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M Medicine

Saba University School of Medicine

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Project code P2408

Contents

Summary

Intended learning outcomes

SUSOM aims to provide students with diverse backgrounds for a successful career as practicing clinicians. It does so by preparing students for the USMLE Step 1 and Step 2 exams, while providing them with a high-quality and supportive learning environment, as well as with the necessary skills and attitudes. The panel found this mission to be clear and well articulated. It was also well recognized by staff and students, and reflected in the educational vision of the programme. The intended learning outcomes are appropriate for an academic master's programme in medicine, and regularly evaluated based on developments in the field as well as the associated standards. In doing this, the programme solicits external input from various sources, including the professional field, and the North American and Dutch requirements for medical education.

Teaching-learning environment

According to the panel, the teaching-learning environment at Saba University School of Medicine is up to standard. The curriculum is well-structured and reflects the educational vision of the programme. It provides students with a rigorous education in the basic sciences, including skills education and ethics, followed by the comprehensive series of mandatory and elective clerkships in which students acquire clinical experience. The research course culminating in the RLRA paper provides students with the required academic skills for an academic master's programme. Teaching methods fit the content of the courses, with the basis sciences curriculum mostly relying on lectures and collaborative learning in small groups, and the clinical curriculum focusing on clinical work, supplemented with reflection and theoretical learning. The panel encourages the development of student portfolios, which it believes will contribute to the development-oriented attitude of students. The structure and coherence of the curriculum is safeguarded by elaborate curriculum mapping software through which the programme monitors that the curriculum remains aligned during curriculum changes and when implementing new frameworks and requirements. The panel also appreciates that the programme was able to cut down 20% of in-class time using this software to make the curriculum more streamlined and efficient. The use and implementation of English as language of instruction, and in the programme name is fully justified giving the focus of the programme on the North American clinical setting.

Student support and guidance is up to standard and focused on equipping students to meet the high bar set by the programme in order to best prepare them for the USMLE Step exams and subsequently set them on their path to becoming a practicing physician. This begins with the admissions process, which is designed not only to select students with sufficient qualifications for medical school, but also to ensure that they fit the SUSOM profile. The small size, very favourable student-staff ratio and unique location of Saba promote a supportive environment that is appreciated by students and staff alike. The programme is perceived by students as tough but fair, and students who are willing to put in the necessary effort and work generally succeed. At the same time, the panel advises the programme to continue to pay attention to students who leave the programme during the first two semesters, and to investigate whether anything could be improved by the admissions process or by communication prior to enrolment. Another point of attention is the provision of information. Although this is generally well organized, the panel advises that regular checks should be made to ensure that students receive and understand the information, in order to avoid misunderstandings. The faculty is well qualified, both didactically and academically, and very supportive of students.

Student assessment

SUSOM has a well-described and implemented assessment system. Assessment methods are aligned with the objectives of each curricular component, with attention to theoretical knowledge, academic skills, and

clinical skills and performance. The clerkships are assessed through a balanced set of products that combine theoretical knowledge about the specialty with clinical skills and performance. The set of final products reflects all curricular components and provides a comprehensive overview of the student's competencies at the end of the programme. Validity, reliability and transparency of assessment are ensured through alignment of assessment with course and curriculum objectives, standardization through rules and regulations, and an appropriate quality assurance system. The Examination Committee meets all legal requirements and functions well, with sufficient checks and balances to monitor the quality of assessment and the level of student achievement. To improve the validity of the clerkship evaluation, the panel recommends formalizing the four-eyes principle in the Clinical Faculty Evaluation to reduce the risk of bias in the evaluation of student performance.

Achieved learning outcomes

The final products and residency placements of SUSOM graduates show that the intended learning outcomes are being achieved. The academic level of the RLRA papers is up to standard and the residency placements are high. In addition, SUSOM graduates are highly valued by the clinical sites that employ them. The panel emphasizes the importance of a strong alumni network and encourages the programme to continue to build this network and use it to benefit students.

Facilities

The facilities of the programme are up to standard, both on campus during the basic science curriculum as on the clinical sites during the clinical curriculum. The Saba campus is well equipped with classrooms, labs and other student facilities, and the School also takes care to assist students with matters related to daily life on the island, such as housing and transport to campus. The panel gives the programme into consideration to introduce a digital tool for anonymous reporting of social safety issues, and suggests to reflect on the software in use for clinical learning.

Quality assurance

Quality assurance at SUSOM is well organized. The School organizes effective periodic feedback from various sources, including students, clinical sites, and recommendations from the previous accreditation panel, resulting in programme development and improvement. The Curriculum Committee and the Quality Assurance Committee function well and have appropriate membership, including basic science and clinical students and staff. Tasks are clearly divided between the committees, with the Curriculum Committee focusing on evaluation and course improvement and the QAC on the programme-wide quality cycle. According to the panel, the communication of quality assurance results to students, including the handling of student feedback could be improved. It recommends the establishment of targeted communication channels for this purpose.

Score table

The panel assesses the programme as follows:

Master's programme Medicine

Standard 1: Intended learning outcomes	meets the standard
Standard 2: Teaching-learning environment	meets the standard
Standard 3: Student assessment	meets the standard
Standard 4: Achieved learning outcomes	meets the standard
Standard 5: Facilities	meets the standard
Standard 6: Quality assurance	meets the standard
General conclusion	positive

The assessment panel has reviewed the report and agrees with its contents. On behalf of the panel,

Prof. Wilco Achterberg, chair — Peter Hildering MSc, secretary

Date: 27 January 2026

Introduction

Procedure

Assessment

On 17 and 18 November 2025, the master's programme Medicine of Saba University School of Medicine (SUSOM) was assessed by an independent peer review panel as part of the cluster assessment Medicine. The assessment cluster consisted of 17 programmes, offered by the University of Groningen, Vrije Universiteit Amsterdam, University of Amsterdam, Radboud University, Utrecht University, Maastricht University, Erasmus University Rotterdam, Saba University School of Medicine en Leiden University. Quality assurance agency Academion coordinated the assessment upon request of the cluster Medicine. Peter Hildering acted as coordinator and secretary for the assessment of the programme at SUSOM. He has been certified and registered as secretary by the NVAO.

Accreditation status of SUSOM

This assessment follows the procedure and standards of the NVAO Assessment Framework for the Higher Education Accreditation System of the Netherlands (April 2024). Following the recognition of the NVAO by the World Federation for Medical Education (WFME) in 2018 in accordance with the WFME Programme for Recognition of Accrediting Agencies for Medical Education, this assessment also aims to allow the NVAO to maintain compliance with WFME standards.

SUSOM has been accredited as a legal entity providing higher education in the Netherlands since 2012, following the attainment of the Island of Saba's status as a special municipality of the Netherlands in 2010. The programme was initially accredited by the NVAO in 2012, and successfully reaccredited in 2018 following a peer review by an independent panel. SUSOM is also recognized by the international medical community, with its graduates eligible for residency and licensure in the United States and Canada. The School is listed with the World Health Organization, and has received documentation of recognition from the US Education Commission for Foreign Medical Graduates (ECFMG), and graduates have the ability to be permanently licensed in any of the 50 states in the United States. This includes accreditation by the New York State Education Department (NYSED), enabling graduates to go to New York for clinical experiences and future application to post-graduate residency sites. Canadian citizens are eligible to take Canadian Medical Licensing examinations.

Panel composition

Academion composed the peer review panel in cooperation with the institutions and taking into account the expertise and independence of the members. In order to strengthen the mutual consistency between the assessment panels within the cluster, the coordinator from Academion ensured joint instruction for the panel members and a comparable assessment method for all site visits. This consistency was also a point of attention at all concluding panel meetings during the site visits. Finally, overlap in assessment panels of the various site visits in the cluster further strengthened the consistency. The composition of the panels was designed in such a way that at least two panel members also participated in another assessment panel in the cluster.

On 21 January 2025, the NVAO approved the composition of the panel. The coordinator instructed all panel chairs in the cluster on their role in the site visit according to the Panel chair profile (NVAO 2016) on 19 December 2024.

Preparation

SUSOM composed a site visit schedule in consultation with the coordinator (see appendix 3). The programme selected representative partners for the various interviews. It also determined that the development dialogue would be made part of the site visit. A separate development report was made based on this dialogue.

The programme provided the secretary with a list of all graduates from 2024. The panel chair, in consultation with the secretary, selected 15 graduates from this list. The programme provided the panel with all final products and evaluations of those products from these 15 graduates prior to the site visit. As students write their RLRA paper relatively early in the curriculum, this selection included several papers from 2021 and earlier. Therefore, the panel decided to select nine additional research papers (RLRA) completed in 2025 to get a more current look at this final product. This selection included three high-scoring (A), three average-scoring (B), and three lower-scoring (C) papers. In addition, the programme provided the panel with the self-evaluation report and additional materials (see appendix 4).

The panel members studied the information and sent their findings to the secretary. The secretary collected the panel's questions and remarks in a document and shared this with the panel members. In a preliminary meeting, the panel discussed the initial findings on the self-evaluation report and the final products, as well as the division of tasks during the site visit. The panel was also informed on the assessment framework, the working method and the planning of the site visits and reports.

Assessment of clinical sites

One of the panel members, Prof. Daniel Schidlow, was appointed with a special task to visit and assess all clinical teaching sites where SUSOM students follow their clerkships. These included:

- Anne Arundel Medical Center, Annapolis, Maryland
- Brentwood Hospital, Shreveport, Louisiana
- Bridgeport Hospital, Bridgeport, Connecticut
- Community Health of South Florida, Miami, Florida
- Genesis Medicus, San Jose, California
- Holy Cross Hospital, Silver Spring, Maryland
- Jewish Hospital, Cincinnati, Ohio
- Leonard Chabert Medical Center, Houma, Louisiana
- Manatee Memorial Hospital Bradenton, Florida
- Miami Rescue Mission Clinic, Miami, Florida
- Northern Virginia Mental Institute, Falls Church, Virginia
- One Brooklyn Health, New York
- Spring Grove Hospital Center, Catonsville, Maryland
- St. Agnes Hospital Baltimore, Maryland
- St. Elizabeth Hospital, Washington DC
- St. Lukes Hospital, Kansas, Missouri
- St. Marys Hospital Waterbury, Connecticut
- Wyckoff Heights Medical Center, New York

During these visits, he interviewed students, staff members at the clinical sites and inspected the facilities offered to students. He reported his findings to the other panel members, who used this in their assessment

of the programme. Based on this documentation and the discussions during the site visit, the panel reported on the quality of the clinical learning environment outside the main location in standard 2, 5 and 6.

Site visit

During the site visit, the panel interviewed various programme representatives (see appendix 3). The panel also offered students and staff members an opportunity for confidential discussion during a consultation hour. Two students requested a consultation and one student joined a virtual call. The panel used the final part of the site visit to discuss its findings in an internal meeting. Afterwards, the panel chair publicly presented the preliminary findings, general observations of the panel and suggestions for development themes.

Report

The secretary wrote a draft report based on the panel's findings and submitted it to an Academion colleague for peer assessment. Subsequently, the secretary sent the report to the panel for feedback. After processing this feedback, the secretary sent the draft report to SUSOM in order to have it checked for factual irregularities. The secretary discussed the ensuing comments with the panel chair and changes were implemented accordingly. The panel then finalized the report, and the coordinator sent it to SUSOM.

Panel

The panel assessing the master's programme Medicine at SUSOM consisted of the following members:

- Prof. dr. Wilco Achterberg – chair
- Prof. dr. Paul van Trotsenburg
- Prof. Alice Fornari Ed. D.
- Prof. Daniel Schidlow MD
- Miguel Quintanilla BSc – student member

Prof. Daniel Schidlow did not take part in the Saba campus site visit; he acted as external reviewer for the clinical teaching sites. Peter Hildering MSc acted as secretary during the site visit.

Each panel member, the panel secretary and the programme have filled out the Statement of Impartiality and non-disclosure agreement, as required by the NVAO. They can confirm that the assessment was carried out in complete independence.

Information on the programme

Name of the institution:	Saba University School of Medicine
Address:	Church Street, The Bottom, Saba
Website:	www.saba.edu
BRIN-number:	30VF
Status of the institution:	Legal entity providing higher education
Result institutional quality assurance assessment:	N.A.
Programme name:	Medicine
ISAT number:	60514
Orientation of the programme:	Academic
Level of the programme:	Master (NLQF7)
Programme duration:	Four years
Language of instruction:	English
Professional requirements:	yes
Location:	The Bottom, Saba
Mode(s) of study:	Fulltime
Assessment group:	Medicine
Awarded degree:	MSc
Submission date NVAO:	01-05-2026

Description of the assessment

Organization

SUSOM is organized by a programme management consisting of an executive dean, and multiple associate and assistant deans. Each associate dean is responsible for part of the programme and is supported by the assistant deans: there are for instance one associate dean and two assistant deans for basic sciences, one associate dean and three assistant deans for clinical medicine, on associate dean for medical education, and one associate dean for student support. Furthermore, there are directors for specific processes and services in SUSOM, such as admissions, the library, the Center for Student Learning and financial aid. A Board of Trustees oversees the management of SUSOM.

There are three main committees at SUSOM that monitor educational quality. These are the Quality Assurance Committee, the Curriculum Committee and the Examination Committee. The Quality Assurance Committee is a body of staff members and students that oversees the quality assurance within the programme and ensures that there is periodic feedback on courses and the overall curriculum. The Curriculum Committee, which also consists of both staff and student representatives, conducts course evaluations and evaluates student performance in all courses. It also monitors the overall alignment between the curriculum, intended learning outcomes, and course and clerkship objectives, resulting in mapping of the curriculum. The Examination Committee is set up according to Dutch Higher Education law, and determines independently from the programme management whether students have met the criteria for graduation.

Recommendations previous panel

The response to the recommendations of the previous NVAO accreditation panel is included in Standard 6 (Quality Assurance).

Standard 1. Intended learning outcomes

The intended learning outcomes tie in with the level and orientation of the programme; they are geared to the expectations of the professional field, the discipline, and international requirements.

Findings

Profile

Saba University School of Medicine (SUSOM) is a four-year medical school offering a Doctor of Medicine programme (MSc Medicine) that consists of twenty months of training on the island of Saba, followed by twenty months of clinical training at teaching hospitals in the United States and Canada. The mission of SUSOM is to provide students of diverse backgrounds who exhibit a passion for the field of medicine with the opportunity to acquire the medical and clinical expertise needed for a successful career as a practicing clinician. This includes skills and confidence needed to critically evaluate and apply medical and academic information.

As the majority of SUSOM students are from the United States and Canada, and desire to practice medicine in those countries, the academic model is similar to the format used by the North American medical schools. This means that students are expected to complete their undergraduate study in basic sciences in a relevant discipline before they enter clinical training at master's level.

The MSc Medicine at SUSOM specifically appeals to students who, for various reasons, did not apply to or were unable to gain entry into medical schools in the US or Canada. As part of the programme, SUSOM trains and prepares these students for United States Medical Licensing Examination (USMLE), so that they can finish their training and practice in the US or Canada. The USMLE is three-step exam series required for medical licensure in the US assessing the ability to apply knowledge for safe patient care, covering basic sciences (Step 1), clinical knowledge (Step 2), and independent practice skills (Step 3). Step 1 and Step 2 are taken during the master's phase, Step 3 is taken later as part of residency.

The panel studied the mission and profile of the programme and discussed them with various representatives during the site visit. It found the mission and profile of the programme to be clear and well articulated, and thoroughly implemented in SUSOM's organization. The panel recognized that the programme has a very focused educational vision of preparing students for the USMLE Step 1 and Step 2 exams, providing them with a supportive teaching-learning environment to achieve this goal, and equipping them with the skills and attitudes necessary to be successful physicians. The panel was pleased to learn that SUSOM's mission is widely recognized by staff and students, and provides a clear focus for the curriculum. Following the discussions during the site visit, the panel advises that SUSOM's mission be evaluated periodically to ensure that it remains consistent with the climate for international medical graduates in the U.S. and Canada. This applies both to changes in the way that medical schools are organized in the U.S. and Canada, and to the political climate regarding international medical graduates.

Intended learning outcomes

The goals of the programme have been translated into a set of six intended learning outcomes (see appendix 1). They describe in broad terms the competencies that are expected of SUSOM graduates. These competencies are described in more detail in the Teaching and Examination Regulations, the school catalog, as well as in the Student Handbook. The competencies are oriented towards the North American professional Medical Doctor degree, as formulated in the USLME Content Outline (2024). At the same time, SUSOM took care to align its learning outcomes to the requirements of a Dutch Master's degree, as described in the Netherlands Qualification Framework NLQF level 7. The Netherlands Framework for Medical Education (Raamplan 2020) was therefore used as a second validation source. Using the curriculum mapping software One45 (see Standard 2), the programme ensured that the curriculum was compliant with both North American and Dutch standards. A few exceptions were allowed for the Raamplan 2020, namely competencies that focused exclusively on the Dutch context, such as the ability to communicate in Dutch and understanding of the structure and finance of the Dutch healthcare system. These are of less value to SUSOM students, as the programme does not primarily aim for its graduates to practice medicine in the Netherlands.

Periodical evaluations of the intended learning outcomes typically follow updates of the corresponding USMLE and NFU frameworks. In doing this, SUSOM also incorporates external input in the programme. The alignment of the intended learning outcomes with the professional field is overseen by SUSOM's Board of Trustees. This is a board consisting of North American healthcare professionals that is responsible for the management and supervision of the school's academic affairs. Further alignment is sought by soliciting direct feedback from post-graduate residency programmes, where for each graduate is inquired whether there are any comments on the student's preparation for the residency training programme in comparison to peers. Finally, the management of the programme frequently attends meetings on medical education where medical schools, hospitals and academic societies meet to discuss trends in medical education. The last update was implemented in 2023, and was (amongst others) aimed at achieving compliance with the Raamplan 2020.

The panel studied the programme's intended learning outcomes and their elaboration in the Student Handbook. It was also given an overview of the mapping of SUSOM's intended learning outcomes to the NLQF 7 requirements as well as to the Dublin Descriptors. According to the panel, the intended learning outcomes are clear and well specified in their further elaboration. It found that all elements were sufficiently covered and that the intended learning outcomes were appropriate for an academic master's programme in medicine. The programme regularly evaluates its intended learning outcomes with external input from its Board of Trustees, the professional field, and the North American and Dutch reference frameworks for medical programmes. The panel was pleased to learn that SUSOM takes care to meet the Dutch requirements for medical education, even though the curriculum is geared to the North American profession. An example of a specific Dutch requirement that is included in the programme is attention to academic competencies in the master's phase, and the demonstration thereof in a final product aimed at academic research (see Standards 2 and 3). The panel understands the need for SUSOM to maintain a balance between Dutch standards and the North American context, and therefore agrees with the decision to exclude elements that focus exclusively on the Dutch context in the light of the programme's goals.

Considerations

SUSOM aims to provide students with diverse backgrounds for a successful career as practicing clinicians. It does so by preparing students for the USMLE Step 1 and Step 2 exams, while providing them with a high-quality and supportive learning environment, as well as with the necessary skills and attitudes. The panel found this mission to be clear and well articulated. It was also well recognized by staff and students, and reflected in the educational vision of the programme. The intended learning outcomes are appropriate for an academic master's programme in medicine, and regularly evaluated based on developments in the field as well as the associated standards. In doing this, the programme solicits external input from various sources, including the professional field, and the North American and Dutch requirements for medical education.

Conclusion

The panel concludes that the programme meets standard 1.

Standard 2. Teaching-learning environment

The curriculum, the teaching-learning environment and the quality of the teaching staff enable the incoming students to achieve the intended learning outcomes.

Findings

Curriculum

The general structure of the SUSOM curriculum consists of five semesters of Basic Sciences of each 15 weeks on the island of Saba, followed by an 80 weeks clinical programme predominantly completed in the United States. Before entering the clinical programme, students need to successfully complete the USMLE Step 1 test, a standardized exam of the US Medical Licensing board that serves as an entry condition for clinical clerkships. The USMLE Step 2 exam is taken by students during the fourth year of the curriculum and serves as the basis for their licensing as Medical Doctor. The intended learning outcomes are used as the basis for a list of 35 educational objectives, which are in turn further divided into course and clerkship objectives. as well as the associated learning activities. The alignment between courses and objectives is monitored through One45, identifying specific courses and lectures in which the objective is addressed, and how this is assessed.

The *basic sciences curriculum* covers all relevant knowledge, skills and attitudes about health and disease in the human body that is needed to for a practicing physician. These include anatomy, physiology, pathology, pharmacology and clinical decision making. It is structured around a series of courses (see appendix 2) with a common theme, such as Metabolism and Nutrition, Genetics and Development and Medical Ethics. The courses build upon existing scientific knowledge obtained by students during their undergraduate education, which is required to at least cover biology and chemistry. These are expanded upon by courses focusing on foundational knowledge, gaining in complexity to more integrated courses, culminating in a full system-based approach. Furthermore, the programme introduced multiple so-called 'threads' in the curriculum, content topics with their own thread objectives that weave throughout and connect multiple courses. Examples are Lifestyle & Prevention, Neuroscience or Molecular Biology.

In teaching, SUSOM mostly relies on small-group, hands-on learning sessions. Courses include lectures, problem-solving, and weekly formative assignments allowing students to identify knowledge gaps and plan the focus of their study accordingly. All lectures are also recorded and made available for review afterwards. Clinical skills, such as physical examination, patient and peer communication, clinical reasoning and documentation are taught and practiced by students in specific clinical skills-oriented courses. All courses incorporate studying medical literature: students read and analyze current literature as it relates to each content area. Until recent, the basic sciences curriculum mostly relied on lectures and other in-class activities. In the recent curriculum revision, which came into effect in 2025, the programme actively tried to reduce mandatory class time to allow more time for self-directed learning such as the creation of mind maps, and discussion and commenting on clinical cases, and literature-based self-study. By identifying and eliminating overlap between courses and replacing several lecture-based learning activities with self-directed learning, the programme reduced in-class time by 20%. Furthermore, SUSOM introduced student portfolios in which students document their progress throughout their four years in medical school, and formulate personal learning goals. The portfolios are intended to focus on academic, personal and professional development through a growth mindset, and are formative in nature, although students are required to complete their portfolios.

The *Research: Literature Review and Analysis (RLRA) module* is followed by students in between the Basic Sciences and clinical curriculum while still at Saba. The module is scheduled in a an 8-week period in which students are further educated in academic research skills and conduct a literature study on a current topic in medicine and write a manuscript-quality paper. Students identify, analyse and synthesize the information derived from the primary literature on their selected topic. They work independently, but interact on a regular basis with a faculty mentor who will provide oversight throughout the project, including selection of an appropriate topic and research question, identification of relevant literature, formulating conclusions and the preparation of a final paper. The faculty mentor will also review the written paper to ensure that it meets school standards prior to approval for submission to the RLRA Committee for formal review and grading.

The first year of the *clinical curriculum* consists of 42 weeks of core clerkships in Internal Medicine, Obstetrics and Gynaecology, Paediatrics, Psychiatry and Surgery. The second year of the clinical programme has a 4 weeks Primary Care clerkship, as well as 26 weeks of additional elective clerkships. The objectives for each clerkship are defined through national standards for education in that particular field of medicine.

During clinical clerkships, students will work directly with physicians and hospital staff, conducting history taking, physical examinations, case presentations and laboratory analysis, and attending workshops and conferences. Each clinical site has its own residency programme that supports the clerkship objectives. Each site is monitored and evaluated by SUSOM (see Standard 6). The patient encounters during the clerkships are complemented with theoretical learning. Students use the OnlineMedEd study plan to follow so called

Engaged Learning Experiences, which are online lessons and exercises related to their field of study, and compose patient logs and patient notes (see Standard 3). During their clinical clerkships, students keep filling their student portfolio, reflecting on experiences and Entrustable Professional Activities (EPAs) that they have received feedback on. This is formative at the moment, although the programme is considering using student portfolios in assessment in the future.

The panel reviewed the structure, design, and content of the curriculum. It concludes that it is well-structured and reflects the educational vision of the programme. The curriculum is organized around the school's mission and competencies, while ensuring that students are fully prepared for the essential USMLE Step 1 and Step 2 exams. The curriculum balances basic science courses, with a gradual transition from more knowledge based in the first two semesters (anatomy, physiology) to a more integrated approach focusing on clinical pathologies. This is complemented with clinical skills training and courses in medical ethics, behavioural medicine, research, and the fundamentals of clinical medicine. The panel found the clinical skills track to be well-structured, with a progressive learning path that prepares students for the clinical curriculum. The research courses and the RLRA paper provide students with sufficient academic skills, in line with the expectations of academic master's programmes (see also Standard 4). The mandatory clerkships cover the essential areas of medicine, and the elective clerkships allow students to pursue their own interests. During the site visit, students expressed to be satisfied with the content of the curriculum. This was also reflected in the student evaluations, which were favourable for both the basic sciences and clinical curriculum, and in the interviews held with clinical students at the various clinical sites prior to the site visit. The students generally expressed to be happy with their educational programme and clinical experience at the various sites.

During the site visit, the panel received a demonstration of the One45 software, which showed how the intended learning outcomes are broken down into competencies, course objectives, and session objectives. For each element and learning objective of the curriculum, the programme is able to determine where it is taught and assessed. SUSOM uses this tool to design the curriculum 'threads' (see above), to ensure that the curriculum remains aligned during curriculum changes, to implement new frameworks and requirements, and to identify gaps and redundancies in teaching. The panel was very impressed with this set-up and concluded that it ensures sound curriculum design. The tool proved its worth in identifying redundancies in lectures, which led to a 20% reduction of in-class teaching time.

The panel found the teaching methods to be appropriate for the programme goals. The basic science curriculum mostly relies on in-class teaching, with a combination of lectures and collaborative learning in smaller groups. This is supplemented with self-study and weekly assignments. The panel supports the recent reduction of in-class hours, and appreciates that this provides more room for self-directed learning. The clinical curriculum combines clinical work with reflection and theoretical learning, giving students the necessary preparation for their Step 2 exam. The panel was happy to learn that the programme has introduced student portfolios, which -in their opinion- contributes to a reflective and development-oriented attitude of students. The panel encourages the programme to continue this development. It believes that student reflection based on a portfolio allows for a competence-based approach of learning, as well as to personalized learning and professional identity formation.

Language of instruction
The programme uses English as language of instruction, and has an English name. This fits the location of the programme, as English is one of the official languages on the island of Saba. Furthermore, SUSOM primarily focuses on educating North American physicians, for which sufficient command of English is mandatory. As foreign graduates, SUSOM alumni have to take an English entry test as part of their application for a license

in the US or Canada after completion of the programme. The panel agrees with this decision and feels that the use of English as language of instruction and for the programme name is essential given SUSOM's mission and profile. Because teaching staff members are either native or near-native English speakers, the panel considers them to be well qualified to teach in this language.

Admission

The admission and selection requirements are mainly aimed at selecting applicants that have the capabilities to be realistically able to successfully complete the programme. Studying at Saba requires dedication and focus, and -above all- students need the intellectual and personal skills to be able to undertake this effort. In reviewing candidates, SUSOM considers prerequisite undergraduate (bachelor's level) coursework typical to North American medical school application (i.e. biology, chemistry, physics and English), a successful Medical College Admission Test (MCAT), letters of recommendation, a personal interview and an accounting of any other activities such as volunteering, research experience and additional coursework. Each application is viewed holistically by the admissions office: there are no strict criteria for each element in the documentation, but the entire picture needs to fit the profile of a student who can be successful at SUSOM.

The panel reviewed the admission criteria and discussed them with management and students. It found the admission criteria to be fair and clearly communicated. The thorough process promotes the selection of students who fit the SUSOM profile. Admitted students found the process clear and felt they had a clear picture of what to expect before enrolling. At the same time, the panel noted that approximately one third of students leaves the programme for a variety of reasons, especially in the first year. The panel advises to continue the monitoring of student success and investigate whether anything could be improved by the admission process or by communication prior to enrollment. This will be further discussed below.

Student guidance and support

SUSOM invests in student guidance and support throughout the programme, with special emphasis on wellness and counselling, study and exam-taking skills and career advising. Prior to arriving on Saba, the student housing coordinator contacts each student to inform them about the housing options on the island, and refers them to the financial aid department to discuss funds for paying tuition and covering living expenses. There is also a joint Zoom meeting with all prospective students where they can meet their staff members and can ask any questions about facilities and arrangements. In the first semester, the programme pays specific attention to onboarding and well-being of students. They participate in a series of mandatory skills sessions, where they learn academic learning skills and are familiarized with opportunities to seek support from staff members. Each student is also assigned a faculty advisor and student mentor, providing students with a foundation for seeking support and advice. Furthermore, faculty members have at least two hours each day of faculty office time, during which they are available and accessible to all students throughout the semesters. SUSOM also runs a Wellness programme, that provides social events for students, including hiking, sports and movie nights. Wellness also includes a dedicated student counsellor that is available to help students with any issues regarding their studies or personal life that they might encounter.

Clinical clerkships are scheduled through the SUSOM Office of Clinical Medicine. They are available from a diverse range of medical institutions (see Introduction of this report) curated by SUSOM, from major academic centres and large community-based hospitals to smaller clinics throughout the US. Near their completion of the basic sciences curriculum, students have an individual interview with the clinical coordinator to discuss hospital placement and any personal needs. Students are expected to be geographically mobile, although they are given the opportunity to indicate a geographic preference prior to beginning the clinical curriculum, which the office will attempt to accommodate in the scheduling of clinical

rotations. Special consideration is given to students who are engaged, married, or have school-age children. For the last year of clerkships, students have considerable freedom in selecting the field in which they want to do their clerkship, providing them with the opportunity to either broaden or specialize their clinical competences. Throughout their four years in the programme, students engage in a career advise trajectory, in which students are informed about their options for choosing a specialty, what they need to do to match to a residency in that specialty, and to navigate the residency application process.

Through the documentation and interviews with staff, students and alumni, the panel found that student guidance and support is one of the major strengths of the Saba programme. Due to the relatively small scale, the favorable staff-student ratio and its unique location on a small island, students experience the programme as very supportive. They appreciate the mentoring and guidance they receive from the programme, as well as the approachable teaching staff. This does not only include the open office hours, but also other informal contact, as staff and students encounter each other on the SUSOM campus on a daily basis. The panel concludes that the learning environment is rigorous and supportive. It recognizes that the programme can be very challenging for students, and appreciates that SUSOM does not respond to this by lowering its standards, but by offering support and psychological safety to students. Support includes study skills offered by the learning support center, but also social activities which are organized by either the programme or the student association. The programme is also supportive in matching students to internships. The panel understood that the SUSOM network of clinical rotations consists of preferred partners that have learnt the value of SUSOM students, and are familiar with the mode of operation of the programme.

Information provision is generally well organized, both prior to enrollment as well as during orientation and the curriculum. During the site visit, the panel noted from discussions with management, staff and students that several issues experienced by students could be reduced to noise in communication between management and students. These included for instance issues related to the use of certain facilities, rules for class attendance and whether or not course evaluations can be seen by staff members prior to grading. In all these cases, there were clear policies by SUSOM, but this was not picked up by students. The panel advises the programme management to engage in a regular Plan-Do-Check-Act (PDCA) cycle regarding information provision. For instance, during orientation and enrollment students can experience an information overload or lack context to properly understand all information, and not register all that is communicated to them. Regularly ensuring that communication is in fact received and understood by students could (partially) remedy this.

Regarding functional impairments, SUSOM has conditions in its admission requirements for physical and mental fitness to ensure that students are capable of meeting the standards set for a practicing physician. Students must for instance be mobile and in shape to be able to function on the island of Saba and complete the programme. Students with functional impairments that are no immediate limitation to these standards, such as ADHD, dyslexia or acute illnesses, can be referred to the SUSOM Office of Disability Resources for accommodations. The panel agrees with the requirements that SUSOM poses for fitness of students. After visiting Saba, it understands life on a small island, the frequent relocations and participating in the clerkships is realistically only feasible for students with a certain level of physical and mental fitness. It appreciates that the programme is upfront about this and clearly communicates this through the admission process. Furthermore, the panel feels that support for other functional impairments is in order.

Feasibility

With the basic sciences curriculum, clinical programme, additional study time for USMLE Step 2, transitions between sites and holidays, the programme is intended to be feasible in four years. Not all admitted

students complete the programme or are able to pass all tests and examinations. Inherent in the school's mission are a certain number of students who may not complete the programme. Students may face difficulty with the advanced study skills required by the School, financial pressures, or personal circumstances that keep students away from studying, such as major life events or family that relies on them. In recent years, 55-80% of admitted students eventually graduated. In earlier years numbers were higher (75-80%), but especially delays and adaptations to the programme caused by the occurrence and aftermath of hurricane Irma in 2017 and the COVID-19 pandemic in 2020-2022 led to a higher-than-average number of students leaving the programme.

SUSOM closely monitors student progress. If students are at risk of failing courses, they can be approached by the assistant dean of student affairs for additional guidance and to be referred to other sources of assistance. The programme is also working on mandatory skills support courses for students that are repeating a previously failed course. The School hasn't been able to identify particular courses with which students struggle, but the majority of the attrition happens in the first two semesters. If students successfully reach the end of the basic sciences programme, success rates in the Step 1 (96-100%) and Step 2 (98-88%) exams are very high. Most students take between 4 and 5 years to complete the curriculum; typically, 80-90% of students graduate after five years. Some delay may occur if students have to repeat courses or need additional preparation for the Step examinations, as students generally aim to pass the USMLE on their first try Although USMLE exams can be retaken, a failed attempt is usually detrimental to a student's resume. Additional study delays can also be caused by moving between clinical sites during the clinical curriculum, which can take time to organize.

Based on student progress and the experiences reported by students and alumni, the panel concludes that the curriculum is feasible in principle. At the same time, it requires study skills, adaptability, and flexibility on the part of the students. Students are required to acquire a large amount of knowledge in the basic science curriculum and have weekly deadlines for assignments. They told the panel that they have to work hard to pass their courses, but that they are willing to do so because it prepares them for the high bar set by the profession. The programme recognizes this and focuses its efforts not on reducing the course load, but on providing students with additional guidance and skills training to optimize their study skills. The panel believes this is appropriate as achieving the highest possible score on the USMLE exam makes students more competitive with regard to post-graduate residency training. With regard to the clinical curriculum, students and alumni report that they are expected to work hard, but that they are well mentored throughout the process. This was echoed by the students met by the external reviewer for the panel during the visits to clinical sites. They felt that their study load during their rotations was comparable to that of students at other medical schools. An important factor in the intensity of the clinical curriculum is the constant travel and relocation for rotations, which is not only time consuming but can also be costly. However, students feel that this is fair given the location on Saba, which does not have its own hospitals, and that they have taken this into account when choosing to study at SUSOM.

With regard to students who may not complete the programme, the panel found that this is largely related to the challenges of studying on a small island, away from family and friends, and the high level of commitment required of students. This is further substantiated by the observation that most students who leave do so in the first year, and that students that make it through this first year are very likely to complete the curriculum. The panel believes that this dynamic is partly unavoidable given the design of the Saba programme, but also advises monitoring whether there is anything in the admissions process that could be optimized to reduce the incidence (see earlier discussion under Admission).

Teaching staff

The basic sciences teaching staff consists of 30 full time teachers employed at Saba, including 13 full professors, 10 associate professors and 7 assistant professors. The team represents a mix of clinical and research experience. 60% of teaching staff members holds a MD or equivalent degree, and 40% holds a PhD. The nature of the course is leading in determining the required degree; for instance, all research courses are taught by staff members holding a PhD. To maintain and expand the expertise of the staff, SUSOM organizes regular faculty development activities, such as workshops focusing on incorporating research skills into education and making didactic sessions more interactive. Furthermore, staff are provided funding support for participation in international conferences on medical education. For the clinical programme, SUSOM has appointed 442 staff members as teaching faculty at the various clinical locations. These staff members engage in supervision of students during the clinical rotations. The clinical staff members are provided by SUSOM with professionalization opportunities in the form of webinars focusing on teaching and evaluating in medical settings.

The panel concludes that the size of the teaching staff is clearly appropriate to the goals of the programme. The student-staff ratio during the basic science curriculum is approximately 4:1. In addition, teaching and mentoring students is the primary responsibility of most of the on-site staff. This means that there is room for the close supervision that SUSOM strives for. In addition, the panel feels that the staff has a good balance of clinical and academic skills. The school ensures that its staff has sufficient academic qualifications by taking academic qualifications into account when recruiting new staff. The panel was also positive about the professional development opportunities that SUSOM provides for its staff. It noted that there are often faculty meetings to discuss new developments in education, such as the use of generative AI or the use of student portfolios. It was pleased to learn that professional development opportunities are available not only for basic science staff, but also for clinical staff. In addition, SUSOM staff meet annually with clinical staff on site to discuss student education and performance (see Standard 6). The positive findings regarding the teaching staff were confirmed by the students and through interviews with both basic science and clinical staff conducted by the panel during the site visit and at the clinical sites. The faculty were particularly notable for their dedication to teaching and their support of students. Overall, the panel has a very positive impression of the teaching staff.

Considerations

According to the panel, the teaching-learning environment at Saba University School of Medicine is up to standard. The curriculum is well-structured and reflects the educational vision of the programme. It provides students with a rigorous education in the basic sciences, including skills education and ethics, followed by the comprehensive series of mandatory and elective clerkships in which students acquire clinical experience. The research course culminating in the RLRA paper provides students with the required academic skills for an academic master's programme. Teaching methods fit the content of the courses, with the basis sciences curriculum mostly relying on lectures and collaborative learning in small groups, and the clinical curriculum focusing on clinical work, supplemented with reflection and theoretical learning. The panel encourages the development of student portfolios, which it believes will contribute to the development-oriented attitude of students. The structure and coherence of the curriculum is safeguarded by elaborate curriculum mapping software through which the programme monitors that the curriculum remains aligned during curriculum changes and when implementing new frameworks and requirements. The panel also appreciates that the programme was able to cut down 20% of in-class time using this software to make the curriculum more streamlined and efficient. The use and implementation of English as language of instruction, and in the programme name is fully justified giving the focus of the programme on the North American clinical setting.

Student support and guidance is up to standard and focused on equipping students to meet the high bar set by the programme in order to best prepare them for the USMLE Step exams and subsequently set them on their path to becoming a practicing physician. This begins with the admissions process, which is designed not only to select students with sufficient qualifications for medical school, but also to ensure that they fit the SUSOM profile. The small size, very favourable student-staff ratio and unique location of Saba promote a supportive environment that is appreciated by students and staff alike. The programme is perceived by students as tough but fair, and students who are willing to put in the necessary effort and work generally succeed. At the same time, the panel advises the programme to continue to pay attention to students who leave the programme during the first two semesters, and to investigate whether anything could be improved by the admissions process or by communication prior to enrolment. Another point of attention is the provision of information. Although this is generally well organized, the panel advises that regular checks should be made to ensure that students receive and understand the information, in order to avoid misunderstandings. The faculty is well qualified, both didactically and academically, and very supportive of students.

Conclusion

The panel concludes that the programme meets standard 2.

Standard 3. Student assessment

The programme has an adequate system of student assessment in place.

Findings

Assessment policies and practice

SUSOM aims for its assessment methods to be aligned with the course and programme objectives. For example, multiple choice tests are considered appropriate for testing knowledge, whereas clinical skills should be tested by demonstration of that skill on a (simulation) patient. Assessment methods include written tests, assignments, oral assessment, NBME shelf exams, small group exercises, a lab exam, student presentations, a practical literature search assessment, and a summary review paper. Teaching staff in the basic sciences programme can use One45 to link exam questions to course objectives in order to ensure that each course objective is properly assessed. Each course and clerkship has a syllabus that lists the assessment components of that course or clerkship, as well as the related rubrics and assessment criteria. Through this, the School aims for transparent assessment, making students aware of all expectations and criteria beforehand. Specialized software is used to analyse multiple choice questions on validity, where questions can be removed from the final results if they have poor psychometric properties based on the test results.

According to the panel, SUSOM has a well-described assessment process and policy. Assessment methods, particularly in the basic science curriculum, but also in part in the clinical curriculum, are predominantly written and multiple-choice exams, which are consistent with the USMLE Step 1 and 2 exams. At the same time, these are sufficiently supplemented by alternative forms of assessment, including papers, assignments, and skills assessments. The One45 software used in curriculum design (see Standard 2) allows the faculty to carefully monitor that all course objectives and curriculum goals are adequately assessed. From the demonstration given by SUSOM, the panel noted that the programme is now working on extending this system to monitor how individual students are performing on specific learning objectives. With this information, it would be possible to identify which specific topics students are struggling with, so that additional instruction can be provided on those topics. The panel thinks that this is a very useful opportunity.

During the site visit, the panel and the programme discussed the implications of the rise of generative AI for the assessment system at SUSOM. Because exams are administered in a controlled environment at the SUSOM testing center (see Standard 5), the programme can ensure the validity of most of its assessments. Furthermore, the programme uses anti-plagiarism software with AI detection capabilities for the RLRA paper, and requires clinical students to write patient notes in the school's electronic learning environment. Otherwise, the programme encourages students to use AI as a learning tool. The opportunities and challenges associated with this were further discussed during the development dialogue at the end of the site visit. The panel considers that the programme is actively engaged in the ongoing discussion about the role of generative AI and that SUSOM's assessment system is sufficiently robust in this regard. However, it encourages the school to develop and regularly update a more detailed AI policy and to include it in the student handbook so that all students are aware of the rules and regulations in light of this rapidly developing technology.

Clerkship assessment
During the clerkships, students are evaluated on their clinical performance and skills by the clerkship director, a clinical staff member at the clinical site that it appointed as a SUSOM examiner. The evaluation is based on the director's own observations and the feedback from at least one of the student's clinical educators. The examiner completes a Clinical Faculty Evaluation Form, which consists of a scoring and feedback sheet on several performance indicators, such as knowledge base, initiative, responsibility, and openness to feedback. Each competency is rated as 'below expectations', 'meets expectations', or 'exceeds expectations'. Halfway through the clerkship, there is a formative mid-term evaluation that allows students to see if they are on track with their performance. During the clerkship, students also complete a minimum of ten patient logs per week documenting the patients they have seen. There is a list of diagnoses and procedures that a student must participate in at a minimum, depending on the specialty. In addition, students complete a theoretical Core Clerkship Exam for each clinical subject and participate in weekly Engaged Learning Experiences, which are online exercises on topics related to their clerkship specialty. Two more extensive patient notes must be completed each week that are be graded by SUSOM. The school has designated one Saba-based staff member per specialty as the examiner for these patient notes, who grades all patient notes in that specialty, regardless of which clinical site the student is assigned to. This process is designed to ensure reliability and consistency in the grading of clerkships. The final grade of each clerkship consists of a weighted average of all final products, namely the Clinical Faculty Evaluation (30%), Core Clerkship Exam (30%), Engaged Learning Experiences (10%), patient logs (10%) and patient notes (10%).

The panel found the clerkship assessment to be well-rounded, with a balance of projects, assignments, and clinical performance. Students are encouraged to reflect on their learning process through mid-clerkship evaluation. The panel also appreciates that the evaluation of patient notes is done entirely by the SUSOM administration and not by the clinical sites, which provides an element of consistency in the evaluation of the clerkship regardless of the clinical site. During the site visit, the panel spoke with management, staff, and students about the Clinical Faculty Evaluation, which accounts for 30% of the student's grade for the clerkship. The panel found that this evaluation is based on the input of the student's supervisor. Often, this supervisor solicits input on the student's performance from other professionals within the clinical site, but this is not an explicit requirement. According to the panel, this creates a potential risk of bias in the student's evaluation, as the supervisor's individual preferences and relationship with the student may influence the outcome. Although undue influence on the student's final grade is mitigated by the 70% of the clerkship that is independent of the supervisor, the panel believes that even higher quality assessment could be achieved by improving the Clinical Faculty Evaluation. The panel recommends the programme to ensure that the Clinical Faculty Evaluation is subject to the four-eyes principle. This could take the form, for example, of a

meeting at the end of each clerkship period between the clerkship director of the clinical site and the clinical dean of SUSOM to discuss the evaluation of the Saba students and to formalize the evaluation. Alternatively, the programme could formalize and document a requirement for the use of multiple sources by the supervisor in the Clinical Faculty Evaluation. In addition, students and alumni indicated that their evaluations are sometimes provided only in writing. The panel suggests to give all students the opportunity to meet with their supervisor at the end of the clerkship to discuss their evaluation and performance.

Assessment RLRA paper

The RLRA paper, which assesses the student's academic skills, is assessed by an RLRA Committee, consisting of faculty members with a research background. For each paper, four of these faculty members are randomly selected to participate in the RLRA Committee. Each committee member grades the paper in a holistic way, and the average of all four grades is the final grade of the paper. If the (part of) the committee feels that the paper has major flaws, a revision can be required after with the paper is graded again. In response to the recommendation of the previous committee, SUSOM has changed the rubric of the RLRA paper to require a higher level for the paper. This was not exactly done as proposed by the previous committee (putting B as the passing grade); the passing grade was kept at C for reasons of consistency with US grading culture, but the level required for a C was increased.

The panel endorses the evaluation methods of the RLRA paper. It believes that the system of four randomly selected examiners is rigorous and ensures a valid and reliable assessment. It also agrees with the decision to adjust the paper rubric to reflect a higher level for a grade of C, rather than setting the passing grade at B. This corresponds better with the US grading system, while still honouring the intent of the recommendations to require a higher level of work for each student. Prior to the site visit, the panel examined the RLRA papers of 24 students (15 as part of a complete set of student products and 9 more recent papers from 2025). It found the papers to be appropriately assessed, with appropriate and transparent grades and feedback.

Final evaluation of students

The final products of the programme include all requirements for students to enter graduate medical practice. Most prominently, these are the USMLE Step 1 (after the basis science programme and required for entering the clinical programme) and Step 2 (during the fourth year of the programme) exams. These are standardized, US national tests that are the same for all students in medicine programmes focusing on practicing medicine, and are taken in a curated setting at one of the Prometric test centres in the US, Canada or the Caribbean. For the clinical programme, the programme considers the end of clerkship evaluation of all clerkships as final product. Furthermore, students are required to pass an Occupational English Test (OET) and an Objective Structured Clinical Examination (OSCE) to assess the clinical skills of students. Both are standardized and externally administered tests. The OET is a language test tailored to healthcare professionals, and includes English listening, reading, writing and speaking. For the OSCE, students are required to perform a specific clinical task, such as a physical exam or a counselling session, and are evaluated using a checklist. For assessing student's academic skills, the RLRA paper is considered to be the final product. This full set of test results, products, as well as passing grades for all Basic Sciences courses, is the basis for awarding the degree after completion of the curriculum.

The panel considered the full set of products for 15 students prior to the site visit. It concludes that the assessment of the exit level of students is fair and comprehensive. The final products jointly form a comprehensive overview of all intended learning outcomes of the programme: the exams assessing the theoretical knowledge base of students, complemented by an assessment of academic skills in the RLRA paper, and clinical and communication skills in the OET and OSCE test. The fact that all standardized exams are taken at external, accredited testing centres further adds to the validity of the assessment.

Examination Committee

SUSOM has established an Examination Committee (EC) according to the Dutch Higer Education and Research Act. The main duty of the EC is to determine in an objective and expert manner whether each student meets the terms and conditions set forth in the School's Teaching and Examination Regulations (TER) with regard to the knowledge, insight and skills necessary to obtain a degree. The EC is not appointed by the programme management, but directly by the Board of Trustees. Most EC members are SUSOM faculty, whereas the committee chair is a Dutch expert in quality assurance of higher education, and the external member is a U.S. educational psychologist. The EC meets once every semester at a minimum. Amongst topics discussed are the establishment of guidelines and rules for examination, appointing examiners, handling student requests and suspected fraud cases, and discussing evaluations of test quality. Also, any planned changes in type or grading of assessment, as well as changes in assessment rules, needs pre-approval from the EC. Finally, the EC periodically reviews samples of student work, for instance or RLRA papers, and advices on any improvements in the assessment process. The most recent review of these papers has for instance led to a revised rubric.

The EC has mandated the Curriculum Committee to evaluate the assessment used throughout the curriculum. The Curriculum Committee checks all tests against quality standards of validity, reliability and independence of assessment, and reports on this to the EC. The SUSOM Promotions Committee is mandated by the EC to determine whether students have completed all requirements for graduation, and handles student appeals in that case. The Promotions Committee chair is member of the EC, and can bring individual cases back to the EC if the decision is outside of the Promotions Committee's mandate, for instance in the rare occasion of deviation from the Teaching and Examination Regulations.

On the basis of the documentation and the on-site discussion with the Examination Committee, the panel concludes that the EC is aware of its responsibilities and is in control of the quality of assessment at SUSOM. Its composition complies with the legal requirements of Dutch law. The EC has sufficient quality assurance measures in place to ensure quality control, including regular review of course assessment and final products. The EC is in close contact with the Promotions Committee and the Quality Assurance Committee with regard to the delegated tasks. This is achieved not only through regular coordination, but also through the sharing of members between the different committees, which the panel believes contributes to the efficiency and alignment of the quality assurance of the assessment.

Considerations

SUSOM has a well-described and implemented assessment system. Assessment methods are aligned with the objectives of each curricular component, with attention to theoretical knowledge, academic skills, and clinical skills and performance. The clerkships are assessed through a balanced set of products that combine theoretical knowledge about the specialty with clinical skills and performance. The set of final products reflects all curricular components and provides a comprehensive overview of the student's competencies at the end of the programme. Validity, reliability and transparency of assessment are ensured through alignment of assessment with course and curriculum objectives, standardization through rules and regulations, and an appropriate quality assurance system. The Examination Committee meets all legal requirements and functions well, with sufficient checks and balances to monitor the quality of assessment and the level of student achievement. To improve the validity of the clerkship evaluation, the panel recommends formalizing the four-eyes principle in the Clinical Faculty Evaluation to reduce the risk of bias in the evaluation of student performance.

Conclusion

The panel concludes that the programme meets standard 3.

Standard 4. Achieved learning outcomes

The programme demonstrates that the intended learning outcomes are achieved.

Findings

Final products

In preparation for the site visit, the panel has studied the final products of 15 SUSOM graduates, randomly selected by the panel. These included grade lists, exam and test results, all end of clerkship evaluations and the RLRA paper. Furthermore, the panel has studied an additional eight RLRA papers to gain a complete and up-to-date picture of the academic exit level; students in the original selection of 15 had mostly completed their RLRA in 2021 or earlier. Based on these products, the panel was very impressed with the exit level of SUSOM graduates. Step 1 and Step 2 passing rates are very high (95-100% on the first attempt in recent years). Furthermore, students generally were highly valued during their clerkships, and showed impressive academic work, comparable to that of Dutch master's students in medicine. The panel understood that several RLRA papers resulted in academic publications, which also adds to the matching qualifications for graduates.

Performance of graduates

To determine the exit level of graduates, the panel also considered the further medical career of graduates. The vast majority of SUSOM graduates is matched to residencies; overall, between 95% and 100% of SUSOM graduates successfully secure a place in a residency programme. The panel understood that SUSOM has several preferred partners that have learned the value of Saba graduates and often consider them for their residency programmes. Many of these partners are among the clinical sites that participate in the clinical curriculum. In the reports on these clinical sites performed by the external reviewer of the panel, the panel was struck by the positive evaluation of these SUSOM graduates, which adds to its already positive view based on the final products and results.

The panel was pleased to learn that the programme has established an alumni network, as recommended by the previous panel, and that the programme uses its network to help students find elective clerkships and residency opportunities. The panel believes that this network is very important. Alumni know the value of the SUSOM diploma, and can both help graduates on their way to becoming physicians and recruit new students to the programme. Their positive attitude toward the school can help students and graduates overcome the stigma that graduates of Caribbean medical schools can have in the U.S. system. The panel therefore advises the programme to continue to build its network of alumni and preferred partners and to use this to the benefit of prospective students, students, and alumni.

Considerations

The final products and residency placements of SUSOM graduates show that the intended learning outcomes are being achieved. The academic level of the RLRA papers is up to standard and the residency placements are high. In addition, SUSOM graduates are highly valued by the clinical sites that employ them. The panel emphasizes the importance of a strong alumni network and encourages the programme to continue to build this network and use it to benefit students.

Conclusion

The panel concludes that the programme meets standard 4.

Standard 5. Facilities

The accommodation and material facilities (infrastructure) are sufficient for the realization of the curriculum.

Findings

During the site visit, the panel had the opportunity to view the Saba facilities during a campus tour. The Campus facilities include nine classrooms and lecture halls, including a secure testing centre with over a hundred secure terminals, a study room for students and dining facilities run by Saba residents. The classrooms are equipped with Wi-Fi, projectors and screens. The School has ten laboratories, including its own anatomy lab with 10 dissection tables, several meeting and conference rooms, offices and a library equipped with medical books and journals. Students live either in dormitories on campus or at commercial housing elsewhere on the island. The School has arranged a bus that drives along the main road of the island at the start and end of the day to transport students to and from campus.

Study material is offered mainly online on a classroom file server accessible to staff and students. During the clinical curriculum, the School uses OnlineMedEd for digital learning. Facilities for informing students about the curriculum, expectation and life at SUSOM in general include a school catalogue, the school website and the campus website. These information sources do not only contain course and study materials, but also information on all services and facilities available to them. Furthermore, due to the close connections between staff, students and management, students can easily approach staff members for any inquiries.

During the site visit, the panel visited the SUSOM campus and also got an impression of life on the island of Saba. It got a favourable impression of the facilities, with well-equipped classrooms and labs. The School also goes beyond educational facilities, and for instance actively assists students with finding housing on the island. As the largest organization on the island, SUSOM actively monitors the housing situation on Saba and ensures that there will be sufficient housing for its staff and students.

In general, the panel found that the location on a small Caribbean island of Saba provides the programme with a unique environment. The small, tight-knit community offers a supportive environment for medical students, as discussed in Standard 2, and offers little distractions for students other than its natural beauty. An education-related challenge is the lack of patients to integrate in the basic science curriculum. The programme solves this by training and hiring local community members to portray students with a medical problem. The School is also exploring to use a small local clinic on the island to provide more clinical material. Another solution is that SUSOM often asks alumni of the programme to present case reports of interesting patients they have cared for.

The facilities on the clinical sites were reviewed and discussed with staff and students by the external reviewer of the panel, and were found to be appropriate. Student facilities during clinical rotations include classroom facilities, internet access, personal storage space and sleeping quarters for on-call students when needed. The School reviews the quality of these facilities in annual site visits (see Standard 6). Students on the sites were positive about the facilities available to them, although challenges related to the frequent relocations and finding affordable living during the rotations were mentioned several times. The panel understands that this is hard to arrange for the programme if the clinical sites does not have its own housing facilities, even though any initiatives would be welcomed by panel. During the site visit, the panel also inquired about procedures for social safety. It found out there is a system in which students can report any issues to the medical student coordinators appointed at each of the clinical sites. The panel gives the

programme into consideration to complement this with a more anonymous way of reporting social safety issues. Many schools and clinics use digital systems such as EthicsPoint for anonymous reporting. Such a system could be implemented for use during both the basic science and the clinical curriculum.

During the site visit, the panel engaged in a discussion with staff and students about the clinical learning software OnlineMedEd. Students mentioned that they often use other paid resources like Amboss or UWorld to study for the USMLE Step 2 exam, for which they buy licenses themselves. According to students, this software better fits their needs, even though it results in double work when they also have to do their OnlineMedEd assignments. The panel advises the programme to reflect on this situation, and determine whether OnlineMedEd is the right software for clinical learning given this situation. Also, the programme could investigate whether access through the School to alternative systems can be increased as to support students in their Step 2 preparation.

Considerations

The facilities of the programme are up to standard, both on campus during the basic science curriculum as on the clinical sites during the clinical curriculum. The Saba campus is well equipped with classrooms, labs and other student facilities, and the School also takes care to assist students with matters related to daily life on the island, such as housing and transport to campus. The panel gives the programme into consideration to introduce a digital tool for anonymous reporting of social safety issues, and suggests to reflect on the software in use for clinical learning.

Conclusion

The panel concludes that the programme meets standard 5.

Standard 6. Quality assurance

The programme has an explicit and widely supported quality assurance system in place. It promotes the quality culture and has a focus on development.

Findings

System of quality assurance

The main organizational body responsible for quality assurance at SUSOM is the Quality Assurance Committee (QAC), a committee of programme management and staff members that oversees the quality assurance function of the School. The QAC consists of the Assistant Dean of Basic Sciences; the Assistant Dean of Clinical Medicine; the Assistant Dean of Student Affairs; along with a minimum of two faculty members; and two student representatives. The work of the QAC is based on the Plan-Do-Check-Act (PDCA) cycle, and aims to ensure that effective periodic feedback is collected to improve the functioning of the programme. After each semester, the QAC reviews all course and clerkship evaluations and advises the programme management on improvements on either course or curriculum level aimed to improve educational quality. It also monitors the actions taken in response to these recommendations, and the measured effect of earlier recommendations. These are all documented in an annual report.

The Curriculum Committee, a committee consisting of both staff and student members, is responsible for evaluations. Each course and clerkship is evaluated through student surveys. As these surveys are mandatory, meaning that students cannot complete a course without completing the survey, student compliance is 100%. Furthermore, the Curriculum Committee also oversees the overall alignment between the curriculum, intended learning outcomes and course and clerkship objectives. Another important source

of input for the QAC is direct student input. Students have their own Student Government Association, which functions as the official student representative of the Saba student body to the programme management. They provide the QAC with input for their evaluations, and also meet monthly with the programme management to discuss any issues brought up by students.

At the end of each semester, the department chairs and the associate deans of basic sciences and clinical medicine review the performance of the Saba faculty members and the clinical sites. Input includes student evaluations, student performance in the course and other contributions to the school, such as committee participation and curriculum development. Faculty with particularly low student ratings can be required to participate in a remediation plan to improve didactic qualities. If end-of-clerkship evaluations indicate issues with a particular site or clinical faculty member, one of the associate deans of clinical medicine contacts the clerkship director of that site and the faculty member to remedy the situation. Furthermore, the School has an annual site visit and review cycle, where each clinical site is reviewed to ensure that guidance and supervision is up to standard, and that adequate resources are provided to students. This visit includes interviews with clinical students, clerkship coordinators and supervisors.

The panel concludes that quality assurance at SUSOM is well organized. The programme collects regular feedback on the quality of education through student evaluations of courses and clerkships, and uses this to improve the quality of the curriculum through an insightful PDCA cycle. The annual review of clinical sites as well as the clerkship evaluations ensures that education at all sites is monitored and included in the quality cycle. This also serves as a check that the curriculum meets the needs of the professional field (see Standard 1), as the clinical sites are also the employers of many of the programme's alumni. There is a clear division of responsibilities between the Examination Committee, the Quality Assurance Committee and the Curriculum Committee, with the Curriculum Committee focusing on evaluation and course improvement, the Examination Committee on the quality of assessment (see Standard 3) and the QAC using this input for quality improvement through the PCDA cycle, which includes monitoring the follow-up of recommendations to programme management. The panel noted with appreciation that both committees include staff and students from both the basic science and clinical curricula, so that the full student experience of the curriculum can be considered. The interview with the QAC showed the panel that the committee does not only focus on short term improvements, but also considers long term developments such as trends in education or facilities for students and the school on the island of Saba, ensuring that the programme management us well informed in its long-term attainment of the School’s strategic goals.

One possible area for improvement concerns the communication of quality assurance results to students. Although informal channels of communication work well through student participation in both committees, the panel believes that it is important for students to see what happens with the feedback they provide. The panel recommends to improve this, and suggests the introduction of an annual QAC report aimed at students, and the beginning of each course or semester with a presentation of the changes made to the course based on student feedback from the previous iteration. This could also be expanded to include the handling of student feedback on any issue not directly related to courses that is brought to the attention of programme management by the Student Governance Association.

Recommendations of the previous panel

The panel established that the results of the previous accreditation led to an appropriate response by the programme. In 2017, the previous accreditation panel provided SUSOM with two recommendations. First, the panel recommended to uphold a stricter passing grade (B or better) for the RLRA paper and step up mentoring of students during the RLRA trajectory to be able to achieve this level. Second, the panel advised to set up an alumni association, aimed at providing Saba clinical students and graduates with a strong

network through the US. The panel found that both recommendations have been acted upon; the results are discussed in standard 3 and 4.

Considerations

Quality assurance at SUSOM is well organized. The School organizes effective periodic feedback from various sources, including students, clinical sites, and recommendations from the previous accreditation panel, resulting in programme development and improvement. The Curriculum Committee and the Quality Assurance Committee function well and have appropriate membership, including basic science and clinical students and staff. Tasks are clearly divided between the committees, with the Curriculum Committee focusing on evaluation and course improvement and the QAC on the programme-wide quality cycle. According to the panel, the communication of quality assurance results to students, including the handling of student feedback could be improved. It recommends the establishment of targeted communication channels for this purpose.

Conclusion

The panel concludes that the programme meets standard 6.

General conclusion

The panel judges that the master's programme meets all six standards. The panel's assessment of the programme is therefore positive.

Recommendations

1. Formalize the four-eyes principle in the Clinical Faculty Evaluation to reduce the risk of bias in the evaluation of student performance.

2. Increase communication with students about the results of quality assurance, including the handling of student feedback.

Appendix 1. Intended learning outcomes

1. Patient Care: Students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of illness and the promotion of health.

2. Scientific & Medical Knowledge: Students must demonstrate knowledge about established and evolving biomedical, clinical, and associated sciences and application of this knowledge to the practice of medicine throughout the life cycle.

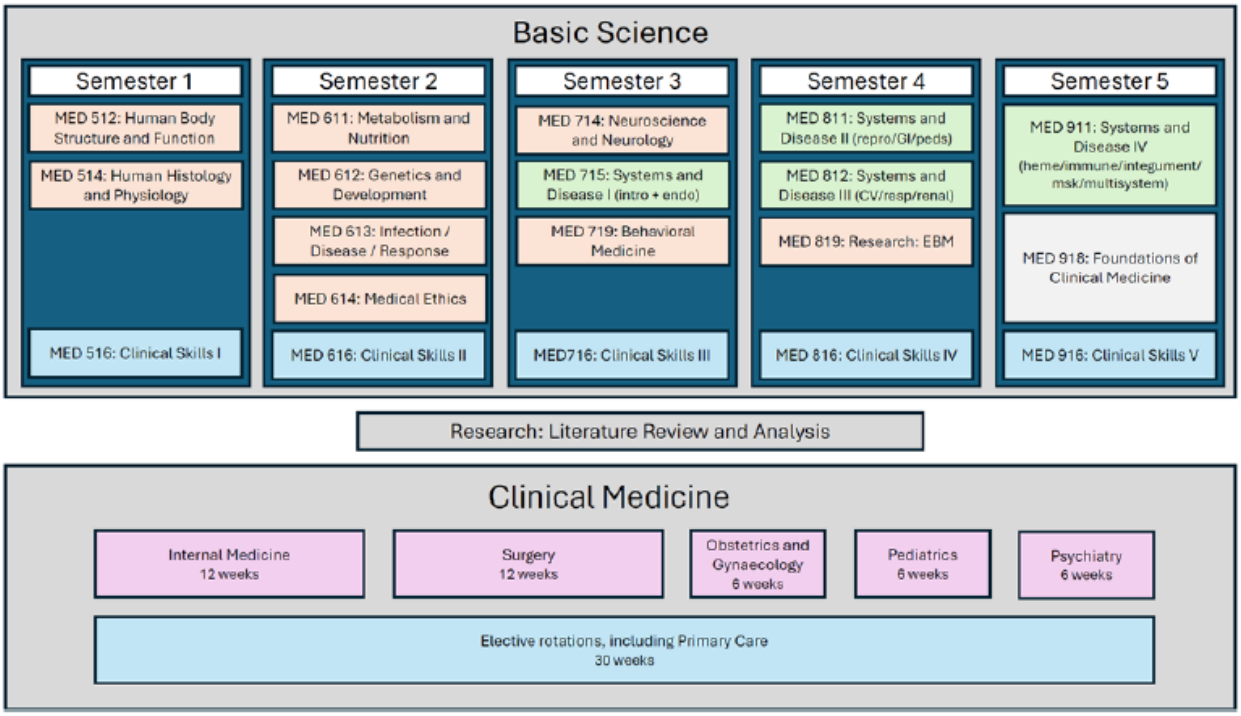
3. Lifelong Learning, Scholarship, & Collaboration: Students must be able to examine and evaluate their patient care practices, appraise and assimilate scientific evidence, and use this information to improve their abilities.

4. Professionalism: Students must demonstrate a commitment to the highest standards of professional responsibility, adherence to ethical principles, and sensitivity in all interactions with patients, families, colleagues, and others with whom physicians must interact in their professional lives.

5. Communication & Interpersonal Skills: Students must display interpersonal and communication skills that foster effective information exchange and build rapport with patients, their families, and professional associates.

6. Social & Community Context of Healthcare: Students must demonstrate knowledge of and responsiveness to the larger context of health care and the ability to effectively call on system resources to provide care that is of optimal value to the health of the individual and of the community.

Appendix 2. Programme curriculum



Appendix 3. Programme of the site visit

6 November 2025 (online)

16.00- 17.30	Preparatory panel meeting Open consultation hour

16 November 2025

18.00-18.30	Welcome by programme management

17 November 2025

09.00-09.30	Panel arrival and preparation
09.30-10.15	Interview programme management
10.30-11.15	Interview Basic Science students
11.15-11.45	Break
11.45-12.30	Interview Clinical students
12.30-13.30	Lunch break
13.30-14.30	Campus tour
14.30-15.15	Interview Teaching staff
15.30-16.15	Interview Alumni
16.15-17.30	Internal panel meeting

18 November 2025

09.00-09.30	Panel arrival and preparation
09.30-10.15	Interview Quality Assurance Committee
10.30-11.15	Interview Examination Committee
11.15-12.30	Internal panel meeting
12.30-13.00	Lunch break
13.00-13.45	Concluding management interview
13.45-14.30	Development dialogue
14.30-15.15	Concluding panel meeting
15.15-15.30	Feedback on review

Appendix 4. Materials

Prior to the site visit, the panel studied 15 theses. Information on the theses is available from Academion upon request.

The panel also studied other materials, which included:

- A schematic overview of the curriculum
- Course guide
- The composition of teaching staff
- Teaching and Examination Regulations (OER)
- SWOT analysis
- Teacher-student ratio
- Teacher quality measures (student evaluations of course and faculty)
- SUSOM Catalog
- Student Handbook
- Clinical Medicine Handbook
- US state approval summary
- SUSOM graduates Residency Placements
- Reports Clinical Site Reviews
- Curriculum Revision description
- Competencies, Program Objectives and the Assessment thereof
- Clinical Evaluation forms: EPA-based
- Description of Threads
- Sample Action Plan to Curriculum Committee
- Selection of published RLRA papers
- Required patient encounters and procedures
- Measured exposure to required patient encounters and procedures
- Required remediation for missed patient encounters and procedures
- SUSOM Admission Interview Template
- Examination Committee By-Laws
- Examination Committee annual report
- Quality Assurance Committee By-Laws
- Curriculum Committee By-Laws
- Library holdings