



المجلس الطبي السوداني  
Sudan Medical Council

# Procedures for Accreditation of Medical, Dental and Pharmacy Schools 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](mailto:info@smc.gov.sd)

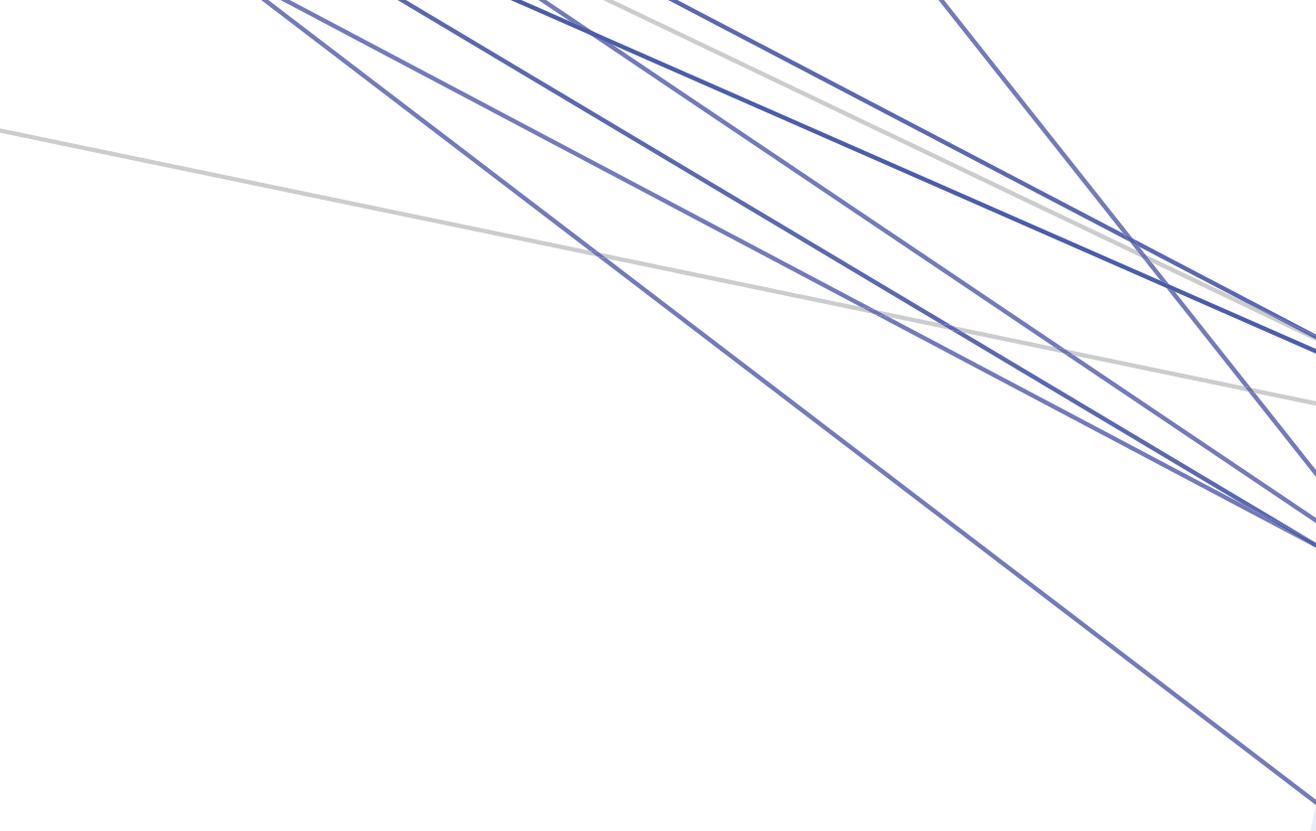
[accreditation@smc.gov.sd](mailto:accreditation@smc.gov.sd)

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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## 1. PURPOSE

This document describes the procedures for the Accreditation process to evaluate Medical, Dental and Pharmacy schools.

## 2. ACCREDITATION PROCEDURES

### 2.1. Phase One: Initiation of the accreditation process

- 2.1.1. School informs SMC of their intention to apply for accreditation through written notification.
- 2.1.2. Accreditation Secretariat (AS) confirms that the school has the most up-to-date accreditation documents (Policy, Standards, Procedures, self-study guide and data verification form).
- 2.1.3. AS agrees with school on tentative accreditation plan and timeline including a schedule for events and site visits.
- 2.1.4. SMC will provide an orientation session (s) on accreditation generally and focus on self-study process, if needed, after receiving the written request from school.

### 2.2. Phase Two: Selection of the Team of Assessors

- 2.2.1. Selection of Assessors: Assessors are chosen by SMC from experienced medical schools staff and senior consultants
  - 2.2.1.1. Criteria for selection include:
    - Experience in medical professional practice and good professional standing
    - Contributions and experience in medical education
    - Experience in administration of medical institutions
    - Experience in programs evaluation
    - Leadership and team work
    - Familiarity and contribution to accreditation of medical schools accreditation
  - 2.2.1.2. All selected assessors must participate in SMC assessors training program and have a favourable rating.
  - 2.2.1.3. All selected assessors must be familiar with SMC accreditation policy and procedures, SMC standards for Undergraduate Medical Education and SMC self-study guidelines for medical schools
  - 2.2.1.4. Assessors must submit a CV to be included in SMC database. The CV should include details of contribution to the profession, medical education and accreditation experiences.
  - 2.2.1.5. All Assessors must sign the conflict of interest declaration (Appendix I).

## 2.2.2. Team Composition & Responsibilities:

- 2.2.2.1. The teams of assessors for site visits are endorsed by SMC Accreditation Committee about six months before the visit and typically consist of five to six members. Among the members will be a designated team chair and team secretary. One team member is a member of the SMC.
- 2.2.2.2. The team will include a representation of basic sciences, pathology, community medicine, medicine or paediatrics, and surgery or obstetrics for medicine; pharmacology, pharmaceuticals, pharmacognosy, chemistry for pharmacy; and basic sciences, different specialities in dentistry.
- 2.2.2.3. Only the team secretary should be in contact with the designated medical school. Any requests for information or questions to the school from team members should be directed to the accreditation secretariat.

## 2.2.3. Team Chair

- 2.2.3.1. The team chair is a school dean or senior academic staff, who is well acquainted with SMC accreditation system and preferably was involved in external evaluation or accreditation of medical schools.
- 2.2.3.2. He/she functions as the official voice of the team of assessors and leads its deliberations. The team chair works closely with the team secretary to review the site visit schedule and the team member assignments.
- 2.2.3.3. During the site visit, the chair makes introductions and explains the purpose of the site visit. The chair leads the discussions as the team develops its findings about the program's conformity with accreditation elements.
- 2.2.3.4. The chair reports the team's findings to the institution's leadership at the conclusion of the site visit.

## 2.2.4. Team Secretary

- 2.2.4.1. The team of assessors secretary is responsible for developing the visit schedule, coordinating visit arrangements with the school and producing the survey report. The secretary handles oral and written communication with the school, other team members, and Accreditation Secretariat. The secretary is responsible for compiling the survey report from the written findings prepared by members of the team of Assessors. The team secretary works closely with the team chair.

## 2.2.5. Team Members

2.2.5.1. Teams are drawn from a pool of experienced teaching staff with interest and experience in medical education and experience in administration. Members are selected based on areas of expertise and familiarity with a given academic environment. The SMC will take into consideration to have a balanced team membership in terms of accreditation experience, gender, professional expertise, practitioner/educator status, and familiarity with the type of institution being surveyed.

2.2.5.2. A similar effort is made to avoid appointing team members with real and perceived conflicts of interest. Once SMC has assigned team members, the dean of the designated medical school will have the opportunity to review the team membership. If the dean has reason to believe that a team member has a conflict of interest that should disqualify the member from evaluating the program, the dean may contact the Accreditation Secretariat in writing to determine whether an alternate member can be appointed. Final decisions about the team of Assessors membership are made by the SMC Accreditation Committee.

## 2.2.6. Periodic Review of Teams of Assessors

2.2.6.1. The SMC shall conduct an annual review of the composition of the teams of Assessors after performance evaluation. The Accreditation Secretariat will provide the evaluation report on teams' performance to the Accreditation Committee. Recommendations will be submitted from AC to SMC president.

## 2.2.7. Observer

2.2.7.1. To ensure sustainability, SMC will ask the dean for permission to allow an observer to take part in the site visit. Observers may include younger professionals/medical educators who are interested and involved in quality of medical education and accreditation activities.

## 2.2.8. Selection process for Observer

2.2.8.1. Basic requirements for the choosing of assessors are advocated for and made available to all.

2.2.8.2. Interested candidates apply and attach a CV for vetting.

2.2.8.3. SMC committee vets applicants, and if convinced, will add the applicant to its database.

2.2.8.4. Selected candidates are short listed for available slots in assessors training workshops and later as observer.

2.2.8.5. The selected observer shall sign the declaration of confidentiality.

### 2.3. **Phase Three: Submission of Self-Study report**

- 2.3.1. Self-Study is the phase of the accreditation process in which the 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.
- 2.3.2. It is the third main phase in the accreditation process and aims to create a transparent constructive self-evaluation and improvement of the programme. The self-study is a mandatory step in the process of evaluation by the SMC to obtain the accreditation status, and guarantee the school's compliance with standards.
- 2.3.3. In the process of self-study, the school brings together representation from all its constituencies in order to collect and review data, identify strengths and areas for improvement, and develop future plans and strategies. These items will be included in the self-study report which provides an evaluation of the school and its programme. The self-study report will be reviewed by the SMC Team of Assessors and verified during the site visit.
- 2.3.4. Steps for Conducting the Self-Study: The medical school is to follow these steps:
  - 2.3.4.1. Establish the Self-Study Committee
    - 2.3.4.1.1. This committee is the team of faculty and staff designated by the Dean to conduct the school self-study.
    - 2.3.4.1.2. The school must ensure that the membership of the committee includes staff with experience and knowledge about the programme and its management.
    - 2.3.4.1.3. The self-study task force should be widely representative of the constituencies of the medical school. It should, therefore, include representation of:
      - Medical school administrators (Academic/Managerial).
      - Heads of Departments
      - Faculty members
      - Students
      - School graduates
      - Stakeholders

- 2.3.4.1.4. The school must ensure that the committee is equipped with the required administrative support, financial resources and time in order to accomplish the responsibilities associated with this role.
- 2.3.4.2. Agree on the organisational structure and the time plan of the committee
- 2.3.4.2.1. The institutional self-study task force determines the overall objectives, agrees on the methodology, sets the timeframe, supervises and monitors the implementation and finally develops the self-study report. This necessitates that the taskforce sets a defined work plan with clear roles and responsibilities.
- 2.3.4.2.2. It is recommended that the Dean, Chair of the curriculum committee or a senior staff member chair the taskforce. In addition, for effective implementation of the self-study, the taskforce should select a number of subcommittees to address the nine areas of evaluation, namely:
- Mission and Outcomes
  - Educational Programme
  - Assessment of Students
  - Students
  - Academic Staff and Faculty
  - Educational Resources
  - Programme Evaluation
  - Governance and Administration
  - Continuous Renewal
- 2.3.4.2.3. Each subcommittee will be responsible for an area, or a maximum of three areas. The subcommittee should review the standards, collect the data, and develop the report for each area. This demands an appropriate membership in each subcommittee including administrators, faculty members, and students.
- 2.3.4.2.4. The school has up to sixteen weeks to complete the self-study. The committee agrees on a known plan for carrying out its activities in each of the five steps, including the distribution of tasks, required time and resources. It is advised that the plan is developed with consideration to the school's calendar, like the periods of exams, admissions and staff leave, to avoid staff work overload.

#### 2.3.4.3. Advocacy for the Self-Study and Involvement of Staff, Students and Partners.

2.3.4.3.1. The school's constituency must be involved in the self-study process, and therefore, advocacy should be carried out among the school's management, faculty, committees, students and stakeholders, and other associated bodies. This may be achieved through meetings, workshops and different sessions to bring knowledge about the objectives, process and outcomes of the self-study, and to promote for their participation. In addition, these sessions would raise awareness about the rationale and system for accreditation of medical schools. Representatives from the SMC are available to take part in these activities.

2.3.4.3.2. Advocacy starts at this step and continues throughout the self-study process.

#### 2.3.4.4. Collection and Analysis of Data and Supporting Documents

2.3.4.4.1. Each of the nine areas of evaluation shall be addressed by a subcommittee. The subcommittees should review the standards of the specific area and use the questions and guidance, provided.

2.3.4.4.2. Provision of evidence is an important aspect of the process. This can be achieved by studying the school documents and generation of evidence from staff, students, alumni, community and other stakeholders by different tools.

2.3.4.4.3. The subcommittee is responsible of analysing all data and documents collected to generate information. The committee and its subcommittees shall conduct SWOT analysis, as appropriate, to identify the areas of strengths, weaknesses, opportunities and threats in different domains. The subcommittee submits its findings and report/s to the committee, once ready, to proceed to the next step.

#### 2.3.4.5. Development of the Self-Study Report

2.3.4.5.1. The committee looks into the subcommittees' reports studying the quality level in each area, the elements where reports intersect and generate the final report. The report should include a summary of strengths, weaknesses and future plans.

2.3.4.5.2. Furthermore, in this step, the committee finalises the report and attends to missing points, inaccuracies and inconsistencies. The contents of the report are described below and guidance is provided for each section. The report shall be written in a narrative form that is informative, analytical and evidence based.

2.3.4.5.3. Report Contents:

2.3.4.5.3.1. EXECUTIVE SUMMARY: This is an abstract and summary of the document contents.

2.3.4.5.3.2. INTRODUCTION: The introduction should provide a brief about purpose of the self-study, how it was conducted, roles and contributions of staff, students and stakeholders.

2.3.4.5.3.3. GENERAL INFORMATION: This section should include the following information about the medical school:

- Name of the School
- Name of the university
- Date of establishment
- Number of batches graduated
- Full address
- Website
- Email & Telephone numbers
- Name and telephone of Focal Person

2.3.4.5.3.4. METHODOLOGY: This section should describe, in details, the methods used by the taskforce to carry out the self-study.

2.3.4.5.3.5. THE AREAS OF EVALUATION

- The self-study is directly linked to the standards for accreditation. This shall assist the committee and sub-committees in understanding the standards, generating data and evidence.
- Responses should be written in a narrative form, not as an answer to each specific item. The responses should be evidence-based and provide relevant explanations, cross-references to other parts of the report and clearly links to supporting documents provided, in order to, ultimately, identify the aspects of strength and weakness, and future strategies for each area.

- The self-study report is then submitted to the accreditation secretariat as described below. It is worth mentioning that the school may undertake corrective measures through the process of self-study and this has to be clearly described and documented. Updates and changes resulting from actions, carried out after the submission of the self-study report and before the site visit, should be reported to the SMC to be considered as an annex to the original report.

#### 2.3.4.5.4. SMC oversight of the written report.

- 2.3.4.5.4.1. Close oversight by SMC will be provided to medical schools after self-study report submission.
- 2.3.4.5.4.2. The Self-study report that is submitted to SMC will be reviewed by AS before being reviewed by the appointed team of assessors. This review will be limited to check the completion of the documents and availability of annexes.
- 2.3.4.5.4.3. AS contacts the school for completion of the report, if needed.
- 2.3.4.5.4.4. The appointed ToA meets, as appropriate in a period not more than six weeks, to study and examine the submitted Self-Study report and documents of the schools.
- 2.3.4.5.4.5. The ToA, after checking for adequacy of documents, contacts the school for more details, explanations or additional documents, if needed.
- 2.3.4.5.4.6. The ToA may co-opt experts for consultations, when required.

### 2.4. Phase Four: Assessment of the school

#### 2.4.1. Review the submitted report and documents

The team of assessors meets, as appropriate, in a period not more than six weeks, to study and examine the submitted school's Self-Study report. The review will include, among other things:

- An analysis of school vision and mission and its coherence with curricula and expected outcomes.
- An analysis of admission process.
- The curriculum and teaching methods.
- The qualifications of the faculty members.
- The achievement of students and graduates.
- The academic support resources available to students.

- The team of assessors, after checking for adequacy of documents, contacts the school for more details, explanations or additional documents, when needed.
- The team of assessors may co-opt experts for consultations, when required.

#### 2.4.2. Conduct the Site Visit

After the school submits its self-study report with all needed supportive documents; the SMC selects the team of assessors and informs the school with the composition of the team for confirmation and acceptance.

##### 2.4.2.1. Pre-visit preparation

- Basic Information (Provided by SMC- Accreditation Committee /AS). The ToA needs to know the following:
  - SMC Accreditation system (structure, policy, procedures and regulation);
  - The role of each member in the team;
  - Tasks to be executed;
  - Background information from the School under review;
  - Process and procedures to be followed;
  - Support available to them (technical and logistic);
  - Process to be completed.

The key elements and best practice in the process to be completed by the team of assessors is to meet, as appropriate in a period not more than six weeks:

- Desk review (reading the self-study report and all supportive documents).
- Formulating some key questions/areas/domains that need more focus on during the visit.
- Identifying any missing data/more details/explanations or additional documents needed from school.
- Developing a site-visit program (*appendix 2*) after communication and agreeing with School on the duration (3-5 days) and dates of the visit to avoid periods of examinations and holidays.
- The team of assessors should convene a meeting on the day before the visit to make any adjustments in the schedule, confirm responsibilities and review ground rules and timelines, and prioritize areas needing particular attention over the course of the visit (e.g. potential areas of noncompliance with accreditation standards or

common questions to be asked for all required clerkships).

- At this initial meeting, the team should review the preliminary findings developed by team members based on the review of pre site-visit materials (self-study report and supportive document) and identify outcomes and suggest a time frame.

#### 2.4.2.2. During the site visit

##### 2.4.2.2.1. The key elements are:

- Working as a team;
- Clear division of labour (team leader, team secretariat, silent observer and team members);
- Conducting the site visit and interviews;
- Giving feedback;
- Follow the visit schedule according to time frame.

##### 2.4.2.2.2. Site-visit Structure:

- The duration of the site visits typically are 3-5 working days depending on size of the school.
- Each member of the team of assessor receives a copy of the council's site-visit procedures, which explains the team's activities and their role and responsibilities in details (*appendix 3*).
- The members of the team divide the assessment task into specific responsibilities, depending on their experiences and interests. These responsibilities are directly linked to the contents of the final accreditation report.
- The team will follow the visit procedures to ensure that all visit activities are implemented as described below.
- Throughout the process, SMC staff members provide support and guidance to committee members, if needed.

##### 2.4.2.2.3. Visit Activities

- Brief Meeting with the university vice-chancellor.
- Meeting with dean, heads of departments.
- Verify the information through filling the data verification form.
- Conducting a focus group discussion with students
- Discussing with a group of graduates if possible.
- Meeting with staff (Academic and Administrator)
- Tour and inspection of educational and support facilities.

- Sharing the preliminary findings with the dean of medical school.
- Conducting debriefing meeting with university leadership and the dean.

#### 2.4.2.2.4. Visit procedure

- The visit begins with a team meeting, followed by a meeting with the university vice-chancellor and the dean.
- The chair clarifies the purpose and the schedule of the site-visit, the methodology of work and time frame.
  - Discuss the following topics:
    - Strengths and weaknesses of the school; major current issues and challenges.
    - School's goals and directions; principal findings of institutional self-study.
    - Organizational status and relationships.
    - Financial status and projections
    - Research programs and funding
    - Status of facilities for education, research, and patient care
    - Faculty development: appointment tracks, promotion, tenure
  - Gets the dean's permission to interview staff members, students and to review any documents.
- The Dean can clarify the accomplishments, goals and challenges, and other major current issues; like principal findings of school self-study, organizational relationships of school with university and teaching hospital(s); organization of dean's staff; financial status, research programs, faculty development.
- The team inspects the physical resources, including teaching resources available in research laboratories, libraries, community clinics, general practice settings and hospitals.
- During the visit, the team will meet with those persons or groups who can provide or verify information, including faculty members, students (at least 2 group discussions (pre-clinical and clinical students) with 10 students in each to have total of 20 or more students, if possible), administrators, and representatives of clinical affiliates (*appendices 4&5*).

The meeting with faculty members and students should take place without the presence of the institutional leaders.

- The dean's participation is appropriate during the team's meetings with the program administrators, especially regarding finances and relationships with clinical affiliates.
  - The team conducts a meeting by the end of each day to review the day's work, compares notes and finalizes decisions;
  - Tasks for next day are reviewed and agreed upon in this afternoon/ evening meetings;
  - The team will successively develop and refine its list of summary findings.
- Visits are concluded by a debriefing meeting with the university vice-chancellor (or his or her designee) and the dean, although the dean may include others with advance notice.
- The team chair will read the summary of the team's findings to the dean at the end of the debriefing meeting. The team chair will emphasize to both the university vice-chancellor and the dean that the team's summary report represents a preliminary statement of findings for consideration by the SMC. The team's findings are not, therefore, for widespread dissemination at this point.
- The site visit coordinator; is the contact person at school nominated by the dean who should be an experienced senior staff member who will manage the logistics of the site-visit and other administrative functions.

#### 2.4.2.3. After the visit

##### 2.4.2.3.1. General Structure

1. The ToA compiles the draft report of the school visit based on the site visit and self-study report with the supportive documents. The teams also determine whether the schools meet any major claims they have made of outstanding performance in areas other than the standards normally examined.
2. The draft report is shared with the school within 2-4 weeks.
3. The school may provide comments on the draft report within four weeks.
4. The team of assessors completes the final report according to the SMC guidelines.

#### 2.4.3. Share draft of the survey report

- The principal responsibility of the site-visit team is quality assessment.
- The team must prepare its own report regarding the extent to which, in its judgment, the school met the standards of good practice expressed in the general principles and the accrediting standards.
- The draft site-visit report should be completed 2-4 weeks after the visit.
- At the last day of site-visit (visit conclusion), the team chair presents the main findings in the final meeting with the faculty
- The ToA will send a draft report to the school for their comments. The school has the chance to respond by sending their comments and corrections, if any, for the teams to consider. However, they are not binding for the team.
- Each site-visit team member is responsible for preparing an unambiguous commentary noting any strengths and deficiencies relating to the standards for which they are responsible. They should ensure that all its summary findings are fully explained and documented in the body of the report, and that all accreditation standards are accounted for.
- Each standard will be evaluated in a section of the draft report and each section may include a list of recommendations.
- The report indicates ways, in which the school complies, substantially complies, partially complies or does not comply with the standard requirements.
- The draft report is shared with the school within four weeks after the site visit for comments and feedback.
- The school may provide comments on the draft report within four weeks after it had been shared.
- The school comments may include clarifications, supportive documents, etc.
- The ToA may make some changes/updates on the draft report based on the school's response (*appendix 7*).

#### 2.4.3.1. Confidentiality of Information:

- Information about the school, whether contained in the school self-study report, any supportive documents, or obtained on site, is considered confidential and must not be disclosed to other parties.
- A confidentiality statement is included in the Confidentiality Agreement and Conflict of Interest Declaration; this statement must be signed and returned before the site-visit.
- Team members should hold the team findings confidential.
- Either at the end of the site-visit or after reviewing the report, site-visit team members should dispose all materials related to the site-visit in a way that ensures its confidentiality.
- Documents or correspondence not needed for writing the survey report can be left at the school at the conclusion of the site-visit.
- After reviewing the draft site-visit report, team members should destroy any remaining documents, including the draft report, related to the accreditation site-visit.

#### 2.4.4. Submit the final survey report:

- Finalizing the survey report: The final Site-visit report must be received by AS no later than six weeks after the site visit.
- The Chair and the team secretary have overall responsibility for the development of the final survey report.
- The Chair's introduction in the survey report will cover the adequacy of the program as assessed against the standards. This section will include the recommendations for change where appropriate.
- To ensure prompt consideration of the medical education program's accreditation status, it is essential that the final survey report be completed as quickly as possible.
- Recommendations are written with enough detail to be helpful to team members on subsequent site-visits as well as the current university administration.
- The team secretary should send a copy of the final survey report (including the appendices) to the AS for review.
- The AS will communicate with the team secretary about the final survey report's organization, format, consistency, and thoroughness in addressing all accreditation standards and in providing sufficient documentation related to each finding.

- Upon receiving the comments from AS, the team of assessors secretary should make any needed revisions.
- The survey report is based on information contained in the documents provided, the self-study report and additional information that may have been provided to the team during the site-visit.
- The Final report is shared with the AC members four weeks before the next scheduled AC meeting, to allow adequate time for review by its members.
- The chair of the team presents the final report in the meeting of the Accreditation Committee.
- The Accreditation Committee provides their comments and recommendations on the school.
- The Accreditation Committee presents a report on the status of the school to the SMC Board, and AC must recommend to the SMC board the approval, conditioned accreditation, denial, continuation, or change in the accreditation status of a school.
- The final decision on accreditation of the school shall be according to the SMC guidelines for decision on accreditation.

## 2.5. Phase Five: Decision Making Process

- 2.5.1. The SMC has a multilevel process for making accreditation decisions. Starting by the survey report submitted by the ToA, AC recommendations, and then the SMC Board decision.
- 2.5.2. Multilevel process ensures the fairness, consistency, and accuracy.
- 2.5.3. Decision Making Process
  - 2.5.3.1. The SMC has a multilevel process for making accreditation decisions.
  - 2.5.3.2. Accreditation decisions are determined through a review by;
  - 2.5.3.3. The appointed team of assessors, which will submit its report and findings to AC.
  - 2.5.3.4. The AC reviews the ToA submission and recommends decisions to the SMC.
  - 2.5.3.5. The SMC's board will then ratify the accreditation decision.
  - 2.5.3.6. This multilevel process provides the checks and balances necessary to ensure fair and accurate decisions. In addition, the SMC uses a criterion-referenced decision-making system to ensure fairness, consistency, and accuracy.

- 2.5.3.7. Members of the Accreditation Committee and SMC board must disclose conflicts of interest declaration related to the accreditation decision-making process and reclude themselves if necessary.
- 2.5.4. Roles of different parties in decision making
  - 2.5.4.1. *The Team of Assessor's Role:* They review the self-study reports; conduct the site visits, and then determine whether or not the school has complied with each of the accreditation standard.
  - 2.5.4.2. *The Accreditation Committee's Role:* After the ToA completes its work; the AC reviews the materials, which include narrative descriptions of noncompliance findings. The team leader informs the committee about any compliance issues that require new interpretations. The committee then makes accreditation decision recommendations to the SMC board.
  - 2.5.4.3. *The Sudan Medical Council's Role:* As the last step in the accreditation decision-making process, the SMC's board ratifies the decisions. All accreditation decisions must be ratified by the SMC board.
- 2.5.5. Through this ratification, the Council ensures that the accreditation process was conducted according to the SMC's published policies and procedures.

## 2.6. **Phase Six: Monitoring**

- 2.6.1. Monitoring during the accreditation decision
  - 2.6.1.1. After the ToA conducts the site visit, the AS will share with the school the draft report and ask for their comments and feedback.
  - 2.6.1.2. AS will follow with school if they have any supportive documents or measures that may support the accreditation decision.
  - 2.6.1.3. AS with ToA secretary will work as facilitators to follow up the school during the decision making process.
- 2.6.2. Monitoring during accreditation cycle
  - 2.6.2.1. Accredited medical schools are required to submit a status report annually.
  - 2.6.2.2. The status report shall include information on the school's updates, activities and any changes in scope of standards, or processes that have taken place after the accreditation.
  - 2.6.2.3. The AS reviews the completed status reports, and provides summary to the AC. The AC determines any potential follow up actions or requests for additional documentation/ visit.

- 2.6.2.4. The Accredited medical school must inform SMC of any substantive changes related to the implementation of accreditation standards within their school.
- 2.6.2.5. As indicated in the SMC bylaws, the schools should invite an SMC representative to oversee the final examination process and submit a report to the council.

### **3. DECISIONS ON ACCREDITATION**

- 3.1. **AS contacts the school in writing with the SMC Board decision on accreditation of their programme.**
- 3.2. **The decision on accreditation can be either:**
  - 3.2.1. ***Accreditation of the school***
  - 3.2.2. ***Conditional Accreditation of the school***
    - 3.2.2.1. The conditions for accreditation should be determined with specific areas for improvement and timeline.
    - 3.2.2.2. AS meets the school to agree on a plan for improvement with a specific timeline.
    - 3.2.2.3. AS will follow with the school to ensure all conditions are met.
    - 3.2.2.4. ToA will review the update report and may conduct site visits if needed.
    - 3.2.2.5. The review will be limited to conditions in the accreditation decision.
    - 3.2.2.6. ToA will submit their report to the AC.
    - 3.2.2.7. The AC submits the school conditions updates and AC recommendations to SMC Board to endorse the accreditation decision.
  - 3.2.3. ***Not to accredit the school***
    - 3.2.3.1. *If the school was not accredited, it has the right to re-apply for accreditation three times within one accreditation cycle (five years).*
    - 3.2.3.2. 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.
    - 3.2.3.3. *If the school has been accredited before in the previous round of accreditation, then:*
      - 3.2.3.3.1. AS with ToA will review the pervious accreditation documents for this school to compare and identify the new gaps.

- 3.2.3.3.2. 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-applying again.
- 3.2.3.4. *If this is the first accreditation exercise for the school, then:*
  - 3.2.3.4.1. AS will explain to the school the areas for improvement and coach the school during the re-application period.
  - 3.2.3.5. The school has the right to appeal the accreditation decisions.
- 3.3. **The duration of accreditation of a school is five years from the date of the decision.**
- 3.4. **The SMC contacts the MoHE & SR in writing with the decisions on accreditation.**
- 3.5. **The SMC has the right to take actions, which fall within its mandate, based on those decisions according to its law.**

## 4. COMPLAINTS

- 4.1. **All complaints must be submitted in writing to the SMC. Anonymous complaints will not be considered. The SMC Secretariat staff will conduct an initial evaluation of any complaint to determine whether it should be investigated by the AC or SMC board.**
  - 4.1.1. 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. These complaints will be investigated by the AC.
  - 4.1.2. The SMC will consider complaints about the decision on accreditation as an appeal and SMC board will investigate on it.
- 4.2. **Any Complaints will be reviewed by an ad hoc committee appointed by the SMC president in consultation with AC.**
- 4.3. **The ad hoc committee will review the complaint and any response from the school and/ or ToA. The ad hoc committee presents a written report of its findings and recommendations to the AC.**
- 4.4. **In process or procedure related complaints, the AC will make a final decision, including the nature and timing of any required follow-up, and will direct the AS to notify the ToA and the school of its decision.**
  - 4.4.1. In accreditation decision related complaints, SMC will take a final decision, including the nature and timing of any required follow-up, and will direct AS to notify the AC and the school of its decision.

**4.5. Schools that apply for accreditation for the first time and do not meet accreditation standards have the right to complain.**

- 4.5.1. When the AS receives written complaints from Schools, AS shall review the complaint to ensure the clarity of the complaint.
- 4.5.2. Then AS briefs the SMC President and the AC chair about the complaint.
- 4.5.3. SMC president in consultation with AC appoints an ad hoc committee to investigate on this complaint
- 4.5.4. The investigation committee will review the complaint and all related documents including (self-study report, ToA report, recommendation, decision making process and final decision).
- 4.5.5. The investigation committee has the right to contact ToA chair or members for further information as well as the school for more clarification. The response should be written.
- 4.5.6. The investigation committee shall finalize and submit its final report within 4-6 weeks to ensure the timely, fair, and equitable handling of the complaint related to the standards and procedures.
- 4.5.7. Report of the investigation committee shall be submitted to the SMC president with copy to the AC, ToA (appointed to that school) and to the school. Both ToA and the School have the right to respond, within one week, to this report before the final decision is taken.
- 4.5.8. The AC will make a final decision, including the nature and timing of any required follow-up, and will direct the AS to notify the school of its decision.
- 4.5.9. SMC will consider the complaints and investigation committee's report when next re-evaluation of the medical school for accreditation takes place and the school will be informed.

**4.6. SMC investigates complaints from students, graduates, or other individuals regarding accredited medical schools by the SMC.**

- 4.6.1. AS receives written complaints from students, graduates, stakeholders of the school or other individuals;
- 4.6.2. AS reviews the complaint to ensure its clarity;
- 4.6.3. AS briefs the SMC President and AC chair about the complaint;
- 4.6.4. SMC president appoints an ad hoc subcommittee of the Accreditation committee to investigate on this complaint;
- 4.6.5. The investigation committee will review the complaint and all related documents including (self-study report, ToA report and recommendation, decision making process and final decision).

- 4.6.6. The investigation committee has the right to contact the ToA chair or members for further information as well as the school and the complainant for more clarification, if needed. The response should be written.
- 4.6.7. The investigation committee should finalize and submit its final report within 4-6 weeks to ensure the timely, fair, and equitable handling of the complaint related to the standards and procedures.
- 4.6.8. The report of the investigation committee shall be submitted to the SMC president with a copy to the AC, ToA appointed to that school and to the school. Both ToA and the school have the right to respond, within one week to this report, before the final decision taken.
- 4.6.9. The AC will make a final decision, including the nature and timing of any required follow-up, and will direct the AS to notify the complainant of its decision.
- 4.6.10. SMC will consider the complaint and the investigation committee's report when the next re-evaluation of the medical school for accreditation takes place and the school will be informed.

## 5. APPENDICES

### 5.1. Appendix 1: Confidentiality Agreement and Conflict of Interest Declaration

I, ..... give this agreement to the Sudan Medical Council. I acknowledge that all information to which I gain access as a result of my work as an assessor team member for Accreditation of SMC and/or as a member of the Accreditation Committee, including information provided by the medical schools (self-study reports), documents relating to accreditation visits and any report I author or co-author in this capacity is confidential and will be used for the sole purpose of fulfilling my role as an assessor and/or member of the Accreditation Committee.

I acknowledge that any perceived or actual conflict I may have between my membership of the Team of Assessor or an Accreditation Committee and my professional or personal interests must be fully disclosed in this form in accordance with the SMC Accreditation Conflict of Interest Policy. I acknowledge and agree to comply with any approach for removing or managing a perceived or actual conflict of interest.

***The terms of the agreement are:***

1. I will not disclose, either directly or indirectly, the contents of any accreditation team reports, associated material or data without prior written authorization from AC chair and SMC president.
2. I will take all reasonable steps to ensure that any person, other than those persons permitted by SMC, does not have an opportunity to inspect or otherwise have access to confidential accreditation information.
3. I have read and understood the SMC Accreditation Conflict of Interest Policy and have made a full and frank disclosure of interests that may put me in a conflict of interest situation.
4. I will take all reasonable steps to notify SMC of any conflict that arises through professional or personal interests in the future.
  - ❖ I have no potential conflict of interest to report ( )
  - ❖ I have professional or personal interests which may conflict, or be perceived to conflict with the SMC accreditation function as outlined below:

Nature of the interest (professional, employment, personal, financial, other (Please specify))	Type of affiliation /financial interest	Name of Institution
	Receipt of salary or consultation fees	
	Receipt of grants/research supports	
	Stock shareholder	
	Partner	
	Other support (please specify)	

Date: .....

Signature: .....

## 5.2. Appendix 2: Template for Site Visit Program

Day	Time	Activity	
Day (1)	8:30 – 9:30	Dean + Administration (Domain)	
	9:30 – 10:30	Vice Dean: Evaluation Program,	
	10:30 – 11:00	Break	
	11:00 – 12:00	(Split Groups) College Facilities:	
		Group (A) Laboratories DR Museum	Group (B) Library Skills lab I.T
	12:00 – 13:00	Mission & Objectives (½ Domain) Student Assessment (½ Domain)	
	13:00 – 14:00	Lunch Break	
	14:00 – 15:30	Students Domain (½ Domain) Students Group meeting (½ Domain)	
	15:30 – 15:45	Wrap up meeting for TA	
	19:00 – 20:00	Team afternoon/ evening Meeting: Day activity Review Findings/ decisions Arrangement for next Day	
Day (2)	8:30 – 9:30	Academic staff (½ Domain) Renewal (½ Domain)	
	9:30 – 10:30	student centered learning ½ Integration ½	
	10:30 – 11:00	Break	
	11:00 – 12:00	Professionalism Social Accountability	
	12:00 – 13:00	Spilt into groups	
		12:00 – 12:30	(A) Basic Sciences (B) Community Medicine
		12:30 – 13:00	(A) Clinical Teaching (Hospital) (B) Teaching in PHC settings
	13:00 – 14:00	Lunch	
	14:00 – 15:00	EDC /Research committee	
	15:00 – 15:15	Wrap up meeting for ToA	
19:00 – 20:00	Team evening Meeting (either at school, SMC or Hotel)		

Day	Time	Activity
Day (3)	8:30 – 9:30	Meeting with Academic Staff Meeting with Head Departments
	9:30 – 10:30	Lecture rooms Small group teaching facilities Seminar/tutorial rooms
	10:30 – 11:00	Break
	11:00 – 12:00	Visit to teaching Facilities (PHC, MOH second level hospitals.) (split) (A) (B)
	12:00 – 13:00	Focus group discussion with students Preclinical / Pathology Senior students Graduates
	13:00 – 14:00	Lunch
	14:00 – 15:00	(30) Students Assignments & Research Community Medicine Teaching Students and community ..... (30) Addressing Priority Health Problems: Teaching (20 mins) Research (20 mins)
	15:00 – 15:15	Wrap up meeting for ToA
	19:00 – 20:00	Team evening Meeting (either at school, SMC or Hotel)
Day (4)	8:30- 9:30	Clinical Trains Settings Subspecialty units
	9:30 – 10:30	General Group Teaching Setting Outpatient teaching, Referral clinics Research center
	10:30 – 11:00	Break
	11:00 – 12:00	Examination Center & CPD Meeting Clinical site (Hospital/ PHC) Administrator
	12:00 – 12:30	Back to Faculty
	12:30 – 13:15	Visit research facility Research Committee meeting
	13:15 – 14:00	Lunch
	14:00 – 15:00	Partners / Stakeholders: HRH (FMOH/ SMOH), MoHED&SR (head of medical & health committee), SMSB, SMC, hospital directors, Community, International Links.
	15:00 – 15:15	Wrap up meeting for ToA
	19:00 – 20:30	Evening meeting: <i>Preparing for Dean &amp; Staff Meeting (Preliminary findings)</i>
Day (5)	9:30 – 11:30	Debriefing Meeting with the Dean: <i>Preliminary findings</i>
	11:30 – 12:30	Debriefing Meeting with V.C (University)
	13:00 – 14:00	Final Meeting for ToA Steps & time frame for final report Task Distribution

### 5.3. **Appendix 3: Duties of Team of Assessors and Schools**

#### ***Duties of the team chair***

- Review of Pre-visit Materials:
  - The team chair should, as soon as possible, review the school's self-study report and all related documents submitted by the school.
  - Any potential strength or problem areas should be communicated to the site-visit team secretary before the site-visit begins so that they can be compiled into a preliminary set of summary findings to be discussed at the initial team discussion.
  - The chair should also notice any areas in which additional information is needed and should communicate these areas to the team secretary.
  - The Visit Schedule: the team chair should consult with the team secretary prior to the visit about the organization of the visit and development of the visit schedule. The team chair should review the draft schedule to ensure that all relevant issues reflected in the accreditation standards are appropriately explored on site and that attention is given to potential problem areas.
- During the site visit:
  - The team chair serves as the leader of the site-visit team's activities on site and speaks for the team during the visit.
  - The chair should ensure that individual team members are introduced at meetings with various groups and that the purpose and focus of the accreditation visit are stated briefly.
  - During the visit, the team chair should see that the team paces its work, consolidating its observations and findings at the end of each day so that the team's findings are refined each evening.
  - The team chair will read the team's findings at the exit conference and then give the dean a written copy of the findings.
- The Site-visit Report: The team chair, with the secretary, is responsible for writing the draft site-visit report. The team chair should carefully review the draft site-visit report to confirm that the summary findings are sufficiently documented and supported in the narrative report.

### ***Duties of the members of team of assessors***

- Review of Pre-visit Materials:
  - All site-visit team members should review the school's self-study report and all related documents submitted by the school, as soon as possible, in their areas of responsibility.
  - If there are any notable omissions or inconsistencies in the self-study report or the documents attached, the team member should inform the team secretary about them so that the team secretary can request additional information from the school.
  - As soon as possible, team members should identify potential strengths, areas with a need for monitoring, and areas of noncompliance and communicate these to the team secretary before the visit begins. These will be compiled by the team secretary and discussed at the initial team discussion.
  - Team members should not communicate directly with the school for any reason (except during the site visit).
- During the site visit:
  - Team members should arrive on time for the team meetings and the initial meeting with the dean.
  - Team members are expected to:
    - Evaluate the educational program and the resources supporting it, leading to an assessment of the level of compliance with the SMC standards.
    - Collect and record additional data during the visit based on the meetings with the school faculty members and the review of the documents.
    - Contribute to development of the consensus list of the school's strengths, areas with a need for monitoring, and areas of noncompliance. These findings are presented by the site-visit team chair to the dean and university chief executive (or his or her designee) at the end of the site-visit.
    - Provide to the team secretary the assigned written sections of the data verification form.

**Notes:**

- All self-study and related materials are confidential, as is all information shared with the site-visit team while on the site visit. Each member of the site-visit team is required to preserve this confidentiality.
- The team SHOULD NOT:
  - Comment to staff or students on how the school is doing;
  - Comment on the hours that the site-visit team has been working;
  - Comment in relation to outcomes of the visit;
  - Make value statements, e.g. this is a great program.
  - The team should be positive at all times; and should be on time.
- The coordinator should refrain from any actions that could be perceived as attempts to influence the site-visit team's finding and report.
- Logistics: The team secretary will provide information to team members about the transportation and meeting points, visit schedule, and travel, accommodation arrangements if the school location needs travel.

***Medical School Responsibilities***

The role of medical school participants in the accreditation process are:

Appointment of a Site-Visit Coordinator:

- The dean of School should nominate a site visit coordinator and provide him/her with a supportive team and logistics.
- The site visit coordinator should be an experienced senior staff member who will manage the logistics of the site-visit and other administrative functions such as formatting and submitting the self-study report and supportive documents.
- The site-visit coordinator will typically make hotel reservations for the survey team, coordinate ground transportation during the visit, and schedule the necessary faculty and staff identified for sessions during the site-visit.
- The names and contact information of the faculty accreditation lead and site-visit coordinator should be provided to the AS and Team Secretariat in appropriate time before the site visit.

***Site-visit preparation and logistics:***

- Reviewing the Team of Assessor Membership:
- A list of ALL members, with their titles and contact information, will be sent to the dean at least four weeks prior to the site-visit. The dean should inform the SMC Secretariat promptly if any team member is deemed to be inappropriate due to conflict of interest or other valid reasons.

- Hotel arrangements:

The site visit coordinator should make hotel reservations for each member of the team and transportation to and from school as well as transportation to different sites, if needed.

- The site-visit team secretary and site-visit coordinator should determine where and when the team will be picked up or met at the hotel, and this information should be included in the site-visit schedule.

- "Team Venue" at the school:

- The site visit team will need a "Dedicated Venue" at the school equipped with a computer and printer compatible with the operating system used by the site-visit team.
- The Venue should have a conference table large enough to accommodate the team meetings among themselves and with school personnel. A second meeting room will be needed for sessions when the ToA divides to groups.
- The staff-visit coordinator should provide a set of materials in the site-visit team "Venue," including hard copies of the self-study report, and any other documents requested by the team, such as course evaluations or syllabi.

#### 5.4. **Appendix 4: Guide for Focus Group Discussion with Students**

A focus group is a small group of six to ten people led through an open discussion by a skilled moderator. The group needs to be large enough to generate rich discussion but not so large that some participants are left out.

There are three types of focus group questions:

- Engagement questions: introduce participants to and make them comfortable with the topic of discussion
- Exploration questions: get to the meat of the discussion
- Exit question: check to see if anything was missed in the discussion (Is there anything else you would like to say ..?)
  - Twelve is the maximum number of questions for any one group. Ten is better, and eight is ideal.
  - Focus group participants won't have a chance to see the questions they are being asked. So, to make sure they understand and can fully respond to the questions posed, questions should be:
- Short and to the point
- Focused on one dimension each
- Unambiguously worded
- Open-ended or sentence completion types
- Non-threatening or embarrassing
- Worded in a way that they cannot be answered with a simple "yes" or "no" answer (use "why" and "how" instead)

#### ***Example for questions:***

1. What is the mission statement of your school?
2. Would you like to participate in regular mission and general objectives review?
3. What are the learning and teaching methods used during pre-clinical years?
4. What do you think about the research activities that you are involved in? Are they of benefit for you and in which area?
5. How frequent do you give feedback to the school about the educational program?
6. Do you think that the educational experiences at these alternative clinical sites are comparable? And how?
7. Do you think that the written exams in the school cover a representative sample of the curriculum? Explain please.

8. Are you satisfied with the timeliness of feedback you receive from school regarding your performance in courses?
9. How do you think this feedback may help you to explore your points of strength and weakness?
10. What do you think about the student support methods in the school?
11. What is your opinion regarding the number of staff members versus students number for delivery of the educational program?
12. How would you describe each of the following as a learning resource?
  - a. School library
  - b. Lectures
  - c. Seminars
  - d. Labs
  - e. Projects
  - f. Field training
  - g. Subject experts
  - h. Skill lab
  - i. Clinical training sites
13. Mention the most important points of strength about your school.
14. Mention the most important points of weakness about your school.

### 5.5. **Appendix 5: Guide for Meeting with Staff**

All members must be notified as follows:

1. The participation is optional; however it is of great value.
2. To be useful for the assessment, your responses must be complete, honest and objective.
3. It will be confidential.

Name (Optional)	Position	Department

#### ***General suggestions***

- Make sure that everyone at the meeting gets a chance to express their opinion. This can mean that some people who tend to dominate should be stopped and quieter people should be encouraged to say what they think;
- At the same time, it might be useful to give each meeting a specific duration and to manage time by limiting the amount of time each member can have to speak.
- Make sure that issues discussed are clear and well focused, which everyone understands. It is especially important that the person taking the minutes of the meeting has the opportunity to write down what has been agreed on and it can sometimes be a good idea to stop and check that everyone approves what has been recorded as the resolution passed.

#### ***Notice and agenda of meeting***

- The purpose of a notice of meeting is to inform the members of when and where the meeting will be. The agenda informs the members of what is to be discussed and done at the meeting so that the members can decide.

#### ***A. Academic Staff***

##### ***Meeting Agenda***

1. The awareness of staff with school mission, objectives and the level of involvement.
2. The degree of knowledge of the competencies required from students upon graduation.
3. How clear are the intended learning outcomes (ILO)?
4. The design of the instructional materials guided by curriculum.

5. Integrated aspects of medical ethics and good medical practice during clinical training
6. Is the assessment system made clear to students at the beginning of each course/block/semester?
7. Formative assessment.
8. The admission policy and the suitability and capabilities of students to practice medicine.
9. The job description for academic staff member.
10. The balance between teaching activities, research activities, and service duties of academic staff members.
11. The infrastructure and suitability regarding students' numbers.
12. The governance structure of the school.
13. Mention the most important points of strength about your school
14. Mention the most important points of weakness about your school

### ***B. Administrative staff***

#### ***Meeting Agenda***

1. The awareness of staff with school mission, objectives and the level of involvement.
2. The job descriptions for administrator staff members.
3. The qualifications of the supporting staff (secretaries, technicians...etc) adequate for the delivery of the department educational and service duties
4. The balance between teaching staff members, students' number/ activities, and duties of admin staff members.
5. The infrastructure and suitability regarding teaching activities.
6. The governance structure of the school.
7. Mention the most important points of strength about your school
8. Mention the most important points of weakness about your school

## 5.6. **Appendix 6: Check list of data verification**

### ***Areas of Accreditation***

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

### ***Data collection***

Tools vary according to the nature of the requirement that each standard or a criterion raise. The following is a list of the most valid and popularly used tools:

1. Verification through reviewing the self-study document and all available documents which may include: laws, by-laws, regulations, orders, guides, booklets, committee reports, endorsed decisions, publications...etc.
2. SWOT analysis among stakeholders
3. Questionnaires
4. Focus Group Discussions (student and staff members)
5. Informant Interviews
6. Photographs
7. Any other suitable tool of measurement

### ***What is this form about***

This form is to be used for data collection from faculties of medicine in the Sudan for the purpose of documentation, follow up and accreditation by the Sudan Medical Council.

## SECTION ONE

### GENERAL INFORMATION

Date .....

Name of University/College .....

Name of School .....

Date of establishment.....

Number of batches graduated .....

Address .....

Web site .....

E-mail .....

## SECTION TWO

Please give appropriate responses to the following questions and statements:

### 1. MISSION AND OUTCOMES:

1.1. **Does the school have a written mission, outcomes and objectives?**

Yes

No

1.2. **If yes, which type of document has been received by the SMC?**

Drafts ( ) endorsed versions ( ) disposal ( ) evolution ( )

Others (please specify).....

1.3. **Do the stakeholders participate in developing the mission, outcomes and objectives?**

Yes

No

1.4. **If yes, who was involved in formulating the mission, outcomes and objectives?**

Faculty leaders ( ) Staff members ( ) Medical associations ( )

Students ( ) Community representatives ( ) Health Authority ( )

1.5. **Please attach the list of committee members.**

Yes

No

1.6. **Have these mission and objectives been made known to all staff, students and stakeholders?**

Yes

No

**1.7. If yes, how does the school do that?**

Advocacy sessions ( ) leaflets ( ) signs ( )

Others (please identify).....

**1.8. Are these objectives covering the different domains such as education, research, service and skills?**

Yes

No

**1.9. Are these objectives reflecting community needs and priority health problems?**

Yes

No

**1.10. Are these mission and objectives routinely used in planning, monitoring and evaluation (M&E)?**

Yes

No

**1.11. If yes, please submit the plan and M&E framework**

Available

Not available

**1.12. Are outcomes well described and detailed?**

Yes

No

**1.13. How does the college ensure that students demonstrate the graduate outcomes and broad competencies (knowledge, skills and attitudes) before graduating?**

.....  
.....  
.....  
.....

**2. EDUCATIONAL PROGRAMME**

**2.1. Does the school have an identified clear system of education?**

Yes

No

**2.2. If yes, which system is it adopting?**

Problem – based ( ) competency- based ( ) organ system ( )

Other (please identify).....

**2.3. Does the school follow the standard educational criteria of the system it adopts on paper?**

Yes

No

2.4. **If yes, please submit the planned program**

Yes

No

2.5. **Which components of the curriculum address the principles of scientific method and evidence-based medicine and enable analytical and critical thinking?**

.....  
.....  
.....  
.....

2.6. **Describe the parts of the curriculum which is/are taught in community settings and their weight (preferably in credit hours)?**

Name of the Curricula	Taught in community settings	Credit hours	% of these parts

2.7. **Please specify the weight of the basic sciences in the curriculum**

The total credit hours in the curriculum ( )

The credit hours of the basic sciences ( )

Weight of the basic sciences in the curriculum ( %)

2.8. **Does the current curriculum integrate the basic sciences with clinical sciences in different stages of the curriculum?**

Highly ( )

Moderate ( )

None ( )

2.9. **Are the behavioural and social sciences and the disciplines of medical ethics and medical jurisprudence included in the curriculum?**

Yes

No

2.10. **Please give the weight preferably in credit hours as follows:**

Science & Discipline	Credit Hours	%

2.11. **Is the curriculum structure of the school available? (attach a copy)**

Yes

No

2.12. **Is there a curriculum committee responsible for the curriculum management in the school?**

Yes

No

2.13. **If yes, please, give the following:**

2.13.1. the composition of the committee (attached )

Yes

No

2.13.2. the terms of reference of the curriculum committee (Specifically, what authority does the committee have to resolve conflicts of educational planning and implementation)

Yes

No

### 3. ASSESSMENT OF STUDENTS

3.1. **To what extent do the exams and evaluation meet learning objectives?**

a) 0-25%                      b) 26-50%                      c) 51-75%                      d) 76-100%

3.2. **What Percentage of the total final examination mark is allocated to in-course evaluation (formative assessment)? .....%**

3.3. **Do you think such evaluation percentage should be**

- a) Increased
- b) Decreased
- c) Kept as it is
- d) Don't know

3.4. **Which combination of methods of assessment do you use?**

- a) MCQ + OSCE (clinical exam for clinical years)
- b) MCQ + OSPE (Lab Exams for Basic years)
- c) MCQ + Oral
- d) All of the above
- e) Other (identify) .....

**3.5. How do you rate each of the following methods of assessment?**

Method	Good	Acceptable	Poor
MCQ			
OSCE			
OSPE			
Oral			

**3.6. Is the assessment system clear to all students at the beginning of each course/block/semester as regards?**

Item	Yes	No
Assessment method		
Time		
Weighing		
Criteria for progressing or passing		

**3.7. Do the assessment methods adequately measure the following?**

	Yes	To some extent	No
a. Factual knowledge			
b. Problem solving abilities			
c. Skills			
d. Attitudes			

**3.8. Does your medical school monitor the reliability and validity of assessments?**

Yes

No

**3.9. If yes, please state how?**

.....

.....

.....

.....

.....

#### 4. STUDENTS

4.1. **Is there a policy for admission of disabled students?**

Yes

No

4.2. **If yes, please attach a copy of the policy.**

Yes

No

4.3. **Is there a policy for transfer of students from other programmes and institutions?**

Yes

No

4.4. **If yes, please attach a copy of the policy.**

Yes

No

4.5. **Are there criteria for selecting and admitting students in the college?**

Yes

No

4.6. **Do you think that other criteria should be considered in students admission to the medical school including:**

4.7. **Interviews**

Yes

No

4.8. **Admission test**

Yes

No

4.9. **Psychological test**

Yes

No

4.10. **Are these criteria reviewed periodically to respond to community health needs and to match student abilities?**

Yes

No

4.11. **What is the number of students in each year/semester including the ratios of males and females?**

Year (6 options) / Semester (12 options)	Male	Female	Total
1			
2			
3			
4			
5			
6			

4.12. **Does the total number of admitted student match the available facilities/resources?**

Yes

No

4.13. **Are there any counselling and support services for the students in the school?**

Yes

No

4.14. **If yes, please state it clearly**

.....

.....

.....

.....

.....

4.15. **Are students represented in the following councils/committees:**

Council/ committee	Yes	No	Copy of structure Attached / not attached
Departments councils			
Curriculum committee			
Assessment committee			
Library committee			
Conferences committee			

4.16. **What is the role of the medical school in supporting students' extracurricular activities?**

.....

.....

.....

.....

.....

4.17. **What is the role of the medical school in supporting students' organisations?**

.....

.....

.....

.....

.....

**5. ACADEMIC STAFF/ FACULTY**

5.1. **Is there is a recruitment (employment) policy applied at this school?**

Yes

No

5.2. **If yes, please attach copy**

Yes

No

5.3. **Does this policy take into account the different educational skills?**

Yes

No

5.4. **If your answer to question 2 is yes which of the following is considered the most important:**

a. Teaching skills ( )      b. Research activity ( )

c. Years of experience ( )      d. Credentials ( )

5.5. **Is the promotion policy of the medical school based on balanced consideration between the following items, teaching, research and services ?**

Yes

No

5.6. **Is the student to staff ratio adequate in each department?**

Yes

No

5.7. **What is the number of the academic staff in the school? ( )**

5.8. **Attach a list of staff showing qualification and disciplines**

Yes

No

5.9. **What is the balance between medical and non-medical academic staff?**

	Number	%
Medical academic staff		
Non-medical academic staff		

5.10. **What is the balance between full-time and part-time members of staff?**

	Number	%
Full time		
Part-time		

**5.11. What is the balance between academic and non-academic staff?**

	Number	%
Academic staff		
Non- academic staff		

**5.12. Is there a policy for staff activity and development?**

Yes

No

**5.13. If yes, please list some of these activities**

1. ....
2. ....
3. ....

**5.14. Are there written criteria for academic staff promotion?**

Yes

No

**5.15. If yes, please attach a copy.**

Yes

No

**5.16. Are staff regularly evaluated by students ( based on course teaching):**

Yes

No

**5.17. Are staff regularly evaluated by peers (Administration):**

Yes

No

**5.18. Are the staff aware of the results of the evaluation?**

Yes

No

**5.19. Are there any regulations towards low evaluation results?**

Yes

No

**5.20. Are any of the following activities requested/mandatory for staff development?**

Activity	Yes	No
Evaluation and teaching skills		
Medical education		
Research enhancement		
Management		

## 6. EDUCATIONAL RESOURCES

6.1. **Are university facilities good enough for you to function satisfactorily?**

Yes

No

6.2. **Is the number of staff enough to function properly?**

Yes

No

6.3. **Communication between staff and students can be described as:**

Very good ( )

Fair ( )

Bad ( )

6.4. **Is the space for laboratories enough to function properly?**

Yes

No

6.5. **Is there a good team to perform school duties in teaching and research?**

Yes

No

6.6. **Is the university spending sufficient resources to cover needs of the library, lecture rooms labs and computers?**

Sufficient ( )

Fair ( )

Not enough ( )

6.7. **Do you think that the environment of the following is suitable in appearance and quality?**

	Good	Fair	Not good
Lecture rooms			
Laboratories			
Exam Halls			
Corridors			
Cafeteria			
Toilets			
Lighting			
Heating/cooling			
General atmosphere			

6.8. **Are the available set up, clinics, patients, equipments, models and teaching materials in your different practical sessions adequate?**

	Yes	No
Clinics		
Anatomy lab		
Physiology lab		
Biochemistry lab		
Pathology lab		
Microbiology lab		

6.9. **Does the medical school use the advanced information technology in its teaching programme?**

Yes

No

6.10. **If yes, please give examples.**

.....

.....

.....

.....

6.11. **Does the medical school have access, where required, to an expert medical education unit or centres (e.g. EDC) or other educational expertise?**

Yes

No

6.12. **If yes, please describe the use of such expertise.**

.....

.....

.....

6.13. **Provide a summary of the existing collaborative links with other national and international educational institutions and describe the nature of those links, student exchanges, staff exchanges, and research.**

.....

.....

.....

7. PROGRAMME EVALUATION

7.1. Does the medical faculty have a mechanism for program evaluation (on a regular basis) which includes all components of educational process, material, system and student achievement?

Yes

No

7.2. Do students and faculty have a say in the evaluation of the educational program?

Yes

No

7.3. Are the results of the feedback of the educational programme evaluation shared with students/ staff?

Yes

No

7.4. Do the partners such as the government, community and medical organizations participate in the evaluation program?

Yes

No

7.5. Do the students evaluate each course after finishing it (courses including: clinical rounds, lectures, exams in addition to the existing evaluation for the staff evaluation)?

Yes

No

7.6. Which of the following do you consider as the most appropriate mechanism for evaluating of educational programme? \* (Check all that apply)

- a. Computerized evaluation ( )
- b. Hand out surveys ( )
- c. General evaluation student staff meetings ( )
- d. Others (please identify).....

7.7. How does the school analyse the performance of cohorts of its students and graduates in relation to its mission, intended educational outcomes, curriculum and provision of resources?

.....  
.....  
.....  
.....  
.....

## 8. GOVERNANCE AND ADMINISTRATION

8.1. **Does the school have a governance structure, with clear components and functions?**

Yes

No

8.2. **If yes, please attach documents**

Yes

No

8.3. **Is there a formal link between Hospitals and Medical School?**

Yes

No

8.4. **How do you rate the link between the Hospitals and the Medical School?**

Effective ( )

Not effective ( )

8.5. **How do you rate the mechanism of organizational decision-making in your school with regards to the following:**

Item	Good	Bad
Appointment		
Promotion		
Teaching		
Research		
Reward/punishment		

8.6. **How do you describe the extent of department budgetary authority**  
Adequate ( ) Not adequate ( )

8.7. **Please describe the academic management structure of the medical school indicating the line of responsibility of the academic leadership for definition and management of the medical educational programme.**

.....

.....

.....

.....

8.8. **How do you rate your overall satisfaction regarding the following?**

	Satisfactory	Not Satisfactory
Governance		
Administrative structure		

## 9. CONTINUOUS RENEWAL

9.1. **Does the medical school regularly review and update of its objectives, structures and activities?**

Yes

No

9.2. **If yes, please attach the supporting documents (plan, M&E framework, etc)**

Yes

No

9.3. **Are there procedures for regular reviewing and updating of the college structure and functions?**

Yes

No

9.4. **Is the process of "Continuous Renewal" based on research studies and analyses?**

Yes

No

9.5. **Is the staff involved in discussing changes of policies of the college?**

	Yes	No
Promotion Policy		
Student enrolment policy		
Curriculum Policy		

9.6. **Is the mission and objectives of the college adapted to the scientific, socioeconomic and cultural development of the society?**

Yes

No

9.7. **Is the modification of competencies of graduates in accordance with the documented health needs?**

	Yes	No
Clinical skills		
Public health Training		
New diagnostic instruments		
Ethical considerations		

9.8. **Is adaptation of curricular model and instruction methods appropriate and relevant to the graduate needs?**

Yes

No

- 9.9. **Are the curriculum elements continuously updated to meet the new biomedical, social, behavioural and cultural developments?**  
 Yes  No
- 9.10. **Are the changes in methods of students' assessment based on changes in educational objectives and learning goals?**  
 Yes  No
- 9.11. **Is the recruitment of academic staff in accordance with the changing needs of college?**  
 Yes  No
- 9.12. **Are the education resources updated to meet the changing needs of the college (size, educational program, contemporary educational principles...)**  
 Yes  No
- 9.13. **Is there a periodic refinement of program monitoring and evaluation?**  
 Yes  No
- 9.14. **Are the organizational structure and management principles developed to meet the changing circumstances and needs of the college?**  
 Yes  No
- 9.15. **Is there a Total Quality Management System adopted by the college?**  
 Yes  No
- 9.16. **Are there resources allocated by the school for continuous renewal?**  
 Yes  No
- 9.17. **How frequently does the medical school undertake partial or comprehensive programme reviews, reflecting on the impact of these reviews on the improvement of the programme?**  
 Annual ( ) Biannual ( )  
 Others (Please identify).....

## 5.7. **Appendix 7: Guidelines for writing a Narrative Accreditation Report**

### **Introduction**

To ensure the quality and sustainability of the accreditation of medical, dental and pharmacy schools, the Sudan Medical Council issued a number of guiding documents including the policy of accreditation, accreditation standards, the self-study guide and the procedures of accreditation.

This document addresses guidance to the final step in accreditation, namely the narrative report writing detailing the purpose, contents and necessary documentations. It targets all members of the assessment team with emphasis on the team leader who is responsible for compiling and editing the final report.

### **What is a narrative Accreditation Report?**

It is a detailed report that documents the process of accreditation at the SMC level. The report presents the procedures and the team of assessor's findings, analysis and outcomes based on the self-study report and the site visit.

### **Contents of the report**

The report consists of

1. Introduction
2. Executive Summary
3. The process, which includes:
  - Initial Preparations
  - Meetings
  - The Site Visit
4. The Findings
5. Recommendations

#### **1. Executive Summary**

This section briefs and highlights the main points from the report of the school, under three headings: The School Basic Information, Main Findings and Main Recommendations.

#### **2. The process**

##### **2.1. Initial Preparations**

In this section, the initial steps taken in the process is described. Mainly highlighting the documents studied, the meetings held and the plans and decisions made.

## 2.2. **The Site Visit**

This section provides details of the team visit to the school, and the activities done there noting the date, duration and the team schedule.

## 2.3. **Meetings**

In this section, the meetings of the team of assessors are mentioned in terms of number, dates and objectives.

## 3. **The Findings**

In this section, the findings of the team are presented under the 9 domains clearly specifying the 'Areas of Strength' and 'Areas for Improvement', if any.

## 4. **Evaluation and Outcomes**

This section provides the outputs of the analysis of the data and findings studied by the team.

## 5. **Recommendations**

This section should include the team of assessors' recommendations - for the school - in each domain based on the self study report and the site visit.

## 6. **Annexes:**

Annexes should include:

1. Team membership: brief qualifications of each member (2 lines)
2. School contact details
3. Schedule for the site visit
4. School documents list (a list of the documents present in the Accreditation department files)
5. All documents used during writing the report:
  - The self-study report
  - School documents: curriculum, staff list, etc.
  - The accreditation team draft report
  - The school feedback on the first report
  - The accreditation team final report
  - Others

## Members of the committee:

Professor Zein A. Karrar, President  
Professor Mohammed Yousif Sukkar  
Professor Elsheikh Mahgoub Gaafar  
Mr. Elneel Ahmed Mohamed  
Professor Elsheikh El-Obied  
Professor Samir Shaheen  
Dr Ihab B Abdalrahman  
Dr. Tahra Alsadig Almahadi  
Dr. Abubaker Mergani  
Dr. Ghada Omar Shouna  
Dr. Sara Mohamed Osman  
Dr. Wafaa Abdel Fatah Saeed

