



WFME Recognition of Accreditation Programme

RECOGNITION REPORT ON THE COMMISSION FOR ACADEMIC ACCREDITATION (UNITED ARAB EMIRATES)

Prepared by the World Federation for Medical Education (WFME)
Recognition Team

Timeline of Recognition Activities

19 September 2018	CAA submitted eligibility application
1 October 2018	CAA submitted application and documentation to WFME
24 – 27 March 2019	WFME Recognition Team observed the CAA site visit of Gulf Medical University College of Medicine
28 March 2019	WFME Recognition Team observed the meeting of the CAA Council of Commissioners
TBD	Draft WFME Recognition Report sent to CAA for comments and correction of facts
TBD	CAA response with comments and corrections of fact
TBD	WFME Recognition Report finalised

Composition of the Recognition Team

Name	Title
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Description of the Accrediting Agency

To ensure that the colleges and universities of the United Arab Emirates (UAE) operate at international levels of quality, the Commission for Academic Accreditation (CAA) of the Ministry of Education conducts a programme of licensure of institutions of higher education and accreditation of each of their academic programmes.

Contact information

Name of Accrediting Agency

Commission for Academic Accreditation (CAA)
Ministry of Education
United Arab Emirates

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The Recognition Team's Findings for the Recognition Criteria

Part A. Eligibility

1. The agency accredits basic medical education and is:

- a government or inter-governmental entity, or
- an independent professional body that is authorised or recognised by the relevant national or state/provincial government (Ministry of Health or Ministry of Education or both), and/or
- authorised or recognised by an appropriate professional or scientific association.

The Commission for Academic Accreditation (CAA) was established in 2000 and began accreditation activities in 2001, with the issuance of the first edition of the Standards for Licensure and Accreditation.

CAA is the UAE Federal Government's quality assurance agency charged with promoting educational excellence across diverse institutions and all disciplines. Its remit includes assuring the quality of medical education. Through licensure of post-secondary educational institutions, and accreditation of individual programmes, CAA strives to assure high quality education, consistent with international standards.

CAA is constituted by Ministry of Higher Education Decree in 2000, amended in 2016 by Cabinet Decree No (28), Article 18, which describes the responsibilities of CAA.

CAA has the mandate to issue its bylaws, regulations and decisions. The UAE Ministry of Education authorizes the activities of CAA. The CAA director reported that the licensure and accreditation decisions made by CAA have always been endorsed by the Ministry.

CAA is well respected by its stakeholders, institutions, and the education profession at large. The strong commitment of the government to excellence and globalization of higher education, through accreditation of medical schools, was evident throughout the visit.

Compliant

2. Where the agency operates in more than one country or region, its processes are endorsed and outcomes are subject to adoption by the governments of each of these jurisdictions. It should also be able to demonstrate that the standards and procedures for accreditation of medical schools are appropriate to those countries and regions and applied in a consistently robust manner.

CAA conducts accreditation activities only in the UAE and branches of UAE-based institutions that operate outside the UAE. According to the application, currently there are no branch campuses of medical schools operating outside of the UAE.

Not applicable

3. The accreditation decisions of the agency are made known to, and accepted by, other organisations such as professional licensing bodies, educational institutions and employers.

CAA is a national level accreditor. The agency liaises with departments of education operating at the Emirate level and maintains close relationships with both Federal and Emirate level health authorities. There is a strong link between quality assurance and employment. Health authorities in the UAE require doctors employed in the UAE to be graduates of CAA licensed institutions and CAA accredited programmes. For medical practice this regulation applies to both public and private sectors.

Compliant

4. The agency operates within a framework that enables the establishment of agreements and the signing of contracts according to the laws of the country or countries in which the agency is seated and operates.

CAA is the UAE's Federal Government's Quality Assurance Agency. CAA and/or the Ministry of Education sign contracts, depending on the nature of the contract.

Compliant

Part B. Accreditation standards

5. The agency uses comprehensive standards for accreditation appropriate to basic medical education.

The CAA's Standards for Licensure and Accreditation apply to all the education higher than the Secondary School Certificate. The Standards combine requirements for the institutional evaluation (licensure) with those for the programme evaluation (accreditation), although the two review processes are carried out independently.

Currently, the Standards used for accreditation of medical schools by CAA are presented in the document entitled: "Standards for Licensure and Accreditation 2011". This is a fifth edition of the CAA Standards, which has been developed with a focus on outcomes-based curricula, assessment, and community engagement of evaluated institutions.

The Standards are very detailed and arranged according to the following subchapters:

1. Mission, Organization and Governance with further indicators: Vision and Mission, Organization, The Board, Institutional Governance, Policies and Procedures, Multiple Campus Institutions, Campuses of UAE Institutions in Other Countries, Branch Campuses of Foreign Institutions.
2. Quality Assurance with further indicators: Institutional Research, Institutional Planning, Risk Management, Continuous Quality Enhancement, Quality Assurance/ Institutional Effectiveness Manual, Reporting.
3. The Educational Programme with further indicators: Credit-bearing Programmes, The Curricula, Academic Courses, general Education, Internship, Undergraduate Preparatory or Remedial Courses, Graduate Programmes, Course Delivery, Class Size, Programme Effectiveness, Substantive Change for Programme.
4. Faculty and Professional Staff with further indicators: Faculty Handbook, Staff Handbook, Recruitment and Records, Faculty Preparation, Graduate Faculty, Staff Qualifications, Appointment, Compensation, Promotion and Contract Renewal, Professional Development, Faculty Workload, Part-time Faculty, Evaluation, Code of Conduct, Grievances, Graduate Assistants.
5. Students with further indicators: Student Handbook, Undergraduate Admission, Graduate Admission, Transfer Admission, Advanced Standing, Recognition of Prior Learning, Student Record, Student Services, Student Activities and Publications, Student Behaviour and Academic Integrity, Grievances, Residence Halls.
6. Learning Resources with further indicators: Learning Resources: Library, Learning Resources: Technology, Learning Resources: Laboratories.
7. Physical Resources with further indicators: Physical Environment: Development, Safety, Technology.

8. Fiscal Resources with further indicators: Fiscal Resources, Reporting, Organization, Budgeting, Financial Operations, Accounting and Auditing, Purchasing and Inventory Control, Fees Collection and Refund Policy, Cash Management, Auxiliary Enterprises.

9. Public Disclosure and Integrity with further indicators: Policy, Publications, Institutional Name, Relationship with the Ministry and the Commission, Contractual Relationships, Associations with Corporate Entities.

10. Research and Scholarly Activities with further indicators: Research Strategy, Research Support, Research Policy, Research Expectations, Cooperative Arrangements.

11. Community Engagement with further indicators: Institutional Engagement, Employer Engagement, Community Relations.

For some of the Standards, there are Stipulations that provide greater detail about the expectation that CAA has for institutions or programmes. These Stipulations carry the weight of the Standards, and when relevant, the Stipulations must be adhered to.

The CAA Standards are not specifically oriented towards medical education. However, the general requirements included in the CAA Standards essentially cover the areas listed in the WFME Global Standards for Basic Medical Education. The CAA application included a comparison between the WFME and CAA Standards that demonstrates that the two sets of Standards are generally aligned.

According to the CAA Standards, a referral to international norms assures the proper content of all programmes.

In the interest of quality improvement, CAA has recently decided medical programme accreditation will assess compliance against WFME Standards as well as CAA Standards. The WFME observed site visit to Gulf Medical University College of Medicine (GMU) was the first site visit to use both the WFME BME Standards and CAA Standards (2011 version). According to the application, and verbally confirmed by CAA representatives, a publication of new CAA Standards is imminent.

Compliant

6. The agency makes publicly available the accreditation standards.

The CAA Standards document is available in print as well as available on the web site of the Commission (<http://www.caa.ae/caa/images/standards2011.pdf>) in a downloadable format. The document was also distributed to all higher education institutions. There is currently no reference on the CAA website regarding the use of the WFME BME Standards for medical programmes. The use of WFME Standards as part of accreditation of medical programmes will need to be communicated/ explained to the stakeholders to ensure that they fully understand the new system.

Compliant

7. The agency has a system to determine that the standards are sufficiently rigorous and appropriate to evaluate the quality of the education and training provided at medical schools.

The draft version the 2011 CAA Standards were subjected to a formal external review before its introduction, carried out by representatives of accrediting agencies located in other countries (i.e., the USA and Australia). Subsequently, CAA collected feedback regarding the Standards both from accredited institutions and from members of the agency's External Review Teams (ERTs).

Another mechanism for assurance of the adequate quality of education (including medical training) is the Standards requirement that all curricula should be compatible with corresponding internationally recognized programmes.

The CAA's Council of Commissioners reported that the process for development of the 2019 Standards has been very thorough, including a working group and retreats, including one specifically targeted at health care standards.

Compliant

8. The agency has a system for periodically reviewing and updating the standards.

CAA acknowledged that there is no specified time for periodic review of Standards for Licensure and Accreditation. Their modifications result either from changes in the higher education in the UAE (for example preparation of the National Qualifications Framework), from feedback provided by external experts (ERT members) or are driven by opinions of evaluated institutions. The Standards have been revised four times, and current version represents a fifth edition. The most recent revision of Standards took place in 2011. Since then only minor changes have occurred (provision of guidance regarding Recognition of Prior Learning, specification regarding required scores in English tests used for admission, and certain issues regarding e-learning).

In the new edition of the Standards under preparation, CAA reported that the 2019 version aims to minimize duplication across the licensure and accreditation versions, e-learning will be integrated where relevant throughout the Standards, governance arrangements for branch campuses, etc., will be enhanced, and more details on hospital and healthcare units will be included.

Compliant

Part C. Accreditation process and procedures

9. Medical school self-evaluation

- 9.1. The agency requires medical schools seeking accreditation to prepare an in-depth self-evaluation that addresses compliance with the accreditation standards.

CAA requires a medical school to complete an in-depth self-evaluation (termed “self-study”) for both institutional licensure and programme accreditation. The self-study format follows the sequence and criteria for each section and subsection of the Standards, and includes a narrative describing how the school meets the standard and relevant evidence (i.e., tables, charts and attached appendices). The WFME Recognition Team was provided with the Gulf Medical University College of Medicine (GMU) self-study.

Compliant

- 9.2. The agency provides guidance on completing the self-evaluation.

CAA provides guidance to medical schools on completing the self-study for both institutional licensure and programme accreditation through documentation and professional development workshops. The Procedural Guidelines for Renewal of Licensure and the Procedural Guidelines for Renewal of Accreditation are published on the CAA website. The Guidelines address the requirements for each section and subsection of the Standards and provide a description of the types of information schools must include in their self-study.

According to the application, CAA offers a regular programme of professional development workshops for all UAE institutions of higher education to provide guidance on meeting the standards and adopting best international practice for institutions.

CAA provided GMU with a document describing the mapping of the CAA and the WFME BME Standards. The GMU self-study reflected both the CAA and WFME Standards.

Compliant

10. On site observation and evaluation

- 10.1. The agency conducts a site visit which is scheduled to enable the agency team to observe the usual operations of the medical school.

According to the Procedural Guidelines, the assigned CAA Commissioner works closely with the institution to ensure that the site visit is appropriately timed to meet both the CAA and institutional needs. The Guidelines indicate that the schedule normally includes meetings with faculty, students, etc., so while it is not explicitly stated, it is implied that the site visit would take place during the usual operations of the medical school. The site visit to GMU observed by the WFME Recognition Team took place during one week of spring break, so no basic science students were present on campus. While the ERT met students and staff as part of the site visit, the fact that all

pre-clinical students and a large proportion of clinical students were not present meant that the ERT's ability to evaluate the normal operations of the medical school was restricted.

Partially compliant

- 10.2. The agency team is of appropriate size, experience and qualification to conduct the site visit.

According to the Guidelines, a CAA Commissioner is assigned for each site visit. The assigned Commissioner selects several (typically two or three) international experts for the ERT. The Commissioner makes every effort to secure international experts who are appropriate to the programme, the level of study, and the institution. The Commissioner is also a member of the ERT.

The GMU ERT included three members and one Commissioner. The GMU ERT members all had significant accreditation experience. Two members had CAA experience and one member was new to CAA.

Compliant

- 10.3. The agency team evaluates the quality of the school's facilities and resources at the main campus, branch campuses or additional locations and a representative sample of clinical core clerkship rotation sites affiliated with the school, as appropriate.

According to the application, the ERT conducts a site visit to all relevant facilities and accommodations both on and off site. The site visit includes the main campus and any teaching hospital facilities and other clinical training sites. The site visit to GMU observed by the WFME Recognition Team included relevant facilities and resources on the main campus and two clinical sites, out of a total of five clinical sites used by GMU.

According to the application, currently there are no medical schools in the UAE with branch campuses.

Compliant

- 10.4. During the site visit, the agency team gathers information by a variety of methods, including but not limited to: documents and statistics; individual and group interviews with a representative sample of staff and students; and by direct observation.

According to the Guidelines, the site visit normally includes institutional and programme presentations, meetings with faculty, students, alumni and representative employers of the graduates, and other stakeholders as appropriate. The GMU site visit observed by the WFME Recognition Team included all of these methods of evaluation. Despite being on spring break, individuals appeared for their interviews.

Compliant

- 10.5. The site visit is of sufficient detail and duration to determine compliance with the standards.

According to the Guidelines, a typical site visit is four days (the fourth day is used primarily for report generation). The site visit may be extended if additional clinical training sites in other cities are used. The GMU site visit observed by the WFME Recognition Team was held 24 – 27 March 2019.

Compliant

- 10.6. The agency provides guidance to the school on the site visit.

The Guidelines documents include a one-page section “Review Preparation and Process” with guidance for the school on the site visit.

Compliant**11. Reports**

- 11.1. A written report of findings is created based on information provided by the medical school self-evaluation and gathered by the agency team during the site visit.

The ERT produces a draft report during the site visit. The report is structured to match the sections and subsections of the Standards and provides evidence for decisions on the compliance with the Standards. The report normally includes requirements (termed “recommendations” in the Guidelines) which correspond to unfulfilled standards and describe actions that the institution *must* take in order to obtain accreditation. The report also normally includes suggestions, which encourage improvement and or best practices. The school must respond to the suggestions but implementation is not mandatory.

The ERT provides an initial recommendation on accreditation (using a form entitled “Accreditation Recommendation”) to the CAA based on the draft report and on the condition that the school responds satisfactorily to all the requirements outlined in the report. The options the ERT may recommend are initially accredited/accredited, put on probation, or denied accreditation.

The two accreditation reports (Ras Al Khaimah Medical and Health Sciences University and United Arab Emirates University College of Medicine and Health Sciences) reviewed by the WFME Recognition Team appeared comprehensive and appropriate.

The ERT for GMU intends to produce reports A & B addressing compliance with CAA and WFME Standards respectively.

Compliant

- 11.2. The agency provides guidance to the agency team on the structure and content of the report.

According to the application and confirmed by CAA Commissioners, after the ERT has created a draft report it is given to the Commissioner who attended the site visit for minor editing. Draft reports are also scrutinized by at least one other Commissioner who is independent of the site visit. The Director of CAA reviews all reports before they are issued, mainly to ensure the formatting complies with agency standards and the report is free from personalized statements. The Guidelines document (page 6) describes this process but the Guidelines do not explicitly include the step of the independent Commissioner reviewing the report. The CAA Commissioners verbally confirmed that an independent Commissioner does complete a secondary review of every report.

CAA has a template for reports using CAA Standards. However, an ad hoc template using the WFME Standards was developed by the CAA Commissioner during the GMU review.

Compliant

12. Individuals associated with the agency

- 12.1. The agency has a decision-making board, committee or council working with a transparent governance framework, and an administrative staff or unit.

The CAA director and Commissioners constitute the Council of Commissioners which is the decision-making board for the agency (with no representation of other stakeholders). The CAA Director is appointed by the Minister. Commissioner applicants may be encouraged to apply by the CAA, respond to advertisement, or are familiar with CAA's work through their work with international agencies or as an ERT member. Commissioners are recruited after interview. There are currently nine Commissioners, and the WFME Recognition Team was informed that additional Commissioners will soon be appointed.

The CAA administrative staff functions appropriately.

Compliant

- 12.2. The agency has policies specifying the appropriate qualifications, credentials and experience of the individuals who:

- establish and review the accreditation standards

The Council of Commissioners establish and review the Standards. According to the application and verified with the CAA Commissioners, successive editions of the Standards are developed

through a consultative process involving all licensed institutions in the UAE and international experts from academic institutions, and professional accreditors. Draft standards are scrutinized and modified through a formal series of CAA retreats involving all CAA Commissioners and the CAA Director.

- participate in the medical school site visits

According to the application, ERT members must have a high standing in the field of medical education, have extensive international experience and be familiar with accreditation processes. ERT members are normally of professorial rank and have extensive experience of the curriculum and programme under review. Effective ERT members are encouraged to return for subsequent visits at the same institution. The list of ERT members for medical education that was provided to the WFME Recognition Team comprised individuals with appropriate qualifications, credentials and experience.

- create the reports on the school's compliance with the standards

The ERT members create the reports with consultation from the accompanying Commissioner.

- make accreditation decisions.

The Council of Commissioners make decisions (subject to Ministerial endorsement) at their regular meetings. The Council of Commissioners listed on the CAA website all have appropriate qualifications, credentials and experience.

Compliant

12.3. The agency has a training process for individuals who:

- establish and review the accreditation standards

Commissioners are recruited for their subject expertise and evaluation experience. According to the application and verified with agency representatives, CAA Commissioners involved with establishing and reviewing the standards were trained via workshops involving CAA and all deans of medical colleges in the UAE.

- participate in the medical school site visits

ERT members are provided with all relevant CAA documentation. The WFME Recognition Team was not informed of any interactive training / induction process that would enable new members to have face-to-face discussions and ask questions. First time ERT members are normally invited to work with experienced members.

- create the reports on the school's compliance with the standards

ERT members create the reports.

- make accreditation decisions.

CAA Commissioners shadow meetings before they officially participate in decision making.

Compliant

13. Accreditation decisions

- 13.1. The agency has policies and procedures to ensure that accreditation decisions are based on compliance with the standards.

The Guides to Renewal of Licensure and Accreditation make it clear that an institution's compliance with the Standards is mandatory for licensure of institutions and accreditation of programmes. The self-study requires the institution to demonstrate its adherence to the Standards and Stipulations. The ERT uses the Standards as the basis of its assessment. Compliance - or otherwise - with the Standards is the basis of the report of the ERT. The Council of Commissioners produce evaluations of institutions and programmes and recommendation on accreditation decisions to the Minister which are based on compliance with the Standards, and the institution's response as to how it intends to comply with the requirements. All stages of the process are therefore focussed on compliance with the Standards.

An initial recommendation of licensure or accreditation status is made by the ERT to CAA by completing a form at the end of the visit provided that requirements are met and suggestions are given a response.

Following the production of the draft report, the institution is requested to provide a response indicating how they intend to address the requirements and suggestions. The adequacy of the institution's response is evaluated by the assigned Commissioner and the ERT.

The institution is required to send its first response to CAA within 60 days of receipt and must include evidence of how they are meeting the requirements and suggestions (if relevant). The institution has two further opportunities to address to the requirements and suggestions. Throughout this process, there is communication between the Commissioner, the ERT and the institution to ensure the CAA is satisfied the Standards are adequately addressed.

Examples of institutional responses were provided to the WFME Recognition Team. The responses demonstrated that in some cases the institution had already implemented an ERT requirement - e.g. the redrafting of the institution's mission statement - and in other cases the institution set out its plans for addressing the requirements and suggestions that would take longer to implement.

Compliant

- 13.2 The agency has policies and procedures for making accreditation decisions, including voting procedures and the quorum for conducting business.

The report produced by the ERT and the institution's response(s) are the basis for the Council of Commissioner's accreditation recommendations to the Minister. At the decision-making meeting,

the accompanying Commissioner summarizes the results of the evaluation for the Council of Commissioners. All members participate in the discussion. While CAA reported that a vote has been occasionally held at previous meetings, at the meeting observed by the WFME Recognition Team all decisions were reached unanimously by consensus.

The WFME Recognition Team was not provided with documented policies describing decision making/voting procedures and the quorum for conducting business.

Partially compliant

- 13.3 The agency conducts a decision-making meeting where a report based on a site visit, and other relevant documentation, is discussed.

The WFME Recognition Team observed the decision-making meeting at CAA's headquarters in Abu Dhabi. Eight of the nine Commissioners were present. While no undergraduate medical programmes were on the agenda, the WFME Recognition Team observed decisions on several healthcare programmes (Masters degrees in Leadership and Innovation in Healthcare, Medical Laboratory Sciences and pharmacy-related programmes, and Bachelor's degrees in Medical Laboratory Sciences and pharmacy).

Each accreditation report and response was introduced by the accompanying Commissioner who summarised the ERT's findings and the institution's response(s). The CAA Director participates in Council of Commissioners meetings. The Council of Commissioners discussed each report before it reached unanimous decisions.

Compliant

- 13.4 The agency makes the accreditation decision supported by the information included in the report and other relevant documentation.

CAA makes the recommendation to the Minister based on the information in the report, and the institution's response(s) to the requirements and suggestions made by the ERT.

It was clear to the WFME Recognition Team that the accompanying Commissioners who introduced the reports and responses were knowledgeable; that the supporting documentation was comprehensive; and that the Council was familiar with the accreditation findings. Members asked questions if clarification was needed. The accreditation decisions were then made on the basis of the report and responses.

Compliant

- 13.5 The agency has policies and procedures for notifying medical schools of accreditation decisions.

The CAA Director notifies institutional heads of the programme accreditation decisions, and where relevant, the duration of approval. For legal reasons, notification of institutional licensure decisions is sent by the Minister. The WFME Recognition Team was given examples of letters from the CAA Director notifying institutional heads of the decision and the duration of approval.

Compliant

- 13.6 The agency has policies and procedures to manage an appeal process for adverse accreditation decisions.

The application states that CAA has a documented appeals process. The Guidelines documents state that for both licensure and accreditation, an institution may challenge a negative action by the Commission by directing its appeal to the Director of CAA. An appeal is currently limited to issues of process, i.e. to an appeal on the grounds that the agency has not adhered to its own procedures.

However, the application states that a more formalized appeals process is being developed as part of the Standards review. The new appeals policy will allow appeals against a decision made by the Commission and involve an Appeals Investigation Committee of independent experts, whose decision will be final. CAA Commissioners confirmed that they are aware of the new policy.

Compliant

14. Activities subsequent to accreditation decisions

- 14.1. Accreditation is valid for a fixed period of time.

Initial licensure of the institution is for three years and is renewable every five years. Initial accreditation of programmes is for up to two years after the graduation of the first cohort of students, with renewal required on a five-year cycle. CAA is considering a more flexible “right touch” approach in this area, with the length of licensure and accreditation dependent upon the strength of the institution or programme.

Compliant

- 14.2 If less than full accreditation is granted, the agency has policies and procedures for allowing the medical school to come into full compliance.

If less than full approval is given, the process for renewal of licensure and accreditation can result in an institution or programme being placed on probation. The institution must correct any deficiencies to the satisfaction of CAA within a specified deadline. For the duration of the probationary period the institution will not be permitted to admit students to the institution as a whole or to specified programmes. Notices of probation are posted to the CAA website. At the end

of the probationary period, the Commission makes a recommendation to the Minister, which may result in approval or in the revocation of licensure or accreditation.

Compliant

- 14.3. The agency monitors schools throughout the duration of an accreditation period, and has a process for seeking information and taking further actions. This includes a requirement to report any substantive or anticipated changes to the educational programme, the quality of facilities and resources, or any other aspect that would impact the quality of the education delivered. The frequency of monitoring should be appropriate to the circumstances, including annual or more frequent monitoring if necessary.

Several monitoring mechanisms are in place.

- A CAA visit is required before an institution's probationary status is lifted.
- A licensed institution is required to comply with the Commission's requirement for reporting data and submitting other required reports. Failure to submit, or the inadequate content of a report, may trigger a CAA visit.
- Quality audits to investigate particular aspects of the institution's activity may be scheduled between visits.
- There is a Substantive Change process to monitor significant changes between review visits, e.g. significant changes to the curriculum, or using a new clinical training site. This may trigger an internal CAA evaluation, or a site visit involving external assessors.

Compliant

14.4 The agency has the authority to seek further information for monitoring where it deems this necessary, with or without a site visit, and with - or exceptionally without - prior warning.

The Guidelines state that the institution may receive unscheduled visits from the Commission to ensure that it continues to meet the requirements of the Standards in licensure and accreditation, or in pursuance of a complaint.

Compliant

14.5 The agency has policies and procedures for the withdrawal of accreditation.

CAA has policies and procedures for the withdrawal of licensure of institutions and accreditation of programmes (termed "revoking" by CAA). An institution denied renewal of licensure has its license revoked. It must stop admitting students to any of its programmes, stop offering its programmes

within a period of time specified by CAA, and inform its students that its licensure has been denied. The institution must guide its students in gaining admission to other recognized or licensed institutions of higher education.

If a programme is denied renewal of accreditation, it may not admit new students and must initiate actions to close the programme while protecting enrolled students.

Failure to comply with CAA's requirements for reporting data and submitting reports may result in the loss of licensure or accreditation.

The failure of an institution to adhere to the principle of integrity in the licensure or accreditation process may also result in the loss of licensure or accreditation. Examples given of breaches of integrity include evidence of withholding information, providing inaccurate information, failing to provide timely and accurate information, failure to conduct a candid self-study in compliance with the Standards, and evidence of submitting material that is not substantially original to the institution and the work of the institution's officers or employees.

Compliant

15. The agency has policies and procedures to investigate and act upon complaints regarding accredited medical schools.

CAA states that it accepts complaints from stakeholders, either directly or through referral by the Minister of Education. The WFME Recognition Team was informed that over 90% of complaints arise from students. Two or more Commissioners will visit the institution with little or no notice and produce a report of findings for the Director of CAA and where necessary the Minister. CAA may require a report from the institution, in a specified timeframe, detailing the action take to address and resolve the issue.

Persistent complaints which may indicate a systemic issue will be communicated to the ERT and scrutinised at a site visit.

Compliant

Part D. Agency policies and resources

16. The agency has policies and procedures for managing actual or perceived conflicts of interest for all individuals involved in the accreditation and decision-making processes.

CAA provided its Policy Statement and Declaration Form – Ethical Obligations of External Review Team Members and Consultants. This form stresses the importance of integrity in all matters relating to licensure and accreditation. The aim of the policy is to ensure that personal or professional interests do not interfere with the ability of ERT members, consultants or others working with the Commission to discharge their duties in a fair and impartial manner. It is intended to protect the reputation and credibility of the licensure and accreditation process by ensuring that ERT and CAA requirements and decisions are not influenced by self-interest or bias.

The Conflicts of Interest form gives some brief examples of conflict of interest. It emphasises that it is the responsibility of the ERT member, consultant or other person to determine if an outside relationship constitutes a conflict of interest.

Each ERT member, consultant or other person is required to sign a declaration form stating that they have read the policy, are currently free from conflict of interest, and will notify the CAA Director and recuse themselves in the event of any conflict arising. A specimen signed copy was provided to the WFME Recognition Team. The importance of avoiding conflict of interest and the need to sign the form before they begin their work is reiterated in the Handbook for ERT members.

Compliant

17. The agency has controls to ensure that the policies and procedures for accreditation of medical schools are applied consistently.

There are several controls that promote consistency. They are:

- The detailed documentation that supports licensure and accreditation, including the Standards, the Guidelines and ERT Handbook.
- The process by which a Commissioner manages each review process, bringing their experience and knowledge of CAA processes to the visit and report editing.
- The review of the draft report by a Commissioner who has not been involved in the particular site visit.
- Scrutiny of the draft report by the CAA Director.

Compliant

18. Administrative and fiscal responsibilities

- 18.1. The agency has sufficient administrative resources to carry out its activities.

Staff resources comprise an academic expert, several administrators, and a quality assurance specialist. Staff confirmed their capacity to manage the current workload. CAA intends to hire more administrative staff as their work load increases.

CAA Commissioners contribute to administrative resources by undertaking a procedural role on each licensure and accreditation evaluation.

The CAA office space is spacious, modern and well resourced.

Compliant

18.2. The agency has sufficient financial capability to carry out its activities.

CAA's primary source of income is the Ministry of Education. CAA provided an appendix describing its fiscal resources, budgeting, expenditure controls and auditing.

CAA is responsible for all financial operations required to administer its activities. It draws up an annual budget for approval by the Ministry of Education. The budget covers the salaries of Commissioners and administrative support, and operational costs including equipment and supplies, communications and IT functions, and the cost of any conferences or workshops. The Ministry audits CAA annually.

Institutions cover the full costs of all reviews. The institution pays the logistical costs, external experts' fees, and any additional costs arising from CAA's evaluation of the institution's response to the ERT's report.

Compliant

19. Maintenance of records

19.1. The agency maintains full records of accreditation review documentation, and any other relevant correspondence and materials.

CAA maintains an electronic archive of all submissions received, ERT reports, institutional responses to ERT reports, Ministerial decrees (licensure and accreditation decisions) and all communications to and from institutions. The WFME Recognition Team was provided with information on the structure of the online platform.

Compliant

19.2. The agency follows record-keeping policies and procedures, including policies to ensure data security.

All records are backed-up off site and IT security is maintained by the IT systems of the Ministry. Commissioners are provided with secure password access to all Commission records. ERT members are provided with access to relevant documents pertaining to their reviews.

Compliant

20. Availability and dissemination of information

- 20.1. The agency makes publicly available information on accreditation policies and procedures.

Information on licensure and accreditation and the associated documentation is available on the CAA website.

Compliant

- 20.2. The agency makes publicly available an up-to-date list of accredited medical schools.

A list of licensed institutions and accredited programmes is accessible on the CAA website. A search function allows visitors to easily find out the status of any institution and / or programme.

Compliant