



THE WFME PROGRAMME FOR RECOGNITION OF ACCREDITING AGENCIES FOR MEDICAL EDUCATION

**Recognition criteria for agencies accrediting medical
schools**

August 2018

Introduction

- i. The World Federation for Medical Education (WFME) Recognition Programme is the process through which WFME evaluates the legal standing, accreditation/regulation (“accreditation”) process, post-accreditation monitoring, and decision-making processes of an accreditation/regulatory agency (“agency”) of basic medical education schools or programmes (“schools”). WFME Recognition Status of an agency confers the understanding that the quality of medical education in its accredited schools is to an appropriate and rigorous standard.
- ii. The criteria are the measures of quality by which WFME determines whether to award or re-award Recognition Status, as follows:
 - Recognition Status awarded for a ten-year term
 - Recognition Status denied or withdrawn
- iii. Recognition Status may be accompanied with conditions, usually in the form of follow-up actions to an agreed timeline and post-Recognition Status monitoring.
- iv. Agencies do not need to meet all criteria in full to be awarded Recognition Status, provided that there is reasonable justification why a criterion is not appropriate in the context in which the agency operates.
- v. The award of Recognition Status confirms that the policies and procedures followed by an agency are appropriate in the region(s) where the agency operates.
- vi. The criteria are based on the WHO-WFME guidelines for accrediting agencies. The WHO-WFME guidelines are suggested good practice for an agency. The Recognition Criteria are the minimum basic requirements, and allow agencies to determine an appropriate and rigorous standard of performance for the context in which they operate.
- vii. Before commencing the application process, agencies should familiarise themselves with the following documents:
 - *WFME Policies and Procedures*. This document describes how the WFME Recognition Programme operates, and the process to be followed by an agency applying for Recognition Status.
 - *Application Form*. This document is used for the self-evaluation of the agency in advance of the site visit. There are questions corresponding to each of the numbered criteria. Part A relates to the eligibility of the agency to apply for WFME Recognition Status, and Parts B, C and D relate to the operations and resources of the agency. The guidance note describes how to complete the application form.

Part A. Eligibility

1. The agency accredits basic medical education and is:
 - a government or inter-governmental entity, or
 - an independent professional body that is authorised or recognised by the relevant national or state/provincial government (Ministry of Health or Ministry of Education or both), and/or
 - authorised or recognised by an appropriate professional or scientific association.
2. Where the agency operates in more than one country or region, its processes are endorsed and outcomes are subject to adoption by the governments of each of these jurisdictions. It should also be able to demonstrate that the standards and procedures for accreditation of medical schools are appropriate to those countries and regions and applied in a consistently robust manner.
3. The accreditation decisions of the agency are made known to, and accepted by, other organisations such as professional licensing bodies, educational institutions and employers.
4. The agency operates within a framework that enables the establishment of agreements and the signing of contracts according to the laws of the country or countries in which the agency is seated and operates.

Part B. Accreditation standards

5. The agency uses comprehensive standards for accreditation appropriate to basic medical education.
6. The agency makes publicly available the accreditation standards.
7. The agency has a system to determine that the standards are sufficiently rigorous and appropriate to evaluate the quality of the education and training provided at medical schools.
8. The agency has a system for periodically reviewing and updating the standards.

Part C. Accreditation process and procedures

9. Medical school self-evaluation
 - 9.1. The agency requires medical schools seeking accreditation to prepare an in-depth self-evaluation that addresses compliance with the accreditation standards.
 - 9.2. The agency provides guidance on completing the self-evaluation.

10. On site observation and evaluation

- 10.1. The agency conducts a site visit which is scheduled to enable the agency team to observe the usual operations of the medical school.
- 10.2. The agency team is of appropriate size, experience and qualification to conduct the site visit.
- 10.3. The agency team evaluates the quality of the school's facilities and resources at the main campus, branch campuses or additional locations and a representative sample of clinical core clerkship rotation sites affiliated with the school, as appropriate.
- 10.4. During the site visit, the agency team gathers information by a variety of methods, including but not limited to: documents and statistics; individual and group interviews with a representative sample of staff and students; and by direct observation.
- 10.5. The site visit is of sufficient detail and duration to determine compliance with the standards.
- 10.6. The agency provides guidance to the school on the site visit.

11. Reports

- 11.1. A written report of findings is created based on information provided by the medical school self-evaluation and gathered by the agency team during the site visit.
- 11.2. The agency provides guidance to the agency team on the structure and content of the report.

12. Individuals associated with the agency

- 12.1. The agency has a decision-making board, committee or council working with a transparent governance framework, and an administrative staff or unit.
- 12.2. The agency has policies specifying the appropriate qualifications, credentials and experience of the individuals who:
 - establish and review the accreditation standards
 - participate in the medical school site visits
 - create the reports on the school's compliance with the standards
 - make accreditation decisions.
- 12.3. The agency has a training process for individuals who:
 - establish and review the accreditation standards
 - participate in the medical school site visits
 - create the reports on the school's compliance with the standards
 - make accreditation decisions.

13. Accreditation decisions

- 13.1. The agency has policies and procedures to ensure that accreditation decisions are based on compliance with the standards.
- 13.2. The agency has policies and procedures for making accreditation decisions, including voting procedures and the quorum for conducting business.
- 13.3. The agency conducts a decision-making meeting where a report based on a site visit, and other relevant documentation, is discussed.

- 13.4. The agency makes the accreditation decision supported by the information included in the report and other relevant documentation.
 - 13.5. The agency has policies and procedures for notifying medical schools of accreditation decisions.
 - 13.6. The agency has policies and procedures to manage an appeal process for adverse accreditation decisions.
14. Activities subsequent to accreditation decisions
- 14.1. Accreditation is valid for a fixed period of time.
 - 14.2. If less than full accreditation is granted, the agency has policies and procedures for allowing the medical school to come into full compliance.
 - 14.3. The agency monitors schools throughout the duration of an accreditation period, and has a process for seeking information and taking further actions. This includes a requirement to report any substantive or anticipated changes to the educational programme, the quality of facilities and resources, staffing, or any other aspect that would affect the quality of the education delivered. The frequency of monitoring should be appropriate to the circumstances, including annual or more frequent monitoring, if necessary.
 - 14.4. The agency has the authority to undertake additional site visits during the period of accreditation with, or exceptionally without, prior warning.
 - 14.5. The agency has policies and procedures for the withdrawal of accreditation.
15. The agency has policies and procedures to investigate and act upon complaints regarding accredited medical schools.

Part D. Agency policies and resources

16. The agency has policies and procedures for managing actual or perceived conflicts of interest for all individuals involved in the accreditation and decision-making processes.
17. The agency has controls to ensure that the policies and procedures for accreditation of medical schools are applied consistently.
18. Administrative and fiscal responsibilities
- 18.1. The agency has sufficient administrative resources to carry out its activities.
 - 18.2. The agency has sufficient financial capability to carry out its activities.
19. Maintenance of records
- 19.1. The agency maintains full records of accreditation review documentation, and any other relevant correspondence and materials.
 - 19.2. The agency follows record-keeping policies and procedures, including policies to ensure data security.

20. Availability and dissemination of information

20.1. The agency makes publicly available information on accreditation policies and procedures.

20.2. The agency makes publicly available an up-to-date list of accredited medical schools.

Note: This is the revised version of the WFME Recognition Criteria published in 2012.