



Standards for accreditation

Accreditation is a voluntary process in which an educational institution or program is subject to extensive evaluation by experts who acknowledge whether this institution or course has its practices, services and resources in accordance with a set of previously determined quality guidelines. Accreditation process recognizes and validates good practices and ensures the quality of medical education that result in optimal patient care.

The accreditation process of the SAEME - Sistema de Acreditação de Escolas Médicas (Accreditation System of Medical Schools), is a joint initiative of the Associação Brasileira de Educação Médica – ABEM (Brazilian Association of Medical Education) and the Conselho Federal de Medicina – CFM (Federal Council of Medicine), organizes the evaluation of Brazilian medical schools. It is based on a set of five standards: Educational Management, Educational Program, Academic Staff/Faculty, Students and Educational Resources. Each of these areas includes of a set of elements that refer to the quality of a medical program (eighty elements).

Standard 1: Educational Management

Medical school must bear an educational program consistent with the institutional view and mission. The educational program of the medical school should be in accordance with the main health demands of society, should be integrated with the local health system, and contribute to regional development. The educational governance must be democratic and competent to ensure the constant improvement of medical training. The incentive to the development of the faculty and academic staff must be one of the targets of educational governance. The medical school must use a systematic data collection process concerning teaching and learning issues and the academic environment and uses these data to improve the medical course. There must be financial sustainability and projects for improving the educational environment.

1.1 Social accountability

The academic institution promotes actions that contribute to the improvement of living conditions of local and regional communities, especially in the areas of education and public health.

1.2 Linkage between educational program and health system

The linkage between educational program with local and regional health system is effective and formalized through a written agreement, addressing the three levels of health care.



1.3 Support to public policies

The educational institution supports public policies of education and health and develops actions that can be demonstrated.

1.4 Regulation assignment of academic authorities

There are regulatory procedures for the election or designation of academic authorities, including length of service.

1.5 Dean of medical school

The dean has proven professional experience in the medical field and medical education, evidenced by attending medical education meetings in the last three years

1.6. Workload of dean of medical school

The dean works full time and has sufficient time to fulfill his/her duties concerning medical course.

1.7 Council of medical course

There is a council of medical course elected by its peers, with representatives of cycles, modules and/or academic axes of medical program, has a regulatory basis for the renewal of its members and has representatives of medical students in number equivalent or superior of 10% of the members of the council.

1.8 Council of medical course meetings

The participation in the council of medical course is regulated and its meetings are held at least quarterly; there is a record of minutes and decisions corresponding to the past three years.

1.9 Curriculum committee

There is a curriculum committee formed by at least five teachers of the program, with part-time or full-time academic workload, and at least three of them have specialization in health professions and/or medical education.

1.10 Curriculum committee activities

The curriculum committee is regulated and its meetings are held at least bimonthly; there is a record of the decisions made regarding the improvement of the medical curriculum over the past twelve months.



1.11 Faculty development committee

There is a faculty development committee of the institution and/or medical school and the committee is composed of faculty and specialists in health sciences education. This committee has actions to improve teaching skills of teachers.

1.12 Institutional actions designed to promote faculty development

There is an institutional process in place to promote the development of academic competences, including teacher training, development, support, appraisal, and participation in medical education events and courses, in addition to the actions implemented by the faculty development committee.

1.13 Institutional self-evaluation

The educational institution uses a systematic data collection process concerning teaching and learning issues and the academic environment that considers the perceptions of academic authorities, faculty, students and other members of academic community and the institution uses these data to improve the medical course.

1.14 Improvement of the quality of academic environment

The institution has a plan of financing the academic activities that assures financial sustainability and improvement the quality of educational environment and the learning process.

Standard 2: Educational Program

The educational program of the medical school has clear educational outcomes, coherent with the health needs of the population. It is detailed and ensures, at the end of the course, the acquisition of the expected knowledge, skills and attitudes in Brazilian National Guidelines for Medical Education. Teachers, other members of academic staff and students know the educational program and its principles. There is vertical and horizontal curriculum integration that includes theoretical and practical aspects of medicine, different areas of knowledge, diverse levels of health care and includes psychological, social, cultural, economic and environmental determinants of health. The educational program has predominantly teaching methods student-centered and includes inter-professional education. The clinical teaching activities contemplate different levels of health care and diversified learning settings and the students have supervision of faculty or preceptors. There are elective, complementary and university extension activities in the curriculum. The educational program has continuous and systematic student assessment. The assessment is formative and summative and provides continuous feedback. The program evaluation is continuous and used to improve the curriculum. Patient safety is a fundamental principle of the educational program.



2.1 Professional profile

There is a description of the professional profile of the graduate in the curriculum and this professional profile is coherent to that established by the Brazilian National Guidelines for Medical Education. The professional profile of the graduate is known by faculty and medical students.

2.2 Learning outcomes

The learning outcomes established by the curriculum are coherent with those established by the National Curricular Guidelines including those professional values established by these guidelines.

2.3 Health needs

There is a process to assure that local and regional health needs contribute to the curriculum, and the curricular changes induced by this process can be identified.

2.4 Curriculum content (Syllabus)

The curriculum content is coherent with the learning objectives established by the curriculum of medical course and it is sufficient to accomplish the professional profile of the graduate. The curriculum content includes individual and community aspects of health as well as health promotion, prevention, diagnosis, treatment and rehabilitation.

2.5 Teaching methods

The teaching methods are coherent with the learning outcomes of curriculum and are predominantly student-centered and based on professional practice and health needs of the society.

2.6 Inter-professional education

The educational program includes strategies that promote collaborative learning among students of different health professions.

2.7 Learning settings

Educational activities are in diversified learning settings (classrooms, laboratories, tertiary and secondary hospitals, outpatient clinics, primary care units and community, distributed throughout the course.

2.8 Clinical teaching

Clinical teaching activities contemplate different levels of health care in the following areas throughout the course: internal medicine, surgery, pediatrics, obstetrics-gynecology, family and community medicine, public health, mental health and emergency medicine. They are conducted under the supervision of faculty and/or preceptors with institutional appointment, providing contact to health



problems of community since the beginning of medical course. The medical program promotes role modeling as a learning method, particularly in clinical practice and research.

2.9 Student assessment

Throughout the medical education program there is a system in place for the assessment of student achievement, that employs a variety of measures (including direct observation), and includes acquisition of the knowledge, clinical skills, behaviors and attitudes specified in the medical program objectives. There is a continuous feedback as part of the assessment. Only those students meeting the competencies and profile established by the educational program are awarded a medical degree.

2.10 Program evaluation

There are institutional mechanisms in for evaluating faculty activities, learning settings, teaching methods, and student performance. The results of these evaluations are used to improve the teaching-learning process.

2.11 Integration of curriculum elements

There is vertical and horizontal integration of curriculum elements and this integration includes theoretical and practical aspects of medicine, different areas of knowledge, diverse levels of health care and includes psychological, social, cultural, economic and environmental determinants of health

2.12 Clerkships (undergraduate internship)

Internship takes place at least during two years of medical course in different levels of healthcare system, with clerkships in the following areas: internal medicine, surgery, pediatrics, gynecology-obstetrics, family and community medicine, public health, mental health and emergency medicine, under the supervision of faculty members and/or preceptors with institutional appointment.

Internship takes place at least during two years of medical course in different levels of healthcare system, with clerkships in the following areas: internal medicine, surgery, pediatrics, gynecology-obstetrics, family and community medicine, public health, mental health and emergency medicine, under the supervision of faculty members and/or preceptors with institutional appointment.

2.13 Elective activities

There are elective activities in the curriculum (disciplines, courses and/or clerkships) to complement the core curriculum during medical course and to promote student autonomy in his/her learning process. These elective activities are compatible with curriculum goals and learning outcomes of medical program.



2.14 Complementary activities

Complementary activities are regulated and consider the following aspects: workload, diversity of activities and student assessment.

*According to Brazilian legislation, complementary activities are learning activities not directly connected to medical curriculum such as language courses, computer training, medical meetings and community projects

2.15 Medical research activities

Medical school provides to all medical students learning opportunities with the scientific method, including research projects, systematic reviews and/or undergraduate thesis. These activities are regulated concerning learning objectives, hours of activity, supervision and publication of results.

2.16 University extension activities

Medical school provides all students opportunities to participate in university extension activities, regulated and under the supervision of an academic extension committee.

*According to Brazilian laws, university extension activities are projects and/or programs developed by the university to contribute to the development of local community.

2.17 Weekly schedule of learning activities

Weekly distribution of academic activities includes at least two free periods of the day (mornings or afternoons), of four hours, so students can study and/or participate in research, complementary or extension activities, offered by the educational program.

2.18 English proficiency

The educational program provides activities for the use of English language.

2.19 Health education

The educational program provides to medical students learning experiences designed to help individuals and communities to improve their health and/or to support the training of other health professionals.

2.20 Cultural programs

Cultural programs that promote various cultural expressions have been available frequently over the past three years.

2.21 Academic portal

Medical school has an electronic communication portal that enables the socialization of institutional SAEME – Accreditation System of Medical



information, availability and sharing of educational material, and virtual communication resources.

2.22 Patient safety

Patient safety is a fundamental principle of the educational program and promotion of the culture on patient safety can be demonstrated in clinical and learning settings.

Standard 3: Academic Staff/Faculty

Medical school academic staff/faculty is qualified, have experience in the teaching and learning methods, is committed to the production and dissemination of knowledge and participate in actions of faculty development. Medical school values the performance of the preceptors, takes responsibility over their training and provides mechanisms for the inclusion of preceptors in faculty meetings.

3.1 Faculty qualification (medical school curriculum organized with disciplines or curricular units)

The ratio between faculty members who hold master degree per discipline or curricular unit is equal or greater than 2.0, and doctorate degree is equal or greater than 1.0.

3.2 Faculty qualification (medical school curriculum organized with modules)

The ratio between faculty members who hold master degree and module is equal or greater than 4.0, and doctoral degree is equal or greater than 3.0

3.3 Educational expertise

The percentage of teachers of medical program that have expertise in medical education and/or health professions education is equal or greater than 10%.

3.4 Faculty workload

The rate of part-time and full-time faculty members is equal or greater than 50% of total faculty members involved in medical course.

3.5 Faculty appointment and promotion policy

Medical school has a faculty appointment and promotion policies and they are well known by faculty members. The medical appointment and promotion policies address a balance of capacity of teaching, research and service functions.



3.6 Student-teacher ratio in practical activities without patients

The ratio between students and teachers in practical activities that do not include patients is equal or less than 15.

3.7 Student-teacher ratio in practical activities with patients

The ratio between students and teachers in practical activities that include patients is equal or less than six.

3.8 Scientific production

The ratio between the number of book chapters and scientific articles published by the faculty in indexed journals over the past three years and the number of annual medical school vacancies is equal or greater than one.

3.9 Preceptorship

Medical school values the performance of the preceptors, takes responsibility over their training and provides mechanisms for the inclusion of preceptors in faculty meetings. The preceptors are familiar with the learning objectives of the course or clerkships and are prepared for their roles in teaching and assessment.

Standard 4: Students

Medical school promotes a healthy educational environment, positive for learning and personal development. Medical school promotes a culture of institutional resilience, with values of gratitude, generosity, respect and honesty. It provides students with conditions of permanence, health promotion and prevention, access to health services, psychological and pedagogical support. Medical school has clear policies of admission, transfer and student mobility. Students have representation and participation in governance, design and evaluation of the educational program. Medical school approves the presence of representative student organizations and provides proper physical space for them.

4.1 Selection and admission process

Selection process is fair and transparent and considers not only knowledge but also the general competencies of the candidates. The candidates' final scores are subordinated to an institutional policy of inclusion of students underprivileged and disabled.

4.2 Welcome program



Medical school has regulations for welcome receptions of new medical students including follow-up, trial, and punishment for violent behavior. Medical school has a committee that includes faculty and students to organize the reception. It has also institutional campaigns and incentives that promote supportive, non-violent welcome of students. The medical school must demonstrate that no act of embarrassment or violence against new students has taken place over the last three years.

4.3 Programs to support student permanence

Medical school has programs of scholarships, housing, meals and transportation specific to help underprivileged students.

4.4 Scholarships

Medical school offers scholarships for intellectual and scientific development, and social responsibility, with clear mechanisms for admission, permanence and performance assessment. Scholarships include tuition discounts, scientific research, teaching assistance and extension projects.

4.5 Student transference

Student transference is performed through a selective process that is fair and transparent, considers the general competencies of the candidate and clearly disclosed by public notice.

4.6 Student mobility

Medical school has student mobility and exchange programs based on formal agreements with at least one national and one international institution.

4.7 Institutional policies of non-discrimination

Medical school has institutional policies against any discrimination considering gender, sexual orientation, ethnicity, religious beliefs, age, citizenship and socioeconomic status and there are effective programs and actions.

4.8 Right of student inquiry

Students have the right for further investigation or appeal on administrative and academic issues, always with a right to defense.

4.9 Representativeness

The council of medical school has student representation and this representation is elected by their peers.



4.10 Student organizations

Medical school approves the presence of representative student organizations and provides proper physical space for them.

4.11 Participation in meetings and congresses

Medical school support the participation of students in medical education and scientific research congresses and other events.

4.12 Students' preventive healthcare

Immunization reaches every student and medical school has health promotion programs, biosafety protocols and training.

4.13 Students' healthcare

Medical school has an institutional healthcare policy that helps the access of students to medical and dental services for diagnosis, treatment, and preventive healthcare.

4.14 Students mental healthcare

Medical school recognize risk factors for mental illness inherent to medical training and has policies and programs for the psychological support of students, including mental health promotion and mental health assistance services.

4.15 Psycho-pedagogical support

Medical school provides psycho-pedagogical support to medical students, including mechanisms able to monitor the development and diagnosis of learning difficulties, fulfilling the institutional demand.

4.16 Mentoring programs

Medical school offers systematic orientation regarding professionalism, human development and citizenship issues, performed by experienced faculty members, with individual and/or group meetings with a maximal number of 20 students per group.

4.17 Quality of life programs

Medical school has programs designed to promote quality of life, offered to medical students during the entire medical course.

Standard 5: Educational Resources



Medical school has infrastructure, equipment, resources and services that meet the demands of the educational program. Clinical training is performed in health units, outpatient clinics, hospitals and emergency units adequate in number and quality to learning, considering the profile of health problems and the number of patients. There is an adequate maintenance process and concern with the ambience and ecological sustainability.

5.1 Workspace for faculty

Full-time faculty have a fully equipped workspace, shared up to four colleagues, with adequate infrastructure, considering dimension, lighting, cleanliness, acoustics, ventilation, accessibility, maintenance and availability of computer equipment.

5.2 Workspace for dean and academic services

The space allocated to dean and academic services is adequate considering the following characteristics: size, equipment, conservation, number of employees, and service to students and teachers, respecting ergonomic standards.

5.3 Teacher workspace

Teachers have a shared workspace with adequate infrastructure, considering dimension, lighting, cleanliness, acoustics, ventilation, accessibility, maintenance and availability of computer equipment.

5.4 Classrooms for large groups

Classrooms are in adequate number considering the curriculum and have adequate size to accommodate all students plus another 10%; and they have adequate support materials, multimedia, internet access, lighting, acoustics, ventilation, accessibility and maintenance, respecting ergonomic standards.

5.5 Classrooms for small groups

Rooms designed for small groups are in adequate number considering the needs of curriculum and can accommodate 12 to 15 students, with adequate lighting, ventilation, accessibility, maintenance, and acoustics, respecting ergonomic standards.

5.6 Teaching laboratories

Medical school has multidisciplinary laboratories, suitable for the study of different basic aspects of life sciences (anatomy, histology, embryology, biochemistry, pharmacology, physiology/biophysics, surgery and pathology), considering the following: physical space, equipment, safety equipment and supplies. The number of students per equipment or table is adequate for the learning objectives.



5.7 Laboratories of clinical skills and simulation

Medical school has laboratories with equipment and other resources in sufficient amount to development of clinical skills in all phases of medical course.

5.8 Computer laboratories

Computer laboratories and other informatics resources are in sufficient number, considering number of equipment, accessibility, and adequacy of physical space and efficient velocity to access internet.

5.9 Teaching hospital

Medical school uses a teaching hospital (or hospitals) accredited by Ministry of Education and Ministry of Health managed by the school or not, it is part of the health system, sufficient for teaching in the areas of Internal Medicine, Surgery, Pediatrics and Gynecology and Obstetrics, with adequate supervision of preceptors.

5.10 Teaching outpatient clinics

The number of outpatient clinics in the areas of Internal Medicine, Surgery, Pediatrics, Gynecology, Obstetrics, and Mental Health is sufficient to comply with the educational program, with a maximum ration of medical students to preceptors of 6.0 and with adequate infrastructure to have the presence of medical students. These outpatient clinics provide an appropriate environment for medical education and training.

5.11 Health units /Family health centers

There are Healthcare units and Family health centers in sufficient number, integrated to the health system, with adequate infrastructure for teaching and sufficient family health teams and preceptors considering the learning objectives of the curriculum. These units provide an appropriate environment for medical education and training.

5.12 Emergency training

There are emergency services managed by the school or not; they have the infrastructure required for proper care and training. The number of preceptors is sufficient for the medical course. These emergency services provide an appropriate environment for medical education and training.

5.13 Library

The library has sufficient space for individual and group study and there is access to the basic bibliography of medical course, either printed or virtual, and meet the needs of medical students and faculty. Library has qualified staff to help the access of students and teachers to virtual and printed



material.

5.14 Access to scientific journals

There is free access to indexed medical journals by medical students and faculty, adequately distributed among the main areas of knowledge of medical course.

5.15 Information and communication technologies

Information and communication technologies are applied to the teaching-learning process to support the curriculum. There is a technical staff to support students and faculty in the use of these technologies.

5.16 Space for students

There are areas for study, coexistence, sports and leisure activities of students in sufficient number and size.

5.17 Accessibility

Medical school facilities ensure accessibility for the people with disabilities, and are equipped to academic activities of students with disabilities.

5.18 Environmental sustainability

Medical school has environmental sustainability policies, such as waste separation, reduction of drinking water consumption, water reuse, and prioritizes proper ventilation and natural lighting. Medical school is concerned about the improvement of soil permeability (green areas and permeable paving) and has policies to encourage mobility (rides, bicycles and free shuttle buses).