

## MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 14, 2010  
ATTENTION: Medical Board of California  
SUBJECT: Recognition of International Medical School  
American University of Antigua  
Request to Authorize Site Inspection  
STAFF CONTACT: Fayne Boyd, Licensing Manager

REQUESTED ACTION AND RECOMMENDATION:

1. Authorize staff to conduct a site inspection of the American University of Antigua's campus program in Antigua and at least one representative teaching hospital in the United States where students receive clinical training.
2. Approve the composition of the site team, which usually includes at least one board staff, one legal counsel, one board member along with the Medical Consultant.
3. Delegate to staff the determination of the hospital training site or sites to be reviewed.
4. Approve staff to move forward with one or more out of state travel requests (for the teaching hospital sites) and an out of country travel request for the medical school site visit.

BACKGROUND:

The American University of Antigua College of Medicine (AUA) is located on the island of Antigua in the West Indies. This private medical school was founded in 2004 by American physicians to train physicians to practice medicine primarily in the United States and other countries. The school admits three classes per year and has a current enrollment of several hundred students. In January 2010, AUA opened a new 17-acre campus on Antigua.

As a medical school whose primary purpose is to educate non-citizens to practice medicine outside Antigua, AUA meets the criteria for the Board's review pursuant to Section 1314.1 (a)(2) of Title 16, California Code of Regulations. In March 2008, AUA officials submitted a Self Assessment Report to commence the Board's review process. Medical Consultant James Nuovo, M.D., has been reviewing the school's application. Dr. Nuovo and medical school officials have exchanged written information three times over the past two years, and on June 22, 2010, Dr. Nuovo and medical school officials in Antigua had the opportunity to discuss by speakerphone several remaining issues concerning the administration of the school's educational program.

ANALYSIS:

In his attached memorandum dated July 13, 2010, Dr. James Nuovo presented the results of his review of written documentation submitted by American University of Antigua officials. Dr. Nuovo is recommending that the Board proceed to the site inspection phase of the medical school review process. During the site inspection, Dr. Nuovo, along with a Board staff representative, legal counsel and one Board member, will tour the school's campus in Antigua, interview AUA administrators, faculty and students, and also tour at least one representative U.S. hospital where AUA students complete clinical rotations during their third and fourth years.

The Board last conducted site inspections to two other medical schools in the Caribbean region in 2004. Site inspections have proved invaluable to the Board in confirming the resources documented in the Self Assessment Report, determining whether the curriculum satisfies the minimum requirements of law and in evaluating the effectiveness of the program to graduate physicians who will be able to safely practice medicine in California.

Staff is requesting the Board members to review Dr. Nuovo's report and determine whether to conduct site inspections to AUA's campus in Antigua and to a representative sample of clinical training sites in the United States. If the Board approves this request, staff will begin the process of arranging a site inspection. The Board will also need to approve the composition of the site team. Staff will work with AUA officials to determine the most compatible dates for the inspection and develop the team's itinerary. After these arrangements are finalized, staff will submit the request for out-of-state travel approval to the Governor's Office. Following the site inspection, the team members will prepare a comprehensive report for the Board's review. The team's report will present the team's findings and will recommend that the Board either disapprove or grant recognition to the medical school.

Alternatively, if the Board requires further information regarding the school's educational resources before you reach a decision regarding site inspections, staff will request AUA officials to submit the information for your review during a future meeting.

#### FISCAL CONSIDERATIONS:

In accordance with Business and Professions Code Section 2089.5, the costs of conducting a site inspection are borne by the medical school applying for the Board's recognition. These costs include all team members' air and ground travel costs within the guidelines allowed by the State, the consultant's daily per diem expense, and the consultant's travel expenses to and from any Board meetings where the team presents its report. Subsection (e) of Section 1314.1 of the regulations requires the medical school to reimburse the Board for the team's estimated travel expenses in advance of the site visit.

Representatives from the American University of Antigua will be available during the meeting to answer any questions you may have concerning the school's educational program.

July 13, 2010

To: Linda Whitney  
Executive Director  
Medical Board of California

From: Jim Nuoyb, 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 the American University of Antigua College of Medicine  
(AUACOM)/Self-Assessment Report; Application for Recognition in California.

## **BACKGROUND**

The Medical Board of California (Board) requested a review of materials provided by the American University of Antigua College of Medicine (AUACOM), located on the Caribbean island of Antigua. These were submitted in pursuit of a request for recognition of AUACOM by the Board to enable their students and graduates to participate in clinical clerkships, to enter graduate medical education programs in California, and to become eligible for licensure to practice medicine in California.

This report is based on my review of the documents provided to the Board and from the discussion in a conference call meeting with representatives from the School on June 22, 2010.

I have had the opportunity to review the documents submitted by AUACOM. The goal of this review was to determine if the medical education received at AUACOM meets the requirements of current California statutes and regulations for recognition by the Medical Board of California.

## **RECOMMENDATIONS**

The documents that have been provided are insufficient to permit a determination whether AUACOM 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.

In order to determine whether AUACOM is in substantial compliance with the aforementioned statutes and regulations, I recommend that the Board consider a site visit of the School and at least one of its clinical training sites.

## REVIEW

AUACOM has been in existence since January of 2004. It had been previously owned by the Greater Caribbean Learning Resources Incorporated, a New York Corporation. It is currently owned by Manipal Universal Learning, which is based out of India. Its stated mission is to “provide excellent medical education to committed candidates in order to graduate skilled ethical and caring physicians who will become life long learners with the ability to conduct and critically evaluate medical research.”

The School also states that its “objective is to graduate physicians who have the necessary skills and knowledge to be able to face the increasing challenges healthcare presents globally and specifically in the United States, while breaking down the barriers that underrepresented minorities face in obtaining a medical education and subsequent licensure in the United States.”

The academic degree programs at AUACOM include the following:

**4-Year MD Degree Program.** This program is comprised of 10 semesters. The first 4 semesters are covered in two academic years (64 weeks) and are primarily didactic with a clinical component integrated into the basic science course work. The last two academic years are comprised of 6 semesters (90 weeks) which includes core and elective clinical rotations.

**6-Year AS/MD Degree Program.** This is a 6-year program that leads to an Associate in Science in Pre-Health Science Degree and an MD.

**Pre-Medical Program.** This consists of four 16-week semesters of college-level science and humanities courses.

**Extended Basic Science Program.** This consists of a “reduced course load of only two courses per semester” and is a “decelerated academic status” program. Students may “voluntarily enter the EBS” or may be placed in it by the Admissions Committee, the Promotions Committee, or the Dean.

While the Basic Science Curriculum for the 4-Year Program is offered at the School in Antigua, the Clinical Science Component is done at a number of participating hospitals in the United States. The arrangements and assignments of the core and elective clinical clerkships are through the School’s administrative offices in New York. Prior to starting the clinical clerkships, each student is required to attend the Transition to Medicine semester at one of AUACOM’s three locations in the United States: the Clinical Training Center in Miami, the Richmond University Medical Center in Staten Island, or the University Hospital in Pontiac Michigan.

The following is a detailed assessment of the School based on the aforementioned statutes and regulations and on the School’s responses to the Self-Assessment Report and the 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. AUACOM's 4-Year MD Program is comprised of 10 semesters. The total number of hours of all courses required to complete the MD degree program is 5,090. This complies with the 4,000 hour minimum requirement in Section 2089. AUACOM requires 80% attendance in all of its courses. The School's curriculum includes all of the courses listed in Section 2089 (b). The information provided in the self-assessment report indicates that the goals, objectives and course content are appropriate.

It was unclear whether the School meets the requirement in having specific curriculum in pain management and end of life care.

**Business and Professions Code Sections 2089.5**

The documents provided by AUACOM indicate that instruction in the clinical courses meets or exceeds the minimum requirements in Section 2089.5. For example, Section 2089.5 requires a minimum of 72 weeks of clinical coursework. AUACOM requires 90 weeks of clinical coursework.

Students complete the core clinical rotations required in Section 2089.5 in multiple hospitals in the US. There are 40 hospitals listed from 7 states and Puerto Rico. The information provided by the School indicates that they are in compliance with item (d); specifically, that the sites provided for these core clinical rotations are performed in hospitals that meet one of the stated requirements.

Based on review of the available documents, I am currently unable to determine if the clinical program provides students with an adequate medical education. Additional information will need to be acquired either before or during a site visit to assess this component of the curriculum.

The School indicates that there is a head of the department for all required courses. For the preclinical sciences, the instructors have full-time faculty appointments and appropriate credentials. There is insufficient information to determine the credentials of the clinical clerkship faculty. This will need to be assessed during a site visit.

It is unclear whether the School provides sufficient oversight to the implementation of the clinical program on a meaningful basis and documents the level and extent of supervision. This will need to be assessed during a site visit.

It is unclear whether the hospital-based faculty sufficiently evaluate each student on a regular basis and document the completion of each aspect of the curriculum for each student. It is also unclear whether the School has a comprehensive method to assess

information from the students' performance as part of an ongoing assessment of the quality of the training and makes appropriate modifications to the curriculum.

It is unclear whether the program ensures sufficient census to meet the training needs of the students enrolled in each course area of clinical instruction and has no less than 15 patients in each course area of clinical instruction.

I feel that one focus of the site visit must be determining if the students meet the requirements of having an adequate number of patients for student's exposure and experience. The current documents are insufficient in determining if the students have adequate exposure on all of the required clinical rotations.

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

The medical school is owned and operated by Manipal Universal Learning. AUACOM's mission is to "provide an excellent medical education to committed candidates in order to graduate skilled ethical and caring physicians who will become life long learners with the ability to conduct and critically evaluate medical research," and to "graduate physicians who have the necessary skills and knowledge to be able to face the increasing challenges healthcare presents globally and specifically in the United States, while breaking down the barriers that underrepresented minorities face in obtaining a medical education and subsequent licensure in the United States."

There is insufficient information to determine if the structure and content of the educational program provides an adequate foundation in the 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. I feel this will need to be a focus of a site visit. There will need to be an assessment of the method by which the School uses educational outcomes from the student's academic performance in the basic and preclinical sciences to modify the curriculum as part of a comprehensive, ongoing process.

It is unclear whether there is sufficient effort to ensure that clinical clerkship experience done at multiple sites demonstrates comparability of the educational experience for all students. This will need to be a focus of a site visit.

It is unclear that the School has sufficient central oversight to assure that the faculty define the types of patients and clinical conditions that students must encounter and the expected level of student responsibility. It is unclear whether the School monitors the student's experience and modifies it to ensure that the objectives will be met.

It has been unclear whether Kasturba Medical College International Center (KMCIC), located in India, functions as a branch campus and therefore whether the School meets the requirements of (13)(A) and (B). This will need further assessment as if KMCIC meets the definition of a branch campus, then an assessment of this institution will need to be considered.

As described above, it is unclear whether the School has an effective method of evaluation of program effectiveness. Specifically, whether the School meets the requirements of (14); Evaluation of Program Effectiveness.

AUACOM provided a description of the faculty for each preclinical course; and these documents indicate that there are an adequate number for the size of the school. There is a sufficient description of the credentials of the faculty to indicate that they are appropriately qualified to teach their specific curricular content. It is unclear if there are sufficient faculty with appropriate credentials in the clinical clerkships and sufficient patient exposure to determine if the School is in compliance with these requirements. The School will need to provide additional information as indicated in the above comments.

AUACOM has published standards governing admission requirements. There is a description of the admissions criteria, student selection and promotion. However, the information provided is not of sufficient detail to determine whether the School has an effective process of assessment of these admissions requirements; specifically, that the School has a comprehensive method of review of students' performance and this is reflected in modifications to the admissions policies and procedures.

The School's policy on the acceptance of transfer students appears similar to those of the Liaison Committee on Medical Education (LCME). Specifically, that transfer students must demonstrate achievements in medical school comparable to those of the students in the class that they join. However, the information provided is not of sufficient detail to determine whether the School has an effective process of assessment of these admissions requirements; specifically, that the School has a comprehensive method of review of students' performance and this is reflected in modifications to the admissions policies and procedures.

The School presented information on its financial resources. The funds to support the School come from tuition fees. The School describes an operating budget of 38.5 million US dollars. The School appears to have sufficient financial resources to carry out its stated mission.

The School indicates that it is compliant with the requirement to retain student transcripts. They are kept indefinitely.

### **Final Comments**

The concerns listed above are not necessarily inclusive of all concerns and it is possible that additional concerns may need to be addressed while on site or by subsequent documentation.

Thank you for the opportunity to review the materials from AUACOM.

**Linda Whitney - Application of American University of Antigua**

**From:** Leonard Sclafani <lsclafani@AUAMED.ORG>  
**To:** <linda.whitney@mbc.ca.gov>  
**Date:** 7/20/2010 11:10 PM  
**Subject:** Application of American University of Antigua  
**CC:** "Alice Huffman" <alicehuffman@sbcglobal.net>  
**Attachments:** Letter to Barbara Yaroslavsky- Med. Bd. Cal. 7-20-10.doc

Dear Ms Whitney,

Please find attached the comments of American University of Antigua College of Medicine's comments and responses to the July 13, 2010 Report and Recommendations of the consultant for the Medical Board of California on AUACOM's application for inclusion on the Medical Board's list of "approved" medical schools. Thank you for the opportunity to submit AUACOM's responses to the Report and Recommendations for the Board's consideration prior to the meeting on July 30, 2010 at which AUACOM's application will be on the agenda. Because the exhibits are voluminous, I will send hard copies and CD's of them to you by fedex. They are not attached to this email.

Very truly yours,

Leonard A. Sclafani, Esq.  
V.P. & General Counsel p.p.

AMERICAN UNIVERSITY OF ANTIGUA  
c/o GCLR,LLC.  
2 Wall Street- 5thFl.  
New York, New York 10005

**Note to Medical Board Members,**

**The exhibits are not included in this packet as there is confidential information contained in those documents. These were forwarded to staff and the Medical Consultant on July 22, 2010 for review. Dr Nuovo and staff may or may not have adequate time to review all the documents prior to the Board meeting on July 30, 2010.**

**Linda K. Whitney  
Executive Director**





## American University of Antigua

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July 20, 2010

Barbara Yaroslavsky, President  
State and Consumer Services Agency  
Department of Consumer Affairs  
Medical Board of California  
2005 Evergreen Street – Suite 1200  
Sacramento, CA 95825

RE: Application of American University of Antigua College of  
Medicine for Inclusion on the Medical of California's List of  
"approved" Medical Schools

Dear Ms. Yaroslavsky:

American University of Antigua College of Medicine (AUACOM), having received the July 13, 2010 Report and Recommendation of Jim Nuevo, MD, the consultant assigned to review and to report on AUACOM's application for inclusion on the Medical Board of California's list of "approved" medical schools, welcomes the opportunity to provide the Medical Board with our comments concerning the consultant's Report prior the Board's consideration of AUACOM's application at the July 30, 2010 quarterly meeting of the Medical Board.

As hereinafter more fully set forth, AUACOM respectfully disagrees with the ultimate determination of the consultant that AUACOM has not provided documents and information sufficient to permit a determination as to whether AUACOM is in substantial compliance with the requirements of the Business and Professionals Code §2089 and §2089.5 or California Code of Regulations, Title 16, Division 13, §1314.1. As hereinafter more fully demonstrated, the consultant must have overlooked, misunderstood or misconstrued the information and documentation that AUACOM presented in support of its application in making his finding of fact and conclusions and, ultimately, the recommendations set forth in his Report. As also hereinafter more fully discussed, in some cases, the consultant's findings

and recommendations would hold AUACOM to higher standards than to which other medical schools on the Medical Board's "approved" schools list and, in particular, schools on the list by virtue of their status in having been accredited by the Liaison Commission on Graduate Medical Education ("LCME"), are held.

Hereinafter AUACOM will address seriatim each of the findings of the Board with which AUACOM takes exception. AUACOM's comments have been organized under the headings as they appear in the consultant's Report.

### **Review**

- The consultant reports that AUACOM has a "6 year program that leads to an Associate in science in pre-health science degree and an MD". This finding is factually erroneous. As reported by AUACOM through its April 22, 2010 Response to the Medical Board's Request for Information dated February 3, 2010, as of mid 2009, AUACOM's 6 year AS/MD Degree Program was eliminated. See Response "2" of AUACOM's April 22, 2010 Responses to the Medical Board's Requests for Information.
- The consultant's finding that AUACOM has a "Pre-Medical Program" which "consists of 4 16-weeks semesters of college-level science and humanitarian courses" is also erroneous and at odds with the information that AUACOM provided in its Responses of April 22, 2010 to the Medical Board's Requests for Information. When AUACOM eliminated its 6-year AS/MD Degree Program, it also eliminated its pre-medical program. In any case, as the Medical Board was informed, at no time was American University of Antigua's pre-medical program ever a part of American University of Antigua College of Medicine. The pre-medical program was an undergraduate program of AUA (of which AUACOM is but one part) which accepted and educated undergraduate students in preparation for careers in the health and medical sciences regardless of whether they wished to apply for admission to AUACOM (or to any other medical school, foreign or domestic) upon completion of their pre-medical studies.
- The consultant's description of AUACOM's Extended Basic Science program is, at best, misleading. Under AUACOM's EBS Program,

for the first semester only of a student's medical school education, a student enrolled in AUACOM's EBS Program is permitted to take a reduced courseload of only two courses in order to enable the student better to acclimate himself/herself to the rigors of AUACOM's challenging medical school education; however, by the end of the first academic year, students enrolled in the program are required to have completed all of the courses that students enrolled in the traditional 4 year admissions track are required to complete. (See AUACOM's Responses "2" and "3" of its April 22, 2010 Responses to the Medical Board's Requests for Information for the description of AUACOM's EBS Program as provided to the Medical Board). A fair reading of the consultant's Report would lead one incorrectly to conclude that the courseload of students enrolled in AUACOM's EBS Program remains reduced for the entirety of their education. As AUACOM disclosed in its April 22, 2010 Responses to the Board's Requests for Information, while any student may elect to enroll in AUACOM's EBS Program, AUACOM finds it to be particularly beneficial for students who are members of one or more classes of underrepresented minorities or for students who are accepted into AUACOM more on the basis of prior demonstrated life's experiences and accomplishments than on such criteria as the students' prior GPAs. The program is a part of AUACOM's effort to achieve its stated mission of providing an excellent medical education to committed candidates in order to graduate compassionate, skilled physicians while breaking down the barriers that underrepresented minorities face in obtaining a medical school education and subsequent licensure. There is a natural symbiosis between AUACOM's EPS program and AUACOM's Educational Enhancement program hereinafter discussed.

- The consultant made no mention whatsoever of AUACOM's Educational Enhancement Department ("EED") which offers students access to academic support designed to improve their study and learning skills so as to become more proficient, accomplished learners throughout their medical school education and, as well, throughout the rest of their lives. AUA's EED Program was described in detail in Response "19" of its April 22, 2010 Responses to the Medical Board. As AUACOM has reported to the Medical Board, the program is provided at no charge to students and, while available to all of AUACOM's students, is an integral and vital part of AUACOM's

stated mission of “breaking down the barriers that underrepresented minorities face in obtaining a medical education and subsequent licensure in the United States” inasmuch as, traditionally, underrepresented minorities, while having the capacity to succeed in medical school and to become caring, compassionate and competent physicians, have been denied access to the types of schools that teach students the art of study and of learning and the development of appropriate study and learning skills and habits. (See Exhibit “1”).

- The consultant erroneously reports, with respect to the clinical component of AUACOM’s educational program, that “arrangements and assignments of the core and elective clinical clerkships are through the school’s administrative offices in New York”. It is the case, however, that arrangements and assignments of AUACOM’s core and elective clinical clerkships are made through AUACOM’s educational Clinical Department under the supervision of AUACOM’s Executive Clinical Dean and Associate Clinical Deans. As of the opening of AUACOM’s new \$60,000,000.00 campus in the fall of 2009, AUACOM’s Clinical Department and, in particular, those in the Department responsible for arrangement and assignments of the core and elective clinical clerkships of AUACOM’s students, are located on AUACOM’s campus in Antigua.
- The consultant erroneously reports that “each, student is required to attend the “Transition to Medicine” semester, which the consultant asserts occurs at “The Clinical Training Center in Miami, the Richmond University Medical Center in Staten Island or the University Hospital in Pontiac Michigan”. We surmise that the consultant was referring to AUACOM’s “Family Practice/Internal Medicine I Course, the syllabus of which was provided as Exhibit “4” of AUACOM’s April 22, 2010 Responses to the Medical Board’s Requests for Information of February 3, 2010.

As so reported to the Medical Board, that course replaced AUACOM’s earlier “THINC-Medicine 01” course which, coupled with AUACOM’s 4<sup>th</sup> semester Introduction to Clinical Medicine (“ICM”) course, assures that students have the necessary knowledge and skills successfully to enter and to succeed in the clinical component of AUACOM’s MD Degree program, including the knowledge and skills competently to take patient histories and to

conduct patient examinations. Here, it is significant to note that AUACOM modified both its ICM and Family Practice/Internal Medicine 1 curriculum in order to improve the curriculum and the performance of AUACOM's students based upon educational outcomes of our students' academic performance. AUACOM's Family Practice/Internal Medicine 1 course is taught at the University of Miami School of Medicine Greater Miami Health Education and Training Center ("GMHETC"), and not the "Clinical Training Center in Miami" as the consultant reported. The course is also taught at St. Joseph Mercy Hospital Oakland-Pontiac Michigan, part of the Trinity Health-Michigan System, and not at "University Hospital" as the consultant reported. The course is also offered by AUACOM at Wyckoff Medical Center, Brooklyn, New York, a fact not reported by the consultant.

#### **Business and Profession Code §2089**

- The consultant has found that it "was unclear whether the School meets the requirement of having a specific curriculum in pain management and end of life care". However, a review of AUACOM's curriculum reveals that those subjects are specifically included in AUACOM's curriculum as part of the following courses: Neuroscience, Behavior Science and Pharmacology-Central Nervous System (Opioids Analgesics), in the basic sciences component of the curriculum, and Family Practice/Internal Medicine I, surgery and anesthesiology in the clinical sciences component of the curriculum. A complete copy of AUACOM's entire curriculum was provided to the Medical Board both of AUACOM's September 24, 2008 and April 22, 2010 Responses to the Medical Board's Requests for Information. A copy of AUACOM's curriculum as of the date that AUACOM submitted its Self Assessment Report was also included as part of that report.

#### **Business and Profession Code §2089.5**

- AUACOM takes specific exception to the consultant's finding that "[b]ased on review of the available documents", the consultant is "currently unable to determine if the clinical program provides students with an adequate medical education". Respectfully, the consultant's finding is both conclusory and factually erroneous.

Ultimately, the best evidence that AUACOM's clinical program provides its students with an adequate medical education is the success of AUACOM's students on USMLE Step II (CK) and Step II (CS) examinations. As previously reported to the Medical Board, it is a condition for a student to graduate from AUACOM that the student receives passing scores on both Step II (CK) and Step II (CS) of the United States Medical Licensing Examination (having already been required to pass Step I of the USMLE and several MBME Shelf Examinations, including the Comprehensive Shelf Examination, before the student begins clinical clerkships). As reported by the Federation of State Medical Boards (FSMB) (of which the Medical Board of California is a member) and the National Board of Medical Examiners (NBME), Step II (CK) of the USMLE tests the student's comprehensive knowledge and understanding of "the principles of clinical science that are deemed important for the practice of medicine under supervision in post-graduate education". As also reported by the FSMB and NBME, Step II (CS) of the USMLE tests whether students and graduates have the ability to apply knowledge, concepts and principles, and to demonstrate fundamental patient centered skills that are important in health and disease and that constitute the basis of safe and effective basic care.

Students who completed AUACOM's clinical science curriculum in 2009 enjoyed a 99.2% pass rate on their USMLE Step II (CS) exams and a pass rate of 94.6% on their USMLE Step II (CK) exams.

Ultimately, 100% of AUACOM's graduates will have passed Step I and each of Step II (CS) and (CK) before graduating. As a result, above all of the other significant and constantly exercised means employed by AUACOM to insure the effectiveness, competence and sufficiency of AUACOM's clinical program, AUACOM (and, it is submitted, the Medical Board of California) can be assured that students who complete AUACOM's clinical science curriculum have received an education in the clinical sciences favorably comparable to the education that students who attend medical schools in the United States are offered.

As hereinafter more fully discussed in connection with other conclusions of the consultant concerning the clinical sciences component of AUACOM's educational program, AUACOM presented a wealth of additional information and documentation to the Medical Board, all of which demonstrates that the clinical sciences

component of AUACOM's educational program more than adequately provides a competent, appropriate, well structured, well supervised medical education for AUACOM's students.

- Through a letter from Deborah Pelligrini, Chief of Licensing of the Medical Board of California, dated June 21, 2010, AUACOM was informed that, despite having been asked for the CVs of its Deans, AUACOM had failed to provide them. In his report, the consultant again asserts "[t]here is insufficient information to determine the credentials of the clinical clerkship faculty". These assertions were made notwithstanding that AUACOM had provided as exhibits to its September 24, 2010 Responses to the Medical Board's November 26, 2008 Requests for information not only the CVs of AUACOM's Executive and Associate Clinical Deans, but the CVs of AUACOM's Provost, Seymour Shwartz, and the CVCs of each of the Chairs of AUACOM's individual Clinical Departments. Annexed hereto as Exhibit "2" are additional copies of those CV's as well as copies of the CV's of numerous of AUACOM's clinical faculty who teach at AUACOM's clinical sites. The CV's clearly evidence the competence, qualifications and credentials of AUACOM's clinical faculty.
- AUACOM strongly disagrees with the finding of the Medical Board's consultant that AUACOM has provided information adequate for him to have determined whether AUACOM "provides sufficient oversight to the implementation of the clinical program on a meaningful basis and documents the level and extent of supervision. AUACOM submits that the information and materials that we submitted through our Self Assessment Report and in our Responses to the Medical Board's Requests for Information (and, in particular, our April 22, 2010 Responses to the Medical Board's February 3, 2010 Requests for Information) more than adequately demonstrate that AUACOM provides documented oversight over the clinical component of its educational program that is more than adequate to insure that each of AUACOM's students receives an appropriate education in the clinical sciences through each of their clinical clerkships. As AUACOM reported in its April 22, 2010 Responses to the Medical Board, each clinical clerkship program at each clinical site is visited and evaluated at least once per year by each Clinical Chair of the department to which the program relates. If one hospital provides clinical clerkships

in multiple disciplines, the site will be visited by each Chair responsible for each offered discipline. This might result in either joint visits of several Clinical Chairs or multiple site visits by several Chairs during the course of the year. Each Chair submits a formal site evaluation to the Executive Clinical Dean. Provided as Exhibit "3" is a sample clinical site evaluation. In addition, each site is visited and evaluated regularly by AUACOM's Executive Clinical Dean. Additionally, students are required to submit clinical site evaluation forms at the end of each clinical clerkship. The forms are reviewed by the respective Clinical Chairs and the Executive Clinical Dean's office. The Executive Clinical Dean and the Clinical Chairs react to the findings and initiate modifications to AUACOM's clinical sciences changes as appropriate.

Also as AUACOM reported to the Medical Board, the Executive Clinical Dean and the Clinical Chairs meet during their visits to the clinical sites with the clinical faculty, the Chair of the respective clinical department and the Director of Medical Education (DME). A major part of the site visit is a scheduled meeting with the students then currently participating in the specific program visited.

The Executive Clinical Dean determines the adequacy of the administration of the clinical curriculum based, inter alia, on:

1. Formal Site evaluations by Clinical Chairs;
2. Formal Site evaluations by students;
3. Direct communication with clinical chairs, faculty and students;
4. Personal evaluation of a specific clinical site during site visits.
5. Student test result.
6. Student feedback

AUACOM's clinical sites for core clerkships are at teaching hospitals as that term is defined under California's laws. Almost to a one, the hospitals either have ACGME or AOA accredited residency programs in the disciplines of the clerkships or are associated with an LCME accredited US medical school. AUACOM expects that the standards established, controlled, enforced and regularly revisited by the ACGME the AOA and the LCME will insure that the sites of its clerkship and the education provided at these sites will meet our



requirements. Nevertheless, our faculty, Deans and Chairs maintain a close scrutiny over our program at each site.

It is noteworthy that the consultant found that AUACOM has 40 separate sites for its students, however, AUACOM's April 22, 2010 Responses to the Medical Board (Exhibit "8" of the document – Exhibit "4" hereof) shows that AUACOM has only 17 clinical sites at which our students participate in clinical clerkships, each of which are JCAHO accredited and are either associated with an LCME program (at which our students are visiting students) or have ACGME or AOA accredited residency programs.

Clinical sites for elective rotations for the most part follow the same standards as for core rotations. Exceptions are made only after careful review by the Executive Clinical Dean. As was explained to the Medical Board and its consultant at the meeting held at the Board's offices in Sacramento on June 22, 2010, an example of the practice of deviating from placing students in teaching hospitals for elective clerkships is: two students who are currently enrolled in research clerkships in neuroscience at John Hopkins University.

Within the last twelve months, the school has terminated three clinical sites- South Fulton Medical Center and South Regional Medical Center in Atlanta, Georgia and a program affiliated with Maryland General Hospital in Baltimore, Maryland-because the clinical sites were not performing up to AUACOM's requirements and expectations as determined through AUACOM's critical central oversight of its clinical program.

From all of the foregoing, it is submitted, there was, and is, more than ample evidence about AUACOM's clinical sciences program for the Board's consultant to have concluded, and for the Board now to conclude, that AUACOM's education, and, in particular, the clinical component of its education is more than adequate and satisfies all aspects of the California Code of Regulations.

- The consultant reports that "it is unclear whether the hospital-based faculty sufficient evaluate each student on a regular basis and document the completion of each aspect of the curriculum for each student" and also "whether the school has a comprehensive method to

assess the students' performance as part of an ongoing assessment of the quality of the training program and make appropriate modifications to the curriculum". AUACOM submits that these opinions are at odds with the information and documentation that AUACOM provided to the Medical Board. AUACOM reported both in its Self Assessment Report and in its Responses to the Medical Board's Requests for Information that the performance of each student in each clinical rotation is separately assessed on the basis of several criteria. The assessments are reported to the school by the clinical faculty at the site of each clinical rotation to which each student is assigned on a form which is substantially similar to the form used by Ross University School of Medicine for evaluation of the performance of its students in their clinical clerkship. The Ross University's form was, in turn, modeled after, and is substantially identical to, the forms used by several LCME accredited medical schools for the same purpose. A copy of AUACOM's form used for an evaluation of the performance of students in clinical clerkships was provided as Exhibit "15" to AUACOM's Self Assessment Report. An additional copy is annexed hereto as Exhibit "5". AUACOM also reported to the Medical Board, as above noted, that, in addition to these assessment tools, AUACOM requires as a condition for graduation, that students pass USMLE Step II (CK) and USMLE Step I (CS). As previously discussed, AUACOM assesses the performance of each of its students, and the overall effectiveness of its educational program, inter alia, through its students' performance on these examinations. It is submitted that there is absolutely no lack of clarity as to whether AUACOM's hospital-based faculty sufficiently evaluate each student or whether AUACOM has a comprehensive method to assess information from the students' performance as an ongoing assessment of the quality of their training.

- As AUACOM, has clearly demonstrated that it does, indeed, properly competently and proficiently evaluate each students' performance in each clinical clerkship through its hospital based faculty, the consultant's question on the matter to the contrary notwithstanding AUACOM has also has provided for the consultant's review more than ample information and documentation establishing that AUACOM does have "a comprehensive method to assess information from students' performance" from which it can make appropriate

modifications to its clinical sciences program, the consultant's determination otherwise notwithstanding.

For example through its April 22, 2010 Responses to the Medical Board's inquiries, AUACOM reported to the Medical Board that, based the information it had received of its students' performance in the clinical sciences component of their education, AUACOM determined that it would no longer send students to clinical sites (South Fulton Medical Center, Atlanta Georgia and Southern Regional Medical Center, Atlanta Georgia) because, in our determination, the sites were not providing adequate instruction in accordance with our curriculum. Also as AUACOM reported through the April 22, 2010 Responses, AUACOM reported to the Medical Board that it made significant modifications to its THINC Medicine-01 Fifth Semester Clinical Program-now, AUACOM's Family Medicine/Internal Medicine-01 course-based upon AUACOM's assessment of the quality of AUACOM's program and the performance of its students in clinical clerkships. AUACOM has also recently made significant modifications to the requirement for its surgery core clinical curriculum and, as reported to the Board, also made significant modifications to the substance and method of delivery of AUACOM's Ob/Gyn core curriculum and clerkships in that specialty. More recently, over the course of the last year, AUACOM has significantly revamped the entirety of its clinical curriculum in response to its assessment of the curriculum based upon its consideration of objective criteria such as USMLE Step II scores, student feedback, individual student performance evaluations, and personal observations of AUACOM's Executive Dean, Clinical Chairs, Provost and other AUACOM faculty and through site visits at the teaching hospitals where AUACOM's students rotate. A copy of AUACOM's new clinical curriculum was provided to the Board as Exhibit "15" of AUACOM's April 22, 2010 Responses to the Medical Board's February, 2010 Request for Information. And an additional copy is annexed hereto as Exhibit "6"

AUACOM, therefore, submits that there is no basis for the consultant's determination that AUACOM documentation failed to establish whether AUACOM makes appropriate modification to its curriculum based upon ongoing assessments of the quality of training of its students.

- The consultant erroneously determined that AUACOM has not adequately established that its clinical program “insures a sufficient census to meet the training needs of the students enrolled in course areas of clinical instruction and has no less than 15 patients in each course areas of clinical instruction”. At the outset, it must be noted that, earlier in his Report (pg. 3) in describing (albeit erroneously) where AUACOM’s students receive their clinical instruction, the consultant expressly found that:

The information provided by the School indicates that [the teaching hospitals at which AUACOM educates its students in the clinical sciences] are in compliance with [Business and Professions Code §2089.5] item(d); specifically that the sites provided for those core clinical rotations are performed in hospitals that meet one of the stated requirements.

As above noted, AUACOM reported in its April 22, 2010 Responses to the Medical Board’s Requests for Information of November 26, 2008, all of the hospitals where AUACOM’s clinical core clerkships and most of AUACOM’s elective clerkships are provided are “teaching hospitals” that either have ACGME or AOA accredited residency programs in the specialty in which the clerkships are taught or, at a minimum, in family medicine. Where such is not the case, AUACOM’s students receive clinical training as visiting students of LCME accredited medical schools at the principal sites for clinical training of the school’s students. As each of the clinical sites at which AUACOM’s students receive their clinical instruction is JCAHO accredited, a simple review on the JCAHO website (and the ACGME website will reveal that each of the teaching hospitals at which AUACOM’s clinical instructions is provided has more than an adequate patient census (and well more than 15 patients in each of the course areas of clinical instruction). Were the hospitals to lack an adequate census to meet the training needs of students, they would also be inadequate for the training needs of residents and, therefore, would not have qualified as sites (in almost every case, principal sites) of an ACGME accredited residency program (or adequate to provide clinical instruction for students at LCME accredited schools. Accordingly, AUACOM respectfully submits that the consultant’s concern that the hospitals at which AUACOM provides clinical

instruction for its students may not have the required census for the education of students is a non-starter.

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

- It is respectfully submitted that the concerns raised by the consultant under this heading in his Report are repetitious of those that he raised through the prior sections of his Report and have been addressed both above and through AUACOM's prior submissions.
- As above discussed, the consultant's stated concern that AUACOM provided insufficient information for him to determine if the structure and content of AUACOM's educational program provides an adequate foundation in the 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 is belied by the scores achieved by AUACOM's students on their Step II (CK) and Step II (CS) examinations, among the other items of information and documentation above discussed that AUACOM has previously presented to the Medical Board.
- Also repetitious of concerns expressed by the consultant under prior sections of his Report and that AUACOM has above addressed is the consultant's assertion that an assessment is necessary to determine the method by which the school uses educational outcomes to modify its curriculum. As above discussed, and as reported in AUACOM's various prior submissions to the Medical Board, AUACOM uses MBME Shelf Exam results in each of the basic sciences courses where such exam are available, the MBME Comprehensive Shelf Exam results, students' performance during basic science courses (course examination results, laboratory exam results, final exam results, USMLE Step I results, clinical clerkship performance data and evaluations, USMLE Step II (CK) and (CS) results, the success of its students in securing residency positions, evaluations by students and other outcome data) to evaluate the progress and performance of each of its students as well as the overall effectiveness of its educational program.

The collected outcome data are used by faculty and administration together with a myriad of other data and information to evaluate

individual students' performance in given subjects, courses, clerkships and AUACOM's overall educational program; the data is used where appropriate, to make alterations, modifications and improvements to AUACOM's overall program. It is also used to evaluate, and, where appropriate, to make modifications and improvements to faculty performance, academic leadership and school policies such as admissions and promotion criteria. Faculty will also use the data to improve educational content and its delivery; the Curriculum Committee will base recommendations for curriculum changes partly on the outcome data; senior academic leadership will use outcome data to review and make modifications to improve the University's educational program in order to achieve overall academic success of the program. Several examples of modifications to AUACOM basic sciences and clinical curriculum as a result of AUACOM's assessment of its curriculum through consideration of the objective outcome data that it collects are above discussed and have been identified and addressed in AUACOM's submissions to the California Medical Board to date.

- The consultant's question as to whether AUACOM has sufficient central oversight to insure that faculty define the types of patients and clinical conditions that students must encounter and the expected level of student responsibility is also repetitious of concerns earlier stated in his Report and addressed by AUACOM above. As above set forth, AUACOM has demonstrated that it maintains more than sufficient oversight of its clinical sciences program to ensure that students are appropriately educated in the clinical sciences; and the result of students' USMLE Step II exam scores bear this out.
- The consultant has found a lack of clarity as to "whether there is sufficient effort to ensure that clinical clerkship experience done at multiple sites demonstrates comparability of the educational experience for all students". That he has raised this concern coupled with the fact that, in its Requests for Information following receipt of AUACOM's Self Assessment Report, the Medical Board asked AUACOM how the school determines "the appropriate number of cases to insure competence in the clinical clerkships" gives AUACOM great cause for concern that the consultant and the Medical Board wish to hold AUACOM to a higher, different, and practically unachievable standard than to which every other school on its list of

“approved” medical schools and in particular, those schools on the list that have been accredited by the LCME, are held. As the Medical Board and its consultant must know and appreciate, medical schools, both foreign and domestic, can not expect that from clinical site to clinical site, or even within the same teaching hospital, clerkship to clerkship, students will have the same experiences, or participate in the same types of procedures or become exposed to the same, or any particular number, or legitimately quantifiable range, of cases. AUACOM amply demonstrated in its prior submission that it closely monitors the exposure that its students have throughout the course of their clinical education, and in each clinical clerkship through numerous means including, but not limited to, supervision of the clerkships by its hospital based faculty, review of student portfolios documenting student’s experiences during their clerkship, site visits of the Executive Clinical Dean, Associate Clinical Dean, Departmental Chairs and other faculty to the clinical sites at regular intervals, student feedback through interview and clerkship evaluations and through other means. AUACOM monitors the exposure of its students in the same manner, and to the same extent, if not better, than most other medical schools can, and do, monitor the clinical exposure of their students.

Annexed as Exhibit “7” is a report of the Association of American Medical Colleges (“AAMC”) on its “Project on the Clinical Education of Medical Students-Clinical Skills Education. Through the document, the AAMC reports that:

There is no curricular standard and much variability within the medical education community regarding the clinical skills education of medical students. (fn omitted). Very few schools appears to approach clinical skills education as an explicit developmental process throughout the four years of the curriculum. Only a minority of US schools have explicit clinical education objectives that guide the clinical education of students. For those that do, there is a wide variation in the school’s skills specified. Most medical schools provide some form of clinical skills education, primarily during the first and second years of the curriculum. There is a substantial variation in the degree to which clerkship disciplines participate in an organized way in teaching

and assessing clinical skills. There continues to be an assumption that students acquire the clinical skills required for post-graduate training during clerkships, but most schools do not determine if this is in fact happening. There is also no explicit clinical skills development process that formally bridges the continuum of undergraduate and graduate medical education

....

Few schools have an organized approach for assessing clinical skills in a developmentally explicit manner. While the majority of schools assess clinical skills ability at some time in the curriculum, the assessment exercises do not systematically and comprehensively relate to a clear set of objectives for clinical skills education.

.....

According to students, the frequency of faculty participation in both observation and feedback about physical examination ranges between 40% and 80%. It is noteworthy that over a quarter of graduating students have reported that they have never been observed taking a history of performing a physical examination by a faculty member. A minority of students report having been required successfully to pass an OSCE at the completion of any of the required clinical clerkships. On the other hand, schools with established skills programs assess such students more often and with a wider range of assessment including faculty observation.

- The Report goes on to summarize:

Overall, from the data that are available, it appears that contemporary clinical skills education in the U.S. undergraduate medical curriculum continues to remain a largely implicit process with wide variability among schools in the attention and detail given to the essential educational activity. This implicitness, lack of



comprehensiveness, and wide content variability is the norm within schools and clinical disciplines. Despite the fact that medical students in the United States can continue their postgraduate education almost anywhere in the country, it is noteworthy that there is no national consensus of what comprises basic clinical skills education.

A review of the LCME's guidelines for medical school education will reveal that the LCME does not require a specific number, range, or type of specific cases, at any clinical site, or site to site. AUACOM submits that within the appropriate guidelines of the LCME and the realms of reasonable expectation, AUACOM has demonstrated that it properly, adequately and sufficiently monitors the clinical experience of its students and insures that they receive an education that provides more than adequate and sufficient exposure to cases, and the type of cases, that will provide a meaningful clinical experience in the discipline of the clerkship and will prepare the student for postgraduate education AUACOM shall be held to no higher standard nor should it be denied inclusion on the California Medical Board's list of "approved" medical schools because the consultant does not believe that AUACOM satisfies a standard that few, if any, other schools can, or do, satisfy, of insuring comparable experiences, site to site, or clerkship to clerkship through the tracking of a specified number of range of a specified type of cases.

- The consultant reports that it is unclear whether AUACOM "has an effective method of evaluation of program effectiveness. Specifically, whether the school meets the requirements of (14); evaluation of Program Effectiveness". In reaching this determination, the consultant must have overlooked, misunderstood or misconstrued the wealth of information and documentation provided by AUACOM in its Self Assessment Report and its subsequent Responses to the Medical Board's Requests for Information. Specifically, AUACOM advised that AUACOM is able to evaluate its program effectiveness through the results of MBME Shelf Exams in the basic science courses and in the MBME's Comprehensive Shelf Exam. AUACOM also demonstrated that the effectiveness of its program is evaluated

through an assessment of the USMLE scores achieved by AUACOM's students on Step I, (CK) and Step II (CS) of the USMLE, the passing of each of which exams is prerequisite to graduation from AUACOM and, in of proceeding from the basic sciences to the clinical sciences component of a student's education.

- The consultant's Report raises the issue as to the relationship of Kasturba Medical College International Center ("KMCIC") to AUACOM. AUACOM has advised the Medical Board that it is not seeking approval for its KMCIC program. Historically, the Medical Board has required international medical schools to make separate applications for approval of separate programs. University of Lublin's Hope Medical Institute program, St. George University Medical School's British program and Ross University School of Medicine's Bahamas program are such. AUA/KMCIC program should be treated no differently, and therefore, should not be considered as part of AUACOM's pending application. Notwithstanding we provide the following:

Complete information on the nature of AUA's relationship with KMCIC, whether KMCIC students are transfer students and whether they receive degrees from AUA has been provided and explained both through AUACOM's responses to the Medical Board's prior requests for information and thoroughly by the undersigned during my June 22, 2010 meeting above discussed. To reiterate, Kasturba Medical College International Center ("KMCIC") is a medical doctorate program offered by American University of Antigua. The program is separate and distinct from the medical doctorate program offered by American University of Antigua College of Medicine. The government of Antigua and Barbuda, fully apprised of the program and after review of AUA's KMCIC medical doctorate degree program, has sanctioned the program and authorized AUA to award medical doctorate degrees to graduates of the program (Exhibit "8"). As is the case with graduates of AUACOM, graduates of AUA's KMCIC program are eligible to obtain licenses for the practice of medicine, and to engage in the practice of medicine, in Antigua and Barbuda. Moreover, the Education Commission on Foreign Medical Graduates ("ECFMG"), having been duly apprised of the AUA's KMCIC program and its authority from the government of

Antigua, has determined that the program satisfies ECFMG's requirements for AUACOM's students to sit for the United States Medical Licensing Exam and its graduates to be considered for certification as having had an education comparable to that provided at LCME accredited schools.

Because the program is a part of American University of Antigua, students enrolled in the program are not, at any time, "transfer students".

As of today's date, 452 students have matriculated into AUA's KMCIC program and there are currently 330 students enrolled in the program.

Official transcripts of students enrolled in the program plainly indicate "KMCIC/AUA" as the program in which the students are enrolled; diplomas awarded to the students plainly recite that degrees are from KMCIC/AUA (see Exhibit "9") because the KMCIC/AUA program is a part of AUA, there is no written agreement evidencing the relationship between the KMCIC program and AUA.

- The Medical Board's consultant has stated that the information provided by AUACOM on its admissions policies is not of sufficient detail to permit him to determine whether the School has an effective process of assessment of its admissions requirements. AUACOM respectfully disagrees. AUACOM has advised in its September 24, 2009 and April 22, 2010 Responses to the Requests for Information of the Medical Board that, while AUACOM does not employ a specific GPA as a litmus test for admission, applications for admission of students who have GPA's of 2.6 or higher are more favorably considered than are the applications of students who GPA's below 2.6; however, the fact that an applicant has a 2.6 or higher undergraduate GPA does not guarantee that the student will be admitted into AUACOM. AUACOM also has reported to the Medical Board that its refusal to employ a specific undergraduate GPA litmus test for admission into the school is consistent with the LCME's guidelines for admission into U.S. schools and the recommendations in the Macy Foundation's

AAMC endorsed 2009 Monograph. AUACOM has adequately described the various tracks for admissions the purposes of each consistent with its mission statement. AUACOM has also demonstrated that its admissions decisions are made by an independent faculty Admissions Committee comprised of senior faculty. Likewise, AUACOM has provided substantial data with respect to each of the students that has been admitted into AUACOM's basic sciences over the last three years, their GPA's and their outcomes, which AUACOM tracks. Annexed hereto as Exhibit "10" is a spreadsheet identifying every such student, his/her entering GPA and his/her current status.

The document reveals that, in 2008, students who entered AUACOM through the 4 year track, by far the most common means of gaining admission into AUACOM, had an average entering GPA of 3.07 while, in 2009 and 2010 to date, students entering AUACOM through our 4 year track had entering GPA's of 3.06 and 3.11 respectively.

The schedule also reveals that only 7.9% of students who entered AUACOM through its 4 year track in 2008 had GPA's of lower than 2.6 while, in 2009, that percentage was 8.3 and in 2010 to date, the percentage was 8.1.

The percentage of students who entered AUACOM through our Extended Basic Sciences (EBS) track in those same years with GPA's lower than 2.6 were, as one would expect given the nature of the EBS program, slightly higher.

As reported in AUACOM's Responses to the Medical Board's Request for Information and as above noted, AUA no longer has a 6 year track for admission into AUACOM.

As reported through AUACOM's Responses "5", "6" and "15" of our September 24, 2009 Responses to the Medical Board's November 26, 2008 Request For Information and also through Responses No.'s "3" and "4" of its Responses dated April 22, 2010 to the Medical Board's Requests for Information dated February 3, 2010, the criteria that AUACOM's Faculty Admission Committee employs to determine which applicants whose GPA's are lower than 2.6 (and as well which students whose GPA's are higher than 2.6) will be accepted for

admission into AUACOM are not fixed, but are many, complex and myriad. The mere fact that a student had achieved a 2.6 GPA or higher does not guarantee admission while the fact that a student's GPA may be lower will not automatically preclude a favorable admission decision. Each application for admission is considered on a case by case basis. AUACOM's independent faculty Admissions Committee takes a holistic approach to the consideration of a student for admission into AUACOM. The Committee favors inclusion and opportunity over exclusion and outright rejection. A student's demonstration of commitment, his/her life's experiences and accomplishments leadership qualities, evidences of compassion, status as a member of a class of undergraduate minorities will always trump a GPA. And, as the attached schedule reveals, AUACOM's Admission Committee is very successful in ferreting out applicants who otherwise might have been rejected on the basis of a GPA less than 2.6 but who can and do, succeed in medical school and thereafter. As the schedule reveals, the attrition rate of students admitted into AUACOM whose GPA's are above 2.6. from the foregoing, there should be no issue as to AUACOM.

- AUACOM strongly disagrees with the consultant's determination that AUACOM had not provided sufficient information for him to determine whether AUACOM has an effective process of assessment of its admissions requirements for transfer students that is "reflected in modification to its admissions practices and procedures. Through its submissions to date to the Medical Board, as reiterated in the meeting on June 22, 2010, AUACOM has provided extensive details of its policies and procedures and standard of admissions for transfer students. AUACOM has also documented the significant changes it has made to these policies due to assessment of the results of its prior admissions decisions. The Board was advised as follows:

All transfer applications are reviewed on a case-by-case-basis by the Admissions Committee, which is comprised of senior faculty. The process of review is as follows: The application is reviewed by a member of the Admissions Committee who will comment on the application and make a recommendation to the Committee. The Admissions Committee then discusses the application at a meeting and considers the recommendation before making a final decision.

Criteria for transfer applicants to be considered for acceptance are:

- Successful completion (evidenced by official transcripts) of the required undergraduate coursework for admission to AUACOM as outlined before;
- Official transcripts of all institutions attended;
- Personal statement;
- At least two letters of recommendation; at least one of which must be an academic letter of recommendation
- Interview conducted by a member of the NY admissions team; and
- Transcripts that document the completed coursework at the currently attended medical school.

As of November 2009 AUACOM accepts credits for transfer from (1) LCME accredited US medical schools; (2) AOA approved DO schools, and (3) international medical schools that are approved by the NY State Board of Education with few exception.

At present, AUACOM does not accept transfer students into semester 5 or higher. Between November 2009 and March 1, 2010 clinical transfer applicants were considered if the applicant passed Step I and attended a medical school which is LCME, AOA, or NYS approved. Prior to November 2009, the basic science coursework for clinical transfer applicants was considered equivalent to AUACOM if the applicant had passed Step I. The final decision to accept or deny clinical transfer applications was made by the Clinical Dean.

In cases of schools that are not approved by the LCME/AOA or NY State the Admissions Committee conducts an **independent evaluation** that includes the following:

### **Curriculum**

The Admissions Committee evaluates the curriculum at the prior medical school and its compatibility with the AUA curriculum. In cases where the AUA curriculum and the curriculum of the prior medical school are partly or completely incompatible (e.g., traditional vs. systems based) the Admissions Committee may reject the applicant or may require the applicant to do remedial coursework where curricular deficits are identified or suspected. A number of AUA faculty members (including some who serve on the Admissions Committee) have intimate and first-hand knowledge of most of

the Caribbean medical schools and their curricula.

### **Course Equivalency**

Courses taken and completed at the other medical school and their equivalency to courses at AUA are evaluated through analysis of transcripts and course outlines/descriptions. The Admissions Committee may not accept credits for transfer if the credits for courses at the prior medical school are significantly lower than those for the same courses at AUA as this indicates a smaller course size and hence less course content. Course equivalency may be further assessed through analysis of course outlines in addition to transcript evaluation. The Admissions Committee may require the applicant to provide detailed course outlines for coursework done at the prior medical school before a decision concerning acceptance and granting of transfer credits is made. Such review of course outlines may be preformed by members of the Admissions Committee or through the course directors and department chairs of relevant courses who will provide their conclusions to the Admissions Committee. In cases of transfer applications from medical schools outside of North America and the English-speaking Caribbean the Admissions Committee routinely requires the applicant to provide credentials evaluation by a professional and accredited credentials evaluation agency for the coursework completed at the prior medical school. If course equivalency cannot be conclusively evaluated through analysis of transcripts and course outlines alone the Chair of the Admissions Committee may contact the prior medical school for clarification.

### **Approval status.**

The Admissions Committee evaluates the approval status of the prior medical school. It is expected that the prior medical school is approved by the government of the country in which the school is located. The prior medical school should also be approved in the US, in particular in the state of New York. Please see below for the current policy on acceptance of transfer credits.

As of November 2009 AUACOM accepts transfer credits from the following medical schools (Positive List)

- All mainland US LCME accredited medical schools and DO schools
- St. George's University School of Medicine (Grenada)
- Ross University SOM (Dominica)
- American University of the Caribbean (St. Maarten)

- Saba University SOM (Saba)
- Medical University of the Americas (Nevis)
- St. Matthews University SOM (Grand Cayman)

The following is a list of schools from which AUACOM does not accept credits for transfer (Negative List):

- Windsor University (St. Kitts)
- St. Christopher Ibu Mar Diop (Luton, UK)
- Spartan (St. Lucia)
- University of Health Sciences Antigua
- St. Eustatius University SOM (St. Eustatius)
- Medical University of the Americas (Belize)
- Universidad Iboamericana (Dominican Republic)
- St. James (Bonaire)
- Xavier (Bonaire)
- All Saints (Aruba and Dominica)
- Milik University SOM (St. Kitts)
- International American University SOM (St. Lucia)
- American Global University (Belize)
- Trinity University (St. Vincent)
- University of Medical and Health Sciences (St. Kitts)

Any other school that is not on either of these lists is presumed to be on the negative list until evidence justifies otherwise.

Based upon all of the foregoing, AUACOM's Self Assessment Report and subsequent submissions, the Board must consider AUACOM's application for inclusion on its "approved schools lists" favorably and without the need of a site visit to clarify issues and concerns raised by the consultant in his Report. This is so notwithstanding that AUACOM is proud of its newly built modern campus and buildings and welcomes the Medical Board to visit our campus and to see firsthand the quality of AUACOM's program, faculty, students and facilities.

Very truly yours,

Neal Simon,  
President