16, 1984 following a Show Cause hearing held the previous day, the Division permanently disapproved Ross and CIFAS.

During the summer of 1984, AUC, Ross and St. George's universities sued the Division. The litigation with AUC and St. George's was resolved on November 14, 1984 when both schools signed stipulated agreements with the Division. The litigation with Ross University was resolved on December 14, 1984 when the university signed a stipulated agreement with the Division whereby Ross University received probationary approval for five years. All stipulated agreements imposed terms and conditions on the schools requiring them to bring their educational programs into compliance with California law and included a requirement that the schools were to finance site visits by the Division to the schools' campuses and hospitals where their students receive clinical training.

Specific followup actions involving AUC, Ross, St. George's and other medical schools are described below.

CETEC & CIFAS Universities

[Dominican Republic]

These universities opened medical schools in 1979 and 1980, respectively, heavily targeting U.S. citizens. After launching their own investigation into the U.S. Postal Services' findings and confirming their validity, Dominican Republic government officials closed CETEC and CIFAS in 1984. Therefore, the Division did not conduct site inspections to these two schools. The Division disapproved CETEC on May 19, 1983 and CIFAS on November 16, 1984.

American University of the Caribbean (AUC)

[Montserrat, West Indies; founded in 1978; moved to St. Maarten in 1995]

As a consequence of the stipulated agreement between the Division and AUC, the Division conducted site visits to AUC's campus on Montserrat in April 1985 and April 1986. During the April 1986 followup visit, the team also inspected St. Croix and St. Thomas Hospitals; the Division approved these two hospitals as core clinical training sites. On June 30-July 1, 1986, separate site visits were conducted to two hospitals in Chicago, Norwegian-American Hospital and Martha Washington Hospital, where AUC students were receiving clinical training. In September 1989, the Division conducted site visits to Rancho Los Amigos Medical Center in Downey and Camarillo State Hospital; these facilities were found to be providing training in compliance with California law. Based on AUC's compliance with the terms of the original stipulation,

the Division removed AUC's provisional status on September 15, 1989. In 1995, volcanic eruptions forced AUC to temporarily relocate to Belize and the island of St. Maarten. The Division began reevaluating the school's program. The Division conducted a site inspection of AUC's new, permanent campus on St. Maarten in March 1998. On May 8, 1998, the Division members voted to continue recognizing AUC.

Ross University

[Roseau, Dominica; founded in 1979]

The Division conducted site visits to Ross University's campus on Dominica in April 1985 and April 1986. In November 1986, separate site visits were conducted to A.N. France Hospital in St. Kitts and Princess Margaret Hospital on Dominica; the Division approved these hospitals for a limited number of clinical clerkships.

Ross's provisional status was due to expire on December 14, 1989 but was extended until June 30, 1990 to allow the school additional time to submit required documents. In September 1989, the Division conducted site visits to Rancho Los Amigos Medical Center in Downey and Camarillo State Hospital where Ross students were receiving training; these facilities were found to be offering training in compliance with California law. In May of 1990, the Division conducted site visits to three other clinical training sites: Norwegian-American Hospital in Chicago, Horacio Oduber in Aruba, and Princess Margaret in Dominica; the Division approved each hospital to provide certain core and elective clerkships. The Division removed Ross University's provisional status effective June 30, 1990, and the school remains in approved status.

St. George's University

[Grenada; founded in 1977]

As part of resolving outstanding litigation, the Division conducted site visits to St. George's campus on Grenada in April 1985 and April 1986. A separate site visit was conducted to St. Joseph's Hospital in Orange, California where a St. George's student had trained. The hospital was found acceptable to provide clinical training in compliance with California law. The Division removed St. George's probationary status during their September 15, 1989 meeting, and the school remains in approved status.

Spartan Health Sciences University

[St. Lucia; founded in 1980]

The Division initially recognized this for-profit medical school. After the Division's investigation revealed widespread document fraud and training violations at this school, the Division temporarily disapproved the school on October 11, 1984. A site visit to the school's St. Lucia campus on April 21, 1985 found inadequate facilities and curriculum, and the Division issued a permanent disapproval order on June 13, 1985. Spartan officials responded by suing the Board in Sacramento County Superior Court. The court dismissed the school's lawsuit with prejudice on December 2, 1986. Spartan and

the Board entered into a Stipulation that acknowledges Spartan's right to petition the Division to modify or terminate its disapproved status. The school has never petitioned for reconsideration. The Division's June 13, 1985 disapproval order remains in effect.

UTESA School of Medicine [Dominican Republic; founded in 1981]

UTESA is a private for-profit university offering instruction in Spanish or English. The Division temporarily disapproved UTESA on October 11, 1984 based on evidence that UTESA and CIFAS had colluded in fraudulent activities. After conducting a site visit to UTESA School of Medicine on April 12-14, 1985, the Division made its disapproval order permanent effective July 12, 1985. On May 29, 1986 after considering a petition for reconsideration from UTESA officials, the Division adopted a Stipulation and Order whereby UTESA would submit a plan to correct the deficiencies identified by the Division's site team. The plan that the university submitted did not meet the Division's criteria, and at their November 1986 meeting the Division reinstated the July 12, 1985 Order of Disapproval.

While planning the June 1996 site inspection to INTEC and UNIREMHOS, staff invited UTESA officials to participate in the review process. UTESA officials agreed to undergo a new site inspection. Unfortunately, the inspection team found that UTESA had not substantially corrected its previously-identified deficiencies. The Division disapproved UTESA again on February 7, 1997.

Universidad Mundial Dominicana (World University)
[Dominican Republic; founded in 1978]

This private, for-profit school opened in 1980 and offered instruction in English. In 1987, the Division received a few applications from graduates of World University. When staff requested World University officials to complete a detailed questionnaire regarding its facilities and curriculum, school officials declined to provide the requested information and stated that their curriculum did not meet California's requirements. Through other channels, staff learned that various factions within the university were involved in a lawsuit to decide who would control the school. At its meeting on December 1, 1989, the Division disapproved World University. World University closed in February 1991.

Instituto Tecnológico de Santo Domingo (INTEC)
[Dominican Republic; founded in 1972]

This private non-profit university, offering instruction only in Spanish, applied for recognition after three U.S. residents graduated from its program. The Division visited the school in May/June 1996 in conjunction with the inspections of UNIREMHOS and UTESA. The Division approved the medical school on July 26, 1996.

Universidad Eugenio Maria de Hostos (UNIREMHOS)

[Dominican Republic; founded in 1981]

UNIREMHOS was a private, for-profit university that offered instruction in English. After a few of its graduates applied for licensure in California, the school applied for recognition. The Division visited the school in May/June 1996 in conjunction with the inspections of INTEC and UTESA. The Division disapproved the school on July 26, 1996. School officials requested reconsideration of the disapproval; the Division upheld its disapproval on November 1, 1996. Staff learned later that Dominican government officials at CONES, the Consejo Nacional de Educacion Superior, closed UNIREMHOS on February 13, 1998 citing "grave academic deficiencies and a lack of academic order."

University of Health Sciences Antigua

[St. John's, Antigua; founded in 1983]

Only one graduate of this private, for-profit school ever applied for licensure in California. After several unsuccessful attempts to have the school complete and submit the Medical School Questionnaire, the Division disapproved the school on July 28, 1995. Since that time, the school has developed an internet-based program that targets healing arts practitioners such as chiropractors, nurses, physician assistants, podiatrists, pharmacists, etc. Students are granted advanced credit for their prior basic sciences education and receive minimal online instruction before commencing clinical clerkships.

Universidad Federico Henriquez y Carvajal (UFHEC)

[Dominican Republic; founded in 1991]

To resolve the lawsuit among principals of World University (see above), the Dominican court allowed World University to close and reopen with new management under the name UFHEC. In late 1994, an UFHEC official contacted staff to inquire about California's licensing requirements. Staff mailed the official a Medical School Questionnaire to complete but had no further contact from UFHEC. Later staff learned that CONES closed UFHEC on February 13, 1998 due to "grave academic deficiencies." The U.S. General Accounting Office also published allegations that an UFHEC administrator was involved in fraudulent diploma issuance practices. To forestall legal complications caused by former UFHEC students and graduates who might apply in California, the Division disapproved UFHEC on July 31, 1998.

Site Inspections to Medical Schools outside the Caribbean

On two occasions, the Division conducted site inspections to non-Caribbean international medical schools for reasons unrelated to approving new medical schools. In 1986, Assembly Bill 1859 mandated the Division to visit medical schools on three

continents and review their medical accrediting systems, if such existed. The Legislature authorized funds for the visits. The Division visited schools in England in October 1986, the Philippines in March 1987 and Mexico in November 1987. The Division selected the countries from which the greatest number of graduates apply for California licensure. India was and still is the top country from which California receives applications; however, Indian authorities were cool to the idea of undergoing inspections, and England was substituted for India.

In November 1997, the Division members endorsed the concept of revisiting medical schools in the international countries from which the board receives the largest number of applications. As a result, in January 1999 the Division expended its own funds to conduct site inspections to four Philippine medical schools. All schools were found to satisfy California's minimum statutory requirements. However, no further visits were planned due to the strain on the Board's budget.

Review of Pending Medical School Applications

In 2000 and 2001, respectively, the Division received applications from St. Matthew's University located on Ambergris Caye, an island off the coast of Belize, and Saba University located on Saba, an island in the Netherlands Antilles. Review of their applications is ongoing. These two medical schools are examples of the more desirable process wherein a new medical school applies for the Division's recognition in order to enable its students to train in and become licensed in California. In this way, the Division has a chance to evaluate and approve the schools' educational program before the schools' students and graduates are accepted into clinical clerkship and postgraduate training programs in California.

SUMMARY

In the aftermath of a fraudulent diploma scandal in the Caribbean nearly 20 years ago, the Division realized the need to take proactive steps to protect California's patients from being treated by students and graduates of medical schools that do not meet the minimum requirements of law. The Division's first act was to disapprove the six proprietary schools that were either implicated in the scandal or were violating California law. Subsequently, the Division conducted onsite inspections to those medical schools and developed an orderly process for evaluating new proprietary international schools that attract U.S. citizens. Of the 12 schools that the Division reviewed in the Caribbean and Dominican Republic, four were recognized and three were disapproved following a site inspection. The Division disapproved five schools after they either failed to cooperate in the Division's information-gathering process or were closed by their governments for malfeasance. In each instance where a school challenged its disapproval, the courts have affirmed the Division's authority.

While the late 1980s saw dwindling enrollments and school closures in the offshore medical school industry, the 1990s saw an expansion in the development of new proprietary medical schools. In addition to seven Caribbean medical schools that survived into the 1990s, 10 new Caribbean schools have opened or plan to open. In fact, the "offshore school" model has spread beyond the Caribbean. Five new proprietary schools have opened in the South Pacific located in the Cook Islands, Micronesia and Samoa. Three schools opened in Africa, two of which operate from rented facilities in the United Kingdom. Some of these proprietary schools were opened by American entrepreneurs and former students or graduates of other offshore schools. All target U.S. citizens, and almost all promise clinical clerkship training in the United States.

In a new development, many existing Eastern European medical schools have opened "English-language programs" that promise to prepare students to pass the USMLE and practice medicine in the United States. The countries involved are Hungary, Poland, Czechoslovakia, Slovakia, Russia and Armenia. Like the popular Autonomous University of Guadalajara in Mexico, their approach is that students will receive their basic sciences education in English while simultaneously learning the native language to prepare them to interact with patients during their clinical clerkships. Staff is working with several of these schools in an attempt to ascertain the structure, governance and resources available to U.S. citizens in these new programs.

As world population expands, many countries have built new medical schools to meet their citizens' expanding health care needs. Legal counsel crafted the attached regulations to exempt these schools from the requirement for the Division's individual review. This will focus the Division's resources on evaluating free-standing proprietary medical schools whose ability to satisfy minimal quality standards is more likely to be subject to question.

If you have any questions concerning this memorandum, please telephone me at (916) 263-2367.

December 15, 2004

To: Division of Licensing
Medical Board of California

From: The Site Team

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Subject: Report on Site Visits to St. Matthew's University School of
Medicine, Its Branch Campus in Windham, Maine, and
Teaching Hospitals Offering Clerkships to Its Students

Introduction

A survey of the St. Matthew's University School of Medicine ("SMUSOM") campus in Windham, Maine was conducted on May 11 and 12, 2004 by a team representing the Division of Licensing of the Medical Board of California ("Division"). A team also visited four teaching hospitals offering clerkships to SMUSOM students on May 24-25, 2004 in Chicago, Illinois. Thereafter, the site team conducted a survey of the principal campus on Grand Cayman, British West Indies, on June 17 and 18, 2004.

The purpose of the site visits was to determine whether the school provides an educational program that is equivalent to the requirements of Business and Professions Code Sections 2089 and 2089.5 and meets the requirements of Title 16 Cal. Code Regs. sections 1314.1. The team members were Richard Fantozzi, M.D., division member, Joyce Hadnot, Deputy Director of the MBC, Anita Scuri, Legal Counsel from the Department of Consumer Affairs, and Harold Simon, M.D., licensing consultant. Martin Pops, M.D., Ms. Hadnot, and Ms. Scuri conducted the site visit to four teaching hospitals in the Chicago, Illinois

This report consists of three consolidated reports on the principal campus on Grand Cayman, the Windham, Maine branch campus, and four teaching hospitals in and near Chicago, Illinois that offer clerkships to SMUSOM students, together with a recommendation from the site team.

Part 1. Campus on Grand Cayman, British West Indies

The main purpose of this site visit was to review and evaluate the program at SMUSOM's main site on Grand Cayman Island (SMUCI). The evaluation was aimed at obtaining an overall perspective of SMUSOM. More specifically, the evaluation was intended to focus on the preclinical education of medical students in preparation for their clinical clerkships, on the physical facilities, on selection of and feedback from the hospitals utilized for clinical clerkships, on student life and support systems, on research, and on relations with local government

This portion of the report will address the following topics:

- Chronology and Rationale for Locating on Grand Cayman Island
- Ownership
- Administration
- Governance
- Faculty
- Admissions
- Students
- Pre-Clinical Curriculum
- Selection and Evaluation of Clerkship Sites
- Facilities on campus--Building, Classrooms, Laboratories, Residence hall
- Facilities off campus--Hospitals, Clinics, Physicians' Offices
- Library and Learning Resources
- Research
- Relations with Local Government

Chronology of the Request by SMUSOM for Recognition and Rationale for Locating on Grand Cayman Island

SMUSOM was conceived in **1996** and chartered in **1997**. The first class of medical students matriculated in September of that year on Ambergris Cay in Belize, Central America. SMUSOM submitted the first request for recognition by California in **July 1998**. A report covering the documentation submitted by SMUSOM and requesting additional information was submitted to the Division in **June 2000**. Hurricane Keith struck that location in **October 2000**, seriously damaging the facilities, necessitating a temporary relocation to the University of Central Florida, and obviating a possible site visit at that time.

In **August 2001**, the Division became aware of serious turmoil on the Belize campus resulting in the eventual loss of all facilities there.

Under new ownership, an essentially completely new central administration, and with a small cadre from Belize, a search for an alternate site eventually focused on the Cayman Islands whose economy was then at a low point. Further investigations identified a building then occupied by the local Cable and Wireless Company and available for leasing. It appeared ideal for serving SMUSOM's information technology needs. Cordial relations were established with the local government, the necessary permits obtained, a lease on the building signed, and SMUSOM relocated to Grand Cayman in **May 2002**.

The Division deemed the information then on hand obsolete. SMUSOM was asked to submit a new application, which reached the Division in **September 2002**. This set of documents was reviewed by the Division in **January 2003**. A decision to make site visits was rendered in **May 2003** to take place later that year. Changes in California's government delayed approval for site team travel until **May 2004**, when the first two of the three mandated site visits took place.

Ownership

SMUSOM is a proprietary, for-profit institution that derives all of its income from student tuition and fees. It is owned by 3 individuals - Michael Harris, M.D., President and CEO, Galen Swartzendruber, M.D., investor, and S. K. Asthana, M.D., all located in Niceville, FLA - who also comprise the Board of Directors.

Administration

The SMUSOM administration is headed by Michael Harris, M.D., President and CEO, who reports to the Board of Trustees (vide infra). Dr. Harris is directly responsible for strategic planning, relations with diverse governmental officials, and the overall budget and other fiscal matters. He is the ultimate authority but reports to the Board of Trustees (see **Governance**) on issues pertaining to academic matters, hiring and firing of faculty, salaries, publications, locating and acquiring sites to meet the requirements of the academic mission and accommodations for students, and authorizing issuance of diplomas.

Dr. Harris' base and OB/GYN practice are located in Niceville, Florida, near SMUSOM's head office in Oviedo, Florida. He heads the Board of Directors and divides his time between Florida and SMUCI with occasional visits to the Maine campus. .

Dr. Harris is an expert in matters of locating desirable real estate and its acquisition (See **Facilities**).

Dr. Harris is assisted by a Vice President, a Chief Financial Officer (CFO) and a large number of Deans. The Deans oversee the academic activities of their respective faculties, coordinate interactions—such as they are—between them at SMUCI and the SMUM site in Maine, and formulate and propose budgets for presentation to the President,

Jerry Thornton, Ph.D., Vice President and Chief Operations Officer (COO) has been with SMUSOM since Belize days. He is in charge of operations at the head office in Florida, which includes admissions, financial aid, marketing and advertising. He has also been the principal contact between SMUSOM and the Division.

B. D. Owens, Ph.D., is Chief Financial Officer (CFO) and oversees the controller, financial matters and ancillary services, including student residences. He participates in the search for suitable real estate for acquisition by the institution.

The SMUSOM administration is enthusiastic, innovative, effective and responsive to the needs of a growing institution. It is also very effective in matters pertaining to real estate acquisitions and relations with governmental authorities.

Governance

Governance of SMUSOM is vested in the Board of Trustees, which may delegate authority. Delegation is primarily to the President or the COO who may re-delegate authority to Deans and other Administrative Officers. The Board of Trustees is composed of four members who have no financial ties to the institution and who serve without financial compensation other than reimbursement for travel expenses incurred in connection with its meetings. The Board meets four times yearly, including once at SMUCI. The current Board members are:

Elizabeth Armstrong, Ph.D., Associate Professor of Pediatrics, Harvard Medical School, Boston, Massachusetts;
Mark Stewart Calkins, M.D., Physician, Niceville, Florida;
Stephen P. Doheny, M.D., Physician, Niceville, Florida; and
James P. Richburg, Ed.D., President, Oskaloosa Community College, Niceville, Florida.

Responsibilities of the Board of Trustees are specified in its by-laws.

Faculty

The basic science faculty is comprised of individuals who, with very few exceptions, have been with SMUCI *for considerably less than two years*. In many cases, in fact, individual faculty members in responsible positions had only been on site *for a few weeks or months prior to this site visit*.

In Maine, faculty are employed on short-term contracts ranging from one to three years, renewable solely at the institution's pleasure. In Grand Cayman, continuing employment at SMUCI is also contingent on approval of visa extensions by the local government. A few faculty members have 5-year contracts, but most have one-year contracts due to government regulations. This policy partly reflects the administration's desire for change, as may be needed, and partly the limitations on visas for work in the Cayman Islands. Faculty indicated that some students are acting (and being paid) as teaching assistants. *There is no academic tenure*.

Students expressed their appreciation to the site visitors for the close and continuing interactions with the faculty who are said to be generally available. Students interviewed during the Chicago site visits uniformly expressed their opinion that the quality of the education they received in Maine was far superior to that which they received on Grand Cayman.

Admissions

Admissions requirements, criteria and procedures are spelled out in the catalogue. The completed application file must consist of the following:

- Completed application form
- Personal statement
- Three letters of recommendation
- Official academic transcripts
- TOEFL score of 550 or greater
- MCAT scores (if available but not required)
- \$75 non-refundable application fee
- Six current passport photos
- Request for financial support, if applicable
- Financial aid forms and backup (if applying for financial aid)
- Proof of health insurance coverage, application, or waiver

Students with foreign (non-U.S.) transcripts are required to present evaluations on a course-by-course basis from the World Evaluation Services or other credentialing authority.

A pre-admission undergraduate degree is preferred but not required. 90+ semester credit hours are considered sufficient to satisfy the pre-medical academic preparation requirements. A GPA of 3.0 or better is preferred *but significant numbers of students whose records fall below - and even much below - that level have been accepted.* An extended pathway exists at two other offshore sites for those deemed inadequately prepared for the study of medicine yet give promise of eventual success.

Students are required to be computer literate and to bring their own lap tops to school.

Applications are submitted to the Oviedo, Florida, office. When completed, they are electronically scanned and immediately made available to the Admissions Office at SMUCI for review, screening and scoring by two members of the Admissions Committee who also rate the institutions at which applicants completed their previous studies. If the screeners are in accord, their decision is final. If in disagreement, they consult with each other in efforts to reach agreement. If agreement is still lacking, files are reviewed by the full Admissions Committee, which renders the final decision.

Students offered acceptance are so notified, interviewed in person or by phone, and provided with informational materials about SMUSOM's programs, requirements, location, living conditions, housing, required immigration documents and learning materials. They have two weeks to submit a non-refundable \$500 deposit, which is applied to the first year's tuition.

Discussions about the student's ability to finance his/her education are initiated. The overall cost approximates US\$200,000. The school has arranged for low cost loans up to the full amount, as may be needed. When questioned by a team member, students did not know the terms and conditions of their loans. The school should provide students with more information as to the nature and effects of the large long-term debt they will be accruing.

The applicant/acceptance ratio typically runs 3:2 (i.e., 40% are rejected at this stage). As a rule, 90% of those who meet the admission criteria will be accepted. Of these, some 50-60% will actually matriculate. *Note: This small ratio of applicants to acceptances suggests an insufficiently critical discriminatory admissions policy and consequent practices which*

may account - at least in part - for the apparently high attrition rate and the 19% figure for students in academic difficulties in the first year.

Prior to matriculation, and before issuing a visa, the Caymanian government requires documentary evidence from the civil authorities of a clean record covering the student's past 10 years' residences. (**Note:** *Some unresolved questions about specifics in this connection have been posed to the Caymanian Ministry of Education but the team has not received an answer.*)

Note: *SMUSOM literature states that **transfer students** are accepted up to the beginning of the 5th semester. Specific inquiries (in Maine) indicated that some transfers have been accepted up to and even into the 4th year although this practice is said to have been abandoned recently. Transfers in the last year of medical school are not acceptable under California law (Business and Professions Code 2089(a). Requirements for transfers are identical to those for entering 1st year students plus transcripts from their previous medical school(s). They must not have been dismissed for ethical or behavioral causes.*

Students

Enrollment has grown rapidly from the first class of 25 students in September 1997 in Belize to more than 300 currently at SMUCI and Maine and well above that number in the clinical years. Current total enrollment for the entire school is approximately 645 students.

Since the beginning, 263 students have graduated, 158 have withdrawn, and 29 have been dismissed. Of the graduates, 2 have completed residency training, 101 are in their residencies and the present status of 36 is unknown. 134 students are currently in clinical rotations in the U.S.

Among those listed as withdrawn, the present status of 101 is unknown.

The student body is composed mainly of Americans (approximately 85%), with a smattering of students from Canada, Caribbean and other countries. Many tried and failed to gain admission to U.S. medical schools; some did not apply to U.S. schools because they believed they could not compete effectively (grades, MCAT scores); and quite a few transferred in from other Caribbean medical schools (notably Ross, AUC and St. Lucia). A significant number chose the study of medicine after having had other successful careers (in professional sports, business, law and paramedical fields), or having earned advanced degrees in non-medical sciences and later decided on the study of medicine.

A wide range of student support services includes academic and personal counseling, financial aid, and arrangements for health care. Student housing is available in the Residence Hall, and a housing service helps to arrange off-campus accommodations. A local chapter of the American Medical Student Association is supplemented by several other student organizations and clubs which arrange educational, social and sporting activities. A nearby SMU-owned athletic field is available for soccer and other field events.

A system of student government works closely with the Administration.

By all indications, students are eminently satisfied with these arrangements and appreciative of SMUSOM's efforts on their behalf.

PreClinical Curriculum

The courses taught in the preclinical curriculum correspond to the constellation of those usually covered in the preclinical curriculum of U.S. medical schools. Specific comments regarding the supporting materials, examination policy and practices, as well as the imaginative approaches to the ICM and CP courses at both Maine and Grand Cayman, are included elsewhere in this consolidated report.

Selection and Evaluation of Clerkship Sites

Upon completion of the pre-clinical 5 semesters at SMUCI and in Maine, students leave the respective sites to embark on their core clinical clerkships in hospitals affiliated with SMUSOM in the District of Columbia and 11 States including Florida, New York, Illinois, Georgia and Maryland. In addition, 6 hospitals in the UK and 1 in Canada are utilized for core clerkships. Approximately 80% to 90% of clinical core rotations take place in the Chicago and Atlanta areas. Most U.S. hospitals used for core rotations are ACGME accredited. A list of criteria exists for determining eligibility of a potential site for clinical instruction.

Satisfactory completion of the USMLE Part 1 prior to commencing a clerkship is not required by all of these hospitals. Until January 1, 2004, the school assigned students to clinical rotations who had not taken or passed Step 1. Beginning January 1, 2004, the school will not assign a student to clinical rotations without formal notification that the student has passed Step 1.

Each hospital used for core rotations is supposed to have a formal affiliation agreement with SMUSOM and a director of medical education (DME) appointed to the SMUSOM clinical faculty to oversee clerkship

arrangements. *The site visit in Chicago indicated that some such affiliation agreements are in verbal form and others have been arranged with an individual physician and not with the institution itself.*

In the middle of the 5th semester, students receive an orientation session from the Dean for Clinical Sciences about the hospitals available for core clerkships. Recently, the Chair for Preclinical Studies brought an upper class student to assist in the orientation. *There is no formal arrangement for providing feedback from more senior students or graduates to 5th semester students concerning advantages or disadvantages of specific training sites (By the same token, there is no formal feedback system from graduates about their satisfaction level with the education received at and through SMUSOM. Nor is the tracking system of graduates anywhere nearly complete (see below). These omissions would seem particularly worrisome in such a new school with a minimal track record. An alumni organization might prove useful for these purposes.*

There are, however, web sites, chat rooms and contacts with upper class friends that may be accessed by individual students; and some pertinent information is logged in the files of the Dean for Clinical Sciences.

SMUSOM claims that each site used for core rotations was visited at least yearly by each chief of each department. The team was advised that the review process has been modified and that now one chief will conduct the site visits for all of the sites. Currently, that individual is an internist who has been with SMUSOM for approximately one year. Information gained at the site visit indicated that this individual's inspection might consist of *one to one and half hours at a particular site, including lunch, and might well cover several sites in one or two days. Most worrisome is the fact that an individual representing one clinical discipline might well review several core clerkships in a variety of clinical disciplines if conducted in the same institution.*

SMUSOM's clinical curriculum comprises 46 weeks of core clinical clerkships in the 3rd year and 30 weeks of selective and elective clerkships in the 4th year. The 3rd year core includes a total of 46 weeks, as follows::

- Internal Medicine 12 weeks
- Surgery 12 weeks
- Pediatrics 6 weeks
- Ob/Gyn 6 weeks
- Family Practice 4 weeks
- Psychiatry 6 weeks

The 4th year curriculum consists of a combination of 16 weeks from an approved list of selectives and 14 weeks of freely chosen elective clerkships each of which may run for 4, 6, or 8 weeks in duration.

Whereas the core clinical clerkship sites in the relatively small number of States in which they are carried on are selected and monitored by or under the aegis of the Dean for Clinical Sciences, the elective clerkships are located in 38 States, the UK, Canada and Ireland. Students find their own electives. The school gives them a list of locations previously utilized by SMUSOM students. Their selection is determined in accord with several factors, including *person-to-person interactions among physicians on the faculty with personal contacts/knowledge of such sites, and students' and/or their parents' requests for clerkships in the vicinity of their homes and/or potential practice locations, etc.* This practice has resulted in some electives in non-teaching hospitals.

Supervising faculty are required to submit performance and demeanor evaluations for every student's clinical experience.

Facilities

The entire campus is fiber optic wired and features a fully functional campus-wide computer system. A comprehensive wireless capability enables all students to obtain server-stored materials, go on the web, search journals and reference works, and communicate directly with faculty and other students.

The **principal base** for SMUCI consists of a 21,000 sq.ft. building containing administrative and faculty offices and three classrooms equipped for electronic data presentations and communications seating upwards of 120 students each.

This building also houses an anatomy/histology laboratory with several plastinated cadavers, anatomical models, microscopes, and slides which can be projected onto an overhead display.

Other facilities include a small microbiology laboratory in which some basic techniques are demonstrated; rudimentary physiology and pathology laboratories; a large room subdivided to serve the needs of the 4th and 5th semester ICM and Patient Care courses; some facilities equipped with data ports for student use; and some space for recreation. This building is leased from "Cable and Wireless", a local company which had installed extensive electronic capabilities for both hard-wired and wireless communications that eminently suited SMUCI's needs. The

lease has one year to run and may be renewed for an additional three years. Drs. Harris and Owens are actively pursuing a nearby location for purchase and use on a permanent basis.

Initially, only the two upper floors were used by SMUCI, which has lately taken over the entire building.

This building is air-conditioned and much used by students for their studies. It used to be open 24/7 but the hours have recently been reduced much to the students' regret. They have expressed hopes that the status quo ante will soon be restored.

The **Residence Hall** for students is owned by the SMUSOM corporation and was acquired under extremely favorable terms. It is a modern building located about a mile distant from the main campus along the highway connecting both sites. It can accommodate 82 persons in single and double occupancy rooms. Security arrangements include several strategically placed surveillance cameras and 24-hour watch personnel.

In addition to the dormitory there is a swimming pool with a good amount of deck space, chairs and umbrellas, and a fully equipped kitchen for student use.

(It may be noted in passing that the students expressed their delight in and admiration for the administration's seeing to the rapid development of excellent facilities and for the attention paid to their needs and requests).

The **clinical facilities** available to SMUCI consist of two hospitals, physicians' offices and clinics utilized for instruction of 4th and 5th semester students. With patients' permission, students spend 2 to 4 hours weekly shadowing physicians and observing procedures. These activities are integral with the ICM and Patient Care (Clinical Procedures) courses and are designed to prepare students for the clinical clerkships by introducing them to the nature and culture of medical practice, physician-patient interactions, medical ethics, and the nature of and interactions with the health care team.

Instruction at the clinical sites is coordinated by the Chair for Preclinical Studies, Dr. Gordon Green, a recently arrived pediatrician from Canada with extensive experience in pediatric emergencies, advanced training in public health, and a deep interest in recent developments in medical education. He is very well qualified for his critically important roles, personally participates in all clinical activities, and seems highly regarded by students and local medical personnel.

By all indications these instructional activities are well received by students and the voluntary teaching faculty who seem interested in and enthusiastic about their teaching roles.

The 128-bed **George Town Hospital** is the main medical facility for the Cayman Islands. It is a recently completely refurbished, clean, airy facility which provides a complete range of medical and surgical services with the exception of cardiac and intracranial surgery. Patients requiring these and other high intensity services are airlifted to US hospitals in Florida or Texas at government's or insurance carrier's expense.

The Chrissie **Tomlinson** Hospital is a modern, clean, airy, fully equipped private facility housing 18 Beds, four of which are maternity beds.

Note: All residents on the Caymans are required to carry health insurance. This also applies to the SMUCI community. At present, the government pays the entire cost for civil service employees, indigents and their families but this will change later this year to a bilateral contributory system. A scheme for co-payments will also be introduced to limit abuses and overuse. For the private sector, premiums are shared equally between employer and employee.

Library and Learning Resources

A very capable professional librarian supervises the **campus library**, which houses a limited number of books and journals. It provides access to most of the biomedical data bases and adjunct resources and subscribes to services which enable access to most of the journals students and faculty might require for study and in support of eventual research projects.

The library supports and is supported by informational technology in the form of a **virtual living/learning environment** which provides access to and between all students and faculty anywhere on campus and including the residence hall (vide infra). Included among its features and services are

- Facilities for video conferences - which may include communications between SMUCI and SMUM;
- Stored folders for every professor's lectures in power point format;
- Projectors and desktop machines in the classrooms;
- High speed Internet access on campus and the residence hall;
- Voice-over IP phone system; and
- A variety of on-line resources.

Research

The issue of research being conducted by SMUCI faculty and involving student participation is of utmost importance for the following reasons:

- To maintain and enhance the continuing effectiveness of the faculty to teach at the cutting edge of their discipline;
- For faculty to serve as role models for students;
- To enable students to observe, study and participate in the research process; and
- To enable students to learn critical assessment of the research process, results and publications.

None of these objectives is within reach at SMUCI at the present time. Perhaps a journal club might be a useful beginning to address issues related to review and analysis of published research in pursuit of some of these objectives.

Most of the faculty are not now and have not been engaged in active research endeavors for the past several years. Most of the faculty have authored no publications in peer-reviewed journals for years past. No extramural funds for research are currently targeted for SMUCI, which has allocated small amounts in support of some projected research activities on the island. These are intended to involve some faculty and students in studies involving the local biota and presumptive genetic peculiarities among the indigenous population.

At the site visit, the Dean for Research was unable to answer a question as to the existence of a budgetary line item for research. When a "Research" page from the itemized budget was eventually produced, it indicated that approximately \$600,000 were being devoted to this topic. Of this amount, \$250,000 was identified as supporting the off-site project indicated above, the proposal for which had not yet been submitted.. These funds will not be provided to SMUCI but to the institution at which that project is actually being conducted. Almost all the remaining funds identified within the research category are targeted for supporting activities – half of two faculty members' salaries and ten percent of other faculty members' salaries, housing, vehicles, transportation, utilities, mail, etc., and seem to relate to ongoing supporting services and overhead at SMUCI. The school allocates a maximum of \$2,500 per faculty member making a presentation, a total of \$3,000 seed money for student projects, and \$850 in "prize money" for a student competition. No extramural funds in support of research have been received at SMUCI at this time.

SMUCI has made available some small amounts to support research on the island by a few students with prior research experience and under faculty supervision. Some equipment and glassware destined for these projects had apparently arrived just before the site visit. These projects should get under weigh in the near future.

The site visiting team was informed of several ideas for research to be conducted eventually on site by faculty with student involvement but these are not yet in being. Moreover, no facilities dedicated to the conduct of research activities were identified.

SMUSOM has established a (U.S.-IRS code) section 501(c)(3) foundation to eventually receive tax- favored extramural contributions in support of research and other qualified activities.

It may be presumed that interesting topics for research will eventually be identified and pursued by faculty and students. Such efforts are still destined for the future.

Relations with Local Government

In company with members of the SMUSOM Board of Directors and Administrators, the site visitors met in his office with the Hon. Roy Bodden, Minister for Education, Human Resources and Culture. Government clearly views the arrival and continuing presence of SMUSOM as a major and most welcome addition to the Caymans' economy. The Minister insisted that due diligence had been conducted prior to granting permission for SMUSOM's relocation there. This is said to have involved background checks on each of the Directors in terms of their financial history and police records.

The Minister maintained that SMUSOM's aims, objectives, curriculum plans and involvement with local institutions and the medical profession met with approval after having been subjected to careful scrutiny. With an advanced degree in education, the Minister reviewed and applauds SMUSOM's educational direction and activities. He declared himself pleased that SMUSOM offers one full scholarship annually for a Caymanian citizen.

The Minister stated that incoming students must apply for a visa to be renewed biennially. The initial application must be accompanied by a letter from the police authority at the student's current residence and speaking to any problems with the law. Inquiries are said also to involve communications with the FBI and Interpol, as appropriate. It is not clear whether convictions for felonies or misdemeanors would preclude

admission to the island. It may be that background checks only cover a student's residence over the past 5 years, if that. *An inquiry along these lines was directed to the Minister by e-mail but no reply has as yet been forthcoming*

SMUSOM graduates are eligible for licensure (registration) to practice in the Caymans provided they can find a sponsor and obtain a visa/work permit (a fairly complicated process). The government imposes strict controls on this privilege, including on the mix of medial specialties intended to meet the defined needs of the population.

A private, mostly social meeting between one site visitor (Dr. Simon) and the Honorable Gilbert McLean, Minister for Health Services, Agriculture, Aviation and Works and the Chief Health Officer, Dr. K. Kumar, resulted in essentially the same welcome, laudatory comments and appraisals. On direct questioning, the latter indicated some interest in personal involvement in SMUSOM's ongoing activities.

Part 2. Branch Campus in Windham, Maine

This portion of the report will concentrate on matters chiefly pertaining to the SMUM branch campus unless otherwise indicated. It will address the following:

- Rationale for seeking a Branch Campus and its Selection
- Advantages of the MD/MHSA Program to SMUSOM and SJCOM
- Interrelationships between the two Degree Programs
- Curriculum at SMUM
- Selection of Students for the SMUM Program
- Evaluation of Student's Progress
- Support for Students at SMUM
- Physical Facilities
- Advantages/Disadvantages of the SMUM Program
- Faculty
- Research
- Academic Interactions between Grand Cayman and SMUM
- Summary and Conclusions
- Acknowledgment

The following is based on interviews with faculty, students and administrators of SMUM, inspection of selected physical facilities, and literature provided to the team by SMUSOM and SMUM.

Rationale for Seeking a Branch Campus and Its Selection

According to the information provided, SMUSOM determined that a satellite campus on the U.S. mainland and offering a Master's Degree in matters relating to medical economics and administration would enhance SMUSOM's image and serve as an effective marketing device for attracting students in a competitive environment. Accordingly, SMUSOM administrators sought a connection with an institution offering an instructional program which would serve medical students' needs and interests toward both conducting an efficient medical practice and possibly offering additional or alternate career opportunities.

Through prior personal contacts between representatives of SMUSOM and St. Joseph's College of Maine "(SJCOM)", an ongoing on-site and distance-learning program leading to a Master's Degree in Health Science Administration (MHSA) was identified at SJCOM in Windham ME, and deemed suitable for the stated purposes. Negotiations between the two institutions led to formal agreements and the first SMUSOM students were concurrently enrolled in the SJCOM MHSA program in the Year 2000.

Advantages of the MD/MHSA Program for SMUSOM and SJCOM

The advantages for SMUSOM are the uniqueness of this offering among offshore medical schools catering primarily to U.S. students, i.e., as a marketing device; a location on the U.S. mainland for U.S. and other students enrolled in an offshore medical school; and for some SMUSOM students to interact - albeit on a limited basis - with students pursuing other fields of endeavor.

The principal benefit for SJCOM seems to be the income from tuition paid by the SMUSOM students - amounting to \$250/ credit unit for a total of \$11,250/student for the entire course of study. Additionally, students from other disciplines pursuing the MHSA program seem to benefit from their occasional interactions with SMUSOM students.

Interrelationships Between the Two Degree Programs

SMUSOM students enrolled in the MHSA program are enrolled separately in SJCOM and pay tuition and fees separately to the two institutions. The application/admissions processes for the two programs are also completely separate.

The MHSA program consists of 15 courses at 3 units/course, for a total of 45 units. The tuition amounts to \$250/unit for a total of \$11,250 for the complete program. SMUSOM students enrolled in the MHSA program are required to have completed at least one semester's course work (2 courses = 6 units) on the Grand Cayman campus, but exceptions can and have been made (to this and most other "requirements").

Students may be selected for the MHSA program at any time before the beginning of the 3rd semester. They 'must' take 2 MHSA courses in each semester on Grand Cayman. SJCOM has stationed two faculty members there for this purpose. They are not directly affiliated with SMUSOM.

At SMUM, students take 2 MHSA courses/semester in each of the 4th and 5th semesters. For the SMUM students, these courses are taught in the evening on the SJCOM campus by SJCOM faculty. Except for those students pursuing the 5th semester in the summer, the SMUM students do not interact with SJCOM students. In the summer, SMUM students' classes are shared with MHSA graduate students from elsewhere. They may also live in the dormitories on the SJCOM campus.

SJCOM faculty teaching SMUM students receive stipends from SMUSOM.

The remaining units/courses to complete the requirements for the MHSA are taken in the "distance learning" mode utilized by SJCOM for the past 2 decades. Typically, students are required to take at least one course/semester in the "distance learning" mode but this requirement may be and is often modified for the SMUM students because of the time commitments required by clinical clerkships and residencies. SJCOM has approximately 950 students on campus. It also has 2,500 undergraduate students and 2,000 graduate students, all engaged in distance learning. 34 SMUSOM students have graduated with a degree from SJCOM since 1998.

Students enrolled in the joint degree program have declared career interests in hospital administration, managing their own practices, and even forsaking a medical career entirely in favor of full time involvement in some non-medical career.

At present, some 55 students are enrolled at SMUM in the joint degree program.

Curriculum at SMUM

The SMUM academic program addresses the 4th and 5th semester courses in the SMUSOM medical curriculum. Whereas the course titles at

SMUM are identical with those on Grand Cayman, there is limited interaction as between the 2 faculties and essentially no effort made to standardize or coordinate course or examination content between the 2 locations.

Course content and presentation sequence are apparently determined on the basis of chapters in text books, audio-visual and other materials obtained from various sources, and the faculty's personal files.

The basic science courses include pharmacology, clinical therapeutics, pathology, microbiology and a mini exposure to clinical laboratory medicine. In clinical therapeutics a microbiology laboratory experience is said to be just getting under weigh and will cover bacterial cultures and susceptibilities to antimicrobials, and a computer modeled epidemic.

The preclinical courses include Patient Care I and II (essentially ICM-History and Physical Examination); Clinical Skills - specific diagnostic examinations and procedures; Current Topics in Medicine - attendance at medical grand rounds at the Maine Medical Center ("MMC") followed by a lecture on a specific clinical problem.

ICM and CS courses see students interviewing and practicing selected clinical techniques on plastic models and on each other. A limited exposure to simulated patients is being introduced.

They also interview patients at Mercy Hospitals and in the clinics and doctors' offices.

Selection of Students for SMUM

Students volunteer for this experience. They are selected on the basis of a personal interview on Grand Cayman and satisfactory performance in their course work. Students may enter into the joint degree program at any time before the 3rd semester but 'must' take at least two courses toward the MHSA degree before coming to Maine. This requires enrollment in the MHSA program not later than the 3rd semester. On occasion, students have been permitted to transfer directly into the 4th semester in Maine from another offshore medical school, but this is said not to be possible anymore.

As an aside, students have been and are permitted to transfer directly into the 4th year at SMUSOM from another offshore medical school by special permission from the Clinical Dean (a practice generally not permitted under LCME rules and specifically not permitted under California Business and Professions Code Section 2089(a)).

In general SMUSOM students tend to be older than the usual run of medical students. They have often pursued other activities, especially paramedical careers, prior to commencing medical studies.

Evaluation of Students' Progress

At SMUM each student's progress is monitored closely. In the 15 week courses, if a student seems to be in academic trouble by week 7 or 8 s/he may self-refer or be referred for counseling. Attempts are made to determine the cause(s) and remediation is proposed. Students may also opt to discontinue the course, receive a W letter on their transcript and resume at the next opportunity.

The usual causes for problems showing up in marginal or poor academic performance involve medical, family, psychological or financial matters and assistance is aimed at diagnosis and remediation, if possible.

If still or newly in trouble at week 12, the student is advised to withdraw and repeat at a later date. S/he will be advised that continuing on is at his/her own risk and might well result in a failing grade. A student may repeat a course once but will be dismissed after 2 failures in the same course.

With a course value of 4 units apiece, any combination of W and F grades amounting to 24 units will result in dismissal by SMUSOM. Moreover, since MSHA enrollment presupposes enrollment at SMUSOM, discontinuation also means the end of enrollment at SJCOM.

The faculty estimates that +/- 80% pass USMLE on first 2 tries. They may be permitted to begin a clerkship in the US without having passed Step 1 but must have documented passage by 90 days or discontinue. They may continue without having passed in UK hospitals.

Support for Students at SMUM:

A) Medical: Students requiring medical attention are seen at student health at SJCOM and by local physicians, and hospitalized at MMC, if required.

B) Mental Health: Students may refer themselves or be referred for counseling to the Dean of students who may act as counselor and/or refer to mental health professionals at SJCOM.

C) Financial Aid: Students may be eligible for one or more established bank loan programs up to the full costs of tuition, fees, and living

expenses (\$190,000) with repayment deferred until after residency training.

It should be noted that the director of student affairs does not have access to the student information compiled by the dean in Grand Cayman.

Physical Facilities (Classrooms, Hospitals, Clinics, Offices, Libraries, Laboratories)

SMUSOM owns a 6,300-sq. ft. brick and wood 2-story building just off the highway and 3.5 miles distant from the SJCOM campus along a winding, lakeside road. This building houses 2 classrooms utilized for the clinical skills (CS) course, an extremely small library with computer-based access to the major data bases, and faculty offices. Some 3,000 sq. ft. are lent to SJCOM until Fall 2004 to house support facilities for the "distance learning" program.

SMUSOM also leases a tripartite, one-story wooden bungalow behind the above-mentioned building which houses 2 essentially bare classrooms and administrative offices.

SMUSOM utilizes facilities in Portland ME, (approximately 30-45 minutes by automobile from the Windham facility) at the Maine Medical Center (MMC), Mercy Hospital, and the Foundation for Blood Research, and clinics and physicians' offices scattered throughout the area.

At the MMC, SMUM students have access to classrooms, auditoria, and a large, fully equipped library. MMC is an affiliate of the University of Vermont School of Medicine and medical students from that college, from Dartmouth, Harvard, Tufts and elsewhere rotate through the MMC. There seems to be little interaction between the SMUM students and the others in the 4th semester, although there is expected to be more in the 5th semester.

Clinical clerkships are not available for SMUSOM students in Maine, apparently at the behest of the University of Vermont.

At Mercy Hospital, students shadow Physician Assistants (PA) and their physician supervisors from admission to discharge as part of their Introduction to Clinical Medicine (ICM) and CS courses. They experience their first exposure to sick and injured patients in this setting.

At the Foundation for Blood Research, a freestanding, grant-supported research organization, students spend up to 8 hours in their only laboratory experience while in Maine. In a well- equipped research

laboratory, this experience consists of exposure to a few, selected laboratory techniques - e.g., ELISA, PCR, and DNA gel electrophoresis - related to a specific clinical problem.

In the offices and clinics, students shadow mainly primary care physicians as part of their ICM and CS courses.

At SJCOM, students have access to a large library, good dining facilities, and medical and mental health services.

The teaching faculty are compensated on an hourly basis by SMUSOM.

Advantages/Disadvantages of the SMUM Program

Advantages:

- Education and training to cope with administrative, legal and financial aspects of a medical practice, hospital administration, or other careers relating to the medical/health care arena.
- Education and training for a career in medical administration as an option for a second or alternate career.
- Location on the U.S. mainland.
- Varied selection of settings for ICM and CS courses, including a major teaching hospital (MMC) with superb library facilities.
- Some interactions with students from U.S. medical schools.
- SJCOM's storybook location in a bucolic lakeshore setting.

Disadvantages:

- Remote location of the SMUM base in Windham ME.
- Travel time in excess of 30 minutes each way between the Windham campus and the clinical facilities in Portland.
- Dearth of interactions with the majority of SMUSOM students, other medical students, students at SJCOM, and with more than a very limited number of faculty, especially in the basic sciences.
- Essentially no opportunity to observe - let alone participate in research - medical or other.
- Limited base/sources of information available concerning potential clinical sites and also previous experiences of SMUSOM or other medical students at potential clinical clerkship sites in the U.S. and UK.

SMUM Faculty

Basic science courses at SMUM are taught in classrooms mostly by retired clinicians and/or those from academic positions elsewhere with backgrounds and interests in particular fields of instruction.

The basic science faculty presented to the site visitors included representatives from pharmacology, therapeutics, pathology and microbiology. They were enthusiastic both about the students and the opportunities to teach. For teaching they utilize lectures often in power-point format from notes and summaries of literature sources. Standard databases are available both through the libraries and through personal computers.

ICM and CS are taught in part by retired medical practitioners and in part by actively practicing physicians, nurses and paramedical personnel in classrooms, clinics and offices, and in diverse hospital settings, including attending at grand rounds at MMC. The faculty presented to the site visitors were enthusiastic - even passionate - about teaching their topics.

There is little evidence of activities at SMUM aimed at keeping faculty current in the fields in which they are teaching, or in other facets of faculty development.

Research

There is none to speak of at SMUM.

Academic Interactions Between Grand Cayman and Maine Campuses

Course content, format, suggested modifications, and evaluation of student performance are discussed periodically by telephone and occasionally via videoconferences between the faculties and administrators at Grand Cayman and Windham. There is no plan to standardize or directly coordinate course content, format, sequence of presentations, or examination content.

The content and format of interim examinations are developed locally. There is a plan to use the USMLE SHELF examinations of PART 1 in the near future both for practice and as final course examinations on both campuses.

At present, there is very little formal feedback from more advanced students or clinical clerkship directors about the adequacy of the SMUM students' preparation for the clerkships.

Interactions Between SMUM and SMUSOM on Grand Cayman

Academics: Beyond general agreement on curriculum content, academic interactions between the two sites are sporadic and few - mostly via telephone, videoconference, and e-mail. Faculty members meet to discuss topics of mutual interest and concern at the time of graduation. Few of the faculty at either campus have ever visited the other. Even at SMUM, it seems as though few of the (small) faculty have met each other.

Administrative: Policies and procedures for admission, curriculum content, evaluation of student performance, grading, student discipline, acquisition, promotion or termination of faculty, and all other policy matters are determined by the central administration at SMUSOM on Grand Cayman and at the Florida Office. Interpretation of these determinations and actual implementation are carried out at SMUM.

Summary and Conclusions: SMUM

For this section of the overall review of SMUSOM the site visiting team finds as follows:

Advantages of the SMUM program:

- Joint MD/MHSA degree program - innovative and appropriate
- Enthusiastic faculty apparently closely student-oriented and supportive
- Access to a superb medical center (MMC) and other appropriate clinical sites
- Excellent library facilities at MMC and SJCOM and some resources at SMUM with computer-based access to all major medical and basic science data bases
- Location on U.S. mainland

Limitations:

- Students not able to participate in nor observe any ongoing research activities
- Basic science faculty primarily composed of retired clinicians
- No wet laboratory components to the basic science courses
- Minimal, almost insignificant exposure to hands-on clinical laboratory techniques

- Almost no interactions with other medical students beyond their own cohort nor with SJCOM students and only occasionally with other MHSA students
- Essentially no feedback from former SMUM students nor from clerkship preceptors

Throughout, the physicians and others whom the team met made laudatory and complimentary comments about the SMUM students and about their interactions with the faculty and administrators of SMUM. Further, the physicians, PAs and librarians appear uniformly enthusiastic about their interactions with the students and with their own opportunities in the teaching roles - whether elderly, old and retired, or young in active practice. (The team was informed that the interviewees were specifically selected to meet with the team and represent the best examples of their kind - quite believable and to be expected.).

ACKNOWLEDGMENT: The site visiting team received a cordial reception from administrators, faculty, staff and students at SMUM, and from SJCOM administrators. On arrival, we were provided with a voluminous set of documents concerning SMUSOM, SMUM, and SJCOM. The schedule and agenda for the site visit were clear and appropriately comprehensive considering the limited time available. The team offer their thanks especially to Dr. James Pringle, Associate Dean of Basic Sciences SMUM, Dr. Jerry Thornton, Vice President and Chief Operating Officer SMUSOM, and Mr. Paul Adams, Director of Clinical Site Development, for the time and effort on this project.

Part 3. Site Visits to Chicago Area Hospitals Which Offer Clinical Clerkships to SMUSOM Students

Introduction

Three members of the Saba team (Ms. Hadnot, Ms. Scuri and Dr. Pops) proceeded to Chicago, Illinois on May 23 and spent half-day visits May 24-25 at each of four hospitals which have contracted for clinical clerkships both required and elective for SMUSOM students. Brief descriptions and evaluations are provided for these hospitals.

Provena St. Joseph Hospital – Elgin, Illinois

Located approximately 50 miles west of Chicago in the town of Elgin, this hospital began offering clerkships to Caribbean medical school students four years ago. Currently, students attend from SMUSOM, St. Eustatia, Spartan Health Sciences, and Loyola. There are 16 slots in various specialties in 12 week blocks in the primary care

specialties The students we met with were all (3) SMUSOM students. The hospital does not have any ACGME-accredited residency programs.

Supervision of the academic programs is provided by a semi-retired cardiovascular surgeon, Dr. Cavallo, who meets regularly with the students for didactic exercises. The written affiliation agreement was with Dr. Cavallo and not with the hospital. Case presentations and formulation are evaluated by Dr. Cavallo and physicians serving as preceptors. The only residents are those who rotate on the gynecology service from Loyola University. The Loyola students only began rotations at this hospital in January 2004. Dr. Cavallo indicated that that the SMUSOM students were not as motivated nor as good as those from a different Caribbean medical school and that SMUSOM students need a stronger physical diagnosis/ICM course.

We interviewed preceptors in Family Medicine, Obstetrics and Gynecology, Psychiatry and Pediatrics. The majority of each student's time is spent accompanying individual preceptors on activities in their private practice both in the office and hospital rounds. The most popular and seemingly best-organized rotation is the 6 week psychiatry clerkship which takes advantage of a 30 bed in-patient ward plus a hospital out-patient day program. The teaching is well organized and the students see a wide variety of cases.

The other services appeared less well organized and seem to offer instruction mostly "on the fly" as a student spends his or her day tagging along with a preceptor. One of the students on a gastroenterology elective told us that the only activity he had participated in during his clerkship was observing various G.I. endoscopic procedures. We spoke with three SMUSOM students who praised their experience. They, however had not been able to pass the USMLE Step I. Their overall fund of clinical knowledge was questionable. The team's overall impression was that the program was not an integrated whole, but rather was very fragmented and the quality of instruction was very uneven. The team also noted that there was no mechanism by which the hospital could obtain feedback from SMUSOM as to how the students perform on USMLE or in residency training. The team concluded that, except for the psychiatry clerkship, SMUSOM should consider dropping this hospital as a training site since it does not otherwise provide appropriate well-organized instruction for students in clerkships.

The constraints are a mostly middle class insured patient population which provides limited opportunities for "hands on" experiences for students. It was the least impressive teaching hospital of the four visited.

St. Anthony's, Michael Reese and Jackson Park

These three hospitals are within the city limits of Chicago. All offer various clerkships for SMUSOM as well as other Caribbean Island schools. The team conducted interviews with faculty preceptors, department chairs and SMUSOM students. They can be described as a group because of a large number of similarities.

St. Anthony's is not a major affiliate teaching hospital but is accredited for obstetrics and gynecology. It has 8 residencies in internal medicine and 5 in obstetrics and gynecology. The team interviewed one student from SMUSOM and 4 students from Saba.

Michael Reese is a major affiliate teaching hospital for the University of Illinois/Chicago School of Medicine. Students come from three Caribbean schools and second year students and residents come from the University of Illinois. Starting in Fall of 2003, all students are required to have passed Step 1 of the USMLE before starting any core rotation. SMUSOM has had a written contract of affiliation with Michael Reese since January 1, 2002. The team interviewed 3 students from SMUSOM and 2 students from Saba.

Jackson Park has an ACGME-accredited family practice residency. This hospital has a large contingent of students: 10 students each from Saba and SMUSOM, 48 students from Ross, 2 to 5 students from University of Chicago medical school, and 5 to 8 students from Grace University. The hospital has been teaching Caribbean students since 1988. It has 15 residents. All students are required to have passed Step 1 of the USMLE before starting any core rotation. All 6 students interviewed at Jackson Park were from SMUSOM. Most were completing all their core rotations at this hospital.

The leadership and the various course chairs at the three Chicago hospitals were generally full time hospital based physicians, mostly in primary care specialties. Both required clerkships and elective are offered in a variety of medical subspecialties such as cardiology and gastroenterology.

An adequate balance of didactic learning via seminars and conferences and practical clinical experiences with students responsible for in-patient and out-patient work-ups, presentations, formulations and follow-ups constitutes the curriculum at each hospital. SMUSOM students at these hospitals mix with some students from two Chicago area U.S. schools, Chicago Medical and U. of Illinois. Exams are conducted by the school on a regular basis and rely on "shelf" exams at the USMLE. Evaluations as well as the exams are sent to SMUSOM.

Admittedly, the survey team was only able to get a "snapshot" look at SMUSOM's clinical programs. However, it was evident from the team's conversations with staff and students that SMUSOM has no coordinated method of counseling students regarding their clinical rotations and has no real criteria for choosing rotations but rather tries to accommodate individual students' requests. SMUSOM allows students to complete electives before finishing their core rotations.

Summary

On review of the available documentation and in the course of the site visit to SMUCI the team identified both positive and problematic aspects of the SMUCI program, as follows:

Positive Aspects--SMUCI:

- A clearly articulated and apparently effective *recruitment and admissions process*.
- A comprehensive *financial aid program*.
- The *students' very favorable comments about the school and the educational program*. This was particularly true of transfer students from other Caribbean schools.
- Instruction in the *basic sciences* incorporating continuing availability of lectures on laptops, and teaching aids.
- An enthusiastic and accessible *faculty* - much appreciated by the students.
- The highly capable, innovative and enthusiastically engaged *Chair of Preclinical Studies, Dr. Gordon Green*.
- The *librarian overseeing the library* with ready electronic access to many journals and data bases and an innovative approach to library resources.
- The *physical plant* - with wireless access throughout, electronic communication facilities between students and faculty and among students, video conferencing capabilities, universal internet access, well-equipped classrooms and some laboratories.
- The modern, clean and well-appointed *Residence Hall* - and attendant facilities.
- The complete range of *student support and development facilities and services*.
- The budding *learning enhancement program*.
- The two modern and very well equipped *hospitals* on Grand Cayman - ideal sites for the Introduction to Clinical Medicine and Patient Care courses.
- Satisfactory and mutually supportive *relations and interactions with local government*.

Problem Areas Affecting Entire Program:

- SMUSOM is still in its infancy - *just two years at the present location* and essentially completely newly re-organized and administered as compared with its prior location and staff.
- *Only 2 of 263 graduates are known to have completed residency training. The current situation of 36 graduates is "unknown."*
- An apparently high attrition rate with 19% of the first year class in academic difficulties may reflect an *insufficiently critical discriminatory admissions policy and practices*.
- *Most of the faculty have been on site for less than two years with several there for but a few weeks or months prior to the site visit.*
- *An evolving, still unproven preclinical curriculum* in consequence of the above.
- *Limited communication with the basic science program in Maine* as regards course content, modifications, and examinations, and the lack of formal processes for such communications.
- *Inconsistent and seemingly sketchy review and evaluation of core clinical sites in 11 States, the District of Columbia, and overseas; i.e., several clerkships at a particular site reviewed in one day and by faculty from clinical disciplines other than those being evaluated.*
- *Selection and utilization of some core clerkship sites that do not require passage of USMLE Part 1 prior to commencing a clerkship.* (A large number of students have not taken and others do not plan to take the USMLE).
- *Methods of selection of sites for clinical electives on an ad hoc basis - e.g., in accord with a student's particular wish or personal recommendation without consistent instructional content and oversight by SMUSOM. The team strongly recommends that SMUSOM reform and strengthen both its policies and its practices regarding clinical clerkship site selection, monitoring, inspections, and periodic reviews of sites.*
- *This somewhat haphazard selection of sites for clinical electives has led to the inclusion of some non-teaching hospitals for electives.*
- *Clerkship site selection is a student's responsibility on the basis of very limited information - no organized system of feedback to 5th semester students from upper class students or graduates and no organized system of feedback to the school.*
- *No organized system of feedback from graduates about perceived effectiveness or adequacy of their medical education. Again, this is an area where SMUSOM would benefit from modifying and strengthening its policies and its practices to obtain more information from graduates and clinical clerks about the adequacy of their preparation, and experiences and to formalize a process whereby that information will be used to counsel students regarding their selection of clinical sites.*

- *Tracking of graduates is grossly deficient* - a problem area in a new institution desiring recognition for the quality of its programs.
- The essentially complete *absence of research* activities both for continuing growth in their disciplines by faculty and lack of student participation in such endeavors.

CONCLUSION AND RECOMMENDATION

SMUSOM is apparently off to a good start and gives promise of a potentially bright future. At present, it is still in early phases of development with a very limited track record and not ready for recognition by the Division. A repeat evaluation should be undertaken after remediation of the problem areas and more evidence of satisfactory performance is available.

Based upon its assessment of the quality of the institution as a whole and the quality of the institution's educational program, the survey team is unanimous in recommending, that the State of California, Medical Board of California, Division of Licensing at this time deny recognition of St. Matthew's University School of Medicine as not providing a resident course of instruction leading to an M.D. degree that is equivalent to that required by Sections 2089 and 2089.5 of the Business and Professions Code together with Title 16, Cal. Code Regs. Sections 1314.1.

Addenda to Report on Site Visit **St. Matthew's University School of Medicine**

SMUSOM Veterinary Medicine School

At the time of the site visit to SMU Grand Cayman, the visitors were not informed of the apparently quite far advanced plans for the almost imminent opening of a veterinary medicine school/program on site. This information came to the team's attention in a round about way and only well after completion of the first draft of the team's report on its visit. The team then queried Dr. Thornton and received assurances that this development would not have any adverse impacts on the (human) medical program. Although not taken into account in the team's recommendations to the DOL at this time, it should nevertheless be clear that any future evaluation of SMUSOM by DOL will require address of potential impacts of the vet/med operation on the human medical operation, at least with regard to the administrative, logistical and academic dimensions.

Hurricane Damage

After the site visit in June 2004, the SMU Grand Cayman campus and residence hall suffered damage from Hurricane Ivan in September 2004 and is currently operating from its Windham, Maine campus. Prior to any future request for recognition, information should be provided about the consequences of the devastation wrought by Hurricane Ivan and congeners on Grand Cayman and SMUSOM after the site visit, the remedial steps taken and the then current operational situation.

BEFORE THE
DIVISION OF LICENSING
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Application of)
)
St. Matthew's University School of Medicine)
Grand Cayman, British West Indies)
_____)

DECISION AND ORDER OF DISAPPROVAL

The attached report and recommendations of the site team that conducted the inspection of St. Matthew's University School of Medicine in May and June 2004 are hereby accepted and adopted by the Division of Licensing of the Medical Board of California, Department of Consumer Affairs, State of California. The Division determined that St. Matthew's University School of Medicine does not provide a medical education equivalent to that required in Sections 2089 and 2089.5 of the California Business and Professions Code and Title 16, California Code of Regulations Section 1314.1. Consequently, St. Matthew's University School of Medicine is disapproved under the provisions of Sections 2084, 2102 and 2135 of the California Business and Professions Code.

IT IS SO ORDERED this eighteenth day of February 2005.

MEDICAL BOARD OF CALIFORNIA

James A. Bolton, Ph.D., President
Division of Licensing

SABA UNIVERSITY SCHOOL OF MEDICINE

SITE INSPECTION TEAM'S FINAL REPORT

Introduction

A survey of the Saba University School of Medicine on Saba, Netherlands Antilles was conducted on May 20-21, 2004 by a team representing the Division of Licensing of the Medical Board of California. The purpose of the site visit was to determine whether the school meets the requirements of Business and Professions Code Sections 2089 and 2089.5 and Title 16 Cal. Code Regs sections 1314.1. Following this survey, three members of the team visited four teaching hospitals offering clerkships to Saba (and St. Mathew's) students on May 24-25, 2004 in Chicago, Illinois.

The team members were James Bolton, PhD, Joyce Hadnot, Deputy Director of the MBC, Anita Scuri, Legal Counsel and Martin A. Pops, M.D., licensing consultant.

History and Setting of the School

In 1986 the government of the Netherlands Antilles proposed to a group of American educators that a medical school be established on the small island of Saba, N.A. It was to be relatively small, of high quality and established for the dual purpose of benefiting the economy of the island (of only 1500 population) and attracting N.A. citizens to medical careers in the N.A.

A committee of Dutch citizens from Curacao, the seat of the N.A. government, approved the preliminary plans and the school was founded as a nonprofit foundation under Dutch law (however, is now subject to profit taxes should the school make a profit). Thus, a unique mission for the school as compared to all other Caribbean medical schools was established because it was initiated by local government rather than by private entrepreneurs.

As the school has matured, the island has benefited by a 40% increase in gross domestic product (GDP), with the infusion of over 300 students, faculty, staff and administrators.

The first class began its studies in September 1993. The school admits three new classes per year and conducts basic science and pre-clinical teaching over five semesters during the first two years. Students who have successfully completed the first two years curriculum then take clerkships in various hospital's (6th through 10th semester) in several U.S. states which have entered into a contractual agreement with the school. The team visited three such hospitals in Chicago following the island visit.

Governance and Administration

The school's U.S. office is located in Gardner, Mass. It houses the President, David Fredrick, Ph.D., the Executive Dean, Arthur Maron, M.D. and the Associate Dean for Clinical Medicine, Patricia Hough, M.D., Ph.D. among others. These administrators visit the island frequently but work mainly out of the U.S. office. An Associate Dean for Basic Sciences, Dr. Vincent Knight assisted by two assistant deans is responsible for the academic administration on the campus at SABA and is in full time residence.

The Board of Trustees is the governing body of the school. It is independent and includes one local island representative. The six trustees meet each semester for decisions on funding for major expenditures such as new building construction.

All academic matters such as student progression, counseling, examination policy, dismissal etc. are decided on campus. Admissions are coordinated in the Gardner, Mass. Office.

An average of 50 new students are admitted each semester, a new class each January, May and September giving a current enrollment of 245 students in years I and II. There are 260 students enrolled in clerkships in various hospitals in the U.S. The entire enrollment is made up of 66% U.S. citizens, 26% Canadian, 4% Caribbean, 2% Asian, 2% African.

Tuition is \$5,950 for each semester, first through fifth. In years three and four (6th through 10th semesters) the tuition is \$6,950 per semester. Essentially the school's entire income is derived from student tuition and fees and amounted to \$7,924,388 in 2003, and is projected at \$8,320,000 in 2004. The land is valued at \$4 million U.S. dollars. There is a small reserve fund (approximately \$425,000 last year) and an escrow fund for tuition. The school receives no funds from the NA government but does benefit from government improvements to infrastructure.

Facilities and Academic Environment

The Saba campus is composed of three two-story buildings occupying approximately 43,000 sq. ft. This includes a building of approximately 14,500 sq. ft. that houses a well equipped and volumed library of 1200 sq. ft., a building with approximately 26,000 sq. ft for administration, classrooms and laboratories; a computer testing facility of 2000 sq. ft with 50 monitors and a maximum capacity of 70 monitors; a student lounge and fitness room and various ancillary space. There is also a privately owned dormitory of approximately 12,000-sq. ft. for first-year students.

There are 27 full time faculty. Approximately 1/3 of these are engaged in research projects on a total budget of \$120,000 provided by the school. A small amount of research funding is provided by the Pan-American Health Organization.

The overall academic environment seems quite rich. There are ample provisions for internet scientific literature searches, faculty led exercises in evidence-based medicine and opportunities for students to become involved in research under the sponsorship of a faculty member. The numbers of students currently engaged in research is fairly small because of the time consuming and tightly constructed curriculum. Not more than 10 – 15 students are engaged in research at the present time. Most of these are involved with the hyperbaric deep-sea diving research facility on the island.

Library

The library has a staff of seven. It has 18 online computer terminals that provide access to Ovid and MD Consult and has a seating capacity of 70. The library has a budget of \$240,000. There are 3,400 items in the collection. The online subscriptions add over 300 titles. The library has a special collection related to hyperbaric medicine. There is also a voluntary Journal Club.

Faculty

There are 27 full-time faculty members on the SABA campus. They have a wide variety of backgrounds with Ph.D.'s, M.D.'s, M.D.-Ph.D.'s obtained in several countries including the U.S., India, Russia, The Ukraine, Germany, Spain, Hungary, the Caribbean, Bulgaria, U.K., Iran, Canada and China. This virtual "United Nations" of instructors, assistants, associates and full professors is remarkably well integrated, cohesive and enthusiastic. Relations between administration and teaching faculty are cordial and the faculty feels well supported by the administration of the school.

Most faculty have been associated with the school only for two years or less. Only 2 faculty members have been associated with the school for 4 to 5 years. Faculty believe that the faculty retention rate has improved due to (1) a stable core of very competent faculty; (2) improved teaching facilities; (3) responsiveness of the administrators; and (4) a better quality of student.

There is no peer review of faculty. However, the school seeks and obtains an appraisal of its students' preparation from the clinical directors, from students and preceptors.

The team had the opportunity to meet with the entire faculty and visited a number of lectures and laboratories in session. The teaching methods follow the classical format with opportunities for small group interaction during various laboratory exercises. Lectures are generated by faculty and are placed on computer chips before each semester so that students with computers can purchase the power point presentation ahead of time and follow during lectures as well as preview and review at home. We estimated about 75-80% of students using lap top computers in various classes.

The faculty senate has been in existence for two years. It meets twice each semester for discussion of tenure, recruitment and retention, evaluation and compensation. When asked by the team about changes or improvements they would like to see, the faculty members who responded mentioned a desire for more library components, more computers, improved continuing education opportunities and higher salaries. Most, however, stated they were quite satisfied and enjoyed considerable academic freedom.

Research

The school is applying for a government grant (maximum of \$10,000) to evaluate medical anthropology on the island—e.g. what plants long-time Saba residents use for medicinal purposes. The school receives minimal external funding for research. The school plans to offer \$1,000 per semester for student hyperbaric research projects once the second hyperbaric chamber arrives. It also allocates internal funding of \$30,000 per year for research.

It is clear that the faculty come mainly to teach. A few have been engaged in research activities but resources, space and time are at a premium on the small island. A notable exception is the program in Hyperbaric Medicine which was, in 1994, approved by the school for a Master of Science (M.Sc.) degree as the only graduate degree the school offers at the present time. Faculty in physiology actively engages in research and teaching of hyperbaric medicine.

A new research program funded by the government of El Salvador at \$1.5 million is proposed to conduct clinical protocols in the treatment of breast cancer and lymphoma.

Faculty members cite the disadvantage of their jobs as the remoteness of the school, which limits social interaction, as well as lack of close communication with academic institutions.

Curriculum

The curriculum for the first five semesters (years I & II) is conducted on Saba and is completed in 20 months. The clinical medicine program is 72 weeks of clerkships in required and elective rotations at a variety of hospitals, mostly in the U.S. A favorable student-professor ratio of 6:1 provides opportunity for adequate student-teacher interaction. The courses parallel the traditional courses offered in medical schools in the U.S. Students begin with first semester courses in Gross and Developmental Anatomy, Histology and Cell Biology and an introduction to "Infomedicine" which teaches Internet skills, use of library and self-study techniques.

The second semester comprises four courses: Biochemistry, Physiology, Medical Psychology and Medical and Legal Ethics. Third semester courses include Microbiology and Immunology, Neuroscience, Genetics and Epidemiology.

Year II starts with Pharmacology, Pathology and Physical Diagnosis. The last or 5th semester on Saba includes lectures and labs in Introduction to Clinical Medicine, Clinical Pathology and 145 hours for USMLE Review. Medical ethics are covered in a course devoted to that topic, but are also included in other courses where appropriate.

The ICM course provides for rotations at the small hospital on Saba. Students see patients under supervision in both in-patient and out-patient settings and in nursing home settings.

All students are required to take and pass USMLE Step I and Step II. For year 2002 takers (#99) the passing rate was 95% and 2003 was 94%. Step II passing rates were 93% and 90% for those years respectively. Saba students are not permitted to begin year III clinical rotations until they pass Step I of the USMLE.

All courses require regular examinations. Use of USMLE "shelf" exams is extensive. All exams are taken in the computer center. It appears that the Saba students do well on the USMLE primarily because they are rigorously and frequently tested in their preclinical courses and in the identical format of USMLE.

A curriculum committee of the faculty meets twice each semester and appears to play a major role in curricular change recommendations which are passed through a Dean's Advisory Council to the President's office. The Curriculum Committee members state that they follow U.S. medical school curricula. Major curricular changes are not in the offing and any future changes will come about only as a result of changes in the format of U.S. medical school curricula. The most frequently talked about change at present is more course integration. Thus far, the only recent integration has been the combining of anatomy and embryology.

Students

In the past year the school received 1200 inquiries regarding admission. 388 applications were completed, 196 were rejected through initial screening. Up to fifty students are selected each semester with the majority having a pre-med grade point average of 3.0 to 3.5. The average age of entering students is 27 to 28 years. Applicants are evaluated on a number of criteria, including personality, spontaneity, personal issues, and support systems. Some of the criteria specifically attempt to assess an applicant's chances of success on a small remote island. The school conducts telephonic interviews with applicants but also gives applicants the opportunity for an in-person interview if an applicant so chooses.

The survey team had the opportunity to meet with a good sample of 1st and 2nd year students and was impressed with the overall maturity and enthusiasm displayed. The majority had pursued other careers such as nursing, physical therapy, pharmacy, chemistry, engineering and even sales and marketing. The majority we spoke with had applied initially to Saba or other offshore schools because they realistically felt that because of age and "different" backgrounds they would not be competitive for U.S. schools. All, however, wish to take their

clinical clerkships in the U.S. and many are interested in residencies and eventual practice in California.

Counseling for students is readily available and well organized. Each student is assigned a faculty advisor. Two faculty psychologists are very active in providing personal counseling and a variety of seminars about problems that medical students and physicians frequently encounter. The Dean for Student Affairs is experienced and well liked by the students who for the most part are very disciplined about their studies. The students complain only about the isolation of the small island and lack of social interaction as well as entertainment except among themselves. At the same time they state that the academic load is so heavy that they must expend most of their time and effort on their studies. Despite this, attrition is quite low (less than 4% per year). Dismissal is a result of failing a given course twice or failing another course at the same time. The most frequent reason for dismissal is multiple failures of Step I of the USMLE (three times). Dismissal follows a period of academic probation and is at the discretion of the Dean following recommendation by a faculty promotion committee. The team was advised that administration is very receptive to faculty recommendations regarding student retention and promotion.

Additional counseling becomes available when the student begins selecting clinical clerkship rotations in the U.S. This appears to be both complete and timely. Efforts are made to provide the best match for each student with respect to geography and particular interests and abilities.

Financial aid is available through the usual loan programs. At the time of the survey a total of 234 students of 505 total were recipients of financial aid.

SITE VISITS TO CHICAGO AREA HOSPITALS WHICH OFFER CLINICAL CLERKSHIPS TO SABA STUDENTS

Introduction

Three members of the Saba team (Ms. Hadnot, Ms. Scuri and Dr. Pops) proceeded to Chicago, Illinois on May 23 and spent half-day visits May 24-25 at each of four hospitals which have contracted for clinical clerkships both required and elective for Saba students. Brief descriptions and evaluations are provided for the three hospitals utilized by Saba.

St. Anthony's, Michael Reese and Jackson Park

These three hospitals are within the city limits of Chicago. All offer various clerkships for Saba as well as other Caribbean medical schools. The team conducted interviews with faculty

preceptors, department chairs and Saba students. They can be described as a group because of a large number of similarities.

St. Anthony's is not a major affiliate teaching hospital but is accredited for obstetrics and gynecology. It has 8 residencies in internal medicine and 5 in obstetrics and gynecology. The program currently has about 30 students from Caribbean medical schools and 6 from Chicago Medical School. Saba has had a written contract of affiliation with St. Anthony's since 1995. The team interviewed 4 students from Saba.

Michael Reese is a major affiliate teaching hospital for the University of Illinois/Chicago School of Medicine. Students come from three Caribbean schools and second year students and residents come from the University of Illinois. Starting in Fall of 2003, all students are required to have passed Step 1 of the USMLE before starting any core rotation. Saba has a written contract of affiliation with Michael Reese. The team interviewed 2 students from Saba.

Jackson Park has an ACGME-accredited family practice residency. This hospital has a large contingent of students: 10 students each from Saba and St. Matthew's, 48 students from Ross, 2 to 5 students from Chicago Medical School, and 5 to 8 students from Grace University. The hospital has been teaching Caribbean students since 1988. It has 15 residents. All students are required to have passed Step 1 of the USMLE before starting any core rotation. Saba has a written contract of affiliation with Jackson Park. None of the 6 students interviewed at Jackson Park was from Saba University.

The leadership and the various course chairs at the three Chicago hospitals were generally full time hospital based physicians, mostly in primary care specialties. Saba uses Michael Reese for obstetrics only but places students in internal medicine, family practice, pediatrics and (at Jackson Park) psychiatry at the other two hospitals. Both required clerkships and electives are offered in a variety of medical subspecialties such as cardiology and gastroenterology.

An adequate balance of didactic learning via seminars and conferences and practical clinical experiences with students responsible for in-patient and out-patient work-ups presentations, formulations and follow-ups constitutes the curriculum at each hospital. Saba students at these hospitals mix with some students from two Chicago area U.S. schools, Chicago Medical and U. of Illinois. Interestingly more than one faculty preceptor in comparing performances of Saba and U.S. school students said they preferred the Caribbean students because they try harder, have less of a "what can you do for me" attitude and though they might have a less impressive basic science data base are easier to teach and seem to accomplish more on their rotations. Exams are conducted by the school on a regular basis and as at Saba rely on "shelf" exams at the USMLE. Evaluations as well as the exams are sent to the University and student progress is monitored carefully in the Gardner office.

Coordination of the clinical program is under the direction of Patricia Hough, M.D., Ph.D. who is Associate Dean for Clinical Medicine. Saba looks at clinical rotation sites by region. Students complete an online evaluation after every rotation. The school evaluates sites based

on complaints, the student evaluations and logs and visits by Dr. Hough. Saba tightly controls the student's third year rotations and somewhat controls the fourth year as well. The school stays in touch with its students during their clinical years and counsels students after each rotation. The school provides adequate resources to its students during the clinical years.

The team wishes to express our appreciation and thanks for the expert guidance, help and transportation she arranged on Saba and in Chicago. Thank you also to the cooperation received from David Fredrick, Ph.D., President, Executive Dean Arthur Maron, M.D., M.P.A. and especially Vincent Knight, Ph.D. the Associate Dean for Basic Sciences who was our host on Saba.

Admittedly, the survey team was only able to get a "snapshot" look at Saba's clinical programs. However, if these clerkships are typical then Saba students are receiving very good to excellent experience in their clinical years.

Summary and Recommendations

The survey team was unanimous in agreeing that Saba University School of Medicine was achieving its goals of 1) preparing medical students for the study and practice of medicine consistent with its motto "Education for Life"; 2) service to the populations of the island as well as the greater Netherlands Antilles and 3) promotion of research through epidemiological and scientific investigative projects that benefit the regional population.

Strengths of the medical school include:

- a dedicated and accomplished multinational faculty;
- a functional and up to date facility;
- a highly motivated student body with a rich diversity of career backgrounds and life experiences;
- an excellent library and library staff with more than adequate computer assisted literature search and an appropriate number and variety of journals and texts.
- assigning a faculty advisor for each student, who stays as advisor throughout the student's first 5 semester;
- extensive faculty availability to students.

Evaluation of student performance and of faculty teaching performance is excellent and provides fine-tuning of the curriculum as well as the methods of instruction and testing.

Few, if any, weaknesses were detected. The major stressor appears to be the relative isolation and smallness of the island and its population, which limits not just social interaction but also interaction with other academic institutions and with others in medicine. The isolation is expiated by opportunities for frequent breaks for vacation off-island, of which most all take

advantage. In addition, more research journals online and a faster Internet connection would help to reduce the sense of isolation.

The survey team is unanimous in recommending that the State of California, Medical Board of California Division of Licensing recognize Saba University School of Medicine as a medical school that meets the requirements of Title 16 Cal. Code Regs and offers an equivalent course of instruction to that required by Sections 2089 and 2089.5 of the Business and Professions Code.

The survey team further recommends that the Division's recognition extend only to those students who matriculate at Saba on or after January 1, 2002. It was abundantly clear to the survey team that at the time of the site visit, the school's educational structure had been stable for approximately the last two years. Saba University School of Medicine had undergone considerable change in faculty and educational structure prior to 2002 and the survey team therefore cannot make any determination or recommendation regarding equivalency for that past time period.

The team recognizes that its second recommendation is a departure from past Division practices. However, the survey team feels strongly that it has no factual basis for recommending a different cut-off date for accepting applicants who received their M.D. degree from Saba.

STEPS IN THE BOARD'S REVIEW OF INTERNATIONAL MEDICAL SCHOOLS
(Schools subject to review pursuant to Title 16, Section 1314.1 (a)(2), CCR)

1. Medical school officials apply for recognition of their school's medical education program by submitting a Self Assessment Report to the Board.
2. Staff reviews the Self Assessment Report for any obvious omissions. Staff secures the services of an expert medical consultant to review the Self Assessment Report. Staff forwards the school's submission to the consultant and notifies the consultant of any omissions noted.
3. The medical consultant reviews the Self Assessment Report and notifies staff of any additional documentation needed from school officials. Staff requests the documentation from school officials without disclosing consultant's identity. After the documentation arrives, staff forwards it to the consultant.
4. If the consultant requires additional documentation, above step is repeated.
5. When the consultant has sufficient information, the consultant prepares a written report to the Board with his/her findings and recommendations.

The consultant may recommend that: 1) the school appears ready for a site inspection; 2) the school should be granted recognition without a site inspection; or 3) the school should be denied without a site inspection if the school's deficiencies appear to be global.

6. Staff submits the consultant's report to the Board for their consideration at a quarterly public meeting. Staff notifies school officials of the date and place of the public meeting.
7. During the Board meeting, the members may vote to: 1) recognize or disapprove the medical school based on the consultant's recommendation; 2) request additional documentation; or 3) direct staff to arrange a site inspection to the medical school, any branch campuses and a sampling of clinical training sites used in the medical education program. The Board designates the members of the site inspection team.
8. If the Board members authorize a site inspection, staff arranges with medical school officials an agreeable date for the inspection when classes are in session. Staff coordinates travel arrangements for the site inspection team, submits a justification and request for approval of out-of-state travel to the Governor's Office, and submits an estimate of the inspection team's anticipated travel

expenses to medical school officials. School officials submit the necessary funds in U.S. currency to the Board in advance of the team's departure date.

9. Following the site inspection, the inspection team prepares a report of its findings and recommendations to the Board. School officials receive a copy of the report and have 60 days to report any errors of fact or erroneous findings.
10. The Board members consider the team's report and recommendations during a quarterly public meeting. The Board may vote to: 1) grant recognition to the medical school; or 2) disapprove the medical school. If the Board grants recognition to the school, the Board will determine if the recognition is retroactive to all prior students/graduates or if recognition is retroactive to a specific date.
11. If the Board grants recognition to the school's educational program, the school's students become eligible for clerkship training in California teaching hospitals, and the school's graduates may participate in postgraduate training in California and qualify for licensure in California.
12. To retain the Board's recognition of its educational program, the school is required to notify the Board of any changes to its location, mission, curriculum, etc. Every seven years, the Board may require the school to undergo a reevaluation to determine its continued compliance with California standards.

RECENT INTERNATIONAL MEDICAL SCHOOL REVIEWS - PROCESSING TIMES

POZNAN (POLAND) - ENGLISH PROGRAM

4/3/07	Received application
9/12/07	Dr. Nuovo requested additional information
3/5/08	Staff sent deficiency letter to school
5/12/08	Staff sent duplicate of above letter to school
5/22/08	Received school's reply
5/30/08	Dr. Nuovo's final report
7/25/08	Board reviewed and granted the school recognition

ELAM, CUBA

May 2007	Received application in Executive Office
9/13/07	Staff transmitted application to Dr. Nuovo
10/12/07	Dr. Nuovo requested additional information
11/6/07	Staff received information from school
11/7/07	Staff transmitted information to Dr. Nuovo
11/14/07	Dr. Nuovo requested additional information
2/26/08	Staff sent second deficiency letter to school
2/26/08	Staff received information from school
6/4/08	Staff received additional information from school
7/1/08	Dr. Nuovo requested additional information
7/11/08	Executive Office conference call with school officials in Cuba, Dr. Nuovo

7/18/08 Dr. Nuovo's final report
7/25/08 Board reviewed and granted the school recognition

LUBLIN (POLAND) - ENGLISH PROGRAM

3/3/08 Received application
4/10/08 Staff transmitted application to Dr. Simon
5/2/08 Dr. Simon requested additional information
5/5/08 Staff sent deficiency letter to school
5/10/08 Staff received school's reply
5/15/08 Staff transmitted school's information to Dr. Simon
5/27/08 Dr. Simon requested additional information
5/27/08 Staff sent second deficiency letter to school
5/30/08 Staff received information from school
6/11/08 Dr. Simon's final report
7/25/08 Board reviewed and granted the school recognition

AMERICAN UNIVERSITY OF ANTIGUA

3/28/08 Received application
6/30/08 Staff transmitted application to Dr. Nuovo
11/26/08 Staff mailed deficiency letter to school
8/20/09 Staff mailed "due diligence" warning letter to school
9/24/09 Staff received information from school
10/22/09 Staff transmitted school's reply to Dr. Nuovo. His reply is pending

ST. GEORGE'S BRANCH CAMPUS IN U.K.

4/28/08	Received application
1/16/09	Staff transmitted application to Dr. Nuovo
2/5/09	Dr. Nuovo requested additional information
3/3/09	Staff sent deficiency letter to school
3/12/09	Staff received information from school
6/12/09	Dr. Nuovo's final report
7/24/09	Board reviewed and granted the school recognition

UNIBE, DOMINICAN REPUBLIC

8/22/08	Received application*
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SILESIA (POLAND) - ENGLISH LANGUAGE PROGRAM

1/6/09	Received application	(No consultant available yet)
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ROSS UNIV. - BAHAMAS BRANCH CAMPUS

11/2/09	Received application	(No consultant available yet)
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*When UNIBE arrived, Dr. Nuovo had AUA review in progress, and Dr. Simon was already committed to the review of SGU. Dr. Nuovo agreed to review SGU while he was waiting for AUA to reply. Then the freeze prevented us from using Dr. Simon between July through November 2008. Afterwards, he had teaching schedule conflicts, although he was participate in our March 25, 2009 Interested Parties Meeting.

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 24, 2009
ATTENTION: Medical Board of California
SUBJECT: Recognition of St. George's University
School of Medicine's UK Campus
STAFF CONTACT: Deborah Pellegrini, Chief

REQUESTED ACTION:

Determine if St. George's University School of Medicine's branch campus in the United Kingdom satisfies the minimum requirements and should be granted recognition.

STAFF RECOMMENDATION:

Staff recommends that the Board grant recognition to St. George's University's branch campus in the United Kingdom, based on the Medical Consultant's positive findings and recommendations.

BACKGROUND:

The Medical Board of California recognizes St. George's University School of Medicine (St. George's) located on the island of Grenada in the West Indies. In January 2007, St. George's opened a branch campus in the United Kingdom, located on the campus of the University of Northumbria in Newcastle Upon Tyne. The Keith B. Taylor Global Scholars Program, as it is known, offers St. George's students the option of completing their first year of basic sciences coursework at the U.K. campus. The students complete the remainder of their basic sciences coursework at the Grenada campus.

Subsection (b)(11) of Section 1314.1 of Title 16, California Code of Regulations, pertains to branch campuses of international medical schools. In accordance with subsection (b)(11), "an institution with more than one campus shall have written policies and procedures governing the division and sharing of administrative and teaching responsibilities between the central administration and faculty, and the administration and faculty at the other locations."

In April 2008, St. George's officials provided the Board with detailed information regarding the educational program and resources available at the new campus in the U.K., as well as their system for governing the educational program provided at the two campuses. James Nuovo, M.D., one of the Board's Medical Consultants, conducted a comprehensive evaluation of St. George's new program. Dr. Nuovo's report dated June 12, 2009 outlining his findings and recommendations is attached for your review. Dr. Nuovo determined that St. George's new U.K. campus meets the requirements of Section 2089 of the B&P Code and Section 1314.1 of the regulations. He recommends that the Board grant recognition to the educational program at St. George's U.K. campus retroactive to its founding in January 2007.

FISCAL CONSIDERATIONS:

There is no fiscal impact on the Medical Board of California to granting recognition to St. George's new campus in the United Kingdom.

PREVIOUS MBC AND/OR COMMITTEE ACTION:

This is the first request that the Board has received from a Board-recognized medical school for recognition of a branch campus that the medical school has opened in another country. It is conceivable that the Board may receive additional requests of this type in the future from other medical schools.

Attachments

June 12, 2009

To: Pat Park, Licensing Program
Medical Board of California
2005 Evergreen Street
Suite 1200
Sacramento, CA 95815

From: Jim Nuovo, MD
Professor & Associate Dean of Student Affairs and Graduate Medical Education
UC Davis School of Medicine
4860 Y Street; Suite 2300
Sacramento, CA 95817

Re: Evaluation of St. George's University School of Medicine – Global Scholars
Program – Request for Recognition for the Keith B. Taylor Global Scholars
Program (KBTGSP)

BACKGROUND

The Medical Board of California (Board) requested a review of materials provided by the St. George's University School of Medicine (SGUSOM) – Global Scholars Program, located on the island of Grenada. These were submitted in pursuit of a request for recognition of the School's new branch campus in the United Kingdom at Northumbria University in Newcastle Upon Tyne. The new program, known as the Keith B. Taylor Global Scholars Program (KBTGSP), is optional to St. George's students and offers them the opportunity to complete their first year of basic sciences education in the United Kingdom instead of Grenada. Recognition of this program would allow graduates of the School who complete their first year of education at KBTGSP to be eligible to participate in clinical clerkships, to enter graduate medical education programs in California, and to become eligible for licensure to practice medicine.

This report is based on my review of the documents submitted by SGUSOM. The goal of this review was to determine if the medical education received at KBTGSP meets the requirements of current California statutes and regulations for recognition by the Medical Board of California.

RECOMMENDATIONS

The documents provided indicate that KBTGSP as a branch campus of SGUSOM is in substantial compliance with the requirements of Business and Professions Code Sections 2089 and 2089.5 and California Code of Regulations, Title 16, Division 13, Section 1314.1, and provides a resident course of professional instruction equivalent to that required by Section 2089.

Based on the School's compliance with these regulations, I recommend that the Board approve SGUSOM's request for recognition of the KBTGSP as a branch campus.

I do not believe a site inspection is necessary. SGUSOM documents provide sufficient details on the KBTGSP to indicate that the facilities are adequate to fulfill the educational mission of the Program.

The extensive documentation provided by SGUSOM as described in this report justifies full retroactivity to coursework completed by all previous SGUSOM/KBTGSP students.

REVIEW

The KBTGSP branch campus began operations in January, 2007. SGUSOM's general description of this program is that "the first year curriculum offered" at KBTGSP "is the same curriculum offered to students entering the program in Grenada pursuant to the same mission and objectives and is managed by SGUSOM using its own administration." More specifically, "the courses and the timing of delivery are the same; to the point that the examinations are given at the same (real) time."

The documents provided in SGUSOM's Self-Assessment Report are well-organized and indicate that this program has an effective mission to educate its students; that the KBTGSP students upon successful completion of their first year are prepared to continue their medical school training at the main campus in Grenada.

The following is a detailed assessment of the KBTGSP based on the aforementioned regulations and on their responses to the Self-Assessment Report and additional concerns posed by this reviewer.

Business and Professions Code Sections 2089

Section 2089 requires the medical curriculum to extend over four years or 32 months of actual instruction; that the curriculum includes all the courses listed in Section 2089 (b); that there are a minimum of 4,000 hours of instruction, and that there is a statutory requirement for 80% attendance. SGUSOM is in compliance with these requirements based on the Board's prior review of the main campus program. Further, given that the curriculum for the KBTGSP is identical to the curriculum at the main campus and the rules that govern the KBTGSP are identical to those of the main campus, the School meets the requirements of Section 2089.

Business and Professions Code Sections 2089.5

The SGUSOM Self-Assessment Report indicates that KBTGSP provides instructing in all of the basic sciences coursework required in Section 2089. As to the specific clinical sciences requirements in Section 2089.5, the documents provided by SGUSOM indicate that the main campus program in the clinical courses meets or exceeds the minimum requirements in Section 2089.5. There is no clinical coursework during the first year at

SGUSOM or KBTGSP; however, both campuses offer training in physical diagnosis and clinical skills. As is the theme for this application, the coursework for physical diagnosis and clinical skills at both campuses is identical.

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

The Self-Assessment Report contains an extensive, clearly defined mission statement with educational/research and service objectives.

The report includes the exact language of "broad expectations" and lists specific goals and objectives. The report describes the integral role of research in its mission and includes statements of its importance, nature, objectives, processes, and evaluation or research in the medical education and practice of the School. These objectives include teaching, patient care, and service to the community. There are clearly written institutional objectives that are consistent with the preparation of graduates to provide competent care.

The Institution is operated as a definable academic unit responsible for a resident educational program that leads to an MD degree.

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.

As required in Section 1314.1, the administration and governance system allows the institution to accomplish its objectives, i.e., its statements of the items of knowledge, skills, behavior and attitude that students are expected to learn. The Institution's governance gives faculty a formal role in the Institution's decision-making process. Students enrolled in the program are not permitted to serve as an instructor, administrator, officer or director of the School.

The description of the KBTGSP indicates that it has an adequate number faculty for the size of the program. There is a sufficient description of the credentials of the faculty to indicate that they are appropriately qualified to teach their specific curricular content.

There is a clear description of the governing body of KBTGSP which includes a University Faculty Senate and a description of the faculty evaluation and development programs.

There is a clear description of the admissions criteria, student selection and promotion. The descriptions of these activities are consistent with the Institution's mission and objectives.

There is a description of the financial resources of the KBTGSP. This information indicates that the Program has sufficient financial resources to accomplish its mission.

The facilities available to carry out the educational mission, the identical basic sciences program as available in the main campus are described in the report. They are adequate to achieve the stated educational goals for the program.

SUMMARY

In summary, I feel there is sufficient documentation to support the application for recognition of KBTGSP as a branch campus of SGUSOM. Specifically, there is a sufficient description of the written policies and procedures governing the division and sharing of administrative and teaching responsibilities between the central administration and faculty, and the administration and faculty at the campus location. These policies are consistent with the institution's mission and objectives. The SGUSOM is fully responsible for the conduct and quality of the educational program at these sites. The School has structured a SGUSOM/KBTGSP Joint Curriculum Coordination Committee which serves as an advisory committee to the Dean of Basic and Allied Health Sciences at SGUSOM. Any proposed curricular change initiated by SGUSOM that will affect either program is forwarded to the Joint Curriculum Coordination Committee for comments before being addressed at the SGUSOM Basic Sciences Administrative Curriculum Committee.

Thank you for the opportunity to review the materials from the SGUSOM/KBTSGP program/Self-Assessment Report.

Recertification Committee

The idea of drafting regulations governing the review of international medical schools had been proposed as early as 1999. The then-Division of Licensing members reviewed the first draft of the current Section 1314.1 at their May 2002 meeting. In August 2002, the Division assigned its Recertification Committee, composed of four Division members, to focus on finalizing the regulatory language. At their November 7, 2002 and January 30, 2003 meetings, the Recertification Committee approved amendments to Section 1314.1. The Division held a public hearing at its May 2003 meeting, and the Section 1314.1 regulations took effect on December 13, 2003.

International Schools Task Force

In 2004, the Division formed an International Schools Task Force composed of two Division members and two medical consultants. This Task Force developed a protocol for future site inspections of international medical schools and designed the Board's current Self Assessment Report to replace the older 95-page instrument. The Task Force also recommended that the Board adopt a fee structure for recovering the full staff costs of evaluating and reevaluating international schools.

International Medical Education Committee (IMEC)

At its first meeting on July 28, 2005, the IMEC, composed of five Division members, continued the work of developing a process for reviewing international medical schools. At the Division's July 29, 2005 meeting, the members adopted the IMEC's recommendation to amend Section 1314.1 to clarify that future conferral of recognition on international medical schools will be prospective rather than retroactive to the school's founding. A public hearing was held at the Division's November 4, 2005 meeting. The Division later withdrew its rulemaking file and supported the current policy developed for Saba University School of Medicine. Saba University graduates who completed coursework prior to the Board's recognition date of January 2002 are afforded individual review by the Application Review Committee if they satisfy the criteria in B&P Code Section 2135.5; i.e., licensure in another state for four years and certification by an ABMS-recognized specialty board.

On February 2, 2006, the Division approved the IMEC's recommendation to seek statutory authority to recover the unreimbursed application review costs associated with reevaluating international medical schools. Subsequently, the Division was unable to gain legislative support for a fee-related bill.

The IMEC also recommended further amendments to Section 1314.1 relating to the process of reevaluating previously recognized international medical schools every seven years. These regulatory amendments will take effect on January 8, 2010. The Board will begin reevaluating American University of the Caribbean, Ross University and St. George's University in 2010 under the new regulatory scheme.

INTERNATIONAL MEDICAL SCHOOLS WITH PENDING APPLICATIONS

School Name	Arrival Date
American University of Antigua	March 28, 2008
Universidad Iberoamericana (UNIBE) Dominican Republic	August 22, 2008
Silesia's English program Poland	January 6, 2009
Ross University/Bahamas campus	November 11, 2009

Seven-Year Reevaluation Project for 2010 (requires site visits):

Ross University, Dominica	October 20, 2008
American University of the Caribbean St. Maarten	December 12, 2008
St. George's University, Grenada	Pending receipt