



# PROCEDURES FOR ASSESSMENT AND ACCREDITATION OF MEDICAL EDUCATION PROGRAMMES



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**MALDIVIES MEDICAL AND DENTAL COUNCIL**

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# PROCEDURES FOR ASSESSMENT AND ACCREDITATION OF MEDICAL EDUCATION PROGRAMMES BY THE MALDIVES MEDICAL AND DENTAL COUNCIL

## 1. INTRODUCTION

This document provides information about the process of accreditation of medical education programmes carried out by Maldives Medical and Dental Council (MMDC) and is intended to assist medical education providers as well as MMDC to facilitate the implementation of Accreditation of medical education Programmes. Medical education approved by MMDC are quality assured against a set of nationally accepted standards laid down by MMDC. Accreditation is a process by which institutions undergo extensive evaluation with established standards for function, structure and performance.

### 1.1. Purpose of MMDC Accreditation

The purpose of MMDC accreditation is to recognize medical programmes that produce graduates competent to practice safely and effectively and with an appropriate foundation for lifelong learning and for further training in any branch of medicine. A system of accreditation of medical programmes and their education providers is expected to have the following advantages:

- 1.1.1. Accreditation provides external validation of the standards of the medical education programmes
- 1.1.2. Periodic external assessment in the accreditation process provides a stimulus for the medical programme being accredited to review and to assess its own programmes
- 1.1.3. The accreditation report assists the education provider by drawing attention both to weaknesses of the education programme and their strengths.
- 1.1.4. The accreditation process supports and fosters educational initiatives



1.1.5. The accreditation process respects the autonomy of the education provider, and acknowledges the expertise and achievements of the education provider and its programmes.

1.1.6. Accreditation, as a quality assurance mechanism, benefits prospective students, employers of the graduates of programmes and, ultimately, healthcare consumers.

## **2. LEVELS OF ACCREDITATION**

### **2.1. Preliminary accreditation:**

granted to a new programme seeking full accreditation status. This status allows programmes to accept applications for enrollment, recruit applicants and start the programme and is given after submission of Institutional accreditation data and supportive documents as per MMDC requirements and a pre-enrollment visit.

### **2.2. Provisional accreditation:**

granted after programme enrolls students, sends annual progress report to MMDC followed by a site visit that occurs before midpoint of the programme. The provisional status allows the first batch of students to continue into subsequent years of clinical training.

### **2.3. Full accreditation:**

granted to programmes compliant with MMDC standards on submission of compiled institutional Accreditation Data and a comprehensive self-evaluation report followed by a site visit after the graduation of the first batch.

## **3. MANAGEMENT OF THE ACCREDITATION PROCESS**

MMDC is the national standards and assessment body for the medical education set out by Health Professionals Act 13/2015. Its purpose is to ensure that standards of education, training and assessment of the medical profession are maintained in the Maldives.



MMDC develops accreditation standards and procedures for medical education programmes and assesses medical education providers and programmes of study, to determine whether they meet the approved accreditation standards leading to medical registration of the graduates of those programmes in the Maldives.

### **3.1. MMDC Accreditation Committee**

- 3.1.1. MMDC forms an Accreditation Committee that oversees the process for assessment and accreditation of medical education programmes and their providers. The Accreditation Committee includes members from MMDC and other medical and higher education professionals with relevant expertise and experience appointed by MMDC. Such additional members may be local or international and will be appointed after due consideration at a formal meeting of MMDC.
- 3.1.2. The Accreditation Committee advises on guidelines, policy and procedures relating to the assessment and accreditation of medical programmes and their education providers.
- 3.1.3. The Accreditation Committee sets an annual programme of accreditation activities and reports to MMDC on its activities.
- 3.1.4. The Accreditation Committee also appoints assessment teams for accreditation site visits, considers feedback from assessment teams and education providers following each accreditation site visit and makes recommendations to MMDC on the accreditation of individual medical programmes and their education providers.
- 3.1.5. The Accreditation Committee recommends review of the approved accreditation standards and periodically reviews MMDC accreditation procedures and the guidelines for education providers.
- 3.1.6. The Accreditation Committee also monitors the continuing compliance of medical programmes with the approved accreditation standards and makes recommendations to MMDC, concerning unsatisfactory progress by accredited providers and programmes.



### 3.2. MMDC Assessment Teams

- 3.2.1. The Accreditation Committee appoints assessment teams to assess education providers and its medical programme. These Teams report to the Accreditation Committee and they work within the policy and guidelines of MMDC. Accreditation Committee may invite additional experts relevant for the specific programme and administrative staff as part of the assessment team. Any such additional members must be approved by the Accreditation Committee.
- 3.2.2. The Assessment Team is responsible for assessing the programme of study and the education provider against the approved accreditation standards and the education provider's own goals and objectives.
- 3.2.3. Assessment Teams also has the responsibility, in discussion with the education provider, to develop a programme of meetings and site visits appropriate to the provider's structure, size, range of activities and medical programme and preparing a report that assesses the programme and the provider against the accreditation standards.
- 3.2.4. Types of accreditation assessments undertaken include: -
- 3.2.4.1. assessment of proposed new medical programmes
  - 3.2.4.2. assessment of proposals for major change in established programmes
  - 3.2.4.3. assessment for the purposes of reaccreditation of established medical programmes where the accreditation committee considers it necessary, as part of the review of a comprehensive report for extension of accreditation
  - 3.2.4.4. In cases where conditions on accreditation or reaccreditation require it, MMDC also conducts follow up accreditation assessments.
  - 3.2.4.5. Follow up assessments: -
    - a) when an education provider and its programmes are found to only substantially meet the accreditation standards



- b) when it has granted an education provider a limited period of accreditation or placed conditions on accreditation
- c) When it wishes to review plans for later stages of a new programme development.

#### **4. THE CONDUCT OF THE ACCREDITATION**

##### **4.1. Scope of MMDC Accreditations**

- 4.1.1. MMDC accreditations are based on education providers demonstrating that the provider and its medical programme meet the approved accreditation standards
- 4.1.2. MMDC accredits complete medical programmes and is awarded to the specific medical programme, identified by its degree title. By complete medical programme, MMDC means that the education provider awarding the qualification is responsible for delivery of the entire programme to the accreditation standards.
- 4.1.3. MMDC also assesses programmes offered jointly by two or more education providers which result in the award of a qualification by more than one provider as one programme, but it accredits all the institutions which award a qualification for the programme
- 4.1.4. MMDC does not grant separate accreditation to branch campuses unless the programmes at the campuses result in distinct qualifications and the delivery and management of the programmes differs from campus to campus.

##### **4.2. MMDC Conduct**

- 4.2.1. MMDC shall respect the education provider's autonomy to set its educational policies and processes
- 4.2.2. MMDC shall review its processes and the accreditation standards on a regular basis, gather feedback on and evaluate its performance





4.2.3.MMDC shall adopt mechanisms to ensure that members of the assessment team, committees and staff apply standards and procedures in a consistent and appropriate manner

4.2.4.In making decisions MMDC shall gather and analyze information and ideas from multiple sources and viewpoints and follow its documented procedures and implement its accreditation process in an open and objective manner

4.2.5.Following accreditation of a programme, MMDC shall monitor the implementation of recommendations and other developments in the programme and undertake a cycle of assessments with a full assessment of each programme every five years.

### **4.3. Confidentiality**

4.3.1.In order to discharge its accreditation function, MMDC requires education providers to provide considerable information in accreditation submissions and in subsequent progress reports. This may include sensitive information, such as staff plans, budgets, honest appraisal of strengths and weaknesses.

4.3.2.MMDC provides guidance to the accreditation committee and assessment team members on its confidentiality requirements and their responsibilities

4.3.3.MMDC requires the members of the Accreditation Committee and assessment teams to keep as confidential the material provided by education providers and, subject to the statements below on research, to use such information only for the purpose for which it was obtained in conjunction with the MMDC assessment process.

4.3.4.MMDC may conduct research based on information contained in accreditation submissions, progress reports and surveys. The results of this research may be published in MMDC policy and discussion papers and any such material if used will be de-identified.

4.3.5.If MMDC wishes to publish material which identifies individual programmes it will seek the education providers' permission.



4.3.6. MMDC provides opportunities for education providers to review drafts of the MMDC accreditation report at two stages in the assessment process. At these points, the drafts are confidential to the MMDC and the education provider. The education provider should not discuss the draft report with third parties without MMDC's consent. If MMDC needs to confirm material in a draft report with a third party, it will advise the education provider of these plans.

#### **4.4. Public material**

MMDC places the following material concerning the accreditation status of individual programmes of study and their education providers in the public domain:

4.4.1. The current status and accreditation history of accredited programmes and the date of the next accreditation assessment are posted on the MMDC website.

4.4.2. MMDC accreditation reports are public documents. MMDC posts an annual summary of its response to progress reports submitted by accredited education providers on the AMC website. After an accreditation decision, the executive summary of the accreditation report is put on the website.

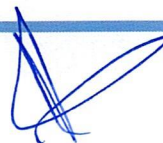
4.4.3. MMDC will correct publicly any incorrect or misleading statements about accreditation actions or accreditation status.

#### **4.5. Complaints**

4.5.1. MMDC may receive complaints about the educational processes of programmes and providers or organizations it has accredited or is assessing for accreditation. In broad terms, complaints will fall into one or two categories:

##### **4.5.1.1. Personal complaints**

- a) A personal complaint in which the complainant seeks to have investigated and rectified so as to bring about a change to their personal situation. This may include issues related to selection, recognition of prior learning or experience, post allocation, assessment outcomes, bullying or dismissal from training.



- b) In such cases, it is not the role MMDC to investigate and manage personal complaints.
- c) MMDC's accreditation standards require that education providers have an effective process in place to handle such complaints and applicants should use these processes for the personal complaints.

4.5.1.2. **Systemic complaints**

- a) A systemic complaint which may be evident of some systemic matter that could signify a failure of a programme or provider to meet accreditation standards.
- b) MMDC's process for managing systemic complaints distinguishes between complaints received during the process of conducting an assessment for accreditation and complaints received outside a formal assessment process, which may be relevant to the MMDC's monitoring role.
- c) During an assessment MMDC seeks comment and feedback from a range of people or organizations associated with the programme or provider being assessed. Matters which might be characterized as complaints received during an assessment process will be treated as a part of the assessment process itself.

**4.6 Fees and Charges**

4.6.1 MMDC policy is to charge individual providers the direct costs of the assessment of their programme including the monitoring of accredited programmes. A charge applies to any MMDC process which may result in a new decision on a programme's accreditation. Costs are related to the work of any assessment team or advisory group and the work of the MMDC accreditation committee.



4.6.2 Fees for medical programmes and provider accreditation assessments undertaken from January 2018 are as follows:

- a) Submission of Initial Application for accreditation (applies to new programmes and major changes to existing programmes) MVR15,000.
- b) Submission of Comprehensive report for extension of Full accreditation: MVR10,000.
- c) Accreditation assessment site visit costs: MMDC to advise case by case: MVR20,000.

## 5. THE ADMINISTRATION OF THE ACCREDITATION PROCESS

### 5.1. Preparation for accreditation

5.1.1. The accreditation process entails medical education providers to submit accreditation documents constituting of a document of compiled accreditation data and a comprehensive self-evaluation report to MMDC, 6 months prior to expiration of accreditation. (Refer to MMDC Guide to Data Collection for accreditation for primary medical education programmes and specialty medical education programmes)

5.1.2. In preparing the Accreditation Data, each medical education provider should establish committees responsible for specific sections and a senior who is familiar with the medical education providers policies and information sources should be appointed as the coordinator of the self-study and compilation of the data. Each section of the data Document should be completed by persons with good knowledge of the programme component and its achievements.

5.1.3. The Institutional Self Evaluation Report is directly related to the Accreditation Data and describes the medical education provider's own perceptions of its strengths and weaknesses and its plans for improvement and future development. The information obtained for different sections once reviewed can then be synthesized



by the committee/s into a final report before it is submitted together with the Accreditation Data to the MMDC.

5.1.4. Upon receipt of this initial submission, MMDC will forward the documentation to the Accreditation Committee, who after reviewing the medical education provider's documentation, if adequate will send an Assessment Team who visits the education provider during term time to assess whether the education provider is operating within the accreditation standards and is meeting its own objectives. The Team validates the medical education provider's documentation by interviewing staff, students and others involved in curriculum delivery and management.

**5.1.5. Full Accreditation: Full Accreditation is granted for a maximum period of five years on the basis of judgment that:**

5.1.5.1. The medical education provided is relevant to the health needs of the country and there is evidence that the learning objectives are being met.

5.1.5.2. The intellectual components and the educational dimensions of the curriculum (the academic quality of medical education) and its supporting system meet the standard set by the MMDC and the global consensus on quality.

5.1.5.3. There is appropriate balance between the size of the enrolment in each class and the total resources of the programme, including the size and variety of academic fields of the medical education provider, physical facilities and equipment, the budget and a spectrum of clinical resources sufficiently under the control of the education provider

5.1.5.4. There is evidence of quality management for sustainability of the programme and the embrace of change.

5.1.6. If there is a substantial change in the curriculum, size of student enrolment or the resources of the education provider, MMDC must be notified of the changes so that it may re-evaluate the programme's accreditation status.



## 5.2. New Programme Accreditation

- 5.2.1. The medical education provider must formally apply to MMDC with adequate time to conduct the accreditation assessment. Institutions contemplating the establishment of a medical education programme require considerable time to design and plan a new medical programme and to organize the necessary resources. By applying to MMDC early for accreditation, institutions have access to general advice on the accreditation standards and flexibility in negotiating the timing of the MMDC assessment.
- 5.2.2. The essential and core components of medical education and training must achieve minimum standards and be in place and established before preliminary accreditation can be awarded. To ensure smooth accreditation exercise, new medical education providers should commence their programmes only after attaining approval from MMDC to start its first intake. Hence prior to receiving MMDC approval, programmes must not recruit or advertise for students or collect application fees or collect application information and issue letters of admission.
- 5.2.3. Programmes engaging in any of the above actions in 5.2.2, or any similar actions directed toward admission of new students, will forfeit their eligibility for consideration as a new programme.
- 5.2.4. New medical education programmes seeking MMDC accreditation undergo a stepwise review process until full accreditation is awarded.
- 5.2.5. MMDC expects to receive written notification of an institution's intention when planning begins. It would expect this to be at least 6 (six) months in advance of intended programme commencement.
- 5.2.6. The written notification must follow the administrative procedure set out by MMDC on the application of a medical education programme and pay the required fees to enable initiation of the accreditation assessment.
- 5.2.7. Upon written request for evaluation for accreditation and payment of the application fee, MMDC shall guide the education provider for conducting a self-study and compilation of accreditation data for initial submission.



- 5.2.7.1. The self-study is a self-evaluation of the educational programme's progress and timelines for achieving full compliance with accreditation standards and MMDC judges the institution's readiness for assessment on the basis of this submission. The submission must address the accreditation standards and outline the curriculum for the medical programme and the resources including clinical teaching resources available to deliver the programme.
- 5.2.7.2. For new programme some data required as the Accreditation Data may not be available such as data on student and graduate performance. In such cases a "Not Applicable Yet" note is acceptable. Also, the full complement of resources may also not be ready yet (e.g., number of teachers or physical facilities); and in such cases the plans to acquire such resources should be provided
- 5.2.8. MMDC Accreditation Committee reviews the submitted Accreditation Data and undertakes the assessment against the approved accreditation standards. The Medical programme is assessed on its readiness and capacity to conduct and sustain a medical course and whether sufficient progress has been made to warrant an on-site visit.
- 5.2.9. Once the site visit is authorized by MMDC, an assessment team formed by the MMDC Accreditation Committee shall do the on-site assessment and based on the recommendations after this site assessment, the medical education provider is granted Approval and Permission to go ahead if found to be in full compliance with relevant accreditation standards.
- 5.2.10. If minor noncompliance issues are noted, Approval may still be granted with conditions, requiring follow up with written self-evaluated reports and site visits addressing the noncompliance issue(s). It is required that Full accreditation of a medical education provider be achieved within six years from the date the decision is made to grant provisional accreditation.



5.2.11. MMDC considers the development of a concise job description and the appointment of the founding dean as essential starting points for the commencement of a new medical education programme. The founding dean serves as the focal point for providing leadership in the implementation of the medical education provider's missions and goals, and acts as the catalyst for securing the resources needed to assure the accomplishment of the education provider's aims

### **5.3 Assessment of a major structural change in an established medical programme**

- 5.3.1 MMDC defines a major change in an accredited programme as a change in the length or format of the programme, including the introduction of new distinct streams; a significant change in educational outcomes, a substantial change in educational philosophy and/or a substantial change in student numbers relative to resources. Significant changes resulting from a major reduction in resources leading to an inability to achieve the purpose and/or outcomes of the programme are also major changes.
- 5.3.2 Major changes to a programme may affect accreditation status and MMDC expects to be informed prospectively of such developments. The regular progress reports required of accredited education providers is one avenue for providing this information. While plans for major change are evolving, the Accreditation Committee is able to give general advice as to whether the proposed changes are likely to comply with the accreditation standards. As many such changes will need to be assessed by a MMDC team before they are introduced, the MMDC requests at least 6 months' notice of the intended introduction of the change and longer for a proposed offshore programme.
- 5.3.3 In deciding to grant accreditation, MMDC makes a judgment about the adequacy and appropriateness of the total resources available to support the programme. MMDC expects accredited education providers will report on any planned or proposed increase in student intake in progress reports. When the Accreditation committee receives about planned changes, the Accreditation Committee will decide if the





change is a major change. If it is, the Committee will also decide whether the major change can be assessed for approval within the current accreditation of the programme or is of comprehensive impact that would require reaccreditation of the whole programme.

- 5.3.4 If the Accreditation Committee decides to assess the change within the programme's current period of accreditation, the education provider will be required to provide a submission outlining the new programme, transitional arrangements for existing students if appropriate, the resources including clinical teaching resources available to deliver the programme and evidence of engagement of stakeholders. The Committee will consider this submission and make a recommendation to MMDC including any specific monitoring requirements.
- 5.3.5 Accreditation of the new programme will be refused where the education provider has not satisfied the MMDC that it can implement and deliver the complete medical programme at a level consistent with the Accreditation standards. MMDC will give the education provider written notice of the decision and its reasons and the procedures available for review of the decision within MMDC.
- 5.3.6 Where the MMDC refuses accreditation of a major change, the education provider may re-apply for accreditation but it must first satisfy MMDC that it has the capacity to address MMDC's concerns about the proposed change

#### **5.4 MMDC decision on initial application for accreditation**

- 5.4.1 MMDC will generally assess initial submitted accreditation applications within 3 (three) months of their submission. This is subject to the meeting schedule of the MMDC Accreditation Committee.
- 5.4.2 The Accreditation Committee may recommend one of the following to MMDC after assessing the initial application: -
  - 5.4.2.1 That further information is required and the education provider be invited to submit additional information or documents for consideration



- 5.4.2.2 That further information is required and the education provider be invited to submit additional information or documents for consideration
- 5.4.2.3 Approves the initial application and to invite the education provider to proceed for site assessment. Should the MMDC invite the education provider to proceed to site assessment, MMDC and the education provider will set a date for the assessment
- 5.4.2.4 Does not approve the Submitted Application for accreditation. Where it has rejected an application, MMDC may specify a period of time to elapse before it will consider a new submission.
- 5.4.2.5 MMDC aims to complete the assessment within 6 (six) months from the start of the assessment.

#### **5.5 Accreditation site assessment visits**

- 5.5.1 An Assessment Team chosen by the Accreditation Committee visits the medical education provider and teaching sites to assess whether the education provider and teaching site(s) are operating within the accreditation standards and is meeting the programme's learning objectives.
- 5.5.2 MMDC writes to the education provider concerning the timing of the assessment, the process of assessment and the documentation required. The plans for the assessment visits and meetings are finalized in consultation with the academic head or nominee of the medical education programme.
- 5.5.3 The Assessment Team validates the medical education provider's documentation by interviewing staff, students and others associated with curriculum delivery and management and inspects the physical resources, including teaching resources available in research laboratories, libraries, community clinics, practice settings and teaching hospital.
- 5.5.4 Maximum opportunities are provided for interactive discussion with the medical education providers' senior staff and students during the visit. The assessment team cannot consult all staff who contribute to the medical programme during the visit, so members of the assessment Team at least meet the heads of departments, clinicians



who act as student supervisors and assessors, the curriculum committee, committees in medical education and research, representative staff members (with a mix of full time and part time staff)

- 5.5.5 An assessment normally occurs over 2-4 days and at the end of the visit, the Assessment Team provides an oral exit report to the management, which covers the Team's views about the strengths and weaknesses of the programme, areas that need attention and distinctive activities to be encouraged. Input from the discussion is integrated into the detailed draft report of the Assessment Team's findings.
- 5.5.6 After the visit, the Assessment Team prepares a preliminary report of its findings usually within three weeks of the conclusion of the visit though more time may be required depending on the complexity of the assessment. The report identifies strengths and weaknesses, problem areas requiring attention and distinctive activities to be encouraged.
- 5.5.7 The Assessment Team presents its findings in a written statement which is discussed with the management and key staff of the medical education provider. The medical education provider has the opportunity to correct errors of fact and discuss any draft recommendations and action that would need a response. The team finalizes its draft report having considered the medical education provider's comments and submits the report to the Accreditation Committee. The team makes no statement concerning accreditation as this is a decision taken by MMDC after considering recommendations from the Accreditation Committee.
- 5.5.8 The Accreditation Committee considers the Assessment team's draft report and if required may seek additional information from the Team or the medical education provider. The Committee decides on the final wording of the report to be presented to the MMDC and develops its accreditation recommendations for granting Provisional Registration.
- 5.5.9 MMDC provides a copy of the finalized report by the Accreditation Committee to the MMDC and the medical education provider and this statement is confidential to the education provider and MMDC.



5.5.10 MMDC considers the Accreditation Committees report and makes a decision to accept the committees report. MMDC may obtain further clarification from the Accreditation Committee in making its decision.

5.5.11 **New medical education programmes:** The approximate frequency of the assessment visits during accreditation of a new medical education programmes are as follows:

- a) **VISIT ONE: FOR PRELIMINARY ACCREDITATION:** Approval and Permission to recruit applicants and go ahead (prior to course commencement)

First visit is before course commencement, prior to any admission of students. The Assessment Team shall carry out the inspection and submit their report to the Accreditation Committee for Approval of the programme and granting permission to continue.

**In this visit 80% shall be dedicated to the institutional arrangements and 20% to the first 2 years of study.**

- b) **VISIT TWO: - PROVISIONAL ACCREDITATION:** BEFORE commencement of clinical phase for general medical education programme, usually conducted at the end of second year of the programme. For specialty medical education programmes second visit will be conducted after 6 months of start of the programme.

Second visit would look into: -

- availability of all necessary infrastructure and physical facilities needed during the major clinical years (third year onwards) in the medical education provider as well as the affiliated teaching hospital
- institutional arrangements with teaching hospital(s), including mechanisms for
- adequacy of clinical training opportunities including workload, bed capacity and case mix on the hospitals
- availability of required full clinical faculty



- Presence of needed educational resources
  - recruitment of appropriate and adequate teaching faculty
  - availability of written training programme with objectives, syllabus, teaching methods and assessment
- c) **VISIT THREE:** - For the general medical education programmes, this visit will one year after commencement of clinical phase, at the end of third year. For specialty programme, this visit will be conducted during the second year of the programme. This visit will focus on
- availability of all necessary 'infrastructure and physical facilities in the medical and dental college as well as affiliated teaching hospitals
  - adequacy of clinical training opportunities including workload, case mix
  - availability of required clinical faculty;
  - continuous professional development conducted for teaching faculty on teaching and assessments
  - internal reviews and actions taken to maintain quality of the programme and learning outcomes
  - quality of learning outcomes
- d) **VISIT FOUR:** - NOT LESS THAN 6 months before graduation of the first batch for Full Accreditation. This visit will assess all accreditation standards set out in the MMDC accreditation guideline.
- e) **Other visits:** MMDC has the discretion to make additional visits. These include;
- Revisits based on the Assessment Team's findings and recommendations.
  - Apart from the above scheduled visits, the Accreditation Committee may also request for a visit to be conducted as and when it deems fit.
- f) **Renewal of accreditation:** Upon application for renewal of accreditation of an existing fully accredited programme, Assessment team will make a visit within 3 (three)





months of receipt of the request. The visit will assess all aspects of the accreditation standards set out in the MMDC accreditation guideline.

## **5.6 Formal reconsideration of the accreditation committee's report**

- 5.6.1 An education provider may seek formal reconsideration of the accreditation recommendation report and for this purpose, the education provider must lodge a request for reconsideration in writing to MMDC within 14 days of receiving the Accreditation report.
- 5.6.2 The education provider must identify the areas of concern and provide a full explanation of the grounds for reconsideration and any additional material considered relevant to the reconsideration. Reconsideration is undertaken by the Accreditation Committee and will discuss the request for reconsideration either at its next scheduled meeting or by special arrangement. The Committee will determine any process considered necessary to undertake the reconsideration.
- 5.6.3 The Committee considers the accreditation report and recommendations, the material supplied by the education provider, and any additional material and documentation as agreed by the Committee. The Committee finalizes its report and accreditation recommendations and submits to MMDC.

## **5.7 Decision to grant accreditation**

- 5.7.1 Having considered the Accreditation Committee's report and recommendations, MMDC makes its individual accreditation decision. MMDC may grant accreditation with or without conditions. Where it imposes conditions, the provider's continuing accreditation is subject to it satisfying the conditions imposed.
- 5.7.2 MMDC may grant accreditation, if it is reasonably satisfied that the programme of study and the education provider meet the accreditation standards or if the programme of study and the education provider substantially meet the accreditation standards and imposing accreditation conditions will lead to the programme meeting the standards within a reasonable time.



- 5.7.3 MMDC grants Full accreditation for a maximum period of five years subject to satisfactory progress reports and at the end of the five-year period, the education provider and its programmes must undergo a full re-accreditation assessment. In the year the accreditation ends, the education provider shall submit a completed data base and a comprehensive self-evaluation report for extension of accreditation.
- 5.7.4 For continued Accreditation status, the medical education providers are required to carry out periodic self-evaluated progress reports which are submitted to MMDC and in the year the accreditation ends, the education provider shall submit a comprehensive report for extension of accreditation. If MMDC determines that there are noncompliance issues that could be resolved within a relatively limited period of time, the Committees may continue the programme's provisional accreditation status for an additional year.
- 5.7.5 If continuation of provisional accreditation is granted, the programme may be required to delay plans for a class size increase and/or to cease admitting new students and focus its resources on students already enrolled.
- 5.7.6 At a time of its choosing, MMDC will schedule a full site visit and if the programme then demonstrates satisfactory compliance with accreditation standards, it may be granted accreditation as a complete medical education programme, and it may again enroll new students if it had been required to suspend new admissions

## **5.8 Conditional Accreditation**

- 5.8.1 If there are noncompliance issues that could be resolved within a relatively limited period of time accreditation may be granted, subject to certain conditions being addressed within specified periods or accreditation may also be granted for shorter periods of time with conditions if the Accreditation Committee identifies significant deficiencies and non-compliance with the standards.
- 5.8.2 The medical education provider is required to submit periodic progress reports and the Accreditation Committee may appoint a panel of assessors to revisit a medical







education provider in this category during the period of accreditation, depending on the periodic reports to ensure that the issues are resolved

5.8.3 Before the period of accreditation ends, or sooner if the education provider considers that it has already addressed its deficiencies, the Accreditation Committee shall conduct a review. The medical education provider may request for either a full evaluation of the medical education provider and the programme, with a view to granting accreditation for a further maximum period; or a more limited review, concentrating on the areas where deficiencies were identified, with a view to extending the current accreditation to the full period.

5.8.4 Accreditation may be refused where the Accreditation Committee considers that the deficiencies are so serious as to warrant that action. MMDC would take such an action after detailed consideration of the impact on the healthcare system and on individuals of withdrawal of accreditation and of other avenues for correcting deficiencies.

5.8.5 If MMDC withdraws accreditation, it will give the education provider written notice of the decision, and its reasons and the procedures available for review of the decision within MMDC.

5.8.6 An organization that has its accreditation revoked may reapply for accreditation but it must first satisfy MMDC that it has the capacity to deliver a programme of study that meets the accreditation standards.

### **5.9 Review of a decision to refuse accreditation**

5.9.1 An education provider must make a request for an internal review of a decision to refuse accreditation, in writing to MMDC within 14 days of receiving notice of this decision. The request for an internal review must provide a detailed explanation of each reason which the education provider claims justify a different decision, together with all supporting material that the education provider relies on.

5.9.2 The reasons for seeking review would include (but are not limited to) matters such as:



- a) that relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in making the decision to refuse accreditation
- b) that irrelevant information was considered in making the decision to refuse accreditation
- c) MMDC procedures that relate to the making of the decision, as described in this document, were not observed

5.9.3 MMDC shall establish a review committee which will meet as required to consider any request for a review of the decision to refuse accreditation. The review committee will not include any person on the original assessment team. The review committee will determine the process to be undertaken for the review and will inform the education provider of that process and the timeframe for the review.

5.9.4 The review committee considers the conditions of the decision by the MMDC, Accreditation Committee's final report and recommendations, all submissions by the education provider during the original process and the materials and submissions made by the education provider as part of the request for internal review. The review committee may seek further information from the assessment team, the Accreditation Committee, the education provider or MMDC.

5.9.5 The review committee may recommend:

5.9.5.1 Confirm the decision which is the subject of the review or

5.9.5.2 Revoke the decision and refer it the Accreditation Committee for further consideration (either in whole or in part), or

5.9.5.3 Revoke the decision and replace it with another decision.

5.9.6 MMDC shall consider the review committee's recommendation at a formal meeting of the council and make its decision on the accreditation.



## 6 MONITORING OF ACCREDITED PROGRAMMES BY MMDC

### 6.1 Purpose of monitoring

- 6.1.1 Once it has accredited an education provider and its programme of study, MMDC monitors them to ensure that they continue to meet the accreditation standards. The principal monitoring mechanisms are structured self-evaluated annual progress reports, site visits, comprehensive reports for extension of accreditation, and the full accreditation assessment every five years for general medical education programmes and every three years for specialty medical education programmes.
- 6.1.2 In addition, MMDC expects that accredited education providers will report at any time on matters that may affect the accreditation status of their programme, such as a change to its capacity to meet the accreditation standards or any change that may meet the definition of a major change to the programme.
- 6.1.3 If at any time MMDC has reason to believe that changes are occurring or planned in the programme that may affect the accreditation status of the programme, it may seek information from the provider in writing.

### 6.2 Progress (self-evaluation) reports:

- 6.2.1 The progress report is a crucial element in the monitoring process and aims to enable MMDC to monitor accredited education providers and their programmes between formal accreditation assessments. The progress report is the major document that the Accreditation Committee uses in monitoring and should therefore comprise all essential information that would be necessary to understand properly the status of the programme.
- 6.2.2 The report should adequately describe all features related to the education programme and does not just list strengths and weaknesses, but also proposes solutions for the further development and how weaknesses would be remedied. This should be done in the form of specific actions to be taken, indicating a clear timeframe.



- 6.2.3 The progress report should be as concise as possible whilst containing all essential information and should include about any curriculum changes, teaching sites, any new issues that may affect the medical education provider's ability to deliver the medical curriculum, significant developments, completed or planned, in any area covered by the accreditation standards and the medical education provider's response to issues raised in the Accreditation Report for improvement.
- 6.2.4 Important documents that outline specific issues in more detail and/or provide documentary evidence should be annexed to the report and referred to in the main body of the text.
- 6.2.5 The frequency of reporting relates to MMDC accreditation decision, and as recorded in the education provider's most recent MMDC accreditation report.
- 6.2.5.1 Education providers of new programmes with provisional accreditation must submit annual reports.
- 6.2.5.2 Education providers who have been granted the full accreditation or general medical education programme shall submit progress reports in the first year following their accreditation assessment, then three and five years after the accreditation assessment. There after progress reports must be submitted every five years.
- 6.2.5.3 Education providers who have been granted the full accreditation or general medical education programme shall submit progress reports in the first year following their accreditation assessment, then three years after the accreditation assessment. There after progress reports must be submitted every three years.
- 6.2.5.4 Education providers of new programmes and accredited programmes with a major structural change has to submit progress report one year after the change.
- 6.2.5.5 MMDC may require additional reports of an education provider granted a shorter period of accreditation or which has specific conditions on its accreditation.

6.2.6 The Accreditation Committee after reviewing the progress report will determine whether:

- a) the report indicates that the programme and provider continue to meet the accreditation standards including if accreditation conditions have been satisfied in the time period set by MMDC, or
- b) further information is necessary to make a decision, or
- c) the provider and programme may be at risk of not satisfying the accreditation standards

### **6.3 Non-compliance and unsatisfactory progress**

6.3.1 The Accreditation Committee may decide on the basis of the medical education provider's progress reports and other material available to it, that the programme satisfies the requirements of the accreditation criterion to a large extent for continued accreditation of the education provider or has concerns in relation to accreditation.

6.3.2 The Accreditation Committee will inform the medical education provider of its concerns and the grounds on which they are based. In such instances Accreditation Committee will convene an assessment team to visit the medical education provider and prepare a report whether:

6.3.2.1 That the conditions of the accreditation are being met or are likely to be met in the near future. In this case, the Accreditation committee may affirm the accreditation of the medical college for a specified period subject to satisfactory periodic reports; or

6.3.2.2 That the important requirements of a criterion are not being met and the quality of the programme is compromised as a result and immediate actions required to mitigate the shortcomings. In this case the Accreditation Committee may place additional conditions on the accreditation, for example specify actions to be taken or issues to be



addressed by the medical education provider and/or further restrict the period of accreditation.

6.3.2.3 Recommend withdrawal of accreditation of the medical education provider, if it considers that majority of the requirements of a criterion are not met and the education provider is unable to deliver the medical course at a standard or in a manner compatible with the accreditation standards. In this case, the Accreditation Committee will submit the recommendation to MMDC and MMDC will make known the decision to the medical education provider.

6.3.3 Based on such a decision, relevant authorities should work with the medical education provider to facilitate arrangements for the enrolled students to complete an accredited medical course.

#### **6.4 Review of MMDC accreditation standards and procedures**

6.4.1 The process for reviewing MMDC accreditation standards and procedures provides opportunities both for contribution by stakeholders and for the MMDC to build on the experience of its accreditation committees.

6.4.2 The Accreditation Committee reviews the accreditation standards and procedures after each assessment by MMDC team. Feedback from the team and from the education provider on the application of the accreditation standards and on the assessment, process is obtained.

6.4.3 Should the Accreditation Committee decide that a standard or standards requires clarification or new standards are required or identify the need for a change to the process, it may recommend a review of the standards to MMDC.

6.4.4 MMDC shall review the standards upon such requests from the Accreditation Committee. The full set of accreditation standards and procedures for accreditation every five years.



*[Handwritten signature]*