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RWANDA STANDARDS OF POSTGRADUATE MEDICAL EDUCATION

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ACKNOWLEDGMENT

The Rwanda Medical & Dental Council (RMDC) was established by the Law N°44/2012 of 14/01/2013 to protect the public and guide the profession. To achieve this mandate, the article 17 states that the RMDC shall participate in the process of defining the quality of medical doctor services, determining standards of medical education at the university level in Rwanda and set up regulations on the minimum knowledge and skills required for each category of a Medical Doctor.

The RMDC, therefore, initiated the process of drafting standards for postgraduate medical education (PME) in Rwanda for the purpose of providing a regulatory framework to potential promoters/PME Providers and other stakeholders in area health education development.

Hence, I wish to extend my sincere appreciation to professionals representing various higher learning institutions, stakeholders and partners, for their invaluable contributions in the development of these standards for postgraduate medical education in Rwanda.

Specifically, I wish to acknowledge the important contribution of the Ministry of Health, the Higher Education Council, the University of Rwanda, University of Global Health Equity (UGHE), University of Gitwe, Mount Zion International University of Rwanda, AUCA, the Health Professional Societies, Sister Councils, are sincerely acknowledged for granting permission to their staff to participate in this process. These standards will provide an important building block for harmonization of postgraduate medical education in Rwanda.

My gratitude goes to the technical and editorial team who finalized the document.

I finally thank you all on behalf of the Rwanda Medical and Dental Council.

Kigali March 10th, 2019

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PREAMBLE

Rwanda Medical & Dental Council (RMDC) was established by the Law N°44/2012 of 14/01/2013, with a mission to protect the public and guide the medical profession in Rwanda.

RMDC was mandated through the article 17 to participate in the process of defining the quality of a medical doctor, determining standards of medical education in Rwanda and setting regulations of the knowledge, skills, and attitudes required for medical practice in Rwanda. Hereby put forward standards for postgraduate medical education in Rwanda.

The guidelines and standards for undergraduate medical education were already developed in line with the EAC framework but there is a vacuum for postgraduate medical education and yet the demand to start much needed new programs is real.

The RMDC initiated the process of drafting standards for postgraduate medical education (PME) in Rwanda through broad consultations with key stakeholders for the purpose of providing a regulatory framework to potential promoters/PME Providers and other stakeholders in area health education development.

Fundamentally, the RMDC adopted and adjusted the World Federation Medical Education Global standards for quality improvement (2015 revision), to the needs and context of Rwanda and the region. However, EAC guidelines and AMCOA Protocols, good practice and expert opinion were also considered.

These standards are intended to guide medical education programme development and evaluation, facilitate diagnosis of strengths and weaknesses related to the medical education programme, and to stimulate quality assurance and improvement.

The drafting of these standards has been done with broad consultation involving policymakers, all medical specialities in Rwanda, academic institutions, professional societies, Health Professions Councils, Teaching Hospitals and student representatives.

The Standards provide broad requirements for setting up the new postgraduate medical program in Rwanda, however, detailed norms and standards for specific specialty programs shall be determined by **the relevant senates in the Rwandan Medical Specialties Boards that shall** be set up by the law. This will provide the basis for accreditation and auditing of institutions and programs by the RMDC as per the law.

METHODOLOGY

Background:

Rwanda is committed to the 2030 Sustainable Development Goals that encompass Universal Health coverage (UHC).

There is a need therefore to build the capacity to address the disease burden in Rwanda including the prevention, the management of Infectious and non-communicable diseases. One of the major challenges that Rwanda has to overcome is the training and retention of a sufficient and competent healthcare workforce, especially in various medical specialities.

Comparing to WHO ratio for specialists/patient in the world and in Rwanda, there is a huge gap and there exists only one institution training specialists. There is a need to train more specialists while ensuring quality standards.

In medical education, the accepted standards are World federation medical education global standards. Rwanda being partner state of EAC has signed protocols for undergraduate training however there is yet no standards for postgraduate programs.

Rationale:

There is a need for Rwanda to set up a framework to address the skills gap by developing new PME programs.

Objective:

To develop Rwanda Standards for PME agreed upon by all relevant stakeholders for the accreditation of programs.

Process:

Phase I: Production of a draft by RMDC Education committee that proposed the adoption of The WFME Global Standards as the basic working document and set the agenda for further consultations. It also provided other relevant documents including AMCOA protocols, UK GMC, US ACGME, etc...

Phase II: Drafting workshop that gathered policymakers, all medical specialities in Rwanda, academic institutions, professional societies, Health Professions Councils, The Rwanda Medical Association, Teaching Hospitals, and student representatives (see annex 1). The workshop took place in La Palisse Nyamata from February 27th to March 2nd, 2019.

Phase III: Editing workshop by an RMDC Task Force at La Palisse Nyamata from March 9th to 10th, 2019.

Phase IV: Stakeholders validation on April 5th 2019 at Marriott Hotel Kigali.

THE USE OF THE STANDARDS

The standards are intended to be used by all PME stakeholders including (but not limited to) policymakers, regulators, academic institutions, programs directors, trainers, trainees from within and outside Rwanda.

This **generic** document is structured into 3 sections:

- Section 1: Mission, Promotor, and Resources
- Section 2: Programme, Outcomes, Evaluation
- Section 3: Governance, Trainers and Trainees

Each section includes two sets of standards: **(i)** Basic standards and **(ii)** Quality improvement standards.

- (i) Basic standard:** This means that the standard must be met and fulfillment demonstrated during the evaluation of the education programme. Basic standards are expressed by a **“MUST”**. Failure to comply with all the basic standards leads to a disapproval of the program.

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- (ii) **The standard for quality development:** This means that the standard is in accordance with the international consensus about best practice for postgraduate medical education. of initiatives or to fulfil some or all of such standards should be documented. Fulfilment of these standards will vary with the stage and development of the education programme, available resources, the educational policy and other local conditions influencing relevance, priorities, and possibilities. Even the most advanced programmes might not comply with all standards. Standards for quality development are expressed by a **“SHOULD”**.
- (iii) **Annotations** are used to clarify, amplify or exemplify formulations of the standards. No new requirements are introduced in the annotations.

The listing of examples in annotations is in some cases exhaustive, in others not. also be noted, that a postgraduate medical education programme will rarely use and possess all the characteristics mentioned in examples.

These standards are based on our current understanding of fundamental principles and best practices in designing, maintaining, and enhancing medical education programmes.

Standards are intended to guide medical education programme development and evaluation, facilitate diagnosis of strengths and weaknesses relating to the medical education programme, and to stimulate quality improvement.

SECTION ONE: MISSION, PROMOTOR, AND RESOURCES

1.1 MISSION

Basic standards

The programme provider(s) **must**:

- State clearly the mission of the programme.
- Make the mission available to the sector it serves.
- Base the mission on consideration of the needs of the community or society, the needs of the health care delivery system and other aspects of social accountability, as appropriate.
- Be in line with regulatory authorities vision and mission

Quality development standards:

The programme provider(s) **should** encourage:

- Appropriate innovation in the education process allowing for the development of broader and more specialized competencies than those identified within the basic required competencies.
- Doctors to become scholars within their chosen field of medicine.
- Doctors to become active participants in facing social determinants of health.

Annotations:

- *Mission provides the overarching frame to which all other aspects of the programme must be related. The mission statement would include general and specific issues relevant to institutional, national, regional and, if relevant, global policy and health needs. Mission in this document includes a vision of postgraduate medical education.*
- *The programme provider(s) would include national authorities or bodies involved in regulation and management of postgraduate medical education, and could be a national governmental agency, a national or regional board, a university, a college, a medical society, a hospital or hospital system, a competent professional organisation or a combination of such providers with shared responsibility.*

- *Encompassing the health needs of the community would imply interaction with the local community, especially the health and health-related sectors, and adjustment of the programme to demonstrate attention to and knowledge about health problems of the community*
- *Scholar refers to an individual with deeper and/or broader engagement in the advancement of the discipline, including participation in academic development and advanced education and research in medicine.*

1.2 PROMOTOR

Basic standards

The programme provider(s) **must:**

- Demonstrate evidence of experience in PME.
- Be registered and accredited by the Higher Education Council
- Define the intended educational outcomes of the programme with respect to the following:
 - ✓ Achievements at a postgraduate level regarding knowledge, skills, and attitudes.
 - ✓ Appropriate foundation for the future career of trainees in the chosen field of medicine.
- Must show financial means to make this sustainable by having evidence of:
 - ✓ Policy document with clear systems of financial management which is functional and conducive for the training
 - ✓ Financial plans, investment /development plans, the annual budget with a level of implementation
 - ✓ Records of annual audited accounts
- Ensure appropriate trainee conduct with respect to colleagues and other health care personnel, patients and their relatives.

1.3 EDUCATIONAL RESOURCES

1.3.1 Physical facilities

Basic standards

The programme provider(s) must:

- Comply with norms and standards of regulatory authorities
- Offer the trainee the following resources including but not limited to:
 - Adequate space and opportunities for practical and theoretical study,
 - Access to updated and relevant academic and professional journals and all other e-resources
 - Adequate information and communication technology,
 - Equipment for training in a practical and safe learning environment
 - Enough number of patients in line with the required training portfolio (as determined by relevant speciality board senates).
 - Fully functional relevant speciality units (staff, space, equipment, patients, organized and documented workload).
 - The teaching site has to have an academic structure to be able to administer the program needs and expectations.
- Have a clear policy on how to regularly update the physical facilities and equipment regarding their appropriateness and quality in relation to postgraduate education and abide by the standards.

Quality development standards:

The programme provider(s) **should**

- Regularly update the physical facilities and equipment regarding their appropriateness and quality in relation to postgraduate education.

Annotations:

- *Physical facilities of the training location would include lecture halls, classes, group and tutorial rooms, teaching and research laboratories, clinical skills laboratories, offices, libraries, information technology facilities and trainee amenities such as adequate study space, on-call accommodation, where these are appropriate.*

- *A safe learning environment would include a provision of necessary information and protection from harmful substances, specimens and organisms, laboratory safety regulations and safety equipment.*

1.3.2. Learning Settings

Basic standards

The programme provider(s) **must**:

- Have sufficient clinical/practical facilities to support the delivery of learning (as determined by relevant speciality board senates)

Quality development standards

The programme provider(s) **should**:

By the choice of learning settings ensure education:

- ✓ in the promotion of health and prevention of disease.
- ✓ in hospitals (general hospitals and, when relevant, academic teaching hospitals) and in community-based facilities.

Learning Settings would include hospitals with adequate mix of primary, secondary and tertiary services and sufficient patient wards and diagnostic departments, laboratories, ambulatory services (including primary care), clinics, primary health care settings, health care centres, hospices and other community health care settings as well as skills laboratories, allowing clinical training to be organized using an appropriate mix of clinical settings and rotations throughout all relevant main disciplines.

Patients would include validated simulation using standardized patients or other techniques, where appropriate, to complement, but not substitute clinical training.

Community-based facilities would include primary health care centres or stations, specialty clinics, specialist practices, nursing homes and other facilities where healthcare is provided for a specific geographical area.

1.3.3 Information Technology

Basic standards

The programme provider(s) **must**:

- Ensure access to web-based or other electronic media.
- Use information and communication technology in an effective and ethical way as an integrated part of the programme.
- Enable trainers and trainees to use existing and new information and communication technologies for self-directed learning.

1.3.4 Clinical Teams

Basic standards

The programme provider(s) **must**:

- Have sufficient and competent teaching staff as determined by relevant speciality board senates)

1.3.5 Medical Research and Scholarship

Basic standards

The programme provider(s) **must**:

- Ensure that adequate integration and balance between training and medical research.
- Provide sufficient time within the programme for trainees to undertake research.
- Give access to funds and research facilities and activities in the training settings.

1.3.6 Educational Expertise

The programme provider(s) **must**:

- Formulate and implement a policy on the use of educational expertise relevant in:
 - ✓ Programme planning.
 - ✓ Implementation of the programme.
 - ✓ Evaluation of the programme.

1.3.7 Learning in Alternative Settings

The programme provider(s) **must:**

- Formulate and implement a policy on the accessibility of individual trainees to education opportunities in alternative training settings within or outside the country.
- Facilitate the regional and international exchange of trainers and trainees by providing appropriate resources.
- Establish a system for the transfer of the results of education
- Establish relations with corresponding national or international bodies with the purpose of facilitating exchange and mutual recognition of education elements.

Quality development standards

The programme provider(s) **should:**

- Provide opportunities to see and practice in additional clinical challenges that are relevant in their field of training with clearly defined objectives and expected outcomes prior to the placement.
-

SECTION TWO: PROGRAMME, OUTCOMES AND EVALUATION

2.1 EDUCATIONAL PROGRAMME

2.1.1 Framework of the Postgraduate Medical Education Programme

Basic standards:

The programme provider(s) **must:**

- Determine the educational framework based upon the intended educational outcomes of the programme and the qualifications of the trainees.
- Build its educational framework on the acquired outcomes of existing basic medical education.
- Organize the educational framework in a systematic and transparent way.
- Use practice-based training involving the personal participation of the trainee in the services and responsibilities of patient care.
- Use instructional and learning methods that are appropriate and ensure the integration of practical and theoretical components.
- Deliver the programme in accordance with the principles of equality.
- Use a trainee-centred approach that stimulates, prepares and supports trainees to take responsibility for their own learning process and to reflect on their own practice.
- Guide the trainee by means of supervision and regular appraisal and feedback.
- Inform trainees about the programme and the rights and obligations of trainees.
- Include the commitment to ethical considerations in the programme.

Quality development standards:

The programme provider(s) **should:**

- Increase the degree of independent responsibility of the trainees as the skills, knowledge, and experience grow.

- Foster the professional autonomy necessary to enable the doctor to act in the best interests of the patient and the community.
- Recognize gender, cultural and religious specifications and prepare the trainee to interact appropriately.

Annotations:

- *The framework of the programme in this document refers to the specification of the educational programme, including a statement of the intended educational outcomes, the content/syllabus, experiences and processes of the programme. Also, the framework would include a description of the planned instructional and learning methods and assessment methods.*
- *Instructional and learning methods would encompass any didactic, participatory demonstration or supervised teaching and learning methods such as lectures, small-group teaching, problem-based or case-based learning, peer-assisted learning, practical, laboratory exercises, bed-side teaching, clinical demonstrations, clinical skills laboratory training, field exercises in the community, web-based instructions and not least practical clinical work as a junior member of the staff.*
- *Integration of practical and theoretical components can take place in didactic learning sessions and supervised patient care experiences as well as through self-directed and active learning.*
- *Delivery in accordance with the principles of equality means equal treatment of staff and trainees irrespective of gender, ethnicity, religion, political affiliation, sexual orientation or socio-economic status, and taking into account physical capabilities.*

2.1.2 Scientific Method

Basic standards:

The programme provider(s) **must:**

- Introduce in the programme the foundation and methodology of medical research, including clinical research and clinical epidemiology.

- Ensure that the trainee:
 - ✓ Becomes able to use scientific reasoning.
 - ✓ Becomes familiar with evidence-based medicine through exposure to a broad range of relevant clinical/practical experiences in different settings in the chosen field of medicine.

Quality development standards:

The programme provider(s) **should:**

- Include formal teaching on critical appraisal of the literature and scientific data.
- Adjust the content to scientific developments.

Annotations:

Evidence-based medicine means medicine founded on documentation, trials and accepted scientific results.

2.1.3 Programme Content

Basic standards:

The programme provider(s) **must:**

- Include in the programme clinical work and relevant theory or experience of
 - ✓ Basic biomedical, clinical, behavioural and social sciences and preventive medicine.
 - ✓ Clinical decision-making.
 - ✓ Communication skills.
 - ✓ Medical ethics.
 - ✓ Public health.
 - ✓ Medical jurisprudence and forensic medicine.
 - ✓ Managerial disciplines.
 - ✓ Patient safety and autonomy.
 - ✓ Doctors' self-care.

✓ The interface with complementary medicine.

- Ensure the content leads to the achievement of the core competencies of the PME
- Ensure the assessment methods are in place to ascertain that competencies in each component of the programme content are acquired by the trainees.

Quality development standards:

The programme provider(s) **should:**

- Improve the content regarding knowledge, skills, and attitudes related to the various roles of the doctor (the five-star doctor)
- Adjust the content to changing contexts and needs of the health care delivery system.
 - o (promotional, preventive, curative and palliative).

Annotations:

- *The basic biomedical sciences shall – depend on our needs, interests, traditions, and needs - typically include anatomy, biochemistry, biophysics, cell biology, genetics, immunology, microbiology (including bacteriology, parasitology and virology), molecular biology, pathology, pharmacology, and physiology.*
- *The clinical sciences should include the chosen clinical or laboratory discipline (medical specialty, subspecialty or expert function) and in addition other relevant clinical/laboratory disciplines.*
- *The behavioural and social sciences would - depending on local needs, interests, and traditions - typically include biostatistics, community medicine, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical sociology, public health and social medicine and would provide the knowledge, concepts, methods, skills and attitudes necessary for understanding socio-economic, demographic and socio-cultural determinants of causes, distribution and consequences of health problems.*

- *Managerial disciplines would focus on education in leadership roles, taking into account the need for leadership training to teach trainees how to create change. Also, these disciplines would focus on developing relevant managerial skills in practice, such as e.g. determining priorities or cost-effectiveness of health care and knowledge of referral systems.*
- *Complementary medicine shall include traditional or alternative practices.*

2.1.4 Programme Structure, Composition, and Duration

Basic standards:

The programme provider(s) **must:**

- Describe the overall structure, composition, and duration of the programme.
- State compulsory and optional components of the programme.
- Integrate practice and theory.
- Consider the appropriate national regulations (RMDC/HEC) that will be relevant to the programme.
- Provide adequate exposure to how local, national or regional health systems address the health care needs of populations.

Quality development standards:

The programme provider(s) **should:**

- In making a decision about the duration of the programme, take into consideration
 - ✓ The acquired outcomes of basic medical education related to the chosen field of medicine.
 - ✓ Requirements of the different roles of the trained doctor in the health sector.
 - ✓ Possible alternatives to the use of time based definitions of education.

Annotations:

- *The overall structure would include the sequence of attachments to the training settings.*

- *Integration of practice and theory would include self-, group-, and didactic learning sessions and supervised patient care experiences.*
- *Possible alternatives to the use of time-based definitions of education would e.g. be outcomes- defined programmes, measurements of competencies, log-books of clinical skills and workplace experiences. Such alternatives depend highly on agreed valid and reliable methods of measuring individual achievements.*

2.1.5 Organization of Education

Basic standards:

The programme provider(s) **must:**

- Define responsibility and authority for organizing, coordinating, managing and evaluating the individual educational setting and process.
- Have a Program Director with relevant qualifications and experience related to the Program.
- Include in the planning of the programme appropriate representation of principal as well as other stakeholders.
- Plan the education to expose the trainee to a broad range of experiences in the chosen field of medicine.

Quality development standards:

The programme provider(s) **should:**

- Ensure multi-site education.
- Coordinate multi-site education to gain adequate exposure to different aspects of the chosen field of medicine.

Annotations:

Multi-site education should imply the use of various settings characterized by size, patient categories, the degree of specialization (e.g. community, primary, secondary and tertiary care), in-patient or out- patient clinics, etc.

2.1.6 The relation between Postgraduate Medical Education and Service

Basic standards:

The programme provider(s) **must**:

- Describe and respect the apprenticeship nature of professional development.
- Integrate training and service.
- Ensure that training is complementary to and integrated with service demands.

Quality development standards:

The programme provider(s) **should**:

- Effectively organize the use of the capacity of the health care system for service-based training purposes.

Annotations:

- *Integrate training and service means on the one hand delivery of proper health care service by the trainees and on the other hand that learning opportunities are embedded in service functions (on-the-job training).*
- *Complementary means that training and service ought to be jointly planned and organized to enhance each other. This would be expressed in an affiliation agreement between the training providers and the service institutions.*
- *Effectively organize refers to the use of different clinical settings, patients and clinical problems for training purposes, and at the same time respecting service functions.*

2.1.7 Medical Research

Basic standards:

The programme provider(s) **must**:

- Ensure that the trainee achieves knowledge of and ability to apply the scientific basis and methods of the chosen field of medicine.
- Ensure adequate integration and balance between training and research.
- Ensure that the program provides a Research Publication Policy that enables the trainee to proof the research project of his training program upon program completion.

- Ensure that there are funds available in the budget for research.

Quality development standards:

The programme provider(s) **should:**

- Encourage trainees to engage in medical research and quality development of health and the health care system.
- Provide sufficient time within the programme for trainees to undertake research.
- Give access to research facilities and activities in the training settings.

Annotations:

- *Medical research and scholarship encompass scientific research in basic biomedical, clinical, behavioural and social sciences. Medical scholarship means the academic attainment of advanced medical knowledge and inquiry. The medical research basis of the programme would be ensured by research activities within the training settings or affiliated institutions and/or by the scholarship and scientific competencies of the trainer staff. Influences on current education would facilitate the teaching of scientific methods and evidence-based medicine.*
- *Education on a scientific basis and methods would include the use of elective research projects to be conducted by trainees.*

2.2 Educational outcomes

2.2.1 Expected outcome values of the trainee

Basic standards:

The programme provider(s) **must:**

- Define the intended educational outcomes of the programme with respect to
 - ✓ Achievements at a postgraduate level regarding knowledge, skills, and attitudes.
 - ✓ Appropriate foundation for the future career of trainees in the chosen field of medicine.
 - ✓ Future roles in the health sector.

-
- ✓ Commitment to and skills in life-long learning.
 - ✓ The health needs of the community, the needs of the healthcare system and other aspects of social accountability.
 - ✓ Professional behaviour.
 - ✓ Generic and discipline/specialty-specific components.
 - ✓ Appropriate conduct regarding patients and their relatives, fellow trainees, trainers, and other health care personnel.
- Ensure appropriate trainee conduct with respect to colleagues and other health care personnel, patients and their relatives.
 - Make the intended outcomes publicly known.

Quality development standards:

The programme provider(s) **should:**

- Ensure interaction between basic and postgraduate medical education. (q 1.3.1)

Annotations:

Educational outcomes or learning outcomes/competencies refer to statements of knowledge, skills, and attitudes that trainees demonstrate at the end of a period of learning, the educational results. Outcomes might be either intended outcomes or acquired outcomes. Intended outcomes are often used for the formulation of educational/learning objectives.

Outcomes include competencies

Outcomes within medicine and medical practice – to be specified by the responsible authority – would include documented knowledge and understanding of relevant **(a)** basic biomedical sciences, **(b)** behavioural and social sciences, **(c)** medical ethics, human rights and medical jurisprudence relevant to the practice of medicine, and **(d)** clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment (including palliative care) and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving. It also includes skills in a doctor-patient relationship with emphasis on a compassionate attitude and humanity.

2.2.2 Expected outcome competencies of trainees

Basic standards:

The programme provider(s) **must**:

- Ensure that the trainee achieves the following set of competencies but not limited to the list below
- Ensure adequate integration and balance between the **set of competencies**

1. Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical Knowledge

Residents must be able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioural) sciences and the application of this knowledge to patient care.

3. Practice-Based Learning and Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

4. **Interpersonal and Communication Skills**

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates.

5. **Professionalism**

Residents must be able to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. **Systems-Based Practice**

Residents must be able to demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

7. **Leadership**

A trainee must engage with others to contribute to a vision of a high-quality healthcare system and take responsibility for the delivery of excellent healthcare through their activities as clinicians administrators, scholars and teachers.

The characteristics and achievements the trainee would display upon completion of the programme might be categorized in terms of the roles of the doctor. Such roles would be:

- 1) A Medical practitioner or medical expert
- 2) Communicator
- 3) Collaborator/team worker,
- 4) Leader/manager or administrator,
- 5) Health advocate,
- 6) Scholar and scientist contributing to development and research in the chosen field of medicine,
- 7) Teacher, supervisor and trainer to colleagues, medical students and other health professions and
- 8) A Professional.

Similar frameworks could be defined.

- Generic components would include all general aspects of medicine relevant to the function of the doctor.
- Discipline/speciality-specific components refer to the knowledge, skills, and attitudes of the chosen field of medicine as a specialty, subspecialty or expert function.
- Appropriate conduct could presuppose a written code of professional and personal conduct.
- Basic medical education refers to the basic (undergraduate) programmes in medicine conducted by medical schools/medical faculties/ medical colleges or medical academies leading to outcomes at a basic level.

2.2.3 Participation in the formulation of the Mission and Outcomes

Basic standards:

The programme provider(s) **must:**

- State the mission and define the intended educational outcomes of the programmes in collaboration with principal stakeholders.

Quality development standards:

The programme provider(s) **should:**

- Base the formulation of mission and intended educational outcomes of the programmes on input from other stakeholders.

Annotations:

- *Principal stakeholders would include trainees, programme directors, medical scientific societies, hospital administrations, governmental authorities, other health care authorities and professional associations or organizations as well as representatives of supervisors, trainers, and teachers. Some principal stakeholders may be programme providers as well.*
- *Other stakeholders would include representatives of other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organizations). Other stakeholders would also include other representatives of academic and administrative staff, medical schools, education, and health care authorities, professional organizations and medical scientific societies.*

2.3 Programme evaluation

2.3.1 Mechanisms for Programme Monitoring and Evaluation

Basic standards:

The programme provider(s) **must:**

- Establish and apply a mechanism for programme evaluation.
- Routinely monitor the programme.
- In the evaluation address the mission, the intended as well as acquired educational outcomes, the educational
 - ✓ programme, assessment, if any, the programme provider and the educational resources.
 - ✓ The relation between the recruitment policy and the needs of the education and health systems.
 - ✓ Programme process.
 - ✓ Methods of assessment.
 - ✓ The progress of trainees.
 - ✓ Trainer qualifications.
 - ✓ Identified concerns.
- Ensure that relevant results of evaluation influence the programme.
- Involves principal stakeholders in the implementation

Quality development standards:

The programme provider(s) **should:**

- Make the process and results of evaluation transparent to principal stakeholders as well as other stakeholders.

Annotations:

- *Programme monitoring would imply the routine collection of data about key aspects of the programme for the purpose of ensuring that the education is on track and for identifying any areas in need of intervention. The collection of data is often part of the administrative procedures in*

connection with the admission of trainees, assessment, and completion of the programme.

- *Programme evaluation is the process of systematically gathering information to judge the effectiveness and adequacy of the education programme, using monitored data, collected feedback, and results of special evaluation studies. This would imply the use of reliable and valid methods of data collection and analysis for the purpose of demonstrating the quality of education in relation to the mission and the intended and acquired educational outcomes. It would include information about the average actual duration of education, scores, pass and failure rates at examinations, success- and dropout rates, as well as time spent by the trainees on areas of special interest.*
- *Involvement of external reviewers from outside the programme and the institution, as well as experts in medical education and evaluation and regulatory bodies, would further broaden the quality of postgraduate education.*
- *Programme process in this document is used synonymously with curriculum model. It covers the framework and content/syllabus.*
- *Identified concerns would include insufficient fulfilment of intended educational outcomes. It would use measures of and information about intended educational outcomes, including identified weaknesses and problems, as feedback to the conduction of interventions and plans for corrective action, programme development, and improvements; this requires a safe and supporting environment for feedback by trainers and trainees.*
- *Principal as well as other stakeholders*

2.3.2 Trainer and Trainee Feedback

Basic standards:

The programme provider(s) **must:**

- Seek feedback about the programmes from
 - ✓ Trainers.
 - ✓ Trainees.
 - ✓ Employers.
 - ✓ Patients
 - ✓ Others

Quality development standards:

The programme provider(s) **should:**

- Actively involve trainers and trainees in planning programme evaluation and in using its results for programme development.

Annotations:

Feedback would include trainees' reports and other information about the processes and products of the educational programmes. It would also include information about malpractice or inappropriate conduct by teachers or trainees with or without legal consequences.

2.3.3 Performance of Qualified Doctors

Basic standards:

The programme provider(s) **must:**

- Routinely monitor the performance of qualified doctors.
- Seek feedback on the performance of qualified doctors from employers.
- Establish and apply a mechanism for programme evaluation using collected data on the performance of qualified doctors.

Quality development standards:

The programme provider(s) **should**

- Inform about the results of the evaluation of the performance of qualified doctors to those responsible for
 - ✓ Selection of trainees.
 - ✓ Programme planning.

Annotations:

- *Performance of qualified doctors would cover long-term acquired outcomes and would be measured e.g. by results of national specialist examinations, benchmarking procedures, international examinations or career development. It would, while avoiding the risk of programme uniformity, provide a basis for programme improvement.*
- *Qualified doctors mean doctors having completed postgraduate medical education.*
- *Collected data would besides monitored data and connected feedback also include results of special studies of performance*

2.3.4 Involvement of Stakeholders**Basic standards:**

The programme provider(s) **must:**

- Involve the principal stakeholders in its programme for implementation, monitoring, and evaluation.

Quality development standards:

The programme provider(s) **should:**

- For other stakeholders
 - ✓ Allow access to results of course and programme evaluation.
 - ✓ Seek their feedback on the performance of doctors.
-

SECTION THREE: GOVERNANCE, TRAINERS AND TRAINEES

3.1 Governance and administration

3.1.1 Governance

Basic standards:

The programme provider(s) **must**:

- Ensure that the programme is conducted in accordance with regulations concerning
 - ✓ Intended educational outcomes
 - ✓ Admission of trainees (selection criteria and number)
 - ✓ Process
 - ✓ Assessment
- Document completion of education by the issue of degrees, diplomas, certificates or other evidence of formal qualifications for use by both national and international authorities.
- Be responsible for a programme for quality assurance (development and improvement).
- Ensure that the program has an Organogram and identifies but is not limited to:
 - Define the Program Organizational Head (i.e. Develops the vision and responsibility for the overall program)
 - Define the program director (i.e. answers to Program Organizational Head and is responsible for implementation. {Process and assessment})
 - Define the role of the program coordinator at each teaching site.

Quality development standards:

The programme provider(s) **should** ensure:

- Transparency of the work of governance and its decisions.
- Adequacy of the programme to the health needs of the population it serves.

Annotations:

Governance means the act and/or the structure of governing the programme and the involved institutions. Governance is primarily concerned with policymaking, the process of establishing institutional and programme policies and also with control of the implementation of the policies. The institutional and programme policies would normally

- *Encompass decisions on the mission of the programme, admission policy, staff recruitment and selection policy and decisions on interaction and linkage with medical practice and the health sector as well as other external relations.*
- *Completion of education would - depending on the level of education - result in a doctor with the right to independent practice, including medical specialists or medical experts.*
- *Transparency would be obtained by newsletters, web-information or disclosure of minutes.*

3.1.2 Academic Leadership**Basic standards:**

The programme provider(s) **must:**

- Take responsibility for the leadership/staff and organization of postgraduate medical education.
 - o The job description should be clearly stated
 - o The structure of the programme should be well defined,
 - o Implementation strategies should be well defined

Quality development standards:

The programme provider(s) **should:**

- Evaluate the leadership/staff at defined intervals with respect to
 - The mission of the programme.
 - The acquired outcomes of the programme

Annotations:

- *Leadership/staff refers to the positions and persons within the governance and management structures being responsible for decisions on professional matters in programme implementation, teaching, and assessment.*
- *Evaluate the leadership/staff would involve consultation of external reviewers.*

3.1.3 Educational Budget and Resource Allocation

Basic standards:

The programme provider(s) **must:**

- Ensure that costing and budgeting processes are accurate, involving all different players, including the functional unit at the departmental level
- Ensure that the budget is covering the required/needed educational/research resources
- Define responsibility and authority for managing the budgets of the programme
- Allocate the resources necessary for the implementation of the programme and distribute the educational/research resources in relation to educational needs
- Ensure that the functional unit including the managers at the departmental level are aware of the available educational/research resources

Quality development standards:

The programme provider(s) **should:**

- Manage the budget in a way that supports
 - The service obligations of trainers and trainees.
 - Innovations in the programme.
 - The institution should give clear policies on innovations in the programme.

Annotations:

The educational budget would depend on the budgetary practice in the country and would be linked to a transparent budgetary plan for the programme.

3.1.4 Administration and Management**Basic standards:**

The programme provider(s) **must:**

- Have an administrative and professional staff that is appropriate to
 - ✓ Support implementation of the educational programme and related activities
 - ✓ Ensure good management and resource deployment

Quality development standards:

The programme provider(s) **should:**

- Include an internal programme of quality assurance of the management, including regular review.
- Ensure that management submits itself to regular review to achieve quality improvement.

Annotations:

- *Administrative and professional staff in this document refers to the positions and persons within the governance and management structures being responsible for the administrative support to policymaking and implementation of policies and plans and would - depending on the organizational structure of the administration - include head and staff in the programme secretariat, heads of financial administration, staff of the budget and accounting offices, officers and staff in the admissions office and heads and staff of the department for planning, personnel and IT.*
- *Internal programme of quality assurance would include consideration of the need for improvements and review of the management.*
- *The regular review would be conducted by institutional organizations external to and independent of the provider.*

- *Management means the act and/or the structure concerned primarily with the implementation of institutional and programme policies including the economic and organizational implications, i.e. the actual allocation and use of resources in the programme. Implementation of institutional and programme policies would involve carrying into effect the policies and plans regarding the mission, the programme, admission, staff recruitment, and external relations.*

3.1.5 Requirements and Regulations

Basic standards:

The programme provider(s) **must:**

- Follow the definition by a national authority of the number and types of recognized WHO medical specialities and other medical expert functions for which approved education programmes are developed

Quality development standards:

The programme provider(s) **should:**

- Define programme(s) for approved postgraduate medical education in collaboration with stakeholders.

Annotations:

- *A national authority with responsibility for postgraduate medical education would be established according to national laws and regulations and would be a governmental unit, an organization or another regulatory or professional body.*
- *Stakeholders would include principal as well as other stakeholders*

3.2 Trainers

3.2.1 Recruitment, development and retention policy

Basic standards:

The programme provider(s) **must:**

- Formulate and implement a recruitment, development and retention policy for trainers, supervisors, and teachers that specifies

- The expertise required:
 - Have MMed or equivalent as a minimum for entry as a Lecturer.
 - Have educators with an accredited certification in medical teaching methods.
- Criteria for scientific, educational and clinical merit, including the balance between teaching, research and service qualifications
- Have individual contracts with each trainer specifying their duties and responsibilities
 - The duties of the training staff and specifically the balance between educational, research and service functions
- In its selection policy take into account the mission of the programme, the needs of the education system and the needs of the healthcare system

Quality development standards:

The programme provider(s) **should:**

- In the formulation and implementation of its staff policy;
 - Recognize the responsibility of all physicians as part of their professional obligations to participate in the practice based postgraduate education of medical doctors
 - Reward participation in postgraduate education.
 - Ensure that trainers are current in the relevant field
 - Ensure that trainers with a subspecialty function are approved for relevant specific periods during the education and for other periods of education dependent on their qualifications
 - Reward participation in programmes for developing their educational expertise
 - Engage educational expertise in trainer development

Annotations:

- *Recruitment, development and retention policy would include ensuring a sufficient number of highly qualified clinicians, health care managers and scientists to deliver the programme.*
- *Trainers, supervisors, and teachers would comprise inter-professional trainers and not only physicians.*

- *Expertise would include recognition as a specialist in the relevant field of medicine. Expertise should be defined and checked regularly.*
- *Training staff would include physicians and other health personnel.*
- *Service functions would include clinical duties in the healthcare delivery system as well as participation in governance and management*
- *Current in the relevant field implies that trainers have access to real pedagogical education and tutor/supervisor training.*

3.2.2 Trainer obligations and trainer development

Basic standards:

The programme provider(s) **must:**

- Ensure that trainers have time for teaching, supervision, learning and research
- Provide faculty development of trainers and supervisors
- Ensure periodic evaluation of trainers

Quality development standards:

The programme provider(s) **should:**

- In the formulation and implementation of its staff policy
 - ✓ Include in staff development support for trainers regarding teacher education and further professional development, both in their speciality and in educational expertise
 - ✓ Appraise and recognize meritorious academic activities in functions as trainers, supervisors, and teachers
 - ✓ Define a ratio between the number of recognized trainers and the number of trainees ensuring close personal interaction and monitoring of the trainee as determined by relevant speciality boards.

Annotations:

- *Time for teaching, supervision, and learning would imply a balance between clinical workload and learning opportunities and would require coordination of work schedules.*
- *Evaluation of trainers would include feedback from the trainee to the trainer.*

- *Recognition of meritorious academic activities would be by rewards, promotion and/or remuneration.*

3.3 Trainees, Admission and Assessment

3.3.1 Admission Policy and Selection

Basic standards:

The programme provider(s) **must:**

- Consider the relationship between the mission of the programme and selection of trainees
- Ensure a balance between the education capacity and the intake of trainees
- Formulate and implement a policy on the criteria and the process for selection of trainees
 - Admission of trainees with disabilities requiring special facilities
 - Transfer of trainees from other national or international programmes
- Ensure a high level of understanding of basic biomedical sciences achieved at the undergraduate level before starting postgraduate education.
- Ensure transparency and equity in selection procedures.
- Ensure that the trainee has practised for a period in line with the Government Regulatory body minimum community service requirements.

Quality development standards:

The programme provider(s) **should:**

- Consider in its selection procedure-specific capabilities of potential trainees in order to enhance the result of the education process in the chosen field of medicine
- Include a mechanism for appeal against decisions related to admission and continuation
- Include trainees' organizations and other stakeholders in the formulation of the selection policy and process
- Periodically review the admission policy

Annotations:

- *Admission policy would imply adherence to possible national regulation as well as adjustment to local circumstances. If the programme provider does not control the admission policy, the provider would demonstrate responsibility by explaining to authorities the relationships and drawing attention to consequences, e.g. imbalance between intake and education capacity.*
- *Education capacity refers to all the resources needed to deliver the programme, e.g. a number of trainers, patients, and facilities.*
- *Criteria for selection may include consideration of balanced intake according to gender and other social requirements (socio-cultural and linguistic characteristics of the population).*
- *The process for selection of trainees would include both rationale and methods of selection such as medical school results, other academic or educational experiences, entrance examinations and interviews, including evaluation of motivation for education in the chosen field of medicine.*
- *The policy for admission of trainees with disabilities will have to be in accordance with national law and regulations and would take into account considerations of both patient and doctor safety.*
- *Transfer of trainees would include trainees from other types of education programmes.*
- *Other stakeholders, cf. 1.4, annotation.*
- *Periodically review the admission policy would be based on relevant societal and professional data to comply with the health needs of the community and society and would include consideration of intake to gender and other social requirements (socio-cultural and linguistic characteristics of the population). The selection criteria should reflect the capability of trainees to achieve competencies and to cover the variations in required competencies related to the diversity of the chosen field of medicine.*

3.3.2 Number

Basic standards:

The programme provider(s) **must:**

- Set a number of education positions that is proportionate to:
 - ✓ The clinical/practical training opportunities
 - ✓ The capacity for appropriate supervision
 - ✓ Other resources available
 - ✓ Available information about the health needs of the community and society

Quality development standards:

The programme provider(s) **should:**

- Review the number of trainees through consultation with stakeholders.
- Adapt the number of training positions, taking into account
 - ✓ Available information about the number of qualified candidates
 - ✓ Available information about the national and international market forces
 - ✓ The inherent unpredictability of precise physician manpower needs in the various fields of medicine

Annotations:

- *Decisions on a number of trainees would imply necessary adjustments to national and regional requirements for the medical workforce within the chosen field of medicine. If the programme provider does not control trainee intake, it demonstrates responsibility when explaining relationships and drawing attention to problems, e.g. imbalance between intake and education capacity.*
- *The health needs of the community and society would include forecasting the health needs of the community and society for trained physicians and also includes estimation of various market and demographic forces as well as the scientific development and migration patterns of physicians.*
- *Stakeholders would include principal as well as other stakeholders*

3.3.3 Trainee Counselling and Support

Basic standards:

The programme provider(s) **must:**

- Ensure access to a system for academic counselling of trainees
- Base the academic counselling of trainees on monitoring the progress in education including reported unintended incidents
- Make support available to trainees, addressing social, financial and personal needs
- Allocate resources for social and personal support of trainees
- Ensure confidentiality in relation to counselling and support
- Offer career guidance and planning

Quality development standards:

The programme provider(s) **should:**

- Provide support in case of a professional crisis
- Involve trainees' organizations in solving problematic trainee situations

Annotations:

- *Academic counselling would include advice on the choice of the postgraduate education programme. Organization of counselling would include appointing academic mentors for individual trainees or small groups of trainees and should be conducted in collaboration with professional medical organizations.*
- *Unintended incidents mean incidents potentially harmful to the patient.*
- *Addressing social, financial and personal needs would mean professional support in relation to social and personal problems and events, housing problems, health problems and financial matters, and would include access to health clinics, immunization programmes, and health/disability insurance as well as financial aid services in forms of bursaries, scholarships and loans.*
- *The professional crisis would e.g. be the result of involvement in malpractice or fundamental disagreement with supervisors or colleagues.*

3.3.4 Assessment methods of trainees

Basic standards:

The programme provider(s) **must:**

- Formulate and implement a policy of assessment of the trainees
- Define, state and publish the principles, purposes, methods, and practices for assessment of trainees, including specialist examinations where used.
- Ensure that assessments cover knowledge, skills, and attitudes
- Use a complementary set of assessment methods and formats according to their “assessment utility”, including the use of multiple assessors and multiple assessment methods
- State the criteria for passing examinations or other types of assessment, including the number of allowed retakes.
- Evaluate and document the reliability, validity, and fairness of assessment methods
- Use a system of the appeal of assessment results based on principles of natural justice or due (legal) process

Quality development standards:

The programme provider(s) **should:**

- Encourage the use of external examiners
- Incorporate new assessment methods where appropriate
- Record the different types and stages of training in a training log-book

Annotations:

- *Assessment methods would include consideration of the balance between formative and summative assessment, the number of examinations and other tests, the balance between different types of examinations (written and oral), the use of normative and criterion-referenced judgements, and the use of personal portfolio and log-books and special types of examinations, e.g. objective structured clinical examinations (OSCE) and mini-clinical evaluation exercise (MiniCEX). It would also include systems to detect and prevent plagiarism.*

- *Specialist examinations would be conducted by providers or by separate agencies, e.g. colleges or consortia.*
- *“Assessment utility” is a term combining validity, reliability, educational impact, acceptability and efficiency of the assessment methods and formats in relation to intended educational outcomes.*
- *Evaluation and documentation of reliability and validity of assessment methods would require an appropriate quality assurance process of assessment practices. Evaluation of assessment methods may include an evaluation of how they promote education and learning.*
- *Use of external examiners may increase fairness, quality, and transparency of assessments*

3.3.5 Relation between assessment and learning

Basic standards:

The programme provider(s) **must:**

- Use assessment principles, methods, and practices that
 - Are clearly compatible with intended educational outcomes and instructional methods.
 - Ensure that the intended educational outcomes are met by the trainees.
 - Promote trainee learning
 - Ensure adequacy and relevance of education
 - Ensure timely, specific, constructive and fair feedback to trainees on the basis of assessment results

Quality development standards:

The programme provider(s) **should:**

- Use assessment principles, methods, and practices that:
 - Encourage integrated learning
 - Encourage involvement of practical clinical work
 - Facilitate interprofessional education

Annotations:

- *Assessment principles, methods, and practices refer to the assessment of trainee achievement and would include assessment in all domains: knowledge, skills and attitudes.*

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- *Encouragement of integrated learning would include consideration of using integrated assessment while ensuring reasonable tests of knowledge of individual disciplines or subject areas.*
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ANNEX 1: GUIDELINES FOR TEACHING HOSPITALS

GUIDELINES FOR TEACHING HOSPITALS

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

1. Facilities

Teaching Hospitals shall have the following functional components:

- (i) Internal medicine
- (ii) Surgery
- (iii) Paediatrics
- (iv) Obstetrics and Gynecology
- (v) Mental health
- (vi) Emergency and Critical care medicine
- (vii) Rehabilitation
- (viii) Pathology(including postmortem facilities), and Laboratory medicine
- (ix) Radiology and Imaging
- (x) ENT
- (xi) Dental
- (xii) Ophthalmology
- (xiii) Orthopaedics
- (xiv) Anesthesiology
- (xv) Dermatology
- (xvi) Operating theatres
- (xvii) Public Health
- (xviii) Outpatient clinics
- (xix) Department of Pharmacy
- (xx) Medical Information systems
- (xxi) Education and training space.
- (xxii) Infection Prevention and Control systems including a functional Central Sterilization facility

2. Relationship between Medical Schools and Hospitals

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

All teaching Hospitals must have the following:

- (i) The total number of staff required for service, research and teaching based on infrastructure and facilities available.
- (ii) Distribution of staff between university and hospital and their role in the areas of teaching, research and patient care should be stated clearly.
- (iii) The student to bed ratio of at least 1:4
- (iv) Operating theatre to hospital bed ratio of not more than 1:50
- (v) Resources sharing in areas of financial, human resource, consumables and equipment which must meet the minimum requirements as per appendix.
- (vi) Quality assurance in the institution.
- (vii) Relationship between the hospital and the university departments.
- (viii) Conflict Resolution mechanism

The school shall ensure that the students have indemnity cover during clinical training where the School does not own the hospital, there must be a clearly stipulated agreement addressing the above.

3. Minimum Requirements for a Teaching Hospital

- (i) Functional Units as stipulated in 1 above.
- (ii) Bed capacity (Student to bed ratio of 1:4),
- (iii) Bed occupancy of at least 80%,
- (iv) Theatre to bed capacity of not more than 1:50,
- (v) Tutorial rooms and side labs in the units for the students,
- (vi) Policy on consumables,
- (vii) Adherence to policy on Infection Prevention and Control,

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- (viii) Adherence to policy on Occupational Health and Safety,
 - (ix) Adherence to policy on staffing norms,
 - (x) Adherence to policy on Standard Operating Procedures (SOPs),
 - (xi) Teaching hospitals shall be accredited as CPD Providers by the Boards/Councils, and Provide resource centres including use of ICT

Additional Requirements for main program rotation sites for PGME

- (i) Institutional Education and Research Head
- (ii) Institutional Education and Research Policy with relevant SOPs
- (iii) Functional speciality department
- (iv) Department Head
- (v) Program coordinator
- (vi) At least two identified trainers per program with University appointment letters, contract and the required qualifications and experience
- (vii) Hospital bed capacity, procedures case log, specialities mix as defined by the specialities boards requirements

ANNEX 1: LIST OF PARTICIPANTS

1. **Prof. Rudakemwa Emmanuel, Chairman, Rwanda Medical and Dental Council**
2. **Prof. Rwamasirabo Emile, Bureau Member, Rwanda Medical and Dental Council**
3. **Prof. Rulisa Stephen, Dean, School of Medicine, University of Rwanda**
4. **Prof. Abebe Bekele, University of Global Health Equity, Rwanda**
5. **Prof. Butera Alex, Rwanda Military Hospital,**
6. **Prof. Nkurikiye John, Rwanda Society of Ophthalmologist**
7. **Asso Prof Eustace A. Pennniecook, MD Dean Adventist University of Central Africa**
8. **Dr. Musabeyezu Emmanuel, Chair of the Education Committee, RMDC**
9. **Dr. Nyemazi Alex, Licensing and Registration Committee of RMDC**
10. **Dr. Nzayisenga Albert, Bureau Member, Rwanda Medical and Dental Council**
11. **Dr. Uwineza Anette, Bureau Member, Rwanda Medical and Dental Council**
12. **Dr. Harris Jay, Dean, Mount Zion International University of Rwanda**
13. **Dr. Gasingirwa Marie Christine, Higher Education Council**
14. **Dr. Banguti Paulin, Senior Lecturer, University of Rwanda'**
15. **Vuguziga Thadee, Registrar, Rwanda Medical and Dental Council**
16. **Uzabakiriho Darius, Permanent Secretary, National Pharmacy Council**
17. **Dr. Dukundane Damas, Internist, Butaro Hospital**
18. **Mugarura John, University of Rwanda**
19. **Uwera Emma, Rwanda Society of obstetricians and Gynecology**
20. **Dr. Ntirenganya Faustin, Lecturer, University of Rwanda**
21. **Dr. Dusabejambo Vincent, Lecturer, University of Rwanda**
22. **Dr. Sebatunzi Osee, University of Rwanda**
23. **Dr. David Ntirushwa, Head of the Department of Obstetrics and Gynecology, CHUK**
24. **Mr. Evode Tuyisabe, IT specialist, University of Gitwe**
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40. **Dr. Nshizirungu Jean Jacques, Rwanda Radiological Society**