GMDC

Accreditation Decisions Policy

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Policy Owner	Grenada Medical and Dental Council
Approval Authority	GMDC Governing Body
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I. Who Should Read This Policy?

a. Applicant and accredited member institutions
b. Members of the Governing Body of GMDC
c. Related Regulatory Bodies/Organizations
d. Persons with an interest in GMDC procedures.

II. Rationale

This policy outlines the different instruments utilized and the sequence of events that culminates in an accreditation decision being made by the Governing body. It provides a reference for the institution, regulatory bodies and the public on the tools employed by GMDC to evaluate a medical programme and arrive at a subsequent determination based on the evaluative process.

III. Policy Statement

It is the policy of GMDC that the Governing Body retains final authority to make accreditation decisions and final compliance determinations during an accreditation cycle. The GMDC Accreditation Secretariat has authority to act as the communication liaison between GMDC and the medical education programme's Chief Academic Official (CAO).

For additional details on the procedures utilised by GMDC for making accreditation decisions see the GMDC Accreditation Procedures Manual: Medical Schools (Accreditation Procedure Manual).

IV. Relevant Documents

The Governing Body utilises several sources, including documentation and information provided by medical education programmes and the findings and observations reported by site visitors in order to arrive at an accreditation decision regarding a medical education programme. The Governing Body bases its decision on:

- **The Data Collection Instrument (DCI): An instrument that allows a medical school to compile evidence of compliance for each of the 6 themes within GMDC's Standards of Accreditation. The DCI contains requirements for narrative responses, supporting data and supporting documentation from the institution, to enable GMDC to make a compliance determination.**

- **The Main Campus Site Visit Report** – a generalized report that collates information on the representative sample of clinical site visits and the main campus site visit. It also presents strengths of the programme as well as recommends areas for improvements.
- **Annual Progress Reports** –a report sent by the medical school outlining developments made during each academic year. This report also indicates the institution's response to suggestions and recommendations made by the Governing Body during the year.
- **Self-Study Summary Report** – an introspective document compiled by the institution regarding its processes, procedures and objectives. It highlights strengths and informs the institution on areas that need development or improvement.
- **Student Experience Survey –** an instrument to gather information about the holistic experience of students of a medical education programme. The survey seeks to gather information on students' levels of satisfaction with the medical school's administration of its programme.
- **Additional Information requested from institution** – the Governing Body may periodically request additional information from the institution. Any such information is considered in the accreditation decision to be made by the Governing Body.

V. Communication Workflow

The Grenada Medical and Dental Council (GMDC) has a rigorous, multilevel process for making its accreditation decisions, which utilises continuous monitoring during a cycle to ensure that a medical education programme remains in compliance with the GMDC Standards of Accreditation. The Governing Body relies on the communication flow among GMDC-related entities as outlined below to make accreditation decisions. Note that that communication flow outline below begins after a comprehensive sample of site visits is completed by GMDC's site visitors.

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Site Visitors	•Site visitors complete their assigned parts and team chair compiles a draft Main Campus Site Visit Report
Site Visitors	•Team chair sends the draft Main Campus Site Visit Report to the GMDC Accreditation Secretariat
Accreditation Secretariat	•The Accreditation Secretariat reviews the report, incorporates summary of the representative sample of clinical sites, and summarizes compliance recommendations from site visitors for each element of the standards.
Accreditation Secretariat	•The Accreditation Secretariat sends the report to the Chief Academic Official (CAO) of the medical education programme.
School	•The CAO reviews the draft report for errors of fact or tone.
School	•The CAO responds to the Accreditation Secretariat with any corrections or notes no corrections.
Accreditation Secretariat	•The Secretariat compiles the compliance recommendations, report, and any other relevant documents and sends to the Governing Body.
Governing Body	•The Governing Body considers all the accreditation reports from the current accreditation cycle and the compliance recommendations form the Main Campus Site Visit Report to make an accreditation decision at its meeting by majority vote. The Governing Body notifies the Accreditation Secretariat of its decision.
Governing Body	•The Accreditation Secretariat communicates the accreditation decision to the CAO.

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Related Policies

- Integrity and Transparency Policy
- Appeals and Reconsideration Policy
- Public Disclosure Policy
- Accreditation Procedures Manual