

Standards for Basic Medical Education



Bangladesh Medical Education Accreditation Council (BMEAC)

BMRC Bhaban (10th Floor)
Mohakhali, Dhaka-1212, Bangladesh
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Preface

The landscape of medical education in Bangladesh has undergone significant transformation, responding to the evolving health needs of the population and global advancements in medical practice and medical education as per World Federation for Medical Education (WFME). This document outlines the essential standards for basic medical education in the country, aiming to ensure that future healthcare professionals are well-equipped with the knowledge, skills, and attitudes necessary to deliver high-quality patient care through quality medical education.

The development of these standards in line with WFME is a collaborative effort involving educators, practitioners, and stakeholders in the health professionals' education. Our goal is to provide a comprehensive framework that not only aligns with international best practices but also addresses the unique cultural and societal context of Bangladesh. These standards are a guide for further development and evaluation of medical education in all settings. They are intended to be used as a framework, to ensure quality assurance at its level best.

By adhering to these standards, medical institutions will be better positioned to foster a learning environment that promotes critical thinking, ethical practice, and lifelong learning. We believe that a rigorous and responsive medical education system is crucial for producing competent physicians who can effectively meet the challenges of modern healthcare.

We invite all stakeholders to engage with these standards, to facilitate continuous improvement in medical education, and to contribute to the betterment of health professionals' education in Bangladesh. Together, we can nurture a generation of healthcare professionals dedicated to advancing public health and improving the well-being of our communities.

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Acknowledgement

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We are grateful to the faculty members of health professionals of educational institutions, and educational experts who participated in discussions and workshops, sharing their knowledge and experiences. Their dedication and expertise were instrumental in shaping the content and structure of these standards. We also recognize the contributions of international organizations such as SEARAME, WFME and colleagues who have shared best practices and resources, helping us to align our educational standards with global benchmarks.

Finally, we extend our appreciation to the students and alumni of medical programs across Bangladesh, whose perspectives and experiences continue to inspire improvements in medical education. Together, we aspire to create a robust framework that fosters excellence in the training of future healthcare leaders. Lastly, we acknowledge the contribution of all the members of Bangladesh Medical Education Accreditation Council (BMEAC) for their constant and persistent efforts to draft and finalize this document.

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Introduction

The Accreditation Standards for Medical Education Program is intended as a resource for medical educational institutions, outlining the role of the Bangladesh Medical Education Accreditation Council (BMEAC) in conducting external quality assurance through accreditation. The primary goal of BMEAC is to aid medical institutions in quality enhancement. The BMEAC operates on the core guiding principles- **Benevolence, Morality, Equality, Accountability, and Confidentiality** in such way that the responsibility for quality lies mainly within the institution itself, with external quality assurance acting as a complementary support. The BMEAC views accreditation as a continuous improvement process, where the entire medical community and its stakeholders can engage in an in-depth & reflective evaluation of their goals, plans, programs, systems, resources, and outcomes. This process involves both self-assessment and the valuable insights of an external review conducted by peer educators. In this way, BMEAC aims to encourage a culture of self-reflection, progress, and collective commitment to excellence within the field of medical education.

Background

Accreditation is the process of formal evaluation of an institution and its educational programs, against defined standards by an external body for the purposes of quality assurance and enhancement. In Bangladesh, The Bangladesh Medical Education Accreditation Council (BMEAC) has been constituted by an act of Parliament known as The Bangladesh Medical Education Accreditation Act, 2023 which was published by gazette notification dated 18 September 2023. The BMEAC Act 2023 was effective from 02/01/2024 by further notification (SRO 2).

The Act stated that it is necessary to make provisions for establishing a Council to issue accreditation certificates to medical education institutions and educational programs thereof, and to control and monitor the medical education providers for ensuring standards of medical education. So, based on Accreditation Act 2023, the Bangladesh Medical Education Accreditation Council was formed by a government order (SRO 3) on 02/01/2024 and members of the Council were appointed on 09/04/2025. Later on, government of Bangladesh reformed the Council by appointing new members on 02/10/2025.

Vision

The vision of Bangladesh Medical Education Accreditation Council (BMEAC) is to make medical education to be recognized nationally and internationally.

Objectives

The objectives of the Bangladesh Medical Education Accreditation Council (BMEAC) are to –

- i. Improves access to quality and affordable medical education.
- ii. Promotes internal quality assurance procedures carried by the medical institutions.
- iii. Encourages and assist medical institutions to continually improve themselves through an ongoing and repeated evaluation, self-assessment.
- iv. Assists medical institutions and their graduates in their quest for national, regional and international recognition of their academic programs.
- v. Objectively assesses the medical institutions periodically in a transparent manner.
- vi. Maintain a register of accredited medical institutions of Bangladesh.

Ultimate Goal

The ultimate concern of the BMEAC is to ensure the quality of medical educational institutions and upholds a definition of quality that has the following elements:

1. Achievements of minimum standards based on learning outcomes
2. Achievements of demonstrating excellence based on evidences
3. Implementation of the vision, mission and goals of the medical educational institutions
4. Responsiveness to stakeholders

Standards:

Standards are the core component of an accreditation program as they specify the qualities those an institution is expected to achieve. They are broad statements, and each standard again has a list of criteria; which are the observable elements of that standard. In accordance with WFME standards, the BMEAC have formulated following standards for accreditation to guide the medical institutions —

1. Mission
2. Curriculum
3. Students Services

4. Teaching Learning
5. Assessment of Students
6. Educational Resources
7. Quality Assurance
8. Academic Staff/Faculty
9. Research & Publications
10. Governance & Administration
11. Continuous Renewal

Standard 1: Mission

The Medical institution shall clearly articulate and disseminate the mission to key stakeholders that reflect its educational philosophy, core values, and goals.

There shall be a well-defined mission for every medical educational institution which shall address:

- i. the health needs of the community and health system
- ii. medical research
- iii. social accountability
- iv. global health
- v. relationship with health care services and communities

Standard 2: Curriculum

2.1: Curriculum

The curriculum of the medical education is designed and reviewed following a well-defined procedure by Bangladesh Medical & Dental Council (BM&DC), Directorate General of Medical Education (DGME), Centre for Medical Education (CME) and concerned Public/Medical Universities to produce competent and compassionate medical practitioners where BMEAC can play an important role in designing and developing curriculum.

2.1.1. The provided curriculum shall tell the learners about the educational program of medical institution in details.

2.1.2. The curriculum shall advice the teachers how to deliver the contents and support students in their academic development.

2.1.3. Tell the society how the institution is executing its responsibility to produce next generation of skilled health manpower appropriately.

2.1.4. It shall be the duty of the medical institution

- i. to provide a copy of the curriculum to all the students, teacher and the stakeholders.

- ii. to make seminar to discuss the content, extent, sequence of courses and other curricular elements among the students, teachers and other stakeholders to ensure appropriate coordination.

2.1.5. The medical institutions shall teach the medical ethics and human values (included in curriculum as generic topics on medical humanities) to learn ethical principles in caring for patients, patients' families and to others involved in patient care.

2.1.6. The institution shall regularly evaluate the effectiveness of its curriculum by documenting the achievements of its students and graduates to show the extent to which educational objectives are being met.

2.1.7. The institution shall have routine formal processes to collect and review their students' feedback on the preclinical and clinical education courses to evaluate the curriculum.

Standard 3: Student Services

3.1: Student Admission

The Government of Bangladesh conducts a yearly, central, nation-wide admission test as entrance examination to all the medical colleges under the guidance of Bangladesh Medical & Dental Council (BM&DC) with help of office of the Directorate General of Medical Education (DGME). These offices formulate and implement a policy according to merit list & students' choice for the placement of students in different medical institutions. All the information about criteria of appearing admission test, process for selection, policy for late entry or migration and other policies regarding admission system are publicly published. Admission of foreign students is regulated by the two above mentioned offices through the foreign medical student admission portal of office of Directorate General of Medical Education. In a private medical college, the number of foreign students in each year, shall be maximum 45% of the total number of seats for admission of students of that year.

3.2: Student Support system

3.2.1. The institution shall ensure that student services and support are adequate and readily accessible to students in their academic and non-academic pursuits and promote personal well-being.

3.2.2. The medical institution shall

- i. have system for academic counselling of its students based on the progress of students.
- ii. offer a program of student support, including remedial teaching where necessary.
- iii. provide the students an access to preventive and therapeutic health services, including confidential mental health counselling.
- iv. provide poor meritorious students with effective financial aid (as instructed by Government) and counselling.
- v. ensure confidentiality in relation to counselling and support.
- vi. encourage and facilitate student educational activities, extra-curricular & recreational activities (Annual sports, Cultural programme, Debate, College magazine etc.)
- vii. formulate and implement a policy on students' representation and respective participation in the development of the mission and intended learning outcomes.
- viii. provide advices about career guiding and career planning to students.
- ix. ensure emergency psychological support in personal trauma or crisis.
- x. set up a separate administrative block/corner with clearly defined comprehensive policy, support system and separate staff to provide necessary helps to international students maintaining confidentiality.
- xi. arrange consultation with student representatives and take advice on how to improve more.
- xii. develop and implement a student attendance policy to identify students with excessive absenteeism so that appropriate action may be taken by the institution. Follow up actions include counselling, course failure, probation, or student dismissal.

Standard 4: Teaching-learning

4.1.1. The medical institution shall establish the methods for the evaluation of student's achievement according to the teaching-learning method directed by the BM&DC & University and the activities shall be aligned with the institution's educational philosophy to achieve the desired learning outcomes.

4.1.2. The institution shall also have formal processes to collect and review the students' feedback on their faculties to evaluate the teaching learning processes of each and every session.

4.1.3. The faculty shall teach the generic topics on medical humanities and integrated teaching methods (included in curriculum) that supplement required learning experiences, permit medical students to gain exposure and expand their understanding of medical specialties.

4.1.4. The institution should have policy of sufficient clinical teaching in the morning and evening at attached hospital along with OPD based ambulatory care teaching.

4.1.5. The institution should have provision of teaching the major skills/ competencies among the students through using medical skill centre/simulation lab.

Standard 5: Assessment of Students

5.1. The medical institution shall have a comprehensive, fair, and uniform modern system of formative & summative examinations with proper documentation at the end of each phase in both the preclinical and clinical years as instructed in the curriculum.

5.2. The faculty shall evaluate each student in the preclinical and clinical years by various methods those include Objective Structured Practical Examination (OSPE); Objective Structured Clinical Examination (OSCE); Structured Oral Examination (SOE); written examination-Structured Essay Question (SEQ), Short Answer Question (SAQ), Single Best Answer (SBA) and Multiple Choice True & False type Question (MCQ); practical and bedside clinical examinations.

5.3. The examination regulations shall include the assessment methods, procedures of assessment, eligibility for examinations, re-examination, marking/grading system and disciplinary action shall be according to the BM&DC & university regulations and must be stated clearly and made known to the students.

5.4. The curriculum of the education program shall help the institution to set the appropriate assessment system and implement relevant evaluations.

Standard 6: Educational Resources

6.1: Human Resources

The Medical institution shall have adequate, qualified and committed human resources, both teaching and non-teaching to perform its teaching, research, and community service functions. It shall have programs for recruitment, selection, hiring, deployment, training and retirement.

6.1.1. The medical institution shall formulate and implement policies on-

- i. staff recruitment, selection and promotion which shall be consistent with rules of the BM&DC, Ministry of Health & Family Welfare and concerned Public University.
- ii. responsibilities of academic staff to deliver the curriculum adequately and maintain a balance between academic and non-academic staff; and a balance between fulltime and part-time staff.
- iii. distribution of academic staff by grade and experience for quality output.
- iv. develop a code of academic conduct.
- v. staff activity and Development which –
 - a. allows a balance between teaching, research and service functions;
 - b. ensures recognition of meritorious academic activities with appropriate emphasis on teaching, research and service qualities;
 - c. supports teacher training, achievement and appraisal.

6.2: Financial Management

6.2.1. The medical institutions shall have sufficient financial resources to carry out its mission and to cover the cost of maintaining the institute and its educational programme for the number of its students.

6.2.2. The institution shall have budget plan for of its expenses.

6.2.3. The institution shall obtain officially audited financial statements annually.

6.3: Physical Facilities

6.3.1. The medical institution shall have sufficient physical facilities for its staff and students to ensure that the curriculum can be delivered effectively, efficiently and adequately. The physical facilities shall include-

- i. sufficient lecture galleries/lecture theatres with good acoustics, audio-visual aids and seating capacity for the total number of students in each batch
- ii. examination hall that can accommodate all students in one batch at a time
- iii. an adequate number of smaller classrooms for tutorials and small group activities
- iv. minimum of twelve class room/tutorial rooms with seating capacity for a minimum of thirty students in each (when the intake one hundred students/year)
- v. and for a larger student intake, these facilities shall be correspondingly greater
- vi. appropriate laboratories and museums for teaching the basic biomedical sciences with safe learning environment for the staff and the students
- vii. a library with current editions of medical text books, periodicals, with adequate facilities to have access through internet to local and international medical journals

viii. library services, supervised by a professional staff who is familiar with regional and national information resources and data systems and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

6.3.2. Students, faculty and administration shall have access to sufficient information technology resources, including access to Wi-Fi to support the achievement of the institution's goals. Information technology staff with appropriate expertise should be available to assist students, faculty and administration.

6.3.3. The medical institution shall have access to at least one separate teaching hospital to provide students with adequate clinical experience including sufficient number and variety of patients with sufficient patients' bed (students: bed ratio=1:5) with adequate patients' beds occupancy rate (at least 70%) and clinical training facilities with adequate supervision at indoors & outdoors.

6.3.4. The medical institution shall have access to a field practice area to provide students with adequate community based medical education and competency based clinical experience and access to facilities for training in clinical Forensic Medicine and Toxicology etc. as required in the curriculum.

6.3.5. Other facilities for students shall include-

- i. adequate study space, sitting room, prayer room and toilets
- ii. recreational facilities
- iii. extracurricular activities
- iv. catering and hostel facilities
- v. access to healthcare facilities
- vi. transportation facilities
- vii. maintaining an online or offline database of all students, containing their contact details, academic details and other credentials; with an easy access.
- viii. well designed and informative website.

Standard 7: Quality Assurance

The medical institution shall have an established internal quality assurance system, with clearly defined policies, procedures, and activities; that implements, evaluates, enhances, and assures the quality of its educational programs and processes. The medical institution shall-

- have a program for routine monitoring of its educational process and outcome.
- establish and apply a mechanism for programme evaluation, which

- i. addresses the curriculum and its main components.
- ii. addresses students' progress.
- systematically try to find out, analyse and respond to teachers and students feedback and use the feedback results for academic developments.
- engage its academic staff and students in management & governance to monitor and evaluate its educational programs.
- validate its quality assurance system's effectiveness in terms of regulatory requirements and quality standards by peer assessment & concerned accrediting authority and regulatory body; namely BMEAC & BM&DC.

Standard 8: Academic Staff/ Faculty

The institution shall ensure the required faculty at all times and across all pre-clinical and clinical years. They shall be in place to deliver the objectives and goals of the institution's mission. The medical institution shall appoint sufficient number of faculty members to deliver the curriculum and to provide the leadership required to achieve the institute's key educational goals.

8.1. Faculty Selection and Appointment

8.1.1. The number of faculty is dependent on the total number of students enrolled in the academic year with a desired full-time equivalent faculty to student ratio of 1:10.

8.1.2. The medical institution shall select its faculty, who have academic qualifications, appropriate teaching & research experience, and commitment to continue scholarly activity for a medical education program. The faculty member with a training or degree on health professional education (HPEd) will be considered as an additional qualification as a competent teacher.

8.1.3. The medical institution shall have clearly defined policies in place on faculty selection and appointment. These policies include method of faculty selection, duties, contracts of employment, academic freedom, evaluation, promotion, tenure, pension and dismissal.

8.1.4. The recruitment, selection and retention of faculty shall be overseen by the head of the institution, with input from head of the departments, faculty representatives, senior administrators, and students as appropriate.

8.2. Faculty Benefits and Compensation

8.2.1. The medical institution shall provide a reasonable level of benefits and compensation to its faculty which includes salary, health, and retirement pension program where appropriate.

8.2.2. New faculty members shall be oriented on their job description through Medical Education Unit (MEU), benefits and compensation at the beginning of their employment. Each newly appointed faculty member receives a written contract of employment which contains information regarding the term of appointment, responsibilities and reporting relationships and copies of all the existing policies as well as the Code of Conduct.

8.3. Code of Conduct

The institution shall have a written code of conduct for faculty members which includes standards of conduct for teacher-student relationships, the institution's approach to potential areas of conflict of interest and the institution's management of violation of the code of conduct.

Standard 9: Research & Publications

The medical institution shall implement a research program aligned with its vision and mission, supports its teaching-learning and community engagement functions, and addresses local and national development needs. The medical institution shall--

- 9.1.** encourage to make available sufficient opportunities for medical students and the faculties to participate in research and other scholarly activities.
- 9.2.** have a publication that presents an accurate representation of the mission and objectives of its educational program.
- 9.4.** publish the annual cost for the students including tuitions and other fees.
- 9.5.** publicize its standards and procedures for the evaluation, its standards for students conduct and procedures for disciplinary action to all faculty and students.
- 9.6.** upload full and accurate information about its vision and mission, educational programs, faculty members, annual costs, tuitions and other fees in their official website.
- 9.7.** provide facilities for the human care of cadavers, animals when are used in teaching and research.
- 9.8.** have a BM&DC recognised institutional journal and encourage its' faculties & the students to publish their research works.
- 9.9.** encourage the faculty and the students to conduct educational and biomedical research and provide sufficient time within the educational program to undertake the research.

Standard 10: Governance & Administration

The medical institution shall --

- i. define its governance structures and functions.
- ii. set out a governance committee structure that reflect a representation from academic staff, students and other stakeholders as per the act of the Government.
- iii. ensure transparency of the work of governance and its decisions.
- iv. define the responsibilities of its academic leadership for management of its educational program.
- v. have a clear line of responsibility and authority for establishing the curriculum through a dedicated educational budget allocating the resources necessary for the implementation of the curriculum and educational needs.
- vi. have administrative and professional staff to support and implement its educational program and related activities and ensure good management & resource deployment.
- vii. have constructive interaction with the health and health related sectors of the society and government.

10.1: Leadership and Responsibility

A medical institution shall have a sufficient number of faculty and senior administrative staff in leadership roles to give support necessary to achieve the goals of the medical education program.

10.2: Policy Formulation and Implementation

A risk management system shall be placed to ensure that the medical institution is aware of and manages present and future risks by formulating policies and procedures as necessary.

Standard 11: Continuous Renewal

11.1. The medical institution shall conduct a periodic institutional evaluation to review the mission, educational programmes thereof and their relevance, resources, facilities by an independent evaluation team.

11.2. The outcome of the regular institutional review shall be used for –

- i. updating its organizational structure and functions;
- ii. rectifying its organizational deficiencies;
- iii. allocating resources for continuous renewal.