



# **IMCAC Policy on Trainer Approval & Faculty Standards**

**International Medical Competency Accreditation Council (IMCAC)**

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# 1. Introduction

## 1.1 Purpose:

To establish a standardized framework for approving and monitoring trainers and faculty associated with IMCAC programs, ensuring competency, ethical conduct, and consistency in education and training.

## 1.2 Scope & Applicability:

Applicable to all trainers, faculty members, instructors, and institutions delivering education or training programs under IMCAC accreditation.

## 1.3 Guiding Principles:

- **Quality:** Trainers must meet competency standards aligned with IMCAC guidelines.
- **Ethics:** Uphold professional, ethical, and legal responsibilities.
- **Transparency:** Approval, monitoring, and renewal processes must be clear and documented.

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## 2. Objectives

- Maintain a high standard of training quality globally.
- Ensure all trainers are qualified, competent, and accountable.
- Promote continuous improvement in teaching practices and professional development.

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## 3. Definitions

- **Trainer / Faculty:** An individual responsible for delivering theoretical or practical education/training under IMCAC-accredited programs.
- **Core Competencies:** Knowledge, skills, ethical behavior, and teaching ability required to deliver programs effectively.
- **Approval:** Formal recognition by IMCAC that a trainer meets required standards.

- **Stakeholders:** Trainers, students, institutions, program coordinators, and regulatory bodies.
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#### **4. Eligibility Criteria for Trainers**

- **Academic Qualifications:** Relevant degree or specialization in the subject area.
  - **Professional / Clinical Experience:** Minimum years of practice or procedural experience.
  - **Certifications & Credentials:** Relevant board certifications, licenses, or training certificates.
  - **Legal & Ethical Compliance:** No pending disciplinary actions, legal violations, or ethical breaches.
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#### **5. Trainer Approval Process**

1. **Application Submission:** Using the IMCAC Trainer Application Form (Annexure 1).
  2. **Verification & Evaluation:** Credentials, experience, and references checked.
  3. **Interview / Demonstration:** Assess practical and teaching competencies.
  4. **Approval & Listing:** Approved trainers added to IMCAC Registry; issued formal approval letter.
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#### **6. Faculty Standards & Responsibilities**

- **Teaching & Training Competencies:** Deliver content effectively; adapt to learners' needs.
- **Ethical Conduct:** Maintain professionalism, avoid bias or discrimination.
- **Continuous Professional Development:** Attend workshops, masterclasses, and update knowledge.

- **Student / Participant Support:** Provide mentorship, feedback, and safe learning environment.
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## **7. Monitoring & Evaluation of Trainers**

- **Periodic Review:** Annual evaluation using structured metrics.
  - **Performance Indicators:** Student feedback, competency outcomes, adherence to curriculum.
  - **Remedial Actions:** Retraining, probation, or suspension for non-compliance.
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## **8. Ethical Standards & Compliance**

- **Disclose and manage conflicts of interest.**
  - **Ensure confidentiality of participant information.**
  - **Uphold anti-bribery and anti-corruption standards in all interactions.**
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## **9. Revocation, Suspension, or Renewal**

- **Grounds for Revocation:** Misconduct, incompetence, violation of policy, ethical breach.
  - **Renewal Process:** Application for renewal, updated credentials, proof of CPD (Continuous Professional Development).
  - **Documentation & Reporting:** Maintain records of approvals, renewals, evaluations, and sanctions.
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## **10. Annexures**

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## Annexure 1: Trainer Application Form Template

### IMCAC – Trainer Application Form

#### 1. Personal Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Nationality: \_\_\_\_\_
- Contact Email: \_\_\_\_\_
- Contact Phone: \_\_\_\_\_

#### 2. Academic Qualifications

Degree	University / Institute	Year	Grade / CGPA
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#### 3. Professional Experience

Institution	Role / Designation	Years of Experience
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#### 4. Certifications / Licenses

Certification	Issuing Body	Year	Validity
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#### 5. Training / Teaching Experience

- Programs / Courses Conducted: \_\_\_\_\_
- Number of Participants Trained: \_\_\_\_\_
- Training Modalities (Online / Onsite / Hybrid): \_\_\_\_\_

#### 6. Declaration

I declare that the information provided is accurate and I agree to abide by IMCAC faculty standards.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Annexure 2: Trainer Competency Evaluation Checklist

### IMCAC – Trainer Evaluation

Trainer Name: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Program / Course: \_\_\_\_\_

Date: \_\_\_\_\_

#### Competency Areas:

- ☐ Knowledge of Subject Matter
- ☐ Teaching / Instructional Skills
- ☐ Practical / Clinical Demonstration Skills
- ☐ Ethical Conduct & Professionalism
- ☐ Communication & Participant Engagement
- ☐ Adherence to Curriculum & Guidelines

Overall Evaluation: ☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement

#### Comments / Recommendations:

\_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_



## Annexure 3: Faculty Performance Review Template

### IMCAC – Faculty Performance Review

Trainer Name: \_\_\_\_\_

Institution / Program: \_\_\_\_\_

Review Period: \_\_\_\_\_

#### 1. Student Feedback Summary

- Average Rating (1–5): \_\_\_\_\_
- Key Strengths: \_\_\_\_\_
- Areas for Improvement: \_\_\_\_\_

#### 2. Compliance & Professionalism

- Attendance & Punctuality: ☐ Excellent ☐ Good ☐ Needs Improvement
- Ethical Conduct: ☐ Excellent ☐ Good ☐ Needs Improvement
- Curriculum Adherence: ☐ Excellent ☐ Good ☐ Needs Improvement

#### 3. Overall Recommendation

- ☐ Renewal of Approval
- ☐ Conditional Renewal (with training / mentoring)
- ☐ Suspension / Revocation

Reviewer Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Annexure 4: Trainer Approval / Renewal Letter Template

[IMCAC Letterhead / Logo]

Trainer Approval / Renewal Letter

Dear [Trainer Name],

We are pleased to inform you that your trainer/faculty application has been approved / renewed for delivering IMCAC-accredited programs.

Approval Details:

- Program(s) / Specialty: \_\_\_\_\_
- Validity Period: From \_\_\_\_\_ To \_\_\_\_\_
- Trainer ID / Registration Number: \_\_\_\_\_

Please ensure compliance with IMCAC trainer standards, ethical guidelines, and continuous professional development requirements.

Authorized Signatory: \_\_\_\_\_

Designation: \_\_\_\_\_

IMCAC Seal / Logo

Verification ID / QR Code: \_\_\_\_\_