

**SRI LANKA MEDICAL COUNCIL
ACCREDITATION UNIT
REVIEW PROCESS**

The pre-review arrangements and requirements for the review visit and the responsibilities of the respective stake holders to facilitate clarity, consistency and effectiveness of the review process are outlined below.

Accreditation Unit

- The Accreditation Unit (AU) in consultation with the respective medical school appoints the Review team and Review Chair (if necessary, in consultation with the Council).
- The Head/AC informs the Dean of the medical school and the Vice Chancellor of the University the review team members and their contact information naming the Review Chair as the focal point of contact.
- ~~To~~ Provides a soft copy of the SER of the medical school to each member for self-study.
- Arranges the Desk review meeting at the AU which shall be chaired by the Review Chair. At the meeting agree on key points, information and evidence to be checked during the site visit and tentatively agree on the scores for each section based on the SER subject to change during the site visit.
- Organizes a pre-review meeting among the panel of reviewers, and the members of the AU to discuss desk review findings and to plan the review visit.
- Arranges the transport from the places of residence of reviewers to the medical school and accommodation in consultation of the Dean.
- Assigns one member of the AU to be present at the medical school on the first day of the review visit.

Medical School

- The Dean of the medical school to be the focal point of contact to co-ordinate communications between the medical school and the review team, to provide logistical support and inform the AU of the contact information of the focal point ~~of contact~~.
- Decide on the date of the review visit and the review visit schedule in consultation with the Review Chair, the Dean of the medical school and Head AU.
- Allocate a room with a computer, printer, and multimedia facility and adequate space for display of documentary evidence and for team members to hold discussions and meetings.
- Provision of secretarial assistance and arrangements for refreshment and meals by the Dean.
- Provision of internal transport if required.

Review Chair & Members

- Review members attend the pre-review meeting after a thorough desk evaluation of the SER, with notes on required additional information, and the tentative outcomes of desk evaluation.
- Review Chair assigns the responsibilities to the team members at the pre-review meeting.
- Review Chair makes a list of additional inputs required by the review team for the review visit and informs the Dean of the Medical School.

Review Visit

- Review team shall arrive at the medical school on the pre-determined date and time.
- The first meeting of the Review team will be with the Vice-Chancellor of the University, Dean of the relevant medical school, Director of CQA and the Chair of the IQAC of the relevant faculty. This would be followed by a meeting at the Faculty/ Institute with the Dean, Heads and all relevant academic and administrative staff involved in programme management.
- Following this meeting the review should proceed according to the schedule.

Review Process will/ shall include:

- Scrutinizing documentary evidence.
- Meetings/ discussions with staff and students.
- Observation of teaching learning sessions in faculty, field area and hospital.
- Visits to selected facilities such as lecture halls, hospitals, laboratories, hostels etc.
- Debriefing.

Scrutinizing documentary evidence

- The aim is to consider evidence furnished by the institution to verify the claims made in the SER.
- The review team will carefully read the documentation provided by the institution as evidence.
- It will endeavor to keep to a minimum the amount of documentation it requests during the visit.
- The review team should always seek to use all information provided in arriving at judgments.

Meetings/ discussions with staff and students

- The aim is to get a clear picture of the institution's processes in operation, and to clarify the claims made in the SER.

- The review team should ensure having meetings with individuals/ small groups of the following stakeholders along with scrutinizing documented evidence and observing facilities and teaching learning sessions.
- Academic staff, members of the IQAC, members of the non-academic staff, students to be invited for the discussions, representatives of with. and other stakeholders such as moderators/ external examiners, extended faculty, visiting staff, employers, industry, community representatives involved with the faculty activities, where relevant. The members from each group could be selected in consultation with the Dean.

Observation of teaching-learning sessions, learning resources, and facilities

- Direct observation of selected on-going teaching-learning activities in faculty/hospital and field/ laboratory work should be arranged in conjunction with the focal point of contact.
- The team may also request a tour of the main campuses, though the extent and purpose of this should be judged in the light of the team's view of its main lines of inquiry.

Debriefing

At the conclusion of the visit, an interactive meeting will be held between the Review Team and the following:

- Dean of the Faculty
- Heads of the Departments
- Academic Coordinators
- Senior members of the academic staff
- Chair and members of the IQAC,
- Student Representatives of the Faculty Board.
- Representatives from Academic Support Staff.

At this meeting the Review Chair will present the highlights of the findings with strengths/weaknesses/areas that may need improvement and facilitate an interactive discussion.

Review Report

Within 2-4 weeks of the review visit, the Review Chair along with the members should prepare the **Review Report** and submit to the Head/AU of SLMC.

Final Report

- Following receipt of the **Review Report** the Head/AU should arrange a meeting (In 2 weeks) with members of the AU/Chair/members of Review Team to agree on the **Pre-Final Decision with the recommendation (Accreditation/Provisional Accreditation/Accreditation rejected)**.
- The **Pre-Final Decision signed by the Head/Members of AU** should be made available within 2 weeks to Dean of the Medical School for comments and appeals if any.
- The Dean to convey the decision to Head/AU in 2 weeks.

- In the event of appeals the **Appeal Board 1 or 2** should be appointed by the AU (described in the Appeal process-Guidelines) within **2 weeks**.
- The Appeal Board should submit the decision in **2-4 weeks**.
- Following the decision of the relevant Appeal Board the **Final Decision** of AU with modifications if any shall be submitted to the Council **in 2-4 weeks** for ratification and same to be communicated to the Vice Chancellor, Dean and President of SLMC after the Council meeting.

Reporting of substantive or anticipated changes

- An accredited medical school shall report to the AU if there are any planned substantive changes to the educational programme, quality of facilities or resources, staffing, student numbers or any other educational or administrative aspect that would affect the quality of the education delivered.
- The respective medical school shall obtain the endorsement of the AU for such change prior to its implementation.
- The AU shall respond to the medical school reporting such changes within **4 weeks**.
- If the AU has concerns regarding the reported changes, the AU shall engage in a discussion with the medical school and arrive at a mutually acceptable solution.

Accreditation Unit/SLMC

December 2022

FLOWCHART
REVIEW &
DECISION-MAKING
PROCESS OF AU



