



EAST AFRICAN COMMUNITY MEDICAL AND DENTAL
BOARDS/COUNCILS

REGIONAL GUIDELINES FOR INSPECTION AND RECOGNITION OF MEDICAL SCHOOLS
AND TEACHING HOSPITALS IN EAC PARTNER STATES

July 2015

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INTRODUCTION

The EAC partner states Medical and Dental Boards/Councils were established under relevant statutes in their area of jurisdiction. The core mandates of the Board/Councils is to regulate the training and practice of medicine and dentistry as well as healthcare standards in the institutions registered under their mandates. The legal mandate gives the Board/Councils the responsibility of ensuring that students undertaking medical training acquire the desired knowledge and skills that are necessary for the delivery of clinical services.

The rise in the number of Medical Schools in EAC partner states has resulted in a need for standardized guidelines for inspection and accreditation of medical schools and teaching hospitals in order to ensure these training institutions meet the minimum requirements needed to successfully train competent medical practitioners and to ensure the provision of quality healthcare.

The guidelines have been developed as a yardstick to ensure Medical Schools and teaching hospitals meet the set requirements. Additionally, it is aimed at standardizing the competencies of doctors who undergo training in the accredited medical schools in the respective partner states.

The Boards/Councils take cognizance that these guidelines will address the critical areas needed in the establishment and successful running of a training program for Medicine and Surgery.

It is anticipated that compliance with the standards will enable the medical schools to run and sustain their training programs thereby equipping the medical doctors with the necessary skills and knowledge Governance and Management

The guidelines have been developed with extensive consultations and input from key strategic partners and stakeholders in line with the Ministries of Health of partner states and was facilitated through the support of our key strategic partner from respective Councils and Boards. .

We call upon key actors of these Regional Guidelines to maximize their skills, knowledge and expertise to ensure the successful implementation of this important document.

Amb. Dr. Richard SEZIBERA
Secretary General of East African Community



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FOREWORD

The main goal of Medical Education is improved health for all people. Many factors e.g emergence of diseases have impacted medical practice and this is the reason, the Medical Board/Councils undertake to promote the highest scientific and ethical standards in Medical Education; while also ensuring that there is innovative management of Medical Education. It is in accordance with this mandate, that the Boards and Councils found it necessary to develop and disseminate guidelines for inspection and accreditation of medical schools and teaching hospitals in order to standardize the training of doctors.

The purpose of these measures is to ensure the standardization of a mechanism for quality improvement and assurance in the entirety of Medical Education in the region. It is readily recognized that medical practitioners must possess vast knowledge of conditions that are prevalent all over the world along with the requisite management approaches in order to ensure effective service delivery to citizens.

The guidelines therefore, indicate the basic minimum requirements that have to be covered by all medical training institutions for their undergraduate training programmes. These requirements in a wide area of medicine have been covered with the crucial inclusion of Research and Innovation.

The guidelines shall be used in conjunction with the inspection checklists for medical schools and teaching hospitals. An application form which shall be duly filled in and returned to the Boards/Councils has been presented in two sections viz:-

Section 1: Details of institution

Section 2: Requirements that must be submitted during application.

The implementation of the new guidelines will ensure that medical schools attain minimum requirements for the training of competent medical practitioners and to ensure the provision of quality healthcare.

I look forward to the outcomes targeted by the new guidelines.

Amb. Dr. Richard SEZIBERA
Secretary General of East African Community



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ACKNOWLEDGEMENTS

The Medical Boards/Councils gratefully acknowledge the parties who have been involved in developing the Regional Guidelines for inspection and accreditation of Medical and Dental Schools and Teaching Hospitals.

Appreciations go to delegates from:

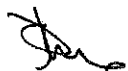
- Medical Council of Tanganyika: Prof. David NGASSAPA and Palloty Luena,
- Zanzibar Medical Board: Dr Omar J. KHATIB and Dr Semeni Shaaban Mohamed,
- Rwanda Medical And Dental Council: Dr Emmanuel Rudakemwa and Thadee Vuguziga
- Uganda Medical and Dental Council: Dr Fred Nyankori
- Kenya Medical and Dentist Practitioners Board: Daniel M. Yumbya and Dr Elly Nyaim OPOT
- Ministry of East African Affairs, Commerce and Tourism: Dr Ndongi N. Titus

for providing leadership and technical support in this process.

We also thank the following key stakeholders among others for their valuable contribution and inputs:

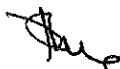
- Technical Working Group and EAC secretariat
- Deans of Medical Schools from Respective Partner states
- The Board/Councils gratefully acknowledge our Strategic Partner (Health in Africa Initiative World Bank Group for their unwavering financial, logistical and technical support.

.....
Chairperson of Health Sectoral Committee



LIST OF ABBREVIATIONS

- CPD: Continuous Professional Development
EAC: East African Community
ICT: Information Communication Technology
M&E: Monitoring and Evaluation
WHO: World Health Organization
MD: Doctor of Medicine
WFME: World Federation of Medical Education



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PART ONE: RESPONSIBILITIES OF THE BOARDS/COUNCILS

The mandate of the Boards/ Councils is stated in their respective statutes. In exercise of their mandates and in conjunction with the Commissions responsible for Higher Education, Boards/Councils shall:

- a. Approve of all medical programmes and any modifications of the same for purposes of accreditation.
- b. Monitor the implementation of accredited programmes continuously.
- c. Evaluate continuing programmes.



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PART TWO: STANDARDS

STANDARD 1: Governance and Management

1.1 Preamble and justification

An introductory statement about the medical school and its ties to its primary university. The justification should be evidence based and involve a needs assessment/situation analysis/survey

1.2 Mission, Vision, Philosophy/Core Values

1.2.1 Vision:

Should be relevant to the training of doctors in line with the values of the degree awarding institution.

1.2.2 Mission:

Should address quality of education with respect to acquisition of professional competence.

1.2.3 Philosophy/ Core Values

The values guiding the school towards achieving its goals.

Should be consistent with the philosophy of the mother institution

1.2 Legislation/Regulation

1.2.2 The degree awarding institution must be registered and duly recognized by the Commission responsible for Higher Education.

1.2.3 The medical training programme shall have the approval of the Medical Boards/Councils

1.3 Governance Structure

This shall be regulated by defined statutes, rules and regulations.

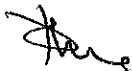
1.3.1 Organizational Structure:

The School shall have a well-defined leadership and management structure. This shall include an organogram.

1.3.2 Management Team

Shall comprise of:

- i. Academic Dean who shall fulfill the following criteria:
 - a. Be a holder of MB ChB or equivalent, and a post-graduate degree
 - b. Be at least a senior lecturer, as stipulated by commission responsible for Higher Education
 - c. Have a minimum of 5 years medical school teaching experience,
 - d. Shall be the academic head of the programme
- ii. Heads of Departments who shall fulfil the following criteria:



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- a. Be a holder of MBChB or equivalent or degree in the relevant field, and a post-graduate degree
 - b. Be at least a senior lecturer, as stipulated by commission responsible for Higher Education Shall be a recognized specialist in that area of training
- iii. Heads of Core Departments
- a. Be a holder of MBChB or equivalent or degree in the relevant field, and a post-graduate degree
 - b. b. Be at least a lecturer, as stipulated by commission responsible for Higher Education
 - c. c. Shall be a recognized specialist in that area of training

1.3.3 Core departments/

Shall include but not limited to the following:

1. Human anatomy,
2. Medical Physiology,
3. Medical Biochemistry,
4. Pathology, to include haematology, immunology, chemical pathology/clinical chemistry and histopathology
5. Microbiology and parasitology
6. Surgery,
7. Internal Medicine
8. Pharmacology.
9. Paediatrics and child health,
10. Obstetrics and Gynaecology,
11. Public/ community health,
12. Mental health,
13. Diagnostic imaging
14. Critical care/ Anaesthesia

1.3.4 Standing committees.

Shall include but not limited to the following:-

- Curriculum committee which is also responsible for quality assurance.
- Examination committee
- Time-tabling committee




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1.3.5 Membership of School Board.

Shall comprise of Faculty and Students' representatives as governed by the statutes of the respective universities of the EAC partner states.

1.3.6 Administration

The administrative staff of the medical school must be appropriate in compliance with the guidelines of commission responsible for Higher Education in the Partner States to support the implementation of the school's educational programmes and ensure good management of its resources.

1.3.7 Academic Autonomy

The schools should have the autonomy to design the curriculum and allocate resources in collaboration with the University Administration using bench marks recommended by the Medical Boards/Councils and Commissions responsible for Higher Education.

1.4 Financial Resources and Management:

The School shall demonstrate evidence of:

- a. Financial resources to support program
- b. Financial management systems with clear policies and procedures,



STANDARD 2: Academic Programme

2.1. Degree Title

Shall be Bachelor of Medicine and Bachelor of Surgery (MBChB, MBBS), Doctor of Medicine (MD)

2.2. Curriculum

The curriculum shall be in line with the requirements of respective Boards/ Councils.

2.3 Admission Policy and Selection

- a. Policy on student selection,
- b. Admission criteria stating minimum entry requirement for the University, in line with the commission responsible for Higher Education, Board/Councils minimum requirements. Student number in relation to physical facilities /infrastructure, human and financial resources.
- c. The school shall ensure that students admitted are supported by the teaching hospital capacity.

2.4 Student Indexing

The school should show evidence of being up to date with annual submission of students' name for indexing.

2.5 Duration

The minimum duration of the programme shall be at least five (05) years. No student shall exceed the number of years stipulated in the relevant University prospectus.

2.6 Curriculum Linkage with medical practice and the health care systems.

During training, students shall be exposed to areas they will be expected to work in tertiary and primary care facilities upon completion.

2.7 Programme Management

2.7.1 Programme Outcomes

- i. Professional values, attitudes, behavior and ethics,
- ii. Scientific foundation of medicine,
- iii. Communication skills,
- iv. Clinical skills,
- v. Population health,



- vi. Health systems management,
- vii. Information communication technology (ICT),
- viii. Critical thinking and research,
- ix. Leadership and Management,
- x. Entrepreneurship.

2.7.2 Model, structure and instructional methods

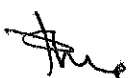
- a. Schools should state the model and structure their curriculum as well their methods of instruction. They are encouraged to adopt methods that support innovation, student-centered learning, mentorship and use of evidence-based training methodologies.
- b. Assessment of students
 - Establish assessment systems compatible with the learning/teaching methods.
 - schools should publish their examination regulations and make them known to students,
- c. The course title shall be reflected in the purpose of the course and the course's expected learning outcomes; and
- d. The expected learning outcomes shall be reflected in the course content, which shall be linked to the mode of delivery, instructional materials and/or equipment, assessment and reference materials.

2.7.3 Course description:

All courses shall have a course title, prescribed units, purpose, outcome and content. Compulsory subject areas indicated below are described in Core Curriculum.

Biomedical Sciences:

- a. Behavioral and social sciences including communication skills.
- b. Ethics, Law and medical sciences
- c. Pathological basis of disease
- d. Clinical sciences
- e. Critical thinking and research
- f. Elective period
- g. Entrepreneurship
- h. Information Communication Technology
- i. Population health
- j. Health systems management.



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- k. Community Health
- l. Leadership and management.
- m. Additional courses as prescribed by the school (including Nursing skills, and common university courses.)

2.8 Other resources

- a) Educational exchange programmes for staff and students
- b) Partnership and collaboration with other Universities

2.9 Academic Support

The school shall, beyond the primary obligations, make provision for the following:

- a. Needy and disadvantaged students
- b. Students with disabilities
- c. Students with medical/ social challenges

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STANDARD 3: PHYSICAL INFRASTRUCTURE

Medical schools shall have appropriate physical teaching facilities for the number of staff, students and programme, as stipulated by the commissions responsible for Higher Education.

3.1 Physical resources

- a. Administrative Block
- b. Staff offices
- c. Lecture rooms and tutorial rooms
- d. Appropriately equipped Technical and Skills Laboratories
- e. Library
- f. Information technology services

The institution shall have a schedule for maintenance and repair.

Adequate sanitary facilities must be provided for staff, students and patients.

The minimum physical, teaching and learning facilities shall include:

3.1 Teaching/tutorial rooms

- I. Minimum space of 2 square meter per student
- II. Audio visual facilities per teaching room
- III. Appropriate and adequate chairs and tables
- IV. Adequate lighting and ventilation.

3.2 Staff offices shall be located within the school and shall be accessible to all stakeholders.

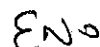
Dean's office (a minimum area of 24 M²)

The departmental offices shall comprise of the following minimum number of offices:

- One departmental office (a minimum area of 18 M²)
- One head of department office (a minimum area of 18 M²)
- One secretary's office (a minimum area of 7 M²)
- Each faculty shall have a minimum area of 7 M²
- Non-academic members' staff offices shall have the following minimum floor areas (a minimum area of 7 M²)

3.3 Clinical resources for training:

- a) There shall be dedicated University Teaching hospital(s) approved by the Boards/Councils. Appropriate Student/inpatient ratios of 1:4. This is important to give students maximum learning opportunity while protecting patient from exhaustion.
- b) Adequate ward and theatre space with approximately theatre space to bed ratio of not more than 1: 50 in general hospitals.
- c) Sustainable provision of clinical consumables to students
- d) Provision of tutorial rooms within the clinical area for teaching



- e) Provision of appropriate postmortem and pathology facilities within the hospital mortuary

STANDARD 4: FACULTY

The following areas relating to academic, technical and administrative staff shall be stated clearly:

- a. A policy on recruitment addressing qualifications, specialization and career progression
- b. Academic Staff numbers;
Recommended ratios of staff to students in different disciplines for
 - i. Basic sciences staff/student ratio of 1:12.
 - ii. Clinical department's staff/student ratio of 1:7.**For lower enrollments (below 60 students per year), these ratios may not apply but, at least, there should be a staff member to teach each thematic area.**
- c. Academic Staff qualifications
 - i. Non clinical departments 50% should be holders of PhD or M.Med or equivalent, with appropriate mix of medical and non-medical staff.
 - ii. Clinical departments 90% should be holders of M.Med or equivalent.
- d. Part – timers should be not more than 20% of clinical and 40% for preclinical teaching staff.
- e. Appropriate mix of specialists
- f. A clear policy on staff development, and career progression
- g. Staff welfare: Support and counseling

STANDARD 5: STUDENT AFFAIRS

There should be a policy on student welfare which should address the following among others:

- a. Support and counseling
- b. Mentoring
- c. Academic support
- d. Career guidance
- e. Healthcare
- f. Financial matters
- g. Student organizations
- h. Rules of conduct should be published.



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- i. Suitable accommodation facilities should be availed particularly during clinical years
- j. Dress code
- k. Recreational, cultural and spiritual support

Recreational facilities: The institution shall provide accessible recreational facilities including outdoor and indoor facilities.

STANDARD 6: PROGRAMME MONITORING & EVALUATION

- a) The medical school shall have a policy on quality assurance and quality control, which should address monitoring and evaluation systems including student feedback mechanism.
- b) The school shall prepare an annual M&E report (M&E) for the program. There shall be formal reviews at the end of every program cycle.
- c) The national Boards/Councils shall review the annual Monitoring and Evaluation (M&E) reports submitted by the schools. Where there is need, the Boards/Councils shall advise the School on necessary measures that shall be instituted to maintain standards.
- d) The Boards/Councils shall inspect the School at least once every cycle, with renewal of the accreditation certificate if the inspection is satisfactory.
Regular performance appraisal for the faculty should be performed.
- e)

STANDARD 7: RESEARCH AND INNOVATION

A School shall show evidence of promoting quality research and innovation.

- a. A School shall have thematic research areas in line with its institutional research policy and aligned to the national research policy.
- b. A School shall endeavor to have adequate funds for research by allocating a minimum of 2% of its operational budget to research.
- c. A School shall facilitate its staff to carry out research.
- d. A School shall have mechanism of providing incentives to members of staff who undertake research, attract research funds, innovate and/ or patent.
- e. A School shall document and disseminate its research outputs.



- iv. Specification of the teaching and student evaluation methods suitable for the achievement of stated educational objectives,
- v. Design of a system for curriculum implementation and review,
- vi. Design of a system for educational programme evaluation, including the designation of outcome measures to indicate the achievement of overall educational objectives.
- vii. Six (6) months prior to commencement of the clinical phase of training, the following requirements shall be attained:
 - a. The School shall have appointed appropriate complement of staff to support clinical teaching, of whom, 80% are full time.
 - b. The school shall have set up appropriate physical infrastructure to facilitate clinical teaching as stipulated in Part Two above,
 - c. The school shall have made provision for reasonable adequate, safe, secure and accessible accommodation for the students, in close proximity to the training hospital or with provision of transport for the students.

3. Monitoring and evaluation

- a. The school shall submit annual reports to the Boards/Councils on the implementation process on a format provided by the Boards/Councils
- b. The Boards/Councils shall carry out an inspection on the school prior to commencement of the clinical phase of training, after the School submits the necessary reports as provided in section 2 (vii) above.
- c. The school shall conduct a full review of the first programme cycle, and this review shall incorporate the stakeholders. This report shall be submitted to the Boards/Councils, following which, the Boards/Councils shall re-inspect the School and if satisfactory, grant full accreditation in collaboration with the commission responsible for Higher Education
- d. Once fully recognized, the school shall then be inspected for renewal of the recognition certificate as stipulated in Standard 6b.
- e. If not satisfactory, the School and the Boards/Councils shall agree on an

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PART THREE: NEW MEDICAL SCHOOLS

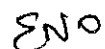
The standards set out in **PART TWO** shall apply to new schools with modifications outlined in this section. Recognition of New Medical Schools shall be upon fulfillment of the following requirements:

1. All legal requirements set out in Standard 1(1.3). At institutional level the following should be in place before intake of the first group of students:
 - a. Approval (provisional recognition certificate) by the Boards/Councils
 - b. A definition of the relationship between the medical school and the degree granting institution. Such institution should have the requisite authority from the Commission responsible for Higher Education to offer degree programmes.
 - c. A defined relationship between the medical school and the teaching hospital(s)
 - d. A definition of the governance structure of the medical school and its relationship to the degree awarding institution,
 - e. Appointment of the founding dean in accordance to the requirements in **Part Two** above.
 - f. Appointment of chairs/Heads of Departments of the core departments, both pre-clinical and clinical
 - g. Appointment of administrative leadership.
 - h. Establishment of the standing committees of the medical school.

2. Programme requirements

Before admission of the students, the following should be in place:

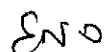
- a. A curriculum approved by commission responsible for Higher Education in collaboration with the Boards/ Councils
- b. A comprehensive plan covering areas of financial resources, staff, curriculum implementation and students management for the first programme cycle, as follows;
 - i. Working plan for the curriculum as a whole, consistent with the educational objectives,
 - ii. A detailed layout of the academic programmes for the first half of the programme cycle
 - iii. Written standards and procedures for the admission, evaluation, advancement, and graduation of students and for disciplinary action, including appeal mechanisms to ensure due process is followed,



- iv. Specification of the teaching and student evaluation methods suitable for the achievement of stated educational objectives,
- v. Design of a system for curriculum implementation and review,
- vi. Design of a system for educational programme evaluation, including the designation of outcome measures to indicate the achievement of overall educational objectives.
- vii. Six (6) months prior to commencement of the clinical phase of training, the following requirements shall be attained:
 - a. The School shall have appointed appropriate complement of staff to support clinical teaching, of whom, 80% are full time.
 - b. The school shall have set up appropriate physical infrastructure to facilitate clinical teaching as stipulated in Part Two above,
 - c. The school shall have made provision for reasonable adequate, safe, secure and accessible accommodation for the students, in close proximity to the training hospital or with provision of transport for the students.

3. Monitoring and evaluation

- a. The school shall submit annual reports to the Boards/Councils on the implementation process on a format provided by the Boards/Councils
- b. The Boards/Councils shall carry out an inspection on the school prior to commencement of the clinical phase of training, after the School submits the necessary reports as provided in section 2 (vii) above.
- c. The school shall conduct a full review of the first programme cycle, and this review shall incorporate the stakeholders. This report shall be submitted to the Boards/Councils, following which, the Boards/Councils shall re-inspect the School and if satisfactory, grant full accreditation in collaboration with the commission responsible for Higher Education
- d. Once fully recognized, the school shall then be inspected for renewal of the recognition certificate as stipulated in Standard 6b.
- e. If not satisfactory, the School and the Boards/Councils shall agree on an appropriate time limit within which the School should have made appropriate corrections. Once satisfactory, Full recognition shall be granted. In the event of non-compliance, disciplinary action shall be taken as laid out in Part 6.
- f. Thereafter these reviews shall be conducted with every cycle in accordance to the stipulation above for pre-existing schools.



PART FOUR: GUIDELINES FOR TEACHING HOSPITALS

Teaching hospitals are key components in the training of doctors. The hospitals must attain and maintain minimum requirements. The hospitals must be in compliance with all relevant acts that govern the running of health facilities. The Boards/Councils in consultations with the relevant government authorities shall accredit and gazette all Medical Teaching Hospitals.

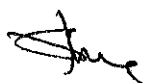
1. Facilities

Teaching Hospitals shall have the following functional components:

- a) Internal medicine
- b) Surgery
- c) Pediatrics
- d) Obstetrics and Gynecology
- e) Mental health
- f) Emergency and Critical care medicine
- g) Rehabilitation
- h) Pathology (including postmortem facilities), and Laboratory medicine
- i) Radiology and Imaging
- j) ENT
- k) Dental
- l) Ophthalmology
- m) Orthopedics
- n) Anesthesiology
- o) Dermatology
- p) Operating theatres
- q) Public Health
- r) Outpatient clinics
- s) Department of Pharmacy
- t) Medical Information systems
- u) Education and training space.

2. Relationship between Medical Schools and Hospitals

Every Medical School shall have a designated teaching hospital. The school may use more than one teaching hospital, as long as these hospitals are approved by the boards/councils. All teaching Hospitals must have the following:



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- a. Total number of staff required for service, research and teaching based on infrastructure and facilities available.
- b. Distribution of staff between university and hospital and their role in the areas of teaching, research and patient care should be stated clearly.
- c. Student to bed ratio of at least 1:4
- d. Operating theatre to hospital bed ratio of not more than 1:50
- e. Resources sharing in areas of financial, human resource, consumables and equipment which must meet the minimum requirements as per appendix.
- f. Quality assurance in the institution.
- g. Relationship between the hospital and the university departments.
- h. Conflict Resolution mechanism

In case the School does not own the hospital, there must be a clearly stipulated agreement addressing the above.

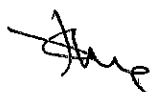
3. Minimum Requirements for a Teaching Hospital

- a. Functional Units as stipulated in 1 above.
- b. Bed capacity (Student to bed ratio of 1:4),
- c. Bed occupancy of at least 80%,
- d. Theatre to bed capacity of not more than 1:50,
- e. Tutorial rooms and side labs in the units for the students,
- f. Policy on consumables,
- g. Adherence to policy on infection prevention and control,
- h. Adherence to policy on Occupational Health and Safety,
- i. Adherence to policy on staffing norms,
- j. Adherence to policy on standard operating procedures,
- k. Teaching hospitals shall be accredited as CPD Providers by the Boards/Councils,
- l. Provide resource centers including use of ICT

PART FIVE: THE PROCESS OF RECOGNITION

Boards/Councils shall offer two forms of recognition based on whether the institution seeking recognition is a new or continuing school namely:

1. Provisional recognition
2. Full recognition




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1. Provisional recognition

Provisional recognition is granted to a medical school, which is in the developmental stages of program implementation in a program that is partially operational. This recognition provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing medical program has the potential of meeting the standards set forth in the requirements for a recognized medical program. Provisional recognition is granted based upon one or more site evaluation visit(s).

1.1 The Process of application

1. The parent institution shall apply to the Boards/Councils for recognition using an appropriate form attached in annex EAC 1.
2. The Boards/Councils shall thereafter provide the recognition standards and the check list to the applicant.
3. The applicant shall provide a preliminary status report addressing the requirements highlighted in the checklist.
4. The Boards/Councils and the applicant shall schedule a preliminary visit within a period of 3 months.

The Boards/Councils shall ensure that the standards outlined have been met before granting the provisional recognition. The Boards/Councils shall within 1 month issue provisional recognition where all the standards have been met. Where the standards have not been met, the Boards/Councils shall issue a report indicating areas for improvement within a prescribed period.

Provisional recognition shall be revoked where the school fails to meet the set standards within the period prescribed by the Board/Council. The National Councils are mandated to provide for existing students including 'teach out' and moving students from one institution to another, according to provisions of the Act of councils for Higher Education of Partner States.

The Validity of provisional recognition is maximum two (2) years

2. Full recognition

Full recognition shall be granted to the institution that has met all the stipulated standards by the Boards/Councils after the first programme cycle.

2.1 Student's feedback.



- The Boards/Councils shall have an online assessment tool for student feedback.
- The tool shall provide information on strengths and weakness of the programs offered
- The information shall be analyzed and the feedback shall be sent to the school within a period of 3 months.

2.2 The Process of full recognition

1. The parent institution shall apply to the Boards/Councils for full recognition using an appropriate form attached in annex EAC 2.
2. The Boards/Councils shall thereafter provide the recognition standards and the check list to the applicant schools.
3. The applicant shall provide a preliminary status report addressing the requirements highlighted in the checklist.
4. The Boards/Councils and the applicant shall schedule a visit within a period of 6 months.

The Boards/Councils shall ensure that the standards outlined have been met before granting the full recognition. The Boards/Councils shall within 1month issue full recognition where all the standards have been met. Where the standards have not been met, the Boards/Councils shall issue a report indicating areas for improvement within a prescribed period.

The Validity of full recognition is equivalent to one programme cycle

3. Constitution and Role of the Inspection team for recognition

The Boards/Councils shall constitute a joint team that shall carry out inspection for the purpose of recognition. At least a three (03) month notice shall be communicated to the school for the scheduled inspection visit.

4. The Joint Inspection

The cost of joint inspection shall be borne by EAC Secretariat, respective Boards/Councils and the individual Institution

5. Joint Inspection report

The report shall be prepared and availed to the EAC Secretariat at the end of the inspection. The school shall respond to the report within Sixty (60) days after receiving it.

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PART SIX: APPEAL PROCESS

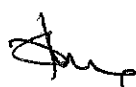
Programs denied recognition status or whose recognition status has been withdrawn, have the opportunity to appeal the decision.

A request for an appeal must be received by EAC Secretariat through the respective national Boards/Councils. This request should be received by the respective Boards and Councils within thirty days of receiving the decision from Boards/Councils. The Boards/Councils should submit the report to the EAC Secretariat within fourteen (14) days. The EAC Secretariat shall constitute a team to conduct a re-inspection within thirty (30) days.



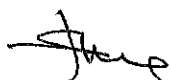
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APPENDICES

1. Inspection checklist for Medical Schools and teaching hospitals
2. Inspection checklist for Dental Schools and teaching hospitals
3. Application form for Accreditation of Medical Schools
4. Application form for Accreditation of Dental Schools
5. Certificate of Provisional/ Full accreditation as a Medical School



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