STANDARDS FOR ACCREDITATION OF PRIMARY MEDICAL EDUCATION PROGRAMS

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MALDIVIES MEDICAL AND DENTAL COUNCIL

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STANDARDS FOR ACCREDITATION OF PRIMARY MEDICAL EDUCATION PROGRAMS

INTRODUCTION

Accreditation standards in medical education are standards used to assess whether an education program and the education provider that provides the education program, provide students who complete the program with the knowledge, skills and professional attributes necessary to practice the profession of medicine in Maldives.

Maldives Medical and Dental Council (MMDC) is the accreditation authority for the medical profession in Maldives under the Health Care Professionals Act and uses accreditation standards for assessing medical education programs and their providers for accreditation purposes. In addition MMDC also uses the accreditation standards for monitoring accredited programs and providers to ensure that they continue to meet the standards.

Accreditation of a medical program is the process of validation whereby medical schools and universities are evaluated in relation to the implementation to the agreed accreditation standards of medical education program. All doctors must graduate from an accredited medical schools to be licensed to practice in Maldives.

This Accreditation standards describe the minimum requirements for a medical education program that needs to be to be implemented and achieved by the medical schools. The medical schools are encouraged to go beyond these minimum requirements and expand to produce medical graduates who are competent to practice safely and effectively and who have a strong foundation for lifelong learning and for further training in any branch of medicine.

To meet the current needs as well as future challenges in health care provision, MMDC took a decision to revise the existing Accreditation standards in October 2017. The Accreditation committee was formed by MMDC and this committee will be responsible for reviewing the validity of these standards from time to time and to forward the need for changes to MMDC.

These standards aim to maintain the quality of medical schools in Maldives to a level deemed to be the norm globally and lay the foundations for accreditation of the medical education programs in Maldives. It describes the procedures for carrying out accreditation and new program approval.
GRADUATE OUTCOME STATEMENTS

The graduate outcomes or core competencies are the desired abilities of graduates in a specific discipline at the time of exit from the degree. These outcomes provide direction for the development of curriculum content, teaching and learning approaches and assessment of the program. They also guide in resource and financial allocations.

MMDC acknowledges that the education provider will have graduate outcome statements that are relevant to the vision and objectives of the medical program. MMDC uses a framework to organize graduate outcomes in five domains that collectively provide the requirements that students must demonstrate at graduation. These domains are a reference for medical education providers and it is not envisaged that all providers will necessarily organize their curriculum themes in this way. Education providers will need to demonstrate how their program enables their graduates to meet these learning outcomes.

Graduate Outcome Statements should be interpreted according to the level of training and experience as graduates will not possess the clinical experience, leadership skills or advocacy skills of an experienced practitioner; but they will need the foundation upon which to be thoroughly prepared for internship, commitment to lifelong learning and for building and developing their expertise in any branch of the medical profession.

The five main domains for graduate outcome statements are:
1. Medical Knowledge
2. Clinical Practice
3. Health and Society
4. Professionalism and leadership
5. Interpersonal and Communication skills

Outcome 1: Medical knowledge:-

a. Demonstrate an understanding of biological, clinical, epidemiological and behavioural sciences.

b. Apply medical knowledge to individual patients, populations and health systems.

c. Describe the etiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life.

d. Access, critically appraise, interpret and apply evidence from medical literature.

e. Apply knowledge of common scientific methods to formulate relevant research questions and select applicable study designs.

f. Demonstrate a commitment to excellence, evidence based practice and the generation of new scientific knowledge

Outcome 2: Clinical Practice

a. Elicit an accurate and problem focused medical history, including family, social and occupational histories

b. Perform a full physical examination, including a mental state examination or problem focused examination as indicated
c. Integrate and interpret findings from the history and examination, to arrive at an initial assessment including a relevant differential diagnosis. Discriminate between possible differential diagnoses, justify the decisions taken and describe the processes for evaluating these.

d. Select and justify common investigations, with regard to the pathological basis of disease, safety and cost effectiveness and interpret their results.

e. Select and perform safely, a range of common procedural skills.

f. Make clinical judgments and decisions based on the available evidence. Identify and justify relevant management options alone or in conjunction with colleagues, according to level of training and experience.

g. Involve patients in decision making and planning their treatment, including communicating risk and benefits of management options.

h. Provide information to patients and family where relevant, to enable them to make a fully informed choice among various diagnostic, therapeutic and management options.

i. Integrate prevention, early detection and chronic condition management where relevant into clinical practice.

j. Prescribe medications safely and effectively using objective evidence. Safely administer other therapeutic agents including fluid, electrolytes, blood products and selected inhalational agents.

k. Recognize and assess deteriorating and critically unwell patients who require immediate care. Perform common emergency and life support procedures, including caring for the unconscious patient and performing CPR.

l. Describe the principles of care for patients at the end of their lives, ensuring physical comfort including pain relief, psychosocial support and other components of palliative care.

m. Place the needs and safety of patients at the center of the care process. Demonstrate safety skills including infection control, adverse event reporting and effective clinical handover.

Outcome 3: Health and Society

a. Accept responsibility to protect and advance the health and wellbeing of individuals, communities and populations.

b. Explain factors that contribute to the health, disease and success of treatment of populations, including issues relating to health inequities and inequalities, cultural and community values, socioeconomic and physical environment factors.

c. Communicate effectively in wider roles including health advocacy, teaching, assessing and appraising.

d. Explain and evaluate common population health screening and prevention approaches, including the use of technology for surveillance and monitoring of the health status of populations. Explain environmental and lifestyle health risks and advocate for healthy lifestyle choices.

e. Demonstrate an understanding of global health issues and determinants of health and disease including their relevance to health care delivery.

Outcome 4: Professionalism and Leadership

a. Provide care to all patients according to Code of medical ethics laid down by MMDC.
b. Demonstrate professional values including commitment to high quality clinical standards, compassion, empathy and respect for all patients. Demonstrate the qualities of integrity, honesty, leadership and partnership to patients, the profession and society.

c. Describe the principles and practice of professionalism and leadership in health care.

d. Explain the main principles of ethical practice and apply these to learning scenarios in clinical practice. Communicate effectively about ethical issues with patients, family and other health care professionals.

e. Demonstrate awareness of factors that affect doctors' health and wellbeing, including fatigue, stress management and infection control, to mitigate health risks of professional practice.

f. Recognize their own health needs, when to consult and follow advice of a health professional and identify risks posed to patients by their own health.

g. Identify the boundaries that define professional and therapeutic relationships and demonstrate respect for these in clinical practice.

h. Demonstrate awareness of and explain the options available when personal values or beliefs may influence patient care, including the obligation to refer to another practitioner.

i. Describe and respect the roles and expertise of other health care professionals, and demonstrate ability to learn and work effectively as a member of an inter-professional team.

j. Self-evaluate their own professional practice; demonstrate lifelong learning behaviours and fundamental skills in educating colleagues. Recognize the limits of their own expertise and involve other professionals as needed to contribute to patient care.

k. Describe and apply the fundamental legal responsibilities of health professionals especially those relating to ability to complete relevant certificates and documents, informed consent, duty of care to patients, privacy, confidentiality, mandatory reporting and notification.

Outcome 5: Interpersonal and Communication skills

a. Demonstrate the ability to communicate clearly, sensitively and effectively with patients, their families and other health professionals.

b. Explain medical concepts and conditions in simple and plain language easily understood by the lay persons and convey information about the health problems and their management plan.

c. Respect and Listen to other members of the health care team.

d. Handle special situations such as breaking bad news and complaints.

e. Retrieve, interpret and record information effectively in clinical data systems.

ACCREDITATION STANDARDS
The criteria for program accreditation addresses ten core areas:-

1. Program objectives and learning outcomes
2. Educational Program and Principles
3. Assessment of Educational Outcomes
4. Students
5. Academic Staff /Faculty
6. Facilities and Resources
7. Teaching, Learning and Research
8. Leadership, Administration and Governance
1. PROGRAM OBJECTIVES AND LEARNING OUTCOMES

The goals and objectives of the education program should be defined in a clear manner as this is essential for the management of the program and for the teaching staff. The goals and objectives provide a frame for any activities related to the program including its review and improvement, and the program should be organized in a manner that best ensures that the overall goals and objectives are met.

The general objectives of a primary education in Medicine is to produce graduates with the knowledge and skills fundamental to the practice of medicine, who are instilled with values and attitudes of professional conduct consistent with a compassionate profession and habits of lifelong learning which provide an appropriate foundation for them to undertake further training that enables competent and ethical practice in the different specialties of medicine.

1.1 The medical education provider must clearly state its goals and objectives, which includes learning, teaching, research, societal and community responsibilities and these objectives should be made in consultation with stakeholders.

1.2 The objectives should address the health of the people of Maldives and its teaching, services and research activities should relate to the health care needs of the community.

1.3 The medical education provider should define intended learning outcomes that students should exhibit upon graduation and these outcomes should relate to knowledge, skills, attitudes and commitment to lifelong learning and students should be able to relate them to community and health care delivery system.

1.4 The intended learning outcomes of the medical program must be consistent with the MMDC’s goal for medical education, to develop doctors who are competent to practice safely and effectively under supervision as interns and who have an appropriate foundation for lifelong learning and for further training in any branch of medicine.

1.5 The medical school should design a curriculum that corresponds to scientific requirements in the discipline that permits students to learn fundamental principles and underlying scientific concepts and technology in medicine, to acquire skills of critical judgment based on evidence and experience, and to develop an ability to use the principles and skills wisely and ethically in solving problems of health and disease in a responsible way to society.

1.6 The medical program should achieve the learning outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.
2. EDUCATIONAL PROGRAMME AND PRINCIPLES

2.1 NAME AND LEVEL OF THE COURSE
The name must be appropriate, acceptable and reflective of the objectives of the course, e.g. Bachelor of Medicine and Bachelor of Surgery (M.B.B.S.), M.B.BCh or Doctor of Medicine (M.D) etc.

2.2 STATUS OF THE COURSE OF STUDY (INTERNAL, TWINNING, EXTERNAL OR FRANCHISE)
The mode and framework of the course of study should be stated clearly. When the course is conducted in a mode other than internal to the school, the relationship in all aspects: general characteristics of the course, academic staff, details of the educational program (content, teaching-learning methodology, student assessment, student characteristics and credit transfer requirement, physical facilities, finances and management of the program, including mechanisms for quality control by the parent school, must comply with the requirements in the relevant sections of the accreditation standards.

2.3 DURATION AND STRUCTURE OF THE COURSE
The course must be of sufficient duration, scheduled over 4 1/2 years to ensure that the defined graduate outcomes can be achieved and to enable sequential learning and mastery of the relevant basic medical and clinical sciences and assumption of appropriate clinical responsibility on graduation.

This should be followed by one year of compulsory rotating internship, which shall be of minimum 52 weeks as per the MMDC guidelines with mandatory posting in rural community settings

2.4 CURRICULUM
2.4.1 The medical school must have a curriculum that is designed and delivered to secure its intended educational outcomes in discussion with relevant stakeholders.

2.4.2 The medical school must have a curriculum committee which is the authority for planning and implementing the curriculum. This committee will function under the governance of the academic leadership (Dean)

2.4.3 The curriculum should be student-centered, organ system based, integrated within and between basic medical sciences, clinical subjects and medical research methods and should describe the content, extent and sequencing of courses, with specific outcomes or objectives for each year

2.4.4 The curriculum should be structured using a wide range of curriculum models, such as system-based, case-based and discipline-based learning to provide balanced and varied learning opportunities.

2.4.5 The curriculum should include the scientific foundations of medicine including analytical and critical thinking to equip graduates for evidence based practice and the scholarly development of medical knowledge. It should contain the foundation of communication, clinical, diagnostic, management and procedural skills to enable graduates to assume responsibility for safe patient care at entry to the profession
2.4.6 The curriculum should prepare graduates to protect and advance the health and wellbeing of individuals and community and ensure that graduates are effectively prepared for their roles as professionals and leaders.

2.4.7 The curriculum should include both horizontal and vertical integration of curricular components that would link biomedical, clinical, behavioural and social sciences, hence enabling students to link theory with practice and vertical integration of basic medical science subjects should be acquired through early clinical exposure.

2.4.8 The Core Curriculum provides a broader framework for medical schools to develop their own curriculum, defining specific learning objectives together with teaching hours in each discipline. The core content of the curriculum must provide a comprehensive coverage of Basic Medical Sciences, Behavioural and social sciences and Clinical Education.

2.4.9 Basic medical sciences subjects should include Human Anatomy, Physiology, Biochemistry, Microbiology, Pathology, Pharmacology, Community Medicine and Forensic Medicine. The basic medical sciences must also include behavioural and social sciences designed specifically for medical students and must illustrate the importance of the principles being taught to the understanding of human health and disease.

2.4.10 Basic Science teaching must be relevant to the overall objectives of the medical course and its scientific and technological relevance to the clinical and health needs must be clear to the students. Medically qualified teachers should participate in the teaching of the basic sciences using combined teaching sessions based around clinical problems. This helps enforce basic concepts and highlights the relevance of basic sciences to later clinical practice.

2.4.11 A number of special topics of contemporary importance and which cross several disciplines must be adequately represented. These include evidence-based medicine, medical ethics, communication skills, environmental issues, gender, socially challenged groups such as the elderly, handicapped, abused women and children, substance abusers and prisoners.

2.4.12 Clinical education should be broad based through clinical ward teaching, attachment to clinical skills labs, community attachment, simulated patients training and must be equivalent to at least 120 clinical weeks of which 70-75% of the duration must be on real patients with increasing responsibility for the care of patients under supervision as the student progresses through the course.

2.4.13 Clinical education must be structured to provide an increasing experience in diagnosing and managing patients in different hospital based disciplines, with adequate experience in the core clinical disciplines of Medicine, Surgery, Pediatrics, Orthopedics, Psychiatry, Emergency and General Practice, Obstetrics and Gynecology.

2.4.14 General Medicine or General Surgical Training should not be considered as a mere summation of subspecialty training. Students should be posted in General Medical units and General Surgical units wherever possible, in preference to subspecialty units – so that the students will have opportunities to see patients presenting with an ‘undifferentiated ‘diagnosis of multiple clinical diagnoses.
2.4.15 Clinical instruction should include all organ systems and the disciplines that support the fundamental clinical subjects, such as diagnostic imaging and clinical pathology and also must include the important aspects of acute, chronic, preventive and rehabilitative care

2.4.16 The curriculum must also clearly define core as well as elective competencies in the areas of research and technology

2.5 CURRICULUM DESIGN

2.5.1 There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration and articulation with subsequent stages of training. The medical education provider should develop and effectively communicate specific learning outcomes or objectives describing what is expected of students at each stage of the medical program. Such a curriculum should encompass the following components:

   a. **Scientific foundation of medicine**
      - The normal structure and functions of the human body
      - Abnormalities in body structure and functions which occur in diseases
      - Regulation of body functions, homeostasis and biochemical aspects.
      - The human life cycle and effects of growth, development and aging upon the individual, family and community.
      - The etiology and natural history of acute illnesses and chronic diseases.
      - Laboratory or other investigations that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analysis of data
      - Symptoms and signs of diseases, investigations and diagnosis, differential diagnoses; non-pharmacological and pharmacological management of diseases
      - Management of emergencies
      - Therapeutics, adverse reactions of therapy, curative and palliative therapy
      - Disability, handicap and rehabilitation
      - Record keeping and death audit
      - Behavioral science and relationship to medical anthropology, sociology and basic psychology
      - Educational principles underlying learning and continuing medical education
      - Ethics and legal aspects in relation to practice of medicine
      - Role of family and interrelationship and interaction with society
      - Cultural and ethnic differences about perceptions and response to illness

   b. **Clinical Skills**
      - Relevant history taking from patients, their relatives or accompanying persons
      - Perform systemic physical examinations
      - Identify problems and formulate differential diagnoses on the basis of history and clinical examination
      - Advise investigations and interpret results
      - Make clinical decisions based on evidence and findings

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- Plan patient management
- Required practical and technical procedures
- Advanced life support measures
- Core skills and competencies as required by the national health policies

c. Communication Skills
- Early, horizontal integration of communication skills into the curriculum and the medical graduate should acquire core communication skills including:
  - Effective doctor-patient communication
  - Communication about the patient
  - Communication about medical concepts and conditions and management plans
  - Take Informed consent
  - Handle complaints appropriately and deal with bereavement and grief

d. Professional values, attitudes, behaviour and ethics
- Essential elements of the medical profession including moral and ethical principles and legal responsibilities underlying the profession
- Professional values, responsibilities, compassion, empathy, accountability, honesty and integrity
- Good medical practice, doctor-patient relationship, patients’ welfare, and respect for colleagues and other health care professionals
- Recognition of the moral obligation to provide end-of-life care, including palliation of symptoms
- Ethical and medical issues in patient documentation, confidentiality and ownership of intellectual property
- Ability to plan effectively and manage efficiently one’s own time and activities, to cope with uncertainty and have the ability to adapt to change
- Take Personal responsibility for the care of individual patients

e. Leadership skills
- Lead the community to identify the existing health problems of the community
- Identify the community leaders and collaborate them to solve existing health problems of the community
- Advocate the health issues of the community and address them on right time and to right place
- Appropriately manage mass casualties and casualties during natural calamities and disaster, utilizing the local available resources

f. Population Health and Health Systems:
- The curriculum must include various methods of instruction (e.g. combination of didactics, team-based projects and other activities) that will enable students to understand healthcare as a system. This includes forming the link between the theoretical and clinical bases of medical science, and conceptualizing ways to improve the health system.
- The curriculum must emphasize on the principles of health systems organization and the economic and legislative foundations of those systems.
- Knowledge of important genetic, demographic, environmental, lifestyle, social, economic, psychological, and cultural determinants of health and illness of a population as a whole
• Knowledge of their role and ability to take appropriate action in disease, injury and accident prevention and protection, and maintain and promote the health of individuals, families and community
• Medical students should be introduced to concepts such as patient safety and quality assurance
• Knowledge of international health, global trends in morbidity and mortality of chronic diseases of social significance, the impact of migration, trade, and environmental factors on health, and the role of international health organizations
• Collective responsibility for health-promoting interventions which require partnerships with the population served, and a multidisciplinary approach including healthcare professions as well as inter-sectoral collaborations
• Basics of health systems including policies, organization, financing, cost-containment measures of rising healthcare costs, and principles of effective management of healthcare delivery
• Mechanisms that determine equity in access to healthcare, effectiveness, and quality of care
• Use of national, regional and local surveillance data, as well as demography and epidemiology in health decisions and Willingness to accept leadership when needed and as appropriate in health issues

\[\text{g. Information Management:}\]
• Search, collect, organize and interpret health and biomedical information from different data base and sources
• Retrieve patient specific information from clinical data system
• Use information and communication technology to assist in diagnostic, therapeutic and preventive measures and for surveillance and monitoring health status
• Application and limitations of information technology
• Maintain records of patients for future use and medico-legal purposes
• Be able to learn in self-directed manner with the help of computer assisted teaching learning material

\[\text{h. Research and Technology}\]
• The curriculum must clearly define core as well as elective competencies in the areas of research and technology
• Research Core skills may include understanding various types of clinical studies, literature research, critical appraisal of scientific journals and translational research
• Skills included in an elective may include: research methodology and design, biostatistics, qualitative research methods, writing a research proposal, scientific paper writing skills and conducting and reporting on a research project
• Technology Core skills may include the ability to leverage on electronic medical records for safer and more effective practice; common medical equipment in the ward e.g. oxygen delivery system and infusion pumps
• Skills included in an elective may include in-depth learning of a particular technology e.g. computer programs, research methodology and design for the use of technology in solving medical problems, writing a research proposal and conducting and reporting on a research project
3 ASSESSMENT OF LEARNING OUTCOMES:

3.1 Assessment

3.1.1 The medical school must establish principles and methods for the evaluation of student achievement and establish guidelines for making decisions regarding progression and graduation including the criteria for setting pass marks and number of allowed retakes.

3.1.2 The assessment scheme for the education program must match with the methods of learning and the learning objectives related to the knowledge, skills, attitude, behavior and professional ethics prescribed in the curriculum and need to be assessed using appropriate methods of assessment.

3.1.3 The learning outcomes must be assessed at appropriate points during the course, using a range of assessment formats, and ensuring that only students who meet these outcomes would be permitted to progress on an annual and gradual basis.

3.1.4 There must be clear demonstration of the satisfactory achievement of the objectives of all components of the course using a system of grading that is fair, valid, appropriate and acceptable.

3.1.5 The specific modalities and a balance of formative and summative assessments including numbers of examiners shall be determined by the concerned universities and institutions and should encourage the use of external examiners.

3.1.6 The medical school must provide students with timely guidance on the details of the assessments e.g. format, length and contribution to overall grade.

3.1.7 Examiners must be appropriately selected and adequately trained to apply assessment criteria consistently. There must be proper calibrations and standardization amongst examiners, particularly in a summative assessment.

3.1.8 The medical school must use a system of appeal of assessment results.

3.2 Assessment Methods

3.2.1 There should be a variety of assessment methods appropriate to the learning objectives. They should assess theoretical knowledge, problem solving skills, clinical skills, attitudes and communication skills, systematically and sequentially applied throughout the course in a fair, valid and reliable manner.

3.2.2 Assessments must include all of the following methodologies, to be applied appropriately according to what is being assessed:
   a. Written exercises (e.g. multiple choice, extended match, short answer and essay questions)
   b. Faculty assessments (e.g. oral exams)
c. Simulated assessments (e.g. objective, structured clinical examinations and technology-based simulations)
d. Peer review and self-assessments
e. Observation in the real clinical environment on work-based assessment (e.g. mini-clinical evaluation exercise or other variants)

3.2.3 The medical education provider must have processes for timely identification of underperforming students and implementing remediation.

3.2.4 The medical education provider facilitates regular feedback to students following assessments to guide their learning.

3.3 Examination Regulations

3.3.1 The examination regulations which include the assessment methods, procedures of assessment, eligibility for examinations, marking/grading system, criteria for remediation, advancement, graduation and disciplinary action must be stated clearly and made known to the students.

3.3.2 The medical school must publicize to all faculty members and students its standards and procedures for the evaluation, remediation, advancement, and graduation of its students and for disciplinary action.

3.3.3 There should be a fair and relatively formal process for the faculty or administration to follow when taking any action that adversely affects the status of the students. The process should include timely notice of the impending action, disclosure of the evidence on which the action would be based, and an opportunity for the student to respond.

3.3.4 For major examinations, the institution should appoint well-qualified external examiners to ensure that the regulation and standard of examination is appropriate and these should be commented in their reports.

3.3.5 Theoretical knowledge should be assessed with a combination of methods that objectively test factual knowledge and the abilities to analyze and synthesize information as well as solve problems. The assessment methods should foster self-directed learning rather than the use of frequent tests which condition students to memorize details for short term retention only.

3.3.6 Clinical skills assessment should form a significant component of the overall process of assessment. It must ensure that students have mastered the specific component skills such as taking an appropriate history, performing a specific physical examination correctly or communicating with the patient, and demonstrating the proper attitudes while executing all these skills; as well as the composite skills of diagnosing and managing a patient.
3.3.7 Tests that measure the different skills such as the short case and objective structured clinical examination (OSCE) as well as the long case are encouraged. A pass in the clinical should be compulsory to pass the overall examination.

3.3.8 There should be a systematic observation of performance, attitudes and professional behaviour throughout the medical program, as they relate to future responsibilities, including communication with patients, families, colleagues and other health professionals.

3.4 Assessment Format:

3.4.1 There should be regular formative and summative assessments systematically applied throughout the course with feedback to students on their progress or weaknesses. If continuous assessments are utilized, transcripts are provided at the end of each summative assessment. In subjects that has both continuous and final assessments, students must pass both.

3.4.2 If continuous assessments (CA) are utilized, it should either be as a pre-requisite for sitting for the final/professional examination or contribute not more than 40% to the final examination score. When used as pre-requisite, the CA scores should not contribute to the final examination scores. The rule that CA should not be more than 40% should not be applied for assessment of attitude and professionalism. These areas should be assessed throughout the course and given higher weightage.

3.4.3 Each discipline should set the standards of achievement by students in the study of that discipline, within the limits of fairness, validity and reliability. If particular disciplines are learnt in more than one year of the program, the medical school should inform both the students and the teachers the standards required each year.

3.4.4 There must also be close faculty supervision of the learning experience of each student at the appropriate level of graded clinical responsibility. Supervision must be provided throughout the required clinical clerkships by members of the school’s faculty.

3.4.5 Narrative description of student performance and non-cognitive achievements should be recorded to supplement grades report in all required clinical clerkship and courses where student-faculty interactions permit this form of assessment.

3.4.6 The frequency of examinations and their scheduling should be monitored and there must also be a mechanism to identify weak students and remedial action to be taken before they appear for examinations.

3.4.7 For electives, faculty advisors must guide students in the choice of elective course. If students are permitted to take electives at other institutions, there should be a system centralized to screen the student’s proposal prior to approval and to ensure the return or performance appraisal by the host program.

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3.5 Management of Academic Records

3.5.1 Student records must be confidential and kept in strict security and should be made available only to members of the faculty and administration with a need to know, unless released by the student, or otherwise governed by laws concerning confidentiality.

3.5.2 A student's academic record must be available for review by the student, and the student must have the right and be given the opportunity to challenge the accuracy of the record.

3.6 Assessment in geographically separate programs

3.6.1 The methods of assessment must be equivalent across all alternative instructional sites, with a single standard for promotion and graduation.

3.6.2 If components of the program are conducted at sites separated from the main medical campus, the chief academic officer of the medical school must be responsible for the conduct and maintenance of quality of the educational experience conducted at these sites and for the identification of faculty at all sites.

3.6.3 The principal academic officer of each geographically separate site must be administratively responsible to the chief academic officer of the medical school conducting the accredited program.

3.6.4 The faculty in each discipline, at all sites must be functionally integrated by administrative mechanisms that ensure comparable quality in the educational experiences and consistency in student evaluation at the geographically separated segments of the program.

3.7 Assessment Quality

3.7.1. The assessment program must be subject to rigorous and continuous quality control processes.

3.7.2. The medical education provider should regularly reviews its program of assessment including assessment policies and practices such as standard setting, psychometric data, quality of data, and attrition rates.

3.7.3. The medical education provider should ensure that the scope of the assessment practices, processes and standards is consistent across its teaching sites.

4 STUDENTS

4.1 Selection of students:

4.1.1 To achieve and maintain accreditation, the medical school must demonstrate that it has access to a pool of applicants, sufficiently large and possessing qualifications acceptable at national level to fill its first year.
4.1.2 The selection of students for the study of Medicine should be the responsibility of the medical school through a duly constituted committee.

4.1.3 A proper student selection procedure should be undertaken. Persons or groups external to the medical school may assist in the evaluation of applicants, but the final responsibility must not be delegated outside the medical faculty.

4.1.4 While acknowledging that there is no one best method for selecting students, the criteria and procedure for student selection must be stated clearly, including affirmative actions in favour of disadvantaged groups. In selecting the procedure the school should show that it had considered the issues or reliability, validity and fairness of the selection process.

4.1.5 The selection criteria and the procedures used must be made available to potential applicants.

4.1.6 Medical schools should strive to select students who possess the intelligence, integrity, and personal as well as emotional characteristics that are perceived necessary for them to become effective doctors.

4.1.7 The entry qualification or premedical course requirement must be stated clearly and should be restricted to the subjects considered essential to provide the student with the academic preparation necessary for the satisfactory completion of the medical curriculum.

4.1.8 Applicants should meet the minimum entrance requirements laid down by MMDC.

4.1.9 The school must state clearly any other criteria that are used in the selection process such as personal qualities and emotional stability, as well as policies and practices that address gender, racial, cultural and economic diversity of its students.

4.1.10 While physical and mental disability may not impair students' studies and professional duties thereafter, prudence should be exercised when considering their applications.

4.2 Class size

4.2.1 The number of students to be admitted should be determined by the physical facilities and teaching learning resources of the school.

4.2.2 When determining the size of the medical student body, the school should consider the need to share resources to educate postgraduate students or other students within the school, the size and variety of programs of postgraduate medical education, both as a responsibility and supplement to the teaching program, and responsibilities for continuing medical education, patient care and research.

4.2.3 In the beginning years, the medical student intake should not exceed 50 students per year. Subsequently, the school can apply to the MMDC Accreditation Committee for an increase in the student intake.
4.3 Transfer students

4.3.1 The diversity of medical school curricula and the integration of the curriculum at individual schools require that application for transfer between medical schools, and to other courses, be considered on an individual basis, so that both the student and the school will be assured that courses taken previously are compatible with the program to be entered; otherwise there should be evidence of supplementation of a student’s program after transfer.

4.3.2 Credit transfer is only allowed if the student is still enrolled in current university and is between recognized universities and fulfills the minimum criteria and qualifications for entry into a medical program. Provisionally Accredited Medical schools are not allowed to accepted student for credit transfer

4.4 Student Support Services

4.4.1 The medical education provider should offer a range of student support services including counselling, health, and academic advisory services to address students’ financial, social, cultural, personal, physical and mental health needs.

4.4.2 The medical education provider should have mechanisms to identify and support students who require health and academic advisory services, including students with disabilities and students with infectious diseases, with mental health needs and students at risk of not completing the medical program

4.4.3 The school must have an effective system of personal counselling for students. The faculty should determine whether personal counsel is to be provided by assigning a faculty member or if needed by a mental health professional, it must be available to the student

4.4.4 The medical school should design and implement a system of progress evaluation that enables a student in difficulty to be detected early enough for remediation. Faculty members assigned to advise students (academic advisors) should consider this duty a primary responsibility

4.4.5 There should also be a system to assist students in selecting a future medical career and in developing a strategy for application to continuing professional development programs

4.4.6 There must be a system for preventive (including appropriate immunization) and therapeutic health services to students and to make health and disability insurances available

4.4.7 Schools must develop policies dealing with students’ exposure to infectious and environmental hazards. The policies must include education of students about methods of prevention, the procedures for care and treatment after exposure and the effects of infectious and/or environmental disease or disability on student education activities

4.5 Professionalism and Fitness to Practice

4.5.1 The medical education provider should have policies and procedures for managing medical students whose impairment raises concerns about their fitness to practice medicine
4.5.2 The medical education provider should have policies and procedures for identifying and supporting medical students whose professional behaviour raises concerns about their fitness to practice medicine or ability to interact with patients.

4.5.3 Each medical school should require all prospective students to declare all previous criminal convictions.

**4.6 Student Representation**

The medical education provider should have formal processes and structures that facilitate and support student representation in the governance and evaluation of their program.

**4.7 Financial aid**

A medical school must provide students with effective counselling about financial aid. To the extent possible, a school should develop its own resources for providing financial aid to students.

**4.8 Fee refund policy**

There must be clear, fair and equitable policies for the refund of tuition, fees and other allowable payments in accordance with the relevant laws.

**4.9 Amenities**

The medical school should provide students with amenities that increase efficiency, such as study space, accommodation and lounge areas, and food service, if not available in the immediate vicinity of the school. The institution shall promote the extra-curricular and recreational activities of the students and shall provide and arrange indoor and outdoor sports facilities. The medical school should have an appropriate security system for its personnel and all properties.

**4.10 Elective students**

There should be accounting of all such enrolment s by the academic officer so that the adequacy of the school’s resources to accommodate additional students in the relevant clinical clerkships can be assured of. The credentials of such students should be verified before the assignment approved.

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**5 ACADEMIC STAFF/FACULTY**

**5.1 General Requirements**

5.1.1 Generally the medical education program must be supported by a critical mass of appropriately qualified faculty in each of the major disciplines of basic and clinical sciences, with an appropriate mix of teaching experience. It is fundamental that the core clinical disciplines of Internal Medicine, Surgery, Pediatrics, Psychiatry, Family Medicine and Obstetrics & Gynecology have a sufficient number of academic staff for the total number of students undergoing the respective clerkships.

5.1.2 Members of the faculty must have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline, an understanding of
pedagogy, methods of measuring student performance consistent with the learning objectives, and readiness to be subjected to internal and external evaluations.

5.1.3 It is essential for the academic staff to have the required academic qualification for the discipline they are teaching in, and to also have expertise in one or more subdivisions or specialties within that discipline, as well as research capabilities.

5.1.4 It is vital that teachers contribute to the advancement of knowledge and to the intellectual growth of their students through the scholarly activity of research and continuing education. Persons appointed to a faculty must have demonstrated achievement within their disciplines commensurate with their faculty rank.

5.1.5 The Institution's faculty should understand and deliver the objectives of the educational program according to the curriculum and provide the basis for evaluating the effectiveness of the educational program in order to achieve the defined competencies of the graduates as laid down by MMDC.

5.1.6 There must also be appropriate balance between medical and non-medical academic staff (overall, 70: 30) as well as the ratio between full-time and part-time staff. Full time faculty should be more than 60%. For part time faculty, 3 part time faculty are considered as equivalent to 1 full-time faculty. (i.e. part time is expected to teach not less than 5 hours per week).

5.1.7 The medical school should formulate and implement a staff activity and development policy which ensure sufficient knowledge by individual staff members of the total curriculum and include teacher training, development, support and appraisal.

5.1.8 To avoid medico-legal problems, all clinical lecturers shall be registered with the MMDC and be licensed to practice in health care facilities.

5.1.9 Basic medical sciences are best taught by an academic staff with a basic degree in medicine. When this is not possible, other suitably-qualified staffs in other areas of medical sciences are accepted provided that the teaching objectives relevant to the desired curriculum are met satisfactorily. Examples of suitably qualified staff are those with their first degree in Biomedical Sciences and a higher degree in the same at Masters or PhD level.

5.2 The Staff: Student Ratio

5.2.1 It is generally accepted that the ratio of staff: student in a faculty should be based on the activities undertaken within the period of training. Participation of faculty members should be based on individual contact hours with students and not merely by total numbers of student: staff ratio.
5.2.2 Sharing of faculty members between medical programs as well as with other programs is not encouraged if their contact hours with student are compromised.

5.2.3 The following ratios are considered appropriate for effective teaching and are recommended:

- tutorials: group size not exceeding 16 students per group
- problem-based sessions: group size not exceeding 12 students per group
- clinical teaching in a skills lab setting: group size not exceeding 10 students per group
- bedside clinical teaching: group size not exceeding 10 students per group

Overall working academic staff: student ratio IS 1: 6

For a school that is starting a new program, there should be sufficient academic staff to support the first 2 (TWO) years of the program at commencement.

5.3 Management of Academic Staff

5.3.1 There must be clear policies for selection and appointment, renewal of appointment, promotion, granting of tenure and dismissal of members of the faculty. These policies shall be clearly communicated to the faculty at the time of appointment.

5.3.2 The recruitment and appointment process must involve the faculty, the appropriate departmental heads and the Dean. The selection criteria should be based on academic merits, experience in teaching, continued commitment to teach, research capabilities and scholarly productivity and proficiency in language and communication.

5.3.3 Each appointee should receive a clear definition of the terms of appointment, responsibilities, line of communication, privileges and benefits. The school must be proactive in maintaining and retaining faculty members for the purpose of ensuring the proper conduct of the program, research and health care services.

5.3.4 Faculty members and other staff should receive regular scheduled appraisal and feedback, including from students, on their academic performance and their progress towards promotion.

5.3.5 Opportunities for professional development should be provided to enhance faculty members’ skills and leadership abilities in teaching, research and service. Emphasis on faculty development and training enables the school to progress and expand its faculty’s expertise and knowledge into new fields and thus enhances the school’s potential.

5.3.6 The education of students in Medicine requires an academic environment that provides close interaction between faculty members. Emphasis is placed on the importance of the collegiality of the medical school faculty responsible for medical education and their commitment to the program.

5.3.7 Consideration should be given to the commitments of faculty members who have multiple academic responsibilities in several educational programs so as to ensure each program has...
adequate resources. There must be a decision on the provision of a single faculty or combined faculties to serve the needs of each of several health related or other academic programs.

5.3.8 Part-time lecturers should only be assigned teaching duties and not with administrative duties unless allowed by their own authorities strictly on a case per case basis.

5.3.9 A medical school should have guidelines and policies which deal with circumstances in which the private interests of its faculty or staff (e.g. private practice) may conflict with their official responsibilities.

5.3.10 Institution should have policies that address to prevent faculty exposure to infectious and environmental hazards and shall follow accepted guidelines in determining appropriate immunizations for faculty.

5.4 Eligibility criteria for faculty:
5.4.1 All faculty appointments must be according to the rules of the University/ Institution.

5.4.2 All medical personnel must possess a basic university postgraduate degree or equivalent qualifications in the relevant discipline in order to be eligible to become a faculty member. They should also have specialist registration with the MMDC, where applicable.

5.4.3 In basic medical science subjects such as Human Anatomy, Physiology, Pharmacology, Biochemistry and Microbiology nonmedical faculty (those faculty who do not have MBBS or equivalent qualification), with M.Sc. (Medical) degree may be appointed to the extent of 30% of the total number of the required faculty positions in a department in case the requirements as above is not fulfilled.

5.4.4 In the case of Community Medicine, as there are many subjects included in teaching / learning activities, non-medical faculty can be included up to a maximum of 50%.

5.4.5 The qualification of Master of Science; M.Sc. (Medical) in the concerned basic medical science subjects, shall be sufficient for initial faculty appointment. In order for the non-medical basic science faculty to become Associate Professor or Professor, it is mandatory to possess a PhD degree in the appropriate discipline.

5.5 Designation of the faculty and their criteria:
The nomenclatures of the designation for faculty positions are:

- Professor
- Associate Professor / Reader
- Assistant Professor / lecturer
- Assistant Lecturer / Teaching Assistant

- Resource faculty member: One clinical science faculty with postgraduate MD/MS or equivalent qualification in a clinical discipline may be included as a resource faculty member (provided medical basic science faculty is not available) in basic medical sciences and community medicine.
department and shall be counted as a full time faculty member in that department only. Such a resource faculty member may be appointed by the institution in all basic science departments
- Tutor/Instructor with MBBS or equivalent degree may be appointed as required in each of the basic science departments to assist faculty members in practical/demonstrations. However, they will not be counted as the faculty.

MMDC strongly recommends that the designation/nomenclature of the faculties should preferably be uniform among all the Universities/Institutions throughout the country. All affiliated institutions must have the teaching faculty appointment approved by the parent University/Institutions.

5.6 Minimum Faculty Requirements:
In the departments of Human Anatomy, Physiology, Biochemistry, Microbiology and Pharmacology, a maximum of 30% of faculty members may be appointed full time from nonmedical backgrounds (as per the breakdown in the tables).

Table 1. Showing the minimum faculty requirements in basic medical sciences and Clinical Sciences for an annual intake of 50, 75 and 100 students.

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<th>Departments</th>
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5.7 Criteria for Visiting Faculties
The posts of Professor Emeritus and Visiting Faculty may be conferred upon the teaching faculties holding posts in other Universities /Institutions and the same criteria which are applicable for appointment of regular faculties will be also applicable to the visiting faculties.

The appointment should be institution specific and be time limited and if a Visiting Faculty is no longer involved in the teaching/training program of the institution or is transferred to another institution, this title should be automatically cancelled.

Visiting faculties are not counted for the allocation of seats or enrolment of students. They may be appointed for the progress of the overall academic standard and betterment of the training institution.

6 THE LEARNING ENVIRONMENT (FACILITIES AND RESOURCES)

In addition to fulfilling the requirement for the MMC accreditation to run the MBBS program, the medical school must maintain a good environment for imparting quality medical education in Maldives. The medical school must have the required number of departments, sections together with an adequate number of faculty and staff, both administrative and technical.

The critical resources include finance, the size of the academic faculty, the variety of academic fields represented, the library, the number and size of classrooms and student laboratories and the adequacy of equipment, and office and laboratory space for faculty. There should be available a spectrum of clinical resources sufficiently under the control of the faculty to ensure breadth and quality of bedside and ambulatory clinical teaching.

6.1 Physical Facilities

6.1.1. The medical education provider ensures students and staff have access to safe and well maintained physical facilities in all its teaching and learning sites. It is essential that students have sufficient and accessible facilities and appropriate medical resources to support the achievement of the objectives and proper conduct of the course, including a wide range of experience with patients and communities of different social, religious and cultural backgrounds.

6.1.2. A medical school must have or be assured of the use of buildings and equipment that are quantitatively and qualitatively adequate to provide an environment conducive to high productivity of faculty and students. The facilities must include offices for faculty and administration, lecture halls/auditorium/ examination Hall, tutorial rooms, basic science laboratories, anatomy, pathology and histology museums, library and professional skills laboratory for students which are appropriate for the student population.

6.1.3. In addition there should be facilities to conduct research as well as facilities for the humane care of animals when animals are used in teaching and research.
6.2 Clinical Facilities

6.2.1. There must be adequate resources to provide clinical instruction through the full spectrum of primary, secondary and tertiary care. The settings for medical education must provide experiences that will develop and enhance the value of social responsibility among medical students, as well as the faculty.

6.2.2. The medical education provider ensures that the clinical learning environment offers students sufficient patient contact, is appropriate to achieve the outcomes of the medical program and to prepare students for clinical practice.

6.2.3. Basic disciplines should be available, i.e. medicine, pediatrics, surgery, obstetrics and gynecology, orthopedics, radiology and pathology. Disciplines such as otorhinolaryngology, ophthalmology and psychiatry could be shared with other facilities, if these facilities are not available within the main teaching facilities. Indicators to be used in making this judgment include: bed occupancy rate, average length of stay, number of annual admissions, number of outpatient visits and number of emergency admissions.

6.2.4. The teaching hospital and other health facilities at the primary and secondary levels must have adequate resources in terms of patients, diagnostic capabilities and equipment to meet the requirements of student training and to demonstrate exemplary care.

6.2.5. For institutions that do not have their own teaching hospitals, it is recommended that university units be established in main hospitals or the faculty to be part of the clinical departments.

6.2.6. If the affiliated teaching hospitals are geographically separated from the medical schools appropriate communication linkages (through internet, teleconferencing) must be provided. If the hospital or clinical facility is an affiliate, there must be written agreement which defines clearly the responsibilities of each party.

6.2.7. In addition to the teaching hospital these settings may include primary care clinics for ambulatory care, family and community practice and maternal and child health services.

6.2.8. Medical Schools are encouraged to provide experiences in institutions providing special care such as homes and shelter for children, the elderly, the differently abled and challenged, as well as drug rehabilitation centres.

6.2.9. The medical education provider actively engages with other health professional education providers whose activities may impact on the delivery of the curriculum to ensure its medical program has adequate clinical facilities and teaching capacity.

6.2.10. The medical college should use latest technology equipment, instruments in required amount to execute the curriculum.
6.3 The Teaching Hospital

6.3.1. The teaching hospital of a medical college should run under a medical director who should preferably be from among the faculty of the medical college. For an annual admission of 50 students, 300 beds should be available for teaching purposes.

6.3.2. Out of the total number of hospital beds, minimum 50% should be ready at the primary teaching institute at the beginning. The remaining 50% beds could be at other locations which includes rotations at the regional, atoll hospitals and health centers all supervised by institutes clinical faculty with support from local staff.

6.3.3. In order to ensure adequate community and clinical exposure/experience, the medical colleges should expose their medical students to other hospitals and health facilities settings in addition to clinical placements at their own teaching hospitals.

6.3.4. The most important aspect of clinical teaching is to identify the learning objectives for different semesters/years by the concerned departments and their strict implementation of those objectives through fixed clinical placements schedules. A fixed time table together with the clinical topics allocated for daily teaching either in wards or OPD must be clearly written in the attendance register of clinical teaching in every department.

6.3.5. While posting medical students on clinical placements, a well-planned rotation schedule together with learning objectives must be clearly specified for the students to follow and acquire. The attendance record of individual students and the names of the topics taught during such placement together with the names and signature records of the respective faculty members must be produced upon demand by the proper authorities.

6.3.6. The teaching hospital should use latest technology equipment, instruments in required amount for teaching/learning as well as giving the necessary service.

6.3.7. In addition to acquiring basic insight into the disease manifestation and response to therapy, hands on skill development either on peers, mannequins or real patients under adequate supervision of the faculty must be the core activity during the clinical rotations.

6.3.8. Ambulatory teaching at OPD is to be scheduled in teaching and learning activities hence a separate OPD teaching/demonstration room is desirable for all departments of the teaching hospitals.

6.3.9. Medical Colleges are permitted, if and when needed, to use other affiliate hospitals/health centers/community centers for carrying out teaching-learning activities of medical students. A memorandum of understanding between the medical college and the affiliated hospitals/health centers/community centers must be signed and must be updated as long as they are being used for the teaching-learning activities.

6.3.10. The class size and extent of responsibility of a medical school for other educational programs must be appropriate for its resources and the educational resources in the community.
number of students who can be enrolled will be based on the number of beds available for teaching purposes, at a ratio of 1 student to 6 beds.

6.3.11. The number of hospital beds and units in each clinical department will depend on the need of academic programs and hospital services. However, for the purpose of ensuring adequate learning of the medical students the organization of units and beds are given below.

6.3.12. Out of the total number of hospital beds, minimum 50% should be ready at the primary teaching institute at the beginning. The remaining 50% beds should be at other locations which includes rotations at the regional, atoll hospitals and health centers all supervised by institutes clinical faculty with support from local staff.

6.3.13. Bed Occupancy = 50% and Minimal number of daily OPD patients for annual intake of 50 students should be 250.

Table: Showing the requirement of hospital beds and units in clinical departments for an annual intake of 50 students. 50% of beds in each discipline should be at the primary institute.

<table>
<thead>
<tr>
<th>Departments</th>
<th>100 Admission</th>
<th>75 Admission</th>
<th>50 Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine + sub-specialties</td>
<td>Total: 110 beds</td>
<td>Total: 85 beds</td>
<td>Total 70 beds</td>
</tr>
<tr>
<td>including dermatology</td>
<td>including ICU/CCU/HDU: 20 beds</td>
<td>including ICU/CCU/HDU: 15 beds</td>
<td>including ICU/CCU/HDU: 5 beds</td>
</tr>
<tr>
<td>Surgery + sub-specialties with</td>
<td>Total: 80 beds</td>
<td>Total: 65 beds</td>
<td>Total: 60 beds</td>
</tr>
<tr>
<td>dental surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>Total: 90 beds</td>
<td>Total: 75 beds</td>
<td>Total: 60 beds</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Total: 60 beds</td>
<td>Total: 50 beds</td>
<td>Total: 40 beds</td>
</tr>
<tr>
<td>NICU/PICU :10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedics</td>
<td>Total: 60 beds</td>
<td>Total: 50 beds</td>
<td>Total: 40 beds</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Total: 10 beds</td>
<td>Total: 5 beds</td>
<td>Total: 5 beds</td>
</tr>
<tr>
<td>Otorhinolaryngology</td>
<td>Total: 20 beds</td>
<td>Total: 15 beds</td>
<td>Total :10 beds</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Total: 10 beds</td>
<td>Total: 10 beds</td>
<td>Total: 5 beds</td>
</tr>
<tr>
<td>Emergency and general practice</td>
<td>Total: 30 beds</td>
<td>Total: 30 beds</td>
<td>Total: 30 beds</td>
</tr>
</tbody>
</table>

Any Department having more than 30 beds should comprise and function with separate Units/Divisions with at least 20 beds in each Unit/Division.
There should be fully functioning 2 subspecialty services, one Medical and one surgical subspecialty service in the hospital for a medical college admitting 100 students and 4 subspecialty services, two Medical and two Surgical in the hospital for a medical college admitting 150 students. Medical colleges having medical and dental program should have additional bed as per their requirements and at least one more additional faculty in Basic science department.

6.4 Library and Information Services

6.4.1. There should be a Central library with good ventilation and lighting with sufficient space and comfortable sitting arrangements for students to sit and study and have catalogued current books and journals that are recommended for reading.

6.4.2. For the core text books recommended by the curriculum there must be at least one book for every five students in the class. In addition, there must also be adequate numbers of reference books (1 book for every 20 students) which are to be placed in the reference section and/or departmental libraries.

6.4.3. Medical Schools must provide free e-library/e-learning and internet services accessible to the faculty and students. The student: computer ratio should be 8:1 and it should be ensured that a core of essential journals must be available in paper and/or electronic form, and should be the most recent periodicals.

6.4.4. The Central library should observe extended timings, be accessible to students and faculty and there must be access to areas for individual study and resources should be adequate to meet curriculum and research needs.

6.4.5. The Central Library must have an adequate number of personnel with relevant skills and expertise to provide library services as mentioned above.

6.4.6. The medical education provider should have sufficient information communication technology infrastructure and support systems to achieve the learning objectives of the medical program.

6.5 Clinical Supervision

6.5.1. The medical education provider ensures that there is an effective system of clinical supervision to ensure safe involvement of students in clinical practice.

6.5.2. The medical education provider supports clinical supervisors through orientation and training, and monitors their performance.

6.5.3. The medical education provider works with health care facilities to ensure staff have time allocated for teaching within clinical service requirements.

6.5.4. The medical education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the medical program and the responsibilities of the medical education provider to these practitioners.
6.6 Research facilities

6.6.1. The school should have a clear policy that fosters research with education.

6.6.2. Research priorities should be clear and the school should provide adequate facilities for research

7 LEARNING AND TEACHING

7.1 While acknowledging that there is no one way of teaching and learning in Medicine, the medical education provider shall employ a range of learning and teaching methods to facilitate learning that is enjoyable and meets the outcomes of the medical program and encourages students to evaluate and take responsibility for their own learning, and prepares them for lifelong learning

7.2 The average student contact learning should not exceed 20 hours per week and the maximum academic year should not exceed 46 weeks (including the revision and professional exam)

7.3 Conventional approaches such as lectures, tutorials, practicals, demonstrations, clinical clerkship, bedside teaching, clinic attendance, projects and field work should be adequately mixed with methods that promote active student participation, team work, analytical thinking and self-directed learning such as problem-based learning, critical appraisal of medical literature, role play, simulations and multi-disciplinary learning

7.4 While seeking assurance of the quality of medical graduates without interfering with the academic autonomy of the individual university/medical college, MMDC expects the medical Schools to implement innovative teaching methodology including but not limited to:-

- Self-directed learning to inculcate the habit of lifelong learning
- Problem Based Learning
- Structured Interactive Sessions or didactic lectures
- Ambulatory teaching in the Outpatients’ departments for better exposure and understanding of commonly encountered clinical problems
- Experiential training in communication skills and medical ethics
- Acquiring certain clinical examination and procedural skills in a skill laboratory under supervision
- Maintaining log books to document the competencies acquired during practical, clinical placements and community exposures
- Promoting learning in rural community settings (Community Based Learning)
- Organ-System based integrated teaching learning and early clinical and community exposures
- Periodic review of Basic Medical Sciences in relation to relevance to common and important clinical problems
- Computer assisted teaching- learning lab, Skill lab and Simulation based learning (whenever and wherever applicable)
7.5 In order to make students learn better, there must be a provision for periodic teacher trainings and monitoring of teaching/learning activities under the guidance of a Medical Education Unit/Department. An annual calendar of operation must be developed and strictly followed.

7.6 The medical program enables students to develop core skills before they use these skills in a clinical setting.

7.7 Students have sufficient supervised involvement with patients to develop their clinical skills to the required level and with an increasing level of participation in clinical care as they proceed through the medical program.

7.8 The medical program promotes role modelling as a learning method, particularly in clinical practice and research and ensures that students work with, and learn from other health professionals, including experience working and learning in inter-professional teams.

7.9 The curricular structure and approach as well as the teaching-learning activities at the minimum should ensure the use of a variety of teaching-learning methods and experiences for ensuring the achievement of the outcomes in a meaningful way relevant to Medicine with opportunities for self-development.

A broad-based clinical education structured in a way to provide an increasing experience in diagnosing and managing patients in different hospital-based disciplines as well as primary care settings with ambulatory and emergency care, Family Medicine, Hospice care and Community Health.

7.10 Each clinical attachment must allow the students to undertake a thorough study of a series of patients having the major and common types of problems represented in the discipline, with close faculty supervision of the learning experience of each student.

7.11 All instruction stress the need for students to be concerned with the total medical needs of their patients rather than individual organ systems or disease, and the effects on their health of social, economic and cultural experiences in the family and community.

7.12 Throughout the course there should be methods to inculcate scrupulous ethical principles and to nurture and encourage the development of appropriate attitudes and professional conduct in the caring for patients, in relating to patient’s families, and to others involved in the care of patients.

7.13 **Continuous Professional Development (CPD)**

a. Medical colleges must recognize the need for continuing medical and health professional education.

b. The College should have a written plan on CPD that is known to the faculty and staff.

c. The College ensures that faculty participates actively in CPD and regular symposiums, workshops and conferences should be organized to fulfill these needs.
8 LEADERSHIP/ADMINISTRATION AND GOVERNANCE

In accrediting institutions as well as courses of study, the governance and administrative structure are fundamental factors to consider as they reflect the commitment and the strength of the institution to fulfill the heavy demands of a medical course and other related fields of study.

There must be a clearly stated mission which reflects the social responsiveness of the medical school to society’s needs for competent and compassionate doctors, quality and affordable health care and research directed at improving health care for individuals and the community. The activities of the school should be based on the ethical consideration of fulfilling the social responsibilities.

The administrative structure of the Medical School should comprise the following sections:

1. General and Personnel Administration
2. Fiscal and Internal Auditing
3. Planning and Evaluation
4. Academic and Examination
5. Procurement and Store
6. Learning Resources including Audio-visual and Medical Illustration
7. Students’ Welfare including Hostel and Extra-curricular activities
8. Property, Security, Transport and Repair and Maintenance
9. Research and Publication

8.1 General and Personnel Administration section:

8.1.1. All matters related to general and personnel administration of the college should be looked after by this section.

8.1.2. The governing board shall be responsible for oversight of the medical school. Administrative officers and faculty are to be appointed by, or on the authority of, the governing board of the institution or its parent university. The Governing body may give the Dean appropriate financial autonomy, authority and control over the college and its attached teaching hospital, so that he can function as the chief executive of the institution.

8.1.3. The Dean: The chief academic official of the medical school, who holds the title of the ‘Dean’ must be medically qualified by education and experience to provide leadership in medical education, in scholarly activity and research and development and in the care of patients.

- The Dean must have ready access to the university officials, the governing body and other officials as necessary to fulfil the responsibilities of the Dean’s office

- There shall be clear understanding of the authority and responsibility for institution’s matters along its hierarchy. He shall be responsible for discipline in the colleges and shall take steps to prevent harassment of faculty and students.

- The Dean should have the assistance of such Associate or Deputy Dean and staff necessary for administration of admissions, student affairs, academic affairs,
graduate education, continuing education, hospital relationships, research and
development, business and planning and fund raising.

- He shall ensure that the faculty and students get opportunities and time for
  research and he shall ensure development of faculty by making available
  appropriate opportunities.

- He shall be responsible for ensuring compliance with MMDC regulations and for
  the supply of correct information as and when required by MMDC.

8.1.4. The manner in which the medical school is organized including the responsibilities and
privileges of administrative officers (e.g. heads of departments), faculty, student and
committees must be in accordance to relevant laws and regulations.

8.1.5. **Appointed Officials:** Administrative officers and members of a medical school faculty must be
appointed by, or on authority of, the governing board of the medical school, or its parent
university. They must have a clear line of responsibility and authority for the curriculum and
its resourcing, and with sufficient authority to direct resources in an appropriate manner to
achieve the objectives of the program and its projected developments.

8.1.6. **Policy-making:** A committee structure is the usual mechanism for involving faculty and others
in decisions concerning admissions, promotions, curriculum delivery, research, etc. The Dean
and a committee of the faculty should determine the medical school policies where the Dean
would be the chairman of this committee. This committee typically consists of the head of
departments, but may be organized in any manner that brings reasonable and appropriate
faculty influence into the governance and policy-making processes of the school.

8.1.7. The full faculty should meet often enough to provide an opportunity for all to discuss,
establish, and otherwise become acquainted with medical school policies and practices.

8.1.8. **A curriculum Committee** should also be formed by the medical school to ensure that there
are mechanisms for direct faculty involvement in decisions related to the educational
program, its delivery and evaluation.

8.1.9. Where appropriate, for effective communication and liaison for the purpose of ensuring
appropriate environment for teaching, learning, training research and service, joint
committees should be established between the school, faculty and hospital authority.

8.1.10. **Role of departments and their annual Report.** - All departments should contribute fully
towards academics and all facets of medical education and the institution shall publish a list of
its faculty on the official website. The medical school should publish an annual report of
activities, containing separate chapters by each department.

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8.2 Fiscal and Internal Audit Section:
The fiscal section should be responsible for the financial planning and management of the medical school. A strong financial commitment must be ensured for the sustainability of the institution. An internal audit section must check and report on the budget, procurement, and store inventory according to the financial rules and regulations pertaining to the colleges.

Schools must ensure that their financial resources are sufficient to allow the school’s objectives to be achieved and to maintain high standards of medical education. Sources of financial support must be transparent and fully disclosed.

8.3 Planning and Evaluation Section:
This section should conduct annual planning, budgeting and annual program evaluation.

8.4 Academic/Examination Section:
The academic and examination section should look after the academic programs and prepare the academic calendar. An annual academic calendar of operation for all years must be prepared by the medical school specifying the details of teaching schedules of theory, practical/clinical teaching and learning activities. This section should also ensure that the examinations are held effectively, efficiently and confidentially and the results of the examinations are published in a timely manner and feedback given to individual students.

8.5 Procurement and Store Section:
All matters related to the procurement and store is carried out by this department.

8.6 Learning Resources Section
- Audio-visual and Medical Illustration Section should be established to provide sufficient numbers of overhead projectors, multimedia, laptop, television and artist facilities for helping teachers to teach effectively. The medical schools are encouraged to continuously adapt to new and innovative technologies for fostering effective teaching/learning activities.
- Lecture Rooms: Adequate number of lecture halls with comfortable sitting arrangements together with good ventilation, lighting, acoustic system and audio-visual aids should be made available for carrying out teaching/learning activities effectively.
- Tutorial rooms: A tutorial rooms accommodating ten to fifteen students (1:10-15 students) where self-directed small group teaching learning can take place.
- Information Technology: The medical college should have modern facilities to train students in information technology and there should be computer assisted learning facility which can accommodate at least 50% of the annual intake. Each department should have adequate computers and internet facilities.
- Clinical Skills Laboratory: The medical college should have a clinical skills laboratory to impart certain clinical skills to the students. It should incorporate up-to-date teaching aids.
- Library
- Examinations Hall: Sitting arrangements may be made in a separate examination hall or in classrooms with adequate invigilation.

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• Auditorium of adequate capacity for holding scientific and other activities.

8.7 Students' Welfare including Hostel and Extra-curricular section
The students' Welfare Section should look after the welfare of the students including facilitation of accommodation and other extracurricular activities.

8.8 Property, Security and Transport & Repair and Maintenance Section
The safety of the schools physical property and students, faculty and staff must be ensured by the property section by providing adequate security.
All matters related to the repair and maintenance of all infrastructures, electrical and sanitary and all others are looked after by this section.

8.9 Research and Publication
• The Medical College must establish a Research and Publication unit/department and must show evidences of research and publication by faculty which must be evident by the time the first batch of students pass out of the college

• The medical school must use medical research and scholarship as a basis for the educational curriculum and formulate and implement a policy that fosters the relationship between medical research and Education and encourages and prepares students to engage in medical research and development.

Relationship with the Health Department, Affiliated Institutions and the Community
It is also vital for undergraduate medical education that the school has a constructive relationship with the and be affiliated or linked to institutions that provide research, postgraduate education, specialty training, and education in the other health professions and allied health occupations.
The linkage must enable faculty members to actively contribute to the development and transmission of new knowledge. There must be a formal mechanism, including agreements, and appropriate channels of communication to allow problems to be addressed and new initiatives to be developed, particularly in the areas of teaching, research and service.

9 MONITORING, EVALUATING AND REVIEWING THE CURRICULUM

9.1. The medical education provider must establish a mechanism to regularly monitor and review its medical program including curriculum content, quality of teaching and supervision, assessment and student progress decisions. It manages to quickly identify concerns about, or risks to, the quality of any aspect of medical program.

9.2. The medical education provider must systematically seek teacher and student feedback, and analyze and use the results of this feedback for monitoring and program development. It collaborates with other education providers in monitoring its medical program outcomes.

9.3. In Outcome Evaluation, the medical education provider should analyze the performance of cohorts of students and graduates in relation to the outcomes of the medical program also
examine the performance in relation to student characteristics and feeds this data back to the committees responsible for student selection, curriculum and student support.

9.4. The objectives and contents of the curriculum should be subject to periodic evaluation. The same rigorous standards should be developed and enforced for the content of each year of the program leading to the medical degree. Unless student selection is inappropriate, a high failure rate in a component implies that the course content is inappropriate, or that there are problems with teaching or the examination are set at inappropriate standards.

9.5. The curriculum committee should oversee the pass rates in individual components of the course, and investigate situations where these are inappropriately low. Redundancies and deficiencies identified in the curriculum should be corrected with due consideration to rapid advancement in the field of medicine.

9.6. Medical schools must evaluate educational program effectiveness by documenting the achievement of their students and graduates in verifiable and internally consistent ways that demonstrate the extent to which institutional and postgraduate performance program purposes are met.

9.7. The medical school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, graduate program acceptance into postgraduate programs, as well as recommendations of external examiners, course advisors, teachers, the profession and students, and other relevant bodies that may be valid. The results of such evaluation should be used to determine how well schools are fulfilling their objectives and to assess the need for program improvement.

9.8. A system for monitoring the achievement of clinical educational goals must be developed, based on these criteria, and students must be educated in this framework. The curriculum committee should give careful attention to the student workload and monitor their achievement to encourage student directed learning.

9.9. In view of the increasing pace of discovery and changing practice of medicine, experimentation that will increase the efficiency and effectiveness of medical education is encouraged. Experiments should have carefully defined goals and plans for implementation, including methods of evaluating the results. Planning for educational innovations should consider the incremental resources that will be required, including demands on library facilities and operation, information management needs and computer hardware and software.

9.10. MMDC must be notified for any plans for major modification of the curriculum (more than 30%), and approval of the Accreditation Committee must be sought before implementation.

9.11. There must be an integrated institutional responsibility for the design, implementation, and review of the curriculum at least once in 5 years.

9.12. The results of outcome evaluation are reported through the governance and administration of the medical education provider to academic staff and students.
9.13. The medical education provider makes evaluation results available to stakeholders with an interest in graduate outcomes, and considers their views in continuous renewal of the medical program.

10 CONTINUOUS QUALITY IMPROVEMENT OF THE MEDICAL SCHOOL

10.1. Medical schools must demonstrate procedures for ensuring quality standards and the regular updating of its mission, objectives, structure and functions in line with contemporary scientific, socio-economic and cultural developments of society.

10.2. The efficient, effective and proper conduct of a medical program will depend on the system or systems for quality management that the institution puts in place hence there must be a program of quality assurance and the management should submit itself to regular review.

10.3. The process of renewal should be evidence-based. Basic medical education is only one step in the education of doctors. Other phases include in-service vocational training and continuing professional education. To achieve appropriate quality assurance across the continuum of medical education, there should be collaboration between the various bodies concerned with medical education. In particular, the linkage between basic medical education and prevocational training needs to be developed further.

10.4. The involvement of medical schools in setting the educational objectives for subsequent vocational training is highly desirable. Quality assurance mechanisms are equally desirable for subsequent vocational training, and for programs of life-long maintenance and upgrading of professional standards.

10.5. Medical schools should endeavor to provide a setting in which all faculty members work closely together in teaching, research and health care delivery, consistent with the objectives of social responsiveness. There should be a program of continuing professional development to disseminate existing knowledge to doctors and other health professionals, such as through linkages with professional associations, as well as community health care services and public health education. Research should generate new knowledge of importance to the health and welfare of mankind.
ANNEXE 1: List of basic skills and procedures a medical graduate must be able to perform by graduation

Skill lab of all medical colleges must have all necessary equipment's/contents from which following competencies/skills are to be achieved

Demonstrate and review the use of gowns, gloves, and eye protection when the risk of exposure to body fluids.
Demonstrate hand hygiene, and surgical hand scrub technique. Also maintaining a sterile field in relation to procedures
Assessment of Vital Signs.
Basic and advanced Life Support
Cardiac Monitor and Pulse Oximetry
Cervical Spine Immobilization, Hemorrhage Control and Splinting Extremities.
Basic wound care and dressing
Skin Suturing
Taking nose, throat and skin swabs
Blood transfusion, including necessary checks
Emergency Assessment.
Demonstrate and review proper technique for cardiac exam. Assessment of basic (S1 and S2) sounds and murmurs (systolic, diastolic, S3 and S4) Identify the anatomy of the heart in the transthoracic apical view.
Demonstrate and review proper technique for respiratory examination.
Assessment and appreciation of normal and abnormal lung sounds.
Foley Catheterization/Pelvic/Rectal/Breast/Testicular Examinations
Establishing peripheral venous access, and infusion setup and Devices
Insertion of ICD tubes
Local Anesthesia/Digital Block.
Lumbar Puncture/Pleural aspiration/Peritoneal tap
Oral/Nasogastric Tube/Oral/Nasal Airway (Intubation)/O2 Delivery Devices.
Basic Trauma Life Support and Trauma Resuscitation and Correct technique for moving and handling patients in the context of clinical care
Electrocardiograph (ECG) set up, function and interpretation of 12-lead ECG
Ear Examination.
Ophthalmoscopy.
Delivery conduction.
Writing of death certificate
Obtaining informed consent
Safe disposal of clinical waste, needles and other sharp instruments
Minimum Requirements for Entry into a Basic Medical/Dental Programme

A thorough understanding of science, in particular biology and chemistry, is essential to pursue a medical education programme. However academic excellence alone is not sufficient for a carrier in medical profession as honesty, integrity and good health are also essential attributes of a good medical professional. Hence Maldives Medical Council identifies the following as the minimum requirement for enrolling in a Basic Medical/Dental Education programme:

1. He/she shall complete the age of 17 years on or before 31st December, of the year of admission to the MBBS course;
2. Should have no record of offence(s) affecting the human body;
3. Should have no record of serious dishonesty (e.g. cheating at examinations, falsification of documents, plagiarism etc);
4. Should have no history of serious physical or mental illness; and/or
5. Should have no serious communicable disease(s).
6. He/she should have the following educational qualifications:-

<table>
<thead>
<tr>
<th>Examination</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCE O Level (UK)</td>
<td>3Cs or higher each in Biology, Chemistry, Physics and C or higher grade in two other subjects.C grade and above in English</td>
</tr>
<tr>
<td>Any other qualification validated by Maldives</td>
<td>3Cs or equivalent each in Biology, Chemistry, Physics and C or higher grade in two other subjects.C grade and above or equivalent in English</td>
</tr>
<tr>
<td>Qualification Authority as Equivalent to GCE O Level (UK)</td>
<td></td>
</tr>
</tbody>
</table>

AND

<table>
<thead>
<tr>
<th>Examination</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Certificate of Education Advanced Level (UK)</td>
<td>C grade and above in any three subjects out of the following four: Biology, Chemistry, Physics and Mathematics</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Any other qualification validated by Maldives Qualification Authority as Equivalent to General Certificate of Education Advanced Level (UK)</td>
<td>C grade and above or equivalent in any three subjects out of the following four: Biology, Chemistry, Physics and Mathematics</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Health Science Degree (BSC) in any subject</td>
<td></td>
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</table>