

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA, IJANIKIN, LAGOS  
CRITERIA AND OPERATIONAL GUIDELINES FOR IMPROMPTU ACCREDITATION VISIT TO TRAINING  
INSTITUTIONS

June 2018

**PHILOSOPHY**

The Senate of the National Postgraduate Medical College of Nigeria (NPMCN) approved that training institutions that are accredited to train Resident Doctors should be monitored in between the time the accreditation was granted and when it will elapse. The modality for the visit will be impromptu, i.e. institution to be visited for impromptu accreditation will only be aware of the visit 48 hours to the commencement of the accreditation monitoring visit. This is to prevent window dressing by accredited training institutions at the arrival of the monitoring team. This is to also ensure that standards are maintained, and progress is made by accredited training institutions in terms of quality of human resources, equipment, processes and facilities for training of Resident Doctors. This is also a regulatory function of NPMCN to improve quality of health care services provided by accredited training institutions.

The Senate of NPMCN, hereafter referred to as “The College” at its meeting of 3<sup>rd</sup> December 2015 approved Uniform Criteria/Guidelines for Accreditation of Training Institutions as follows:

**BASIS**

The College recognizes that the training of specialist requires

1. Qualified and experienced personnel
2. Appropriate infrastructure
3. A well-structured training programme that recognizes modern trends of training and assessments
4. Opportunities and evidence of acquisition of skills
5. Access to up-to-date information
6. Regular feedback and evaluation from trainers and trainees

**PHILOSOPHY:** The process must be: -

- Fair  
Done when the institution is ready
- Transparent  
What is being assessed and persons assessing is known to all
- Objective  
Minimal bias in the choice of the accreditors – usually not from the institution of affiliates
- Instructive  
Feedback given to heads of Institutions
- Monitored

Reaccreditation done after a clearly defined period i.e. 5 years (Full), 2 years (Partial)

#### **OBJECTIVES**

The primary objective of the impromptu accreditation is to determine if all the recommendations by the College as the time accreditation was granted have been implemented and to determine if the human resources, equipment and processes components that was present at the last accreditation visit as still present and functional.

#### **CATEGORY OF ACCREDITATION STATUS OF TRAINING INSTITUTION FOR IMPROMPTU ACCREDITAION**

Only training institutions that have full accreditation for five (5) years are eligible.

#### **TARGET PERIOD FOR IMPROMTU ACCREDITATION VISIT TO TRAINING INSTITUTION**

Between two (2) and three (3) years after approval of full accreditation by the College Senate.

## METHODOLOGY

1. Faculty Secretary with the approval of the faculty chairman will nominate two (2) members of their Faculty Board including one member from the same geographical location as the training institution as team members (Panelists) to do the impromptu accreditation visit.
2. In a situation where there is no Faculty Board Member, an examiner in the same geographical location as the training institution will be nominated.
3. The list of nominated members, training institution and date of proposed impromptu accreditation visit will be sent to the College Registrar by the Faculty Secretary. The Training, Accreditation and Monitoring (TAM) Department in the College will be directed to notify the team members (Panelist) and the training institution (48 hours before the commencement of impromptu accreditation) for further processing.
4. The Chief Medical Directors (CMD)/Medical Directors (MD) of the training institution and the Head of Department (HOD) will be notified of the names of panelist and time of impromptu accreditation visit 48 hours to the commencement of the visit by the TAM department through the fastest and various means of communication (Phone call, text message, email, social media messaging etc.)
5. The TAM department will forward the last panel report on accreditation visitation to the training institution (department), nominated team members (Panelist) as well as the copy of the letter sent to the CMD/MD of the training institution on observations and recommendations of the last visitation report to the panelist.
6. The Panelist for the impromptu accreditation visit to the training institution are expected to compare the current situation as the time of impromptu accreditation visit and the observations at the last accreditation visit.
7. The Panelist are expected to prepare a written report and submit to the Faculty Board through the Faculty Secretary
8. Arrival of the Panelist members will be a day before the exercise
9. Monitoring exercise should not exceed one day: between 8.00a.m. to 6.00p.m.

## FUNCTION OF THE PANEL AT THE ACCREDITED TRAINING INSTITUTION DURATION IMPROMPTU VISIT

1. Meeting with HOD of the department and all Consultants and Resident Doctors.
  - a. Meeting with Residents Doctors should be scheduled for 8.00a.m. to commence the first activities of the monitoring exercise
  - b. Meeting with Hospital Management should be done after the meeting with the Residents doctors and conduct of the impromptu accreditation visit
2. The monitoring exercise should be concluded by 6.00p.m. on the same day with debriefing of CMD/MD of the institution to be monitored.
3. The impromptu accreditation Panelist will work with the earlier reports of accreditation provided to confirm maintenance of standard, compliance and with previous recommendation and look for evidence of progress
4. The Panelist should use both the Faculty specific accreditation format, the College Uniform accreditation format and the accreditation scoring sheet for documenting the impromptu accreditation visit exercise (attached).
5. Report of the impromptu accreditation exercise will be presented to the Faculty Board for deliberation before forwarding to the College Registrar.
6. Reports of the monitoring exercise forwarded to College after Faculty Board approval will be presented to SCCFA for deliberation and to make recommendations to College Senate
7. College will be responsible for the transport claims and per diems of the impromptu accreditation team members (Panelist)

## INSTITUTION

8. The training institution CMD/MD to be visited for impromptu accreditation visit will be notified by College 48hours to the visit.
9. That the HOD should be notified by:

- a. College 48 hours to the visit by all identifiable means of ascertaining delivery of message (email, text message, phone call, WhatsApp message and call) and
- b. feedback of receipt of message

## CRITERIA, GUIDELINES AND SCORING FOR REGULAR ACCREDITATION VISITS

### DEFINITIONS AND WEIGHTING

#### MANDATORY REQUIREMENT.

##### 1. Qualified personnel

The College senate approved that the basic qualification for training is the Fellowship of College (by examination or election but not honorary). The individual must have had at least 5 years' experience working in a training institution and must be financially up-to-date. Weighting should be 15% of total accreditation score

##### 2. Appropriate Infrastructure

This is a major pillar without which training cannot take place. What is appropriate will be defined by faculties. But facilities must be well constructed and maintained with the basic amenities

- a. light
- b. water
- c. waste disposal

Available and with adequate building. These includes

- a. wards
- b. out patients' clinic
- c. laboratories
- d. theaters
- e. radiological suites, etc.

The weighting shall be a minimum of 10% of total accreditation scores. This can be sub-divided into core infrastructure (5%) and support infrastructure (5%)

##### 3 Equipment

The College acknowledges that equipment is an essential component in the acquisition of skills and competence. The minimum equipment needs will be determined by faculties and the procedure/log book will be necessary in assessing this component. The weighting shall be a minimum of 20% of total accreditation score.

**4. Structured training programme:**

The College senate has approved curricula and required competencies that trainees are expected to acquire. It is expected that institutions have a well-publicized (every trainee should have it in writing) structured programme which is faithfully implemented and evaluated by a departmental residency committee. This programme must be seen by the accreditation team. Weighting should be 15% of total accreditation score.

**5. Opportunities/Evidence of skill acquisition**

In recognition that our profession is an apprenticeship, all trainees must be provided with the opportunities of acquiring the necessary skills to be competent as a specialist. Records of such must be seen. This includes a procedure registrar, theater list and log book. Weighting should be 15% of total accreditation score.

**DESIRABLE REQUIREMENT**

**6. Access to new information**

This is a crucial element in making our trainees lifelong learners. It is therefore expected that there should be institutional support for trainees to attend updates, revision courses, conference and seminars. It is also expedient that trainees acquire the skills at making presentation at departmental meetings and other scientific gathering of professionals. The library and the internet are veritable sources of information and it is expected that training institutions should have such facilities accessible to the trainees. Evidence of all these must be seen. Weighting should be 15% of total accreditation score

**7. Regular feedback from trainees and trainers and evaluation:**

Evaluation is an important aspect of training. It is recognized that assessment can be formative/continuous or summative. The College traditionally has carried out summative examinations at the end of each part of

the training (Junior and senior residency). However, training requires regular feedback from trainers to trainees and vice versa. Mentorship builds on the concept of regular evaluation, feedback, appropriate guidance and counseling of trainees. A good training programme must have these inbuilt and faithfully carried out. Weighting should be 10% of total accreditation score.

The total score is 100% or 100 points for accreditation visit.

#### TABLE OF REQUIREMENT AND GRADING

No	Requirement/Scores	Inadequate < 50% of Score	Partially Adequate 50% to < 75% of Score	Full Adequate 75% of Score and Above
1.	Qualified and experienced personnel a. Prescribed number (full time/Part time b. prescribed trainers: trainees' ratio c. support personnel (15 Points)			
2.	Appropriate infrastructure a. basic: water, light, sewage etc. b. core departments present c. support departments present (10 Points)			
3	Equipment a. core equipment b. support equipment (20 Points)			
4	Well-structured training programme a. seen by all			

	b. content (lectures, tutorial, bedside sessions) (15 Points)			
5	Opportunities/ Evidence of skill acquisition a. Procedure Register b. Theater List c. Log Book (15 Points)			
6	Access to new information (15 point) a. library b. Internet (15 Points)			
7	Regular feedback from trainee and trainers and evaluation (10 Point)			
8	TOTAL			100%

< 0=49 (Scores less than 50%)

- Accreditation Denied

≥50-74 (Scores equals to 50% and Less than 75%)

- Partial Accreditation for 2 years

≥75-100 (Scores equals or greater than 75% and above)

- Full Accreditation for 5 years

#### A. Effectiveness/function/role of visiting Consultants

1. A visiting Consultant should have a minimum of 5 years post Fellowship experience
2. No training should take place in any institution without permanent consultants on ground
3. There must be documented evidence of activities of a visiting Consultant that residents are being supervised by him/her.

4. For the purpose of accreditation, the full time equivalent should be as follows:  
  
2 visiting Consultants to 1 Full time Consultant.
5. Visiting consultants should not constitute more than a third of the total consultants on  
  
ground

**B. Period of Accreditation**

1. Partial accreditation should last for 2 years
2. Full accreditation should last for 5 years. Within the period of the full accreditation, one impromptu accreditation (Monitoring) visits should be made to the institution.

**C. Effective Date of Accreditation**

- i. The effective date for existing accreditation should be with effect from the date of visitation, irrespective of the time the Senate approves the report.
- ii. The effective date for new accreditation should be from the date of Senate approval.

**D. Trainers/Trainee ratio**

The ratio of Resident Doctors to consultants should be minimum of 3:1 or Maximum 4:1. That is, One (1) Senior Registrar and Two (2) Registrars OR Two (2) Senior Registrars and Two (2) Registrars to one Consultant.

- E.** The number of Consultants is not the sole determinant for accreditation status, either as partial or full.

Every other criteria are taken into account to arrive at the verdict of either Partial or Full accreditation.

- F.** For any re-accreditation visit, the report of the previous accreditation visit should be made available to the current nominated panel member, to enable them to compare notes and ensure that progress is being made.

**CRITERIA FOR VERDICT ON ACCREDITATION STATUS AFTER IMPROMPTU ACCREDITATION**

1. Substantial non-compliance with previous recommendations during accreditation visit
2. Substantial and significant deterioration of training facilities and reduction in number and quality of the human resources and processes components for training of Resident Doctors
3. Accreditation Scoring system

**POSSIBLE OUTCOME /VERDICT ON IMPROMPTU ACCREDITATION VISIT**

1. Revocation of accreditation status for the following:

- a. Substantial non-compliance with previous recommendations during accreditation visit

**AND**

- b. Substantial and significant deterioration of training facilities and reduction in the number and quality of human resources and processes components for training of Resident Doctors

**AND**

- c. Accreditation Score < 50%

2. Reduction in the period of accreditation for the following:

- a. Substantial non-compliance with previous recommendations during accreditation visit

**OR**

- b. Substantial and significant deterioration of training facilities and reduction in the number and quality of human resources and processes components for training of Resident Doctors

**OR**

- c. Accreditation Score < 50%

3. Continuation /maintenance of accreditation status if the following:

- a. Substantial compliance with previous recommendations during accreditation visit

AND/OR

- b. Substantial and significant Improvement of training facilities and maintained or increased in the number and quality of human resources and processes components for training of Resident Doctors

AND/OR

- c. Accreditation Score  $\geq$  75%