

Standards for Accrediting a Medical School
Accreditation Unit
Sri Lanka Medical Council

Section A: General Information

A1. Entry criteria for medical students are transparent and match the minimum standards defined by the SLMC in all instances.

The minimum entry criteria to a medical school should be one of the following.

- Sri Lankan GCE Advance Level (AL): Subjects of Biology, Chemistry and Physics - 2C's and 1S pass
- London AL (i.e., Cambridge, Pearson Edexcel AL): Subjects of Biology, Chemistry and Physics - 2B's and 1C pass
- Equivalent qualifications to any of the above.

A2. The medical school is governed by an authority with adequate legal and regulatory backing.

A3. The medical school has been accredited/recognized by a national regulatory body established for the said purpose.

A4. The medical school has received accreditation/recognition from a recognized overseas accreditation body. (optional)

A5. The total number of students admitted during the last 5 years matches the resources available at the medical school.

A6. The total duration of the study programme is adequate and utilised optimally to train a competent doctor.

Section B: Vision and Mission

B1. The process followed in developing the vision and mission statements complies with expected practices for an academic higher education institution.

B2. Vision and Mission statements address the needs and expectations of the stakeholders and the country and fulfil the Minimum Standards of Medical Education in Sri Lanka.

B3. Vision and Mission statements are used for planning, delivery, management, and quality assurance of the curriculum.

Section C: Educational Programme

C1. Vision, mission, curriculum model and principal learning outcomes should be appropriately developed.

C2. The curriculum organizational structure is appropriate for the qualification being awarded.

C3. The subject areas in the Minimum Standards of Medical Education of the SLMC are appropriately taught in the relevant years.

C4. Teaching and learning methods are appropriate to address educational needs.

C5. Every student is expected to spend a total of 2850 hours in planned skills training and learning in a hospital-based clinical setting or a community-based setting in a manner appropriate to gain the essential skills related to the subjects stated in Table 1 below.

C6. The subject-wise number of hours per student and the manner in which the said hours are utilised for planned guided skills training allows for gaining the essential skills related to the subjects stated in Table 1 below.

Clinical disciplines	Minimum require hours
I. Internal medicine and related subspecialties (including cardiology, dermatology, neurology and venereology / sexually transmitted infections)	800
II. Surgery and related subspecialties (including anesthesiology, ophthalmology, orthopaedic surgery, oto-rhino-laryngology)	800
III. Obstetrics & Gynaecology	400
IV. Paediatrics	400
V. Psychiatry	200
VI. Forensic Medicine	50
VII. Community Medicine	200
VIII. Family Medicine	See the footnote below*

Table 1: Minimum training hours required for each subject

*There are no minimum hours in Family Medicine listed in the “Minimum Standards Regulation Gazette”. However, in calculating the **total planned skills training and learning** in a hospital-based clinical setting or a community-based setting for clinical subjects, the **number of hours in Family Medicine, if available, shall be included.**

C7.1. Introduction to clinical skills training is compatible with the overall curriculum structure.

C7.2. The number of students allocated to each group during clinical rotations allows for optimum clinical exposure and interaction between students, and between students and the tutor/teacher.

C8. Clinical skills, the competency levels defined by the medical school and the way that they are taught and learnt are adequate and comprehensive.

C9. Mandatory internship/final year training programme contributes to and complements the overall clinical learning appropriately, and does not limit opportunities to gain an overall clinical exposure.

Section D: Assessment of Students

D1.1. Medical school utilizes appropriate tools for student assessment.

D1.2. Criteria set for pass marks, grade boundaries, allowed re-takes, etc. comply with best practices for undergraduate medical education.

D2. There is alignment between learning outcomes and assessments.

D3. Results of assessments guide decisions about the progress of the student to different stages of the training programme described in the curriculum as per submitted Regulations and By-Laws.

D4. Medical school implements robust mechanisms to avoid conflicts of interest during student assessments.

D5. Assessment/examination/evaluation procedures are scrutinized by external experts in line with acceptable best practices.

D6. Medical school has adopted procedures that ensure confidentiality and integrity of examination results.

D7. The medical school implements a system for providing feedback to students following assessments regarding their strengths and weaknesses.

Section E: Students

E1. The admission policy of the Medical School and the selection process for admission of medical students are acceptable and are in line with the Minimum Standards published by the SLMC.

E2.1. Student numbers match the available resources of the medical school.

E2.2. Medical school has been able to attract international medical students for its courses.

E3. The student transfer policy adopted by the Medical School is transparent and in line with the best practices in higher education.

E4. Medical school has established a mechanism to counsel and provide feedback to students following examinations.

E5. Medical school has enough facilities and staff to provide counselling for students (such as student counselling units, counsellors, mentors, etc.) regarding their academic and other problems.

Section F: Academic Staff

F1. The policies for recruitment and promotion of staff in the medical school have been clearly defined and allow recognition of academic excellence.

F2. Responsibilities assigned to different grades of academic staff members facilitate efficient delivery of the curriculum.

F3. Designations and discipline-related qualifications of the academic staff are appropriate to deliver the curriculum effectively.

F4. Adjunct / extended faculty associated with the medical school are adequate in terms of their number and competencies to effectively train a medical student.

F5. Student:staff ratio maintained by the medical school and the strategy for deployment of staff in the teaching and learning process meet both the minimum standards requirement and the maintenance of quality in education.

F6. Medical school employs non-academic staff members adequate to conduct its day-to-day operations including training and assessments, providing the necessary support to academic staff and students, and to ensure effective administrative functioning.

F7. Medical school provides adequate opportunities for staff development for academic and non-academic members of the school.

F8. Medical school should establish a dedicated unit with trained staff and adequate resources, policies and procedures to support curriculum development and medical education.

F9. The number of staff members with medical education qualifications is adequate to provide the medical school with in-house capacity to develop, review and implement curriculum effectively.

F10. Medical school should establish a well-defined process to enhance knowledge and skills on the curriculum among all academic staff.

Section G: Educational Resources

G1. The lecture halls and their facilities available for the medical school are adequate to fulfil the needs of all students.

G2.1. Tutorial and discussion rooms and their facilities allow accommodating all students in groups of appropriate size simultaneously in delivering the curriculum and its activities appropriately.

G2.2. Medical school is in possession of appropriately equipped examination halls that facilitate evaluation of all students of a single batch simultaneously without disrupting the academic activities of other students.

G3. The medical school shall establish appropriately equipped museums and laboratories for teaching purposes that have been integrated into the curriculum to facilitate producing a competent medical graduate.

G4. The medical school shall both establish clinical skills laboratory (ies)/centre (s) with essential equipment and design learning activities within the core curriculum to support the development of essential graduate competencies.

G5. The medical school library is able to cater to the learning needs of all students through physical/online educational material at any given time.

G6.1. Medical school is able to provide adequate training in teaching hospitals for all its students eligible for such training at any given time.

G6.2. Teaching hospitals affiliated with the medical school cover all relevant clinical specialities required to train a medical student.

G6.3. Teaching hospitals affiliated with the medical school generate enough patient turnover in sufficient variety to facilitate student learning.

G7. Medical students are provided with adequate opportunities to learn community medicine through the named field practice settings in line with the Minimum Standards defined by the SLMC.

G8. Medical students are provided with adequate exposure to forensic medicine and forensic pathology during their training in line with the Minimum Standards defined by the SLMC.

G9. Medical school offers ICT facilities and has incorporated them into the curriculum adequately to support student learning at any given time.

G10. Medical students are provided with hostel facilities complying with adequate quality and safety standards fulfilling the basic needs of the students including water, electricity, sanitary facilities, recreation, internet, etc.

G11. Medical students are provided with basic medical and nursing care through a medical centre staffed and equipped adequately by the medical school or its governing authority.

G12. Medical students are ~~provided with~~ offered basic meals and refreshments in keeping with the required hygienic standards by the medical school.

G13. Medical students are provided with recreational facilities adequate for them to maintain a high level of physical, mental, social, and spiritual wellbeing.

Section H: Programme Evaluation and Quality Assurance

H1. Medical school shall establish a robust quality assurance system capable of addressing quality concerns related to the medical curriculum, training, and other academic and non-academic affairs.

H2. Medical school shall establish a mechanism that will allow students and staff members to provide regular feedback on various aspects related to teaching, learning and administration without any room for adverse repercussions.

H3. The medical school should have undergone a comprehensive evaluation/review of its degree programme within the past 10 years in a satisfactory manner.

H4. Analysis of performance of cohorts of students and graduates in relation to the mission, intended educational outcomes, training programme and assessments should be performed satisfactorily.

Section I: Governance and Management

I1. The organizational structure of the medical school is well demarcated and provides opportunities for effective governance.

I2. Responsibilities related to the management of the degree programme have been defined and delegated appropriately to relevant staff members.

I3. The number and the variety of the administrative staff employed allow the medical school to govern the degree programme effectively.

I4. Medical school is in a position to ensure adequate financial and material resources for educational activities.

I5. Medical school provides opportunities for the students to involve in the decision-making process alongside the medical school governing bodies without intimidation or influence.

I6. The institutional strategic plan has been used effectively in the governance and management of the medical school.