A Guide

for

Accreditation of Medical Colleges,

Iraq

By

The National Council For

Accreditation of Medical Colleges

(NCAMC)

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Content

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Preface

Accreditation is a step in the process of quality development that determines whether a program meets established standards for function, structure and performance. The accreditation process enhances institutional and program improvement and provides assurance to patients, employers, students and faculty that a program meets national and community needs, complies with relevant Iraqi Guidelines, and has comparability to international standards. It allows the identification of areas of good practice that may be shared and also areas that need to be modified in order to meet the required standards. The process of accreditation encourages and supports continuous quality improvement and will allow the development of a culture in medical colleges that will sustain improvement. It also determines whether the quality of medical education meets the standards completely, partially, or does not.

Accreditation of medical colleges is normally carried out by national governments, or by national agencies receiving their authority from government. The National Council for Accreditation of Medical Colleges (NCAMC) was established in February - 2015 as an expansion of The National Committee for Accreditation of Medical Colleges in Iraq. It receives its authority from the Ministry of Higher Education and Scientific Research to become the formal reference to academic accreditation in Iraq based on the standards stated in the Iraqi National Guideline on Standards for Establishing and Accrediting Medical Colleges (INGSEAMC).

The standards listed in NSAMC were reviewed several times and it was updated lastly according to WFME 2015. It addresses all aspects of the college including the : mission, educational program, student assessment, students and staff, program   evaluation , educational resources , governance and administration , continuous renewal.

The first step in the accreditation process is the self-assessment study (SAS) during which a medical college undertakes a self-evaluation in relation to compliance with the required standards and gathers the supporting documentation. 'From this process' The College will identify its strengths and areas where more development needs to be carried out and produce an action plan for further work. The college can request a peer review visit at any stage during the process of SAS. This is an optional advisory visit, to assist the college and also to collect information that will be of assistance to other colleges as they undertake their own self evaluations and prepare for an accreditation visit.

The last step is to conduct site visit for evaluation and, thereafter, the final decision for accreditation.

A Comprehensive guidance as to the purpose, structure and outcomes from the accreditation process are detailed in the document **"A Guide for Accreditation of Medical Colleges"**. It is anticipated that this guidance will be modified in the light of accreditation visits and reports and further discussions with stakeholders. The document has been written by members of the NCAMC on the basis of their acknowledged expertise with input from the advisory board's members namely; Prof. Nigel Bax, Prof. Ghanim Alsheikh, Prof. Mohammed AlUzri. So, On behalf of the NCAMC's members we dedicate this book to the Iraqi Medical Colleges, wishing for them all the success and prosperity.

Prof. Yusra AR Mahmood
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MOHESR - Iraq
Oct. 2018

History of NCAMC Establishment

In Iraq there are more than 23 medical colleges distributed all over the country. These are all public colleges, funded by government through the Ministry of Higher Education and Scientific Research. Recently, private medical colleges are going to be established according to present criteria. The first public college was established in 1927 according to British model. The rest of the colleges that have been established later followed the same traditional model. National medical colleges worked jointly with international medical colleges at the start. Then with the development of national staff, the role of international staff became less. Political transitions in Iraq played a role in this change. Cooperation did not stop, and visitor professors kept teaching and examining Iraqi medical students until eighties of last century. Higher education and training of majority of Iraqi doctors used to be conducted in United Kingdom, United States, and other developed countries. In 1980s, Iraq established Iraqi Board for Medical Specializations and participated in Pan-Arab Board for Medical Specializations in order to qualify medical graduates in different specialties locally aiming at improving the health system and services. Cooperation between Iraqi medical colleges and International ones persisted in one way or another until sanctions have been imposed on Iraq in 1990 with UN sanctions.

Thereafter WHO represented the only source for international support to health service and to medical education. This cooperation with WHO led to the introduction of accreditation concept into medical education in Iraq in 2007 by WHO staff during a conference of the Association of Arab Deans of Medical Colleges that was held in Damascus, Syria and was attended by head of committee for deans of Iraqi medical colleges Professor Hikmat A. Hatem. National efforts were initiated thereafter to increase awareness of medical faculties the importance of accreditation and the need to accomplish by all colleges. A mile stone step in the journey was the official establishment of accreditation committee within the Ministry of Higher Education and Scientific Research which, was affiliated to Quality Assurance Division but the office was in Al-Nahrain College of Medicine in Baghdad. This committee named was as the National Accreditation Committee of Medical Colleges in Iraq (NACMCI) and included thirteen members, two of them from the Ministry of Health. Liaison committees also were established in each of the medical colleges in Iraq where all of them were affiliated to NACMCI. Many scientific activities have been conducted since in collaboration with WHO. These activities included workshops, conferences, and panel discussions inside Iraq and in nearby Arab countries like Bahrain and Jordan. Members of NACMCI and liaison committees participated in these activities. The majority of these activities have been funded by WHO. The events covered variable aspects of accreditation theory and practice.

Another milestone in the accreditation process in Iraq is the formulation of Iraqi National Guideline on Standards for Establishing and Accrediting Medical Schools and its approval by Minister of Higher Education and Scientific Research, Minister of Health, WHO representative in Iraq, deans of medical colleges, members of NACMCI and members of liaisons committees endorsed and signed a copy of the guideline in 2009. This has led to a series of accreditation activities including peer visits carried by members of accreditation

committee and liaison committees. Then the accreditation committee requested each medical college to conduct a self assessment study, write a report, and submit the report to the accreditation committee. All colleges responded and submit self-assessment reports to the accreditation committee in 2010-2011. Those reports varied in their compliance with Iraqi National Guideline on Standards for Establishing and Accrediting Medical Schools. NACMCI on one hand and all medical colleges on the other hand were eager to carry on, but some constrains faced us all. At that time a question about who will accredit eligible colleges of medicine was raised. NACMCI needs to be approved by minister's board; this was requested by the Ministry of Higher Education and Scientific Research in April 2010. The NACMCI wanted a more consistent accreditation decision through the participation of international experts and requested WHO for such international participation. As a result of the above constrains the NACMCI momentum regressed, until the establishment of Quality Assurance and Academic Accreditation Directorate within the directorate of Supervision and Scientific Evaluation. Important developments have been achieved, including establishing Accreditation Council in 2015 as a development to NACMCI. This may be considered as an evolution for a more systematic work. The council through its periodic meetings prepared this comprehensive guideline book. The NCAMC will work on accrediting Iraqi Medical Colleges; meanwhile we will do our best toward international recognition by agency like WFME.

The ultimate results for all these efforts will be fulfilling community health needs through provision of safe and equitable health care services.

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Dr. Amal Swidan MBChB, FICMS
NCAMC member
Oct. 2018

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List of Abbreviations

CME	Continuous Medical Education
CPD	Continuous professional development
CV	Curriculum Vitae
FAIMER	Foundation for Advancement of International Medical Education and Research
FF	Fully Fulfilled
DC	Data Collection
EC	Entrance Conference
HC	Head Committee
NSAMC	National Standards for Accreditation of Medical Colleges
MOHESR	Ministry Of Higher Education and Scientific Research
MO	Mission, Objectives
NCAMC	National Council for Accreditation of Medical Colleges
NACMCI	National Accreditation Committee of Medical Colleges in Iraq
NF	Not fulfilled
PHCC	Primary Health Care Center
PF	Partial Fulfilled
POA	Plan Of Action
QA	Quality Assurance
Ques	Questionnaire
SAS	Self-Assessment Study
SC	Subcommittee
SSR	Self -Study Report
StC	Steering Committee
SVT	Site Visit Team
PF	Partial fulfilled
SWOT	Strengths , Weaknesses, Opportunities, Threats
RSC	Report Subcommittee
TFS	Task Force Subcommittee
Verifi	Verification
WFME	World Federation for Medical Education

CHAPTER ONE

General regulations

1. Accreditation is a continuous and mandatory process.
2. The accreditation license for a medical college is valid for Six years.
3. Medical colleges must follow the national guideline for accreditation issued by the National Council for Accreditation of Medical Colleges (NCAMC).
4. This must be done to fulfill the National Standards for Accreditation of Medical Colleges (NSAMC). These are adopted from the standards of the World Federation for Medical Education (WFME). It is essential for the college to consider both the basic standards (must) and the quality improvement standards (should) within the NSAMC.
5. The process of accreditation starts when the NCAMC approves the time schedule for accreditation and by nomination of the site visiting teams (SVT) for the colleges.
6. The college must have conducted Self-Assessment Study (SAS) and provides the SVT with the Self Study Report (SSR) and required documents.
7. The college has to fulfill accreditation requirements and related obligations and the SVT must follow the code of conduct.

CHAPTER TWO

Self-Assessment Study (SAS)

The SAS exercises and procedures are a diagnostic, participatory and planning project for the continuous quality improvement of all aspects of the college including the input, process and outcomes. The preparation at the college level forms the cornerstone of the process of the national accreditation in any country.

This will provide the opportunity to assess medical colleges progress, to identify new goals, and establish indices of attainment of the future goals. The SAS also encourages a broad examination of the means for medical colleges to achieve future goals.

In summary,

- The SAS aims to document college achievements in regard to the NSAMC.
- SAS is to be done by the medical college every year or at least every two years.
- This process must be guided by the highest authorities within the college (the dean and college council).
- To fulfill the requirements of accreditation, the college must follow the steps stated in the National Guideline for Accreditation.
- To start the process, the college council nominates accreditation committees for SAS with defined tasks.
- These committees will conduct the SAS (emphasizing on data collection) according to the NSAMC. This will establish the data base for continuous quality improvement.
- Meanwhile, peer review visits (from other medical colleges) and NCAMC visits (to share knowledge and experiences) may be conducted.
- The SAS ended when the college completed the SSR.

Thing that the college must do:

First\\ Awareness campaigns:
These are necessary to build the capacity and capabilities of the college staff regarding accreditation. Awareness campaigns should aim to introduce concepts

of accreditation and quality assurance to the stakeholders emphasizing on the NSAMC, accreditation guidelines and SAS. One of the most important methods to accomplish this is by conducting large or small meetings with various disciplines of stakeholders. Also, workshops are so helpful in this regard with involvement of wide range of stakeholders who are directly or indirectly participating in the process of accreditation. Such meetings and workshops should explain the achievements, risks, challenges, opportunities and related things within the college. Furthermore, it is useful to think of a reasonable distribution of posters, booklets ... etc.

Second\\ Formulation of accreditation committees with definite tasks:

These committees should be formulated by the college council and updated as required. There must be a steering committee, a head committee and subcommittees (one for each area in the NSAMC). All committees must follow steps of the National Accreditation Guidelines to conduct the SAS. Each committee must be composed of an odd number of members.

1\\ Steering Committee (StC):
- A. Dean of the College -------------------------------------- Head
- B. Associate Dean for Academic Affairs------------------ member
- C. Associate Dean for Administrative Affairs------------ member
- D. Director of the Teaching Hospital---------------------- member
- E. Member of governorate council ----------------------- member
- F. Director of the university Quality Assurance Dept.-- member
- G. Head of the Medical Association----------------------- member
- H. Students representative ---------------------------------- member
- I. Other experienced members according to the college need

Steering committee tasks:
1. Guides and leads the accreditation process.
2. Manages strategic issues related to the accreditation process.
3. Formation of the Head Committees (HC) and subcommittees (SC), on the basis of NSAMC.
4. Provide support for the HC and SC as needed.
5. Support awareness campaigns about accreditation.
6. Setting the necessary schedules for achieving and monitoring different tasks related to the process of accreditation and college SAS.

7. Discuss and approve constructive recommendations made by the HC and SC and follow up their implementation
8. Approval of the final SSR supported by all required documents.
9. Handle the SSR to the Dean and College council for approval.

2\\ Head Committee (HC) for SAS:

A. Assistant for Academic Affairs -------------------------------------- head
B. Head of the college Division of QA ----------------------------------- member
C. Members of teaching module or QA member in scientific department --- --- member
D. Employee representative --- member
E. Students representative (different levels) ----------------------------- member
F. Members of medical education and quality assurance committee -- member
G. Other members according to the need ------------------------- member

Head committee tasks:
1. Suggest the members of each of the Subcommittees (SCs) according to scientific disciplines and report to the StC for approval.
2. Set time schedule for SCs to complete their tasks and report to the StC for approval.
3. Directing and follow-up the SCs to perform their tasks.
4. Conduct awareness campaigns.
5. Adopt suitable research methods to collect and analyze information (subjects included in the study, sampling method, and data collection tools as a distribution of questionnaires and interviews ...).
6. Support the SCs to overcome technical and administrative issues, in coordination with the StC and related personals, departments, units … etc.
7. Held regular meetings to discuss the progress and reports' drafts and to determine shortcomings identified by the SCs.
8. Set recommendations to face shortcomings and propose an action plan to overcome them. These recommendations (supported by documents) should be reported to the StC for approval.
9. Prepare the SSR. This is done by discussing, amending, unifying and approving reports' drafts of the SCs. The HC should consider the statistical analysis and SWOT analysis to identify; strengths, weaknesses, threats, and opportunities. The SSR should include

presentation of data with appropriate tables and figures, and indicate the percentage of achieving each and every standard from the NSAMC.

10. It is optional for the HC (under the guidance of the StC) to consult experts personnel for writing the SSR or to formulate a subcommittee for this task (report subcommittee – RSC). The experts and\or members of the RSC should have known English writing skills and good statistical knowledge. Members from the HC must be nominated to participate in the RSC (if formulated). If RSC is formulated, one or more members of the HC should be member/s of the RSC to facilitate communication.

11. At the end, the HC should handle the SSR to the StC for approval.

3\\ Sub-committees (SCs) or task force committees (TFCs):
   A. Faculty member   ------------------------------ head
   B. Faculty members according to needs---------- member
   C. Employee according to needs ----------------- member
   D. Students Representative (different levels) ----member

Subcommittees Tasks:

1. Study and review their task area and standards and may enlist the opinion and suggestions when needed.

2. Conduct the SAS in a given area and collect related and required documents according to the NSAMC.

3. Adoption of research methods to gather information (subjects included in the study, sampling method, and data collection tools as a distribution of questionnaires and interviews ...).

4. Participate in the awareness campaigns.

5. Prepare a draft of the report on that area and submit it to the HC. This reports should not simply summarize or repeat the information in the documents. Instead, it should contain thoughtful analysis of each area in the context of NSAMC leading to conclusions about strengths and challenges (including potential or suspected areas where elements might be unsatisfactory). The report should include suitable recommendations and action plan to resolve shortcomings and identified problems.

Third\\ Data Collection (DC):
This includes all the official\administrative orders and paper-work required through-out the process of accreditation. Additionally, it is very important to

properly collect documents and generate evidences for each standard within the different areas of the NSAMC.

These aims to establish a data base within the college which is very essential because it will document the outgrowing activities within the college especially regarding accreditation. The data collection should consider different disciplines and areas stated in the NSAMC.

Hence, proper archiving and indexing with appropriate paper and computer work are so important to collect and preserve related documents and evidences. To fulfill this task, it is better for the college to formulate instructions and administrative orders, provide necessary resources, allocate a given space and assign one or more staff member/s for this task. Documents and evidences collected by SCs should be handled here and followed-up and updated continuously by these committees and related personnel.

Well-designed tools and evidence generation is the sole of the documentation process and the data has to be collected on research bases in order to get fruitful results and analysis. As all researches, this need to set objectives and methodology of data collection.

Data collection could be achieved by different ways like verification (documents), questionnaires, structured group discussion and the results should be presented in a narrative descriptive manner, a percent opinion or by other suitable forms.

A proper use of questionnaires is very useful to collect data and evidences. According to the need, these questionnaires should be directed to different disciplines of stakeholders (faculty staff, students, graduates, training and supervising physicians, administrative staff of the university, and administrative staff of the health institutions, health syndicate, and representative of the community ... etc.).

Fourth\\ Data management:
Field and office quality check must be done to ensure good data collection. Answers of open questions are to be organized, grouped and coded for data entry using spread sheets.

Performance of a research component. Data has to be collected on research basis aiming for real and field analysis of the college in regard to the standards. To plan a research component for the SAS and to generate evidences the college must set research objectives and then select suitable statistical methods to analyze the results.

The following are things to remember in this regard:

- Random sampling method is important to assure appropriate representation of target population.
- Different stakeholders must be sampled like students, academic and non-academic staff … etc.
- Sample size must be well estimated to detect the prevalence of a problem or an opinion (the equation for single proportion, with finite population might be used).
- Data collection tools and evidence generation. These might include questionnaires, structured interviews and focus group discussion … etc.
- Followed by statistical analysis using different methods.
- The results could be presented in tables, graphs … etc.

Fifth\\ Action Plan:
The results obtained should interpreted and discussed with stakeholders. A wide participation and transparency are essential in this step.

The college must have an achievable action plan based on the SWOT analysis. This plan must show strategies to maintain and improve strength points and strategies to overcome shortcomings and threats using the available opportunities.

The action plan must be linked to an applicable time schedule that takes in consideration different aspects within that college, like the man power, resources … etc.

College SAS Plan of Action (POA)
(Suggested Templates)
Template 1:

Action	1	2	3	4	5	6	7	8	9	10	11	12
Formulation of accreditation and taskforce committees	▓											
Formulation of administrative orders	▓											
Awareness campaigns and actions	▓	▓	▓									
Performing tasks for each domain according to NSAMC	▓	▓										
Announce duties of committees and taskforce teams			▓									
Taskforce actions (questionnaire, meetings, photo...etc.)			▓	▓	▓							
Statistical analysis (and other) as needed				▓	▓							
Workshops to discuss and consolidate feedback						▓	▓					
Write reports about each domain by the subcommittees							▓	▓				
Discuss and uniform reports of the subcommittees								▓	▓			
Prepare the SSR along with all required documents									▓	▓		
Management suggestions and overcome shortcomings										▓	▓	
Approve the SSR by the dean and college council											▓	
Handle to SSR to SVT on request												▓

Template II:

When	Who	How	Action	Objectives
D1	College council, MOH training sites administrators, physicians in contact with students and graduates, university authorities, graduate and community representative		1-Formulation of (Steering committee (StC) and head committee (HC).	To nominate the members of StC.
1st W.	Academic staff Expertise Nonacademic staff	Nomination from the departments and administrative units.	2-Nomination, endorsement of subcommittees	Organization of work
4 M	Members of StC and HC	Weekly meeting using well organized schedule. Awareness during lectures, or using posters, media.	3-Awareness campaign.	To prepare staff and students for the accreditation process. To enhance the accreditation knowledge to academic staff ,Nonacademic staff and Students.
1 W	Members of HC and other members.	Weekly meeting Small groups meeting for each subcommittee to revised its area and subareas.	4-distribute the duties among the subcommittees	To perform the task one for each area of the 11 areas (standards)
2 M	Subcommittee members	Direct interview with the departments and units.	5-Document collection, for each area, using the available data base and other documents.	Fulfill the compliance of the standards.
1 M	Members of the subcommittees	Design research methodology	6-Preparation of the analytic tools (questionnaires).	To get feedback studies from Academic and Nonacademic staff ,students, graduates , community
2 mo.	subcommittees	Direct interview, using the proposed tools for evidence generation.	7-Conducting selfstudy	Clarify the real situation of the college on the ground.
1 mo.	Members of StC and HC , SCs and others	Periodic meetings	8-groups workshops	Announce the findings and discuss the shortcomings and challenges.
1 M	Experts in statistical analysis	Tabulating and analyzing the results	9-Data management	Identify strong and weak points for each area, opportunities and threats.
2 W	Report subcommittee	According to a template	10-Reporting each area.	Discuss the finding in a systematize narrative way
2 W	Report committee.	According to template	11-Unifying the reports	To be submitted to the steering committee for discussion.
4M.	St.C and HC	Corrective action	12-Plan of action	To fill gaps and overcome shortcomings
2 W	The StC		13-Approval of the report	Official documentation
2 W	Dean and StC	According to the guideline	14-Thereafter, either ask for peer review	To incorporate the external auditing, exchanging opinions.

CHAPTER THREE

Self-Study Report (SSR)

The planning, preparation and conduction of the Self-Assessment Study (SAS) is regarded as the foundation stone of the accreditation process and should end with writing SSR. It is of particular importance that the college pays attention to the awareness of all stakeholders about the accreditation and its value as a continuous improvement process rather than writing the SSR by limited number of concerned college staff. Just like the SAS, writing the SSR requires an enthusiastic collaboration between a wide range of stakeholders like the accreditation committees, different scientific and administrative departments, students … etc.

The SSR is to be as comprehensive as necessary. At the same time, it should be as brief as possible and it is advisable for this report not to exceed 50 pages. It should explore different aspects and activities within the college. Improving these aspects is as important as writing the report itself. Furthermore, the SSR should be evidence based with documents collection and, once again, this cannot be achieved unless so many stakeholders are involved. It is reasonable for the college to mention (in SSR) both achievements and shortcomings in regard of accreditation rather than magnify the first and ignore the last. Of course, this should be written along with suitable measures necessary to maintain and improve achievements on one side and overcome shortcomings on the other side.

First\\ Who is responsible for writing the SSR:
Members of the Head Committee (HC) or Report's Subcommittee (RSC) are responsible for this task, as mentioned in Chapter Two of this guideline (tasks of HC). They should be well oriented and have a good experience in related disciplines (regarding the accreditation). To fulfill this task, they must be in direct contact with other members of the steering committee (StC), HC and Subcommittees (SCs) of accreditation. Furthermore, they should have good English writing skills aiming to write up-to standards, meaningful and well-structured report. Consulting experts for this purpose in advised.

Second\\ How to write the SSR:
To start with, there must be an applicable time schedule for this task taking in consideration the available manpower, facilities, challenges ... etc.

Writing the SSR will be based on the prior report drafts of the accreditation SCs. Thorough discussions of these drafts are necessary and rephrasing, restructuring and rewriting are needed in most of the times aiming to write the final edition.

A- <u>**Generic structure of SSR;**</u>

One of the most important objectives of the SSR is to show (with documents) college achievements about the National Standards for Accreditation of Medical Colleges (NSAMC). It should not be just descriptive (of what is there in the college) but it should draw a tailored plan of who to fulfill and maintain these NSAMC.

It is important that the SSR should be comprehensive to non-faculty stakeholders and community. At the same time, if must be well structured and useful to faculty members and to the Site Visiting Team (SVT) and the NCAMC.

Writing the SSR requires a careful documentation of the college achievements in each and every standard of the NSAMC. Good achievements must be written along with the plan of maintaining and improving them. At the same time, shortcomings and weaknesses must be written along with the plan to overcome and improve them. This means that the SSR must show the action plan of the college and the time frame to do it considering that the accreditation in a continuous process. For all these topics, proper documentation, indexing and evidence generation are essential and crucial.

As the general idea of the SAS is of diagnostic type, analytical tools should be selected and used properly according to the standard. Most of the data and information most come from representative samples of a wide scope of participants and stakeholders. This is so important as the accreditation process requires the involvement of a different stakeholders.

The measures and analysis taken through the SAS should be written in the SSR and they should be comprehensive with adequate depth. The results of the surveys / researches need to be discussed (preferably in a narrative way) and should be evidence-based.

Although the SSR usually portrays prevailing and constraining circumstances, it should neither expect nor express great and unrealistic optimism about conditions that may modify (improve or worsen) the short-term outcomes. Instead, a feasible plan of action (in measurable scales) should be showed taking in consideration the time schedule, human resources, cost, technical limitations ... etc.

Within the SSR, well written and conclusive executive summary is needed (here, persons with good English writing skills are needed the most).

In general, the report is expected to provide a readable and useful description of the institution and the evaluation of the college in terms of the NSAMC depending on the SAS. Conclusions and recommendations emerging from SAS should focus on acquiring and maintaining of accreditation and quality improvement. Information included should be edited and crosschecked for consistency.

B- Points to be remembered while writing the SSR:

The SSR generally, should be:

1. Simple, so it can be clearly comprehended without complicated jargons or sophisticated statistical and analytical methods, so the data can be easily conceived.

2. Affordable, so it does not involve using complicated and expensive tools for SAS which can cause a burden on the institution budget.

3. Wide participation, it should be comprehensive and wide range of stakeholders must participate (faculty and MoH staff and facilitators, administrators, students, community).

4. Measurable, measuring standards within each area or domain should include the related college benchmarks, achievements, shortcomings, SWOT analysis and action plan.

5. Flexible, so each step can be adapted according to college circumstances and it can also be upgraded according to future development.

6. Up to date, making use of the most available and advanced technology (within and outside the college) to present and handle and keep related information, data and results.

7. Auditing, there must be steps and mechanisms for external and internal auditing from different stakeholders like the university, health sector and community to measure the impact of the college on the community and medical profession... etc.

C- Backbone (Heading, Details, Permits and Limits) of SSR

The essential content of the SSR should cover the following elements:

1. The title page
One page including title of the study, institution name and mailing address, names and affiliations of report authors and the date of submission.

2. Dean's statement about the college accreditation.

Not more than one page stating the vision of the college about accreditation and the achievement of that college in this regard. It might include a photo of the dean or the college.

3. The Historical background of the college.

One or two pages stating the historical background of the college as the date of initiation, number of graduates, awards acquired ... etc. It might include a historical photo of the college or related events.

4. Acknowledgment.

Not more than one page to show and thank efforts of the participating personnel, society groups, agencies and others who participate in one way or another in the process of accreditation and SSR writing.

5. Summary report (executive summary).

One or two pages including the summary of main chapters of the report with the results concluded. It should show the methodology used.

6. The purpose of evaluation.

Not more than one page stating the college's point of view, the college's needs for accreditation and how this report is beneficial in this regard.

7. Evaluation methodology and statistical methods.

One to two pages showing the study model and design (quantitative, qualitative or mixed) and reason for choosing such design. Data collection (instruments, sources, procedures, sample size and sampling techniques, and limitations) should be described. Furthermore, this section should show how data were analyzed (content analysis of qualitative data, descriptive statistics and/or statistical tests of significance of quantitative data).

8. Discussion of the standards within all areas of the NSAMC (domain description).

It is preferable to be shown in narrative way and it is better to write a chapter for each area. Each chapter includes a background and rationale context of that area along with the related NSAMC. The results should be so clear with a logical and narrative summary (quantitative and qualitative). The use of tables and figures are preferable when appropriate (clearly labeled). The results should highlight the relevant negative as well as positive findings preparing them for analysis. There should be clear referral of events and results to their documents (cited in the appendices). College benchmarks, achievements and shortcoming should explained clearly with a reasonable details (when needed). It is vital to do this through SWOT analysis to emphasis and enlightens the points of strength, weakness, opportunities and

threats. Furthermore, proper action plan has to be obvious to measures and actions taken by the college in this regard (maintain strength points and overcome shortcomings). Also, it is important to report how progress will be measured along with a time schedule.

9. Conclusion and recommendation

One or two pages. The conclusions should enumerate the summary of the SWOT analysis appropriately while recommendations aims to facilitate the future work to overcome shortcomings and maintain strength points. The recommendations should be focused and have a significant impact on the process explaining how their implementation will participate in improvement.

10. Citation and Appendices.

list sources for any references made in the stem of the report to relevant theories, research or data from other sources. Include tables, figures, graphs, charts, questionnaires, photos ... etc. that is relevant and explanatory. The appendices could be the last chapter of the SAS report or could be in isolated booklet with proper referral to the SSR stem.

CHAPTER FOUR

Designing Tools for Evidence Generation

The starting point in the accreditation process is the evaluation of current status at level of college in relation to National Standards for Accreditation of Medical Colleges (NSAMC). This task is achieved when the medical college conducts and implements Self-Assessment Study (SAS).

The essential part of the SAS is documentation of the achievements within the college in regard to the NSAMC. The subcommittees (SCs) of accreditation within the college need to assure this by collecting these documents by reviewing of available laws, by-laws, regulations and other documentation in relation to their assigned area. However, some materials can only be elicited and generated through conducting studies and researches. For this purpose, a wide participation of the different stakeholders is crucial.

Conducting such studies and researches need to use one or more of the following tools:

- Group brain-storming and SWOT analysis exercises involving wide scope of participants.
- Specifically designed questionnaire/s for each domain targeting specified stakeholders (ex. faculty staff; administration; students; graduates; MOH staff; other health providers; student parents; community; ....etc).
- Specifically designed structured interviews with selected informants to be done with specified stakeholders.
- Networking and exchange of inputs through websites, emails and list.
- Designed forms for feedback from desk reviews of available documents.
- Any other appropriate tool.

For each area (domain) of the ASAMC, the following points are expected to be addressed through conducting studies. The tools should be designed, reviewed and then finalized so that their use can yield answers to the following concerns and questions stated regarding that area or standard. The tools to be developed will include those to be used by the college seeking accreditation such as questionnaires and interview guides for conducting their SAS besides the templates for writing the program and course specifications, the program and course reports and the annual report. In other parts of this guide, sample tools are presented for use by reviewers, interview guides, observation sheets and templates for writing the reviewers report. The Colleges are given the option to adapt the tools with any relevant change but to observe the requirements of the agreed upon standards.

First\\ Definitions:

These are some important definitions that are needed to be adopted in this regard:

1. **Areas:** are defined as broad components in the process, structure, content, outcomes/competencies, assessment and learning environment of basic medical education and cover (Mission and outcomes, Educational program, Assessment of students, Program evaluation, Students, Academic staff/faculty, Educational resources, Governance and administration, Continuous renewal)

2. **Sub-Areas:** are defined as specific aspects of an area, corresponding to performance indicators.

3. **Standards:** are specified for each sub-area using two levels of attainment:

   Basic standard (expressed in **Must**): This means that the standard in principle must be met by every medical school and fulfillment demonstrated during evaluation of the school.

   Standard for quality development (expressed in **Should**): This means that the standard is in accordance with international consensus about best practice for medical schools and basic medical education.

   Fulfillment of or initiatives to fulfill some or all of such standards should be documented by medical schools. Fulfillment of these standards will vary with the stage of development of the medical schools, available resources and educational policy and other local conditions influencing relevance, priorities and possibilities. Even the most advanced schools might not comply with all standards.

4. **Annotations:** are used to clarify, amplify or exemplify expressions in the standards. No new requirements are introduced in the annotations. The listing of examples in annotations are in some cases exhaustive, in others not. It should also be noted, that a medical school will rarely use and possess all the characteristics mentioned in examples.

Second\\ Questions needed to generate evidence for given area of the NSAMC:

1.Mission and outcomes
   • How is the statement on mission developed?
   • How is social responsibility, research attainment, community involvement and readiness for postgraduate education reflected in the mission statement?

- What are the outcome results in terms of broad competencies (knowledge, skills and attitudes) required of students at graduation?
- How do the competencies relate to existing and emerging needs of the society in which the students will practice?

2.Educational program

- What are the principles guiding the design of the curriculum and the types of teaching
  and learning methods actually used to deliver it?
- How will curriculum and instructional methods encourage students to take active responsibility for their learning?
- Which components of the curriculum inculcate the principles of scientific method and
  evidence-based medicine and enable analytical and critical thinking?
- Which elements of the basic biomedical sciences, the behavioral and social sciences and medical ethics and the clinical sciences are included in the program? What policies guide integration (horizontal/vertical and basic/clinical sciences) of the program?
- What mechanisms exist to obtain and make use of feedback from the community and society and what are the results of such feedback?

3.Assessment of students

- Who is responsible for the assessment policy
- How does the medical school monitor the reliability and validity of assessments?
- How are assessment practices made compatible with educational objectives and learning methods?
- To which extent is integrated assessment of various curricular elements obtained
- Do assessment methods demonstrate that outcomes are met or not met?

4.Program evaluation

- How does the medical school evaluate its program?
- How does the medical school analyze and use the opinions of staff and students about its educational program and what is the result of this analysis?
- How are the principle stakeholders within the medical school involved in program evaluation?
- To what extent is a wider range of stakeholders involved in the evaluation and development of the program?

5.Students

- What are the academic criteria for admission to the medical course?
- What body is responsible for the selection policy and what methods are used?
- How is the intake of students determined in relation to the capacity of the college?
- What counseling services are available for students in the medical school?
- What is the medical school's policy on student contribution to curriculum matters?

6.Academic staff/faculty

- What policies does the medical school have for ensuring that the staffing profile matches the range and balance of teaching skills required to deliver the curriculum?
- What is the medical school's policy for ensuring that teaching, research and service contributions of staff members are appropriately recognized and rewarded?
- How are teacher-student ratios, relevant to the various curricular components, taken into consideration?
- What staff development programs exist or are proposed to enable teachers to upgrade their skills and to obtain appraisals of their teaching performance?

7.Educational resources

- How does the medical school review the adequacy of the educational resources and what is the result of this review?
- How does the medical school review the adequacy of the facilities and patients available for clinical teaching and what is the result of this review?
- What policy does the medical school have for the use of information and communication technology?
- Does the medical school have access to an expert medical education unit or other educational expertise?
- What policy does the medical college have for collaborating with other educational institutions?
- How does the medical school analyze performance of cohorts of students and graduates and what are the results of such analyses in relation to

mission and intended outcomes?

8.Governance and administration

- How can the governance structure, its components and their functions, be described?
- How is the performance of the academic leadership of the medical school evaluated and appraised in relation to the mission and what is the result of such an evaluation?
- How is the appropriate resource allocation assured to achieve the mission of the medical school?
- What administrative support functions are provided by the staff of the medical school?
- How is the management of the medical program reviewed?

9.Continuous renewal

- What procedures does the medical school use for regular reviewing and updating its mission, structure and activities?
- How does the medical school ensure that it remains responsive to its changing environment and requirements of the community it serves?

CHAPTER FIVE

Accreditation site visit

The accreditation process aims to fulfill the requirements of the National Standards for Accreditation of Medical Colleges (NSAMC). These standards are stated by the National Council for Accreditation of Medical Colleges (NCAMC) and approved by the MoHESR. This whole process might take 3 – 6 months from the start to the final decision.

To accomplish this, the college must do a Self-Assessment Study (SAS) and write the Self Study Report (SSR). To verify the college achievement in this regards, the NCAMC set a team of assessors named the Site Visiting Team (SVT) to be in contact with that college. This contact culminates by the accreditation site visit. This Site Visit may last for 3– 5 working days.

There are some important steps in this regard, including the obligation and rights of the medical college, the structure of the SVT, the code of conduct, the decision and the appealing.

First\\ Obligations and rights of the Medical College:

1. The college must achieve the NSAMC and prepare the SSR with all required documents as stated in this Accreditation Guidelines and requested by the SVT.

2. The college is informed about the SVT and has the right to report feedback to the NCAMC in case of any conflict of interests.

3. The college must be ready to be in contact with the SVT to meet the requirements of the NSAMC. The process begins when the SVT leader contact the dean of the college.

4. The college must nominate a faculty member to be "the person in contact" with the SVT and prepare a "properly equipped" room within the college for the team to conduct meetings and related activities. The person in contact has enough authorities which allow him to take a suitable action. in addition he should be dedicated to this task and be able to facilitate the process as needed. He should arrange different activities like visiting hospitals and primary care centers (PCCs), lecture halls and labs, getting documents ... etc.

5. The college must ensure that the process will pass smoothly and that the SVT has the autonomy needed to conduct duties. This must be so clear to all

stakeholders with clear instruction from the dean to prevent any interference with such autonomy.

6. In case of any conflict of interest, the college must contact the team leader and, if needed, the NCAMC as soon as such issues arise. Such issues, if any, should be dealt- with wisely and carefully.

7. The college should not expect the SVT to give the decision about accreditation. It is the job of the NCAMC. The SVT is there to check and record college achievements regarding the NSAMC.

8. At the end of the site visit, a short good-by meeting should be held with the dean of the college. In which, the leader of the SVT present the team thanks to the college and gives a general feedback about the process to the dean.

9. The college will receive the final decision from the NCAMC within 6 weeks after the end of the site visit. Within this period, NCAMC might contact the college for related issues, if needed.

Second\\ The Site Visiting Team:

1. The leaders of SVT are nominated by NCAMC and approved by MoHESR. They should be dedicated to the task. Their performance is continuously monitored by NCAMC.

2. Members of each SVT are academic staff and experts. Each team consists of at least 5 members including the team leader. One of the members should take the duty of the secretary of that team. They are nominated by the NCAMC (from the Team of National Assessors) in collaboration with team leader.

3. In addition to the main members of the SVT, a NCAMC member; national or international expert(s) and observational trainees might participate in the process of accreditation and at the site visit. The role of each is stated and managed by NCAMC in collaboration with the team leader according to the need.

4. Member of the teams must apprehend the NSAMC and Guidelines and they must have comprehensive awareness about the college (to be visited) and its educational program. They should be well prepared and practical. They should work in punctual, objective and professional manner. They must abide by time frame set by the accreditation program and must follow the stated protocol and the code of conduct throughout the whole program.

5. Team leader will be the "spokesperson" for the team to handle all direct contacts with the Medical College and with the NCAMC. He should show

good leadership, communication, facilitation and coordination skills. The team leader will be held responsible (by the NCAMC) for the whole Accreditation Program to that college and is required to report to the NCAMC on regular bases. And he should send the final report to the NCAMC on time.

6. In case of conflict of interests, proper and prompt actions should be taken as stated by the NCAMC. This requires immediate notification and wise judgments.

Third\\ Code of Conduct (for the SVT):

1. The SVT must follow this code of conduct.
2. The SVT must have comprehensive awareness about the college and its educational program prior to the visit. This should be done by studying documents of that college including SAS in relation to the NSAMC and Guidelines stated by the NCAMC.
3. The leader of the SVT must adopt mechanisms to ensure that team members apply standards and procedures in a consistent and appropriate fashion. The leader and his\her team should agree on a plan and distribute duties to come out with fruitful results.
4. The process must start by contacting the dean of the college for brief introduction and to agree on the schedule and mechanism of the accreditation process and on the site visit.
5. Major issues and events related to implementing the accreditation process should be agreed upon by the two sides.
6. Any contact between the team and the college must be done through the team leader. If needed, the leader might delegate a team member for this task.
7. The SVT must show no conflict of interests through the whole accreditation process. This is based on transparency and honor. Close observation and follow up of such conflicts should be done by the team leader and NCAMC.
8. At the start of the site visit, the team might hold a short meeting with the dean and related faculty members for short introduction and to get the permission (not more than 30 minutes). The SVT action plan and schedule should be prepared by the team leader and explained in brief to the dean and at the end of the meeting, the team leader should ask for the permission to start conducting the site visit.

9. During the site visit, the team must visit different (selected) facilities related to the educational program of the college. This includes teaching halls, small group rooms, offices, labs, with special attention to the affiliated institutions like hospitals and PHCCs ... etc.

10. The SVT must sample ideas and opinions from different stakeholders. This might be done by questionnaire, small and large group meetings, personal meetings ... etc.

11. The SVT should, internally, discuss findings and observations on daily bases (at the end of each working day) and come-up with and agreed up-on the working plan, tasks and schedule of the next day. This must be done to emphasize on shortcoming and outstanding issues, to collect missing documents. etc.

12. Within subsequent visits for the same college (when the college apply for accreditation for the next time whether accredited or not or in case of conditional accreditation), the SVT should especially monitor the implementation of recommendations from the previous visit. So, the team must have an idea about the previous visit, its recommendations and the achievement of the college at that stage.

13. Personal feedback from the SVT members must not be shown to the college by any mean and for any purpose. Such feedback might be discussed within the SVT in confidential way. Understanding among the team should be considered.

14. By the end of the site visit, the team leader should meet the dean to thank him for the welcoming and support. He may brief the dean about the overall activities and about the obvious achievements and shortcoming at the college. Within the meeting neither details nor prior decision must be given. The college must understand that the decision will be done by the NCAMC based on the report and documents of the visiting team. Few faculty members might attend this meeting. according to the dean`s will, on the other hand other team`s member may attend the meeting.

15. In making the decision, the SVT must gather and analyze documents, information, viewpoints and ideas from different sources. The decision meant here is about the compliance, compliance with monitoring, or noncompliance of the standards and not about accreditation. Discussion, interviews, questionnaire and documents are the bases to reach such decisions.

16. The SVT leader must report to the NCAMC on regular bases. The final

report of the SVT should be handled to the NCAMC (supported with documents) within two weeks of the site visit end. The report must be constructive and its writing must follow the formats stated by the NCAMC guidelines.

17. Within this report, outstanding achievements and shortcomings should be highlighted. The report should include proposed action plan for shortcomings and to maintain outstanding events at that college.

18. NCAMC might ask for a meeting with SVT leader or members, if needed. This might be done to discuss concerns, clarify related issues, ask for further documents ... etc.

CHAPTER SIX

The Site Visiting Team (SVT) Report

The medical college to be accredited needs to be inspected to check its adoption to the National Standards for Accreditation of Medical Colleges (NSAMC). This inspection is done through the accreditation process that ends with the accreditation Site Visit. The Site Visit to any medical college must end with a writing a report by the site Visiting Team (SVT).

First\\ General Principles:
This report represents the formal record of the SVT findings related to NSAMC. Along with related documents, this report serves as the primary source of information for NCAMC to take the final decision. So, this report must be professional and skillfully written, preferably in a narrative way. It has to be descriptive depending on evidences and data collected.

It must emphasize on the college achievement in regard to each and every standard from the NSAMC. Additionally, it should highlight outstanding achievements and shortcomings in that college in this regard.

Before the Site Visit, the members of the SVT must know their task area/s and comprehend related sections of the college SAS and study all the accompanied documents. At this stage, they should start plotting the general frame of their report draft as part of the final SVT report. Obvious achievements from the college side could be schemed at this draft if the available documents are so determinant. On the other hand, obvious shortcoming might be schemed therefor further follow up with the college before or on the site visit.

During the Site Visit and on daily bases, the SVT members must enrich their drafts about standards checked and related events.

It is the duty of each member of the SVT to edit and consider his\her section(s) of the report carefully before submitting it to the team leader. He\she should prepare an unambiguous commentary noting any strengths and shortcomings relating to the standards he is responsible for. And ensure that all its summary findings are fully explained and documented in the body of the report and that all accreditation standards are inspected and accounted for.

Each accreditation area and its standards should be evaluated in a given section of the report and each section may include a list of recommendations. The report indicates ways, in which the college complies, substantially complies or does not comply with the standard's requirements. Well-structured

constructive recommendations should be written with enough details to be helpful, if approved by the NCAMC, for future improvement by the college and to be followed up by the SVT on subsequent visits.

The leader of the SVT has overall responsibility for the final report. He should unify the whole report regarding clarity, consistency as well as regarding spelling and formatting. And by the last day of site visit, the team leader must prepare a draft of the report. He may include recommendations for improvement, where appropriate. The team leader must be sure that this report is based on information from SSR and variable types of documents. Additionally, he should comment on the degree of consistency between the major conclusions of the SVT and those of the college as shown in the SSR.

Within two weeks after the end of site-visit the team leader forwards the final and formal site visit report to the NCAMC.

Second\\ Formal Structure of the SVT Report:

Title of the SVR for e.g.

Cover Page: includes specific information such as "Toward excellence in medical education" or "A report of Baghdad college of Medicine", college name and site visit date …etc.

Table of Contents: Make sure that all Appendix documents are listed. The report should be paged sequentially, including the Appendix.

Memorandum:

Introduction and Composition of The SVT:
For ex, A site-visit of the University of ….. college of medicine was conducted on (day\ month\year), by a team representing the NCAMC. The team expresses its appreciation to Dean ….. and the administrative staff, faculty, and students for their interest and candor during the site- visit.

Summary of SVT Findings:
For each section, the preferred format includes putting the number and stem of the standard to be discussed followed by a paragraph labeled "Finding.

The findings should summarize data and evidences for the recommendations of the SVT. This must be done for each area, subarea and standard of the NSAMC and must include enough information and data to allow the reader to understand the basis for the recommendations of the SVT about compliance. If no findings for a given standard, so "none" should be listed. The SVT

recommendation about compliance should be organized as:

> Areas of "Compliance"
> Areas of "In Compliance with a Need for Monitoring"
> Areas of "Noncompliance"

An area of compliance is an area of strength that generally represents either (1) an aspect of the medical college that has been shown to be critical for the successful achievement of one or more of the college's missions or goals or (2) a truly distinctive activity or characteristic relevant to a specific accreditation standard that would be worthy of emulation. Strengths should contribute to positive institutional outcomes and should not simply reflect the college's compliance with accreditation standards.

Area (Domain) Reviewing:

Each area is mentioned with its number and any comments. The stem of the report should include show narrative description and comments referring, as needed, to documents collated sequentially in the Appendix at the end of the report. List each Appendix item at the beginning of the relevant section of the report. In the narrative stem of the report, there should be careful differentiation between information and conclusions come from the college side from those come from the SVT findings.

After the paragraph introduction, stem and recommendation, each section should be completed by listing the members of the SVT, with their names, titles, and institutions, as well as their roles on the SVT as leader, secretary, reporter, member, or observer.

College SAS and Data Collection (DC) :

Comment on the SAS in terms of the degree of participation different stakeholders (medical staff, administrators, student.. etc.), the comprehensiveness and depth of analyses and the organization and quality of the conclusions and recommendations.

Comment on the quality of the DC, including its organization, completeness, and internal consistency. Note if there was information missing in the DC (as if questions were not completely or appropriately answered) or if there were any difficulties for the SVT in securing needed information before or during the visit. Indicate whether quantitative data were updated for the current year.

History and Setting of the College:

Briefly summarize the history of the college. Describe the medical college in terms of its size, age, public or private status, and its organizational

relationships with the university, health sciences center, geographically separate/distributed campus(es), and principal teaching hospital(s). Describe the geographic relationships of the main campus to major clinical teaching sites and, where appropriate, remote campuses; include relevant maps of the locations of affiliated teaching sites and any geographically distributed campuses in the Appendix.

Third\\ Outlook of the SVT Report:

1. The team should follow the instructions for the review of the draft report, as described in this document.
2. The page layout should be one-inch margined throughout.
3. Use the template supplied by the NCAMC (font size: 12 point, Times New Roman).
4. Carefully check the quality of all images, tables, and scanned copies. Scanners may produce distortions, low contrast, or crooked pages. Be sure that originals are of high resolution for quality reproduction. Do not include color.
5. After the entire report has been completed and assembled, put page numbers in the bottom center of each page, including appendices. Number the pages of the report consecutively and do not number each section separately.
6. Place the Table of Contents (including that for the appendix) immediately after the title page. These pages should be numbered in lowercase Roman numerals in the bottom center of the page (see the Site-visit report template).
7. Please use common style conventions: The word "dean" is not capitalized except when it begins a sentence. The same is true for vice president, president, and dean. The words "medical", "college" and "university" are not capitalized unless they begin sentences or are used as the college's full name (such as Baghdad Medical college). The word "faculty" is not capitalized unless it begins a sentence or is the Canadian equivalent of school, e.g., "The president intends to allocate more funds to the Baghdad Faculty of Medicine for laboratory construction." Discipline names (e.g., "Physiology," "Biochemistry," "Medicine,") are capitalized when they refer to departments. Note that "department" is not capitalized unless it is used with reference to a specific discipline, as in "Department of Medicine. Capitalize the names of formal college committees and subcommittees (e.g., Committee on Educational Policy), but do not capitalize the committee if the formal name is not used and the committee is referred to

just by function (e.g., curriculum committee).

8. The covering memorandum from the team leader follows the appendices and should be numbered as page 1.

9. Before submitting the report to the NCAMC, carefully proofread it to correct spelling, typographical, grammatical, and punctuation errors.

10. The SVT leader should sign the cover memo before submitting the final copy to the NCAMC.

CHAPTER SEVEN

Decisions and Appealing

The National Council for Accreditation of Medical Colleges (NCAMC) is the authorized body to give the decision about accreditation of medical colleges. This decision will be based on the report of the Site Visiting Team (SVT) after considering all the documents and related events.

   At the end of the site visit, the leader of SVT may generally brief the dean about activity. He must submit the SVT report to the NCAMC within two weeks of the end of the site visit.

First\\ Final Decision of Accreditation:

The NCAMC will study and discuss the SVT report and documents. The council verifies the results and might ask the college or the team for more evidences. After that the council makes the decision within four weeks. The college will be informed about the decision, together with a report about the bases to take the decision. After two weeks and if no appeal rises, this decision will be final and send for the Minister for approval. The decision will be conveyed to the public after being approved by the Minister.

The decision will be either:

1. Accreditation: When the college completes the accreditation requirements. This will be valid for six years.
2. Conditional accreditation: When the college almost completes the accreditation requirements. This means that some requirements were not meat, mandating proper actions from the college side. The College must fulfill these requirements within a period of two years to be accredited.
3. Denied accreditation: The College will not be accredited if the college does not fulfill the NSAMC. The College can re-apply for accreditation at least one year later.
4. No matter what decision is made, the NCAMC continuously follows colleges through their SSR and may visit the college as needed.

Second\\ Appeal:

1. The College has the right to appeal the Factual bases in the NCAMC decision

within two weeks of issuance of the decision.

2. The Council will establish a committee to look and review the college appeal. The committee reports their decision to the NCAMC.

3. The NCAMC will consider the appeal committee report and take the final decision and report it to the Minister of Higher Education and Scientific Research for approval.

4. Then, the college will be informed about the final decision.

Appendix - I-
Template of
SITE-VISIT SCHEDULE

The Site-Visit to NAME OF THE COLLEGE AND UNIVERSITY by the SVT on VISIT DATE

SVT leader: NAME, TITLE AND DEGREE

College of Medicine, University of ---------------------

City, Province: ------------

Phone Number: ------------

Email: -------------

Member: NAME, TITLE AND DEGREE

College of Medicine, University -----------

City, Province: -------------

Phone Number: ------------

Email: -------------

Member: NAME, TITLE AND DEGREE

College of Medicine, University -----------

City, Province: ------------

Phone Number: ------------

Email: -------------

Member: NAME, TITLE AND DEGREE

College of Medicine, University -----------

City, Province: -------------

Phone Number: ------------

Email: -------------

Member: NAME, TITLE AND DEGREE

College of Medicine, University -----------

City, Province: -------------

Phone Number: ------------

Email: -------------

Pre-visit day

4:00 pm … Team caucus

The team leader in collaboration with the college person in contact, can adjust the topics and time allotted for individual sessions, as well as dividing the team, in order to accommodate the distinctive characteristics of the college being visited.

Day One

8:00 am … Entrance meeting

9:00 am … Dean's perspective: Accomplishments, goals, challenges

10.00 am   Discussion items (according SVT) include:

      1- ---------------
      2- ---------------
      3- ---------------

11:00 -11.30am- Break

11.30. Discussion items (according SVT) include:

      1- ---------------
      2- ---------------
      3- ---------------

2:00-3:00 pm … Lunch break

3.00-6.00 pm … Rest at the hotel

6:00-8:00 pm … Drafting report and discussion

Day Two

7:45 am … The team is collected at hotel (time tentative based on distance to college)

8:30 am … Discussion items include:

      1- ---------------
      2- ---------------
      3- ---------------

11:00 -11.30am- Break

11.30. Discussion items (according SVT) include:

      1- ---------------
      2- ---------------
      3- ---------------

2:00-3:00 pm … Lunch break

3.00-6.00 pm … Rest at the hotel

6:00-8:00 pm … Drafting report and discussion

Day Three

7:45 am … The team is collected at hotel (time tentative based on distance to college)

8:30 am … Discussion items include:

      1---------------
      2---------------

3----------------
11:00 -11.30am- Break
11.30. Discussion items (according SVT) include:
　　　　1----------------
　　　　2----------------
　　　　3----------------
2:00-3:00 pm … Lunch break
3.00-6.00 pm … Rest at the hotel
6:00-8:00 pm … Drafting report and discussion

Day Four
7:45 am … The team is collected at hotel (time tentative based on distance to college)
8:30 am … Discussion items include:
　　　　1----------------
　　　　2----------------
　　　　3----------------
11:00 -11.30am- Break
11.30. Discussion items (according SVT) include:
　　　　1----------------
　　　　2----------------
　　　　3----------------
2:00-3:00 pm … Lunch break
3.00-6.00 pm … Rest at the hotel
6:00-8:00 pm … Drafting report and discussion
Day Five
7:45 am … The team is collected at hotel (time tentative based on distance to college)
8:30 am … Discussion items include:
　　　　1----------------
　　　　2----------------
　　　　3----------------
11.30. Discussion items (according SVT) include:
　　　　1----------------
　　　　2----------------
　　　　3----------------
12:00 am ... Team Caucus (Private Session)
1:30 pm ... Exit meeting with the dean.
2:00-3:00 pm … Lunch break
3.00-6.00 pm … Rest at the hotel
6:00-8:00 pm … Drafting report and discussion
Departure and safe journey back home in the next morning…

Appendix - II -

Template of

SITE-VISITING TEAM FINIDINGS

The Site-Visit to NAME OF THE COLLEGE AND UNIVERSITY by the SVT on VISIT DATE

"For each finding, list the full wording under the relevant standard and performance recommendation."

1. MISSION AND OUTCOMES:

1.1. MISSION

Basic standards: The medical college **must**

1.1.1. state its mission.

Finding;---

1.1.2. make it known to its community and the health sector it serves.

Finding;---

1.1.3. in its mission outline the aims and the educational strategy resulting in a medical doctor

   1.1.3.1.   competent at a basic level.

Finding;---

   1.1.3.2.   with an appropriate foundation for future career in any branch of medicine.

Finding;---

   1.1.3.3.   capable of undertaking the roles of doctors as defined by the health sector.

Finding;---

   1.1.3.4.   prepared and ready for postgraduate medical education.

Finding;---

   1.1.3.5.   committed to life-long learning.

Finding;---

1.1.4. consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.

Finding;---

Quality development standards: The medical college **should** ensure that the mission encompasses

1.1.5. medical research attainment.

Finding;--

1.1.6. aspects of global health.

Finding;--

1.2 INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM

Basic standards: The medical college **must** have institutional autonomy to:

1.2.1. formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding

   1.2.1.1. design of the curriculum.

Finding;--

   1.2.1.2.   use of the allocated resources necessary for implementation of the curriculum.

Finding;--

Quality development standards: The medical college **should** ensure academic freedom for its staff and students

 1.2.2. in addressing the actual curriculum.

Finding;--

 1.2.3. in exploring the use of new research results to illustrate specific subjects without expanding the curriculum.

Finding;--

1.3 EDUCATIONAL OUTCOMES

Basic standards: The medical college **must**

1.3.1. define the intended educational outcomes that students should exhibit upon graduation in relation to

   1.3.1.1.   their achievements at a basic level regarding knowledge, skills, and attitudes.

Finding;--

   1.3.1.2.   appropriate foundation for future career in any branch of medicine.

Finding;--

   1.3.1.3.   their future roles in the health sector.

Finding;--

   1.3.1.4.   their subsequent postgraduate training.

Finding;--

   1.3.1.5.   their commitment to and skills in life-long learning.

Finding;--

1.3.1.6.   the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.

Finding;---

1.3.2. ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives.

Finding;---

1.3.3. make the intended educational outcomes publicly known.

Finding;---

Quality development standards: The medical college **should**

1.3.4. specify and co-ordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training.

Finding;---

1.3.5. specify intended outcomes of student engagement in medical research.

Finding;---

1.3.6. draw attention to global health related intended outcomes.

Finding;---

1.4 PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES

Basic standard: The medical college **must**

1.4.1. ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes.

Finding;---

Quality development standard:

The medical college **should**

1.4.2. ensure that the formulation of its mission and intended educational outcomes is based also on input from other stakeholders.

Finding;---

2. EDUCATIONAL PROGRAM:

2.1 FRAMEWORK OF THE PROGRAM

Basic standards: The medical college **must**

2.1.1. define the overall curriculum.

Finding;---

2.1.2. use a curriculum and instructional/learning methods that stimulate, prepare and support students to take responsibility for their learning process.

Finding;---

2.1.3. ensure that the curriculum is delivered in accordance with principles of equality.
Finding;--

Quality development standard: The medical college **should**
2.1.4. ensure that the curriculum prepares the students for life-long learning.
Finding;--

2.2 SCIENTIFIC METHOD
Basic standards: The medical college **must**
2.2.1. throughout the curriculum teach
    2.2.1.1.   the principles of scientific method, including analytical and critical thinking.
Finding;--
    2.2.1.2.   medical research methods.
Finding;--
    2.2.1.3.   evidence-based medicine.
Finding;--

Quality development standard: The medical college **should**
2.2.2. in the curriculum include elements of original or advanced research.
Finding;--

2.3 BASIC BIOMEDICAL SCIENCES
Basic standards: The medical college **must**
2.3.1. in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of
  2.3.1.1. scientific knowledge fundamental to acquiring and applying clinical science.
 Finding;--
    2.3.1.2. concepts and methods fundamental to acquiring and applying clinical science.
Finding;--

Quality development standards: The medical college **should**
2.3.2. in the curriculum adjust and modify the contributions of the biomedical sciences to the
  2.3.2.1. scientific, technological and clinical developments.
Finding;--
  2.3.2.2. current and anticipated needs of the society and the health care system.

Finding;--

2.4 BEHAVIOURAL AND SOCIAL SCIENCES, MEDICAL ETHICS AND JURISPRUDENCE

Basic standards: The medical college **must**
2.4.1. in the curriculum identifies and incorporates the contributions of the:

   2.4.1.1.   behavioral sciences.

Finding;--

   2.4.1.2.   social sciences.

Finding;--

   2.4.1.3.   medical ethics.

Finding;--

   2.4.1.4.   medical jurisprudence.

Finding;--

Quality development standards: The medical college **should**
2.4.2. in the curriculum adjust and modify the contributions of the behavioral and social sciences as well as medical ethics and medical jurisprudence to

   2.4.2.1.   scientific, technological and clinical developments.

Finding;--

   2.4.2.2.   current and anticipated needs of the society and the health care system.

Finding;--

   2.4.2.3.   changing demographic and cultural contexts.

Finding;--

2.5 CLINICAL SCIENCES AND SKILLS

Basic standards: The medical college **must**
2.5.1 in the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students

   2.5.1.1.   acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation.

Finding;--

   2.5.1.2.   spend a reasonable part of the program in planned contact with patients in relevant clinical settings.

Finding;--

   2.5.1.3.   experience health promotion and preventive medicine.

Finding;--

2.5.2. specify the amount of time spent in training in major clinical disciplines.

Finding;--

2.5.3. organize clinical training with appropriate attention to patient safety.
Finding;--

Quality development standards: The medical college **should**
2.5.4. in the curriculum adjust and modify the contributions of the clinical sciences to the
  2.5.4.1.   scientific, technological and clinical developments.
Finding;--
  2.5.4.2.   current and anticipated needs of the society and the health care system.
2.5.5. ensure that every student has early patient contact gradually including participation in patient care.
Finding;--
2.5.6. structure the different components of clinical skills training according to the stage of the study program.
Finding;--

2.6 PROGRAMME STRUCTURE, COMPOSITION AND DURATION
Basic standard: The medical college **must**
2.6.1. describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioral and social and clinical subjects.
Finding;--

Quality development standards: The medical college **should** in the curriculum
2.6.2. ensure horizontal integration of associated sciences, disciplines and subjects.
 Finding;--
2.6.3. ensure vertical integration of the clinical sciences with the basic biomedical and the behavioral and social sciences.
Finding;--
2.6.4. allow optional (elective) content and define the balance between the core and optional content as part of the educational program.
Finding;--
2.6.5. describe the interface with complementary medicine.
Finding;--

2.7 PROGRAMME MANAGEMENT

Basic standards: The medical college **must**

2.7.1. have a curriculum committee, which under the governance of the academic leadership (the dean) has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes.
Finding;---

2.7.2. in its curriculum committee ensures representation of staff and students.
Finding;---

Quality development standards: The medical college **should**

2.7.3. through its curriculum committee plan and implement innovations in the curriculum.
Finding;---

2.7.4. in its curriculum committee include representatives of other stakeholders.
Finding;---

2.8 LINKAGE WITH MEDICAL PRACTICE AND THE HEALTH SECTOR

Basic standard: The medical college **must**

2.8.1 ensure operational linkage between the educational program and the subsequent stages of education or practice after graduation.
Finding;---

Quality development standards: The medical college **should**

2.8.2. ensure that the curriculum committee

   2.8.2.1.   seeks input from the environment in which graduates will be expected to work, and modifies the program accordingly.
Finding;---

   2.8.2.2.   considers program modification in response to opinions in the community and society.
Finding;---

3. ASSESSMENT OF STUDENTS:

3.1 ASSESSMENT METHODS

Basic standards: The medical college **must**

3.1.1. define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes.
Finding;---

3.1.2. ensure that assessments cover knowledge, skills and attitudes.
Finding;---

3.1.3. use a wide range of assessment methods and formats according to their "assessment utility".

Finding;---

3.1.4. ensure that methods and results of assessments avoid conflicts of interest.

Finding;---

3.1.5. ensure that assessments are open to scrutiny by external expertise.

Finding;---

3.1.6. use a system of appeal of assessment results.

Finding;---

Quality development standards: The medical college **should**

3.1.7. evaluate and document the reliability and validity of assessment methods.

Finding;---

3.1.8. incorporate new assessment methods where appropriate.

 Finding;---

3.1.9. encourage the use of external examiners.

Finding;---

3.2 RELATION BETWEEN ASSESSMENT AND LEARNING

Basic standards: The medical college **must**

3.2.1 use assessment principles, methods and practices that

   3.2.1.1. are clearly compatible with intended educational outcomes and instructional methods.

 Finding;---

   3.2.1.2. ensure that the intended educational outcomes are met by the students.

 Finding;---

   3.2.1.3. promote student learning.

Finding;---

   3.2.1.4. provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress.

Finding;---

Quality development standards: The medical college **should**

3.2.2. adjust the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning.

Finding;---

3.2.3. ensure timely, specific, constructive and fair feedback to students on basis of assessment results.

Finding;--

4. PROGRAM EVALUATION:

4.1 MECHANISMS FOR PROGRAM MONITORING AND EVALUATION

Basic standards: The medical college **must**

4.1.1. have a program of routine curriculum monitoring of processes and outcomes.

Finding;--

4.1.2. establish and apply a mechanism for program evaluation that

   4.1.2.1. addresses the curriculum and its main components.

Finding;--

   4.1.2.2. addresses student progress.

Finding;--

   4.1.2.3. identifies and addresses concerns.

Finding;--

4.1.3. ensure that relevant results of evaluation influence the curriculum.

Finding;--

Quality development standards: The medical college **should**

4.1.4. periodically evaluate the program by comprehensively addressing

   4.14.1. the context of the educational process.

Finding;--

   4.1.4.2. the specific components of the curriculum.

Finding;--

   4.1.4.3. the long-term acquired outcomes.

Finding;--

   4.1.4.4. its social accountability

Finding;--

4.2 TEACHER AND STUDENT FEEDBACK

Basic standard: The medical college **must**

4.2.1 systematically seek, analyze and respond to teacher and student feedback.

Finding;--

Quality development standard: The medical college **should**

4.2.2. use feedback results for program development.

Finding;--

4.3 PERFORMANCE OF STUDENTS AND GRADUATES

Basic standards: The medical college **must**

4.3.1 analyze performance of cohorts of students and graduates in relation to

   4.3.1.1.　　mission and intended educational outcomes.

Finding;--

   4.3.1.2.　　provision of resources.

Finding;--

Quality development standards: The medical college **should**

4.3.2. analyse performance of cohorts of students and graduates in relation to student

   4.3.2.1.　　background and conditions.

Finding;--

   4.3.2.2.　　entrance qualifications.

Finding;--

4.3.3. use the analysis of student performance to provide feedback to the committees responsible for

   4.3.3.1. student selection.

Finding;--

   4.3.3.2. curriculum planning.

Finding;--

   4.3.3.3. student counseling.

Finding;--

4.4 INVOLVEMENT OF STAKEHOLDERS

Basic standard: The medical college **must**

4.4.1. in its program monitoring and evaluation activities involve its principal stakeholders.

 Finding;--

Quality development standards: The medical college **should**

4.4.2. for other stakeholders

   4.4.2.1.　　allow access to results of course and program evaluation.

Finding;--

   4.4.2.2.　　seek their feedback on the performance of graduates.

Finding;--

   4.4.2.3.　　seek their feedback on the curriculum.

Finding;--

5. STUDENTS:

5.1 ADMISSION POLICY AND SELECTION

Basic standards: The medical college **must**
5.1.1. formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students.
Finding;--
5.1.2. have a policy and implement a practice for admission of disabled students.
Finding;--
5.1.3. have a policy and implement a practice for transfer of students from other national or international programs and institutions.
Finding;--

Quality development standards: The medical college **should**
5.1.4. state the relationship between selection and the mission of the school, the educational program and desired qualities of graduates.
Finding;--
5.1.5. periodically review the admission policy.
Finding;--
5.1.6. use a system for appeal of admission decisions.
Finding;--

5.2 STUDENT INTAKE

Basic standard: The medical college **must**
5.2.1. define the size of student intake and relate it to its capacity at all stages of the program.
Finding;--
Quality development standard: The medical college **should**
5.2.2. periodically review the size and nature of student intake in consultation with other stakeholders and regulate it to meet the health needs of the community and society.
Finding;--

5.3 STUDENT COUNSELLING AND SUPPORT

Basic standards: The medical college and/or the university **must**
5.3.1. have a system for academic counseling of its student population.
 Finding;--
5.3.2. offer a program of student support, addressing social, financial and personal needs.

Finding;--

5.3.3. allocate resources for student support.

Finding;--

5.3.4. ensure confidentiality in relation to counseling and support.

Finding;--

Quality development standards:

The medical college **should**

5.3.5. provide academic counseling that

   5.3.5.1.   is based on monitoring of student progress.

Finding;--

   5.3.5.2.   includes career guidance and planning.

 Finding;--

5.4 STUDENT REPRESENTATION

Basic standards: The medical college **must**

5.4.1 formulate and implement a policy on student representation and appropriate participation in

   5.4.1.1.   mission statement.

Finding;--

   5.4.1.2.   design of the program.

Finding;--

   5.4.1.3.   management of the program.

Finding;--

   5.4.1.4.   evaluation of the program.

Finding;--

   5.4.1.5.   other matters relevant to students.

Finding;--

Quality development standard: The medical college **should**

5.4.2. encourage and facilitate student activities and student organizations.

Finding;--

6. **ACADEMIC STAFF/ FACULTY:**

6.1 RECRUITMENT AND SELECTION POLICY

Basic standards: The medical college **must**

6.1.1. formulate and implement a staff recruitment and selection policy which

6.1.1.1.   outline the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioral and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff.

Finding;--

6.1.1.2.   address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions.

Finding;--

6.1.1.3.   specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioral and social sciences and the clinical sciences.

Finding;--

Quality development standards: The medical college **should**

6.1.2. in its policy for staff recruitment and selection take into account criteria such as

6.1.2.1.   relationship to its mission, including significant local issues.

Finding;--

6.1.2.2.   economic considerations.

Finding;--

6.2 STAFF ACTIVITY AND STAFF DEVELOPMENT

Basic standards: The medical college **must**

6.2.1 formulate and implement a staff activity and development policy which

6.2.1.1.   allow a balance of capacity between teaching, research and service functions.

Finding;--

6.2.1.2.   ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications.

Finding;--

6.2.1.3.   ensure that clinical service functions and research are used in teaching and learning.

Finding;--

6.2.1.4. ensure sufficient knowledge by individual staff members of the total curriculum.

Finding;--

6.2.1.5. include teacher training, development, support and appraisal.

Finding;--

Quality development standards: The medical college **should**

6.2.2. take into account teacher-student ratios relevant to the various curricular components.

Finding;--

6.2.3. design and implement a staff promotion policy.

Finding;--

7. <u>EDUCATIONAL RESOURCES:</u>

7.1. PHYSICAL FACILITIES

Basic standards: The medical college **must**

7.1.1. have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately.

Finding;--

7.1.2. ensure a learning environment, which is safe for staff, students, patients and their relatives.

Finding;--

Quality development standard: The medical college **should**

7.1.3. improve the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices.

Finding;--

7.2. CLINICAL TRAINING RESOURCES

Basic standards: The medical college **must**

7.2.1. ensure necessary resources for giving the students adequate clinical experience, including sufficient

7.2.1.1. number and categories of patients.

Finding;--

7.2.1.2. clinical training facilities.

Finding;--

7.2.1.3. supervision of their clinical practice.

Finding;--

Quality development standard: The medical college **should**

7.2.2. evaluate, adapt and improve the facilities for clinical training to meet the needs of the population it serves.

Finding;--

7.3. INFORMATION TECHNOLOGY

Basic standards: The medical college **must**

7.3.1 formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology.

Finding;--

7.3.2. ensure access to web-based or other electronic media.

Finding;--

Quality development standards: The medical college **should**

7.3.3. enable teachers and students to use existing and exploit appropriate new information and communication technology for

7.3.3.1. independent learning.

Finding;--

7.3.3.2. accessing information.

Finding;--

7.3.3.3. managing patients.

Finding;--

7.3.3.4. working in health care delivery systems.

Finding;--

7.3.3.5. optimize student access to relevant patient data and health care information systems.

Finding;--

7.4. MEDICAL RESEARCH AND SCHOLARSHIP

Basic standards: The medical college **must**

7.4.1. use medical research and scholarship as a basis for the educational curriculum.

Finding;--

7.4.2. formulate and implement a policy that fosters the relationship between medical research and education.

Finding;--

7.4.3. describe the research facilities and priorities at the institution.

Finding;--

Quality development standards:
The medical college **should**

7.4.4. ensure that interaction between medical research and education
  7.4.4.1.   influences current teaching.
Finding;---
  7.4.4.2.   encourages and prepares students to engage in medical research
         and development.
Finding;---

7.5.   EDUCATIONAL EXPERTISE

Basic standards: The medical college **must**

7.5.1. have access to educational expertise where required.
Finding;---
7.5.2. formulate and implement a policy on the use of educational expertise in
  7.5.2.1.   curriculum development.
Finding;---
  7.5.2.2.   development of teaching and assessment methods.
Finding;---

Quality development standards: The medical college **should**

7.5.3. demonstrate evidence of the use of in-house or external educational
         expertise in staff development.
Finding;---
7.5.4. pay attention to current expertise in educational evaluation and in
         research in the discipline of medical education.
Finding;---
7.5.5. allow staff to pursue educational research interest.
Finding;---

7.6 EDUCATIONAL EXCHANGES

Basic standards: The medical college **must**

 7.6.1. formulate and implement a policy for
  7.6.1.1.   national and international collaboration with other educational
         institutions, including staff and student mobility.
Finding;---
  7.6.1.2.   transfer of educational credits.
Finding;---

Quality development standards: The medical college **should**

 7.6.2. facilitate regional and international exchange of staff and students by
         providing appropriate resources.
Finding;---

7.6.3. ensure that exchange is purposefully organized, taking into account the needs of staff and students, and respecting ethical principles.

Finding;--

8. GOVERNANCE AND ADMINISTRATION :

8.1 GOVERNANCE

Basic standard: The medical college **must**

8.1.1. define its governance structures and functions including their relationships within the university.

Finding;--

Quality development standards: The medical college **should**

8.1.2. in its governance structures set out the committee structure, and reflect representation from

   8.1.2.1.   principal stakeholders.

Finding;--

   8.1.2.2.   other stakeholders.

Finding;--

8.1.3. ensure transparency of the work of governance and its decisions.

   Finding;--

8.2 ACADEMIC LEADERSHIP

Basic standard: The medical college **must**

8.2.1. describe the responsibilities of its academic leadership for definition and management of the medical educational program.

Finding;--

Quality development standard: The medical college **should**

8.2.2. periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes.

Finding;--

8.3 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION

Basic standards: The medical college **must**

8.3.1. have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget.

Finding;--

8.3.2. allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs.

Finding;--

Quality development standards: The medical college **should**

8.3.3. have autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended educational outcomes.

Finding;--

8.3.4. in distribution of resources take into account the developments in medical sciences and the health needs of the society.

Finding;--

8.4. ADMINISTRATION AND MANAGEMENT

Basic standards: The medical college **must**

8.4.1. have an administrative and professional staff that is appropriate to

    8.4.1.1.   support implementation of its educational program and related activities.

Finding;--

    8.4.1.2.   ensure good management and resource deployment.

Finding;--

Quality development standard: The medical college **should**

8.4.2. formulate and implement an internal program for quality assurance of the management including regular review.

Finding;--

8.5 INTERACTION WITH HEALTH SECTOR

Basic standard: The medical college **must**

8.5.1. have constructive interaction with the health and health related sectors of society and government.

Finding;--

Quality development standard: The medical college **should**

8.5.2. formalize its collaboration, including engagement of staff and students, with partners in the health sector.

Finding;--

9. CONTINUOUS RENEWAL:

Basic standards: The medical college **must** as a dynamic and socially accountable institution

9.1. initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the program.

Finding;--

9.2. rectify documented deficiencies.
Finding;--

9.3. allocate resources for continuous renewal.
Finding;--

Quality development standards: The medical college **should**
9.4. base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature.
Finding;--

9.5. Ensure that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experience, present activities and future perspectives.
Finding;--

9.6. address the following issues in its process of renewal:
> 9.6.1. adaptation of mission statement to the scientific, socio-economic and cultural development of the society. (cf. 1.1)

Finding;--
> 9.6.2. modification of the intended educational outcomes of the graduating students in accordance with documented needs of the environment they will enter. The modification might include clinical skills, public health training and involvement in patient care appropriate to responsibilities encountered upon graduation.(cf. 1.3)

Finding;--
> 9.6.3. adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant.(cf. 2.1)

Finding;--
> 9.6.4. adjustment of curricular elements and their relationships in keeping with developments in the basic biomedical, clinical, behavioral and social sciences, changes in the demographic profile and health/disease pattern of the population, and socioeconomic and cultural conditions. The adjustment would ensure that new relevant knowledge, concepts and methods are included and outdated ones discarded.(cf. 2.2 - 2.6)

Finding;--

9.6.5. development of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructional methods.(cf. 3.1 and 3.2)

Finding;--

9.6.6. adaptation of student recruitment policy, selection methods and student intake to changing expectations and circumstances, human resource needs, changes in the premedical education system and the requirements of the educational program.(cf. 5.1 and 5.2)

Finding;--

9.6.7. adaptation of academic staff recruitment and development policy according to changing needs. (cf. 6.1 and 6.2)

Finding;--

9.6.8. updating of educational resources according to changing needs, i.e. the student intake, size and profile of academic staff, and the educational program. (cf. 7.1 - 7.3)

Finding;--

9.6.9. refinement of the process of program monitoring and evaluation.(cf. 4.1 – 4.4)

Finding;--

9.6.10. development of the organizational structure and of governance and management to cope with changing circumstances and needs and, over time, accommodating the interests of the different groups of stakeholders. (cf. 8.1 – 8.5)

Finding;--

Appendix - III -

Template of

EXIT MEETING

The Site-Visit to NAME OF THE COLLEGE AND UNIVERSITY by the SVT on VISIT DATE

During this site-visit, team members assessed the medical education program at the NAME OF THE COLLEGE AND UNIVERSITY using the national standard for accreditation of medical colleges and includes compliance recommendations.

The team expresses its sincere appreciation to the dean NAME OF THE DEAN, Faculty, staff, and students of the NAME OF THE COLLEGE AND UNIVERSITY for their high courtesy and warm welcoming and accommodations during the site-visit.

NAMES OF THE CONTACT PERSON AT THE COLLEGE merit special recognition and commendation for the thoughtful visit preparations and professional support during the conduct of the site-visit.

The SVT had enjoyed this experience with you and will report the findings and documents to the NCAMC within the next two weeks.

Once the NCAMC reaches its decision, the college will receive a copy of the final report and the letter of accreditation (that specifies the accreditation status of the medical education program).

"This concludes the Exit Session.

Please be advised there is no discussion of the findings after the exit statement has been read. The SVT leader can clarify the subsequent steps but should not engage in conversations about what the NCAMC are likely to do with respect to accreditation status or follow-up. There can be no discussion or debate about the team findings."

Appendix - IV-

Template of

REPORTE of SITE VISIT

The Site-Visit to

NAME OF THE COLLEGE AND UNIVERSITY

CITY

PREPARED BY SITE-VISITING TEAM

NCAMC

DATE OF SITE VISIT

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	Educational resources
	Governance and administration
	Continuous renewal

MEMORANDUM

TO: National Council for Accreditation of Medical Colleges (NCAMC)

FROM: Leader of the Site Visiting Team that visited NAME OF THE COLLEGE AND UNIVERSITY on VISIT DATE

RE: Report of the site visit

On behalf of the NCAMC and according to the National Accreditation Guidelines, the SVT had visited the NAME OF THE COLLEGE AND UNIVERSITY on VISIT DATE and the following report includes all the findings supported by the documents.

Respectfully

Signature
Member: NAME, TITLE AND DEGREE
College of Medicine, University -----------
City, Province: -------------
Phone Number: ------------
Email: -------------

Signature
Member: NAME, TITLE AND DEGREE
College of Medicine, University -----------
City, Province: -------------
Phone Number: ------------
Email: --------------

Signature
Member: NAME, TITLE AND DEGREE
College of Medicine, University -----------
City, Province: -------------
Phone Number: ------------
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Member: NAME, TITLE AND DEGREE
College of Medicine, University -----------
City, Province: -------------
Phone Number: ------------
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Signature
Leader\ SVT: NAME, TITLE AND DEGREE
College of Medicine, University of ---------------------
City, Province: ------------
Phone Number: ------------
Email: --------------
Date: -----------

PREFACE

The site visit had been planned to test how Medical Colleges Adopt and apply the National Standards for Accreditation of Medical Colleges (NSAMC) and who the educational program of these colleges are up to these standards.

As a requirement of the accreditation process, college must conduct a Self-Assessment Study (SAS) that ended by writing its Self-Study report (SSR). This process involves collecting and annexing documents related to all areas stated in the NSAMC following the steps of the National Accreditation Guidelines.

The college must handle these documents to the Site Visiting Team (SVT) nominated to that college.

The SVTs were formulated by the Ministry of Higher Education and Scientific Research \ National Council for Accreditation of Medical Colleges (MoHESR \ NCAMC). Members of these teams are faculty members who are enthusiastic and known to be professionals. They were selected and allocated carefully to ensure neutrality and honest judgment. They had been subjected to adequate training in accreditation, medical education, assessment … etc.

The SVT for NAME OF THE COLLEGE, UNIVERSITY contacted the college on DATE OF INITIAL CONTACT and had visit the college at VISIT DATE. During this period, the SVT studied the SSR of the college and all the documents. This study was based on the NSAMC and Guidelines and the site visit was conducted to verify related issues to fulfill this task.

Based on the Code of Conduct, the SVT deal with its duties professionally and on completing its mission, this report was prepared.

This report includes no decisions, instead it describe facts, analyze documents and give recommendations.

We should mention that this task was not to be fulfilled without the efforts of all stakeholders. Especial gratitude is directed to the NAME OF THE COLLEGE AND UNIVERSITY, represented by its Dean NAME OF THE DEAN, person of contact NAME, faculty, staff and students for their willing to give the best.

Before getting into the details of this report, I and instead of this visiting team think that it was an honor to work with our mentor from the NCAMC, NAME OF THE MENTOR as   he\she was so supportive and professional.

DATA COLLECTION, COLLEGE SAS AND SSR

[*Briefly note the following*]:

- Quality of data collection

- Involvement of faculty, students, other stakeholders in the SAS

- Correlation between the college SAS. findings and the team findings.

FINDINGS ACCORDING TO NSAMC

[*Briefly summarize the relevant history of the school*]

AREAS, SUBAREAS AND STANDARDES

1. MISSION AND OUTCOMES:

1.1 Mission;

Basic standards: The medical college must

1.1.1. state its mission.

Description;--

1.1.2. make it known to its community and the health sector it serves.

Description;--

1.1.3. in its mission outline the aims and the educational strategy resulting in a medical doctor

   1.1.3.1. competent at a basic level.

Description;--

   1.1.3.2.   with an appropriate foundation for future career in any branch of medicine.

Description;--

   1.1.3.3.   capable of undertaking the roles of doctors as defined by the health sector.

Description;--

   1.1.3.4. prepared and ready for postgraduate medical education.

Description;--

   1.1.3.5. committed to life-long learning.

Description --

   1.1.4. consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.

      Description;--

Quality development standards: The medical college **should** ensure that the mission encompasses

  1.1.5. medical research attainment.

Description;--

  1.1.6. aspects of global health.

Description;--

1.2 INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM

Basic standards: The medical college **must** have institutional autonomy to
1.2.1. formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding

  1.2.1.1. design of the curriculum.

Description;--

  1.2.1.2. use of the allocated resources necessary for implementation of the curriculum.

Description;--

Quality development standards: The medical college **should** ensure academic freedom for its staff and students

  1.2.2. in addressing the actual curriculum.

Description;--

  1.2.3. in exploring the use of new research results to illustrate specific subjects without expanding the curriculum.

Description;--

1.3 EDUCATIONAL OUTCOMES

Basic standards: The medical college **must**
1.3.1. define the intended educational outcomes that students should exhibit upon graduation in relation to

  1.3.1.1. their achievements at a basic level regarding knowledge, skills, and attitudes.

Description;--

  1.3.1.2. appropriate foundation for future career in any branch of medicine.

Description;--

  1.3.1.3. their future roles in the health sector.

Description;---

1.3.1.4. their subsequent postgraduate training.

Description;---

1.3.1.5. their commitment to and skills in life-long learning.

Description;---

1.3.1.6. the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.

Description;---

1.3.2.ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives.

Description;---

1.3.3.make the intended educational outcomes publicly known.

Description;---

Quality development standards: The medical college **should**

1.3.4. specify and co-ordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training.

Description;---

1.3.5. specify intended outcomes of student engagement in medical research.

Description;---

1.3.6.draw attention to global health related intended outcomes.

Description;---

1.4 PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES

Basic standard: The medical college **must**

1.4.1. ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes.

Description;---

Quality development standard:
The medical college **should**
1.4.2. ensure that the formulation of its mission and intended educational outcomes is based also on input from other stakeholders.
Description;---
----

2. EDUCATIONAL PROGRAM:

2.1 FRAMEWORK OF THE PROGRAM

Basic standards: The medical college **must**
2.1.1. define the overall curriculum.
Description;---

2.1.2. use a curriculum and instructional/learning methods that stimulate, prepare and support students to take responsibility for their learning process.
Description;---

2.1.3. ensure that the curriculum is delivered in accordance with principles of equality.
Description;---

Quality development standard: The medical college **should**
2.1.4. ensure that the curriculum prepares the students for life-long learning.
Description;---

2.2 SCIENTIFIC METHOD

Basic standards: The medical college **must**
2.2.1. throughout the curriculum teach
2.2.1.1. the principles of scientific method, including analytical and critical thinking.
Description;---

2.2.1.2.   medical research methods.
Description;---

2.2.1.3.   evidence-based medicine.

Description;---

Quality development standard: The medical college **should**

2.2.2. in the curriculum include elements of original or advanced research.

Description;---

2.3 BASIC BIOMEDICAL SCIENCES

Basic standards: The medical college **must**

2.3.1. in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of

   2.3.1.1. scientific knowledge fundamental to acquiring and applying clinical science.

  Description   ---

   2.3.1.3. concepts and methods fundamental to acquiring and applying clinical science.

Description;---

Quality development standards: The medical college **should**

2.3.2. in the curriculum adjust and modify the contributions of the biomedical sciences to the

   2.3.2.1. scientific, technological and clinical developments.

Description;---

   2.3.2.2. current and anticipated needs of the society and the health care system.

Description;---

2.4 BEHAVIOURAL AND SOCIAL SCIENCES, MEDICAL ETHICS AND JURISPRUDENCE

Basic standards: The medical college **must**

2.4.1. in the curriculum identifies and incorporates the contributions of the:

  2.4.1.1. behavioral sciences.

Description;---

2.4.1.2. social sciences.

Description;---

2.4.1.3. medical ethics.

Description;---

2.4.1.4. medical jurisprudence.

Description;---

Quality development standards: The medical college **should**
2.4.2. in the curriculum adjust and modify the contributions of the behavioral
and social sciences as well as medical ethics and medical jurisprudence to
2.4.2.1. scientific, technological and clinical developments.

Description;---

2.4.2.2. current and anticipated needs of the society and the health care
system.

Description;---

2.4.2.3. changing demographic and cultural contexts.

Description;---

2.5 CLINICAL SCIENCES AND SKILLS
Basic standards: The medical college **must**
2.5.1 in the curriculum identify and incorporate the contributions of the clinical
sciences to ensure that students
2.5.1.1. acquire sufficient knowledge and clinical and professional skills to
assume appropriate responsibility after graduation.

Description;---

2.5.1.2. spend a reasonable part of the program in planned contact with
patients in relevant clinical settings.

Description;---

2.5.1.3. experience health promotion and preventive medicine.

Description;---

2.5.2. specify the amount of time spent in training in major clinical disciplines.
Description;--

2.5.3.organise clinical training with appropriate attention to patient safety.
Description;--

Quality development standards: The medical college **should**
2.5.4. in the curriculum adjust and modify the contributions of the clinical sciences to the
  2.5.4.1. scientific, technological and clinical developments.
  Description;--
  2.5.4.2. current and anticipated needs of the society and the health care system.
2.5.5. ensure that every student has early patient contact gradually including participation in patient care.
Description;--
2.5.6. structure the different components of clinical skills training according to the stage of the study program.
Description;--

2.6 PROGRAMME STRUCTURE, COMPOSITION AND DURATION

Basic standard: The medical college **must**
2.6.1. describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioral and social and clinical subjects.
Description;--

Quality development standards: The medical college **should** in the curriculum
2.6.2. ensure horizontal integration of associated sciences, disciplines and subjects.
 Description;--
2.6.3. ensure vertical integration of the clinical sciences with the basic biomedical and the behavioral and social sciences.

Description;--

2.6.4. allow optional (elective) content and define the balance between the core and optional content as part of the educational program.
Description;--

2.6.5. describe the interface with complementary medicine.
Description;--

2.7 PROGRAMME MANAGEMENT

Basic standards: The medical college **must**
2.7.1. have a curriculum committee, which under the governance of the academic leadership (the dean) has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes.
Description;--

2.7.2. in its curriculum committee ensures representation of staff and students.
Description;--

Quality development standards: The medical college **should**
2.7.3. through its curriculum committee plan and implement innovations in the curriculum.
Description;--

2.7.4. in its curriculum committee include representatives of other stakeholders.
Description;--

2.8 LINKAGE WITH MEDICAL PRACTICE AND THE HEALTH SECTOR

Basic standard: The medical college **must**
2.8.1 ensure operational linkage between the educational program and the subsequent stages of education or practice after graduation.
 Description;--

Quality development standards: The medical college **should**
2.8.2. ensure that the curriculum committee

2.8.2.1. seeks input from the environment in which graduates will be expected to work, and modifies the program accordingly.

Description;--

2.8.2.2. considers program modification in response to opinions in the community and society.

Description;--

3. ASSESSMENT OF STUDENTS:

3.1 ASSESSMENT METHODS

Basic standards: The medical college **must**

3.1.1. define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes.

Description;--

3.1.2. ensure that assessments cover knowledge, skills and attitudes.

Description;--

3.1.3. use a wide range of assessment methods and formats according to their "assessment

utility".

Description;--

3.1.4. ensure that methods and results of assessments avoid conflicts of interest.

Description;--

3.1.5. ensure that assessments are open to scrutiny by external expertise.

Description;--

3.1.6. use a system of appeal of assessment results.

Description;--

Quality development standards: The medical college **should**

3.1.7. evaluate and document the reliability and validity of assessment methods.

Description;--

3.1.8. incorporate new assessment methods where appropriate.

Description;--

3.1.9. encourage the use of external examiners.
Description;---

3.2 RELATION BETWEEN ASSESSMENT AND LEARNING

Basic standards: The medical college **must**

3.2.1. use assessment principles, methods and practices that

  3.2.1.1. are clearly compatible with intended educational outcomes and instructional methods.

        Description;---

  3.2.1.2. ensure that the intended educational outcomes are met by the students.

Description;---

  3.2.1.3. promote student learning.

Description;---

  3.2.1.4. provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress.

Description;---

Quality development standards: The medical college **should**

3.2.2. adjust the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning.

Description;---

3.2.3. ensure timely, specific, constructive and fair feedback to students on basis of assessment results.

Description;---
----

4.   PROGRAM EVALUATION:

4.1 MECHANISMS FOR PROGRAM MONITORING AND EVALUATION

Basic standards: The medical college **must**

4.1.1. have a program of routine curriculum monitoring of processes and outcomes.

Description;--

4.1.2.establish and apply a mechanism for program evaluation that

   4.1.2.1.   addresses the curriculum and its main components.

Description;--

   4.1.2.2.   addresses student progress.

Description;--

   4.1.2.3.   identifies and addresses concerns.

Description;--

4.1.3. ensure that relevant results of evaluation influence the curriculum.

Description;--

Quality development standards: The medical college **should**

4.1.4. periodically evaluate the program by comprehensively addressing

   4.1.4.1. the context of the educational process.

   Description;--

   4.1.4.2. the specific components of the curriculum.

   Description;--

   4.1.4.3.   the long-term acquired outcomes.

Description;--

   4.1.4.4.   its social accountability

Description;--

4.2 TEACHER AND STUDENT FEEDBACK

Basic standard: The medical college **must**

4.2.1 systematically seek, analyze and respond to teacher and student feedback.

Description;--

Quality development standard: The medical college **should**

4.2.2. use feedback results for program development.

 Description;--

4.3 PERFORMANCE OF STUDENTS AND GRADUATES

Basic standards: The medical college **must**

4.3.1.analyse performance of cohorts of students and graduates in relation to

   4.3.1.3.   mission and intended educational outcomes.

Description;--

   4.3.1.4.   provision of resources.

Description;--

Quality development standards: The medical college **should**

4.3.2. analyse performance of cohorts of students and graduates in relation to student

   4.3.2.1. background and conditions.

Description;--

   4.3.2.2. entrance qualifications.

Description;--

4.3.3. use the analysis of student performance to provide feedback to the committees responsible for

     4.3.3.1. student selection.

Description;--

       4.3.3.2. curriculum planning.

Description;--

       4.3.3.3. student counseling.

Description;--

4.4 INVOLVEMENT OF STAKEHOLDERS

Basic standard: The medical college **must**
4.4.1. in its program monitoring and evaluation activities involve its principal stakeholders.
 Description;--

Quality development standards: The medical college **should**
4.4.2. for other stakeholders
  4.4.2.1. allow access to results of course and program evaluation.

Description;--

  4.4.1.2. seek their feedback on the performance of graduates.

Description;--

  4.4.1.3. seek their feedback on the curriculum.

Description;--
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5.   STUDENTS:
5.1 ADMISSION POLICY AND SELECTION

Basic standards: The medical college **must**
5.1.1. formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students.
Description;--

5.1.2. have a policy and implement a practice for admission of disabled students.
Description;--

5.1.3. have a policy and implement a practice for transfer of students from other national or international programs and institutions.
Description;---

Quality development standards: The medical college **should**
5.1.4. state the relationship between selection and the mission of the school, the educational program and desired qualities of graduates.
Description;---

5.1.5. periodically review the admission policy.
Description;---

5.1.6. use a system for appeal of admission decisions.
Description;---

5.2 STUDENT INTAKE

Basic standard: The medical college **must**
5.2.1. define the size of student intake and relate it to its capacity at all stages of the program.
Description;---

Quality development standard: The medical college **should**
5.2.2. periodically review the size and nature of student intake in consultation with other stakeholders and regulate it to meet the health needs of the community and society.
Description;---

5.3 STUDENT COUNSELLING AND SUPPORT

Basic standards: The medical college and/or the university **must**
5.3.1. have a system for academic counseling of its student population.
 Description;---

5.3.2. offer a program of student support, addressing social, financial and personal needs.
Description;---

5.3.3. allocate resources for student support.

Description;---

5.3.4. ensure confidentiality in relation to counseling and support.
Description;---

Quality development standards:
The medical college **should**
5.3.5. provide academic counseling that
   5.3.5.1. is based on monitoring of student progress.
Description;---

   5.3.5.2. includes career guidance and planning.
Description;---

5.4 STUDENT REPRESENTATION

Basic standards: The medical college **must**
5.4.1 formulate and implement a policy on student representation and appropriate participation in
   5.4.1.1. mission statement.
Description;---

   5.4.1.2. design of the program.
Description;---

   4.4.1.3. management of the program.
Description;---

   5.4.1.4 evaluation of the program.
Description;---

   5.4.1.5. other matters relevant to students.
Description;---

Quality development standard: The medical college **should**
5.4.2. encourage and facilitate student activities and student organizations.
Description;---
----

6.   ACADEMIC STAFF/ FACULTY:

6.1 RECRUITMENT AND SELECTION POLICY
Basic standards: The medical college **must**

6.1.1. formulate and implement a staff recruitment and selection policy which

6.1.1.1. outline the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioral and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff.

Description;--

6.1.1.2. address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions.

Description;--

6.1.1.3. specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioral and social sciences and the clinical sciences.

Description;--

Quality development standards: The medical college **should**

6.1.2. in its policy for staff recruitment and selection take into account criteria such as

6.1.2.1. relationship to its mission, including significant local issues.

Description;--

6.1.2.2. economic considerations.

Description;--

6.2 STAFF ACTIVITY AND STAFF DEVELOPMENT

Basic standards: The medical college **must**

6.2.1 formulate and implement a staff activity and development policy which

6.2.1.1. allow a balance of capacity between teaching, research and service functions.

Description;--

6.2.1.2. ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications.

Description;--

6.2.1.3. ensure that clinical service functions and research are used in teaching and learning.

Description;--

6.2.1.4. ensure sufficient knowledge by individual staff members of the total curriculum.

Description;--

6.2.1.5. include teacher training, development, support and appraisal.

Description;--

Quality development standards: The medical college **should**

6.2.2. take into account teacher-student ratios relevant to the various curricular components.

Description;--

6.2.3. design and implement a staff promotion policy.

Description;--

7.   EDUCATIONAL RESOURCES:

7.1 PHYSICAL FACILITIES

Basic standards: The medical college **must**

7.1.1. have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately.

Description;--

7.1.2. ensure a learning environment, which is safe for staff, students, patients and their relatives. Description;---

Quality development standard: The medical college **should**

7.1.3. improve the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices. Description;---

7.2 CLINICAL TRAINING RESOURCES

Basic standards: The medical college **must**

7.2.1. ensure necessary resources for giving the students adequate clinical experience, including sufficient

  7.2.1.1. number and categories of patients.

Description;---

  7.2.1.2. clinical training facilities.

Description;---

   7.2.1.3.supervision of their clinical practice.

Description;---

Quality development standard: The medical college **should**

7.2.2. evaluate, adapt and improve the facilities for clinical training to meet the needs of the population it serves.

Description;---

7.3 INFORMATION TECHNOLOGY

Basic standards: The medical college **must**

7.3.1 formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology.

 Description;---

7.3.2. ensure access to web-based or other electronic media.

Description;---

Quality development standards: The medical college **should**

7.3.3. enable teachers and students to use existing and exploit appropriate new information and communication technology for

   7.3.3.1. independent learning.

Description;---

   7.3.3.2. accessing information.

Description;---

   7.3.3.3. managing patients.

Description;---

   7.3.3.4. working in health care delivery systems.

Description;---

   7.3.3.5. optimize student access to relevant patient data and health care information systems.

Description;---

7.4 MEDICAL RESEARCH AND SCHOLARSHIP

Basic standards: The medical college **must**

7.4.1. use medical research and scholarship as a basis for the educational curriculum.

Description;---

7.4.2. formulate and implement a policy that fosters the relationship between medical research and education.

Description;---

7.4.3. describe the research facilities and priorities at the institution.

Description;---

Quality development standards:

The medical college **should**

7.4.4. ensure that interaction between medical research and education

   7.4.4.1.   influences current teaching.

Description;--

   7.4.4.2. encourages and prepares students to engage in medical research and development.

Description;--

7.5 EDUCATIONAL EXPERTISE

Basic standards: The medical college **must**

7.5.1. have access to educational expertise where required.

Description;--

7.5.2. formulate and implement a policy on the use of educational expertise in
     7.5.2.1.curriculum development.

Description;--

     7.5.2.2.development of teaching and assessment methods.

Description;--

Quality development standards: The medical college **should**

 7.5.3. demonstrate evidence of the use of in-house or external educational expertise in staff development.

Description;--

 7.5.4. pay attention to current expertise in educational evaluation and in research in the discipline of medical education.

Description;--

 7.5.5. allow staff to pursue educational research interest.

Finding;--

7.6 EDUCATIONAL EXCHANGES

Basic standards: The medical college **must**

 7.6.1. formulate and implement a policy for

7.6.1.1.national and international collaboration with other educational institutions, including staff and student mobility.

Description;--

7.6.1.2. transfer of educational credits.

Description;--

Quality development standards: The medical college **should**

7.6.2. facilitate regional and international exchange of staff and students by providing appropriate resources.

Description;--

7.6.3. ensure that exchange is purposefully organized, taking into account the needs of staff and students, and respecting ethical principles.

Description;--

8. GOVERNANCE AND ADMINISTRATION :
8.1 GOVERNANCE

Basic standard: The medical college **must**

8.1.1. define its governance structures and functions including their relationships within the university.

Description;--

Quality development standards: The medical college **should**

8.1.2. in its governance structures set out the committee structure, and reflect representation from

8.1.2.1. principal stakeholders.

Description;--

8.1.2.2. other stakeholders.

Description;--

8.1.3. ensure transparency of the work of governance and its decisions.

Description;--

8.2 ACADEMIC LEADERSHIP

Basic standard: The medical college **must**

8.2.1. describe the responsibilities of its academic leadership for definition and management of the medical educational program.

 Description;--

Quality development standard: The medical college **should**

8.2.2. periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes.

Description;--

8.3 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION

Basic standards: The medical college **must**

8.3.1. have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget.

Description;--

8.3.2. allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs.

Description;--

Quality development standards: The medical college **should**

8.3.3. have autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended educational outcomes.

Description;--

8.3.4. in distribution of resources take into account the developments in medical sciences and the health needs of the society.

Description;--

8.4 ADMINISTRATION AND MANAGEMENT

Basic standards: The medical college **must**

8.4.1. have an administrative and professional staff that is appropriate to

      8.4.1.1.support implementation of its educational program and related activities.

Description;---

       8.4.1.2.   ensure good management and resource deployment.
Description;---

Quality development standard: The medical college **should**
8.4.2. formulate and implement an internal program for quality assurance of the management including regular review.
Description;---

8.5 INTERACTION WITH HEALTH SECTOR

Basic standard: The medical college **must**
8.5.1. have constructive interaction with the health and health related sectors of society and government.
Description;---

Quality development standard: The medical college **should**
8.5.2. formalize its collaboration, including engagement of staff and students, with partners in the health sector.
Description;---
----

9. <u>CONTINUOUS RENEWAL:</u>

Basic standards: The medical college **must** as a dynamic and socially accountable institution
9.1. initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the program.
Description;---

9.2. rectify documented deficiencies.
Description;---

9.3. allocate resources for continuous renewal.
Description;---

Quality development standards: The medical college **should**

9.4. base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature.

Description;---

9.5. Ensure that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experience, present activities and future perspectives.

Description;---

9.6. address the following issues in its process of renewal:

9.6.1. adaptation of mission statement to the scientific, socio-economic and cultural development of the society. (cf. 1.1)

Description   ---

9.6.2. modification of the intended educational outcomes of the graduating students in accordance with documented needs of the environment they will enter. The modification might include clinical skills, public health training and involvement in patient care appropriate to responsibilities encountered upon graduation.(cf. 1.3)

Description;---

9.6.3. adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant.(cf. 2.1)

Description;---

9.6.4. adjustment of curricular elements and their relationships in keeping with developments in the basic biomedical, clinical, behavioral and social sciences, changes in the demographic profile and health/disease pattern of the population, and socioeconomic and cultural conditions. The adjustment would ensure that new relevant knowledge, concepts and methods are included and outdated ones discarded.(cf. 2.2 - 2.6)

Description;---

9.6.5. development of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructional methods.(cf. 3.1 and 3.2)

Description   ---

9.6.6. adaptation of student recruitment policy, selection methods and student intake to changing expectations and circumstances, human resource needs,

changes in the premedical education system and the requirements of the educational program.(cf. 5.1 and 5.2)

Description;---

9.6.7. adaptation of academic staff recruitment and development policy according to changing needs. (cf. 6.1 and 6.2)

Description;---

9.6.8. updating of educational resources according to changing needs, i.e. the student intake, size and profile of academic staff, and the educational program. (cf. 7.1 - 7.3)

Description;---

9.6.9.refinement of the process of program monitoring and evaluation.(cf. 4.1 – 4.4)

Description;---

9.6.10. development of the organizational structure and of governance and management to cope with changing circumstances and needs and, over time, accommodating the interests of the different groups of stakeholders. (cf. 8.1 – 8.5)

Description;---

Appendix -V-

Template of

Examples of questionnaire

These are Example of questionnaire the college may use for self-assessment study(shouldn't be used as copy and paste). These should be modified according to the college size, number of staff, and stakeholders (Dean, faculty, students, health and education authorities, health association and community representative)**.**

1.MISSION

Please; respond to the following questions as part of your contribution to improve your college performance.

Please choose one; faculty member ( ), graduate ( ), student ( ), administrator ( ) .

Target	Questions	Presentation
Curric commtt faculty	Are mission and objectives used for planning and monitoring?	yes ( )no( )
Stakeholders	Do you participate in setting of vision, mission, and objectives?	yes ( ) no ( )
stakeholders	Have mission and objectives been made known to you?	yes ( ) no( )
Faculty students	Are you aware about change in program, polices, and procedures?	Strongly agree ( ), Agree( ) disagree( ), strongly disagree ( )
stakeholders	Are mission and objectives used to select curriculum content, for learning experience	Strongly agree ( ), Agree( ) disagree( ) ,strongly disagree ( )
stakeholders	Are the mission and objectives used in evaluation of effectiveness of curriculum?	Strongly agree ( ), Agree( ) disagree( ),strongly disagree ( )
stakeholders	Are linkage of the learning and curriculum objective are well defined?	Strongly agree ( ), Agree( ) disagree( ),strongly disagree ( )

2. EDUCATIONAL PROGRAM

Target	Components	presentation
Students graduates	Does curriculum provide you with learning opportunities in all disciplines to practice safely?	Strongly satisfied( ), moderately satisfied( ), unsatisfied ( ), unsatisfied at all( )
graduates	Does the curriculum prepare you for critical thinking and lifelong learning?	Yes( ), No( )
Stakeholders	Satisfaction with Curriculum objectives content	Strongly satisfied( ), moderately satisfied( ), unsatisfied( ), unsatisfied at all( )
Stakeholders	Does the curriculum contain all items?	Strongly agree ( ), Agree( ) disagree( ),strongly disagree ( )
Faculty Students graduates	Do students acquire knowledge, skills, attitude in health promotion and other disciplines	Strongly agree ( ), Agree( ) disagree( ),strongly disagree ( )
Faculty, students, graduates	How do you describe the relevance of content of basic science to objectives	Strongly satisfied( ), moderately satisfied( ),unsatisfied( ), unsatisfied at all( )
Faculty, students, graduates	Are Humanitarian values are taught in clinical science?How?	Strongly satisfied( ), modrately satisfied( ), unsatisfied( ), unsatisfied at all( )
Faculty, students, graduates	Are the level of knowledge and understanding .skills and attitudes expected of the students at each phase of the curriculum known to Faculty, students, graduates?	Yes( ),No( )
Faculty, students , graduates	How are teaching methods fosters students-center teaching, analytic thinking and life-long learning?	Yes( ),No( )
Students	Do they have adequate knowledge about new technologies? To what extent are they adequate?	Yes( ),No( )
Students graduates	Determine how early is the exposure of student to clinical setting?	Fact / opinion
Faculty and student	What are the settings in which the training are conducted?	fact
Faculty and student	Training in PHCC, community clinics, on common transient conditions	Yes( ),No( )
Students	Does have a project	Yes( ),No( )
Students graduates	Do you have training on medical ethics	Yes( ),No( )

3. ASSESSMENT OF STUDENT

Target	Components	presentation
students	Are assessment method made known to students	Strongly agree ( ), Agree( ) disagree( ),strongly disagree ( )
Faculty students	Presence of continuous assessment (formative exam) .	Yes( ), No( )
Faculty,	To examine the percentage of clinical in	Strongly satisfied( ),

students graduates	clinical disciplines	moderately satisfied( ), unsatisfied( ), unsatisfied at all( )
Students graduates	Presence of training on communication skills and attitude toward patient and team	Yes( ),No( )
Students graduates	Presence of training on communication skills and attitude toward health care team	Yes( ), No( )

4. PROGRAM EVALUATION

Target	Components	presentation
Faculty, students	Have the students and d faculty role in evaluation and feedback	Strongly satisfied( ), moderately satisfied( ), unsatisfied( ), unsatisfied at all( )
Document	feedback mechanism is important element in program evaluation	Strongly satisfied( ), moderately satisfied( ), unsatisfied( ), unsatisfied at all( )
Curriculum committee faculty	Does the college has a mechanism to respond to community	Strongly satisfied( ), moderately satisfied( ), unsatisfied( ), unsatisfied at all( )

5. STUDENTS

Target	Components	presentation
Students	Presence of advisory board	Strongly satisfied( ), moderately satisfied( ), unsatisfied( ), unsatisfied at all ( )
students	Availability of immunization program	Yes( ), No( )
Faculty, students	Presence of elective activities	Yes( ), No( )

6. ACADEMIC STAFF/ FACULTY

Target	Components	presentation Yes( ), No( )
Faculty ,students	Presence of recruitment and promotion university regulations	Yes( ), No( )
Faculty	Presence of appointments between basic and clinical science	Yes( ), No( )

Faculty	Presence of part time appointments	Yes( ), No( )
Faculty	Presence of appointments between college and hospital	Yes( ), No( ),not
Faculty	Staff have access to development program	Yes( ), No( )
Faculty	Presence of evidence based Teaching facilities	Yes( ), No( )

7. EDUCATIONAL RESOURCES

Target	Components	presentation
Faculty curriculum committee	is the physical resources responds to curriculum changes	Strongly agree ( ), Agree( ) disagree( ),strongly disagree ( )
Hospital administrators	Are affiliated health institutions are accredited	Yes( ), No( )
Faculty, students	All specialties are present at affiliated hospitals	Strongly satisfied( ), moderately satisfied( ), unsatisfied( ), unsatisfied at all( )
Faculty , students	Presence of ambulatory care services	%opinion Strongly satisfied( ), moderately satisfied( ), unsatisfied( ), unsatisfied at all( )
Faculty , students	Availability of educational facilities in hospitals	Yes( ), No( )
Students, graduates	Availability of welfare facilities	Yes( ), No( )
Students, graduates	Spaces for sport and elective activities	Yes( ), No( )

8. GOVERNANCE AND ADMINISTRATION OF THE MEDICAL COLLEGE.

Target	Components	presentation
Curriculum committee	Obvious line for control over curriculum	Strongly agree ( ), Agree( ) disagree( ),strongly disagree ( )
Faculty and senior hospital administration	Sharing of college objectives	Strongly agree ( ), Agree( ) disagree( ),strongly disagree ( )

College administrator	Other sources of funding, if present?	%opinion Strongly agree ( ), Agree( ) disagree( ),strongly disagree ( )
Staff	Are they informed about responsibilities	Strongly agree ( ), Agree( ) disagree( ) ,strongly disagree ( )
Staff, students	Presence of a site for all policies and regulations	Yes( ), No( )
faculty	The college is committed to Iraqi regulations	Yes( ), No( )

9- <u>CONTINUOUS RENEWAL</u>

Target	Components	presentation
stakeholders	Presence of mechanism review of mission	Strongly satisfied( ), moderately satisfied( ), unsatisfied( ), unsatisfied at all( )
Faculty	Is the college respond to community requirements	Strongly agree ( ), Agree( ) disagree( ),strongly disagree ( )

Appendix -VI-
Template of
Stakeholders Interview

Instructions to the interviewer

1. Introduce yourself

2. Explain the reason for interview

3. Agree on time limits and keep to them. Interviews should be kept to around an hour in length.

4. Ask factual questions before opinion ones

5. Use probes or exploratory issues as needed. Probes include:

6. Would you give me an example?

7. Can you elaborate on that idea?

8. Would you explain that further?

9. I'm not sure I understand what you're saying.

10. Is there anything else?

11. Do not read out the choices mentioned below some of the explanatory questions. Use them as suggestions and as a guide for recording responses.

12. Inform about conditions of confidentiality.

13. Ask permission for use of tape recorder and/or note-taking if you are to use.

14. Paraphrase: let the respondent see a summary of the findings of the interview.

General information:
- Interviewer(s):
- Date of interview:
- Name of person interviewed:
- Position:

Introduction (Including informed consent)

I want to thank you for taking the time to meet with me today. My name is
_____. In an attempt for self-assessment and improvement of the educational program, this structured interview was designed for key stakeholders for evaluation of their satisfaction and level of participation in addition to assessment of various educational activities relevance to later practice. The interview should take less than an hour. I will be taping the session because I don't want to miss any of your comments. Although I will be taking some notes during the session, I can't possibly write fast enough to get it all down. Because we're on tape, please be sure to speak up so that we don't miss your comments. All responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent, if this is your wish. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time. Are there any questions about what I have just explained? Are you willing to participate in this interview?

Signed Interviewee   Signed Interviewer
Date

Core questions and Exploratory Issues

❖ This interview guide identifies core questions that should be covered in stakeholder interviews in each review site. While each individual stakeholder may not be able to address each core question, the combination of interviews in each site should cover the core questions. However, reviewers will need to make judgments about which of the questions to be covered should be pursued with each individual stakeholder.

❖ Each core question is followed by a list of exploratory issues that reviewers should pursue, as appropriate, in the interview. As with the core questions, some of the exploratory issues will be more or less applicable to individual stakeholders.

❖ Notes from the interview are recorded on the Stakeholder Interview Guide form to be later summarized and interpreted by the survey team.

1. Educational program.
Core Question: Describe the extent to which the college educational program is appropriate to produce a competent basic doctor and lifelong learner?
Probing and Exploratory Issues would you describe the curriculum of the college? (More than one item may be chosen) □ Discipline-based   □ Integrated   □ Community-based □ Problem-based   □ Systematic   □ Hospital-based □ Student-centered   □ Teacher-centered □ Were you ever a member of the curriculum committee of the college? □ If yes, what was your contribution? □ Are you aware of the competencies required from the graduates of the college? Show the interviewed stakeholder the list of college competencies then ask: □ Do you think that the college's educational program will lead to achievement of those competencies? Elaborate □ Do you think that those competencies are sufficient to produce competent physicians? Elaborate □ Do the competencies expected from the college student upon graduation match your expectations for a safe basic doctor practice? □ Would you like to add any other competencies to those predetermined by the college? □ How would you judge the alumni readiness for postgraduate medical training upon graduation? □ To what extent does the curriculum encourage the development of each of the following scientific methods? **Critical thinking** □To a great extent   □To some extent   □To little extent   □No existence of such methods **Analytical thinking** □To a great extent   □To some extent   □To little extent   □No existence of such methods **Evidence-based medicine** □To a great extent   □To some extent   □To little extent   □No existence of such methods **Life long learning** □To a great extent   □To some extent   □To little extent   □No existence of such methods
Please use separate paper for feedback

3. Students
Core Question: In your opinion, are the size and nature of student intake decided in consultation with the relevant stakeholders and reviewed periodically to meet the needs of community and society.
Probing and Exploratory Issues ☐ Do you know the student admission policy of the college? ☐ Are you satisfied with this students' admission policy? Elaborate ☐ Have you ever been consulted about the size and nature of student intake? ☐ If yes, what was your opinion? And was it taken into consideration in the actions of the college or relevant decision making authorities? ☐ Is the admission policy regulated periodically to meet the needs of community and society? If yes, elaborate. ☐ If no, what are the obstacles in your opinion to such periodical review?
Please use separate paper for feedback

2.   Program evaluation
Core Question: How are the principal stakeholders within the medical college involved in program evaluation?
Probing and Exploratory Issues ☐ Have you been ever asked to give your feedback about the educational program of the college? ☐ Have you ever been asked to share in program evaluation of the college? ☐ If yes, how? To what extent or in which parts of the evaluations were stakeholders involved? ☐ Have you ever been informed of the results of program evaluation of the college? ☐ If yes, how? ☐ To what extent are stakeholders involved in the evaluation and development of the program? (Ask about numbers and positions of those involved) ☐ What difficulties were encountered in the nearest evaluation you shared in? What actions   were taken to resolve them?
Please use separate paper for feedback

3.   Governance and administration
Core Question: How are the principal stakeholders within the medical college involved in the governance and organizational structure of the college?
Probing and Exploratory Issues ☐ Are you a member in any of the college committees? ☐ Are you a member in the college Board?

☐ Is there any sort of collaboration between you and the college? Elaborate ☐ In your opinion, is the stakeholders' representation and contribution to the governance and administration of the college adequate?
Please use separate paper for feedback
4.   Overall satisfaction of program quality
Core Question: Are you satisfied with the overall quality of the educational program?
How would you describe the college graduates performance in the workplace as compared to other college graduates? ☐ Would you recommend this program to prospective students? ☐ In your opinion, what are the most important points of strength about the medical college? ☐ In your opinion, what are the most important points of weakness about your medical college? ☐ Mention threats (if any). ☐ Mention opportunities (if any).
Please use separate paper for feedback

Students' interview guide
The interview guide used for the self-study can be used during the various targeted populations during the site visit. The following areas may be added as relevant:

Assessment of Students
Core Question: In your opinion, are the assessment methods clearly compatible with educational objectives and can promote learning? Probing and Exploratory Issues ☐ As far as you know, are there any new assessment methods introduced recently to your assessment system? ☐ Are the number and nature of examinations assessing the various curricular elements to encourage integrated learning? ☐ As regards the methods of students' students, is there a balance between formative and summative assessment?
Educational resources

Core Question: Does the college have sufficient resources to ensure that the curriculum can be delivered adequately?
.
Probing and Exploratory Issues
☐ Do you think ……… is available sufficiently as an educational resource
☐ Physical facilities   ☐ Clinical experience
☐ Clinical training facilities   ☐ Educational expertise
☐ Information technology
☐ Does the college have a policy that fosters the relationship between research and education?
☐ Please describe the research facilities and areas of research priorities at the college
☐ Does the college provide appropriate resources to facilitate regional and international exchange of academic staff?

5.	**Mission and Objectives**

Core Question: How has the college involved its principal stakeholders in formulating and reviewing the mission and objective statements?

Probing and Exploratory Issues
- Do you know the mission of the medical college ?

- Do you think ………………………… is well represented in the mission?

    a- Social responsibility.   b- Research attainment.   c- Community involvement.   d. Readiness for postgraduate training

- Have you participated in either mission formulation or review?

- If yes, what was your share?

- What actions did the college take to encourage stakeholder involvement in formulating and reviewing the mission and objective statements?

Show the college general objectives to the interviewed stakeholder then ask:
➢ In your opinion, do the school general objectives reflect the mission?

Please use separate paper for feedback

References

- Basic Medical Education. World Federation of Medical Education (WFME). WFME Global Standards for Quality Improvement. New edition 2012, revised. 2015
- Basic Medical Education, WFME Global Standards for Quality Improvement. WFME Office: University Of Copenhagen · Denmark, 2003.
- WHO/WFME Guidelines for Accreditation of Basic Medical Education. Geneva/Copenhagen 2005.
- Committee on Accreditation of Canadian Medical Schools. Guide to the Medical School Self-Study for Medical Education Programs Leading to the M.D. Degree .October 2014. For Full Accreditation Surveys Scheduled In 2015-2016.

- Functions and Structure of a Medical School. Standards for Accreditation of Medical Education Programs Leading To the M.D. Degree Liaison Committee on Medical Education October 2004 Edition (With Updates As Of June 2006). www.Lcme.org
- Health Workforce Development Series 3. Regional Guide To Establish And Sustain National And Institutional Systems Of Accreditation Of Health Professions Education in The Eastern Mediterranean Region World Health Organization Regional Office For Eastern Mediterranean November 2011. Printed By WHO Regional Office For The Eastern Mediterranean, Cairo.
- Health Workforce Development Series 2 .Eastern Mediterranean Regional Standards for Accreditation of Health Professions Education. By Ghanim Alsheik and Wagdy Talaat .World Health Organization. Regional Office for Eastern Mediterranean in Collaboration with WFME, AMEEMR, SSAMS and Representatives Of EMR Countries. November 2011.
- Report On the consultative meeting to strengthen accreditation of medical education institutions in Iraq: a national road map. Erbil, Iraq, 24-26 September 2012.

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