REPUBLIC OF KENYA

NATIONAL GUIDELINES FOR INSPECTION AND ACCREDITATION OF SPECIALIST DENTAL TRAINING INSTITUTIONS AND TEACHING HOSPITALS & DENTAL CENTRES

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REPUBLIC OF KENYA

MEDICAL PRACTITIONERS & DENTISTS COUNCIL

NATIONAL GUIDELINES FOR INSPECTION AND ACCREDITATION OF DENTAL SPECIALIST TRAINING INSTITUTIONS AND TEACHING HOSPITALS/ DENTAL CENTRES

2019

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INTRODUCTION

The Medical Practitioners and Dentists Council (MP&DC) is established under Cap 253 laws of Kenya. The core mandate of The Council is to regulate the training and practice of medicine and dentistry as well as healthcare standards in the institutions registered under this Act. The Act gives The Council the responsibility of ensuring that trainees undertaking medical and dental training at all levels, acquire the desired knowledge and skills that are necessary for the delivery of clinical services.

The rise in the demand for specialist training and the adoption of various training systems in Kenya has resulted in the need for standardized guidelines for inspection and accreditation of specialist training institutions and teaching hospitals in order to ensure these training institutions meet the minimum requirements needed to successfully train competent dental specialists and to ensure the provision of quality oral healthcare.

The guidelines have been developed as a yardstick to ensure that training institutions and teaching hospitals meet the set requirements. Additionally, the Council aims to standardize the competencies of specialist dentists who undergo training in the accredited specialist training institutions in the country.

The Council is cognizant that these guidelines will address the critical areas needed in the establishment and successful running of a training program for dental specialists.

It is anticipated that compliance with the standards will enable the training institution to run and sustain its training program thereby equipping the specialist dentist with the necessary skills.

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FOREWORD

The main goal of Dental Education is improved oral health and by extension general health for all people. Many factors, for example emergence of lifestyle diseases, have impacted dental practice and this is the reason the Medical Practitioners and Dentists Council (MP& DC) undertakes to promote the highest scientific and ethical standards in Dental Education; while also ensuring that there is innovative management of Dental Education. It is in accordance with this mandate that The Council found it necessary to develop and disseminate guidelines for inspection and accreditation of dental schools and teaching hospitals in order to standardize the training of specialist dentists.

The purpose of these measures is to ensure the standardization of a mechanism for quality improvement and assurance in the entirety of Dental Education in the country. It is readily recognised that dental 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 dental training institutions for their specialist training programmes. These requirements in a wide area of dentistry have been covered with the crucial inclusion of research and innovation.

The guidelines shall be used in conjunction with the inspection checklists for dental schools and teaching hospitals. An application form which shall be duly filled in and returned to The Council has been presented in two sections as follows:

Section 1: Details of institution

Section 2: Requirements that must be submitted during application

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

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

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CHAIRMAN
MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

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ACKNOWLEDGEMENTS

The Medical Practitioners and Dentists Board (MP&DB) gratefully acknowledges the parties who have been involved in developing the National Guidelines for inspection and accreditation of Medical and Dental Schools and Teaching Hospitals.

Appreciations go to Dr. Nelly Bosire, Dr. Tonnie Mulli, Prof. Okello Agina, Dr. Claudio Owino among others for providing leadership and technical support in this process and The Council Members for their ideas and contributions.

We thank the following key stakeholders among others for their valuable contribution and inputs: Deans of Medical and Dental Schools such as ~~Prof. Frederick Were (University of Nairobi, College of Health Sciences), Dr. Pamela Tsimbiri (Egerton University, Faculty of Health Sciences), Prof. Lukoye Atwoli (Moi University, School of Medicine), Prof. Kimathi Kigatiira (Mount Kenya University), Prof. Barasa Otsyula (Kenya Methodist University), Prof. Wilson Odero (Maseno University), Prof. James Jowi (Uzima University), and Dr. Reuben Thuo (Jomo Kenyatta University of Agriculture and Technology). Besides, we extend our indebtedness to Mr. James Kiarie (Commission of University Education), Mr. Samuel Wafula (Ministry of Education Science and Technology), and other Health Regulatory Bodies.~~

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DANIEL M. YUMBYA
CHIEF EXECUTIVE OFFICER
MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

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LIST OF ABBREVIATIONS

WFME	-	World Federation of Medical Education
ICT	-	Information Communication Technology
CPD	-	Continuous Professional Development
MPDC	-	Medical Practitioners and Dentists Council
CUE	-	Commission of University of Education
ECSA	-	East, Central and South Africa
CAP 253	-	Chapter 253, Laws of Kenya
WHO	-	World Health Organization

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PART ONE: RESPONSIBILITIES OF THE COUNCIL

The mandate of the Medical Practitioners and Dentists Council is stated in *CAP 253,* Section 11A as follows: *"The Council shall satisfy itself that courses of study to be followed by trainees for a degree in medicine or dentistry, including the standard of proficiency required for admission thereto and the standards of examinations leading to the award of a degree are sufficient to guarantee that the holder thereof has acquired minimum knowledge and skill necessary for the efficient practice of medicine or dentistry"*.

In exercise of this mandate and in conjunction with relevant constitutionally relevant bodies such as the Commission of University Education, The Council shall:

a. Approve all specialist dental training curricula and any reviews of the same
b. Approve of all specialist dental training programmes and any modifications of the same, for purposes of accreditation
c. Evaluation and re-accreditation of continuing specialist education programmes
d. Monitor the implementation of accredited programmes continuously

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PART TWO: STANDARDS

Standard 1: Governance and Management

1.1 Preamble and justification

An introductory statement about the specialist training institution and its ties to its parent university or college should be provided. The justification should be evidence based and involve a needs assessment/situation analysis/survey.

1.2 Vision, Mission, Philosophy/Core Values

1.2.1 Vision:

Should be relevant to the training of specialist dentists in line with the values of the mother 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 training institution towards achieving its goals.

Should be consistent with the philosophy of the mother institution.

1.3 Legislation/Regulation

1.3.1.1 For university-based training programmes, the degree granting institution must be registered and duly recognized by Commission for University Education. For the collegiate system training programmes, the college must be duly accredited by the Medical Practitioners and Dentists' Council. Further the Council shall review and accredit any other training system as necessary.

1.3.1.2 The specialist dental training programme shall be accredited by the Medical Practitioners and Dentists Council.

1.4 Governance Structure

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

1.4.1: Organizational Structure

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

Organogram needed

1.4.2 Management Team

Shall comprise of:

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i. Academic Dean or President of the College, who shall fulfil the following criteria:
    a. Be a holder of BDS or equivalent, and a post-graduate degree or a fellowship of a college.
    b. Be a recognised specialist by the Council.
    c. Be at least a senior lecturer, as stipulated by commission of university education, or a fellow of the training college
    d. Have a minimum of 5 years teaching experience
    e. Shall be the academic head of the specialist training programme

ii. Head of Department or Country Head of Programme who shall fulfil the following criteria:
    a. Be a holder of BDS or equivalent, and a post-graduate degree or a fellowship of a college.
    b. Be a recognised specialist by the Council
    c. Have worked for at least two years as a recognised specialist
    d. Be at least a senior lecturer, as stipulated by commission of university education, or a fellow of the training college
    e. Have a minimum of 5 years teaching experience

iii. Heads of Thematic Units or Institution Programme Directors:
    a. Be a holder of BDS or equivalent, and a post-graduate degree or a fellowship of a college in the relevant specialty.
    b. Be a recognised specialist by the Council
    c. Have worked for at least two years as a recognised specialist
    d. Be at least a senior lecturer, as stipulated by commission of university education, or a fellow of the training college

1.4.3. Core Departments/ Thematic Units

Shall include but not limited to the following:

1. Relevant biomedical and social sciences
2. Core thematic areas of the specialty as per the programme core curriculum

1.4.4: Standing Committees

The programme shall ensure that it conforms to its mother institution's committees that shall include but not be limited to the following:

- Curriculum committee

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- Examination committee
- Time-tabling committee

1.4.5: Membership of School Board or its equivalent in the Collegiate System

Shall comprise of:

- Academic Dean or President of the College
- Head of Department or Country Head of Programme
- Heads of Thematic Units or Institution Programme Directors
- Faculty/Trainers
- Trainees

1.4.6: Administration

The administrative staff of the training institution must be appropriate to support the implementation of the programme and ensure good management of its resources.

1.4.7: Academic Autonomy

The specialist training institution should have the autonomy to design the curriculum for the specialist training programme and allocate resources as bench marked by the core curricula by the Medical Practitioners and Dentists Council

1.4.8: Trainee Representation

Trainees shall be represented in the various governance organs of the specialist training institution.

1.5 Financial Resources and Management:

The specialist training institution shall demonstrate evidence of:

a. Financial resources to support program
b. Financial systems with clear policies and procedures
c. Budgeting procedures, expenditure, auditing records.

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Standard 2: Academic Programme

2.1. Degree Title

Shall be Master of Dental Sciences in the specialty or membership (? Fellowship) of the college

2.2. Curriculum

The curriculum shall be in line with the requirements of MP&DC as outlined in the specialty's core curriculum.

2.3 Admission Policy and Selection

a. Policy on trainee selection
b. Admission criteria stating minimum entry requirement for the training programme, in line with The Council's minimum requirements as stipulated in the Core curriculum
c. Trainee number in relation to physical facilities /infrastructure, human and financial resources
d. The specialist training institution will ensure that trainees admitted are supported by the teaching hospital capacity.
e. Teaching hospitals shall provide financial compensation to the doctors in training commensurate to the services rendered.

2.4 Trainee Indexing

The specialist training institution shall show evidence of being up to date with annual submission of trainees' names for indexing.

2.5 Duration

The minimum duration of the specialty training programmes shall as listed below:

1. Periodontology – three (3) years
2. Oral & Maxillofacial Surgery – Five (5) Years
3. Paediatric dentistry – three (3) years
4. Orthodontics – three (3) years
5. Prosthodontics – three (3) years
6. Restorative dentistry – three (3) years
7. Endodontics – three (3) years
8. Oral & Maxillofacial radiology & imaging – three (3) years
9. Oral medicine & pathology – three (3) years

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Any new specialty training programmes shall require the approval of council and their minimum training durations appropriately stipulated before incorporation into the guidelines. No trainee shall exceed double the stipulated period (in academic years) in the programme.

2.6 Curriculum Linkage with Dental Practice and the Health Care Systems

The clinical training programmes shall be apprenticeship-based. Hence, trainees shall be primarily trained within health care institutions, with exposure to other areas as required of their curriculum.

For non-clinical courses, the trainees shall be exposed to laboratories, skills laboratory and other relevant demonstration areas, in keeping with the requirements of their curricula.

2.7 Programme Management

2.7.1 Programme Outcomes

i. Professional values, attitudes, behaviour and ethics
ii. Scientific foundation of medicine
iii. Communication skills
iv. Clinical skills
v. Instructional skills
vi. Population health
vii. Health systems management
viii. Information communication technology (ICT)
ix. Critical thinking and research
x. Leadership and Management
xi. Entrepreneurship

2.7.2 Model, Structure, and Instructional Methods

a. Specialist training institutions shall state the model and structure of their curriculum as well as their methods of instruction. They are encouraged to adopt methods that support innovation, trainee-centred learning, mentorship, and use of evidence-based training methodologies.

b. Assessment of trainees:

- Establish assessment systems compatible with the learning/teaching methods

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- Specialist training institutions shall publish their examination regulations and make them known to trainees

c. The course title shall be reflected in the purpose of the course and the course's expected learning outcomes.

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 code, a course title, prescribed units, purpose, outcome and content. Compulsory thematic areas indicated below are described in the Core Curricula published by The Council for various specialties:

a. Basic biomedical sciences
b. Behavioural and social sciences
c. Medical law, bioethics and jurisprudence
d. Medical education
e. Pathological basis of oral/dental disease
f. Clinical sciences
g. Critical thinking and research
h. Elective period
i. Entrepreneurship
j. Information Communication Technology
k. Population health
l. Health systems management
m. Leadership and management
n. Additional courses as may be prescribed by the training institution

2.8 Other Resources

a) Educational exchange programmes for staff and trainees.
b) Partnership and collaboration with other training institutions.

2.9. Academic Support

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

a. Needy and disadvantaged trainees
b. Trainees with disabilities

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c. Trainees with medical/ social challenges

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Standard 3: Physical Infrastructure

The training institutions shall have appropriate physical teaching and administrative facilities for the number of staff, and trainees as prescribed by the Council in its Checklist for Specialist Training

3.1 Physical Resources:

a. Administrative offices
b. Staff offices
c. Lecture rooms and tutorial rooms adequately equipped for face to face and distance learning
d. Appropriately equipped Technical and Skills Laboratories
e. Library with both physical and online resources
f. Information & communication technology services

3.2 Clinical Resources for Training (for clinical courses):

a) There shall be dedicated Teaching hospital(s) and/or dental centre(s) approved by The Council, with an appropriate trainee:in-patient bed ratios of 1:4 and/or trainee to dental chair ratio of 1:1 in the specialty of training. This is important in order to give trainees maximum learning opportunity by way of clinical exposure while protecting patients from exhaustion.
b) Adequate facilities for dental laboratory, diagnostics, dental materials and equipment to support the programme.
c) Sustainable provision of clinical consumables to trainees
d) Provision of tutorial rooms within the clinical area for teaching.

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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 academic potential

b) Academic Staff numbers:

Recommended ratios of staff to trainees is 1:4, covering basic sciences, clinical thematic areas and research.

c) Full time academic Staff qualification:

- **i.** Non-clinical staff that teach basic sciences and other non-clinical thematic areas should be holders of masters in their area of specialization. A PhD is desirable
- **ii.** Clinical department staff should be holders of MDS (or equivalent), or be fellows of the college in the relevant specialty.

d) Part-time academic staff are permitted should not comprise more than 25% of the total staff.

e) Adjunct staff are permitted in clinical teaching and they shall comprise no more than 25% of the total number of clinical teaching staff.

f) A clear policy on staff development, and career progression

g) Staff welfare: Support and counselling

Standard 5: Trainee Affairs

There shall be a policy on trainee welfare, which shall address the following among others:

a. Support and counselling
b. Mentorship
c. Academic support
d. Career guidance
e. Healthcare
f. Financial matters
g. Trainee organisations/membership of professional associations
h. Published rules of conduct
i. Suitable accommodation facilities teaching hospital(s)/ Dental Centre(s)
j. Dress code
k. Recreational, cultural, and spiritual support.

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Standard 6: Programme Monitoring & Evaluation

There shall be a continuous process of monitoring and evaluation for the specialist training programme.

a) The specialist training institution shall have a policy on quality assurance and quality control, which should address monitoring and evaluation (M&E) systems including trainee feedback mechanism.
b) The Medical Practitioners and Dentists Council shall review the annual M&E reports submitted by the schools. Where there is need, The Council shall inspect and advise the training institution on necessary measures that shall be instituted to maintain standards. There shall be formal reviews at the end of every programme cycle.
c) The Council shall inspect the specialist training institution every five years, with renewal of the accreditation certificate if the inspection is satisfactory.

Standard 7: Research and Innovation

A specialist training institution shall show evidence of promoting quality research and innovation through the following:

a) The specialist training institution shall have thematic research areas in line with its institutional research policy and aligned to the national research policy.
b) The specialist training institution shall endeavour to have adequate funds for research by allocating a minimum of 2% of its operational budget to research.
c) the specialist training institution shall facilitate its academic staff to carry out research
d) the specialist training institution shall have mechanisms of providing incentives to members of staff who undertake research, attract research funds, innovate and/ or patent.
e) the specialist training institution shall document and disseminate its research outputs.

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PART THREE: NEW SPECIALIST TRAINING PROGRAMMES

The standards set out in **Part Two shall** apply to new specialist training programmes with modifications outlined in this section. Accreditation of New Training Programmes shall be upon fulfilment 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 trainees:**
    a) Approval (provisional accreditation) by the medical practitioners and dentists Council
    b) A definition of the relationship between the specialist training institution and the degree granting institution/membership granting college. For university-based training programmes, the institution should have the requisite authority from CUE to offer degree programmes.
    c) A defined relationship between the specialist training institution and the teaching hospital(s)/ Dental Centre demonstrated in a memorandum of association or evidence of ownership of the teaching hospital/Dental Centre by the specialist training institution.
    d) A definition of the governance structure of the training institution and its relationship to the degree awarding institution or the membership granting college
    e) Appointment of the management team as specified in 1.4.2
    f) Appointment of administrative team
    g) Establishment of the standing committees of the training institution as specified in 1.4.4.

2. **Programme Requirements**

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

    a) A curriculum approved by The Council
    b) A comprehensive plan covering areas of financial resources, staff, curriculum implementation, and trainees management for the first programme cycle:
        i. Working plan for the curriculum as a whole, consistent with the educational objectives
        ii. A detailed layout of the academic programme in its entirety
        iii. Written standards and procedures for the admission, evaluation, advancement, and graduation of trainees and for disciplinary action, including appeal mechanisms to ensure due process is followed

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iv. Specification of the teaching and trainee 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. The specialist training institution shall have appointed appropriate complement of staff to support teaching and shall have set up appropriate physical infrastructure to facilitate teaching as stipulated in Part Two above.

viii. The specialist training institution, in liaison with the teaching hospital/ Dental Centre, shall have ensured provision for reasonable, adequate, safe, secure, and accessible accommodation for the trainees.

3. Monitoring and Evaluation

This shall be carried out as follows:

a) The specialist training institution shall submit annual reports to the MP&DC on the implementation process on a format provided by The Council

b) The Council shall carry out an inspection of the programme at the end of the first year of the training programme

c) The specialist training institution shall conduct a full review of the first programme cycle, and this review shall incorporate the stakeholders. This report shall be submitted to The Council, following which, The Council shall re-inspect the Specialist training institution and if satisfactory, grant full accreditation

d) If not satisfactory, the specialist training institution and The Council shall agree on an appropriate time limit (which shall not exceed six months) within which the specialist training institution shall make appropriate corrections. Upon re-inspection and confirmation of compliance, full accreditation shall be granted.

e) In the event of non-compliance, necessary action shall be taken as laid out in Part 6

f) Once fully accredited, the training programme shall then be inspected for renewal of the accreditation every five years.

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PART FOUR: GUIDELINES FOR TEACHING HOSPITALS/DENTAL CENTRES

Teaching hospitals/Dental Centres are the mainstay of the training of dental specialists. They must attain and maintain minimum requirements and be in compliance with all relevant acts that govern them.

The Board shall accredit and gazette all teaching hospital/Dental Centre.

1. Facilities

The teaching hospital/Dental Centre must have the following functional components:

a) Resource centre: with high speed internet that can support distance teaching, reading material, classrooms/seminar rooms, and resident rooms.
b) Dental surgery room: Must have a functional standard dental unit, relevant infection, prevention and control facilities, accessible dental materials and consumables relevant to the programme.
c) Operating theatre (where necessary) which shall be headed by an anesthesiologist.
d) Dental laboratory: Adequately equipped and functional standard dental laboratory as indicated in the check list.
e) Appropriate case load and case mix as required for the specialty.
f) Radiology: functioning OPG & Intraoral radiography and verifiable access to other advanced radiological and imaging facilities relevant to the programme.
g) Diagnostic laboratory: Verifiable access to a functional diagnostic laboratory.

2. Relationship between Specialist Training Institutions and Hospitals/Dental Centres

Every specialist training institution shall have a primary teaching hospital/Dental Centre.

In the case where the specialist training institution does not own the hospital, there must be a clearly stipulated agreement by way of a memorandum of association which must include the following:

a) Total number of staff required for service, research, and teaching based on infrastructure and facilities available

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b) Distribution of staff between the training institution and hospital/Dental Centre and their role in the areas of teaching, research and patient care clearly stipulated.

c) Resources sharing in areas of financial, human resource, consumables and equipment which must meet the minimum requirements.

d) Quality assurance in the teaching hospital/dental centre.

e) Dispute Resolution Mechanism.

The specialist training institution may partner with other centres approved by the council for teaching purposes and relevant memorandum of associations in place.

3. Minimum Requirements for a Teaching Hospital/Dental Centre

4. Functional dental units and accessories as stipulated in 1 above
5. Tutorial rooms in the units for the trainees
6. Staff room
7. Safety lockers
8. Policy on consumables: ***dependant on the speciality training program***
9. Adherence to policy on infection prevention and control
10. Adherence to policy on Occupational Health and Safety OHSA
11. Adherence to policy on staffing norms
12. Adherence to policy on standard operating procedures
13. Teaching hospitals shall be accredited as CPD Providers by The Council
14. *Staff and student recreational area: including cafeteria*
15. ICT (Internal and external)
16. Bed capacity (Trainee to bed ratio of 1:4*) where relevant*
17. Bed occupancy of at least 80%" *where relevant*
18. Operating theatre room:inpatient bed capacity of not more than 1:50, minimum of two (2) operating theatre rooms *where relevant*

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PART FIVE: THE PROCESS OF ACCREDITATION

The Board shall offer two forms of accreditation based on whether the specialist training programme seeking recognition is a new or is an existing programme, namely:

1. Provisional accreditation
2. Full accreditation

Provisional Accreditation

Provisional accreditation is the accreditation classification granted to a specialist training programme, which is in the developmental stages of programme implementation. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing specialist training program has the potential of meeting the standards set forth in the requirements for an accredited specialist training program. Provisional accreditation is granted based upon one or more site evaluation visit(s).

The Process of Application

1. The parent institution (University, ECSA College or any other) shall apply to The Council for provisional accreditation using the Provisional Accreditation form, ANNEX
2. The Council shall thereafter provide the accreditation standards guidelines 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 Council and the applicant shall schedule a preliminary visit within a period of 3 months
5. The Council shall satisfy itself that the standards outlined have been met. In this case, provisional accreditation shall be granted for the first programme cycle.

The Council shall, within one (1) month, issue provisional accreditation where all the standards have been met. The initial trainee admission shall not delay for more than 1 calendar year since the grant of the provisional accreditation.

Where the standards have not been met, The Council shall issue a report indicating areas for improvement within a prescribed period.

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Provisional accreditation shall be issued for a full programme cycle. Thereafter, the programme shall be eligible for full accreditation. Where the specialist training programme has not met the standards for full accreditation, the provisional accreditation shall be extended for a maximum period of one (1) year, in which period, the specialist training programme shall not be allowed to enrol any more trainees.

Provisional accreditation shall be revoked where the training institution fails to ensure the specialist training programme meets the standards within the prescribed period. The specialist training institution is subject to the rules of Part 3 above.

Full Accreditation

Full accreditation shall be granted to the training institution that has met all the standards stipulated in these guidelines. The process of full accreditation shall commence upon completion of the first programme cycle.

1. Questionnaire to Trainees

- The Council shall have an online programme assessment tool to collect trainee feedback annually
- The tool shall provide information on strengths and weakness of the program
- The information shall be analysed and feedback sent to the specialist training institution within a period of 3 months

2. The Process of Full Accreditation

- The specialist training institution shall submit the duly filled application form for full accreditation
- The Council shall, upon receipt of the application initiate the process of accreditation
- The Council shall send to the specialist training institution, the Accreditation Guidelines and checklist three (3) months before the intended date of inspection
- The specialist training institution shall submit the duly filled checklist within a period of one (1) month
- The Council shall review the questionnaire and prepare for inspection

3. Constitution and Role of the Full Accreditation Team

- The Council shall constitute a team that shall carry out the accreditation. The membership shall include the Training, Assessment and Registration committee, a

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representative of the CUE/ECSA college and/or any other persons appointed by The Council, on recommendation of the committee.

- The specialist training institution will be informed of the membership of the assessment team
- The team shall send, to the specialist training institution to be accredited, information on the process

4. The Assessment

- The cost of assessment shall be borne by the specialist training institution
- The assessment team shall interview various groups including but not limited to the specialist training institution administration, the Dean or country programme head, academic staff, trainees, representatives of clinical areas used for training and attachment.
- The team shall inspect the specialist training institution facilities and resources
- At the end of the visit the team will meet with the Dean or the country programme head, for final discussion and clarification
- The team will give preliminary conclusions at the end of the visit

5. Preparation of the Accreditation Report

- The team will prepare and send the report to the specialist training institution within fourteen (14) days of the visit
- The specialist training institution will respond to the report within twenty One (21) days
- The team will prepare its final report within one week for presentation to the TARC
- The TARC will present the report at the subsequent Council Meeting, where a final decision on accreditation will be made.
- The Council will communicate to the training institution within two weeks of the council meeting.

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PART SIX: PENALTY FOR NON-COMPLIANCE

There shall be penalties applied to specialist training institutions that fail to comply with the set regulations on minimum standards for the specialist training programmes. An institution shall be deemed to have failed to comply with the accreditation standards when:

i) An institution with provisional accreditation has failed to implement MAJOR recommendations by the Council in two (2) consecutive inspections. The institution shall have no more than six months to implement the recommendations by the council following the inspection report.

ii) An institution with full accreditation has failed to implement MAJOR recommendations by the Council after one inspection. The institution shall have no more than six months to implement the recommendations by the council following the inspection report.

The following shall be the penalties for non-compliance:

1. Suspension of the programme for a period of no more than one year. During this period the institution is expected to comply with the recommendations by the council. The trainees will be off session for the period of suspension. Upon completion of the training programme, trainees within the suspended programme cycle shall sit a peer review by the council before commencing the specialist recognition period.
2. Cancellation of the accreditation of the programme. In this case, the institution shall bear the logistical and financial responsibility to transfer the trainees into an accredited program in line with the core curriculum credit transfer guidelines. An institution that has had their programme accreditation cancelled shall have to reapply for accreditation as a new programme.

An institution whose programme has been suspended or accreditation cancelled may appeal to the council through a prescribed form (Annexe xxxx).

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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 Dental School

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