IMCAC Policy on Advocacy & Ethical Standards

International Medical Competency Accreditation Council (IMCAC)

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Section A – Foundational Framework

1. Introduction

Advocacy and ethical standards form the cornerstone of IMCAC's mission to strengthen competency-based medical education, global accreditation, and patient-centered healthcare. Unlike many accreditation bodies that limit their role to academic oversight, IMCAC actively extends its influence to advocating for fairness, transparency, inclusivity, and accountability in all aspects of medical education and practice.

IMCAC recognizes that the credibility of global medical training does not rest solely on clinical knowledge or procedural skills. It depends equally on the ethical conduct of professionals, institutions, and governing bodies and their ability to uphold the principles of justice, safety, and integrity.

Through this policy, IMCAC positions itself not only as an accrediting council but also as a global advocate for safe, ethical, and equitable medical competency standards, ensuring that the rights of patients, learners, and institutions are protected at all levels.

2. Purpose of the Policy

The purpose of this policy is to:

1. **Safeguard Ethical Integrity**
   Ensure that IMCAC-accredited programs operate within a strong ethical framework that protects both learners and patients.

2. **Promote Advocacy Across Stakeholders**
   Establish IMCAC as a trusted voice for patient rights, learner welfare, and institutional accountability at national, regional, and international levels.

3. **Provide Ethical Decision-Making Frameworks**
   Equip institutions, trainers, and students with structured ethical guidelines for navigating dilemmas in education, research, and practice.

4. **Strengthen Global Recognition of IMCAC Standards**
   Position IMCAC as a global leader in advocacy-driven accreditation, elevating international credibility for institutions and professionals certified under its framework.

3. Scope & Applicability

This policy applies universally to all stakeholders aligned with IMCAC, including:

- **Accredited Institutions**
  Universities, medical schools, training academies, and hospitals delivering IMCAC-recognized programs.

- **Faculty and Trainers**
  Educators, trainers, and assessors who are certified to deliver and evaluate IMCAC curricula.

- **Students & Professionals**
  Candidates pursuing IMCAC certification, board examinations, or CPD credits.

- **External Stakeholders**
  Collaborating entities such as governments, medical councils, NGOs, and international organizations (WHO, WFME, etc.).

By applying these standards broadly, IMCAC ensures consistency of values across different regions while respecting local legal and cultural contexts.

Section B – Advocacy Principles

4. Core Advocacy Areas

IMCAC's advocacy framework is built on five core pillars:

1. **Global Standardization**
   - **Promote harmonized competency frameworks across countries.**
   - **Advocate mutual recognition agreements between regions to reduce barriers to professional mobility.**
2. **Patient Safety**
   - **Champion policies ensuring safe, ethical, and evidence-based care.**
   - **Incorporate mandatory patient safety modules in all IMCAC-accredited training programs.**
3. **Professional Rights**

- Advocate for global recognition of medical qualifications.
- Support fair opportunities for professionals in licensing, training, and practice, irrespective of geography.

4. Access & Equity
    - Promote affordable education models, especially for low- and middle-income countries.
    - Encourage scholarship programs and cross-border training collaborations to reduce inequality.
5. Innovation & Research
    - Encourage adoption of digital learning, simulation, and regenerative medicine.
    - Advocate global sharing of research, publications, and innovations that enhance competency.

5. Advocacy Mechanisms

IMCAC operationalizes its advocacy through the following mechanisms:

- **Policy Engagement**
    - Regular dialogue with global regulatory bodies (WHO, WFME, ECFMG, national medical councils).
    - Contributions to white papers, policy briefs, and consultation sessions influencing educational policy.
- **Awareness Campaigns**
    - Hosting global webinars, publishing annual competency reports, and producing advocacy toolkits.
    - Campaigns targeting equity, ethics, and lifelong learning in medicine.
- **Collaborations & Partnerships**
    - Working with academic institutions, NGOs, and governments to pilot competency-based initiatives.

    - **Forming alliances for mutual recognition of credits, fellowships, and board certifications.**

- **Global Summits & Conferences**
    - **Organizing annual IMCAC Advocacy Summits on ethics, competency, and patient safety.**
    - **Bringing together global leaders to shape the future of competency-based medical education.**

Section C – Ethical Standards

6. Ethical Principles

IMCAC requires all accredited institutions, faculty, examiners, learners, and partners to demonstrate continual alignment with the following principles. Each principle includes minimum standards, implementation expectations, and illustrative examples.

6.1 Beneficence — Prioritize Patient Well-Being

- **Minimum standard: All educational and clinical training activities must measurably enhance patient safety and care quality.**
- **Implementation:**
    - **Patient-safety learning objectives embedded in all course outlines.**
    - **Mandatory briefing on patient consent, confidentiality, and risk mitigation before any clinical exposure.**
    - **Immediate incident reporting and debriefing procedures after any adverse event.**
- **Examples: Use of WHO surgical safety checklist in simulations; faculty pre-briefs on risk; rapid root-cause analysis after near-misses.**

6.2 Non-Maleficence — Avoid Harm

- **Minimum standard: No activity may proceed without documented risk assessment and mitigation.**
- **Implementation:**

    - **Simulation first for all invasive procedures; progression to supervised clinical practice only after competence sign-off.**
    - **Emergency escalation protocols posted in labs and clinical areas.**
- **Examples: Prohibiting unsupervised procedures by learners; “stop-the-line” authority for any team member if safety is compromised.**

6.3 Justice — Fairness & Equity

- **Minimum standard: Equitable access to training, assessment, remediation, and recognition.**
- **Implementation:**
    - **Transparent selection criteria; bursary/scholarship policies for LMIC candidates.**
    - **Reasonable accommodations for disability and religious/cultural practice.**
- **Examples: Accessible venues and materials; published criteria/rubrics; fee waivers/scholarships.**

6.4 Autonomy — Respect Rights & Dignity

- **Minimum standard: Informed, voluntary participation for patients and learners; freedom from coercion.**
- **Implementation:**
    - **Standardized informed consent templates for any patient-facing training.**
    - **Clear opt-out pathways for learners in ethically sensitive scenarios without penalty.**
- **Examples: Patient consent renewed per session; privacy screens; anonymized datasets for case teaching.**

6.5 Integrity — Zero Tolerance for Misconduct

- **Minimum standard: Honesty in teaching, research, assessment, data handling, and finance.**

- **Implementation:**
    - **Anti-plagiarism checks for all scholarly submissions; authenticated attendance/assessment systems.**
    - **Mandatory disclosure of secondary interests (financial or non-financial).**
- **Examples: Declaring off-label discussions; prohibiting ghost authorship; banning falsification of logbooks.**

7. Conflict of Interest (COI) Policy

IMCAC protects content independence and public trust through strict COI governance.

7.1 Definitions

- **Financial interests: Employment, consulting, honoraria, stock/options, patents/royalties, paid travel, or gifts.**
- **Non-financial interests: Leadership roles, advocacy positions, close personal relationships, or reputational stakes.**

7.2 Disclosure Requirements

- **Who discloses: All planners, faculty, examiners, graders, auditors, and senior administrators.**
- **What & when: Past 24 months and anticipated 12 months; at appointment and annually, plus event-specific updates.**
- **Public transparency: A provider-level COI summary must be visible to learners; session-level disclosures shown on the first slide/handout.**

7.3 COI Review & Management

- **Screening: Ethics & Advocacy Committee (or institutional ethics unit) reviews all disclosures using a standard risk matrix.**
- **Management actions: Recusal from content control; peer review of materials; balanced panels; replacement of conflicted faculty where needed; explicit content-independence statements.**

- **Prohibitions:**
    - **Sponsor/editorial control of content or faculty selection.**
    - **Product promotion, brand logos, or inducements within accredited content.**
    - **Payments to learners for attendance (beyond documented need-based bursaries).**

7.4 Documentation & Audit

- **COI logs retained for 5 years; spot audits by IMCAC. Failure to disclose is a major breach subject to sanction.**

8. Professional Conduct

8.1 Standards for Trainers, Examiners, and Staff

- **Conduct: Professionalism, impartiality, and respect.**
- **Assessment integrity: Apply rubrics consistently; avoid favoritism; protect confidentiality of exam content and learner data.**
- **Boundaries: No dual relationships that could impair judgment (e.g., grading close relatives; financial arrangements with learners).**

8.2 Institutional Responsibilities

- **Policies: Written policies on non-discrimination, harassment, bullying, sexual misconduct, and retaliation—aligned with local law and IMCAC standards.**
- **Mechanisms: Multiple confidential reporting channels (including anonymous options), timelined investigation protocols, and victim-support resources.**
- **Training: Annual briefings on code of conduct, digital professionalism, and respectful learning environments.**

8.3 Learner Responsibilities

- **Code of Professional Conduct: Signed at enrollment; includes academic honesty, patient privacy, respectful behavior, device/use rules, and social**

media guidance.

- **Consequences: Progressive discipline—educational counseling → written warning → suspension/expulsion; reportable to regulators for egregious conduct.**

Section D – Governance & Oversight

9. Oversight Structure

9.1 Ethics & Advocacy Committee (EAC)

- **Mandate: Policy maintenance, COI review, investigations, sanctions recommendations.**
- **Composition: Multidisciplinary (education, clinical, legal/ethics, learner rep), with gender and regional diversity.**
- **Independence: Members recuse for conflicts; quorum rules (≥60%) for decisions.**

9.2 Advisory Board

- **Role: External policy insight on advocacy priorities, standard-setting, and international alignment; non-adjudicative.**

9.3 Independent Ombudsman

- **Function: Neutral intake of grievances/whistleblowing; ensures due process; protects from retaliation.**
- **Access: Multiple channels—email/portal/phone; response acknowledgment within 5 business days.**

10. Accountability Measures

10.1 Ethics Compliance Report (Annual)

- **Contents: COI statistics, incident summaries (de-identified), resolution timelines, training completion rates, improvement actions.**

- **Publication: A public summary to enhance sector transparency.**

10.2 Public COI Registry

- **Provider-level registry (name, role, nature of interest, management action). Personal financial values may be redacted per law but must be internally available to IMCAC.**

10.3 Anonymous Reporting

- **Channels: 24/7 encrypted web form and hotline.**
- **Protections: Anti-retaliation policy; confidentiality preserved to the maximum extent permissible.**

Section E – Compliance & Enforcement

11. Obligations of Institutions & Faculty

- **Ethical environment: Maintain safe, respectful, inclusive learning/clinical settings.**
- **Declarations: Annual institutional ethics compliance statement; event-specific COI logs.**
- **Training: Mandatory ethics/COI training every 3 years (recommended annually for high-risk roles).**
- **Records: Retain COI, investigation, and training records ≥5 years; make available to IMCAC on request.**

12. Penalties for Non-Compliance

Sanctions are proportional, consistent, and documented. IMCAC applies a tiered model after due process.

- **Stage 1 – Warning (Minor Lapses):**
    - **Examples: Late COI update; missing disclosure slide; isolated unprofessional remark.**

    - **Actions: Written warning; remedial training; monitoring.**

- **Stage 2 – Suspension (Repeated or Significant Violations):**
    - **Examples: Persistent non-disclosure; biased assessment; failure to act on harassment reports.**
    - **Actions: Time-bound suspension of faculty/examiner privileges or provider's accreditation scope; mandatory corrective action plan with deadlines.**

- **Stage 3 – Withdrawal (Severe Breaches):**
    - **Examples: Falsification/fabrication, systemic harassment/retaliation, sponsor content control, cover-ups of patient harm.**
    - **Actions: Withdrawal of accreditation; public notice; reapplication only after ≥12 months with evidence of structural remediation and external audit.**

Note: IMCAC may notify relevant regulators where public safety or professional licensing is implicated.

13. Appeals Process

- **Eligibility & Grounds: Procedural error, new material evidence, disproportionality of sanction, or bias/conflict.**
- **Filing: Written appeal within 30 calendar days of decision; include evidence and requested remedy.**
- **Review: Ethics & Advocacy Committee (members with no conflict) performs document review and, if needed, hearings.**
- **Timeline: Decision within 60 days of complete submission (expedited review for urgent patient-safety matters).**
- **Final Authority: IMCAC Governing Board issues the final, binding decision.**
- **Outcomes: Uphold, modify, or overturn; may mandate corrective actions or external monitoring.**

Practical Tools (recommended placement in Annexures)

A. COI Disclosure Form (detailed categories + attestation).

B. Informed Consent Template for Teaching Encounters.

C. Professional Conduct Incident Intake Form.

D. Investigation SOP & Timeline Checklist (30-60-90 day gates).

E. Anti-Retaliation Policy Statement for whistleblowers.

F. Annual Ethics Self-Audit for Institutions.

Annexures – Practical Tools

Annexure A: Conflict of Interest (COI) Disclosure Form

Name of Declarant: _____
Role/Position: _____
Institution/Organization: _____
Date: _____

1. Financial Interests (past 24 months & anticipated 12 months):
☐ Employment (e.g., industry, consultancy)
☐ Honoraria, speaking fees, travel reimbursements
☐ Research funding (industry/government/other)
☐ Equity/stock holdings
☐ Patents or royalties

Details (entity, nature of interest, value if significant):

2. Non-Financial Interests:
☐ Leadership/board memberships
☐ Advocacy or policy roles
☐ Personal/family relationships relevant to role
☐ Reputational stakes

Details: _____

3. Declaration:
I certify that the above information is complete and accurate. I agree to update this disclosure annually or as changes occur.

Signature: _____ Date: _____

Annexure B: Informed Consent Template (for Teaching Encounters)

Institution: _____
Program/Training Activity: _____
Date: _____

Consent Statement:
I, _____, hereby consent to the involvement of learners under supervision in my care for teaching and training purposes. I understand that:

- **My safety, dignity, and rights will remain a priority.**
- **The procedure will only be conducted by a supervised, qualified professional.**
- **I have the right to withdraw consent at any time without affecting my treatment.**

Patient/Guardian Name: _____
Signature: _____ Date: _____

Witness Name: _____
Signature: _____ Date: _____

Annexure C: Professional Conduct Incident Intake Form

Reporter Name (or Anonymous): _____
Role: ☐ Student ☐ Faculty ☐ Staff ☐ Other
Date of Incident: _____
Location: _____

Type of Incident:
☐ Discrimination/Harassment
☐ Bullying/Intimidation
☐ Misconduct/Abuse of authority
☐ Breach of confidentiality
☐ Other: _____

Description of Incident (facts only):

Witnesses (if any): _____

Action Requested:
☐ Investigation ☐ Mediation ☐ No action ☐ Other

Signature (if not anonymous): _____

Annexure D: Investigation SOP & Timeline Checklist

Phase 1 – Intake & Acknowledgement (Day 0–7)

- ☐ Complaint logged and acknowledged
- ☐ Case assigned to investigator/committee

Phase 2 – Fact-Finding (Day 7–30)

- ☐ Interviews with complainant, accused, witnesses
- ☐ Collection of documents, evidence, logs
- ☐ Interim measures (if required)

Phase 3 – Analysis & Determination (Day 30–60)

- ☐ Evidence reviewed by Ethics Committee
- ☐ Findings drafted with rationale
- ☐ Recommended action(s) identified

Phase 4 – Resolution & Closure (Day 60–90)

- ☐ Decision communicated to parties
- ☐ Corrective actions implemented
- ☐ Case closed and archived (retain for 5 years)

Annexure E: Anti-Retaliation Policy Statement

IMCAC strictly prohibits retaliation against any individual who, in good faith:

- **Reports misconduct or ethical concerns**
- **Participates in an investigation**
- **Refuses to engage in unethical behavior**

Protection Measures:

- **Confidential handling of reports**

- **No adverse academic or professional consequences**
- **Escalation to Ombudsman if retaliation occurs**

Declaration:
All institutions must incorporate this policy into their codes of conduct and report compliance annually to IMCAC.

Annexure F: Annual Ethics Self-Audit Checklist for Institutions

Institution: _____ Year: _____

1. COI Management
☐ All faculty/staff completed annual COI disclosure
☐ COI register maintained and reviewed

2. Training & Awareness
☐ Faculty ethics training conducted in last 3 years
☐ Students briefed on Code of Conduct

3. Reporting & Grievance Mechanisms
☐ Anonymous reporting system operational
☐ Number of cases reported/resolved documented

4. Compliance & Records
☐ Annual ethics statement submitted to IMCAC
☐ All ethics-related documentation archived ≥5 years

5. Corrective Actions
☐ Any prior IMCAC recommendations implemented
☐ Continuous improvement plan in place

Certification:
I, _____, as the institutional ethics officer, certify that this self-audit is accurate and complete.

Signature: _____ Date: _____
