



المجلس الطبي السوداني
Sudan Medical Council

Policy for Accreditation of Medical, Dental and Pharmacy Schools 2017

This Policy was approved by the Sudan Medical Council in April 2017

Sudan Medical Council

Sector Type: An Independent Governmental
Organization

Title: Sudan Medical Council

Contact Information:

Address: Aljamaa Street Khartoum

Postcode 11111, Sudan

P.O. Box: 800 Khartoum

Tel: +249-183-780-209

Telefax: +249-183-788-946

Direct e-mail: info@smc.gov.sd

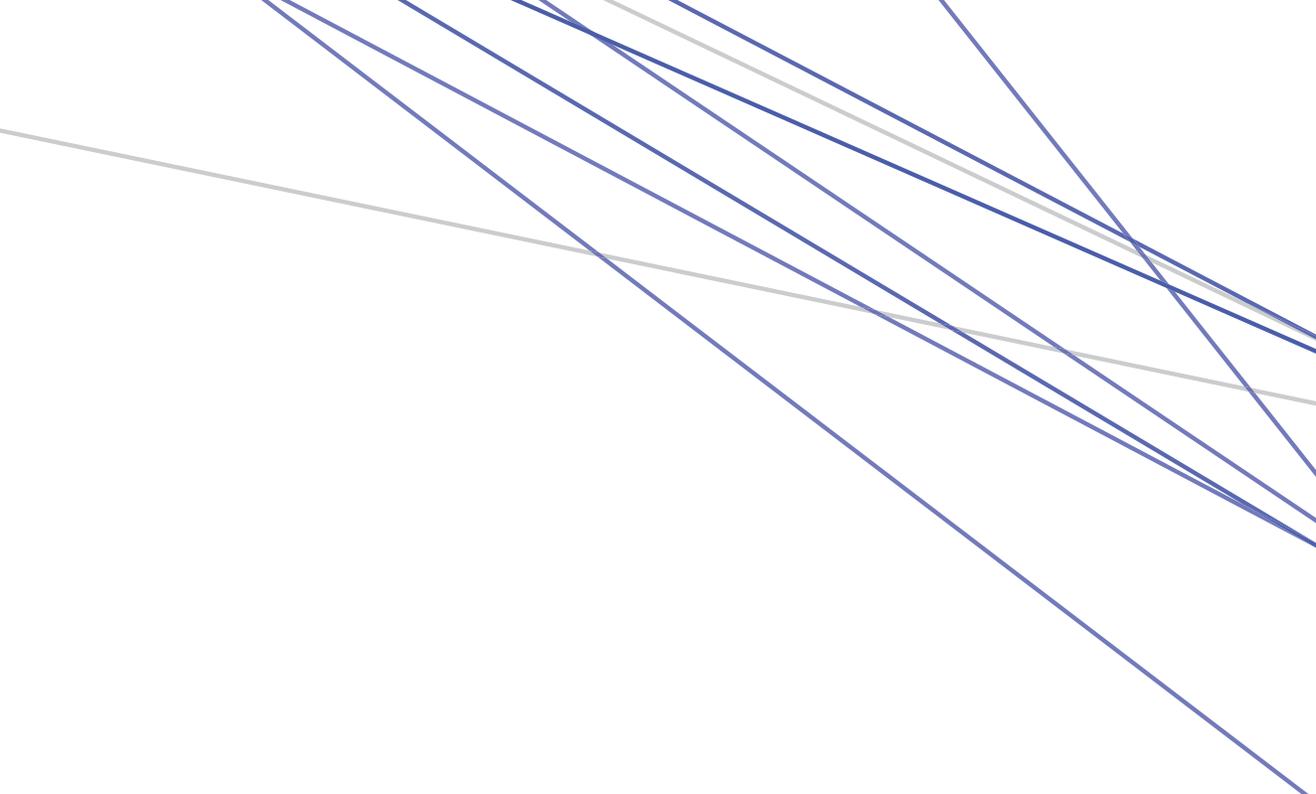
accreditation@smc.gov.sd

Website: <http://www.sudmc.org>

Hours of Operation:

Sunday - Thursday 8:30am- 4:30pm





Acknowledgment

Sudan Medical Council would like to acknowledge the contribution of all those who gave their time and effort for developing this booklet as members of committees or in any other roles.

List of Abbreviations

AC	Accreditation Committee
AS	Accreditation Secretariat
FMoH	Federal Ministry of Health
MOHE & SR	Ministry of Higher Education and Scientific Research
SMC	Sudan Medical Council
ToA	Team of Assessors

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Introduction

For the accreditation of medical, dental and pharmacy schools a common international core of standards for accreditation was defined for basic medical education, as a whole, by the World Federation for Medical Education (WFME). These take account of the variations among countries in medical education, due to differences in teaching tradition, culture, socio-economic conditions, the health and disease spectrum, and different forms of health care delivery systems. Such differences can also occur within individual countries.

The scientific basis of medicine is universal; the task of medical education everywhere is the provision of health care. Variations are expected but it is evident that, there is a high degree of equivalence of structure, process and product of medical schools worldwide.

A global set of standards for education is not to be equated with a global core curriculum. All medical schools aiming to produce competent practitioners of internationally accepted quality should incorporate these elements into their curricula. However, certain degree of variation and innovation in the structure and design of the curriculum is even desirable.

The main objective of the Sudan Medical council is to protect the society through ensuring high standards of medical ethics, medical education, and medical practice.

It is mandated that SMC should ensure that standards of basic medical education in Sudan are comparable to international and regional standards within the context of Sudan higher education, its health system and community.

The policy of accreditation requires medical schools to implement a process of institutional review and internal evaluation through conducting a self study and submitting a report to SMC to initiate the process of accreditation.

Purpose

This document describes the policy and procedures used by the Sudan Medical Council through the Accreditation Committee to evaluate Medical, Dental and Pharmacy schools.

Aims and objectives

1. To document the basic information of medical schools from their inception and gauge their progress.
2. To assess the quality of curricular structures according to the SMC standards.
3. To evaluate and monitor the quality of educational resources and environment.
4. To identify areas of innovation and excellence.
5. To determine areas of concern and propose solutions.
6. To share view on areas of interest in medical education in general and of special national or regional relevance.
7. To pursue issues and make recommendations to other authorities concerned.
8. To issue recommendations on degree awarding status of schools.

Definitions

Accreditation Committee: The committee constituted by the SMC to set the standards, regulations, procedures and monitor the activities of Accreditation of Medical, Dental and Pharmacy schools.

Accreditation Secretariat: The administrative arm of the Accreditation Committee, also named the Accreditation Department.

School: The higher education institute recognised by the Ministry of Higher Education and Scientific Research (MoHER) to grant the Bachelor degree in Medicine and Surgery (e.g. MB BS). The names School, Faculty or College are used interchangeably according to the institutes they belong to.

New Medical, Dental or Pharmacy school: Newly established school of Medicine, Dentistry or Pharmacy which has not yet graduated a batch of students.

Team of Assessors: The team constituted by the SMC, and will conduct the assessment of the medical, dental or pharmacy school. They work in accordance with the SMC standards, policies and guidelines for accreditation, and report to the SMC Accreditation Committee.

Self-Study: The process in which the medical school collects and reviews data about the school and its educational programme, in order to identify strengths to be maintained and areas for improvement to be addressed effectively.

Site Visit: The phase during which the team of assessors visits the school under assessment, for inspection, surveillance and meets with its staff and students, and documents the findings.

Final report: The report about the school provided by the team of assessors, following completion of all the steps of accreditation process, to the SMC for decision on accreditation.

Substantive change: A significant modification or expansion of the nature and scope of an accredited School.

1 STANDARDS FOR ACCREDITATION

- 1.1 The accreditation standards for medical schools are set and updated by the SMC which takes in consideration the global, regional and national standards for medical education. The process ensures the involvement of all partners.
- 1.2 The SMC standards use the structure and format of:
 1. Mission and Outcomes
 2. Educational Programme
 3. Assessment of Students
 4. Students
 5. Academic Staff/Faculty
 6. Educational Resources
 7. Programme Evaluation
 8. Governance and Administration
 9. Continuous Renewal
- 1.2.1 Sub-Areas: specific aspects of an area, corresponding to performance indicators.
- 1.2.2 Standards: (one or more) are specified for each sub-area using two levels of attainment and each standard is given a specific number:
 - 1.2.2.1 Basic standard

This means that the standard must be met by every medical school and fulfilment demonstrated during evaluation of the school. *Basic standards are expressed by a »must«.*
 - 1.2.2.2 Standard for quality development

This means that the standard is in accordance with international consensus about best practice for medical schools and basic medical education. Fulfilment of - or initiatives to fulfil - some or all of such standards should be documented by medical schools. Fulfilment of these standards will vary with the stage of development of the medical schools, their resources and educational policy. Even the most advanced schools might not comply with all standards. *Standards for quality development are expressed by a »should«.*

Annotations are used to clarify, amplify or exemplify expressions in the standards.

The SMC regularly reviews the accreditation standards and/or procedures and consults with stakeholders and partners. Changes may arise as a result of the review after in-depth consultative processes that modify, eliminate or impose new or additional accreditation requirements. Once approved by the SMC, new or revised standards and/or procedures are published in a subsequent edition of the SMC Standards and Procedure.

2 ACCREDITATION COMMITTEE (AC)

2.1 Composition:

- 2.1.1 President of the Sudan Medical Council (Head of the AC)
- 2.1.2 President of the National Medicine and Poison Board
- 2.1.3 Head of the SMC's Medical Education Committee
- 2.1.4 Representative of the Medical and Health Sciences Committee of the National Council of Higher Education
- 2.1.5 Director of the Accreditation and Evaluation Department of the MoHE & SR
- 2.1.6 Director of the Curative Medicine Department of the Federal Ministry of Health (FMoH)
- 2.1.7 President of the Sudan Medical Association
- 2.1.8 President of the Scientific Dental Association
- 2.1.9 President of the Scientific Pharmacy Association
- 2.1.10 President of the Association of Sudanese Medical Colleges
- 2.1.11 Representative of the World Health Organisation, Sudan (WHO)
- 2.1.12 President of Sudanese Medical Students Association
- 2.1.13 Two representatives of the community, selected by the SMC
- 2.1.14 Representative of the Sudan Medical Specialisations Board
- 2.1.15 Three Medical Education Experts, selected by the SMC
- 2.1.16 Two members of the SMC Board
- 2.1.17 Coordinator of the Accreditation Secretariat, (Reporter)

2.2 Functions of the Accreditation committee:

- 2.2.1 Recommends to the SMC board the policy and standards for accrediting colleges and medical education programs, which lies under the terms of reference of SMC.
- 2.2.2 Reviews the accreditation standards periodically and submits its recommendations to SMC.
- 2.2.3 Coordinates with the National Council of Higher Education in the establishment of new schools, through the relevant committees.
- 2.2.4 Coordinates with the Medical and Health Sciences committee in accreditation of programs and colleges that fall under the terms of reference of SMC and the follow-up evaluation of existing colleges.
- 2.2.5 Follows up of significant reforms in the curricula of schools approved by SMC.

- 2.2.6 Creates a database for institutions and medical education programs and regularly updates it.
- 2.2.7 Implements procedures for accreditation and submits its recommendations to SMC on timing and schedules for accreditation procedures of institutions and programs that fall under the jurisdiction of the SMC, and the calendar for formation of teams of assessors.
- 2.2.8 Composes executive committees and delegates tasks to them.
- 2.2.9 Submits periodic reports on its work to SMC.
- 2.3 Meetings of the AC:
 - 2.3.1 The AC shall convene regular meetings.
 - 2.3.2 SMC may invite the AC to convene for additional meetings if deemed necessary.
 - 2.3.3 The quorum for the Committee is 50% plus one of its members and decisions shall be taken by a simple majority.
 - 2.3.4 The AC may co-opt resource people as an ad hoc.
 - 2.3.5 Accreditation Secretariat (AS)
- 2.4 AS is the arm of the AC, and is responsible for the coordination of the committee's activities and the accreditation process with the schools and assessors.
- 2.5 Composition:
 - 2.5.1 Head of AC, Head of the secretariat.
 - 2.5.2 Vice Head of the secretariat, selected by the Head of AC.
 - 2.5.3 Coordinator of Accreditation Secretariat.
 - 2.5.4 Coordinator of Accreditation of Medical Schools Programme.
 - 2.5.5 Coordinator of Accreditation of Dental Schools Programme.
 - 2.5.6 Coordinator of Accreditation of Pharmacy Schools Programme.

3 TEAMS OF ASSESSORS (TOA)

- 3.1 The SMC selects the teams of assessors, based on specific criteria together with the recommendations of the AC.
- 3.2 A team of assessors is composed of a group of experts with representation of the basic medical sciences and clinical disciplines.
- 3.3 The teams work in accordance with the SMC accreditation policies, standards and procedures.
- 3.4 Objection to any of the members of the team by the school (to which they are assigned) is allowed, provided that it is submitted in writing, including the bases and reasonable grounds of the objection. The SMC has the right to accept or reject the objection of the school.
- 3.5 A data-base of the teams of assessors is created and updated by the AC.
- 3.6 The AC conducts training for the teams of assessors on the Accreditation standards, policies and procedures, and the roles and responsibilities of the team members.
- 3.7 The team of assessors, in liaison with the AS, coordinates with the school the process of assessment and the site visit.
- 3.8 The team of assessors is responsible of submitting a detailed narrative report of their findings, in accordance with the policies and guidelines, to the AC and follow up the process as deemed necessary.

4 INVOLVEMENT OF STUDENTS IN THE ACCREDITATION PROCESS

- 4.1 The students are represented in the AC of the SMC.
- 4.2 The school must grant their students the means for providing their feedback on the school programmes.
- 4.3 The students may be represented in the curriculum committees of the schools according to their regulations.
- 4.4 The students may take part in the school's self-study process.
- 4.5 The team of assessors of each school meets with the students during the site visit to solicit their views in line with the accreditation requirements.

5 ACCREDITATION FEE

The SMC may require schools to pay a predetermined accreditation fee.

6 ACCREDITATION PHASES

- 6.1 Phase One: Initiation of the accreditation process
 - 6.1.1 School informs SMC of their intention to apply for accreditation.
 - 6.1.2 AS confirms that school has the most up-to-date accreditation documents (Policy, Standards, Procedures, Self-Study Guide and data verification form).
 - 6.1.3 AS agrees with school on a tentative accreditation plan and timeline including a schedule for events, guidance and support, if needed, and eventually the site visit.
 - 6.1.4 SMC will provide an orientation session on accreditation generally, and focus on the self-study process if needed, after receiving a written request from the school.
- 6.2 Phase Two: Selection of the Team of Assessors
 - 6.2.1 The SMC selects the team of assessors as mentioned in 4.1.
 - 6.2.2 The composition of the team of assessors provides for a balance of knowledge and expertise, and of basic medical sciences and clinical disciplines.
 - 6.2.3 An expert assessor is appointed chair of the team.
 - 6.2.4 The secretary (reporter) of the team of assessors is responsible of all the admin aspects with regards to all meetings needed and liaising between the team members and the school. The secretary/reporter actively participates in the discussion of the team but has no role in the assessment decisions.
 - 6.2.5 The SMC informs the school with the composition of the team of assessors for confirmation and acceptance.
 - 6.2.6 Objection to any of the members of the team by the school is allowed, provided that it is submitted in writing, at least six weeks in advance of the site visit, including the bases and reasonable grounds of the objection.
 - 6.2.7 The SMC has the right to accept or reject the objection of the school.

6.3 Phase Three: The Self-Study

6.3.1 The school has a time frame of 12-16 weeks to conduct the self-study. By the end of this period the school is expected to submit the final self-study report, together with the supporting documents required in both soft and hard copies.

6.3.2 The AS at SMC confirms the receipt of the report and documents.

6.4 Phase Four: Assessment of the school

6.4.1 Review the submitted report and documents

6.4.1.1 The team of assessors (ToA) meets, as appropriate in a period not more than six weeks, to study and examine the submitted Self-Study report and documents.

6.4.1.2 The ToA checks the completeness of the report and adequacy of the documents. The ToA may contact the school for more details, clarification or additional documents, if needed.

6.4.1.3 The ToA may co-opt experts for consultations, when required.

6.4.2 Conducting the Site Visit

6.4.2.1 Prior to the visit, the ToA, together with the schools, agrees on the visit programme: duration (3-5 days) and dates of the visit.

6.4.2.2 The ToA follows the SMC's guidelines and tools for the site visit including the meetings, interactive discussions and inspection of the schools.

6.4.2.3 The ToA may schedule for other visits to gather further information, if required.

6.4.2.4 At the end of the visit, the team shares the preliminary findings with the medical school.

6.4.3 The survey report/Preliminary Findings

6.4.3.1 The ToA compiles the draft of the survey report of the schools based on the submitted documents and the site visit.

6.4.3.2 The ToA shares the draft of survey report with the school 2-4 weeks after the site visit.

6.4.3.3 The school may provide comments on the draft report within 4 weeks.

- 6.4.4 The final survey report
 - 6.4.4.1 The ToA completes the final report taking in consideration the school's comments, if any.
 - 6.4.4.2 The team leader presents the final report in the Accreditation Committee meeting.
 - 6.4.4.3 The Accreditation Committee provides their comments and recommendations which are conveyed to the school through the AC.
 - 6.4.4.4 The Accreditation Committee presents a report on the status of the school to the Sudan Medical Council Board.
- 6.5 Phase Five: Decision Making
 - 6.5.1 The SMC has a multilevel process for making accreditation decisions. The process starts by the survey report submitted by the ToA, followed by the AC recommendations and then finally the SMC Board decision.
 - 6.5.2 The multilevel process ensures the robustness, fairness, consistency, and accuracy.
- 6.6 Phase Six: Monitoring
 - 6.6.1 The monitoring process of the school commences after the adoption of the ToA's survey report on the assessment of the school (during the decision making process).
 - 6.6.2 The monitoring process aims at following up the highlighted areas for development and others for improvement in the school's programme.
 - 6.6.3 Accredited medical schools are monitored by the SMC throughout the duration of the Accreditation cycle.
- 6.7 Decisions on Accreditation
 - 6.7.1 The SMC contacts the school in writing with the decision on accreditation of their programme.

6.8 The decision on accreditation can be either:

6.8.1 ***Accreditation of the school***

6.8.2 ***Conditional Accreditation of the school***

6.8.2.1 The conditions for accreditation should be determined with specific areas for improvement and timeline.

6.8.2.2 AS will follow up with the school to ensure all requirements are met.

6.8.2.3 ToA will review the update report and may conduct site visits, if needed.

6.8.2.4 The review will be limited to the conditions in the accreditation decision.

6.8.3 ***Not to accredit the school***

6.8.3.1 Schools that have not been accredited have the right for re-applying for accreditation three times within a total time of five years.

6.8.3.2 Schools that are not accredited should suggest alternative measures for their students to continue their studies during that period. These measures should be discussed and agreed on by SMC and MoHE & SR.

6.8.3.3 If the school has been accredited before in the previous round of accreditation, the AS, with the ToA, will review the previous accreditation documents for this school to compare and identify the new gaps:

6.8.3.3.1 The AS will inform the School with the gap(s) and agree with the school on a timeline for corrective measures to be done and re-apply again.

6.8.3.4 In case it is the first accreditation exercise for the school:

6.8.3.4.1 The AS will explain to the school the areas for improvement and coach the school during the re-application period.

6.8.3.5 The school has the right to appeal the accreditation decisions (refer to 12.4).

- 6.9 The duration of accreditation of a school is five years from the date of the decision.
- 6.10 The SMC contacts the MoHE & SR in writing with the decisions on accreditation.
- 6.11 The SMC has the right to take actions, which fall within its mandate, based on those decisions according to its law.
- 6.12 Substantive Changes
- 6.13 SMC requires medical schools to notify it, through the AS, of any substantive change to their program including: educational program, clinical training program, the size of the student body, or resources.
- 6.14 AC must provide for a review of the substantive change by a review committee assigned by the SMC president after consultation with AC to determine if the school remains in compliance with the standards.

7 ACCREDITATION OF NEW MEDICAL SCHOOLS

- 7.1 New Medical schools are eligible to engage in the process of Accreditation.
- 7.2 Accreditation of New Medical schools is governed by the SMC Policy for Accreditation of New Medical, Dental and Pharmacy schools.

8 CONFLICT OF INTEREST MITIGATION

- 8.1 To avoid actual or perceived conflicts of interest, SMC Accreditation Committee Members, Accreditation Team Members, and staff who are involved in accreditation activities (“SMC- A. Representatives”) must agree in writing to abide by the following polices:
 - 8.1.1 **Consultations:** No SMC - Accreditation Representative will act as a paid or unpaid accreditation consultant during their service with SMC to any school subject to SMC accreditation, unless such consultation is authorized by SMC.
 - 8.1.2 **Research and confidentiality:** SMC may conduct research based on confidential information contained in the comprehensive review, recognition reports and progress reports. Neither the source documents used for such research nor the results of such research may be shared or made available to other individuals or organizations unless authorized by SMC.

9 COMPLAINTS

- 9.1 SMC will consider complaints about the accreditation process, reports and decisions.
- 9.2 All complaints must be submitted in writing to the SMC. Anonymous complaints will not be considered.
- 9.3 SMC will consider complaints about the quality of an accreditation process or reports, that if substantiated would represent partial or substantial noncompliance with one or more of the criteria or procedures for accreditation, such complaints will be investigated by the AC.
- 9.4 SMC will consider complaints from schools about the decision on accreditation as an appeal and the SMC will investigate on it.
- 9.5 The SMC Secretariat staff will conduct an initial evaluation of any complaint to determine whether it should be investigated by AC or SMC board.

Members of the committee:

Professor Zein A. Karrar

Professor Mohammed Yousif Sukkar

Professor Elsheikh Mahgoub Gaafar

Professor Elsheikh El-Obied

Dr. Ghada Omar Shouna

Dr. Sara Mohamed Osman

Dr. Wafaa Abdel Fatah Saeed

Dr. Abubaker Mergani