The World Federation for Medical Education

Criteria for Recognition

Effective from 1 January 2025

Part A. AGENCY'S POSITION IN THE SYSTEM

Criterion 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 (relevant ministry in charge), or the legislator (parliament), or
- an independent professional body that is authorised or recognised by a professional or scientific association/organisation with appropriate authority.

Basic medical education is a complete or full course of instruction that leads to a basic medical qualification or medical degree that is a prerequisite to obtain a licence to practice as a medical doctor or physician.

Guidance

Describe the structure, organisation and work of the agency.

- What accreditation activities are conducted (the number and types of programmes, schools or universities)?
- Are there any other activities?
- What is the history of the agency – in what year did it begin accreditation activities? In what year did it begin accreditation activities relating to basic medical education?
- How, why and when was the agency established?
- On what authority does the agency conduct accreditation activity? Provide contact information for the government agency or agencies, or the relevant professional or scientific association.

Criterion 2

The accreditation decisions of the agency are made known to, and accepted by, other organisations such as professional licensing bodies, educational institutions and employers.

Guidance

Describe the way that the agency decisions are reflected in the local system.

- What other organisations accept the accreditation decisions of the agency? For each, describe the nature of acceptance by others, for example joint work, Memorandum of Understanding.

NB This criterion focuses on the reputation and earned credibility of the agency's decisions, in addition to the authority given to the agency described in Criterion 1.

Criterion 3

The agency is an entity that has a clearly defined position within the legal system of the country, which sets its rights and responsibilities, and allows the agency to operate 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.

Guidance

Describe the status of the agency within the country's legal system.

- What is the legal status of the agency? Provide evidence, such as a certificate of incorporation, record in a registry, and/or a reference to a specific law. Include separate evidence for each country or region where the agency operates if this differs.
- Does this status result in any clearly defined rights and responsibilities within the respective legal system(s), such as tax obligation, reporting responsibilities?
- Does this enable the agency to enter into legal contracts in one or all of the regions in which it operates, such as contracts/agreements with schools, experts on the accreditation panel, etc.? If yes, please describe.

Part B. CROSS-BORDER ACCREDITATION

Context

Where the agency operates in more than one country, adequate provisions are in place to ensure that the processes are carried in a consistent and appropriate manner for the context of the target country.

- What is the geographic region in which the accrediting agency conducts accreditation activities? List the countries, states or territories. Provide the list of relevant recognising authorities in all countries and their contact information.

- What is the nature of the accreditation activities in each country or region? Include the number and types of programmes, schools or universities accredited, other activities, a brief history of activities.

Criterion 4

The agency follows policies and procedures that ensure the quality of the cross-border accreditation process outside of their main country of operation.

Guidance

Describe the policies and procedures in place that pertain to cross-border accreditation:

- Has the agency introduced any targeted policies and procedures to ensure the quality of all cross-border accreditation efforts?
- How does the agency manage the related financial and administrative resources necessary to support the cross-border accreditation efforts?

Criterion 5

The agency is recognised by a relevant local authority (see Criterion 1) and its recognition is captured in a formal manner.

Guidance

Describe the collaboration with the local authority:

- Does the agency have a written agreement with the local authority (such as a Memorandum of Understanding, a contract, or a relevant section of the target country's legislation)? Does the agreement include a written specification of the scope of the agency's accreditation activities, mandate and the impact of the agency's decisions in the country?
- Does the agency actively explore opportunities for increasing collaboration with the local authorities to ensure continuous quality assurance and improvement?

Criterion 6

The agency has analysed and, if necessary, adjusted the appropriateness of its policies, procedures and standards to the context of the target country.

Guidance

Describe the process of ensuring that the agency's policies and procedures are adequate for the target country:

- Does the agency consider and put in place arrangements to ensure that the agency's processes are adequate in the local context? Describe any changes that were made to, including, but not limited to, the standards, training, form and extent of the site visit, composition of the visiting team, decision-making and subsequent monitoring.

NB if the agency operates in only one country, write 'Not applicable' in the answer box.

Criterion 7

Where one or more functions described in the Recognition Programme criteria No. 6-21 is not within the responsibility of the agency, there is another organisation/authority legally established within the system of the country/countries that fulfils those functions.

Guidance

Describe other mechanisms and organisations in the system that potentially supplement or complement the agency's process and the elements described in the criteria.

- In the remit of which criteria does the agency share or defer the described function(s) to other organisations/authorities?
- What is the nature of the collaboration (if relevant), communication or use of each other's decisions between the agency and the other organisations/authorities? Provide evidence.

NB if all the functions are within the responsibility of the agency, or they are not covered in the system at all, write 'Not applicable' in the answer box.

Part C. ACCREDITATION STANDARDS

Criterion 8

The agency uses comprehensive standards for accreditation appropriate to basic medical education and the local context.

Guidance

Describe the structure of the standards and their relevance for the local context.

- Are the standards medicine-specific, in whole or in part?
- Does the agency use standards issued by other organisations (such as WFME Standards, LCME Standards, European Standards and Guidelines)? If yes, describe the procedure of their implementation (adoption).
- How is the balance of the content and structure determined?
- How is relevance to the local context determined?

Criterion 9

The agency follows a process within the local system for periodically reviewing and updating the standards to determine that the standards are sufficiently rigorous and appropriate to evaluate the quality of the education and training provided at medical schools.

Guidance

Describe the policies and procedures for finalising, reviewing, updating and applying the revised standards.

- How often are the standards reviewed and updated? Describe the process.
- Who is responsible for the review process and which stakeholders are involved? Describe the process of collecting feedback.
- How are the changes communicated to all relevant stakeholders?
- Does the process take into consideration the need for continuous improvement?

Criterion 10

The agency makes the accreditation standards publicly available.

Guidance

Describe the availability of accreditation standards.

- Does the agency make the standards publicly available?
- What are the ways and platforms where various stakeholders can access them?

Part D. SELF-EVALUATION PROCESS

Criterion 11

The agency requires medical schools seeking accreditation to prepare an in-depth self-evaluation that addresses compliance with the accreditation standards.

Guidance

Describe the process of self-evaluation.

- Does the agency require medical schools to prepare a self-evaluation?
- What format is the self-evaluation?
- How does the self-evaluation relate to the accreditation standards?

Criterion 12

The agency provides guidance on completing the self-evaluation.

Guidance

Describe the guidance or support provided by the agency to the medical school.

- What type of guidance does the agency offer?
- How does the agency ensure that all schools receive equal and consistent level of guidance and support?

Part E. SITE VISIT

Criterion 13

The agency conducts a site visit which is scheduled to enable the agency team to observe the usual operations of the medical school.

Guidance

Describe the process of conducting the site visit.

- Does the agency conduct a physical site visit?
- Does the agency conduct a remote site visit? Is there a policy to be followed?
- How is the timing of the site visit determined? How does the agency ensure that the visit is timed to observe the usual operations of the school?

Criterion 14

The agency liaises with and provides guidance to the school on the site visit.

Guidance

Describe the guidance and support provided to the schools regarding the site visit.

- What type of guidance does the agency offer?
- How does the agency ensure that all schools receive equal and consistent level of guidance and support?

Criterion 15

The agency team is of appropriate size, experience, qualification and professional diversity to conduct the site visit.

Guidance

Describe the typical size, experience and qualifications of team members.

- Who conducts the site visit?
- How is this team selected?
- How does the agency ensure that various stakeholder groups are represented on the team?

Criterion 16

The agency team evaluates the quality of the school's teaching and learning environments, assessment, graduation or progression decisions, and of curricula content at the campus or campuses, and a representative sample of clinical teaching.

Guidance

Describe the process of determining the scope of the site visit.

- How is the coverage (physical sites, facilities) of the site visit determined? What inspections of physical facilities does the site visit include?
- In addition to inspection of physical facilities, what are the other components of the site visit?

Criterion 17

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.

Guidance

Describe the process of collecting information by the agency team during the site visit.

- What methods does the agency employ?
- How does the accrediting agency ensure that sufficient information is collected to determine compliance with the agency's standards?

Criterion 18

The site visit is of sufficient duration to determine compliance with the standards.

Guidance

Describe the process of determining the duration of the visit?

- How long in duration (number of days) is a typical site visit?
- Is the duration the same for all schools and all accreditation cycles? If not, how is the duration decided?

Part F. REPORTS

Criterion 19

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, assessing the compliance with standards

Guidance

Describe the agency's approach to preparing the report.

- What is the typical content and structure of the report? Does the agency provide a template?
- Who completes the report(s)?
- What inputs are considered relevant for the report?

Criterion 20

The agency provides clear and consistent guidance to the agency team on the structure and content of the report.

Guidance

Describe what guidance is provided to the agency team.

- What form of guidance is provided to the team?
- What is the process for finalising the report?
- Does the accrediting agency provide oversight of the report after it has been written? If yes, please describe the accrediting agency's role in review of the report.

Criterion 21

A preliminary report is made available to the school to provide feedback before finalising the report.

Guidance

Describe the opportunities of the school for feedback before the final report is completed.

- Does the medical school receive a preliminary report before deliberation by the accrediting agency?
- Does the school have the opportunity to comment on matters of fact and/or provide further evidence?

Part G. ACCREDITATION DECISIONS

Criterion 22

The agency follows documented policies and procedures to ensure that accreditation decisions are based on compliance with the standards.

Guidance

Describe how the standards are made relevant in the decision-making process.

- How does the agency ensure that accreditation decisions are based on compliance with the standards?

Criterion 23

The decision-making process includes an adequate variety of expertise, including but not limited to expertise in medicine.

Guidance

Describe the form in which medical expertise is reflected in the decision-making process.

- Is there a representative of professions associated with medicine among the experts on the decision-making board?
- If not, is the expertise in medicine represented in a different form?
- Does the process include other relevant medicine-related expertise, such as education, regulation or policy-making in the field of medicine?

Criterion 24

The agency follows documented policies and procedures for making accreditation decisions, including voting procedures and the quorum for conducting business.

Guidance

Describe the process of making accreditation decisions.

- What are the agency's policies and procedures for making the accreditation decisions?
- Who makes the accreditation decisions?
- What is the quorum and how is the decision reached?

Criterion 25

The agency conducts a decision-making meeting where a report based on a site visit, and other relevant documentation, is discussed and a decision is made based on the evidence.

Guidance

Describe what evidence is considered in the accreditation decisions.

- What evidence is made available to the decision-making body?
- How is the evidence and discussion during the meeting reflected in the decision?
- Does the decision reflect any other information?
- What is the timeline for the decision-making process in relation to the site visit?

Criterion 26

The agency follows documented policies and procedures for notifying medical schools of accreditation decisions.

Guidance

Describe how the assessed school is notified about the accreditation decision.

- Does the agency inform the school about the result of the decision-making process?
- Is there a mandatory period for the agency to convey the decision?

Part H. ACTIVITIES SUBSEQUENT TO ACCREDITATION DECISIONS

Criterion 27

The agency follows documented policies and procedures to manage an appeal for adverse accreditation decisions.

Guidance

Describe the policies and procedures for appeal against adverse accreditation decisions.

- What is the timeline for the school to appeal against a decision?
- Who reviews the appeal and makes the decision? Is the decision considered final?
- What elements are considered in the appeal process?

Criterion 28

Accreditation is valid for a fixed period of time.

Guidance

Describe the accreditation cycle.

- How long is the accreditation period? What is the rationale for the duration?
- Are there multiple accreditation statuses? If so, do they differ in duration?
- Does the end of the duration of the accreditation period automatically trigger a new assessment?

Criterion 29

If less than full accreditation is granted, the agency has documented policies and procedures for allowing the medical school to demonstrate compliance with the conditions that were imposed and act on the school's failure to do so.

Guidance

Describe the policies and procedures that allow the school to demonstrate the progress in compliance with the standards that were not compliant at the time of the decision.

- How can the school that receives a less than full accreditation status come into compliance? (Less than full accreditation refers to, for example, accreditation with conditions, or denial of accreditation.)
- How does the agency monitor the school's progress?
- Who makes the decision to grant a full accreditation status?

Criterion 30

The agency monitors schools throughout the duration of an accreditation period, and follows a process for seeking information and taking further actions.

Guidance

Describe the process of monitoring of the accredited schools.

- Are all accredited schools monitored, including schools that achieved full accreditation?
- How often does the agency monitor? What level of detail is considered? How are these decisions determined?
- Does the agency require the schools to report any substantive or anticipated changes? If so, is there a point at which the agency considers an additional assessment?

Criterion 31

The agency has and exercises the authority to request additional information from the accredited school and/or undertake additional site visits outside the regular schedule of visits, e.g. in response to concerns arising from complaints or monitoring.

Guidance

Describe the mandate of the agency to seek further information from the schools and take action.

- Can the agency seek additional information outside the regular schedule of assessments? If so, what can trigger such an effort?
- Does the agency have the authority to perform an additional site visit of the medical school, with or without prior warning?

Criterion 32

The agency follows documented policies and procedures for the withdrawal of accreditation.

Guidance

Describe the process of withdrawal of accreditation.

- Does the agency have the mandate to withdraw the accreditation?
- What can trigger the process of considering withdrawal of the accreditation?
- Who makes the decision?
- What are the implications of such an action?

Criterion 33

The agency follows documented policies and procedures to investigate and act upon complaints regarding accredited medical schools and the agency's processes and functions.

Guidance

Describe the policies and procedures for complaints.

- What is the procedure for investigating and addressing complaints regarding accredited medical schools?
- What is the procedure for investigating and addressing complaints regarding the agency's processes and functions?
- Are the complaints considered in the next assessment of the school?

Criterion 34

The agency has and exercises sufficient controls to ensure that the policies and procedures for accreditation of medical schools are applied consistently.

Guidance

Describe the measures that aim to ensure consistency.

- What are the elements in the agency's process that aim to ensure consistency across the assessed schools?
- Is the agency aware of any differences in the application of its policies and procedures (regional, size of the school, public/private)?

Part I. INDIVIDUALS ASSOCIATED WITH THE AGENCY

Criterion 35

The agency has a clear and transparent governance framework, consisting of an executive unit and a policy-making unit, supported by administrative staff.

Guidance

Describe the organisational structure and provide an organogram.

- What is the structure of the executive unit? Provide the list of roles and names, and any governing documents.
- What is the structure of the policy-making unit? Provide the list of roles and names, and any governing documents. (If the policy-making processes lie outside the agency's remit, describe and provide relevant documentation.)

Criterion 36

The agency follows documented policies specifying the appropriate qualifications, credentials and experience of the individuals who are key to the accreditation process (including, but not limited to the establishment and review the accreditation standards, participation in the medical school site visits and preparation of the reports, and accreditation decisions).

Guidance

Describe the policies relating to the selection or appointment of individuals associated with the agency.

- What are the requirements for qualifications, credentials and experience for the groups described above?
- What is the process of verification of the qualifications, credentials and experience?

Criterion 37

The agency provides appropriate training through a documented process for individuals named in Criterion 35 and 36.

Guidance

Describe the policies relating to the training and induction.

- What induction training is received prior and at the start of the individual's activity with the agency? Please specify for each group.
- Does the agency offer continuing training? If so, is such training mandatory?

Criterion 38

The agency follows documented policies and procedures for managing actual or perceived conflicts of interest for all individuals involved in the accreditation and decision-making processes.

Guidance

Describe the steps taken to control for actual and perceived conflicts of interest for individuals involved in the activity of the agency.

- What is the scope of the policies and procedures for managing conflict of interest?
- What is the process of reporting and resolving conflict of interest?

Part J. ADMINISTRATIVE AND FINANCIAL RESOURCES

Criterion 39

The agency has sufficient administrative resources to carry out its activities.

Guidance

Describe the agency's administrative resources.

- What are the key administrative roles and responsibilities and how many staff members are available?
- How does the agency determine whether the staff has sufficient capacity to carry out the activities?

Criterion 40

The agency applies a strategy to assess and maintain sufficient financial stability and sustainability to carry out its activities at an adequate level.

Guidance

Describe the agency's financial strategies.

- What are the agency's main sources of funding?
- How does the agency ensure that it has sufficient fiscal capability and independence to carry out its accreditation activities with regards to its scope of responsibility?
- What is the agency's financial reporting process? Attach a summary statement of operations including income and expenditure for the last five years. Suggested evidence includes documents submitted to the tax/financial authorities.

Part K. INFORMATION MANAGEMENT

Criterion 41

The agency manages their documented policies and procedures clearly, with regular (periodic) updates.

Guidance

Describe the system for the management of policies and procedures.

- What are the roles and responsibilities in implementing and reviewing the system?
- How often are policies and procedures reviewed and updated?

Criterion 42

The agency follows relevant and documented record-keeping policies and procedures, including policies to ensure data security.

Guidance

Describe policies and procedures relating to record keeping and data security.

- How does the agency determine what documentation should be retained?
- Does the agency follow a specific record-keeping and data-protection policy?
- Who is responsible for ensuring compliance with the aforementioned policy?

Criterion 43

The agency follows documented policies and procedures on determining what type of information should be shared with the public, with the schools and other relevant stakeholders, and determine the appropriate form. These policies should take into consideration that salient policies should be available publicly.

Guidance

Describe the documented policies and procedures sharing information with various stakeholders.

- What information does the agency publish regarding its accreditation policies and procedures? Describe the scope and access to information.
- How does the accrediting agency notify medical schools undergoing review and pertinent licensing or authorising agencies of accreditation decisions?
- What level of detail is disclosed publicly about the accreditation decisions, e.g. decisions only, positive outcomes only, full reports, etc.

Criterion 44

The agency makes publicly available an up-to-date list of accredited medical schools. If the local language is not English, the list must also be available in the English language. The list must include the start and end date of accreditation for each school.

Guidance

Describe the form in which the accreditation statuses are made public.

- Does the agency publish an up-to-date list of accredited medical schools?
- If the local language is not English, is the list available in the English language?
- Is the start and end date of accreditation of each school included in the list?