



STANDARDS OF ACCREDITATION FOR SCHOOLS OF MEDICINE

Revised **May 2021**
 May 2020

Approved **May 2021**

Published **June 2021**

Effective for schools seeking accreditation in the 2022-2023 academic year and thereafter.

TABLE OF CONTENTS

INTRODUCTION.....	1
STANDARD 1: MISSION AND EDUCATIONAL GOALS.....	3
1.1. KEY EDUCATIONAL GOALS.....	3
1.2. QUALITY ASSURANCE.....	3
1.3. DEVELOPMENT, ADOPTION AND PUBLICATION OF EDUCATIONAL GOALS...	3
STANDARD 2: CORPORATE ORGANIZATION.....	4
2.1. REGULATORY ENVIRONMENT.....	4
2.2. GOVERNANCE.....	4
STANDARD 3: SCHOOL MANAGEMENT.....	5
3.1. ANTI-DISCRIMINATION POLICY.....	5
3.2. MEDICAL SCHOOL ADMINISTRATION.....	5
3.3. MECHANISMS FOR FACULTY PARTICIPATION.....	6
3.4. STUDENT BODY SIZE.....	6
3.5. CLINICAL SITES.....	6
3.6. ALLIED HEALTH PROGRAMME(S).....	7
STANDARD 4: FACULTY AND TEACHING STAFF.....	7
4.1. FACULTY SELECTION AND APPOINTMENT.....	8
4.2. FACULTY WORKLOAD, BENEFITS AND COMPENSATION.....	8
4.3. CODE OF CONDUCT.....	8
4.4. PROFESSIONAL DEVELOPMENT AND PROMOTION.....	9
4.5. NON-FACULTY TEACHING STAFF.....	9
STANDARD 5: CURRICULAR CONTENT.....	9
5.1. COMPETENCIES AND OBJECTIVES.....	10
5.2. SELF DIRECTED AND LIFELONG LEARNING.....	10
5.3. CRITICAL JUDGEMENT AND PROBLEM-SOLVING SKILLS.....	10
5.4. COMMUNICATION SKILLS.....	11
5.5. INTERPROFESSIONAL AND INTERDISCIPLINARY COLLABORATIVE SKILLS.....	11
5.6. SERVICE TO SOCIETY AND THE COMMUNITY.....	11

5.7. CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES.....	11
5.8. MEDICAL ETHICS.....	11
5.9. SCIENTIFIC METHODS AND CLINICAL TRANSLATIONAL RESEARCH.....	12
STANDARD 6: CURRICULAR IMPLEMENTATION AND EVALUATION.....	12
6.1. LENGTH OF THE CURRICULUM.....	12
6.2. CURRICULUM COMMITTEE.....	12
6.3. PRE-CLINICAL BASIC SCIENCE.....	13
6.4. CLINICAL SCIENCES.....	14
6.5. CLINICAL SITE MONITORING AND OVERSIGHT TO ENSURE COMPARABILITY.	14
6.6. RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION.....	15
6.7. SCHOOL ATTENDANCE POLICY.....	15
6.8. EVALUATION OF THE CURRICULUM.....	15
STANDARD 7: STUDENT TEACHING, SUPERVISION AND ASSESSMENT.....	16
7.1. CLINICAL TEACHING AND EXPERIENCE.....	16
7.2. SENIOR ELECTIVES.....	17
7.3. STUDENT SUPERVISION.....	17
7.4. STUDENT ASSESSMENT AND EVALUATION.....	18
7.5. FORMATIVE ASSESSMENT AND FEEDBACK.....	18
7.6. SUMMATIVE EVALUATION.....	19
7.7. PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS.....	19
STANDARD 8: ADMISSIONS.....	19
8.1 ADMISSION CRITERIA.....	19
8.2 INFORMATIONAL MATERIALS.....	20
8.3 ADMISSIONS COMMITTEE.....	20
8.4 READMISSION.....	21
8.5 TRANSFER STUDENTS.....	21
8.6 VISITING STUDENTS.....	21
8.7 DIVERSITY / PIPELINE PROGRAMS.....	22
STANDARD 9: STUDENT PROMOTION AND EVALUATION.....	22
9.1. POLICY DEVELOPMENT, IMPLEMENTATION AND OVERSIGHT.....	22
9.2. STUDENT PROMOTION AND EVALUATION COMMITTEE.....	22
9.3. STUDENT EVALUATION.....	23

9.4.	STUDENT PROMOTION AND ADVANCEMENT.....	23
9.5	STUDENT GRADUATION.....	23
9.6.	STUDENT DISMISSALS.....	24
STANDARD 10: STUDENT SUPPORT SERVICES.....		24
10.1.	ACADEMIC GUIDANCE, MENTORSHIP AND CAREER COUNSELLING.....	24
10.2.	STUDENT HEALTH AND PSYCHOLOGICAL SUPPORT.....	25
10.3.	FINANCIAL GUIDANCE.....	26
10.4.	TUITION REFUND POLICY.....	26
10.5.	MEDICAL STUDENT MISTREATMENT.....	26
10.6.	STUDENT COMPLAINTS.....	27
10.7.	STUDENT RECORDS.....	27
10.8.	SECURITY, STUDENT SAFETY AND DISASTER PREPAREDNESS.....	28
STANDARD 11: FINANCIAL MANAGEMENT		28
11.1.	REVENUE SOURCE(S).....	28
11.2.	BUDGET PLANNING AND COMPLIANCE.....	29
STANDARD 12: FACILITIES AND INFORMATION SERVICES.....		29
12.1.	PRECLINICAL MEDICAL SCHOOL CAMPUS.....	29
12.2	CLINICAL SITES.....	30
STANDARD 13: POSTGRADUATE PROGRESSION.....		30

INTRODUCTION

The Accreditation Commission on Colleges of Medicine (ACCM / The Commission) is an independent, not for profit organisation based in the Republic of Ireland. ACCM is invited by Governments of countries that may not have a national medical accreditation body, to act on their behalf in relation to the accreditation of medical education programmes leading to the MD degree¹. In the majority of medical schools currently under accreditation by ACCM, the student body is drawn predominantly from North America where the Liaison Committee on Medical Education (LCME) is the recognised authority for the accreditation of medical education programmes leading to a medical degree. Therefore, ACCM has developed standards of accreditation that are closely aligned with those of the LCME.

The US Department of Education's National Committee on Foreign Medical Education and Accreditation (NCFMEA)² recognizes the *ACCM Standards of Accreditation for Schools of Medicine* as being comparable to those of the LCME. In addition, ACCM has been granted recognition by the World Federation for Medical Education (WFME)³ for a period of ten years until December 31st, 2026. Finally, ACCM is fully compliant with the Educational Commission on Foreign Medical Graduates' (ECFMG)⁴ requirements for an internationally recognised medical accrediting agency.

The ACCM evaluates schools of medicine for accreditation based on the *ACCM Standards of Accreditation for Schools of Medicine*. By judging the compliance of medical education programmes with internationally accepted standards of educational quality, the ACCM serves the interests of the general public and of the medical students enrolled in those programmes. To achieve and maintain accreditation, a medical education programme leading to a medical degree, must demonstrate appropriate performance in the standards contained in this document. The accreditation process requires that the medical school provides assurances that its graduates exhibit the general professional competencies that are appropriate for

¹ Medical degree refers to MD or MD Equivalent

² <https://sites.ed.gov/ncfmea/>

³ <https://wfme.org/>

⁴ <https://www.ecfm.org/>

entry to the next stage of their training and that serve as the foundation for lifelong learning and proficient medical care. While recognising the existence and appropriateness of diverse institutional missions and educational objectives, local circumstances do not justify accreditation of a substandard programme of medical education leading to a medical degree. The accreditation process of a medical school includes the entire educational programme. Accreditation is granted after a thorough on-site review of the school by qualified Commissioners. The term “on-site inspection” must be construed to mean on-site inspection of the medical school campus, all clinical facilities where the school⁵ maintains an educational presence and the administrative headquarters. Accreditation may be granted to the school for a period of up to six years depending on the level of compliance. During the accredited period, the school is required to maintain compliance with the *ACCM Standards of Accreditation for Schools of Medicine*.

ACCM regularly reviews the content of these standards to ensure comparability with LCME and NCFMEA requirements. The ACCM Board reviews changes to existing standards that impose new or additional compliance requirements and solicits feedback from the medical education community prior to their adoption. Once approved, new or revised standards are published in the *ACCM Standards of Accreditation for Schools of Medicine*, in the *Self-study Questionnaire* and / or *Annual Database Questionnaire*. ACCM will provide adequate advance notice to the schools regarding the date of implementation of these changes.

The *ACCM Standards of Accreditation for Schools of Medicine* are organized according to 13 accreditation standards. The ACCM will consider performance in all the elements associated with each standard in the determination of the compliance of the programme with that standard.

⁵ School or medical school refers to a medical education programme leading to the MD degree or equivalent.

STANDARD 1: MISSION AND EDUCATIONAL GOALS

The educational mission of the medical school serves the public interest and has educational objectives and goals that reflect its mission and define its teaching programme. The school implements a quality assurance system that addresses the educational, administrative, and research components of the school's work.

1.1. KEY EDUCATIONAL GOALS

At a minimum, the goals of the school include:

1.1.1. Sponsoring a Doctor of Medicine degree programme in which English is the primary language of instruction and assessment and which fulfils the requirements outlined in the *ACCM Standards of Accreditation for Schools of Medicine*.

1.1.2. Assuring all stakeholders including students, parents, patients, postgraduate training directors, licensing authorities, government regulators and society that accredited programmes meet commonly accepted standards for professional education and serve the public interest.

1.1.3. The graduation of individuals who have acquired the critical knowledge, skills and professional attitudes of a physician expected by the academic community and society.

1.1.4. The graduation of individuals who are qualified to advance to, and complete post-graduate training, secure licensure, provide quality health care and continue a habit of life-long learning.

1.2. QUALITY ASSURANCE

1.2.1. The school has a quality assurance system in place to assess the educational, administrative, and research components of the school's work.

1.3. DEVELOPMENT, ADOPTION AND PUBLICATION OF EDUCATIONAL GOALS

1.3.1. The school engages in a strategic planning process that sets the direction for the school and evaluates outcomes using objective measures.

1.3.2. The goals are formally adopted by the Board of Trustees of the school and by the faculty as a body or through its recognised representatives and are re-evaluated annually.

1.3.3. The school's educational programmes are designed to achieve its goals.

1.3.4. The school's faculty, financial resources, physical facilities, and

administrative resources are sufficient to achieve its underlying goals.

1.3.5. The school publishes its goals in its prospectus, marketing documents and on its website. These goals are communicated to its students, faculty and to the public.

STANDARD 2: CORPORATE ORGANISATION

The school is licensed by the appropriate national governmental authority to offer programmes of medicine leading to a medical degree and is governed by an independent Board of Trustees selected according to their ability to best serve the school and the welfare of the public.

2.1. REGULATORY ENVIRONMENT

2.1.1. The school is licensed by the appropriate governmental or regulatory authority to offer courses of instruction in medicine and to award a medical degree.

2.1.2. The school ensures that its medical education programme meets all ACCM requirements for initial and continuing accreditation.

2.2. GOVERNANCE

2.2.1. The school is governed by an independent Board of Trustees¹, as the highest authoritative body of the school.

2.2.2. Board members are selected based on their abilities and interests in order to best develop school policies that promote the school and the welfare of the public.

2.2.3. Board members serve terms of office that are defined with regard to duration and the number of terms allowed. The terms are staggered for continuity and effectiveness.

2.2.4. Board members are free of conflict of interest with the school and are independent of the administration.

2.2.5. In consultation with the Chief Executive Officer (CEO),² Chief Academic Officer (CAO),³ Divisional Heads and representatives of the faculty, the Board governs the school by establishing broad school policies, securing financial resources, and overseeing the management's performance of its duties and responsibilities.

¹ Hereafter known as The Board.

² CEO or equivalent

³ CAO or equivalent

2.2.6. The Board promulgates policies which promote a scholarly atmosphere in which students can learn and faculty can teach and engage in scholarly activity.

2.2.7. The Board ratifies the appointment of the CAO, the CEO, and the faculty members of the school.

2.2.8. Upon the recommendation of the Medical School Faculty and CAO, the Board confers degrees on students who have satisfactorily completed the programme of study.

2.2.9. The school has written bylaws that describe an effective organizational structure and governance process and delineate the roles, duties and responsibilities of the chief, associate, and assistant administrative officers, CAO and his/her deputies, faculty and its governance, faculty committees and medical students.

STANDARD 3: SCHOOL MANAGEMENT

The school has an administrative structure and student enrolment such that each department is able to perform its responsibilities efficiently. The school demonstrates integrity through its consistent and documented adherence to fair, impartial and effective processes, policies and practices in all its activities.

3.1. ANTI-DISCRIMINATION POLICY

3.1.1. The school does not discriminate on the basis of age, creed, sex, gender identity, national origin, race, or sexual orientation.

3.2. MEDICAL SCHOOL ADMINISTRATION

3.2.1. The school designs an administrative structure such that each department is able to perform its responsibilities efficiently.

3.2.2. The design and size of the administration dealing with medical student issues is sufficient for the size of the student body and the scope of the programme.

3.2.3. The principal administrative and academic heads maintain open lines of communication with one another in order to carry out school policies and to implement the educational objectives in an efficient and effective manner.

3.2.4. The CAO must hold a medical degree⁴ and possess adequate qualifications and

⁴ Medical degree in this instance includes DO.

experience in medical education, patient care, and research to lead and to supervise the educational programme of the school.

3.2.5. As the highest ranked academic officer, the CAO is supported by a competent team of professional staff in the management of the education programme.

3.2.6. The school's financial resources are overseen by a chief financial officer (CFO)⁵

3.2.7. The CFO ensures that the school's financial status is subject to an annual external independent audit yielding audited financial statements that are submitted to ACCM.

3.3. MECHANISMS FOR FACULTY PARTICIPATION

3.3.1. The school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education programme, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the programme, as appropriate.

3.4. STUDENT BODY SIZE

3.4.1. Enrolment is sufficient to ensure a collegial atmosphere of learning and to support a quality education without enrolling more students than the resources of the school can support.

3.4.2. The school will not seek to maintain its enrolment through retention of academically weak students.

3.4.3. In determining the student body size, careful consideration is given to the availability of an applicant pool of sufficient quality and quantity as well as the available facilities and resources.

3.4.4. In schools where enrolment occurs more than once a year, the school may adjust the numbers admitted in each cohort during that year to fit an overall approved annual target, provided that the largest cohort can be comfortably accommodated in terms of faculty to student ratio and physical and educational resources.

3.5. CLINICAL SITES

3.5.1. A clinical site incorporates a medical student clinical teaching structure that is

⁵ Chief Financial Officer or Equivalent

controlled by the medical school. It encompasses all the major clinical departments and subdivisions where the students receive their clinical education.

3.5.2. Each clinical department is staffed by physicians who are faculty members of the medical school and who report to the chief of the department or the course director in their roles as teaching physicians.

3.5.3. To implement the academic policies of the school, the CAO appoints with defined roles, a clinician site director, departmental faculty and administrative personnel. On matters of medical student education, the clinician site director reports directly to the dean or CAO, the departmental faculty report to their respective divisional heads and administrative personnel report directly to the medical school campus supervisor.

3.5.4. The school maintains in force at all times, a written affiliation agreement with each health care facility through which students rotate. This outlines the roles and responsibilities of both parties and includes educational objectives, faculty responsibilities, evaluation procedures and information on student access to appropriate hospital resources and facilities.

3.6. ALLIED HEALTH PROGRAMME(S)

3.6.1. If the school includes allied health programmes with sharing of faculty, the authorities, and responsibilities of the respective CAOs and faculty of these programmes and their affiliated hospitals are delineated from those of the medical school dean and faculty in order to avoid encroachment into the time committed by faculty to medical student education.

3.6.2. To avoid overuse of faculty resources when they are shared with allied health programmes, the school provides additional time to faculty members for classroom preparation, medical student tutoring and committee work.

STANDARD 4: FACULTY AND TEACHING STAFF

The school ensures that, at all times and across all pre-clinical and clinical sites, the required faculty are in place to deliver the objectives and goals of the school's mission. The school appoints a sufficient number of faculty members to deliver the curriculum and to provide the leadership required to achieve the school's key educational goals.

4.1. FACULTY SELECTION AND APPOINTMENT

4.1.1. The number of faculty is dependent on the total number of students' enrolled in the programme with a desired full-time equivalent faculty to student ratio of 1:8.

4.1.2. The school admits to its faculty only those individuals who possess the appropriate teaching and research experience, academic qualifications and commitment to continuing scholarly activity for a medical education programme.

4.1.3. The school has clearly defined policies in place on faculty selection and appointment. These policies include method of faculty selection, duties, compensation, health insurance, disability, pension and contracts of employment, employment external to the school, academic freedom, evaluation, promotion, tenure, remediation, and dismissal.

4.1.4. The recruitment, selection and retention of faculty is overseen by the CAO, with input from department heads, faculty representatives, senior administrators, and students as appropriate.

4.1.5. The school aims to achieve mission-appropriate diversity amongst all members of its academic community.

4.2. FACULTY WORKLOAD, BENEFITS AND COMPENSATION

4.2.1. The school provides a reasonable level of benefits and compensation to its faculty which includes salary, health, and disability insurance, as well as retirement pension programmes where appropriate.

4.2.2. New faculty members are informed of school arrangements for workload distribution, benefits and compensation prior to taking up employment. Each newly appointed faculty member receives a written contract of employment which contains information regarding the term of appointment, responsibilities and reporting relationships and copies of all the policies in **4.1.3** as well as the Code of Conduct.

4.2.3. There is an appropriate and equitable balance between direct classroom/ laboratory contact hours and other essential activities such as classroom preparation, student tutoring and mentoring, research and committee work.

4.3. CODE OF CONDUCT

4.3.1. The school has a written code of conduct for faculty members which includes

standards of conduct for teacher-student relationships, the school's approach to potential areas of conflict of interest and the school's management of violation of the code of conduct.

4.3.2. Outside employment by full-time basic science faculty is not permitted.

4.4. PROFESSIONAL DEVELOPMENT AND PROMOTION

4.4.1. The school supports each faculty member to achieve their individual requirements for maintenance of competence/continuing medical education and provides opportunities for professional development in the areas of teaching and research.

4.4.2. The school establishes policies for the periodic evaluation of faculty competency and performance and for promotion and tenure. These policies include the procedures and standards against which evaluations are measured.

4.4.3. The faculty members receive regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on their academic performance and progress.

4.4.4. The school policy on promotion and tenure is readily accessible to its faculty and is designed to recognise excellence in teaching, research and contribution to the institution's mission and goals toward promotion and, where applicable, tenure.

4.4.5. The process by which a faculty member may apply for promotion and, if applicable, tenure, is transparent.

4.5. NON-FACULTY TEACHING STAFF

4.5.1. Adjunct instructors, junior doctors, fellows, residents, and graduate teaching assistants are assets to the school's medical educational programme. Under faculty supervision, these individuals provide instruction in the teaching hospitals, ambulatory care facilities and at the medical school campus. The school is not over-reliant on adjunct instructors in lieu of full-time faculty members and non-faculty teaching staff.

STANDARD 5: CURRICULAR⁶ CONTENT

The medical school curriculum incorporates the fundamental principles of medicine and its underlying scientific concepts. These allow students to acquire skills of critical judgment and

⁶ Unless otherwise stated curriculum refers to pre-clinical and clinical curricula.

to use these principles and skills in solving problems of health and disease. The content is of sufficient breadth and depth to prepare a medical student for entry into clinical clerkships, residency programmes and contemporary medical practice.

5.1. COMPETENCIES AND OBJECTIVES

5.1.1. The medical school faculty define the competencies to be achieved by all medical students through programme objectives and are responsible for the design and implementation of the components of the curriculum that enable medical students to achieve these competencies and objectives. This responsibility may be delegated to a curriculum committee.

5.1.2. Medical education programme objectives are statements of the knowledge, skills, behaviours and attitudes that medical students are expected to exhibit upon completion of the programme. These objectives are defined in outcome-based terms that allow the assessment of students' progress in developing the competencies of the medical profession.

5.1.3. The faculty leadership responsible for each required preclinical course and clinical clerkship link the learning objectives of that course/clerkship to the medical education programme objectives.

5.1.4. These objectives are made known to all medical students, faculty, residents and others with teaching and assessment responsibilities.

5.2. SELF DIRECTED AND LIFELONG LEARNING

5.2.1. Self-directed learning involves medical students' self-assessment of learning needs, independent identification, analysis and synthesis of relevant information, appraisal of the credibility of information sources and feedback on these skills. The curriculum includes self-directed learning experiences, instructional programmes for active learning and unscheduled time for independent study to allow students to develop the skills of lifelong learning.

5.3. CRITICAL JUDGEMENT AND PROBLEM-SOLVING SKILLS

5.3.1. The curriculum provides opportunities for medical students to acquire skills of critical judgement based on evidence and experience, and to develop their ability to use those principles and skills effectively in solving problems of health and disease.

5.4. COMMUNICATION SKILLS

5.4.1. The curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

5.5. INTERPROFESSIONAL AND INTERDISCIPLINARY COLLABORATIVE SKILLS

5.5.1. The curriculum prepares medical students to function collaboratively in multidisciplinary health care teams that provide coordinated services to patients.

5.5.2. There is appropriate exposure to multidisciplinary areas such as emergency medicine, anaesthesiology, clinical pathology and diagnostic imaging and the incorporation of diagnostic and therapeutic techniques from other clinical areas, using an integrated and multidisciplinary approach.

5.6. SERVICE TO SOCIETY AND THE COMMUNITY

5.6.1. The curriculum provides opportunities for, and encourages, medical student participation in, service-learning and/or community service activities. Service-learning is defined as a structured learning experience that combines community service with preparation and reflection.

5.6.2. The curriculum includes instruction in the diagnosis, prevention, appropriate reporting and treatment of the medical consequences of common societal problems and their impact on patient care.

5.7. CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES

5.7.1. The curriculum provides the knowledge, skills and core professional attitudes and attributes needed to provide effective care in a diverse society.

5.7.2. The curriculum provides opportunities for medical students to recognise and appropriately address gender and cultural biases in themselves, in others and in health care delivery. This includes an appreciation of basic principles of culturally competent health care, the impact of disparities in health care on medically underserved populations and the potential solutions to eliminate these disparities.

5.8. MEDICAL ETHICS

5.8.1. The curriculum includes instruction in medical ethics prior to and during medical student participation in patient care activities.

5.8.2. Medical students are required to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

5.9. SCIENTIFIC METHODS AND CLINICAL TRANSLATIONAL RESEARCH

5.9.1. The curriculum includes instruction in the scientific method and in the ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care.

5.9.2. Medical schools make available opportunities for medical students to participate in research and other scholarly activities of the faculty.

STANDARD 6: CURRICULAR IMPLEMENTATION AND EVALUATION

The school has a faculty committee that oversees the medical education programme and has responsibility for the overall design, management, and evaluation of a coherent and coordinated preclinical and clinical curriculum.

6.1. LENGTH OF THE CURRICULUM

6.1.1. The length of the medical school programme from entry to graduation is no less than 130 weeks and is offered over four academic years.

6.1.2. The clinical curriculum is presented in an integrated and multidisciplinary approach to include the following clinical subjects:

- Internal medicine of not less than 12 weeks
- Surgery of not less than 12 weeks
- Paediatrics of not less than 6 weeks
- Obstetrics and gynaecology of not less than 6 weeks
- Psychiatry of not less than 6 weeks
- Clinical electives of not less than 24 weeks

and preferably family medicine of not less than four weeks. This may be offered as a separate rotation or integrated into a primary care discipline.

6.1.3. Except for electives, all courses are completed at the parent medical school and affiliated facilities.

6.2. CURRICULUM COMMITTEE

6.2.1. The curriculum committee is responsible for the development, integration and implementation of all components of the preclinical and clinical programme, including the

objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing.

6.2.2. The curriculum committee ensures that medical education programme objectives are used to guide the content selection and to review and revise the curriculum.

6.2.3. The curriculum committee designs a programme which has an orderly sequence of courses and allows students to acquire an understanding of basic scientific knowledge fundamental to medicine.

6.2.4. The curriculum committee considers the demand for new courses as advances occur in the field of medicine and balances these demands with the need to produce a well-balanced curriculum that students have sufficient time to assimilate.

6.2.5. The curriculum committee conducts regular reviews and updates of the curricular content and evaluations of basic science courses, clerkship, and teacher quality. This is necessary to allow for the addition of advances in the field of medicine, to ensure that programme quality is maintained and that medical students achieve all programme objectives and participate in all required courses and clinical experiences.

6.2.6. The curriculum committee, the medical school administration and the school leadership ensure that effective policies and procedures are in place regarding the appropriate allocation of time medical students spend in required preclinical and clinical activities.

6.3. PRE-CLINICAL BASIC SCIENCE

6.3.1. The preclinical basic science courses include appropriate biomedical, behavioural and social/economic science to support the student's understanding of contemporary medical scientific knowledge as well as the concepts and methods fundamental to their application to the health of individuals and populations.

6.3.2. The preclinical curriculum includes education in anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, medical ethics and preventive medicine.

6.3.3. The management of the preclinical curriculum involves the faculty and the administration participating in an integrated manner.

6.3.4. Instruction includes laboratory and practical opportunities for the direct application

of the scientific method, accurate observation of biomedical phenomena and critical analysis of data.

6.3.5. Although not intended to substitute for classroom instruction, the latest self-paced computer-based tutorial equipment and software are used to supplement classroom and practical instruction. The computer hardware and software are of appropriate quality, quantity and accessibility to render a meaningful and in-depth review of classroom and laboratory materials.

6.4. CLINICAL SCIENCES

6.4.1. The types of patients and clinical conditions that medical students are required to encounter, the clinical skills to be performed by medical students, the appropriate clinical settings for these experiences and the expected levels of medical student responsibility are determined by the curriculum committee.

6.4.2. A sufficient number of patients representing a broad range of commonly occurring diseases is available for students to study on a daily basis.

6.4.3. Instruction is supervised by the faculty and centered on patients and their illnesses.

6.4.4. Clerkship objectives are clearly delineated and distributed to the students and the supervising faculty at least two weeks in advance of the beginning of each rotation.

6.4.5. The medical school faculty ensures that the curriculum includes clinical experiences in both outpatient and inpatient settings. The proportion of time spent in inpatient and ambulatory settings may vary according to local circumstances, but in such cases the course or clerkship director assures that limitations in learning environments do not impede the accomplishment of objectives.

6.5. CLINICAL SITE MONITORING AND OVERSIGHT TO ENSURE COMPARABILITY

6.5.1. The medical school's academic officers are responsible for the conduct and quality of the educational programme and for assuring the adequacy of faculty at all educational sites.

6.5.2. The principal academic officer at each teaching site is administratively responsible to the CAO of the medical school conducting the educational programme.

6.5.3. The faculty in each discipline at all sites are functionally integrated by appropriate administrative mechanisms.

6.5.4. There is a single standard for the assessment of all medical students across

geographically separate campuses.

6.5.5. The school provides central oversight to monitor and ensure completion by all medical students of required clinical experiences in the medical education programme and remedies any identified gaps to ensure comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship.

6.5.6. The faculty members in each discipline are held accountable for medical student education that is consistent with the objectives and performance expectations established by the course or clerkship leadership.

6.5.7. To monitor the breadth of clinical exposure students have received, the faculty regularly reviews patient logs, charts, and the students' disease entities / procedures/ skills checklists. This is to ensure that each student has been exposed to the breadth of patients, diseases and procedures as stipulated by the medical school's curriculum, irrespective of clinical site location.

6.5.8. The school ensures that there are alternative opportunities (through simulation, videos etc.) for medical students to gain exposure to an adequate breadth of patient diseases in situations where this exposure is lacking during the clerkship.

6.6. RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION

6.6.1. Each medical student in a medical education programme participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited programme of graduate medical education.

6.7. SCHOOL ATTENDANCE POLICY

6.7.1. The school develops and implements a student attendance policy to identify students with excessive absenteeism so that appropriate action may be taken by the school. Follow up actions include counselling, course failure, probation, or student dismissal.

6.8. EVALUATION OF THE CURRICULUM

6.8.1. The school regularly evaluates the effectiveness of its medical programme by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and programme goals and objectives are being met.

6.8.2. The school has formal processes in place to collect and review medical student feedback and evaluations of their preclinical and clinical education courses, clerkships, teachers, and other relevant information.

6.8.3. The school continuously evaluates curricular weaknesses, goals, content, effectiveness, instructional methods, and the degree to which the school goals are achieved in order to remedy areas of the preclinical and clinical curricula which require strengthening. Curricular effectiveness can be measured by student attrition rate, student performance on standardised examinations, percentage of eligible graduates passing United States Medical Licensing Examination (USMLE) and professional licensing examinations and sampling the opinions of students and graduates.

6.8.4. Research to encourage efficiency and to improve the effectiveness of medical education is encouraged.

STANDARD 7: STUDENT TEACHING, SUPERVISION AND ASSESSMENT

The curriculum content and associated clinical experiences relate to each organ system, each phase of the human life cycle and continuity of care. In addition, topics cover prevention, acute, chronic, rehabilitative, end-of-life and primary care in order to prepare the students for the many aspects of their future lives as physicians.

7.1. CLINICAL TEACHING AND EXPERIENCE

7.1.1. All instruction in the clinical sciences includes an appropriate volume of lectures, conferences, faculty teaching rounds and resident rounds each week.

7.1.2. Each medical student is assigned new and existing patients to work up and to follow each week.

7.1.3. The faculty reviews and critiques the students' workups and presentations on a regular basis.

7.1.4. All clerkship students maintain patient logs to monitor the number and variety of patients seen.

7.1.5. Each clerkship builds in adequate free time to enable students to read and study and reflect on the lessons and cases of the day.

7.1.6. There is a process in place to monitor student work hours at each clinical site.

7.1.7. The school assumes responsibility for the assignment of medical students to each location. The student is notified of all away assignments (including electives) in a timely manner. A medical student with an appropriate rationale can request an alternative assignment where circumstances allow.

7.2. SENIOR ELECTIVES

7.2.1. The curriculum includes elective opportunities that supplement required learning experiences, permit medical students to gain exposure to and expand their understanding of medical specialties, and pursue their individual academic interests.

7.2.2. A centralized system, overseen by the clinical dean and administered by the school management, is in place at the parent school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student upon completion.

7.2.3. Available information on each elective includes potential risks to the health and safety of patients, students, and the community, the availability of emergency care, the possibility of natural disasters, political instability and exposure to disease. It also includes the need for additional preparation prior to, support during, and follow-up after the elective, the level and quality of supervision and any potential challenges to the code of medical ethics adopted by the home school.

7.3. STUDENT SUPERVISION

7.3.1. Oversight includes providing a structured environment for students to learn and work that is controlled by the medical school, scheduling adequate study time, providing students with practice opportunities, and monitoring student clinical experience to ensure that students meet the defined clerkship objectives.

7.3.2. Students in situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training and that the activities supervised are within the scope of practice of the supervising health professional.

7.3.3. Direct supervision of the medical students is carried out in each clerkship and elective by physicians who are faculty members of the medical school, are available in-house and have been evaluated for teaching, patient care, and clinical research. Clinical

staff may be attending or resident physicians under the supervision of attending physicians.

7.3.4. The faculty provides professional and emotional support to alleviate student performance anxiety and to foster an environment that is conducive to student learning.

7.3.5. The supervising faculty member acts as a mentor and demonstrates to students the values, attributes and conduct physicians must practice in order to develop trusting working relationships with patients.

7.4. STUDENT ASSESSMENT AND EVALUATION

7.4.1. The school has a comprehensive, fair, and uniform system of formative and summative medical student assessment in both the preclinical and clinical years.

7.4.2. The school ensures that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

7.4.3. Whatever instructional technique is employed there is a clearly defined body of materials that students are expected to master at the conclusion of the course and a number of tests to be given to evaluate the degree of mastery.

7.5. FORMATIVE ASSESSMENT AND FEEDBACK

7.5.1. The faculty regularly observes, critiques and evaluates the development of appropriate professional attributes in medical students.

7.5.2. This includes an assessment with feedback of the student's ability to interpret clinical, laboratory data and diagnostic imaging and to develop simple patient management plans. This also includes an assessment of the student's problem-solving ability, professionalism and clinical reasoning and communication skills.

7.5.3. The school ensures that each medical student is assessed and provided with formal formative feedback early enough during each required preclinical course or clerkship to allow sufficient time for remediation. Formal feedback typically occurs by at least the midpoint of the course or clerkship. For courses/clerkships less than four weeks in length alternative means by which a medical student can measure his/her progress are provided.

7.5.4. As student proficiency grows and their knowledge expands, the faculty assign greater responsibilities, to correspond with student abilities.

7.5.5. The faculty requires students to write daily progress notes. Depending on hospital

policy these may or may not become part of the permanent patient record. The faculty promptly reviews progress notes, critiques them, and give the students timely feedback.

7.5.6. Where laws or institutional policy prohibits medical students from writing orders, the school may fulfil this provision by substituting similar tasks which conform to local practices.

7.6. SUMMATIVE EVALUATION

7.6.1. The faculty evaluates each student in the preclinical and clinical years at the end of each course and core clerkship by various methods including Objective Structured Clinical Examinations, oral examinations, written examinations, and standardized patients, case reports submitted by the student and narrative evaluations based upon direct observation of the student. The narrative statements include written explanations for any failure and persistent marginal performance by the student.

7.6.2. Student evaluations are regular and provide students prompt feedback on their performance, so that remedial action may be taken.

7.6.3. Final grades are available within six weeks of the end of a course or clerkship.

7.7. PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS

7.7.1. Residents, graduate students, postdoctoral fellows and other instructors who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and prepared for their roles in teaching and assessment.

7.7.2. The school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills and provides central monitoring of their participation in those opportunities.

STANDARD 8: ADMISSIONS

The school admits only those new and transfer students who possess the knowledge, integrity and personal and emotional characteristics that are necessary to become effective physicians.

8.1. ADMISSION CRITERIA⁷³

8.1.1. The school encourages potential applicants to acquire a broad undergraduate

¹³ Criteria for admission may be different for direct entry 5 year programmes

education that includes the study of the humanities, natural sciences, and social sciences as well as the specific premedical course requirements deemed as essential preparation for successful completion of its medical curriculum.

8.1.2. Admitted students are fluent in English and at a minimum, possess three years of undergraduate education. However, a baccalaureate degree is preferred.

8.2. INFORMATIONAL MATERIALS

8.2.1. Informational, advertising and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education programme, state academic and other requirements for the medical degree, provide the most recent academic calendar for each curricular option and describe all required courses and clerkships offered by the medical school.

8.2.2. These materials include the primary language of instruction, annual costs for attendance, including tuition, fees and required health insurance, standards and procedures for the evaluation, advancement and graduation of its students and its standards for student conduct and procedures for disciplinary action.

8.2.3. These materials include technical standards for admission of applicants with a disability, in accordance with legal requirements.

8.3. ADMISSIONS COMMITTEE

8.3.1. The medical school faculty establish criteria for student selection, develop and implement effective policies and procedures and make decisions about medical student application, selection and admission.

8.3.2. The responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in the bylaws or other medical school policies. The committee usually includes medical student members; however, faculty members constitute the majority of voting members at all meetings.

8.3.3. The admission committee develops an orderly and uniform process to evaluate and screen applicants for attributes and characteristics that may include grade point average (GPA), the courses in which the applicant was enrolled in college, scores on the Medical

College Admission Test (MCAT)¹⁴ or equivalent, proficiency of the applicant's writing and communication, maturity and professionalism, evaluations from college pre-professional committees or undergraduate faculty members and the ability of the applicant to communicate effectively during a personal interview.

8.3.4. The committee decisions are not affected by factors such as age, race, sex, gender identity, religion, national origin, financial interest, sexual orientation, inside influence, or by political or financial pressure.

8.4. READMISSION

8.4.1. The school defines its criteria regarding readmission of students who were suspended or dismissed for academic and non-academic reasons. These meet or exceed the school's admission standards.

8.5. TRANSFER STUDENTS

8.5.1. The school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. Except in rare and extraordinary personal or educational circumstances no transfer is permitted beyond the second year.

8.6 VISITING STUDENTS

8.6.1. The school establishes a policy regarding acceptance of visiting students from other schools and admits only those individuals who possess comparable qualifications and skills to its own students.

8.6.2. The school formally registers visiting students, maintains an accurate record of their names, schools of attendance and qualifications and transmits to the visiting student's school information on clerkships assigned and clerkship evaluations at their conclusion.

8.6.3. The medical school verifies the credentials of each visiting medical student, approves each visiting medical student's assignments, and identifies the administrative office that fulfills each of these responsibilities.

¹⁴ Title IV eligibility requires that all US students, US nationals and permanent residents have taken the MCAT and reported the results to the school.

8.7. DIVERSITY / PIPELINE PROGRAMS

8.7.1. The school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission- appropriate diversity among its students, faculty, senior administrative staff, and other relevant members of its academic community.

STANDARD 9: STUDENT PROMOTION AND EVALUATION¹⁵

The medical school has a single set of core standards for the achievement, promotion, and graduation of medical students across all locations affiliated with the school.

9.1. POLICY DEVELOPMENT, IMPLEMENTATION AND OVERSIGHT

9.1.1. The faculty develops and implements effective policies and procedures regarding, and makes decisions about, medical student assessment, promotion, graduation, and any disciplinary action.

9.1.2. The school monitors the progress of students throughout each preclinical course and clinical clerkship, promotes only those who make satisfactory academic progress, and graduates only those who successfully complete the programme.

9.2. STUDENT PROMOTION AND EVALUATION COMMITTEE

9.2.1. The school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education programme. This responsibility may be delegated to a Student Promotion and Evaluation Committee composed of faculty members.

9.2.2. The student promotion and evaluation committee define and recommend to the CAO the degree of academic proficiency a student must attain before he/she is promoted to the next academic level and ultimately to graduation.

9.2.3. The student promotion and evaluation committee publish its rules and enforces them consistently throughout the school and across all clinical sites.

¹⁵ Unless stated otherwise, the principles outlined under Standard 9 apply to both the pre-clinical and clinical years.

9.3. STUDENT EVALUATION

9.3.1. If, in the opinion of the ACCM Board, the USA is the primary location of a school's core rotations, then it is a requirement that all students attending the school will pass USMLE Step 1 prior to proceeding to clinical training at any of the clinical sites operated by the School.

9.3.2. The medical school sets a goal of achieving and maintaining an 85% pass rate of first-time takers in USMLE Step 1.

9.3.3. The school ensures that, throughout the clinical clerkships, there is a centralised system in place employing a variety of assessment tools, including direct observation, to assess student achievement of the knowledge, core clinical skills, behaviours, and attitudes systematically and sequentially as specified in the medical education objectives and required for promotion and graduation.

9.3.4. The methods adequately discriminate different degrees of student performance among those who are enrolled in the educational programme.

9.3.5. Each academic department or division develops and consistently enforces the same proficiency standards that students at both the parent medical school campus and clinical sites, acquire at the conclusion of the course of clerkship.

9.3.6. Based on direct interaction and observation, the supervising faculty make objective evaluations of the student's professional demeanour, behaviour and working relationship with patients, family of patients, colleagues and other health care professionals.

9.3.7. A narrative description of a medical student's performance is a component of the assessment in each required preclinical course and clerkship whenever teacher- student interaction permits this form of assessment.

9.4. STUDENT PROMOTION AND ADVANCEMENT

9.4.4. The faculty and the CAO enforce the Student Promotion and Evaluation Committee's student performance standards for promotion consistently for each course and across all sites.

9.5 STUDENT GRADUATION

9.5.1. The school has a common standard for the graduation of all medical students from the school irrespective of future country of practice. This standard includes satisfactory completion of

all pre-clinical coursework, clinical clerkships and assessment of the critical knowledge, skills and professional attitudes of a physician expected by the academic community and society.

9.5.2. Various methods of assessment for graduation are used including those outlined for summative evaluation in **Standard 7.6.1**, USMLE Step 2CK and alternative standardised exams. Methods of assessment of clinical competency include USMLE Step 2CS and Objective Structured Clinical Examinations (OSCEs). Standardised examinations and OSCEs are administered /overseen by external agencies / examiners who do not have a conflict of interest with, or appointment to, the School or any affiliated organization. The panel of external examiners will be subject to annual review by ACCM.

9.5.3. Those methods of assessment for graduation used by the school apply equally to all students in that school. This is published in all information materials provided by the school.

9.6. STUDENT DISMISSALS

9.6.1. Through the faculty committee on student promotion and evaluation, the school develops policies and procedures for dismissal of students who fail to meet the academic and/or behavioural standards of the school. Dismissal procedures include provisions for due process and appeal.

9.6.2. The standards are published and made available to students upon their matriculation.

9.6.3. The school ensures a fair and formal process for taking an action which may affect the status of a medical student. This includes providing timely notice of impending action, disclosure of evidence on which any actions would be based, an opportunity for the medical student to respond and an opportunity to appeal any adverse decisions relating to promotion, graduation, or dismissal.

STANDARD 10: STUDENT SUPPORT SERVICES

The school publishes easily accessible information for students regarding the breadth of support services available to them in the preclinical and clinical years and how to access these services. All medical students have the same rights and receive comparable services.

10.1. ACADEMIC GUIDANCE, MENTORSHIP AND CAREER COUNSELLING

10.1.1. The school provides orientation to all new students whereby they may become

familiar with school services and student regulations.

10.1.2. An effective system of academic advising is in place for students that integrates the efforts of faculty, preclinical course and clerkship directors and student affairs staff.

10.1.3. A faculty advisor is assigned to each student for academic counselling, including mentoring and advocacy. The advisor counsels students on issues such as additional tutorial support where necessary, course selection, rules governing student conduct, procedures for student appeals and filing grievances.

10.1.4. The advising system is such that students obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

10.1.5. The school has a career advising system through which students can access advice and support regarding issues such as medical specialty and career options, selection of electives, residency programme application and licensure.

10.1.6. The school provides a Medical Student Performance Evaluation (MSPE) for the residency application of a medical student (or equivalent letter for alternative postgraduate training), on or after October 1 of the student's final year of the medical education programme.

10.2. STUDENT HEALTH AND PSYCHOLOGICAL SUPPORT

10.2.1. The school provides timely access to needed preventive, diagnostic and therapeutic medical services for its students at sites in reasonable proximity to their locations and facilitates leave from studies where medically necessary.

10.2.2. The school supports students in their adjustment to the challenges and the demands of medical education.

10.2.3. Students have access to confidential professional psychological counselling and psychiatric services where necessary.

10.2.4. Health professionals who provide medical/psychological/psychiatric services to a student may not be involved in the student's academic assessment or promotion unless exceptional circumstances exist.

10.2.5. The school ensures that health insurance and disability insurance are available and publicised to medical students and their dependents.

10.2.6. The school delivers an immunisation programme to all students based on the current guidelines in place in the locations where students are based or will rotate, and monitors compliance with the programme.

10.2.7. Medical students may be exposed to infectious and environmental hazards during their educational programme. The school has a policy in place that informs all students about methods of prevention, the procedures for care and treatment to be followed after potential exposure BEFORE undertaking any educational activities that would place them at risk. The school also informs students who may have an infectious/environmental disease or disability of any implications for their educational activities.

10.3. FINANCIAL GUIDANCE

10.3.1. The school provides prospective students with a detailed summary of the estimated financial cost of the tuition and personal living expenses necessary to complete the entire programme of study.

10.3.2. The school counsels students on their student loan indebtedness, provides advice on the options for financial aid and debt management and their responsibility for repayment as needed during the programme of study.

10.3.3. The school complies with all government regulations with respect to its administration and management of student aid programmes and seeks to ensure a low student loan default rate.

10.4. TUITION REFUND POLICY

10.4.1. The school publishes clear policies for the refund of a student's tuition, fees, and other allowable payments e.g., those made for health, disability insurance, parking, housing and other services for which a student may not be eligible following withdrawal. The policy defines the procedure and formula used to calculate the amount of refund.

10.5. MEDICAL STUDENT MISTREATMENT

10.5.1. The school defines and publicises its code of professional conduct for the relationships between medical students, including visiting medical students and those individuals with whom students interact during the medical education programme.

10.5.2. The school develops effective written policies that address violations of the code,

has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behaviour.

10.5.3. Mechanisms for reporting violations of the code of professional conduct are understood by medical students, including visiting medical students and ensure that any violations can be registered and investigated without fear of retaliation.

10.6. STUDENT COMPLAINTS

10.6.1. The school ensures that its procedure for student complaints to the medical school is published in the student handbook and a faculty advisor is available to counsel students on filing a grievance. The procedure outlines how the complaint must be made, the committee structure which will process the complaint, the estimated timeline for the investigation process and, if upheld, the resolution. The procedure ensures that there is timely notification to the complainant of the result of the investigation, regardless of the outcome.

10.6.2. The school maintains a log of complaints which have been submitted and processed, along with the actions taken to resolve them.

10.6.3. The school has written policies for addressing student complaints related to non-compliance in the areas covered by the *ACCM Standards for the Accreditation of Medical Schools*. ACCM can only investigate complaints from students relating to non-compliance with these Standards that have not been resolved at the school level.

10.6.4. The school provides students with the name and contact information to which students may submit complaints to ACCM not resolved at the school level. ACCM will maintain a log of complaints which have been submitted, together with the action and time taken to process any such complaints.

10.7. STUDENT RECORDS

10.7.1. The school has robust procedures in place to safeguard the confidentiality of student records and to permit students to review their records.

10.7.2. Medical student educational records are made available only to relevant faculty and administrative staff on a need-to-know basis and /or in circumstances where a student has given permission for records to be released.

10.7.3. Each student has a right to review and challenge his/her academic record including

the MSPE or alternative letter of recommendation, if they believe the information contained may be inaccurate, misleading, or inappropriate.

10.7.4. The school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

10.8. SECURITY, STUDENT SAFETY AND DISASTER PREPAREDNESS

10.8.1. The school ensures that adequate security systems are in place at all locations at which students are present and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

10.8.2. There is effective management and maintenance of physical facilities, janitorial services, upkeep of the campus grounds and adequate security to promote an environment that is safe and conducive to the learning process.

10.8.3. Budgetary allocation of funds for physical facilities is sufficient for their proper maintenance and operation.

STANDARD 11: FINANCIAL MANAGEMENT

The school possesses sufficient financial resources to carry out its mission and to cover the cost of maintaining the school and its educational programme for the size of its student body.

11.1. REVENUE SOURCE(S)

11.1.1. The school avoids enrolling more students than existing resources are able to support in order to ensure that the educational programme is not adversely impacted.

11.1.2. The school has access to an unrestricted reserve of funds or line of credit sufficient to sustain operations for a period of three months.

11.1.3. The school obtains officially audited financial statements annually.

11.1.4. The school has appropriate business interruption insurance.

11.1.5. The school has appropriate contingency arrangements to minimize disruption to the teaching programme by catastrophic events and natural disasters.

11.2. BUDGET PLANNING AND COMPLIANCE

11.2.1. The school's instructional budget is developed by the CAO and Chief Operating Officer (COO)¹⁷ in consultation with department heads, faculty representatives, and the chief financial officer.

11.2.2. The non-instructional budget for items such as student housing, food service, security, etc. is developed by the chief financial officer in consultation with appropriate department heads. S/he assembles the budget requests, estimates income, and assists the chief administrative officer in preparing a budgetary allocation plan.

11.2.3. The chief administrative officer presents the budget for final approval to and by the board. The chief financial officer monitors departmental expenditures to ensure budgetary compliance.

STANDARD 12: FACILITIES AND INFORMATION SERVICES

A medical school has sufficient personnel, financial resources, physical facilities, equipment and clinical, instructional, informational, technological and other resources readily available and accessible across all locations to meet its needs and achieve its goals.

12.1. PRECLINICAL MEDICAL SCHOOL CAMPUS

12.1.1. University facilities include auditoriums, classrooms, student laboratories, library, faculty offices, administrative offices, admissions office and offices for student services, research laboratories and animal care facilities, student dormitories, dining facilities and student activity and recreational facilities.

12.1.2. The school maintains a comprehensive master plan for its orderly growth and development.

12.1.3. The school ensures all medical students have access to adequate study space, lounges, personal lockers or other secure storage facilities and secure call rooms (particularly when students are required to participate in late night or overnight learning experiences) at each campus and affiliated clinical site.

12.1.4. Students, faculty and administration have access to sufficient information technology resources, including access to Wi-Fi, to support the achievement of the school's goals. Information technology staff with appropriate expertise are available to assist

students, faculty and administration.

12.1.5. The school provides ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions.

12.1.6. Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

12.1.7. The library has opening hours sufficient for students to have ready access to its resources.

12.2 CLINICAL SITES

12.2.1. The school's affiliated clinical teaching facilities and information resources are of sufficient size, quality and accessibility to serve the needs of the school to fulfil its mission.

12.2.2. Clinical teaching facilities offer classroom facilities as well as clean and quiet sleeping quarters for on-call students during their clerkships.

STANDARD 13: POSTGRADUATE PROGRESSION

Medical schools collect outcome data on student performance during and after medical school in order to document and report on the achievement of the school's educational program objectives.

13.1. The school commits adequate resources to the collection of data on the postgraduate progression of its graduates. This information will be documented as part of the Annual Database submission to ACCM.

13.2. Postgraduate progression can be measured by the percentage of graduates accepted into residency training programs, the percentage of eligible graduates passing professional licensing examinations, follow up of graduates in employment and any other measures that are appropriate and valid in light of the school's mission and objectives.

13.3. Applications from graduates to the school seeking verification documents for licensing, residency, or academic/clinical promotion purposes will be logged by the school as an important component of this tracking mechanism. In addition, questionnaire surveys emailed to graduates will provide supplementary information regarding career development.