REPUBLIC OF KENYA

NATIONAL GUIDELINES FOR INSPECTION AND ACCREDITATION OF MEDICAL SCHOOLS AND TEACHING HOSPITALS IN KENYA

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REPUBLIC OF KENYA

MEDICAL PRACTITIONERS & DENTISTS BOARD

NATIONAL GUIDELINES FOR INSPECTION AND ACCREDITATION OF SPECIALIST MEDICAL TRAINING INSTITUTIONS AND TEACHING HOSPITALS

2019

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INTRODUCTION

The Medical Practitioners and Dentists Council (MP&DC) is established under Cap 253 laws of Kenya. The core mandate of The Council is to regulate the training and practice of medicine and dentistry as well as healthcare standards in the institutions registered under this Act. The Act gives The Council the responsibility of ensuring that students undertaking medical and dental training at all levels, acquire the desired knowledge and skills that are necessary for the delivery of clinical services.

The rise in the demand for specialist training and the adoption of various training systems in Kenya has resulted in the need for standardized guidelines for inspection and accreditation of specialist training institutions and teaching hospitals in order to ensure these training institutions meet the minimum requirements needed to successfully train competent medical specialists and to ensure the provision of quality healthcare.

The guidelines have been developed as a yardstick to ensure that training institutions and teaching hospitals meet the set requirements. Additionally, the Council aims to standardize the competencies of specialist doctors who undergo training in the accredited specialist training institutions in the country.

The Council is cognizant that these guidelines will address the critical areas needed in the establishment and successful running of a training program for Medical specialists.

It is anticipated that compliance with the standards will enable the training institution to run and sustain its training program thereby equipping the specialist doctor with the necessary skills.

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FOREWORD

The main goal of Medical Education is improved health for all people. Many factors, for example emergence of diseases, have impacted medical practice and this is the reason the Medical Practitioners and Dentists Council (MP&
DC) undertakes to promote the highest scientific and ethical standards in Medical Education; while also ensuring that there is innovative management of Medical Education. It is in accordance with this mandate that The Board found it necessary to develop and disseminate guidelines for inspection and accreditation of medical schools and teaching hospitals in order to standardize the training of doctors.

The purpose of these measures is to ensure the standardization of a mechanism for quality improvement and assurance in the entirety of Medical Education in the country. It is readily recognised that medical practitioners must possess vast knowledge of conditions that are prevalent all over the world along with the requisite management approaches in order to ensure effective service delivery to citizens.

The guidelines, therefore, indicate the basic minimum requirements that have to be covered by all medical training institutions for their undergraduate training programmes. These requirements in a wide area of medicine have been covered with the crucial inclusion of Research and Innovation.

The guidelines shall be used in conjunction with the inspection checklists for medical schools and teaching hospitals. An application form which shall be duly filled in and returned to The Board has been presented in two sections as follows:
Section 1: Details of institution
Section 2: Requirements that must be submitted during application

The implementation of the new guidelines will ensure that medical schools attain minimum requirements for the training of competent medical practitioners and to ensure the provision of quality healthcare.

I look forward to the outcomes targeted by the new guidelines.

PROF. GEORGE MAGOHA, EBS.MBS
CHAIRMAN
MEDICAL PRACTITIONERS AND DENTISTS BOARD

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DANIEL M. YUMBYA
CHIEF EXECUTIVE OFFICER
MEDICAL PRACTITIONERS AND DENTISTS BOARD

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LIST OF ABBREVIATIONS

WFME	-	World Federation of Medical Education
ICT	-	Information Communication Technology
CPD	-	Continuous Professional Development
MPDB	-	Medical Practitioners and Dentists Board
CUE	-	Commission of University of Education
ECSA	-	East, Central and South Africa
CAP 253	-	Chapter 253, Laws of Kenya
WHO	-	World Health Organization

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PART ONE: RESPONSIBILITIES OF THE COUNCIL

The mandate of the Medical Practitioners and Dentists Council is stated in *CAP 253*, Section 11A as follows: *"The Board shall satisfy itself that courses of study to be followed by students for a degree in medicine or dentistry, including the standard of proficiency required for admission thereto and the standards of examinations leading to the award of a degree are sufficient to guarantee that the holder thereof has acquired minimum knowledge and skill necessary for the efficient practice of medicine or dentistry"*.

In exercise of this mandate and in conjunction with relevant constitutionally relevant bodies such as the Commission of University Education, The Council shall:

a. Approve all specialist medical training curricula and any reviews of the same
b. Approve of all specialist medical training programmes and any modifications of the same, for purposes of accreditation
c. Evaluation of continuing specialist education programmes
d. Monitor the implementation of accredited programmes continuously

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PART TWO: STANDARDS

Standard 1: Governance and Management

1.1 Preamble and justification

An introductory statement about the specialist training institution and its ties to its parent university or college. The justification should be evidence based and involve a needs assessment/situation analysis/survey

1.2 Vision, Mission, Philosophy/Core Values

1.2.1 Vision:

Should be relevant to the training of specialist doctors in line with the values of the mother institution.

1.2.2 Mission:

Should address quality of education with respect to acquisition of professional competence.

1.2.3 Philosophy/ Core Values:

The values guiding the training institution towards achieving its goals.

Should be consistent with the philosophy of the mother institution.

1.3 Legislation/Regulation

1.3.1.1 For university-based training programmes, the degree granting institution must be registered and duly recognized by Commission for University Education. For the collegiate system training programmes, the college must be duly accredited by the Medical Practitioners and Dentists' Council. Further, the Medical Practitioners and Dentists Council shall review and accredit any other training systems as necessary.

1.3.1.2 The specialist medical training programme shall be accredited of the Medical Practitioners and Dentists Council.

1.4 Governance Structure

This shall be regulated by defined statutes, rules and regulations.

1.4.1: Organizational Structure

The Training institution shall have a well-defined leadership and management structure. This shall include an organogram.

1.4.2 Management Team

Shall comprise of:

i. Academic Dean or President of the College, who shall fulfil the following criteria:

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a. Be a holder of MBChB or equivalent, and a post-graduate degree or a fellowship of a college
b. Be recognized as a specialist by the Council
c. Have worked for at least two years as a recognized specialist
d. Be at least a senior lecturer, as stipulated by commission of university education, or a fellow of the training college
e. Have a minimum of 5 years teaching experience
f. Shall be the academic head of the specialist training programme

ii. Head of Department or Country Head of Programme who shall fulfil the following criteria:
a. Be a holder of MBChB or equivalent degree, and a post-graduate degree or fellowship of the college
b. Be recognized as a specialist by the council
c. Be at least a senior lecturer, as stipulated by commission of university education, or a fellow of the college
d. Shall have at least five years teaching experience

iii. Heads of Thematic Units or Institution Programme Directors:
a. Be a holder of MBChB or equivalent, and a post-graduate degree from a recognized university, or fellowship of the college in the relevant specialty
b. Be at least a lecturer, as stipulated by commission of university education or a fellow of the college
c. Shall be a specialist in that area of training, recognized by the Council for not less than two (2) years

1.4.3. Core Departments/ Thematic Units

Shall include but not limited to the following:

1. Biomedical and social sciences
2. Core thematic areas of the specialty as per the programme core curriculum

1.4.4: Standing Committees

The programme shall ensure that it conforms to its mother institution's committees that shall include but not be limited to the following:

- Curriculum committee
- Examination committee
- Time-tabling committee

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1.4.5: Membership of School Board or its equivalent in the Collegiate System

Shall comprise of:

- Dean or President of the College
- Head of Department or County Programme Head
- Thematic Heads or Institution Programme Directors
- Faculty or Trainers
- Students

1.4.6: Administration

a. The administrative staff of the training institution must be appropriate to support the implementation of the programme and ensure good management of its resources.

1.4.7: Academic Autonomy

The specialist training institution should have the autonomy to design the curriculum for the specialist training programme and allocate resources as bench marked by the core curricula by the Medical Practitioners and Dentists Council

1.4.8: Student Representation

Students shall be represented in the various governance organs of the specialist training institution.

1.5 Financial Resources and Management:

The specialist training institution shall demonstrate evidence of:

a. Financial resources to support program
b. Financial systems with clear policies and procedures
c. Budgeting procedures, expenditure, auditing

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Standard 2: Academic Programme

2.1. Degree Title/Academic Qualification

Shall be Master of Dental Sciences in the specialty or Membership (? Fellowship) of the college

2.2. Curriculum

The curriculum shall be in line with the requirements of MP&DC as outlined in the specialty's core curriculum.

2.3 Admission Policy and Selection

a. Policy on student selection
b. Admission criteria stating minimum entry requirement for the training programme, in line with The Council's minimum requirements as stipulated in the Core Curriculum
c. Student number in relation to physical facilities /infrastructure, human and financial resources
d. The specialist training institution will ensure that students admitted are supported by the teaching hospital capacity
e. The teaching hospital shall provide financial compensation to the doctors in training , commensurate to the services rendered.

2.4 Doctors in Training Indexing

The specialist training institution shall show evidence of being up to date with annual submission of students' names for indexing.

2.5 Duration

The minimum duration of the specialty training programmes shall as listed below:

1. General surgery – five (5) years
2. Neurosurgery – five (5) years
3. Ear, nose and Throat – five (5) years
4. Ophthalmology – five (5) years
5. Cardiothoracic and Vascular Surgery – five (5) years
6. Orthopaedics and Trauma Surgery – five (5) years
7. Aesthetic, Plastic and Reconstructive Surgery – five (5) years
8. Paediatric Surgery – five (5) years
9. Urology – five (5) years
10. Obstetrics and Gynaecology – five (5) years

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11. Internal medicine – four (4) years
12. Paediatrics and child health – four (4) years
13. Psychiatry – four (4) years
14. Anaesthesia and Critical Care medicine – four (4) years
15. Emergency Medicine – four (4) years
16. Family Medicine – four (4) years
17. Radiology and imaging – four (4) years
18. General Pathology – four (4) years
19. Clinical Pathology – four (4) years
20. Anatomical Pathology – four (4) years
21. Dermatology – four (4) years
22. Oncology and radiation oncology – three (3) years
23. Infectious disease – three (3) years
24. Tropical medicine – three (3) years
25. Allergy and Immunology – three (3) years
26. Clinical genetics and genomics– three (3) years
27. Medical microbiology – three (3) years

Any new specialty training programmes shall require the approval of council and their minimum training durations appropriately stipulated before incorporation into the guidelines. No student shall exceed double the stipulated period (in academic years) in the programme.

2.6 Curriculum Linkage with Medical Practice and the Health Care Systems

The clinical training programmes shall be apprenticeship-based. Hence, students shall be primarily trained within health care institutions, with exposure to other areas as required of their curriculum.

For non-clinical courses, the students shall be exposed to demonstration areas, in keeping with the requirements of their curricula.

2.7 Programme Management

2.7.1 Programme Outcomes

i. Professional values, attitudes, behaviour and ethics
ii. Scientific foundation of medicine
iii. Communication skills
iv. Clinical skills

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v. Instructional skills
vi. Population health
vii. Health systems management
viii. Information communication technology (ICT)
ix. Critical thinking and research
x. Leadership and Management
xi. Entrepreneurship

2.7.2 Model, Structure, and Instructional Methods

a. Specialist training institutions shall state the model and structure of their curriculum as well as their methods of instruction. They are encouraged to adopt methods that support innovation, student-centred learning, mentorship, and use of evidence-based training methodologies.
b. Assessment of students:
   - Establish assessment systems compatible with the learning/teaching methods
   - Specialist training institutions shall publish their examination regulations and make them known to students
c. The course title shall be reflected in the purpose of the course and the course's expected learning outcomes
d. The expected learning outcomes shall be reflected in the course content, which shall be linked to the mode of delivery, instructional materials and/or equipment, assessment and reference materials

2.7.3 Course Description:

All courses shall have a course code, a course title, prescribed units, purpose, outcome and content. Compulsory thematic areas indicated below are described in the Core Curricula published by The Council for various specialties:

a. Basic biomedical sciences
b. Behavioural and social sciences
c. Medical law, bioethics and jurisprudence
d. Medical education
e. Pathological basis of disease
f. Clinical sciences
g. Critical thinking and research

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h. Elective period
i. Entrepreneurship
j. Information Communication Technology
k. Population health
l. Health systems management
m. Leadership and management
n. Additional courses as may be prescribed by the training institution

2.8 Other Resources

a) Educational exchange programmes for staff and students

b) Partnership and collaboration with other training institutions

2.9. Academic Support

The training institution shall, beyond the primary obligations, make provision for the following:

a. Needy and disadvantaged students
b. Students with disabilities
c. Students with medical/ social challenges

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Standard 3: Physical Infrastructure

The training institutions shall have appropriate physical teaching and administrative facilities for the number of staff, and students as prescribed by the Medical Practitioners and Dentists Council in its Checklist for Specialist Training

3.1 Physical Resources:

a. Administrative offices
b. Staff offices
c. Lecture rooms and tutorial rooms adequately equipped for face to face and distance learning
d. Appropriately equipped Technical and Skills Laboratories
e. Library with both physical and online resources
f. Information & communication technology services

3.2 Clinical Resources for Training (for clinical courses):

a) There shall be dedicated Teaching hospital(s) approved by The Council, with an appropriate student:inpatient bed ratios of 1:4 in the specialty of training. This is important in order to give students maximum learning opportunity by way of clinical exposure while protecting patients from exhaustion
b) Adequate ward and operating theatre space with approximately operating theatre room: inpatient bed ratio of not more than 1: 50 and a minimum of two (2) operating theatre rooms
c) Availability of high level specialist services **including** but not limited to critical care services, renal unit with dialysis services, minimal access surgery and endoscopic services
d) Sustainable provision of clinical consumables to students
e) Provision of tutorial rooms within the clinical area for teaching
f) Provision of appropriate post-mortem and pathology facilities within the hospital mortuary
g) Appropriate diagnostic facilities (imaging, laboratory and specialised diagnostics for the specialty)

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Standard 4: Faculty

The following areas relating to academic, technical and administrative staff shall be stated clearly:

a) A policy on recruitment addressing qualifications, specialization and academic potential

b) Academic Staff numbers:

Recommended ratios of staff to students is 1:4, covering basic sciences, clinical thematic areas and research.

c) Full time academic Staff qualification:

i. Non-clinical staff that teach basic sciences and other non-clinical thematic areas should be holders of PhD or masters in their area of specialization

ii. Clinical department staff should be holders of M.Med (or equivalent), or be fellows of the college. A PhD would be desirable.

d) Part-time academic staff are permitted, only in non-clinical teaching and should not comprise more than 40% of the total staff.

e) Adjunct staff are permitted in clinical teaching and they shall comprise no more than 40% of the total number of clinical teaching staff.

f) A clear policy on staff development, and career progression

g) Staff welfare: Support and counselling

Standard 5: Student Affairs

There shall be a policy on student welfare, which shall address the following among others:

a. Support and counselling
b. Mentorship
c. Academic support
d. Career guidance
e. Healthcare
f. Financial matters
g. Student organisations/membership of professional associations
h. Published rules of conduct
i. Suitable accommodation facilities should be availed by the teaching hospital
j. Dress code
k. Recreational, cultural, and spiritual support

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Standard 6: Programme Monitoring & Evaluation

There shall be a continuous process of monitoring and evaluation for the specialist training programme.

a) The specialist training institution shall have a policy on quality assurance and quality control, which should address monitoring and evaluation systems including student feedback mechanism.
b) The Medical Practitioners and Dentists Council shall review the annual M&E reports submitted by the schools. Where there is need, The Council shall advise the training institution on necessary measures that shall be instituted to maintain standards. There shall be formal reviews at the end of every programme cycle.
c) The Council shall inspect the specialist training institution at least once every cycle, with renewal of the accreditation certificate if the inspection is satisfactory.

Standard 7: Research and Innovation

A specialist training institution shall show evidence of promoting quality research and innovation through the following:

a) The specialist training institution shall have thematic research areas in line with its institutional research policy and aligned to the national research policy
b) The specialist training institution shall endeavour to have adequate funds for research by allocating a minimum of 2% of its operational budget to research
c) the specialist training institution shall facilitate its academic staff to carry out research
d) the specialist training institution shall have mechanism of providing incentives to members of staff who undertake research, attract research funds, innovate and/ or patent
e) the specialist training institution shall document and disseminate its research outputs

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PART THREE: NEW SPECIALIST TRAINING PROGRAMMES

The standards set out in **Part Two shall** apply to new specialist training programmes with modifications outlined in this section. Accreditation of New Training Programmes shall be upon fulfilment of the following requirements:

1. **All legal requirements set out in Standard 1(1.3). At institutional level, the following should be in place before intake of the first group of students:**
    a) Approval (provisional accreditation) by the medical practitioners and dentists Council
    b) A definition of the relationship between the specialist training institution and the degree granting institution/membership granting college. For university-based training programmes, the institution should have the requisite authority from CUE to offer degree programmes
    c) A defined relationship between the specialist training institution and the teaching hospital(s) demonstrated in a memorandum of association or evidence of ownership of the teaching hospital by the specialist training institution
    d) A definition of the governance structure of the training institution and its relationship to the degree awarding institution or the membership granting college
    e) Appointment of the founding dean/country programme head, in accordance to the requirements in **Part Two** above
    f) Appointment of chair of the departments or programme directors
    g) Appointment of administrative leadership
    h) Establishment of the standing committees of the training institution

2. **Programme Requirements**

Before admission of the students, the following should be in place:

a) A curriculum approved by The Council
b) A comprehensive plan covering areas of financial resources, staff, curriculum implementation, and students management for the first programme cycle:
    i. Working plan for the curriculum as a whole, consistent with the educational objectives
    ii. A detailed layout of the academic programme in its entirety
    iii. Written standards and procedures for the admission, evaluation, advancement, and graduation of students and for disciplinary action, including appeal mechanisms to ensure due process is followed

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iv. Specification of the teaching and student evaluation methods suitable for the achievement of stated educational objectives

v. Design of a system for curriculum implementation and review

vi. Design of a system for educational programme evaluation, including the designation of outcome measures to indicate the achievement of overall educational objectives

vii. The specialist training institution shall have appointed appropriate complement of staff to support teaching and shall have set up appropriate physical infrastructure to facilitate teaching as stipulated in Part Two above.

viii. The specialist training institution, in liaison with the teaching hospital, shall have ensured provision for reasonable, adequate, safe, secure, and accessible accommodation for the students, in close proximity to the training hospital

3. Monitoring and Evaluation

This shall be carried out as follows:

a) The specialist training institution shall submit annual reports to the MP&DC on the implementation process on a format provided by The Council

b) The Council shall carry out an inspection of the programme at the end of the first year of the training programme

c) The specialist training institution shall conduct a full review of the first programme cycle, and this review shall incorporate the stakeholders. This report shall be submitted to The Council, following which, The Council shall re-inspect the Specialist training institution and if satisfactory, grant full accreditation

d) If not satisfactory, the specialist training institution and The Council shall agree on an appropriate time limit within which the specialist training institution shall require in order to make appropriate corrections. Once satisfactory, Full Accreditation shall be granted. In the event of non-compliance, disciplinary action shall be taken as laid out in Part 6

e) Once fully accredited, the training programme shall then be inspected for renewal of the accreditation certificate every five years

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PART FOUR: GUIDELINES FOR TEACHING HOSPITALS

Teaching hospitals are the mainstay of the training of specialist doctors. The hospitals must attain and maintain minimum requirements. The hospitals must be in compliance with all relevant acts that govern the running of health facilities.

The Board shall accredit and gazette all Specialist Teaching Hospitals.

1. Facilities

Teaching Hospitals must have the following functional components:

a) Resource center: with high speed internet that can support distance teaching, reading material, classrooms/seminar rooms, and resident rooms.
b) Operating room: minimum of 2 operating theatre rooms and further, maintaining the pre-stated ratio in Standard 3 above. It should be headed by an anesthesiologist.
c) Appropriate case load and case mix as required for the specialty. In the case of private hospitals, the case load is based on hospital-based patient care, excluding private patients.
d) Radiology: functioning department (x-ray, ultrasonography, CT scan) headed by a specialist radiologist. MRI and nuclear imaging is an added advantage.
e) Laboratory: functioning laboratory (CBC, EUC, LFT, lipase, amylase, histology, microbiology,) headed by a specialist pathologist.
f) Critical care facilities: there should be a critical care unit headed by an anesthesiologist or a critical care specialist.
g) Multidisciplinary care-there should be specialist consultants in all other departments and not only in the programme discipline. However, level 6B hospitals (subspecialized hospital aligned to one discipline only) will be considered, as long as there is a clear plan of care when referral is needed and a demonstration of the retention of these specialsists on consulting basis.
h) Specialized resources: specific to the training programme such as specialized operating rooms, minimal access surgery facilities, radiotherapy units, cardiac catheterization units, endoscopy suites must be present. Where such highly specialized service points are unavailable, the training institution must demonstrate external arrangements where the

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students shall rotate to acquire relevant skills. Further, the institutions must demonstrate commitment to setting up the said infrastructure within specified time durations.

2. Relationship between Specialist Training Institutions and Hospitals

Every specialist training institution shall have a primary teaching hospital. The specialist training institution may partner with more than one teaching hospital, as long as these hospitals are approved by the Council and relevant memorandum of associations are in place. In the case where the specialist training institution does not own the hospital, there must be a clearly stipulated agreement by way of a memorandum of association which must include the following:

a) Total number of staff required for service, research, and teaching based on infrastructure and facilities available
b) Distribution of staff between the training institution and hospital and their role in the areas of teaching, research and patient care should be stated clearly
c) Student to bed ratio of at least 1:4
d) Operating theatre rooms:hospital bed ratio of not more than 1:50, but no less than two operating theatre rooms
e) Resources sharing in areas of financial, human resource, consumables and equipment which must meet the minimum requirements as per appendix
f) Quality assurance in the institution
g) Conflict Resolution Mechanism

3. Minimum Requirements for a Teaching Hospital

a) Functional Units as stipulated in 1 above
b) Bed capacity (Student to bed ratio of 1:4)
c) Bed occupancy of at least 80%
d) Operating theatre room:inpatient bed capacity of not more than 1:50, minimum of two (2) operating theatre rooms
e) Tutorial rooms in the units for the students
f) Policy on consumables
g) Adherence to policy on infection prevention and control
h) Adherence to policy on Occupational Health and Safety
i) Adherence to policy on staffing norms
j) Adherence to policy on standard operating procedures
k) Teaching hospitals shall be accredited as CPD Providers by The Council

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m) ICT (Internal and external)

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PART FIVE: THE PROCESS OF ACCREDITATION

The Board shall offer two forms of accreditation based on whether the specialist training programme seeking recognition is a new or is a existing programme, namely:

1. Provisional accreditation
2. Full accreditation

Provisional Accreditation

Provisional accreditation is the accreditation classification granted to a specialist training programme, which is in the developmental stages of program implementation. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing specialist training program has the potential of meeting the standards set forth in the requirements for an accredited specialist training program. Provisional accreditation is granted based upon one or more site evaluation visit(s).

The Process of Application

1. The parent institution (University or ECSA College) shall apply to The Council for provisional accreditation using the Provisional Accreditation form, ANNEX
2. The Council shall thereafter provide the accreditation standards guidelines and the check list to the applicant
3. The applicant shall provide a preliminary status report addressing the requirements highlighted in the checklist
4. The Council and the applicant shall schedule a preliminary visit within a period of 3 months

The Council shall satisfy itself that the standards outlined have been met. In this case, provisional accreditation shall be granted for the period of training approved.

The Council shall, within one (1) month, issue provisional accreditation where all the standards have been met. The initial student admission shall not delay for more than 1 calendar year since the grant of the provisional accreditation.

Where the standards have not been met, The Council shall issue a report indicating areas for improvement within a prescribed period.

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Provisional accreditation shall be issued for a full programme cycle. Thereafter, the programme shall be eligible for full accreditation. Where the specialist training programme has not met the standards for full accreditation, the provisional accreditation shall be extended for a maximum period of two (2) years, in which period, the specialist training programme shall not be allowed to enrol in any more students.

Provisional accreditation shall be revoked where the training institution fails to ensure the specialist training programme meets the set standards within the prescribed period. The specialist training institution is subject to the rules of Part 3 above.

Full Accreditation

Full accreditation shall be granted to the training institution that has met all the stipulated standards by The Council after the first programme cycle.

1. **Questionnaire to Students**
   - The Council shall have an online programme assessment tool to collect student feedback annually
   - The tool shall provide information on strengths and weakness of the program
   - The information shall be analysed and feedback sent to the specialist training institution within a period of 3 months
2. **The Process of Full Accreditation**
   - The specialist training institution shall submit the duly filled application form for full accreditation
   - The Council shall, upon receipt of the application initiate the process of accreditation
   - The Council shall send to the specialist training institution, the Accreditation Guidelines and checklist three (3) months before the intended date of inspection
   - The specialist training institution shall submit the duly filled checklist within a period of one (1) month
   - The Council shall review the questionnaire and prepare for inspection
3. **Constitution and Role of the Full Accreditation Team**
   - The Council shall constitute a team that shall carry out the accreditation. The membership shall include the Training, Assessment and Registration committee, a representative of the CUE, a representative of the ECSA college and/or any other persons appointed by The Council, on recommendation of the committee
   - The specialist training institution will be informed of the membership of the assessment team

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- The team shall send, to the specialist training institution to be accredited, information on the process

4. The Assessment

- The cost of assessment shall be borne by the specialist training institution
- The assessment team shall interview various groups including but not limited to the specialist training institution administration, the Dean or country programme head, academic staff, students, representatives of clinical areas used for training and attachment
- The team shall inspect the specialist training institution facilities and resources
- At the end of the visit the team will meet with the Dean or the country programme head, for final discussion and clarification
- The team will give preliminary conclusions at the end of the visit

5. Preparation of the Accreditation Report

- The team will prepare and send the report to the specialist training institution within fourteen (14) days of the visit
- The specialist training institution will respond to the report within twenty One (21) days
- The team will prepare its final report within one week for presentation to the TARC
- The TARC will present the report to The Board of the Council at the subsequent Board Meeting, , where a final decision on accreditation will be made
- The Council will communicate to the University within four weeks of conclusion of the process

NB: Upon completion of the first cycle, the specialist training institution shall undergo review for purposes of Full Accreditation as stipulated in Part (3) above.

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PART SIX: PENALTY FOR NON-COMPLIANCE BY MEDICAL SCHOOLS

There shall be penalties awarded to specialist training institutions that fail to comply with the set regulations on minimum standards for the specialist training programmes. This is guided by:

i) Specialist training institutions whose specialists training programmes deemed not to have complied with the set regulations
ii) Specialist training institutions whose specialist training programmes that have consistently failed to meet the timelines agreed upon to improve the standards

These programmes shall be subject to denial of accreditation OR failure of renewal of their accreditation, whether provisional of full.

The Council shall be mandated to suspend specialist training programmes which are unable to meet acceptable standards in line with CAP ***253, Section 11C(4).***

The students in the suspended programme(s) shall be transferred to other specialist training institutions for completion of their programme at the cost of the specialist training institutions who run the suspended programme.

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6. *Recognition of medical education institutions. Report of a technical meeting Schaeffergarden, Copenhagen, Denmark, 4 – 6 October 2004.*
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8. *Iraqi National Guideline on Standards for Establishing and Accrediting Medical Schools Prepared by Deans of Colleges of Medicines, Faculty and MOH Technical Staff Endorsed by Ministry of Higher Education in collaboration with Ministry of Health and World Health Organization, January2010.*
9. *Commission of University Education (CUE): Universities standards and guidelines June 2014.*

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APPENDICES:

1. Inspection checklist for Medical Schools and teaching hospitals
2. Inspection checklist for Dental Schools and teaching hospitals
3. Application form for Accreditation of Medical Schools
4. Application form for Accreditation of Dental Schools
5. Certificate of Provisional/ Full accreditation as a Medical School

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