REPORT

on the Results of the External Expert Panel's work
on Assessment of Compliance of

Doctor of Medicine Programme of

American Canadian School of Medicine
(The Commonwealth of Dominica)

with the Requirements of "Standards and Guidelines for International
Initial Accreditation of Basic Medical and Pharmaceutical Education
Programmes (based on WFME/ AMSE/ ESG)"

Site Visit Dates: May 2-4, 2023

INDEPENDENT AGENCY FOR ACCREDITATION AND RATING
External Expert Panel

Addressed to the IAAR
Accreditation Council

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Portsmouth city

CONTENT

(I) LIST OF SYMBOLS AND ABBREVIATIONS

AAMC– Association of American Medical Colleges
ACCM – Accreditation Commission on Colleges of Medicine
ACGME – Accreditation Council for Graduate Medical Education
ACSOM – American Canadian School of Medicine
AMSE - The Association of Medical Schools in Europe;
CAO – Chief Administrative Officer
CAP – The Committee on Academic Progress
CC – The Curriculum Committee
CEO – Chief Executive Officer
CFO – Chief Financial Officer
CIO – Chief Information Officer
CK – Clinical Knowledge
CME – continuing medical education
COA – Committee on Admissions
CQED – The Center for Quality Educational Development
CV – curriculum vitae
ECFMG – Educational Commission for Foreign Medical Graduates
ECTS - European Credit Transfer and Accumulation System
EEP - External Expert Panel;
EMSA – European Medical Students Association
EO – Educational organisation
EP – educational programme
EU- European Union
EUA- European University Association
GME – graduate medical education
GPA – Grade Point Average
GSA – Group on Student Affairs
HDMI – High-Definition Multimedia Interface
HEI - Higher Educational Institution
IAAR – Independent Agency for Accreditation and Rating
IELTS – The International English Language Testing System
IFLA – International Federation of Library Associations and Institutions
IRB – Institutional Review Board
IT – Information technology
LCME – Liaison Committee on Medical Education
MBA – Master of Business Administration
MCCQE – The Medical Council of Canada Qualifying Examination
MCQs – multiple choice questions
MD – medical doctor
MLS – The Master of Library Science
MPH – Master of Public Health
MSPE – Medical Student Performance Evaluation
NBME – National Board of Medical Examiners

OSCE – objective structured clinical examination
PBL – problem-based learning
PBLI – Practice-Based Learning and Improvement
QA – Quality Assurance
SBP – Systems-Based Practice
TOEFL – Test of English as a Foreign Language
USMLE – United States Medical Licensing Examination
WFME – World Federation for Medical Education

(II) INTRODUCTION

In accordance with the order of the IAAR No. 69-23-OD dated 06.03.2023 and "Standards and Guidelines for International Initial Accreditation of Basic Medical and Pharmaceutical Education Programmes (based on WFME/ AMSE/ ESG)" (No.150-22-OD dated December 21, 2022) an external expert panel (EEP) accomplished a site visit to the American Canadian School of Medicine (The Commonwealth of Dominica) from 2 May to 4 May 2023 in the framework of international programme accreditation of the "Doctor of Medicine" educational programme.

EEP composition:

1. IAAR Panel Chairman – Dr. Igor Cemortan, Ph.D., Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova (Chisinau, Republic of Moldova) (offline);

2. IAAR Expert – Prof. Irine Sakhelashvili, MD, Ph.D., Medical School; Head of Health and Scientific Research Department, Georgian American University (Tbilisi, Georgia) (offline);

3. IAAR Employer-Expert – Dr. Zulfiya Zhankalova, Doctor of Medical Sciences, Gastroenterologist at City Polyclinic №16, Member of International Association of Pancreatology, Member of Kazakh Association for the Study of the Liver (Almaty, Republic of Kazakhstan) (online);

4. IAAR Student-Expert – Seunghye Yegorova-Lee, Member of the Standing Committee on Human Rights and Peace of the International Federation of Medical Students' Associations (SCORP IFMSA), third year student of the Doctor of Medicine, Griffith University (Gold Coast, Australia) (online);

5. IAAR Coordinator – Dr. Timur Kanapyanov, Ph.D., IAAR Deputy General Director for International Cooperation (Astana city, Republic of Kazakhstan) (offline).

(III) INTRODUCTION OF THE ORGANISATION OF EDUCATION

American Canadian School of Medicine (ACSOM) is a non-profit university in the Caribbean. ACSOM was founded recently, 2023, on the basis of the license of Ministry of Health of Dominica. The ACSOM-Dominica programme was not previously accredited. ACSOM is situated in Commonwealth of Dominica.

University requisites:
Address: Robert Ross Blvd
Picard, St John's Parish
Commonwealth of Dominica
00109-8000
Phone: N/A
E-mail: N/A
Website: https://www.acsom.edu.dm/

Table 1. General description of the University

Full name of the EO	American Canadian School of Medicine
Founders	Arvin Bagherpour MD, CEO and Founder
	Ramin Ahmadi MD MPH, Founding Dean
Year of foundation	2023

Current status of accreditation	Candidacy status with ACCM
Location	Commonwealth of Dominica
Dean (Rector)	Ramin Ahmadi MD MPH
License (title document)	Ministry of Health of Dominica
Number of students	200 per year (Not matriculated any students yet)
Educational programme	Doctor of Medicine
Level / Period of study	Graduate / 4 years
Initial departments (heads of departments)	Not Department based
Duration of study, form of study	4 years, full time, in person
Start date	Fall and Winter (August and January)
Date of introduction of the educational programme	20, August, 2023
Previous accreditation	None
Requirements for applicants	Bachelor degree or equivalent
Further education opportunities	Residency and subspeciality training
Goals and objectives of the EP	To obtain an MD
Specialisation	Doctor of Medicine
Employability	Eligibility to enter residency training in North America

(IV) DESCRIPTION OF THE PREVIOUS ACCREDITATION PROCEDURE

Previously the American Canadian School of Medicine (The Commonwealth of Dominica) has not passed any programme accreditation performed by the IAAR.

(V) DESCRIPTION OF THE EEP VISIT

An external visit of the expert panel within the framework of the international accreditation of the American Canadian School of Medicine (The Commonwealth of Dominica) (ACSOM) took place on May 2-4, 2023. The work of the EEP was conducted in accordance with the approved Programme of the expert commission's visit.

To gather objective information on the peer review of the institutional accreditation, the EEP utilised various evaluation methods such as interviews with management and administrative staff, department heads, observation, website analysis, and interviews with employees of different units. Also, there was a meeting with the Prime-Minister of Dominica and other relevant officials of the country. The ACSOM ensured the presence of all relevant individuals during the 3-day visit, as indicated in the Programme of the visit which is available in the accreditation center's documentation and as an annex to this report. To ensure effective collaboration, an introductory meeting was held on April 28, 2023, during which the responsibilities were assigned to the expert panel members and the visit schedule was agreed.

The initial day of the trip was focused on discussions with the university leadership and administrative heads. The experts had the chance to meet Arvin Bagherpour MD, CEO and Founder of the university, followed by a meeting with deputy heads of the school Carey James, MBA. The next meetings were organised with the heads of structural units and deans: Dean of Graduate Medical Education and Accreditation and Director of Clinical Medicine. The last meeting of the first day was with Meeting with heads of educational programme. The

first day of the visit ended with the visual inspection of the school, where the main infrastructure was demonstrated.

The second day, the experts had personal interactions with teaching staff, followed by Questionnaire survey of teachers. During next meeting the EEP members had the possibility to discuss about planned professional internship venues, branches of departments (clinical sites, educational and clinical centers). During meeting with potential employers, the EEP met Dominica's Prime Minister Hon. Roosevelt Skerrit and Members of his Cabinet as well as Ambassador Hubert Charles; former CEO of the Royal College of Canada, Dr. Andrew Padmos; Former President of the Society of Maternal Fetal Medicine and Wayne State University Academy of Scholars, Dr. Bob Sokol. Prime Minister Skerrit expressed his full support for the American Canadian School of Medicine and its mission to provide high-quality medical education to students in the Commonwealth of Dominica and from other countries. Also, the officials of the Board of Directors of the American Canadian School of Medicine presented the school's plans for growth and expansion and committed to the highest standards of academic quality and rigor.

On the visit, the experts had the chance to review the submitted documents and request additional information to validate what was discussed during the interviews. The final day was dedicated to evaluating and summarising the findings from the documents, interviews, surveys, and visual inspections. The visit concluded with the creation of a list of recommendations, which was agreed upon by the experts. The chairman of the expert panel presented the recommendations to the ACSOM representatives, marking the end of the three-day visit.

(VI) CONFORMITY TO THE STANDARDS OF INITIAL PROGRAMME ACCREDITATION

6.1. STANDARD "MISSION AND OUTCOMES"

The Evidence
The Mission of the ACSOM is "The American Canadian School of Medicine is dedicated to graduating highly qualified healthcare practitioners to help alleviate the worldwide workforce shortage and also provide public healthcare benefits to the Island."

The university's Mission is included in the **University charter** and is publicly available on its website for all interested parties, including stakeholders and the healthcare sector.

For implementation of the mission, the ACSOM is concentrating its efforts in the following goals:

- Pursue international accreditation from recognised accreditors endorsed by the World Federation for Medical Education (WFME) to establish the medical academic institute's reputation as a globally recognised institution. Implement all necessary measures and improvements to meet the rigorous standards set by these accrediting bodies.

- Recruit and employ faculty members who demonstrate teaching excellence, ensuring their ability to deliver high-quality education. Collaborate with respected local and international integrated hospitals and clinics to provide clinical teaching rotations that offer valuable practical experience. Develop and update teaching curricula to align with the latest international accreditation standards, ensuring the delivery of comprehensive and up-to-date medical education.

- Grant a Medical Degree, as well as other healthcare degrees and certificates, following approval from the Board of Directors, Accreditors, and the Commonwealth of Dominica.

Maintain strict adherence to established guidelines and standards to ensure the academic integrity and credibility of the conferred degrees and certificates. Continuously review and update these programmes to reflect evolving healthcare practices and advancements.

According to the self-evaluation report, the Mission was developed through collaboration with key stakeholders, including the Board of Directors, management staff, academic staff, Government of Dominica, partner organisations, departments, and researchers.

Also, according to the **ACSOM Key Educational Goals**, the university has developed the following educational goals:

- Conduct a thorough consultation with the Commonwealth of Dominica Ministry of Health to accurately identify the healthcare needs and challenges prevalent within the community. Utilise this information to develop educational programmes within the new medical school that specifically address these needs and challenges.

- Engage in strategic planning to establish clear goals and priorities that will serve as the foundation for the medical school's mission and activities. Ensure that these goals and priorities align with the overall vision and objectives of the institution.

- Facilitate extensive consultation with various stakeholders, including faculty, staff, external partners, and other relevant parties, to gather valuable input and ideas for the educational goals of the medical school. Incorporate this feedback into the development of comprehensive educational strategies.

- Create a mission statement and a charter that accurately reflect the values and purpose of the medical school. These foundational documents should clearly outline the school's goals and objectives, guiding its activities towards the advancement of healthcare education and addressing the specific needs of the community.

In order to safeguard institutional autonomy and academic freedom, the ACSOM has established the **Board of Trustees** as the highest authoritative body for the School. Comprising independent trustees, the Board assumes responsibility for all legal and fiduciary decisions concerning academic matters.

The primary role of the Board is to develop and approve the school's mission, strategic goals, and objectives. It exercises its authority in determining tuition fees and approving the annual budget. Additionally, the Board oversees academic management performance, establishes academic performance metrics, and formulates policies pertaining to the school's programmes , services, scholarly environment, and the conferral of degrees.

The Board of Trustees acts as the guardians of ACSOM's academic integrity and ensures that the institution operates in accordance with established principles and standards. Through its governance, the Board upholds the values of transparency, accountability, and excellence in all aspects of the school's functioning.

To ensure academic freedom for all employees and students, ACSOM has established the **ACSOM Policy on Academic Freedom** and implemented the **ACSOM Quality Assurance Program**. These initiatives serve as guiding frameworks that outline the rights and responsibilities of individuals within the institution and the mechanisms for ensuring and maintaining academic excellence.

ACSOM is dedicated to providing a comprehensive medical education that prepares students for their journey to becoming competent and compassionate medical professionals. To achieve this, ACSOM has developed a set of Medical Student Competencies and expected

learning outcomes, specifically designed to guide students in their path of becoming a "Medical Expert": Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement (PBLI), Systems-Based Practice (SBP) and Health Advocacy, Interprofessional Collaboration.

Analytical part

During the visit, it was evident that the development of the mission and academic programme of ACSOM involved active participation from various stakeholders. Through interviews conducted with administrative and teaching staff, it was confirmed that they were deeply engaged in the process of discussing and creating the mission and medical program. Their valuable insights and contributions have played a vital role in shaping the educational direction and goals of ACSOM.

Furthermore, the meeting with the Prime Minister and Government of Dominica showcased the unequivocal support and active involvement of local authorities in the development of the medical school. The presence and participation of the Prime Minister and government officials underscored their commitment to the establishment of ACSOM and their recognition of the significant contributions it will make to the local healthcare sector.

The collaboration and cooperation between ACSOM and the various stakeholders, including administrative and teaching staff, as well as the Prime Minister and Government of Dominica, exemplify the inclusive and participatory approach taken to ensure the success and relevance of the institution. ACSOM remains dedicated to maintaining open channels of communication and fostering strong partnerships with all stakeholders to further enhance the mission and academic programme, and ultimately, contribute to the advancement of healthcare education and provision in Dominica.

The presence of the Board of Trustees within ACSOM serves as a testament to the active participation of various stakeholders throughout the different stages of the school's creation, as well as their ongoing involvement in the future development and monitoring of school activities. The Board of Trustees, composed of experienced and independent individuals, plays a crucial role in guiding and overseeing the strategic direction and operations of ACSOM.

The active participation and support of the Board of Trustees and the experienced teaching staff reinforce the commitment of ACSOM to fostering a collaborative and inclusive educational environment. ACSOM remains steadfast in its pursuit of excellence, engaging stakeholders in the continuous development and monitoring of school activities to provide the highest quality medical education and meet the evolving needs of its students and the communities it serves.

With a strong commitment to institutional autonomy and academic freedom, ACSOM prioritises providing favorable conditions that support these principles. The staff expresses satisfaction with the conditions established, which are officially documented in key institutional policies, namely the ACSOM Policy on Academic Freedom and the ACSOM Quality Assurance Program. These documents serve as guiding frameworks that protect and promote the autonomy of ACSOM and its academic community, fostering an environment where intellectual freedom and independent thinking are valued.

ACSOM takes great pride in integrating the principles of the Medical Student Competencies and expected learning outcomes into its educational programmes . By doing

so, ACSOM ensures that its graduates are equipped with the necessary skills, knowledge, and values to excel as competent and compassionate medical experts. The institution emphasises the delivery of high-quality healthcare and strives to instill a deep sense of commitment to making a positive impact in the communities they serve.

While ACSOM currently does not have research facilities, it acknowledges the need to incorporate research activities into its mission and academic programmes to foster a culture of scientific inquiry and innovation. By embracing research as a fundamental pillar, ACSOM can create a vibrant research culture that not only enriches the learning experience of its students but also contributes to the overall development and advancement of healthcare in the communities it serves.

Strengths/best practice
Participation of key stakeholders in the formulation of the mission and expected learning outcomes, including strong governmental support, and personal endorsement by the Prime-Minister.

EEP recommendations
The school should update its mission taking into consideration the necessity of evidence-based practice in medical education and development of scientific research capacity of the institution. (August 1, 2024)

Conclusions of the EEP on the criteria:
Strong – 1
Satisfactory – 9
Suggest improvements – 0
Unsatisfactory – 0

6.2. STANDARD «EDUCATIONAL PROGRAMME»

The Evidence
The American Canadian School of Medicine (ACSOM) in collaboration with the government of Dominica, aims to provide its medical students with an innovative and advanced course of study. Upon graduation, the post-baccalaureate school will award successful students with an MD degree, which will prepare them for postgraduate work in any field of the healthcare industry across North America and the rest of the world.

ACSOM has established learning objectives to guide the design, content, and conduct of a 4-year MD granting programme based on North American standards. ACSOM's 4-year medical degree programme focuses on clinical problem-solving through a case-based approach, with small student groups. According to the curriculum, the programme aims to equip students with the necessary knowledge, skills, and professional relationships required for a career in any field of the healthcare industry. The school also aims to instill lifelong learning commitments, social responsibility, and the ability to meet the health needs of society and healthcare systems.

Based on the self-evaluation report and supplementary documents submitted by EP, the expected learning outcomes of the ACSOM medical curriculum include the attainment of basic-level knowledge, skills, and professional relationships. In addition, students are

expected to be prepared for their future roles in the healthcare sector and subsequent postgraduate training. They should also demonstrate a commitment to lifelong learning, social responsibility, and the ability to meet the needs of society and healthcare systems.

The expected learning outcomes are as follows:

Patient Care: Students must be able to provide patient-centered care that is effective in treating health problems, preventing diseases, and promoting health.

Medical Knowledge: Students must possess knowledge of biomedical, clinical, epidemiological, and social-behavioral sciences and apply this knowledge to patient care.

Interpersonal and Communication Skills: Students must possess effective interpersonal and communication skills that enable them to form relationships with patients and their families, exchange information with other healthcare professionals, and collaborate effectively.

Professionalism: Students must demonstrate ethical practice, high personal standards of behavior, accountability, and a commitment to the health and well-being of individual patients and society.

Practice-Based Learning and Improvement (PBLI) and Scholarship: Students must possess the ability to investigate and evaluate patient care, continuously improve patient care through lifelong learning, and engage in scientific discovery through research.

Systems-Based Practice (SBP) and Health Advocacy: Students must be aware of the larger context and system of healthcare, understand how diversity, equity, and inclusion and social determinants of health impact care delivery, and advocate for vulnerable and underserved patients.

Interprofessional Collaboration: Students must possess the ability to collaborate with other healthcare professionals to provide safe, high-quality, patient-centered care.

According to the curriculum first two years devote to the preclinical subjects. The overarching objective of the preclinical programme during the first two years is to furnish a structural foundation for directing the assimilation and exploration of essential medical concepts. The purpose of this is to equip medical students with comprehensive preparation as they move on to their clinical training.

Year one of the curriculum consists of six block courses, which are organised in a sequential manner throughout the year. The content of these basic science courses is made relevant to clinical applications by linking them explicitly to clinical cases that are purposefully chosen to illustrate the required concepts, facts, and ideas. The six block courses cover topics such as cell and molecular biology, genetics, pathology, pharmacology, immunology, microbiology, musculoskeletal and skin organ systems, hematological and cardiovascular organ systems, respiratory and renal organ systems, and gastrointestinal organ systems and nutrition. In addition to these six courses, there are also three longitudinal courses that will run throughout the year. These include an anatomy and histology lab, an introduction to clinical medicine and patient care, and a professional development formation course focused on becoming a doctor.

The second year of the curriculum is composed of 6 block courses that are arranged sequentially throughout the year. The first block starts with the last organ system and then builds throughout the year, integrating fundamental knowledge of basic sciences, along with clinical relevance, and leading to preparation for clerkships and clinical learning. The topics in the second year start addressing the larger health systems in which patients receive their

care and in which learners will ultimately work. The teaching methods will be similar to those used in the first year.

The five block courses of the second year include: Homeostasis III – Adaptation and Reproduction, Sense and Sensibilities, Generations, Community and Public Health, and Clinical Reasoning and Critical Thinking. There is also a Clinical Clerkship that follows a symptoms-based approach. In addition, the longitudinal courses from the first year will continue throughout the entire second year, including Anatomy and Histology Lab, Introduction to Clinical Medicine and Patient Care, and Being a Doctor: Professional Development Formation.

As the second year progresses, a planned review for the USMLE Step 1 examination is anticipated, which students will take before starting the Clinical years. The planned course of study will run from the summer to the end of April, with a break during the winter between semesters.

In year three of the medical curriculum, students will primarily focus on clinical block clerkship courses. These courses will provide supervised hands-on experiences that will gradually increase the level of autonomy for the students based on their level of training and abilities. While it may not be possible for all students to work with every type of patient, the curriculum will incorporate simulations through a simulation center, standard patient interactions, and computer-based simulations. The majority of clinical clerkships will be held at dedicated clinical campuses in the US and Canada, with some clinical rotation experiences in Dominica in a dedicated teaching hospital.

The core clerkships are divided into two superblocks: the Pediatrics-Surgery Superblock and the Medicine-Psychiatry Superblock. The Pediatrics-Surgery Superblock includes General Surgery/Surgical Subspecialties/Anesthesiology, Obstetrics and Gynecology, and Pediatrics. The Medicine-Psychiatry Superblock includes Internal Medicine/Medicine Subspecialties/Neurology, Family and Community Medicine, and Psychiatry. The course of study starts in May of the second year and concludes in April of the third year, with a mid-semester break during which students will transition between the superblocks.

In the fourth year of the curriculum, there are three required clinical block courses, and the rest of the year is dedicated to clinical block electives of the students' choice. The main objective of this year is for students to prepare for their Graduate Medical Education work and apply for residency positions. Students must complete a minimum of five clinical electives, in addition to the three required rotations, during this year. The curriculum will include required rotations in Global Health, Intensive Care Unit/Emergency Department, and Acting Internship. It is expected that some of the rotations will be performed in Dominica, while others will be performed in North America or our dedicated global health sites. The Acting Internship should ideally be performed in the same discipline in which the student plans to practice in the future. Students will need to take the USMLE Step 2 Clinical Knowledge exam during this year, and the residency matching process will begin in March. Most residency programmes will start in June-July following the Match.

The curriculum offers 20 (twenty) elective courses for students to choose from after completing preclinical courses and during their clinical rotations. The elective courses include: Anesthesiology, Cardiology, Cardiothoracic Surgery, Colorectal surgery, Gastroenterology, Hand Surgery, Infectious diseases, Infertility, Intensive Care Medicine,

Interventional Radiology, Nephrology, Neurosurgery, Oncology, Oncology gynecology, Pediatric general surgery, Pediatric hematology, Plastic and reconstructive surgery elective, Pulmonology, Radiology oncology, and Rheumatology. As noted in the self-evaluation report, the Office of the Associate Dean of Clinical Medicine sends a list of all elective rotations available at each clinical campus to all ACSOM students at the beginning of their 3rd year.

According to the submitted curriculum the faculty's teaching methods are based on various principles of Adult Learning Theory, including the following: 1. **Contextual Learning** - Whenever possible, clinical patient scenarios are used to illustrate the foundational concepts being learned. 2. **Active Problem-Solving and Clinical Reasoning** - Didactic framing lectures are combined with small-group Problem-based Learning, Team-Based Learning, and Inquiry-Group problem solving sessions to actively engage the learners. 3. **Spaced Repetition and Spiraling Back** - The curriculum is meticulously planned so that new scientific content is layered upon previously learned concepts in a purposeful way. 4. **Interleaving** - The time-delimited block learning is interspersed with concurrent longitudinal courses to provide intentional interleaving in the programme of study. 5. **Retrieval Practice** - Frequent formative assessments in the form of problem sets, quizzes, and reflective essays are used to reinforce conceptual understanding and promote application. 6. **Metacognition** - The curriculum encourages metacognitive practices beyond simple memorisation, including the learners' ability to regulate their own thinking.

As it is described in a self-evaluation report and curriculum, each student at ACSOM is assigned a mentor, typically a senior resident or faculty member, who is responsible for providing guidance, support, and feedback. The curriculum requires students to prepare for small group problem-based discussions by reading preparatory material and watching pre-recorded lectures in advance. ACSOM offers a wide range of resources on its dedicated CANVAS platform, including textbooks, online lectures, and study materials that students can use to learn independently. The curriculum incorporates Problem-Based Learning (PBL), where students collaborate in small groups to identify and solve real-world problems.

According to the self-evaluation report, ACSOM's faculty development curriculum (see Appendix 5C) provided a range of training opportunities in areas such as teaching methods, curriculum design, evaluation and assessment, research, and leadership. These workshops and seminars were conducted by experts in medical education, such as the Johns Hopkins University School of Medicine Office of Online Education, etc., with the aim of ensuring that faculty members have the necessary competencies and capacities to effectively support and mentor students.

Regarding the scientific method, the ACSOM curriculum includes instruction on research methods and ethical principles of clinical and translational research throughout the four years of education. In the second year, the Community and Public Health module covers the principles of research design, statistics, and critical analysis of scientific literature over a period of four weeks. In addition, ACSOM provides a course syllabus titled "Research Methodology in Medicine." Students will have opportunities to be involved in community-based projects and elective independent study projects, as well as to be involved in various ongoing Clinical Campus Research Programmes conducted in various clinical units during clerkships. ACSOM intends to create an institutional review board (IRB) and assign an IRB coordinator to oversee and provide guidance for research's ethical conduct.

At ACSOM, there is a simulation lab where students practice clinical skills in a controlled environment. In addition, students are assigned to a panel of virtual patients on our unique CyberPatient program. During small group sessions we focus on case-based learning, where students work through real or simulated patient cases. During clinical rotations, medical students have the opportunity to observe and interact with patients, gaining hands-on experience in diagnosis and treatment.

The presented educational programme is implemented in accordance with the principles of equality. Equality is ensured regardless of gender, ethnicity, religion, socioeconomic status, or physical ability.

According to the self-evaluation report, programme management is ensured by the Curriculum Committee which is appointed by the Faculty Senate; the data needed to evaluate programme implementation is collected and analysed by the Quality Assurance Committee. ACSOM has a clear vision and procedures for the implementation and implementation of the educational programme in accordance with the plan.

Analytical part

According to experts, the submitted curriculum is an good example of an integrated curriculum that demonstrates integration in all directions, including vertical, horizontal, and spiral. For instance, in the Homeostasis I: Blood, Heart and Circulation module, which is part of the preclinical courses and lasts for six weeks, students are taught about hematology, including cell/tissue structure and function, as well as associated pathological manifestations such as cytopenias and polycythemia anemias, different types of coagulation disorders, and adverse effects of drugs on the hematologic and lymphoreticular systems. This module also integrates knowledge of the cardiovascular system, describing organ structure and functions, and the fundamentals of various diseases related to the cardiovascular system, such as infectious, immunologic, and inflammatory disorders, dysrhythmias, heart failure, ischemic heart disease, and more.

ACSOM has presented a detailed curriculum and syllabi for all courses that meet the necessary standards. The syllabi include learning objectives and outcomes, curriculum framework, and teaching and assessment methods. The curriculum also provides detailed information on learning resources and self-assessment checklists (see Appendix 2).

During interviews with the dean and clinical rotation representative professors, it was confirmed that students can participate in research activities by selecting community-based projects and elective independent study projects. Also, they confirmed that students will have an opportunity to be involved in clinical research. Although the syllabi is quite comprehensive and covers the principles of research design, statistics, and critical analysis of scientific literature, and, for sure, clinical units, where is supposed to provide clinical teaching and clerkship, are very experienced in clinical research and can ensure appropriate environment for student in terms of teaching/practicing science; Experts recommend that medical schools prioritise the development of scientific and evidence-based practice skills among their students right from the early stages of their studies, preferably from the very first weeks or year of their program. This implies that medical schools should establish suitable research facilities and laboratories on their campuses to support this goal.

The site visit confirmed that ACSOM has a simulation lab, which is well-equipped and a CyberPatient program. The simulation lab offers a secure and controlled environment for

students to practice their communication skills with standardised patients. The CyberPatient programme provides a range of virtual patients for students to enhance their communication skills. According to clinical rotation representatives interviewed during the visit, students have the chance to engage with patients during clinical rotations and develop their communication skills in a real-world setting. Additionally, they can observe and learn from more experienced clinicians. Detailed descriptions of various "Clinical Campus Research Programmes " were also presented as supporting evidence.

In consultation with a faculty mentor, third-year students are afforded the opportunity to select elective courses that align with their priorities. According to experts, students should be given the opportunity to choose elective courses that align with their priorities from the beginning of their programme, rather than just in their third year. This choice should not be limited to clinical subjects but should also encompass broader topics that foster critical thinking and general knowledge, known as nonclinical electives.

ACSOM has implemented a policy on diversity and inclusion with the goal of establishing a culture that fosters inclusivity and provides a secure learning environment for all students. The Office of Diversity, Equity and Inclusion (DEI) is responsible for ensuring that this policy is enforced. The DEI policy has already been established, and ACSOM plans to recruit a Director for the Diversity, Equity and Inclusion Office by July 2023. The University has a "Non-Discrimination and Anti-Harassment Policy and Procedure" with an effective date of December 27, 2022 (Appendix 8I).

The university faculty has received comprehensive training on contemporary teaching methods, and their implementation as both teaching strategies and methods of assessment is evident in the course curricula. This was confirmed through interviews conducted with faculty members, as well as the university heads and faculty dean. Workshops, seminars and trainings were conducted on various topics such as: Medical Education Curriculum Development course; The Stanford Model of Teaching; Small group teaching; Studying and practicing the implementation of the ACSOM curriculum; the training on modern approaches to teaching anatomy, e-book design.

The ACSOM has implemented a comprehensive Quality Assurance Programme that promotes accountability and empowers faculty to enhance the quality of the student learning experience, as well as the proficiency and clinical competence of graduates. The programme is designed with meticulous attention to detail to ensure its effectiveness in achieving these goals (see Appendix 1B).

Strengths/best practice
No strengths/best practices identified for this standard.

EEP recommendations
The school must permanently update the curriculum by using recent results / findings / evidence of biomedical research (Permanently).

The school should give opportunities to students to choose electives from the 1st year of studies, taking into consideration the regional context and individual needs of students (August 1, 2024).

Conclusions of the EEP on the criteria:
Strong – 0

Satisfactory – 29
Suggest improvements – 0
Unsatisfactory –0

6.3. STANDARD "STUDENT ASSESSMENT POLICY"

The Evidence

According to the self-evaluation report and supplementary documents provided by ACSOM (Curriculum, appendices), the medical school employs a broad range of assessment methods that differ between the preclinical and clinical years. In the preclinical years, assessment tools include USMLE-type Multiple-Choice Questions, case-based discussions, clinical case presentations, Objective Structured Clinical Examinations (OSCEs), practical exams and skills assessments, online quizzes and self-assessments, clinical simulations, and the CyberPatient platform.

For the clinical years, assessment methods include clinical rotations evaluated by supervising physicians and residents, standardised patient encounters that evaluate students' communication and examination skills, OSCEs that evaluate clinical skills and knowledge through a series of structured patient encounters, case-based discussions that evaluate students' ability to apply their knowledge to real-life patient scenarios, clinical presentations that evaluate students' ability to present patient cases and their diagnostic and treatment plans effectively, and written exams that evaluate students' knowledge of medical information and their ability to apply it to real-life patient scenarios.

ACSOM will use a variety of evaluation methods to assess each student during both the preclinical and clinical years. These methods will include **formative assessments** like quizzes, exams, case-based discussions, and clinical skills assessments, which will be administered throughout the preclinical and clinical years. **Summative assessments** will also be provided at the end of each course and clerkship to evaluate overall performance.

During **clinical rotations**, students will be assessed through direct observation, feedback, and evaluation from attending physicians, nurses, and other healthcare professionals. Students will also be encouraged to engage in self-evaluation and reflect on their own learning, while feedback will also be gathered from peers on their performance.

In addition to the above methods, ACSOM will also use **standardised patients** and simulation exercises to assess students' performance during clinical encounters.

According to the self-evaluation report the faculty will provide ongoing feedback to students and assess their performance regularly, every week or two, by using a combination of direct observation and written evaluations. These evaluations will be discussed with each student in weekly meetings with the faculty. In the preclinical and clinical years, the written evaluations will include details of any instances of failure or marginal performance by the student. These evaluations will also provide specific, constructive feedback on the student's strengths and areas for improvement, allowing the student to reflect on their performance and set goals for future improvement.

ACSOM employs a variety of assessment methods for graduation, which encompass written exams, clinical evaluations, and assessments of professional conduct. The written exams consist of standardised tests like the USMLE or the MCCQE- the Medical Council of Canada Qualifying Exam, which evaluate students' grasp of fundamental science principles

and their capability to utilise that knowledge to provide patient care.

To prevent conflicts of interest when evaluating students' performance, ACSOM has established a policy for the appeal process.

Analytical part

ACSOM has provided extensive evidence confirming that the medical school has a well-defined assessment system. Firstly, the self-evaluation report provides detailed information on the Student Assessment Policy. The curriculum (see Appendix 2A) includes learning objectives for all subjects and clinical rotation courses, including elective courses, which must be passed successfully by the student to obtain the degree. Appendix 3B, the Policy for Student Evaluation and Promotion, provides comprehensive information on the grading system and evaluation for the First and Second Preclinical years and Third and Fourth Year clinical rotations, as their grading systems differ somewhat. This document also contains information about the Committee of Academic Progress (CAP), whose role is to oversee students' progress and ensure that they are meeting the required standards to advance through the ACSOM curriculum. The CAP verifies that students are performing at an appropriate level to succeed in their current phase and continue to progress to the next phase; This document also outlines the specific terms for repetition in cases where a student has been underperforming academically and suspension in cases of serious academic issues or unprofessional conduct.

Additionally, The Policy for Student Evaluation and Promotion (Appendix 3B), outlines the process for students to appeal decisions made by the Committee of Academic Progress (CAP).

ACSOM has provided syllabi for all preclinical subjects (Appendix 2C: Basic science course syllabus https://drive.google.com/drive/folders/1EnF-aTyrOA6umd7dxUoa7-o1UBAwUq7M?usp=sharing) and clinical courses (Appendix 2D: Clinical course syllabus https://drive.google.com/drive/folders/1u9ZkwJECaVw1Hn4lSF5Y-fRDVwynqd8q?usp=sharing), which clearly outline the general core and specific competencies that students are expected to achieve. These syllabi provide detailed information on the forms, methods, and criteria used to evaluate students' knowledge, skills, attitudes, and professional behaviors during clinical rotations. Additionally, the syllabi include weekly formative quizzes to assess takeaway points and checklists, as well as summative/final exams in each preclinical subjects.

Appendix 3A - Student Handbook or Other Informational Source on Student Counseling, Guidance and Support (https://drive.google.com/file/d/12EwaCL93eP-8nMIJ7_DgbbBG_Xp0Rp8H/view?usp=sharing), provides students with information on the grading system/evaluation, as well as other important details such as the United States Medical Licensing Examination (USMLE) and the Medical Council of Canada Qualifying Examination (MCCQE). Essentially, this Handbook contains all of the information mentioned above, among them on Student's Right to Appeal CAP Decisions

ACSOM also provided various templates for assessing students' academic achievement: Appendix 3G: Formative assessment form (mid-course rotation), Appendix 3H: Summative evaluation (end of course clerkship); Appendix 3I: Clerkship evaluation of student form Student Evaluation of Clerkship for use in all clerkships.

All the guidelines about grade scales, exams, Indications for Review of Academic

Performance, Cumulative Academic Review, etc. is described very precisely in Faculty Handbook as well (Appendix 5B).

Based on the report and interviews with school leaders and academic personnel, it has been confirmed that the teaching staff at the medical school is well-versed in the planned assessment methods. The interviews further revealed that the younger faculty members have received extensive training and attended seminars on contemporary teaching and assessment methods and were familiar with all forms of assessment developed by ACSOM.

During an interview with Dean Mr. Ramin Ahmadi, MD, MPH, responsible for Medical and Clinical Education, it was confirmed that the information provided in the self-assessment report is accurate. As a newly established school, they have not yet developed a methodology for assessing the validity and reliability of their assessment methods.

Strengths/best practice
No strengths/best practices identified for this standard.

EEP recommendations
The Medical school should evaluate methods of assessment in terms of reliability and validity and elaborate the methodology of involving external evaluators in examination (August 1, 2024).

Conclusions of the EEP on the criteria:
Strong – 0
Satisfactory – 9
Suggest improvements – 1
Unsatisfactory – 0

6.4. STANDARD "STUDENTS"

The Evidence
Based on the self-evaluation report, ACSOM has a well-defined policy for student admission and selection that outlines the standard criteria for selection. These include a good GPA, letters of recommendation, admission test scores, an application essay, an undergraduate degree, demonstrated excellence in academics and civic achievements, fluency in English, and a successful interview with ACSOM admissions staff. Good conduct is also taken into consideration. Admissions policy, submitted as Appendix 7A, describes M.D. Programme Admission Requirements, according to which bachelor's degree, specific subjects (biology with labs, general and organic chemistry, algebra or biostatistics and physics), and the 15 core competencies endorsed by the Association of American Medical Colleges (AAMC) for entering medical students. English language requirements for non-native speakers will be assessed by either the TOEFL or IELTS test.

A committee of faculty members makes the ultimate decision on admissions, and the Assistant Dean of Admissions oversees the policies and procedures.

As for the policy of admitting the students with disability, ACSOM adheres to a non-discriminatory approach towards all eligible candidates, irrespective of gender, ethnicity,

race, or disability. The admission policy, as mentioned in Appendix 7A - Admissions Policy, follows the Technical Standards for Admission established by the American Association of Medical Colleges.

ACSOM has a Service Animal Policy according to which the medical school allows the presence of service animals for students with disabilities. The terms and requirements to maintain the service dogs (not as pets) are described in great detail in the Student Handbook (Appendix 3A).

The estimated cost of tuition for those pursuing an M.D. degree at ACSOM per academic year is as follows: For the first and second years: $50,000 per year*; for the third and fourth years: $57,000 per year*; as was mentioned in Student Handbook or Other Informational Source on Student Counseling, Guidance and Support (Appendix 3A) tuition and fees for all four years of study of the M.D. programme are subject to change.

A committee of faculty members makes the ultimate decision on admissions, and the Assistant Dean of Admissions oversees the policies and procedures.

ACSOM considers availability of facilities and resources when determining the student body size. Our small group student center curriculum demands one full-time professor for every 8-10 students. Thus, each semester is expected to start with 100 admitted students with a minimum of 12 full-time teachers for small group teaching. ACSOM considers to have two enrollment periods per year (one in the fall and one in the spring).

According to the self-evaluation report and Appendix 3A, Student Handbook, ACSOM has Student Counseling Service as well as Academic Support Services. Canadian students can receive both provincial and private loans to support their education. To further support this, the Medical School intends to employ a financial aid manager to explore various options for financial assistance. The school offers a mental health counselor to help students cope with stress and other mental health challenges. This free service, managed by an experienced psychologist, provides counseling and psychological services to registered ACSOM students. Appointments are required and all records are kept confidential in accordance with Dominica's laws and regulations.

Since the medical institute has just been established, there are no students in it yet.

Analytical part

As it was mentioned in self-evaluation report, Student Handbook or Other Informational Source on Student Counseling, Guidance and Support (Appendix 3A), provides students with detailed information about MD programme admission requirements, as well as with the technical standards for admission; also gives a list of documents, which are necessary to submit. Candidates can find a list of AAMC Pre-Professional Competencies by referring the link provided by this handbook. https://www.aamc.org/.

The Student Handbook also describes the admission process and the process of readmission. It provides information on tuition and special fees and explains which documents are needed for transfer students to submit.

About disability - Students can find the complete policy and information on student counseling, guidance, and support in the Student Handbook. According to this handbook, the medical school has Accessibility Counselling Office, providing all necessary support to the students with disabilities; during the site visit, it was observed that the ACSOM campus is

designed to accommodate accessibility needs, such as having ramps, special washrooms, and emergency call buttons.

Information on availability of Student Support Services is given on the medical school website https://www.acsom.edu.dm/sss. In addition, interview with Dr. Parvin Bagherpour, who is responsible for Student Support Services, confirmed an evidence provided by the submitted documents.

The meetings with the clinical dean and medical school's other leaders disclosed that the school, following American and Canadian medical education standards, lacks an admissions appeals policy as required by WFME standards.

Strengths/best practice
No strengths/best practices identified for this standard.

EEP recommendations
The medical school should elaborate and implement a policy of appeal for admission procedure (August 1, 2023).

The medical school should elaborate and implement a policy regarding educational trajectory of the students considering individual context and needs (August 1, 2024).

Conclusions of the EEP on the criteria:
Strong – 0
Satisfactory – 14
Suggest improvements – 1
Unsatisfactory – 0
Non-Applicable – 1

6.5. STANDARD "ACADEMIC STAFF / FACULTY"

The Evidence
According to the self-evaluation report, ACSOM has a complex process for employing faculty members with the necessary qualifications, skills, and experience. It should be noted that there are significant differences in many aspects of medical education between European and American/Canadian medical schools, including recruitment policies. Based on a benchmarking report submitted by ACSOM, a comparison of American Medical School Model with European Medical School Model, it was found that in American schools, it is not necessary to have a Ph.D. to be hired as a faculty member/professor, and mostly, MDs work in this capacity, with PhDs being rare unless they also have an MD degree. Candidates' applications are reviewed by a panel consisting of the Dean and Associate Deans. This panel assesses the individual's qualifications and makes the final decision on appointment.

For the period of accreditation, based on report and documents submitted (CVs of basic faculty members) the medical school have a 12 (twelve) Basic Science and clinical subject faculty members, hired for full time position; One faculty for every 8-10 students. Responsible for small group teaching for basic subject; and the school continues the process of recruiting teachers. All the requirements and process is fully described in Appendix 5B –

ACSOM Faculty Handbook. For faculty development, ASCOM requires all new faculty members to complete the Johns Hopkins online course, Curriculum Development for Medical Education Six Step Approach, and to read the book accompanying this course during the first 4 weeks of their faculty development program.

As for clinical rotation, clinical training is planned at leading clinics in the USA and Canada, such as Doctors Medical Center (DMC) Valley Consortium for Medical Education Programmes in California, Downey Hospital in North California, Good Samaritan Hospital in Los Angeles, LADMC (Los Angeles County + University of Southern California Medical Center), etc. So, ACSOM ensures that each clinical department is staffed by physicians who are well-qualified and able to provide a high-quality clinical education to the medical students.

ACSOM has "The School's Policy on Promotion and Tenure" (Appendix 5F) that outlines the requirements and positions for promotion. The requirements are separately defined for positions such as instructor, assistant professor, associate professor, and full professor. According to this policy, the criteria for promotion are diverse and mainly focus on the candidate's achievements in educational, research, and administrative tasks.

Analytical part

All vacancies for full-time staff and faculty are advertised openly on the Medical School website https://www.acsom.edu.dm/jobs. ACSOM provided a list of all basic science faculty members along with their CVs. Additionally, a template of the Faculty Employment Agreement (see Appendix 5d) is available, which outlines all necessary terms and conditions of employment at the American Canadian School of Medicine Dominica. This agreement covers all important aspects of employment, including basic salary, repatriation and other benefits, such as Housing and Living Allowance, Relocation Assistance, and Annual Travel Benefit (ATB). Furthermore, ACSOM will pay 90% (up to $8,000 per child) per calendar year of tuition for a faculty member's dependent child enrolled in Kindergarten, Primary, and Secondary school at a local Dominican school. Such financial support from the medical school is crucial for faculty members, as the absolute majority of Basic Science faculty members are not local Dominicans, nor USA/Canadian citizens and are recruited from their homelands, mainly from former Soviet countries.

The information contained in the Faculty Employment Agreement template was confirmed during an offline interview with 12 Basic Science faculty members at ACSOM. During the on-site visit of the External Expert Commission (EEC), the school had recruited a new member of staff for the anatomy laboratory.

All of the interviewed teachers affirmed that they had received comprehensive training on various topics and were well acquainted with the curriculum and teaching/evaluation methods. For instance:

- Medical Education course
- The Stanford Model of Teaching Curriculum Development
- Three workshops on small group teaching
- Studying and practicing the implementation of the ACSOM curriculum
- The training on modern approaches to teaching anatomy, e-book design
- Anatomy lab course content

The staff also confirmed that the medical school has all the conditions for development and career advancement. They noted that the financial and non-financial incentives guaranteed by documents are in fact systematic, and the higher education institution really cares about the development of their professional as well as educational skills.

Although the school is clearly concerned with developing the professional and teaching skills of faculty members and also has incentives for research activities, research activities are not mandatory for faculty members. This may be explained by the differences between European and American medical schools, but according to the experts, the school should have created conditions not only at the clinical sites but also on the medical campus to facilitate the implementation of research activities for faculty members and students.

An expert who conducted an online interview with the associate deans and heads of the medical programme, who were presenting the above-mentioned clinics for clinical rotations from USA (see the Evidence, and Programme of on-site visit), also confirmed that ACSOM has a well-prepared and experienced clinical staff that ensures a sufficient level of clinical study for students.

Should be admitted, that during the interview with the heads/Deans of the medical school, it was noted that their academic staff consists mainly of non-Dominican citizens, this fact was explained and justified by the lack of local professionals with sufficient qualifications for the ACSOM.

Strengths/best practice
No strengths/best practices identified for this standard.

EEP recommendations
The medical school should promote and endorse the development and recruitment of local professionals who are familiar with the specificities of the region (August 1, 2025).

The medical school should create sufficient research facilities and encourage the teaching staff to be involved in scientific projects, maintaining an optimal balance between different activities (August 1, 2024).

Conclusions of the EEP on the criteria:
Strong – 0
Satisfactory – 7
Suggest improvements – 1
Unsatisfactory – 0

6.6. STANDARD "EDUCATIONAL RESOURCES"

The Evidence
In July 2022, the Government of the Commonwealth of Dominica entered into a Concession Agreement with CSOM Holding Limited for exclusive use of the government's property at Picard, Portsmouth for the sole purpose of a medical school. This is a forty-year agreement.

The existing government property on which ACSOM will operate the medical school

campus is approximately 30 acres and includes about 155K square feet of existing medical school building space. There is evidence in the Appendix 6C - Buildings and infrastructures, pages 59-61.

ACSOM is providing for a significant number of fully dedicated spaces for both student study and lounges. There are a number of existing personal lockers spread across the campus for student use. In addition, there are recreational areas for both basketball and tennis, as well as a soccer field.

Information resources will be delivered via a Fiber Optic line to campus provided by Digicel offering 550 mbps of bandwidth for the first class of students. Wi-fi will also be provided on campus Wi-Fi throughout the campus space, which is also confirmed by Appendix 6C - Buildings and infrastructures, pages 59-61.

IT staff is led by the Chief Information Officer (CIO) who lead Academic Technology for ACSOM providing and leading support for the learning management system currently in place, Canvas and all Academic Technology ACSOM will procure before launch including curriculum mapping software, student information system and clinical evaluation software.

A certified staff member and three assistants will assist students with library resources.

At ACSOM, there is a simulation lab where students practice clinical skills in a controlled environment. This lab is a valuable tool for developing critical judgment skills, as students can practice decision-making and problem-solving without the pressure of a real patient. In addition, students are assigned to a panel of virtual patients on our unique CyberPatient program. The programme teaches and assess critical judgment skills for clinical decision making.

Clinical rotations will help students learn to think critically and make informed decisions about patient care. At ACSOM, will be clinically integrated from year 1 and start gaining clinical experience under supervision of faculty it is reflected in affiliation agreement with clinical campus sites. Clinical rotation will be in the USA. ACSOM is in an agreement process with 6 clinics in Los Angeles where students will have clinical rotations in the third and fourth years. Interdisciplinary clinics: Medical students have the opportunity to participate in interdisciplinary clinics at a dedicated ACSOM ambulatory care center where they see patients with a team of healthcare professionals from different specialties. This allows students to learn from and collaborate with faculty from other clinical areas.

ACSOM curriculum includes a dedicated module on leadership development and training in interprofessional collaboration and communication. Medical students are taught to work effectively with other healthcare professionals. This includes training in team-based care delivery models, as well as opportunities for students to work alongside other healthcare professionals in clinical settings of our clinical campuses. Additionally, medical students participate in simulations and case-based discussions to practice collaboration and communication skills. ACSOM has appointed Dr. Sue Iovino, a nationally recognised leader in multidisciplinary education to be the Assistant Dean of Interdisciplinary Collaboration and Leadership Development.

ACSOM ensures that students at clinical sites are supervised and that the level of responsibility and clinical tasks delegated to the student are appropriate to their level of training through the following: supervision, mentoring, task delegation, progress monitoring, evaluation, Feedback, ompliance.

The process represented by CANVAS, virtual anatomy dissection, Osmosis, Visible body, Clinical key and CyberPatient platform are accessible to all students for every segment of curriculum. CyberPatient and Osmosis are independent self-paced programmes .

ACSOM will provide a full suite of online library resources including journals, textbooks and databases from a variety of platforms including Osmosis, ClinicalKey, Lecturio, UptoDate, and VisibleBody.

The library will include a mix of soft seating, study carrels, and tables focused on quiet study space supporting a bring your own device culture with wi-fi access points and outlets for device charging. In order to accommodate group study, the library will include five reservable group study rooms with HDMI / wireless mirroring enabled screens. Online library resources will be aggregated via the Springhare content management system and online resources will be accessible on campus and off campus via Virtual Private Network or through OCLC's EZProxy server.

Developing an educational programme based on research activities and scientific achievements in the field of medicine and pharmacy will provide students with a deeper understanding of the concepts and applications of these fields, which includes: define the learning objectives, create a curriculum, involve experts and guest speakers, offer internships and clinical experiences.

ACSOM conducts a needs assessment annually to identify the areas within the curriculum where research can inform and enhance the quality of education. This will involve a review of the literature, consultations with stakeholders, and analysis of data on student outcomes.

Analytical part

ACSOM will develop guidelines and standards for research in education to ensure that research is conducted in a rigorous and ethical manner. These guidelines should cover areas such as research design, data collection, and analysis and are part of our Quality Assurance programme which is confirmed in Appendix 1 - ACSOM Quality Assurance (QA) Programme, pages 3-5.

ACSOM is committed to fostering national and international cooperation with other educational organisations for the purpose of enhancing the quality of education, research, and innovation. We believe that collaboration with other institutions can provide valuable opportunities for our staff and students to learn from diverse perspectives, access new resources, and broaden their cultural horizons. Therefore, we will actively seek out partnerships and engage in mutually beneficial exchanges with other educational organisations.

However, the report does not describe how teachers will be motivated to carry out research activities. What has been created by the university to involve the university staff in the research process. There are no provisions or other documents regulating the support of teaching staff in the implementation of scientific research. It is necessary to raise the interest of teachers to participate in research projects, which will certainly improve the quality of the educational process of the university.

The experts did not see how the balance between the various activities of the teaching staff (teaching, methodological, clinical, scientific and other) would be implemented and maintained.

Because the medical school has just been created, there is not yet a sufficient research base. The main part of the teaching staff has no experience in scientific research. What priority research areas would help to improve the health care system in the country as a whole have not been identified.

The second side of the research work would be the incorporation of research results into the educational process, which would improve the quality of the educational process and help to fulfill the principle of implementing these scientific developments in the educational program.

The medical school does not have a research plan

The report also does not indicate how cooperation with medical organisations at country and abroad will be carried out, and how staff and students will be exchanged as part of academic mobility.

Strengths/best practice
No strengths/best practices identified for this standard.

EEP recommendations
ACSOM should prioritise the creation of research environment and involve the academic staff in researches (August 1, 2024).

The Medical school should elaborate a strategic plan for scientific research activities, setting the priorities within the scientific fields and include the results in curricula (August 1, 2025).

The HEI should create a plan for collaboration with different medical education organisations in the region and abroad and support the participation of educators and students in academic mobility programmes (August 1, 2024).

Conclusions of the EEP on the criteria:
Strong – 0
Satisfactory – 13
Suggest improvements – 1
Unsatisfactory –0

6.7. STANDARD "PROGRAMME EVALUATION"

The Evidence
According to the self-evaluation report, the University uses internal and external mechanisms to monitor and evaluate its educational programme. The individuals holding academic positions at ACSOM, including the Dean, Associate Dean for Clinical Education, and Department Chairs, bear the responsibility of maintaining the educational program's standard and quality and ensuring that the faculty's number is sufficient at all educational sites. Their responsibility also includes making sure that the programme complies with accreditation standards, executing continuous evaluations of the programme, and carrying out frequent site visits.

Each clinical site affiliated with ACSOM is overseen by a clinical site director, who serves as the primary academic officer and is responsible for maintaining the quality of education and training for ACSOM students at that site. The site director is responsible for ensuring that the clinical curriculum established by ACSOM is adhered to and that the site has an adequate number of faculty and training opportunities that meet the program's requirements. To ensure that all students receive a consistent level of training and adhere to the ACSOM curriculum, the programme utilises electronic assessment tools and data collection and provides supervision to the site directors.

To monitor and periodically evaluate OP Medicine as an intra-university control, the University uses "Educational programme evaluation mechanism" (Appendix 7E), according to which the medical school defines the Evaluation Criteria; collects data using surveys, focus groups, and interviews; analyses it to identify any patterns or trends that indicate problems or areas for improvement. Based on the analysis, ACSOM identifies problems and areas for improvement. The ultimate goal of such analyses is to make sure that the evaluation outcomes have an impact on the educational program.

ACSOM will collect feedback from students in a structured manner regarding the required learning experiences and their corresponding standards of achievement. The faculty will utilise this feedback to modify the standards to better suit the students' needs.

The Center for Quality Educational Development (CQED) is a programme aimed at ensuring the quality of education at ACSOM, which can be found in Appendix 1B of the ACSOM Quality Assurance Program. The center is run by faculty members who are interested in improving curriculum and faculty development, as well as maintaining high standards of quality assurance. The Senior Advisor to the Dean on Education, Curriculum and Faculty Development leads the center. The center's focus is on three key areas: staff development, evaluation, and curriculum development, all of which are geared towards maintaining the quality of education at ACSOM.

Analytical part

ACSOM has a regular system of both internal and external monitoring is in place, through which it is possible to assess whether the learning outcomes set out in the educational programme have been achieved. Curriculum evaluation procedure (see Appendix 7D) is well defined process allowing the medical school evaluate the curriculum and making changes if needed.

The Faculty Handbook (see Appendix 5b) describes responsibilities both the Curriculum Committee (CC) and the Committee on Academic Progress (CAP), which convene on a monthly basis to facilitate ongoing internal evaluation aimed at identifying areas in need of improvement. It should be noted that both CC and CAP committees guarantee the participation not only of faculty members but also of student representatives, who are the beneficiaries and direct stakeholders interested in the success of the educational programme.

ACSOM also provided additional documents on quality assurance plan (see Appendix 8F). This plan outlines the mean areas of focus for quality assurance. Additionally, it outlines the two approaches used by the medical school for this purpose: internal assessment, which includes monitoring teaching and learning quality and graded evaluation of the output, and external audit - accreditation, which involves monitoring teaching and learning quality and

evaluating it against standard requirements.

The medical school held a meeting with high-level officials from the government of the Commonwealth of Dominica, including the Prime Minister, Cabinet Ministers, and representatives from the local Senate. Ministers of Health, Finance, and Economy were also present at the meeting. During the meeting, the Prime Minister and other officials expressed their strong support for the medical school and their willingness to provide all possible resources to support ACSOM.

It should be noted that the American Canadian School of Medicine has very strong links with local stakeholders and the Dominican government. Firstly, it became clear during the visit that the opening of this school is vital for this island, for the local population, as it will drastically improve the situation not only in terms of health care for the population (for example, one of the faculty members is the only neurologist on the island and is not a local doctor, but has been specially invited by this school), but will also make a significant contribution from an economic point of view in local GDP. This, and not only this, explains the great interest of the local population, which was expressed at various levels during the meetings.

It is also worth noting the interest shown at the highest level, in particular by the Prime Minister and the Cabinet of Commonwealth of Dominica. ACSOM held a meeting with high-level officials from the government of the Commonwealth of Dominica, including the Prime Minister, Cabinet Ministers, and representatives from the local Senate. Particularly: **Hon. Roosevelt Skerrit**-Prime Minister of Dominica; **Hon. Levi Peter** - Attorney General; **Hon**. **Cassanni Laville-**Minister for Health, Wellness and Social Services; **Hon. Dr Cassandra Williams**-Minister of State in the Ministry of Health, Wellness & Social Services, with special responsibility for Seniors' Security, Children at Risk, Gender Affairs, as well as the Differently Abled; **Hon. Dr. Irving McIntyre**-Minister for Finance, Economic Development, Climate Resilience and Social Security; **Hon. Octavia Alfred**-Minister for Education, Human Resource Planning, Vocational Training and National Excellence; **Hon. Fenella Wenham**-Parliamentary Secretary (PS) in the Education Ministry, Human Resource Planning, Vocational Training as well as National Excellence, with specific responsibility for Education Reform & Human Resource; **Hon. Denise Charles**- Minister for Tourism; **Hon. Daren Pinard**-Minister Development of State in the Ministry of Labour, Public Service Reform, Social Partnership Entrepreneurship & Small Business Development with thorough responsibility for Entrepreneurship as well as Small Business Development; **Careen Prevost** -Cabinet Secretary; **Mrs. Leticia Lestrade-Wyke** -Permanent Secretary of Health**; Missi Henderson**-Permanent Secretary- Office of Prime Minister; Ambassador Emmanuel Nanthan-Ambassador Francine Baron; PS Education and Financial Secretary were the special guests of this meeting.

During the meeting, the Prime Minister and other officials expressed their strong support for the medical school and their willingness to provide all possible resources to support ACSOM.

This means that local stakeholders, as another beneficiary of the educational programme, will be permanently involved in the quality assurance process to guarantee a high quality of the final product of the medical education program.

Strengths/best practice

Involve key stakeholders in the monitoring and evaluation of the educational programme - Strong support for the medical school from the Prime Minister and Minister of Health and other members of the Ministerial Cabinet, and their willingness to provide all possible resources to support ACSOM.

EEP recommendations
No recommendations for this standard.

Conclusions of the EEP on the criteria:
Strong – 1
Satisfactory – 6
Suggest improvements – 0
Unsatisfactory –0
Non-Applicable – 2

6.8. STANDARD "GOVERNANCE AND ADMINISTRATION"

The Evidence
According to self-evaluation report, at ACSOM, the administrative hierarchy starts with the Board of Trustees, which serves as the school's supreme authority. Made up of independent trustees, the Board of Trustees is responsible for making all legal and fiduciary decisions related to academic affairs. The board is accountable for supervising the school's operations, setting academic policies and standards, approving the school's mission, goals, budget, and tuition fees. Additionally, they oversee the recruitment and performance of key personnel, and make sure the school functions effectively.

The members of the Board of Trustees are unbiased and have no connections or affiliations with the school's administration. They are independent and have no conflicts of interest with the institution.

The main administrative executive roles at ACSOM consist of the President, Dean/CAO, Vice President of Operations, CFO, Vice President of Student Services, Legal and Regulatory, and Institutional Assessment. Based on the report, because ACSOM is still in the development stage, some of these positions are temporarily held, and more executives will be recruited as the school expands and starts operating. Organisational structure of the medical school is presented in Figure 1 below. Their functions are clearly defined and delegated as described in the relevant legal documents. The powers, duties and rights of university departments and their staff are defined by internal regulations and job descriptions developed and approved in the prescribed manner.

According to the regulatory acts and documents, the Faculty Senate comprises all faculty members who are entitled to vote. It collaborates with the school's administration, legal department, and Board of Directors to create policies related to faculty recruitment, responsibilities, pay, health benefits, disability, pension, external employment, academic freedom, assessment, promotion, tenure, remediation, and termination. Additionally, the Faculty Senate has the responsibility of examining ACSOM policies and proposing changes or new policies.

The Dean of the medical school has the responsibility of managing finances, which includes budget allocation and fundraising. In consultation with academic department heads, faculty with specific budget requests and responsibilities, and other relevant parties, the Dean develops the instructional budget. The budget is reviewed and approved annually by the Board of Trustees. In addition to the Dean, the medical school has a chief financial officer (CFO) who monitors departmental expenditures to ensure budgetary compliance.

ACSOM

Board of Directors — President — Executive Assistant

Foundation Office — Director of Foundation: Development & Alumni Relations — Foundation Secretary & Scholarships Coordinator — Development & Fundraising Coordinator

Legal & Compliance — General Counsel — Secretary to GC

Institutional Assessment — Quality Assurance

Operations — VP of Operations — Operations Secretary — HR — Facilities — Finance — IT & Communications

HR — HR Manager — Assistant Manager — Compensation & Benefits Analysis Coordinator — Diversity, Equity & Inclusion Coordinator — Risk Management Coordinator — Employee Relations & Professional Training & Development Coordinator

Facilities — Police & Security — Facilities Maintenance — Parking & Transportation

Finance — CFO — Finance Coordinator

IT & Communications — IT & Communications Coordinator — Librarian — Basic Medical Science Faculty & Chairs

Academia — Dean — Sr. Advisor to the Dean, Education Curriculum & Faculty Development — PM Accreditation

Sr. Associate Dean of Graduate Medical Education & Accreditation

Assistant Dean of Interdisciplinary Collaboration & Leadership Development

Assistant Dean: Faculty & Faculty Development

Assistant Dean of Admission

Assistant Dean of Basic Medical Science

Sr Associate Dean of Clinical Medicine/ Clinical Faculty Development & Global Health

Student & Professional Development

Assistant Dean Clinical Science & Research

Clinical Science & Research Faculty & Chairs

Associate Dean of Student Affairs

Diversity, Equity, Inclusion & Sense of Belonging

Student Operations — VP of Student Support Services & Student Operations — Assistant VP of Student Support Services & Student Operations

Director of Financial Aid & Scholarships — Student Health & Counseling Center — Clinical Clerkship Operations — Licensing & Credentialing — Housing

Director of Enrollment Management — Travel & Immigration Advisor — Registar — Alumni Affairs

Academic Promotions Committee — Student Government — Student Conduct Committee — Academic Success & Wellness — Director of Campus Life

Fig. 1. Appendix 8B: Organisational chart of the medical school

ACSM exercises control over the medical student clinical teaching structure within a clinical site, which comprises of major clinical departments and their subdivisions where students undergo their clinical education. The clinical departments are headed by physicians who are faculty members of the medical school and serve as teaching physicians. They report to the chief of the department or the course director in their teaching roles.

To execute the academic policies of the institution, the **Chef Administrative Officer - CAO** assigns the clinician site director, departmental faculty, and administrative staff. The clinician site director is responsible for matters related to medical student education and reports directly to the dean or CAO. The departmental faculty report to their divisional heads regarding medical education, while administrative staff directly report to the medical school campus supervisor.

ASCOM uses a variety of methods for the dissemination of information to interested parties and the general public: Website https://www.acsom.edu.dm/about, digital or printed materials distributed via internet/mails or on campus, student and faculty meetings, press-realizes, etc.

Analytical part
The American Canadian School of Medicine has a strong administrative and management structure, the Senate, etc.

A review of the documents provided by the medical school, i.e. University Charter

(Appendix 8A); The companies ACT Chap 78:04 by-law no. 1 (Appendix 8C).

The American Canadian Medical School's structure showed that the areas of management, roles and responsibilities of the administration and all functional units are clearly defined and that there is no confusion of responsibilities.

Interviews with administrative and academic staff, a site visit and a meeting with the Prime Minister and Cabinet of Ministers of the Commonwealth of Dominica confirmed that the Faculty of Medicine has a very close relationship with the various health structures and the Ministry of Health, which ensures constructive cooperation with the health sector, society and the country, contributing to the exchange of information and ensuring the training of qualified doctors in accordance with the needs of society.

As discussed in the high-level meeting, the Dominican government has agreed to grant medical licenses to faculty members of the school, allowing them to provide medical care to the local community. The Prime Minister has also expressed interest in sponsoring qualified Dominican candidates who meet the school's admission criteria. The government has also expressed its willingness to grant permission for the use of local healthcare facilities. It should be mentioned that the school campus is owned by Dominica and has been provided to the school at no cost for an extended period.

Although the close connection and interrelationship with the country's authorities and the local health system has been repeatedly confirmed during site visits, according to experts, it is recommended to formalise these mutually beneficial Although the close connection and interrelationship with the country's authorities and the local health system has been repeatedly confirmed during field visits, according to experts, it is recommended to formalise these mutually beneficial relations and sign a formal document/agreement, where the details of cooperation will be clearly defined. relations and sign a formal document/agreement, where the details of cooperation will be clearly defined.

Strengths/best practice

Carry out constructive interaction with the healthcare system and sectors of society and government related to health, including foreign ones - The readiness and personal support of the Prime Minister and Cabinet of Ministers of Dominica, confirmed during the site visit, will ensure close communication with the local health system.

EEP recommendations

The medical school should formalise the cooperation with partners in the health sector with legal documents, ensuring involvement of employees and trainees in healthcare sector (August 1, 2024).

Conclusions of the EEP on the criteria:

Strong – 1
Satisfactory – 10
Suggest improvements – 1
Unsatisfactory –0

(VII) REVIEW OF STRENGTHS/BEST PRACTICES ON EACH STANDARD

STANDARD "MISSION AND OUTCOMES"

Participation of key stakeholders in the formulation of the mission and expected learning outcomes, including strong governmental support, and personal endorsement by the Prime-Minister.

STANDARD «EDUCATIONAL PROGRAMME»

No strengths/best practices identified for this standard.

STANDARD "STUDENT ASSESSMENT POLICY"

No strengths/best practices identified for this standard.

STANDARD "STUDENTS"

No strengths/best practices identified for this standard.

STANDARD "ACADEMIC STAFF / FACULTY"

No strengths/best practices identified for this standard.

STANDARD "EDUCATIONAL RESOURCES"

No strengths/best practices identified for this standard.

STANDARD "PROGRAMME EVALUATION"

Involve key stakeholders in the monitoring and evaluation of the educational programme - Strong support for the medical school from the Prime Minister and Minister of Health and other members of the Ministerial Cabinet, and their willingness to provide all possible resources to support ACSOM.

STANDARD "GOVERNANCE AND ADMINISTRATION"

Carry out constructive interaction with the healthcare system and sectors of society and government related to health, including foreign ones - The readiness and personal support of the Prime Minister and Cabinet of Ministers of Dominica, confirmed during the site visit, will ensure close communication with the local health system.

(VIII) REVIEW OF RECOMMENDATIONS ON QUALITY IMPROVEMENT ON EACH STANDARD

STANDARD "MISSION AND OUTCOMES"

The school should update its mission taking into consideration the necessity of evidence-based practice in medical education and development of scientific research capacity of the institution. (August 1, 2024)

STANDARD «EDUCATIONAL PROGRAMME»

The school must permanently update the curriculum by using recent results / findings / evidence of biomedical research (Permanently).

The school should give opportunities to students to choose electives from the 1st year of studies, taking into consideration the regional context and individual needs of students (August 1, 2024).

STANDARD "STUDENT ASSESSMENT POLICY"

The medical school should evaluate methods of assessment in terms of reliability and validity and elaborate the methodology of involving external evaluators in examination (August 1, 2024).

STANDARD "STUDENTS"

The medical school should elaborate and implement a policy of appeal for admission procedure (August 1, 2023).

The medical school should elaborate and implement a policy regarding educational trajectory of the students considering individual context and needs (August 1, 2024).

STANDARD "ACADEMIC STAFF / FACULTY"

The medical school should promote and endorse the development and recruitment of local professionals who are familiar with the specificities of the region (August 1, 2025).

The medical school should create sufficient research facilities and encourage the teaching staff to be involved in scientific projects, maintaining an optimal balance between different activities (August 1, 2024).

STANDARD "EDUCATIONAL RESOURCES"

ACSOM should prioritise the creation of research environment and involve the academic staff in researches (August 1, 2024).

The medical school should elaborate a strategic plan for scientific research activities, setting the priorities within the scientific fields and include the results in curricula (August 1, 2025).

The HEI should create a plan for collaboration with different medical education organisations in the region and abroad and support the participation of educators and students in academic mobility programmes (August 1, 2024).

STANDARD "PROGRAMME EVALUATION"
No recommendations for this standard.

STANDARD "GOVERNANCE AND ADMINISTRATION"
The medical school should formalise the cooperation with partners in the health sector with legal documents, ensuring involvement of employees and trainees in healthcare sector (August 1, 2024).

(IX) REVIEW OF RECOMMENDATIONS ON DEVELOPMENT OF THE EDUCATIONAL ORGANISATION

There is no additional recommendation on development of the educational organisation.

RECOMMENDATIONS TO THE ACCREDITATION COUNCIL

The members of the EEP agreed unanimously that the Programme "Doctor of Medicine" of the American Canadian School of Medicine (ACSOM) is recommended for accreditation for a period of 5 years

Annex 1. Assessment table "PARAMETERS OF INITIAL PROGRAMME ACCREDITATION" (Doctor of Medicine)

№ p/p	№ sub/p	№ crit.	ASSESSMENT CRITERIA	Strong	Satisfactory	Suggests improvement	Unsatisfactory
Standard 1. «MISSION AND OUTCOMES»							
1.1 Mission definition							
The organisation of education must:							
1	1	1.1.1.	define the mission of the EP and bring it to the attention of stakeholders and the health sector.		+		
2	2	1.1.2.	in its mission to reflect the goals and educational strategy that allow to prepare a competent specialist at the level of higher education in the field of healthcare with an appropriate basis for a further career in any field of healthcare, including all types of practice, administrative medicine and scientific research in healthcare; able to perform the role and functions of a specialist in accordance with the established requirements of the healthcare sector; prepared for postgraduate education and committed to lifelong learning		+		
Educational organisation should:							
3	3	1.1.3.	ensure that the mission includes research achievements in the field of biomedical, clinical, pharmaceutical, behavioral and social sciences, aspects of global health and reflects the main international health issues.		+		
1.2. Institutional autonomy and academic freedom							
The organisation of education must:							
4	4	1.2.1.	have institutional autonomy in order to develop and implement a quality assurance policy, for which the administration and teachers are responsible, especially with regard to the development of the educational programme and the allocation of resources necessary for the implementation of the educational program		+		
Educational organisation should:							
5	5	1.2.2.	provide academic freedom for employees and students to implement an educational programme and use the results of new research to improve the study of specific disciplines/issues without expanding the EP		+		
1.3. Learning outcomes							
The organisation of education must:							
6	6	1.3.1.	determine the expected learning outcomes that students should achieve upon completion of training in relation to achievements at the basic level in terms of knowledge, skills and professional relationships; the appropriate basis for a future career in any field of the healthcare industry; future roles in the healthcare sector; subsequent postgraduate training; lifelong learning commitments; the health needs of society, the needs of health care systems and other aspects of social responsibility		+		
Educational organisation should:							
7	7	1.3.2.	ensure proper behavior of students in relation to classmates, teachers, medical staff, patients and their relatives		+		

8	8	1.3.3.	publish the expected learning outcomes		+		
1.4. Participation in the formulation of mission and learning outcomes							
The organisation of education must:							
9	9	1.4.1.	ensure the participation of key stakeholders in the formulation of the mission and expected learning outcomes	+			
Educational organisation should:							
10	10	1.4.2.	ensure that the stated mission and expected learning outcomes are based on the opinions/suggestions of *other stakeholders.*		+		
Total by Standard				1	9		
Standard 2. «EDUCATIONAL PROGRAMME»							
2.1. Educational programme model and teaching methods							
The organisation of education must:							
11	1	2.1.1.	define the EP specifications, including a statement of expected learning outcomes, a curriculum based on a modular or spiral structure, qualifications obtained as a result of mastering the programme, in accordance with the descriptors of the National and European Qualifications Framework		+		
12	2	2.1.2.	to use teaching and learning methods that stimulate, prepare and support students to take responsibility for the learning process		+		
13	3	2.1.3.	to ensure that EP is implemented in accordance with the principles of equality.		+		
Educational organisation should:							
14	4	2.1.4.	develop learners' lifelong learning abilities		+		
2.2. Scientific method							
The organisation of education must:							
15	5	2.2.1.	throughout the training programme, to instil in students the principles of scientific methodology, including methods of analytical and critical thinking; research methods in healthcare and evidence-based medicine		+		
Educational organisation should:							
16	6	2.2.2.	include the results of modern scientific research in the EP		+		
2.3 Basic biomedical sciences							
The organisation of education must:							
17	7	2.3.1.	identify and include in the EP the achievements of basic biomedical sciences for the formation of students' understanding of scientific knowledge, concepts and methods that are the basis for the acquisition and application in practice of clinical scientific knowledge		+		
Educational organisation should:							
18	8	2.3.2.	change the educational programme, taking into account the achievements of biomedical sciences, reflecting scientific, technological and medical and pharmaceutical developments, current and expected needs of society and the healthcare system		+		
2.4. Behavioral and Social Sciences, Medical/Pharmaceutical Ethics							
The organisation of education must:							
19	9	2.4.1.	identify and include achievements in behavioral sciences, social sciences, medical/pharmaceutical ethics and jurisprudence in the EP		+		
Educational organisation should:							
20	10	2.4.2.	change the EP, taking into account the achievements of behavioral and social sciences, medical/pharmaceutical ethics and jurisprudence, including modern scientific, technological and medical and pharmaceutical developments, current and expected needs of society and the health system; changing demographic and cultural context		+		
2.5. Clinical/Pharmaceutical Sciences and Skills							
The organisation of education must:							

21	11	2.5.1.	identify and include in the EP the achievements of clinical/pharmaceutical sciences to ensure that students upon completion of training have acquired sufficient knowledge, clinical and professional skills to take appropriate responsibility in subsequent professional activities;		+		
22	12	2.5.2.	ensure that students spend a sufficient part of the programme in planned contacts with patients, consumers of services in appropriate clinical/industrial conditions and gain experience in health promotion and disease prevention		+		
23	13	2.5.3.	determine the amount of time allocated to the study of the main clinical/specialised disciplines		+		
24	14	2.5.4.	organise training with appropriate attention to the safety of the learning environment and patients, including monitoring the actions performed by the student in the conditions of clinical/ industrial bases		+		
Educational organisation should:							
25	15	2.5.5.	change the EP, taking into account the achievements of scientific, technological, medical and pharmaceutical developments, current and expected needs of society and the health system		+		
26	16	2.5.6.	ensure that each student has early contact with real patients, consumers of services, including his gradual participation in the provision of services and including responsibility: - in terms of examination and/or treatment of the patient under supervision in appropriate clinical conditions; - in the procedures of sanitary and epidemiological supervision in terms of inspection and/or inspection of the object under supervision, which is carried out in the relevant production bases (centers of sanitary and epidemiological expertise, territorial departments of sanitary and epidemiological control, including transport, disinfection organisations and medical facilities); - in terms of advising the patient on the rational use of medicines, which is carried out in appropriate production conditions		+		
27	17	2.5.7.	structure the various components of training in clinical, hygienic skills for monitoring environmental and industrial factors and other production skills in accordance with a specific stage of the training program.		+		
2.6. Structure of the educational programme, content and duration							
The organisation of education must:							
28	18	2.6.1.	describe the content, scope and sequence of disciplines/modules, including compliance with the appropriate ratio between basic biomedical, behavioral, social and clinical/profile disciplines.		+		
Educational organisation should:							
29	19	2.6.2.	ensure horizontal integration of related sciences and disciplines;		+		
30	20	2.6.3.	ensure vertical integration of clinical/specialised sciences with basic biomedical and behavioral and social sciences		+		
31	21	2.6.4.	provide an opportunity for elective content (electives) and to determine the balance between the mandatory and elective part of the EP		+		
32	22	2.6.5.	determine the relationship with complementary medicine, including non-traditional, traditional or alternative practice, occupational medicine, including aspects of environmental impact and man-made production loads, social the impact on the health of the population.		+		
2.7. Programme management							
The organisation of education must:							

33	23	2.7.1.	define procedures for the development, approval and revision of the EP		+		
34	24	2.7.2.	define a committee under the management of academic leadership responsible for planning and implementing the EP to ensure the achievement of expected learning outcomes.		+		
35	25	2.7.3.	ensure the representation of teachers, students, representatives from other interested parties, including representatives from clinical, industrial bases, healthcare professionals involved in the learning process in the composition of the EO committee responsible for the EP.		+		
Educational organisation should:							
36	26	2.7.4.	through the committee responsible for the EP to plan and implement innovations in the EP.		+		
2.8. Communication with medical/pharmaceutical practice and healthcare system							
The organisation of education must:							
37	27	2.8.1.	ensure continuity between the EP and the subsequent stages of professional training or practical activity, which the student will begin at the end of training		+		
Educational organisation should:							
38	28	2.8.2.	take into account the specifics of the conditions in which graduates will have to work and accordingly modify the EP		+		
Total by Standard					29		
Standard 3. «STUDENT ASSESSMENT POLICY»							
3.1. Evaluation methods							
The organisation of education must:							
39	1	3.1.1.	define and approve the principles, methods and practices used to evaluate students, including the number of exams, criteria for establishing passing scores, grades and the number of allowed retakes;		+		
40	2	3.1.2.	ensure that assessment procedures cover knowledge, skills, attitudes and professional behavior		+		
41	3	3.1.3.	use a wide range of assessment methods and formats depending on their "utility assessment", including a combination of validity, reliability, impact on learning, acceptability and effectiveness of assessment methods and format		+		
42	4	3.1.4.	ensure that the evaluation process and methods are open (accessible) for examination by external experts;		+		
43	5	3.1.5.	ensure that assessment methods and results avoid conflicts of interest and uses a system of appealing student assessment results		+		
44	6	3.1.6.	ensure the openness of the evaluation procedure and its results, to inform students about the criteria and evaluation procedures used		+		
Educational organisation should:							
45	7	3.1.7.	document and evaluate the reliability and validity of assessment methods, as well as involve external examiners			+	
3.2. The relationship between assessment and learning							
The organisation of education must:							
46	8	3.2.1.	use the principles, methods and practices of assessment that are comparable with the intended educational outcomes and methods of teaching and learning, guarantee the achievement of the planned learning outcomes, facilitate the training of students, provide an appropriate balance of formative and final assessment for the direction of learning and decision-making on academic performance		+		
Educational organisation should:							
47	9	3.2.2.	adjust the number and nature of exams to encourage both knowledge acquisition and integrated learning		+		

48	10	3.2.3.	provide timely, specific, constructive and fair feedback to students based on the assessment results		+		
Total by Standard					9	1	
Standard 4. «STUDENTS»							
4.1. Admission and Selection Policy							
The organisation of education must:							
49	1	4.1.1.	define and implement an admission policy based on the principles of objectivity and including a clear statement on the selection process of students		+		
50	2	4.1.2.	have a policy and implement the practice of admitting persons with disabilities		+		
51	3	4.1.3.	have a policy and implement the practice of transferring students from other educational institutions, including foreign ones		+		
Educational organisation should:							
52	4	4.1.4.	establish a link between the selection and the mission of the educational organisation, the educational programme and the desired quality of graduates; periodically review the admission policy		+		
53	5	4.1.5.	use the system of appeal of decisions on the admission of students			+	
4.2. Recruitment of students							
The organisation of education must:							
54	6	4.2.1.	determine the number of accepted students in accordance with the possibilities of the organisation of education at all stages of the educational program		+		
Educational organisation should:							
55	7	4.2.2.	periodically regulate the number and contingent of accepted students, taking into account the opinion of stakeholders responsible for planning and developing human resources in the health sector in order to meet the medical needs of the population and society as a whole		+		
56	8	4.2.3.	periodically review the number and nature of accepted students in consultation with other stakeholders and regulate in order to meet the health needs of the population and society as a whole		+		
4.3. Advising and supporting students							
The organisation of education must:							
57	9	4.3.1.	have a system of academic counseling for students		+		
58	10	4.3.2.	offer students a support programme aimed at social, financial and personal needs, allocating appropriate resources and ensuring confidentiality of counseling and support		+		
59	11	4.3.3.	have a feedback system with students to assess the conditions and organisation of the educational process		+		
60	12	4.3.4.	provide students with documents confirming the received qualification (diploma) and provide the opportunity to receive a European diploma supplement at the request of the student (Diploma Supplement)		N/A		
61	13	4.3.5.	take into account the needs of different groups of students and provide an opportunity for the formation of an individual educational trajectory.			+	
Educational organisation should:							
62	14	4.3.6.	provide academic counseling, which is based on monitoring the student's progress and includes issues of professional orientation and career planning		+		
4.4. Representation of students							
The organisation of education must:							
63	15	4.4.1.	develop and implement a policy of student representation and their proper participation in mission definition, development, management and evaluation of the educational programme and other issues related to students		+		

			Educational organisation should:				
64	16	4.4.2.	encourage and provide assistance and support to student activities and student organisations		+		
			Total by Standard		14	1	

Standard 5. «ACADEMIC STAFF/FACULTY»

5.1. Recruitment and selection policy

The educational organisation must:

65	1	5.1.1.	define their category, responsibility and *balance of academic staff/teachers* of basic biomedical sciences, behavioral and social sciences and medical/pharmaceutical sciences for the adequate implementation of the EP, including the proper ratio between teachers of medical, non-medical, pharmaceutical profiles, full-time or part-time teachers, as well as the balance between academic and non-academic staff		+		
66	2	5.1.2.	take into account the criteria of scientific, educational and clinical achievements, including the relationship between teaching, research and "service" functions		+		
67	3	5.1.3.	define and monitor the responsibilities of academic staff/teachers of basic biomedical sciences, behavioral and social sciences and clinical, hygienic, pharmaceutical sciences.		+		

Educational organisation should:

68	4	5.1.4.	in the selection and recruitment policy, take into account such criteria and features as attitude to the mission and economic opportunities of the educational organisation, as well as significant features of the region			+	

5.2. Personnel activity and development policy

The organisation of education must develop and implement a policy of activity and staff development, which is aimed at:

69	5	5.2.1.	maintaining a balance of opportunities between teaching, research and "service" functions, ensuring recognition of worthy academic activities with proper emphasis on teaching, research and professional qualifications		+		
70	6	5.2.2.	provision of sufficient knowledge by individual employees of the entire educational programme, as well as training and advanced training of teachers, their development and evaluation		+		

Educational organisation should:

71	7	5.2.3.	take into account the ratio of "teacher-student" depending on the various components of the educational program		+		
72	8	5.2.4.	develop and implement a staff career development policy		+		
			Total by Standard		7	1	

Standard 6. «EDUCATIONAL RESOURCES»

6.1. Material and technical base

The organisation of education must:

73	1	6.1.1.	have sufficient material and technical base to ensure adequate implementation of the educational programme, as well as create a safe learning environment for staff, students, patients and their relatives		+		

Educational organisation should:

74	2	6.1.2.	improve the learning environment by regularly updating and expanding the material and technical base to meet changes in educational practice		+		

6.2. Resources for practical training

The organisation of education must:

75	3	6.2.1.	provide the necessary resources to provide students with appropriate clinical/practical experience, including: • quality and categories of patients/consumers of services, • number and categories of clinical/production bases;		+		

			• monitoring the practice of students				
Educational organisation should:							
76	4	6.2.2.	evaluate, adapt and improve the conditions of clinical/practical training to meet the needs of the population	+			
6.3. Information technology							
The organisation of education must:							
77	5	6.3.1.	develop and implement policies aimed at the effective and ethical use and evaluation of relevant information and communication technologies	+			
78	6	6.3.2.	provide access to websites or other electronic media	+			
Educational organisation should:							
79	7	6.3.3.	optimise teachers' and students' access to relevant patient data and healthcare information systems using existing and relevant new information and communication technologies for self-study, access to information, patient databases and work with healthcare information systems	+			
6.4. Medical/Pharmacy research and scientific achievements							
The organisation of education must:							
80	8	6.4.1.	use research activities and scientific achievements in the field of medicine, pharmacy as the basis for an educational program	+			
81	9	6.4.2.	formulate and implement a policy that promotes the strengthening of the relationship between scientific research and education; provide information on the research base and priority areas in the field of scientific research of the organisation of education	+			
Educational organisation should:							
82	10	6.4.3.	ensure that the relationship between scientific research and education is taken into account in teaching, encourages and prepares students for and participation in scientific research in the field of health	+			
6.5. Expertise in the field of education							
The organisation of education must:							
83	11	6.5.1.	have access to educational expertise of processes, practices and problems of medical and pharmaceutical education with the involvement of specialists, educational psychologists, sociologists at the university, interuniversity and international levels; develop and implement an expertise policy in the development, implementation and evaluation of educational programmes, development of teaching methods and evaluation	+			
Educational organisation should:							
84	12	6.5.2.	demonstrate evidence of the use of internal or external educational expertise in staff development, taking into account current experience in medical/pharmaceutical education and promoting the interests of staff in conducting research in education	+			
6.6. Exchange in the field of education							
The organisation of education must:							
85	13	6.6.1.	formulate and implement a policy on national and international cooperation with other educational organisations, including the mobility of staff and students, as well as the transfer of educational credits	+			
Educational organisation should:							
86	14	6.6.2.	promote the participation of teachers and students in academic mobility programmes at home and abroad and allocate appropriate resources for these purposes		+		
Total by Standard				13	1		
Standard 7. «PROGRAMME EVALUATION»							
7.1. Monitoring and evaluation mechanisms of the program							
The organisation of education must:							

87	1	7.1.1.	have regulated procedures for monitoring, periodic evaluation of the educational programme and learning outcomes, progress and academic performance of students		+		
88	2	7.1.2.	develop and apply an educational programme evaluation mechanism that examines the programme, its main components, students' academic performance, identifies and solves problems, ensures that the relevant evaluation results affect the EP		+		
Educational organisation should:							
89	3	7.1.3.	periodically evaluate the programme, comprehensively considering the educational process, components of the educational programme, expected learning outcomes and social responsibility		+		
7.2. Teacher and student feedback							
The organisation of education must:							
90	4	7.2.1.	systematically conduct, analyse and respond to feedback from teachers and students		N/A		
Educational organisation should:							
91	5	7.2.2.	use feedback results to improve the educational program		N/A		
7.3. Educational achievements of students							
The organisation of education must:							
92	6	7.3.1.	analyse students' academic performance in accordance with the mission and expected learning outcomes, the training programme and the availability of resources		+		
Educational organisation should:							
93	7	7.3.2.	analyse the progress of students taking into account the conditions of their previous education, the level of training when entering the university; use the results of the analysis to interact with the structural unit responsible for the selection of students, the development of an educational programme, advising students		+		
7.4. Stakeholder engagement							
The organisation of education must:							
94	8	7.4.1.	involve key stakeholders in the monitoring and evaluation of the educational program	+			
Educational organisation should:							
95	9	7.4.2.	provide interested parties with access to the results of the evaluation of the programme, collect and study feedback from them about the educational program		+		
Total by Standard				1	6		
Standard 8. «GOVERNANCE AND ADMINISTRATION»							
8.1. Governance							
The organisation of education must:							
96	1	8.1.1.	identify structural units and their functions, including relationships within the university		+		
Educational organisation should:							
97	2	8.1.2.	define committees in the management structure, their responsible composition, reflecting the representation of the main and other stakeholders, ensuring transparency of the work of management bodies and their decisions		+		
8.2. Academic leadership							
The organisation of education must:							
98	3	8.2.1.	describe the responsibilities of the academic leadership in defining and managing the educational program		+		
Educational organisation should:							
99	4	8.2.2.	periodically evaluate academic leadership in relation to achieving its mission and expected learning outcomes		+		
8.3. Educational budget and resource allocation							
The organisation of education must:							

100	5	8.3.1.	have a clear distribution of responsibility and authority to provide resources for the educational programme, including a dedicated educational budget		+		
101	6	8.3.2.	allocate the resources necessary for the implementation of the EP and allocate educational resources in accordance with their needs		+		
Educational organisation should:							
102	7	8.3.3.	have the right to independently allocate resources, including remuneration of teachers who properly achieve the planned learning outcomes; when allocating resources, take into account scientific achievements in the field of health and public health problems and their needs.		+		
8.4. Administrative staff and management							
The organisation of education must:							
103	8	8.4.1.	have administrative and professional staff to implement the educational programme and related activities, ensure proper management and allocation of resources		+		
Educational organisation should:							
104	9	8.4.2.	ensure the participation of all departments of the educational organisation in the processes and procedures of the internal quality assurance system		+		
8.5. Interaction with the health sector							
The organisation of education must:							
105	10	8.5.1.	carry out constructive interaction with the healthcare system and sectors of society and government related to health, including foreign ones	+			
Educational organisation should:							
106	11	8.5.2.	give an official status to cooperation, including the involvement of employees and trainees, with partners in the health sector			+	
8.6. Informing the public							
The organisation of education must:							
107	12	8.6.1.	publish complete and reliable information about the educational programme and its achievements on the official website of the educational organisation and in the media		+		
Total by Standard				1	10	1	
GRAND TOTAL ACCORDING TO ALL STANDARDS				3	96	5	
Criteria 4.3.4. – N/A							
Criteria 7.2.1. – N/A							
Criteria 7.2.2. – N/A							

Annex 2. PROGRAMME OF THE VISIT TO EDUCATION ORGANISATION

AMERICAN
CANADIAN
SCHOOL OF
MEDICINE

**PROGRAMME OF THE SITE VISIT
OF THE IAAR EXTERNAL EXPERT PANEL
TO AMERICAN CANADIAN SCHOOL OF MEDICINE**

(International Initial Programme Accreditation of
the Doctor of Medicine Programme)

Dates of the Site Visit: May 2-4, 2023

Date and Time (Roseau local time, UTC/GMT -4)	EEP Work with Target Groups	Full Name and Position of Target Group Members		Venue
		April "27", 2023		
12.00-13.00	Preliminary meeting of EEP *(distribution of responsibilities, discussion of key issues and the site visit programme)*	*IAAR External Experts*		https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
17.00-18.00	*Dinner*	*IAAR External Experts*		
		Day 1, May 2, 2023		
09.00-09.30	Discussion of organizational issues with experts	*IAAR External Experts*		Visitor's Conference Room, First Floor
09.30 -10.10	Meeting with the head of the school (CEO)	*Arvin Bagherpour MD, CEO and Founder*		Interview Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
10.10-10.20	Break	*IAAR External Experts*		Interview Room, First Floor,

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10.20-11.10	Meeting with deputy heads of the school	*Carey James, MBA, President*		Interview Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
11.10-11.40	Break	*IAAR External Experts*		
11.40-12.40	Meeting with heads of structural units	*Ramin Ahmadi, MD, MPH, (Medical Education, Clinical Education)* *Dr. Parvin Bagherpour, (Student Support Services)* *Carey James, MBA (Finance)* *Elliot Polak, (IT and Library Services)* *Jack Dishman (Facilities)* *Mason Philpot (Admissions)*		Interview Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
12.40-13.00	EEP work	*IAAR External Experts*		Visitor's Conference Room, First Floor
13.00-14.00	*Lunch Break*	*IAAR External Experts*		
14.00-14.15	EEP work	*IAAR External Experts*		Visitor's Conference Room, First Floor

14.15-15.00	Meeting with Deans (Associate Deans)	*Bruce Kaplan, DO, FAOBIM, Senior Associate Dean of Graduate Medical Education and Accreditation* *Jack Ayala MD, Director of Clinical Medicine*		https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
15.00-15.15	Break	*IAAR External Experts*		
15.15-16.00	Meeting with heads of educational programme	*Jeff Wong, MD, Faculty and Senior Advisor to the Dean on Education, Curriculum and Faculty Development (Zoom)* *Ray King, MD, Director of Longitudinal Anatomy Lab Course Content (Zoom)*		Interview Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
16.00-18.00	Visual inspection of the school	*List of Physical Facilities, Laboratories etc.* Auditoriums Small classrooms and student center Anatomy lab Simulation Center Research Office		https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
18.00-18.30	EEP work (discussion of the results and summary of the Day 1 outcomes)	*IAAR External Experts*		Visitor's Conference Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
18.30-19.30	*Dinner*	*IAAR External Experts*		
Day 2, May 3, 2023				
09.00-		*IAAR External Experts*		Visitor's Conference Room, First

Time	Activity	Participants		Location
09.20	EEP work (discussion of organizational issues with experts)			Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
09.20-10.20	Meeting with teaching staff	*List of teachers (Appendix No. 1)*		Interview Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
10.20-11.20	Questionnaire survey of teachers (in parallel)	*Teaching staff (Appendix No.2 with personal emails)*		The survey link is sent to the teacher's e-mail personally
10.20-10.40	Break	*IAAR External Experts*		
10.40-13.30	Working with the documentation *(The representatives of the school might be invited for some clarifications)*	*IAAR External Experts*		Visitor's Conference Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
13.30-14.30	*Lunch Break*	*IAAR External Experts*		
14.30-15.30	Meeting with planned professional internship venues, branches of departments (clinical sites, educational and	*Jack Ayala MD, Director of Clinical Rotations (Zoom)*		Interview room first floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837

Time	Activity	Participants		Location
	clinical centers)			
15.30-15.45	Break	*IAAR External Experts*		
15.45-16.30	Meeting with potential employers	*Representatives of ACSM BOARD and Dominican Government*		Interview Room https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
16.30-16.45	Break	*IAAR External Experts*		
16.45-17.00	Back up meeting	*Representatives of the school and the educational programmes may be invited in case of additional questions*		Interview Room https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
17.00-19.00	EEP Work (discussion of the assessment parameters, discussion of the results and summary of the Day 2 outcomes)	*IAAR External Experts*		Visitor's Conference Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
19.00-20.00	*Dinner*	*IAAR External Experts*		
		Day 3, May 4, 2023		
09.00-09.30	EEP work, discussion	*IAAR External Experts*		Visitor's Conference Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837

09.30-11.30	EEP work, development of recommendations	*IAAR External Experts*		Visitor's Conference Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
11.30-11.50	Break	*IAAR External Experts*		
11.50-12.50	EEP work (collective discussion and preparation of a preliminary outcomes)	*IAAR External Experts*		Visitor's Conference Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
13.00-14.00	*Lunch Break*			
14.00-15.30	EEP work, discussion of the preliminary results, voting	*IAAR External Experts*		Visitor's Conference Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
15.30-16.00	Preparation by the EEP chair of information on the results of the external evaluation	*IAAR External Experts*		Visitor's Conference Room, First Floor
16.00-	Final meeting of the	*Heads of the higher education institution*		Interview Room, First floor

16.40	EEP with the school's management	*and structural units* *Arvin Bagherpour, MD* *Ramin Ahmadi, MD MPH* *Carey James, MBA*		https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
16.40-16.55	Break			
16.55-18.00	EEP work, discussion of the results of the quality assessment, agreeing on the issues for the final review report	*IAAR External Experts*		Visitor's Conference Room, First Floor https://us02web.zoom.us/j/7172395837 Conference ID: 717 239 5837
18.00-19.00	*Dinner*	*IAAR External Experts*		

Abbreviations
EEP – External Experts Panel
EP – Educational Programme

Annex 3. RESULTS OF THE SURVEY QUESTIONNAIRE OF TEACHERS

Questionnaire Survey for the Teaching Staff of the American Canadian School of Medicine

The total amount of questionnaires: 7

1. Department: Medicine

2. Position:

Professor	1 – 14,3%
Assistant professor/associate professor	0
Senior teacher	0
Teacher	5 – 71,4%
Head of the Department	0
Others	1 – 14,3% (basic science course director)

3. Academic degree, academic rank

Honoured Worker	0
Doctor of Science	1 – 14,3%
Candidate of Science	0
Master	0
PhD	1 – 14,3%
Professor	0
Assistant professor/associate professor	0
Faculty/instructor	3 – 42,9%
Doctor of medicine	2 – 28,6%
No	1 – 14,3%

4. Work experience at this HEI

Less than 1 year	3	42,9%
1 year – 5 years	4	57,1%
Over 5 years	0	0
Others	0	0

No.	Questions	Very good	Good	Relatively poor	Poor	Very poor	No answer
1	To what extent does the content of the educational program meet your scientific and professional interests and requirements?	6 – 85,7%	1 – 14,3%	0	0	0	0
2	How do you assess the opportunities provided by HEI	6 – 85,7%	1 – 14,3%	0	0	0	0

	for the professional development of the teaching staff?						
3	How do you assess the opportunities provided by HEI for teacher's career development?	7 – 100%	0	0	0	0	0
4	How do you assess the degree of academic freedom of teaching staff?	5 – 71,4%	2 - 28,6%	0	0	0	0
	To what extent can teachers use their own						
5	• Teaching strategies	5 – 71,4%	2 – 28,6%	0	0	0	0
6	• Teaching methods	3 – 42,9%	4 – 57,1%	0	0	0	0
7	• Educational innovations	5 – 71,4%	2 – 28,6%	0	0	0	0
8	How do you evaluate the arrangement of health care and disease prevention in HEI?	4 – 57,1%	3 – 42,9%	0	0	0	0
9	What attention does the school management pay to the educational programme content?	6 – 85,7%	1 – 14,3%	0	0	0	0
10	How do you evaluate the sufficiency and accessibility of the necessary scientific and educational literature in the library?	6 – 85,7%	1 – 14,3%	0	0	0	0
11	Evaluate the level of the conditions created that take into account the needs of different groups of learners?	6 – 85,7%	1 – 14,3%	0	0	0	0
	Evaluate the openness and accessibility of management to:						
12	• Students	6 – 85,7%	1 – 14,3%	0	0	0	0
13	• Teachers	6 – 85,7%	1 – 14,3%	0	0	0	0
14	What is the level of encouragement and involvement of young specialists in the educational process?	6 – 85,7%	1 – 14,3%	0	0	0	0
15	Evaluate the opportunities for professional and personal growth created for each teacher and employee	6- 85,7%	1 – 14,3%	0	0	0	0
16	Evaluate the adequacy of recognition by HEI's	5 – 71,4%	2 – 28,6%	0	0	0	0

	management of teachers' potential and abilities						
17	How the activity is organised regarding an academic mobility	5 – 71,4%	2 – 28,6%	0	0	0	0
18	How the activity is organised regarding teaching staff's professional development	6 – 85,7%	1 – 14,3%	0	0	0	0
19	Evaluate how HEI and its management support teaching staff's research and development undertakings	4 – 57,1%	3 – 42,9%	0	0	0	0
20	Evaluate how HEI and its management support development of new educational programmes/academic disciplines/teaching methods	7 – 100%	0	0	0	0	0
21	Evaluate teaching staff's opportunity to combine teaching with scientific research	3 – 42,9%	4 – 57,1%	0	0	0	0
22	Evaluate teaching staff's opportunity to combine teaching with practical activities	4 – 57,1%	3 – 42,9%	0	0	0	0
23	Evaluate whether the knowledge students receive in HEI meets the requirements of the modern labour market	6 – 85,7%	1 – 14,3%	0	0	0	0
24	How do HEI management and administration take criticism?	5- 71,4%	2 – 28,6%	0	0	0	0
25	Evaluate how well your teaching load meets your expectations and capabilities?	4 – 57,1%	3 – 42,9%	0	0	0	0
26	Evaluate the focus of educational programmes/curricula on providing students with the skills to analyse the situation and make forecasts	6 – 85,7%	1 – 14,3%	0	0	0	0
27	Evaluate the extent to which the content and quality of implementation of the educational programme meet the expectations of the labour market and employer	6 – 85,7%	1 – 14,3%	0	0	0	0

28. Why do you work in this particular HEI?

- *I see this job as a great chance to expand my global health experience and share my knowledge with a new generation of health providers.*

- *It gives great career opportunities that correspond to my interest*
- *This is a great opportunity to teach students in English, work in a multicultural environment, practice English, have doctor-patient encounters in English, and gain better knowledge of medicine. As a faculty member, I can attend workshops and conferences in the medicine and med education fields (med school gives us financial support). I can learn from high-level experts from the USA, Canada, the EU, and Israel. I can collaborate on research and academic projects, and stay up-to-date on new developments in medical and med ed fields. It is a stable and rewarding career path. Working as a faculty/instructor I can provide opportunities to share my knowledge and expertise with others, to inspire and motivate students.*
- *Progressive curriculum - dedicated/passionate leadership*
- *Great opportunity to work abroad in different educational system. Scientific opportunities. Good weather conditions.*
- *The reputation of the ACSOM and GMED Global LLC, the location on the beautiful island, very good opportunities for career growth and development*

29. How often do you hold masterclasses and practitioner classes as part of your course?

Very often	Often	Sometimes	Very rarely	Never
0	7 – 100%	0	0	0

30. How often do teachers invited from outside (local and foreign) participate in the training process?

Very often	Often	Sometimes	Very rarely	Never
4 – 57,1%	3 – 42,9%	0		0

31. How often do you encounter the following problems in your work: (please, answer on each line)

Questions	Often	Sometimes	Never	No answer
Lack of classrooms	0	1 – 14,3%	6 – 85,7%	0
Unbalanced teaching load by semester	0	0	7 – 100%	0
Unavailability of necessary literature in the library	0	0	7 – 100%	0
Overcrowding of study groups (too many students in the group)	0	0	7 – 100%	0
Inconvenient schedule	0	0	7 – 100%	0
Inadequate facilities for classroom activities	0	0	7 – 100%	0
Lack of internet access/poor internet connection	0	1 – 14,3%	6 – 85,7%	0
Students lack interest in the study	0	0	7 – 100%	0
Late delivery of information about the events	0	0	7 – 100%	0
Absence of teaching aids in classrooms	0	0	7 – 100%	0
Other problems	*Lack of public transportation* *Lack of public transportation; food and other stuff delivery; no large stores on island* *Awaiting first batch of students* *lack of public transportation*			

32. There are many different aspects and aspects in HEI's life that affect every teacher and employee in one way or another. Assess how satisfied you are with:

Questions	Fully satisfied (1)	Partially satisfied (2)	Unsatisfied (3)	Unsure (4)
HEI management's attitude towards you	7 – 100%	0	0	0
Relationships with direct management	7 – 100%	0	0	0
Relationships with colleagues at the department	7 – 100%	0	0	0
Degree of participation in management decisions	5 – 71,4%	2 – 28,6%	0	0
Relationships with students	6 – 85,7%	1 – 14,3%	0	0
Recognition of your success and achievements by administration	6 – 85,7%	1 – 14,3%	0	0
Support for your proposals and comments	6 – 85,7%	1 – 14,3%	0	0
HEI administration's activities	6 – 85,7%	1 – 14,3%	0	0
Remuneration terms	4 – 57,1%	3 – 42,9%	0	0
Working conditions, list and quality of services provided in HEI	6 – 85,7%	1 – 14,3%	0	0
Occupational health and safety	7 – 100%	0	0	0
Management of changes in HEI's activities	6 – 85,7%	1 – 14,3%	0	0
Provision of a social package: recreation, sanatorium treatment, etc.	4 – 57,1%	3 – 42,9%	0	0
Arrangements for catering in HEI and its quality	3 – 42,9%	3 – 42,9%	0	1 – 14,3%
Arrangements for health care and quality of medical services	3 – 42,9%	2 – 28,6%	0	2 – 28,6%