

**ACCREDITATION GUIDELINES FOR  
ESTABLISHING SCHOOLS OF MEDICINE,  
DENTISTRY & PHARMACY  
("MDP GUIDELINES")**

**ACCREDITING ASSOCIATION OF SEVENTH-DAY  
ADVENTIST SCHOOLS, COLLEGES & UNIVERSITIES**

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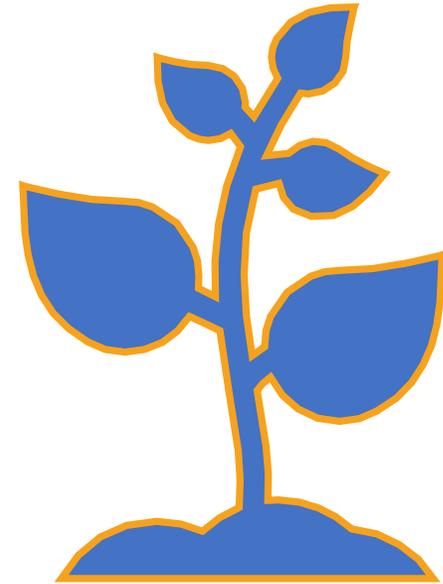
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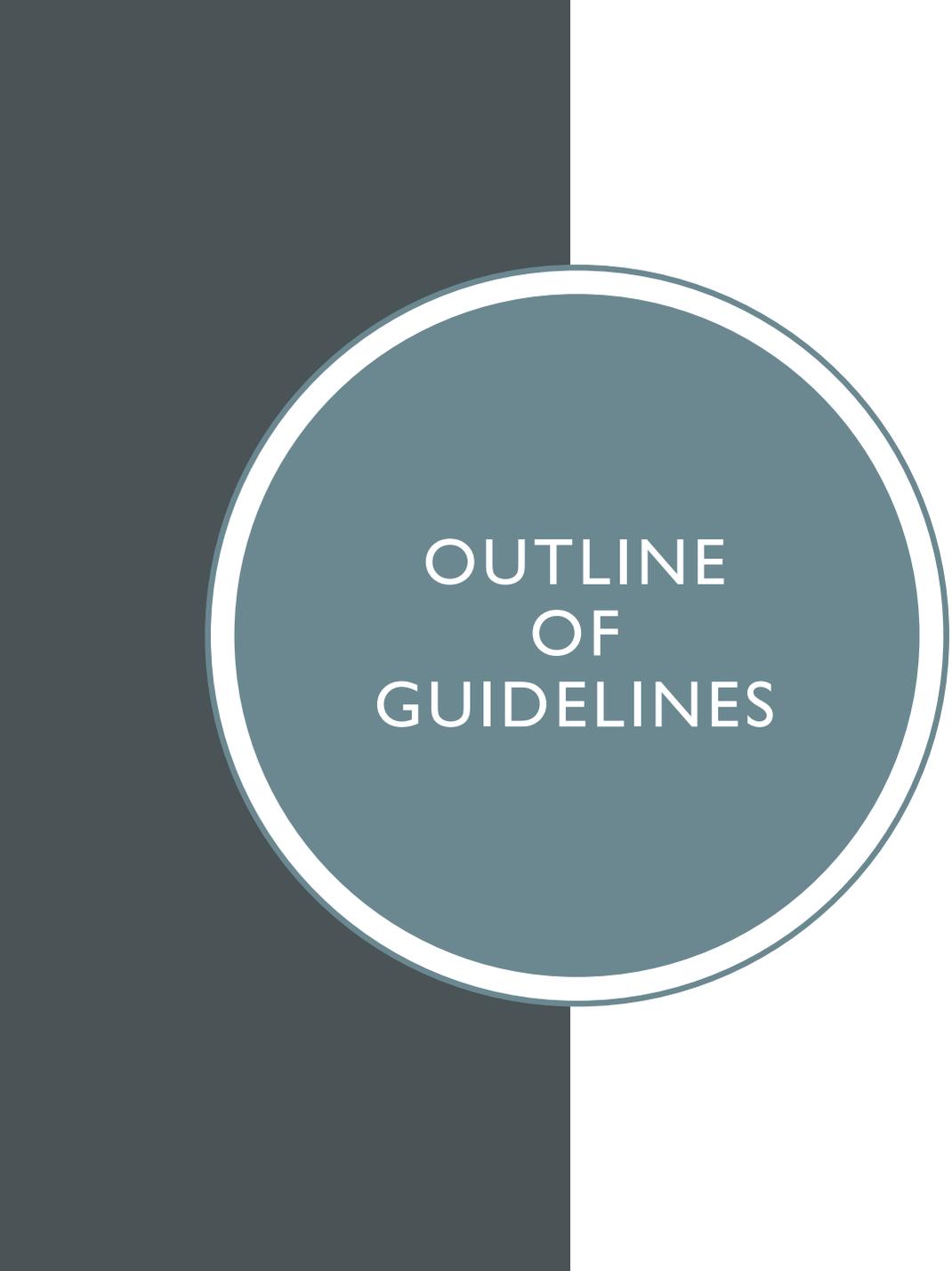
## ALIGNMENT WITH BIBLICAL WORLDVIEW

New schools of medicine, dentistry, and pharmacy undergo a three-stage accreditation process with the International Board of Education (IBE) and Adventist Accreditation Association (AAA) to ensure that the basic science and clinical education components **are integrated with a biblical worldview. Evidence of formation of professionalism, ethics and moral character, and an epistemology of lifestyle and wellness are to be developed in students and faculty throughout the entire program. (Note that new text is indicated in red.)**

# LIFESTYLE MEDICINE

Lifestyle medicine is the use of a whole food, plant-predominant diet, regular physical activity, restorative sleep, stress management, avoidance of risky substances and positive social connection to prevent disease and is a primary therapeutic modality for treatment and reversal of chronic disease.





## OUTLINE OF GUIDELINES

- Historical Overview of Seventh-day Adventist Schools of Medicine, Dentistry and Pharmacy
- Purposes and Consequences of AAA Accreditation
- Procedure for Authorization by the IBE and Accreditation by the AAA
- Functions and Structure of a Medical/Dental/Pharmacy School
  - A. Institutional Setting
  - B. Educational Program
  - C. Students
  - D. Faculty
  - E. Educational Resources

## EDUCATIONAL PROGRAM: RELIGION

2. Inclusion of a religion curriculum consisting of **formal instruction in the** study of the Bible, clinical and biblical ethics, personal spiritual formation and spiritual care of patients. **The objective of the religion curriculum is not only the contextualized transmission of knowledge in the aforementioned academic domains, but ultimately the moral formation of the healthcare practitioner.** This curriculum must include at least one religion course per classroom year and be designed collaboratively by university religion faculty and faculty from the relevant professional school.....

5. Specification of the types of teaching for **basic and clinical science, as well as religious education,** and student evaluation methods best suited for the achievement of student learning outcomes.

## EDUCATIONAL PROGRAM: SPIRITUAL MASTER PLAN

Added requirements for a Spiritual Master Plan to:

- Internal Feasibility Study
- “B. Educational Program”
- Appendix 6

Inclusion of a Spiritual Master Plan that binds together the formal, clinical, and co-curricular components, showing how medical student learning outcomes are integrated into the Spiritual Master Plan of the university as a whole.

## EDUCATIONAL PROGRAM: INTER-PROFESSIONAL EDUCATION (NEW)

The curriculum must show how inter-professional education will be incorporated and assessed. Teamwork and servant leadership skills should be included in the learning outcomes to ensure safe patient care.

## FACULTY

An orientation programs should be planned for the faculty in the area of **Integration of a Biblical Worldview, Faith and Learning**. ....Hiring a sufficient number and majority percentage of committed and qualified Seventh-day Adventist faculty and other qualified faculty committed to the mission of the institution to provide the first two years of instruction for the professional education program, and other Adventist faculty as needed for the implementation of institutional plans regarding student admissions, curriculum planning and management, and achievement of other missions or goals. In addition to clinical experience, faculty must also have experience in health professions education. **This is particularly important for religion faculty as the teaching of religion to healthcare students constitutes a unique calling that imbibes a specific set of pedagogical skills.**



## RELIGION FACULTY AND CHAPLAINS

An ideal instructor of religion is one who also possesses clinical training with professional supervision. Completion of at least one unit of clinical pastoral education (CPE) from an accredited CPE center is the minimum recommendation for all religion faculty who teach healthcare professionals.

All religion faculty must be endorsed by the International Board of Ministerial and Theological Education (IBMTE). Chaplains must be endorsed by the division Adventist Chaplaincy Ministry director and certified by the General Conference Adventist Chaplaincy Institute. If teaching more than 50% percent, they must be endorsed by the IBMTE. An ordination or commissioned ministry credential is expected for those who qualify.

## EDUCATIONAL RESOURCES (NEW)

Some tuition income should contribute to general overhead expenses of the university, but policies must be set to ensure the program has sufficient ongoing financial resources to fund depreciation, recruit and retain qualified Adventist faculty, and modernize equipment and facilities to maintain an adequate level for training health professionals. The amount of tuition income toward indirect and general university overhead should be negotiated on a case-by-case institutional basis and be affirmed by institutional board and division Executive Committee action.



PROPOSAL &  
SUPPORTING  
DOCUMENTS

Appendix A:

*Program Proposal Instrument for Schools of  
Medicine, Dentistry and Pharmacy*  
and Required Appendices

Appendix I: Copy of Feasibility Report  
and Institutional Response

# APPENDIX 2: REPORT OF EXTERNAL REVIEWERS AND INSTITUTIONAL RESPONSE



2.1 Report by external reviewers (a panel of regional experts in professional education) and description of how it was used to revise the proposed curriculum.



2.2 Copy of Board minutes documenting review of the report and institutional response to external reviews.

# APPENDIX 3: EVIDENCE OF MEETING NATIONAL AND REGIONAL STANDARDS FOR MEDICAL/DENTAL/PHARMACY EDUCATION

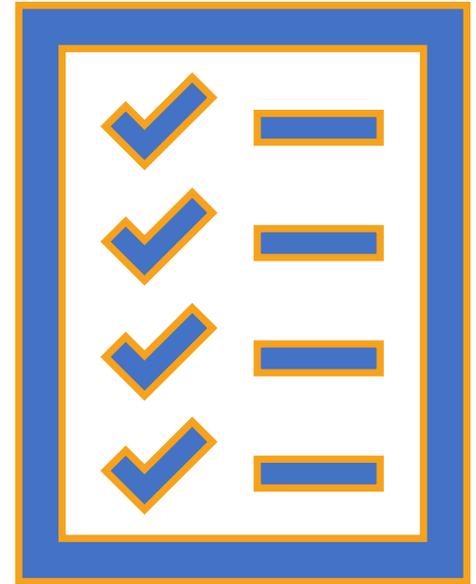
- 3.1 Matrix of proposed degree cross-referenced against national educational standards.
- 3.2 Summary of any unique components of the curriculum, including required religion courses.
- 3.3 Additional standards to meet WHO criteria when national standards would not automatically qualify the institution for recognition.
- 3.4 Accreditation correspondence.

## APPENDIX 4: LICENSURE

4.1 Matrix/documentation that the degree qualifies the candidate to sit for professional licensure.

4.2 Outline of process for obtaining licensure to practice in the country/region

4.3 Outline of licensure examination and content areas tested.



**APPENDIX 5: ENROLLMENT MANAGEMENT  
PLAN TO STRENGTHEN ADVENTIST  
HEALTH MINISTRY IN THE REGION AND  
DIVISION (NEW)**

The long-term success of preparing medical missionaries for the division requires cooperation by stakeholders to make medical education available to all qualified Seventh-day Adventist students. Appendix 5 requires a comprehensive written strategy, endorsed by the board, to recruit and admit highly-committed, qualified Seventh-day Adventist students and to place them in Adventist healthcare in the region/division for clinical training and eventual employment. The written plan will document engagement by local conferences, unions and Adventist healthcare throughout the country, region and division, and by national immigration and accreditation entities.

THE PLAN WILL DESCRIBE HOW ADVENTIST STUDENTS FROM THE FOLLOWING POOLS WILL BE ENROLLED, AND BE TRAINED AND EMPLOYED IN ADVENTIST HEALTHCARE

- Prospects in Adventist education in the division;
- Prospects in public education in the division;
- Prospects who cannot afford private medical school tuition;
- Prospects from countries in the region/division other than where the medical program is located;
- Prospects who are already employed in Adventist healthcare in nursing and allied health fields in the division and;
- Prospects who demonstrate high commitment to medical missionary work but who may benefit from a preparatory course of study in health sciences.

***ENROLLMENT MANAGEMENT PLAN TO  
STRENGTHEN ADVENTIST HEALTH  
MINISTRY IN THE REGION AND DIVISION***

- 5.1 Enrollment management plan for each of the six prospect pools above.
- 5.2 MOUs between program and Adventist healthcare in the region/division for student recruitment and clinical training.

# APPENDIX 6: EVIDENCE THAT THE PROGRAM IS DISTINCTLY ADVENTIST

6.1 Course descriptions for required religion courses.

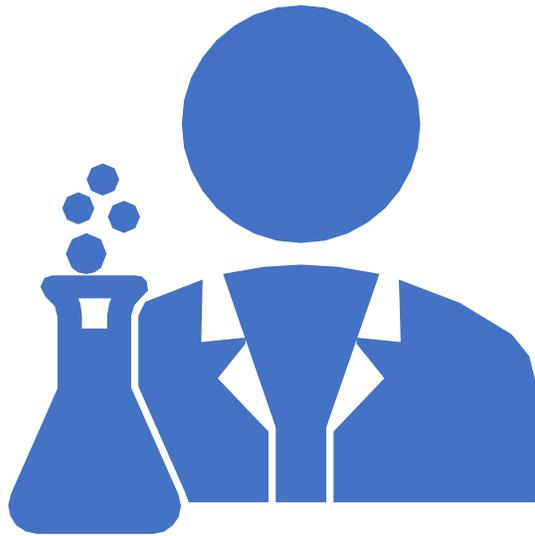
6.2 Evidence of mentoring by Adventist teachers, clinicians **and chaplains**.

6.3 Evidence that wholistic healthcare and spiritual care can be practiced clinical environment.

6.4 Standards of conduct for the teacher-learner relationship.

**6.5 Inclusion of a Spiritual Master Plan.**





## APPENDIX 7: FACULTY

7.1 Evidence of sufficient number of qualified Adventist faculty.

7.2 Qualifications of basic science faculty.

7.3 Qualifications of clinicians.

## APPENDIX 7: FACULTY

7.4 Denominational qualifications of religion faculty: IBMTE and/or ACM endorsement, ACI certification, ordained/commissioned minister credential in addition to academic qualifications.

7.5 Mission statement that faculty respond to in writing and sign.



## 7.1 EVIDENCE OF SUFFICIENT NUMBER OF QUALIFIED ADVENTIST FACULTY

Provide evidence of sufficient number of qualified Adventist faculty for the first year with a hiring plan for the second year. List names of proposed faculty and any correspondence supporting their joining the faculty. Attach the 6-year recruitment and development plan and 6-year timetable for hiring qualified and committed Seventh-day Adventist faculty, in the basic sciences, clinical, religious faculty, and healthcare chaplains, and other faculty deemed necessary who are committed to the mission of the institution to deliver the entire educational program.

## **7.4 QUALIFICATIONS OF RELIGION FACULTY (NEW)**

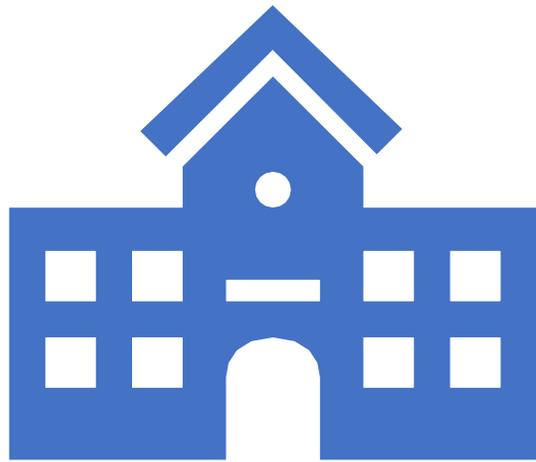
Qualifications such as commitment to the Lord Jesus Christ and the mission of the Seventh-day Adventist Church are paramount, as is evidence of academic preparation through the earning of a doctoral degree in the field of religion (broadly conceived).

## **7.4 QUALIFICATIONS OF RELIGION FACULTY (NEW)**

What is also vital to the success of teaching religion in a healthcare context, and therefore is an essential characteristic of the potential religion professor, is familiarity with the language and literature of religion and health and how these two worldviews intersect and can be taught effectively to the respective healthcare program. One way to acquire such knowledge is through the practice of team teaching a course, whereby a religion professor pairs up with a professor from one of the respective programs. This results in a mutual exchange of knowledge and skills that is context specific and fosters inter-professional learning.

## **7.4 QUALIFICATIONS OF RELIGION FACULTY (NEW)**

Additionally, an ideal instructor of religion is one who possesses clinical training (e.g., counseling, chaplaincy, etc.), with a minimum of one unit of clinical pastoral education (CPE) from an accredited CPE center. Taken together, these unique qualifications set religion faculty apart as scholar-practitioners who can effectively engage inside and outside the classroom setting. It is expected that religion faculty, in particular, will participate in the spiritual life of the campus and university programs, and will regularly be available to mentor students and fellow faculty, including availability for collaboration with colleagues in clinical settings and mission outreach.



## FACILITIES

8.1 Photographs of facilities, such as (1) buildings, (2) space, or (3) equipment, which are currently available at your institution for use in the proposed program.

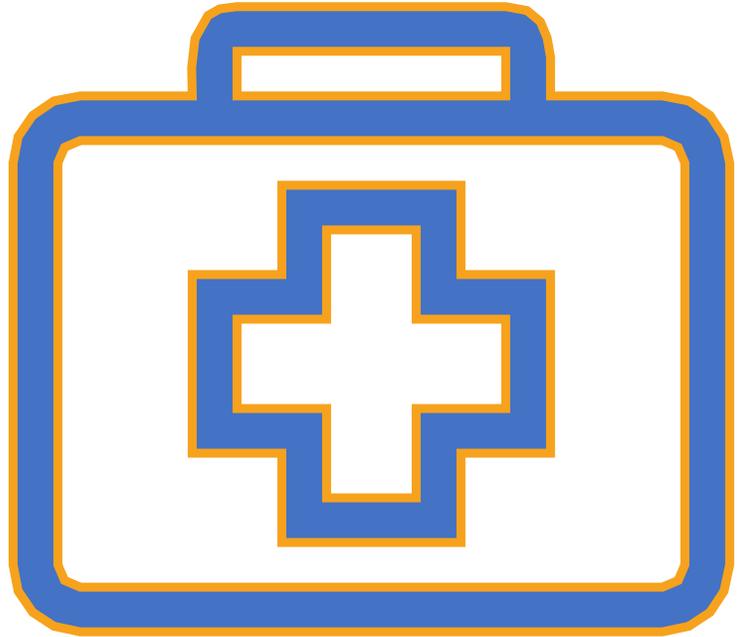


9.1 EVIDENCE OF SUFFICIENT LIBRARY AND ELECTRONIC RESOURCES FOR THE NUMBER OF STUDENTS TO BE TAUGHT.



9.2 EVIDENCE THAT PROGRAM MEETS MINIMAL TECHNOLOGY SPECIFICATIONS (24/7 ALSO AT REMOTE CLINICAL SITES).

## APPENDIX 9: LIBRARY AND TECHNOLOGY RESOURCES



## APPENDIX 10: PATIENTS AND CLINICAL TEACHING

10.1 Source and numbers of patients for the clinical experience of the students.

10.2 Detail of how patients will pay for services they receive.

10.3 Comparison of fees that patients pay.

10.4 Copies of all correspondence and contracts/MOUs.

# APPENDIX II: ORGANIZATIONAL CHART WITH RELATIONSHIP OF NEW PROPOSAL TO DECISION-MAKING CHANNELS

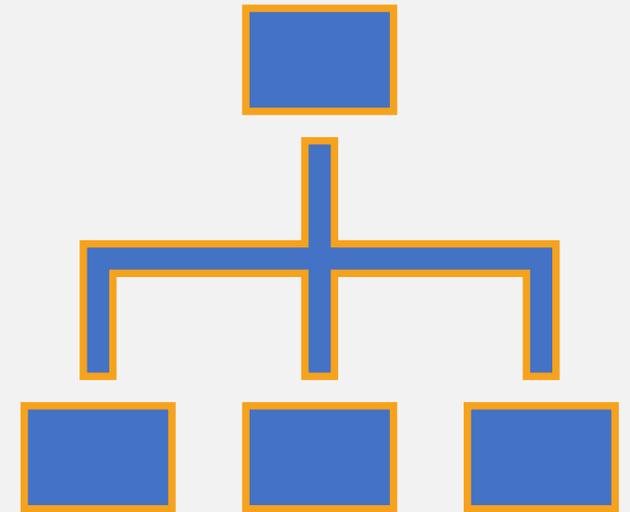
II.1 Governance structure

II.2 Job description and CV of dean

II.3 Job description and CVs of senior leadership

II.4 Job description and CVs of administrative leadership

II.5 Terms of reference for major standing committees



## APPENDIX 12: EVIDENCE OF FINANCIAL STRENGTH

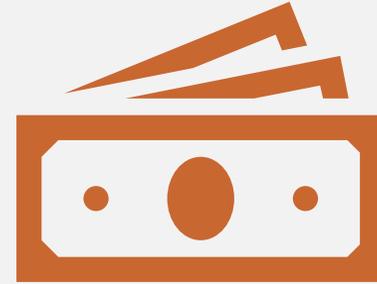
12.1 Copies of the last three years of audited statements and present year's unaudited financial statement, current to the preceding month of the visit.



## FINANCIAL CONDITIONS TO MEET

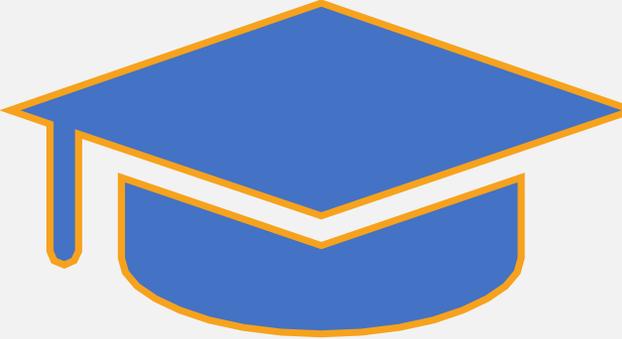


12.2 Certificate of deposit of reserve funds at the sponsoring division equivalent to the average budgeted expense for one cohort for one year. (Teach-out reserve).



12.3 Certificate of deposit with the division for budgeted depreciation on a monthly basis starting in the first year. (For midpoint site visit report.)

# APPENDIX 13: POSTGRADUATE EDUCATION



13.1 Description of how the institution will provide or facilitate transfer to postgraduate education.



13.2 Procedure for acceptance and availability of positions for postgraduate education, detailing number of slots by specialty and sponsoring entity.



## APPENDIX 14: ONLY FOR NEW SCHOOLS OF DENTISTRY & PHARMACY

14.1 Description of the current status of the practice of dentistry/pharmacy in the country and region.

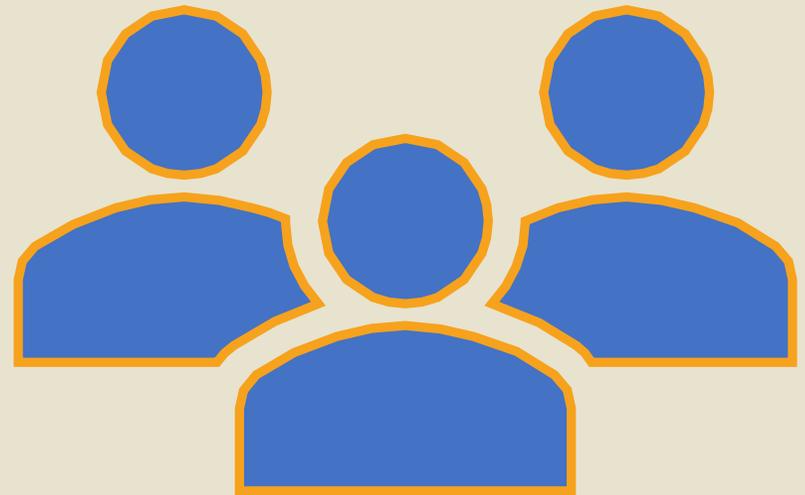
14.2 List of names and addresses of local dentists/pharmacists interviewed about the curriculum and national professional dental/pharmacy associations.

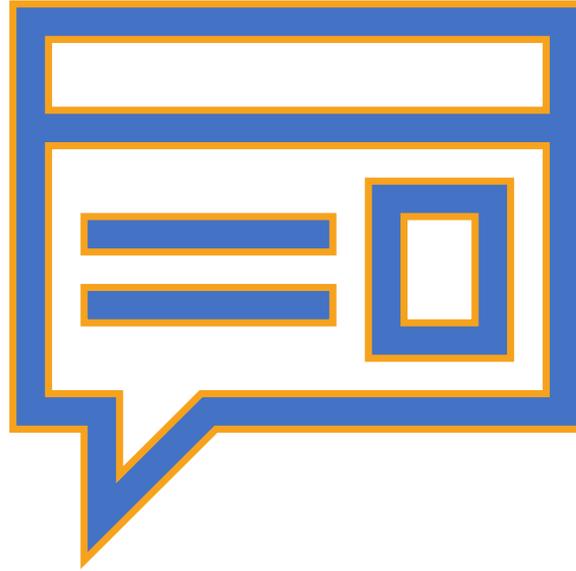
14.3 Copies of MOUs for clinical placement.

## **EXTERNAL REPORTS**

Appendix B:  
Independent Assessor Report

Appendix C: On-Site Team Visit for  
New Schools of Medicine, Dentistry  
and Pharmacy





QUESTIONS AND COMMENT?