



Policies & Procedures

By

National Council for Accreditation of Medical Colleges

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Definitions

The following terms have these meanings in this policies and Procedure Guidebook

“NCAMC” means the National Council for Accreditation of Medical Colleges

“MOHSR” means the Ministry of Higher Education and Scientific Research

“WFME” World Federation of Medical Education

“SAS” means the Self-Assessment Study

“SAR” means the Self-Assessment Report

“SV” means the Site Visit

“SVT” means the Site Visiting Team

“SVR” means The Site Visit Report

“NAT” means the National Assessors Team

“Council” means National Council for Accreditation of Medical Colleges

“Quorum” means half of the total members’ numbers plus one.

“Majority” means half the number of attendees plus one (when the quorum is verified)

“President of Council” means the President of National Council for Accreditation of Medical Colleges

“Dean” means the Dean of Medical College

NCAMC Policy for the Development of National Standards for Accreditation of Medical Colleges

According to the Law of the Ministry of Higher Education No. (40) of 1988, Article (6), the National Council for the Accreditation of Medical Colleges was formed by Ministerial Order No/ 5/7/1456 on 4/22/2015 and Ministerial Order s/5/7/4408 on 14 /12/2016, one of the functions of the NCAMC Regulation Agency is: 'to establish procedures for the development of accreditation standards, and guidelines approved by MOHSR to ensure that the national accreditation system operates in accordance with good practice.

Purpose

The purpose of this policy is to guide the required procedure in developing any new national standards for accreditation.

Scope

This policy applies to all newly developed national standards for accreditation of medical colleges in Iraq.

Procedures for the development of accreditation standards

1. Considers the objectives and guiding principles in the National Law
 - a. Ensuring that the **interns** who are suitably trained and qualified to practice competently and ethically graduated from medical colleges.
 - b. Facilitate the provision of high-quality education and training for undergraduates.
 - c. Facilitate the rigorous and responsive assessment.
 - d. Enable the continuous development of a flexible, responsive, and sustainable health workforce and facilitate innovation in the education of and service delivery by health practitioners.
2. Meets the consultation requirements in the National Law
Accreditation authorities should consult fully on developing standards. The relevant profession and governments should be consulted at a minimum, and proposed changes should also be published on the authority's website at the commencement of a consultation process.
3. Considers important international norms and statements regarding professional education and training, as well as accreditation standards used in countries with equivalent education and practice standards for the profession.
4. Considers the medical college's outcomes and whether the proposed standards are the best option for helping the colleges achieve its outcomes.

Procedures by the NCAMC

1. The NCAMC is responsible for developing the *National Standards for Accreditation of medical colleges* and initiating such actions.
2. The NCAMC decision that new standards are needed. A Standards developing committee will be appointed. The council may make use of ad hoc committees in the

development of new standards. The committees shall consist of Council members but may include others. The committee prepares a timeline for completing the standards.

3. Development and Adoption Phase: This phase includes the development and review of consecutive drafts based on the input using methods such as results of surveys, suggestions and focus group discussions from the stakeholders.
4. Implementation Phase: The new standards will be distributed, and the NCAMC will provide an orientation to the new standards, if appropriate. Open discussion relative to the need for and/or feasibility of the new standards will be provided, with an opportunity for the committee to make recommendations and submit them to the council. The *National Standards for Accreditation of medical colleges* will be finalized from the reports received and recommendations made.
5. The adopted standards are to be implemented by medical colleges within one year. Colleges will review the adopted standards to revise policies and procedures to comply with the newly adopted standards. Colleges must comply with all criteria of the standards being addressed. The NCAMC will collect data regarding difficulties complying with the adopted standards during the year. The council will determine if any changes to the adopted standards are necessary.

Decision by NCAMC

National Law provides that the NCAMC have the authority to decide on adopting the new accreditation standards. The MOHSR will approve these new standards. The standards used by NCAMC developed from the WFME standards on basic medical education, which cover all areas related to college academic programs. Including:

1. **Mission and outcomes**
2. **Educational programme.**
3. **Students' assessment**
4. **Program evaluation**
5. **Students.**
6. **Academic Staff/Faculty**
7. **Educational resources.**
8. **Governance and administration.**
9. **Continuous renewal.**

NCAMC Policy for Reviewing of the National Standards for Accreditation of Medical Colleges

Purpose

The purpose of this policy is to provide guidance for reviewing and updating national accreditation standards, including any reforms or substantial changes.

Scope

This policy applies to national standards for the accreditation of medical colleges in Iraq.

Procedures

The National Council for Accreditation of Medical Colleges (NCAMC) initiates a systematic and comprehensive periodic (every 5-8 years) review of the stated National Standards for Accreditation of Medical Colleges.

The review is designed to assess these Standards' utility, effectiveness, and relevance and to ensure that they are updated to align with changing institutional characteristics, societal needs, national regulations, and best practices in higher education. International updates and information from multiple sources, including input from internal and external stakeholders, are considered in the review.

Steps for the reviewing and approval process:

The NCAMC announced the start of the review process and proposed a time schedule for this task.

1. Seek inputs and suggestions from stakeholders; internal, such as members of the National Assessors Team, medical colleges, and medical syndicate, and external, such as related international communities, organizations, and experts.
2. Start the review process, which will adopt the following:
 - Examines whether the National Standards are adequate to evaluate institutional and educational quality.
 - Examines whether these Standards are relevant to the educational needs of students and adequately evaluate student learning and achievement.
 - Examines each standard alone and the Standards within each area as a whole.
 - Examines the areas as a whole.
3. While reviewing the National Standards, the NCAMC provides periodic proclamations to the stakeholders on the progress in this regard through formal notes and/or electronic communications and at its website.
4. If the NCAMC decides that updates are needed, it will notify stakeholders and initiate related actions within 12 months. Such acts will include:
 - The NCAMC will allocate special topic task forces. The candidates can be selected from the accreditation experts, council advisory board, NAT and interested faculty members.
 - Once the revised National Standards have been drafted, the NCAMC will provide opportunities for the stakeholders to review and comment. The proposed changes will be considered and discussed.

5. When the final draft of the new National Standards is completed, the NCAMC will start the first round of reviewing this draft, created by a formal request from the head of the NCAMC. An agreement is expected to be made within three months of this request.
6. A formal NCAMC meeting will be scheduled to consider these new National Standards for final discussion and approval. More than one meeting may be needed to fulfil this task.
7. When the NCAMC approves the final draft of the new "National Standards for Accreditation of Medical Colleges", it will report to the Ministry of Higher Education and Scientific Research for adoption.
8. These National Standards will be published and distributed to stakeholders. These will be the formal National Standards to be fulfilled.
9. The process of reviewing, drafting, and approving the National Standards is expected to be completed within two years.

NCAMC Policy for Support Medical Faculties During the Self-Assessment Study (SAS):

Purpose

Generally, the NCAMC provides continuous support and guidance to the faculty through the fundamental steps of the accreditation process, including writing the Self-Assessment Study (SAS).

Procedures

1. Many booklets have been prepared and published for this purpose by the NCAMC (NCAMC Publications).
2. The NCAMC conducts regular workshops for this purpose, and representatives from medical faculties are allowed to participate.
3. The faculty may ask the NCAMC to conduct an additional onsite workshop at any step if needed. The NCAMC will respond according to an agreed schedule with that faculty in no more than three months when feasible.
4. The faculty may ask the NCAMC to arrange a peer review visit with other medical faculties in this regard. The NCAMC will respond according to an agreed schedule with that faculty in no more than three months when feasible.
5. The faculty may ask the NCAMC about any step or detail of the SAS. The NCAMC will respond in no more than seven working days.
6. Most faculties have representatives at the NCAMC and at the NAT that can be consulted at any time for this purpose. The NCAMC make it clear to those representatives that they can support the faculty in any way they can, considering the internal regulations of the NCAMC.

NCAMC Policy for Site Visit Team (SVT)

Formulation of National Assessor Team (NAT)

The NCAMC adopts the following steps to formulate the National Assessors Team (NAT):

1. The NCAMC asks the medical colleges to nominate qualified members according to the following criteria:
 - Leadership experience, preferably those with an administrative experience like those who are/were working as Dean, vice dean, head department or director of a hospital.
 - Familial with Medical education; preferably to have experience in medical education and how this system is implemented in the Iraqi medical colleges, and those who have participated in the research related to medical education disciplines.
 - Enthusiastic about being involved in the accreditation process; preferably those with good awareness of the National Standards and Guidelines, those who are working with \ or have been working with the college self-assessment process, and those who have participated in the research related to the accreditation activities.
 - Have an academic Degree, preferably a postgraduate degree and preferably a professor or assistant professor.
 - Free from any possible conflict of interests and have no political position or affiliation. Additional attention will consider when the nominee is allocated as a member of the Site Visit Team directed to a given college.
 - Recommended for such a position; the nominees should have a letter of recommendation from two seniors who are/were involved in the accreditation process.
2. The nominees will be subjected to multiple workshops related to accreditation. Within these workshops, multiple tests and evaluation methods will guide the subsequent selection method.
3. From these candidates, the NCAMC will select the members of the NAT in a formal meeting. The selection will be based on the results of these tests and evaluation methods, considering the points mentioned in the nomination criteria (above). The final list of NAT members is approved by NCAMC voting.
4. The final list of NAT members will be formal after issuing the ministerial order.
5. Members of the NAT will be subjected to further workshops and training, including a site visit MOCK test to improve their skills and capabilities.

Formulation of Site Visit Team

The NCAMC adopts the following steps to formulate the Site Visit Team (SVT):

- 1- Members of the SVT are selected from the NAT.
- 2- The geographic distribution of the SVT is considered; the members must be of different geographical backgrounds.
- 3- Considering related points mentioned at the NAT nomination criteria and the Code of Conduct, there must be no conflict of interest between the team and the college to be visited.
- 4- Gender representation in SVT should be ensured when feasible.
- 5- SVT selection should consider accreditation experience when feasible.
- 6- The NCAMC will approve the final SVT list at an official meeting. The ministerial order will thereafter be issued.

Selection of Leader for Site visit team

The NCAMC selects the leader of the SVT at a formal meeting. He must already be a member of that team who should have the following:

1. Experience in leadership, preferably if hold \ or had held the position of Dean, vice dean, or head of a department\ unit or permanent committee (ex., Examination, medical education, curriculum.... *Etc.*).
2. Hold the academic title of professor or assistant professor
3. The highest degree in his/her specialty.
4. Participated actively in the accreditation and medical education workshops; the number of attended workshops is to be considered.
5. The leader should experience early participation in the college self-assessment activities at a previous NAT or an earlier SVT, preferably as an Accreditation Head or Steering Committee member.

NCAMC Policy for Support the Site Visiting Team

Conduct the Site Visit (SV):

Members of the National Assessor Team (NAT) are selected according to a given criterion to visit each college, so forming "Site Visiting Team (SVT). Generally, the NCAMC provides continuous support and guidance to the SVT through the whole steps of their tasks related to the Site Visit (SV). Includes:

- 1- The NCAMC has edited and published many booklets for this purpose ([NCAMC Publications](#))
- 2- The SVT's structure, authorities and detailed tasks have been clearly stated in the NCAMC booklet "A Guide for Accreditation of Medical Colleges" ([NCAMC Accreditation Guide](#)).
- 3- The Code of Conduct is clearly stated in the NCAMC booklet "A Guide for Accreditation of Medical Colleges" ([NCAMC Accreditation Guide](#)).
- 4- The NCAMC conducts regular workshops for this purpose where members of the NAT are targeted.
- 5- Members from the NAT can ask the NCAMC to arrange a Mock Visit if needed. WHEN FEASIBLE, the NCAMC will respond according to an agreed schedule with that faculty in no more than three months.
- 6- To support the SVT assigned to a particular faculty, the NCAMC appoints one of its members as a supervisor.
- 7- The SVT can ask the NCAMC (through the supervisor) about any step and detail related to the SV. The NCAMC will respond in no more than three working days.
- 8- The member is granted a sabbatical or delegation leave during the implementation of the SV.

Support the Medical Faculties during the Site Visit (SV):

Generally, the NCAMC provides continuous support and guidance to the faculty through the whole steps of the accreditation process, including the Site Visit (SV). This is shown by the followings:

1. The NCAMC has edited and published many booklets for this purpose ([NCAMC Publications](#)).
2. The NCAMC conducts regular workshops for this purpose, and representatives from medical faculties are allowed to participate.
3. The faculty may ask the NCAMC to conduct an additional onsite workshop at any step as needed. The NCAMC will respond according to an agreed schedule with that faculty in no more than three months when feasible.
4. The faculty may ask the NCAMC to arrange a peer review visit with other medical faculties in this regard. The NCAMC will respond according to an agreed schedule with that faculty in no more than three months.
5. The faculty may ask the NCAMC to arrange a Mock Visit if needed. The NCAMC will respond according to an agreed schedule with that faculty in no more than three months when feasible.
6. The faculty may ask the NCAMC about any step and detail of the SV. The NCAMC will respond in no more than three working days.
7. Most faculties have representatives at the NCAMC and the NAT that can be consulted at any time for this purpose. The NCAMC make it clear for those representatives that they can support the faculty in any way they can considering the internal regulations of the NCAMC.

NCAMC Policy for Selecting NCAMC members. (Qualifications, Credentials and Experience)

Purpose

This policy on the nomination of members of the NCAMC describes the selection criteria by which recommendation on candidates for possible election to the NCAMC. The selection criteria are in line with the applicable laws of Iraqi MOHESR.

Scope

This policy is responsible for evaluating individuals qualified to become NCAMC members and makes recommendations through voting during NCAMC meetings on the nominees to stand for election.

NCAMC Membership Criteria

The NCAMC shall consider the following criteria when determining the qualifications of any candidate to be selected as a member:

- **Integrity and judgement:**

Members should have the highest integrity, ethical character, and the ability to exercise sound accreditation judgement on various issues consistent with the NCAMC's values and standards. NCAMC board shall elect the future members only from among the national assessors' team members.

- **Knowledge/Experience:**

Members should be experts in the principles of medical school accreditation and have a sound understanding of the accreditation process and guidelines through active participation in the training courses and workshops held by the NCAMC in this regard, long experience in accreditation SAS or accreditation process and work as NAT member or qualification in medical education.

- **Qualifications and Accomplishments:**

Members must have sufficient teaching experience in medical institutions, a PhD in one of the basic or clinical specialties, and a minimum scientific degree of assistant professor.

Consent and commitment to NCAMC's duties:

Members should value board and team performance over individual performance, demonstrate respect for others and facilitate superior board performance. NCAMC should get the institution's agreement at which a possible member is employed. Members should be willing and able to devote the time required to become familiar with NCAMC's duties and to be actively involved in the board and its decision-making. Members should be able and committed to fulfilling their position during the entire period they were elected. Members will provide their CVs. The final selection of candidates is made after the voting of the NCAMC board, and MOHESR should endorse membership via a ministerial order.

The criteria mentioned above shall be considered concerning the overall NCAMC members. This also means that even though all criteria should be regarded as, not each and every candidate must fulfil all criteria. The most important aspect is that the composition of the NCAMC board shall be balanced, and the candidate shall fit and supplement the skills and experience of the other members.

Identification of potential candidates

The NCAMC has an internal process for identifying possible Candidates from the National Assessor Team and may solicit ideas for potential Candidates according to NCAMC's needs.

Review and update of the policy

The current policy is intended to provide flexible guidelines for effectively functioning the NCAMC's board members' nomination processes. NCAMC initiates the review of policy in the event needs and circumstances evolve; furthermore, changes in applicable legal or listing standards, recommendations, or best practice call for its modification.

NCAMC Policy for Accreditation Decision

Following ministerial mandate no. (1456/5/k on 22/4/2015), the National Council for Accreditation of medical colleges was established to be the official reference for the accreditation of medical colleges in Iraq. The NCAMC grants or withholds the national accreditation to Iraqi medical colleges, emphasizing that the decision is independent and professional and also to be considered the officially recognized national certificate. (Part 7 Section B of [NCAMC Regulations](#) approved by the ministerial order No (C D/A/2274 on 7/9/2021).

Purpose

NCAMC accreditation aims to recognize medical colleges that produce graduates competent to practise safely and effectively under supervision as interns in Iraq and with an appropriate foundation for lifelong learning and further training in any branch of medicine.

Scope

The NCAMC accredits medical colleges in Iraq, including the Kurdistan region. The accreditation awarded following a successful assessment will relate to the whole medical program. All NCAMC accreditations are based on the medical college's ability to meet or substantially meet the approved accreditation standards.

[Accreditation Decision](#)

Based on college achievements, NCAMC decision may be one of the following:

Full Accreditation: When the college fulfils the accreditation requirements. This decision will be valid for a whole cohort (six years).

Conditional Accreditation: When the college almost fulfils the accreditation requirements. That means some requirements were unmet, mandating proper actions from the college side. The college must fulfil these requirements within two years to be accredited.

Denied accreditation: when the college does not fulfil the National Standards of Accreditation. The college must take serious action to achieve these standards and can re-apply for accreditation at least one year later.

Accreditation Decision Procedure.

First Stage

Following eligibility evaluation (Eligibility Policy), the college applies for accreditation. The medical college submitted SAR with properly indexed evidence, documents, and the approved curriculum.

The council officially passes the related preliminary self-assessment report to the national assessors' team to be thoroughly investigated and then to make a site visit to the college to verify the extent to which the college adopts & applies the national standards for accreditation.

The investigation considers the evidence generated according to [Evidence Generation Manuals](#), indicating that it has met the standard for accreditation.

Second Stage

After the site visit, the head of the national assessors' team submits to the Council the Site Visit Report (SVR) attached with it the necessary related documents. Upon receiving the college's SVT report, the council establishes the internal reviewing committee consisting of NCAMC members after the exclusion of (appeal committee teams) to make the final decision on assessment.

The nine areas of standards were studied thoroughly. The preliminary decision about each area with its standards is evaluated by (3- 4) council members (Accreditation Evaluation Mechanism). The decision is based on the fact that the standard has been **Present, Applied and Effective** based on its compliance with standards evidenced by ([Evidence Generation Manual](#))

The final rate for each standard is calculated horizontally, based on the frequency of the majority of votes within the single criterion. as well as the total number of votes for each column is calculated vertically (frequency) with Extract percentages.

The evaluation of the area is based on the qualitative assessment, considering the frequency and percentages. Voting is the last step in evaluating the area and depends on the expert's conviction of the level of compliance of medical college with each standard. Considering the horizontal and vertical evaluation and the percentage of achievement in both basic (must) and quality improvement standards (should). The decision on the area will take one of the options; completely fulfilled, partially fulfilled, or not fulfilled.

Third Stage

The decision to grant accreditation is made in two steps that last over two sessions:

First session:

When the quorum is achieved, The Council will hold a formal session to discuss the evaluation of each area of the accreditation standards. The Appeals Committee, the member with conflict of interest and the member affiliated with the college under evaluation must not attend the process. Each standard is voted on, and the majority makes the decision. Each area then voted also based on majority criteria. The decision on area will take one of the options; completely fulfilled, partially fulfilled, or not fulfilled.

Second Session:

This session is complementary to the first session, and the total attendance of the members of the council is considered. The nine areas are distributed in three zones (zone I, zone II, zone II) based on the value and extent of that area in establishing the purpose of accreditation. The final accreditation decision is based on the number of areas completely fulfilled in each zone. The approval of the final decision is again based on the majority.

Notification

The decision is binding on the college, and the college has the right to object, as will be shown successively. The college is formally informed through an official book stating the council's final decision. Such a decision is considered an approved official national document at the formal forums inside and outside Iraq.

Accreditation Evaluation Mechanism

The Accreditation process begins after the college passes the eligibility criteria. The accreditation mechanism starts with submitting the self-assessment study report (SAS report) to the National Council for Accreditation of Medical Colleges with all the required documents, including the curriculum approved by the college, and a written request from the college indicating its readiness for evaluation.

The Evaluation process is multilevel to ensure fairness and transparency in decision-making. The evaluation process passes into three stages and **is an updated version of the previous version of evaluation process No. dated back.**

First Stage: Field Visit and Submission of the Report

The second stage: reviewing the Site Visit Team (SVT) report and evaluating college compliance with the NCAMC standards.

The third stage is: Decision-Making step.

First Stage

Field Visit and Submission of the Report

The initiation of the accreditation process begins with the work of the National assessor team. The National Assessor Team Leader receives the Self-Assessment Report (SAR) with all the documents and distributes the tasks to his team members, who read and review the records according to the guidelines of the guide for accreditation of Medical Colleges in Iraq.

After that, the field visit follows a timetable determined in agreement with the concerned college to verify the extent to which it achieves national standards.

By the end of the site visit, the head of the team submits his final report to the council, accompanied by the supported documents and evidence. The report includes a detailed explanation of each standard and its compliance with the required condition. Each standard is

labelled as “Present”, “Applied”, and “effective” based on its compliance with evidence by the Manual of self-assessment study and evidence generation.

**The Second Stage
Site Visit Team (SVT) report reviewing and evaluation.**

After receiving the site visit report (SVR), the president of the council establishes the internal reviewing committee. The committee include all member of the council. The Appeals Committee, the member with a conflict of interest and the member affiliated with the college under evaluation must not attend the process.

The members of the internal reviewing committee were distributed through the nine areas of the national standards. Each area is headed by one member and supported by 4-5 members (each council member may have the duty of reviewing four or more areas accordingly), as shown in Table 1

Table 1 Committee for Reviewing SVR and SAR			
Area No.	Area Name	Head	Members
Area 1	Mission & Outcome	M1	M2 M3 M5 M9
Area 2	Educational Program	M2	M1 M4 M6 M8
Area 3	Assessment of student	M3	M2 M3 M6 M9
Area 4	Program Evaluation	M4	M1 M4 M7 M8
Area 5	Students	M5	M2 M3 M6 M8
Area 6	Academic Staff/Faculty	M6	M1 M5 M7 M9
Area 7	Educational Resources	M7	M2 M4 M5 M8
Area 8	Governance & Administrative	M8	M1 M5 M7 M9
Area 9	Continuous Renewal	M9	M3 M4 M6 M7

The council use a colour code system to ease the interpretation of the evaluation process. Each standard in an area labelled as completely fulfilled (“Present”, “Applied”, “Effective”) gives a **green** colour code. The presence of only two of standard characteristics (“Present”, “Applied”) given a **yellow** colour code. If only one standard characteristic is present (“Present”), it is given a **grey** colour code. Failure to respond to the standards gives the colour code **red**. In addition to the rating steps, each reviewer should justify his/her rate in the explanation box. As shown in Table 2

Table 2 – Area Evaluation Checklist					Area 1
	Present, Applied, Effective	Present, Applied	Present	Absent	Standard Final decision (No (%))
	No (%)	No.(%)	No. (%)		
Standard 1.1.					
<i>Please justify your rate in box below</i>					
Standard 1.2					

The team head in each area finalizes the members' voting, completing Table 2 with the final decision on each standard. Standard final decision based on the highest frequency of votes (percentages) (**Horizontal Evaluation**)

In addition, the Team leader should present vote frequency in green, yellow, grey and red columns distributed between must and should standards. As shown in Table 3 (**Vertical Evaluation**)

Table 3 – Area Voting Summary					Area 1
	Present, Applied, Effective	Present, Applied	Present	Absent	Total (No. (%))
	No (%)	No.(%)	No. (%)	No. (%)	
Must					
Should					

The Final decision on each area depends on qualitative evidence from Table 3, taking into consideration the percentage in each category (green, yellow, grey, red) both in “**must**” and “**should**” type of standards.

The evaluation of the area is based on the qualitative assessment, considering the frequency and percentages. Voting is the last step in evaluating the area and depends on the expert’s conviction of the level of compliance of medical college with each standard. Considering the horizontal and vertical evaluation and the percentage of achievement in both basic (must) and quality improvement standards (should). The decision on the area will take one of the options; completely fulfilled, partially fulfilled, or not fulfilled. As shown in Table 4

Table 4 Area Final Decision			
	Compliant	Partially compliant	Non-compliant
Decision			

**The Third Stage
Decision-Making step**

The decision to grant accreditation is made in two stages that last over two sessions:

First session:

When the quorum is achieved, The Council will hold a formal session to discuss the evaluation of each area of the accreditation standards. The Appeals Committee, the member with conflict of interest and the member affiliated with the college under evaluation must not attend the process. Each standard is voted on, and the majority makes the decision. Each area then voted also based on majority criteria. The decision on the area will take one of the options; completely compliant, partially compliant, or non-compliant.

Second Session:

This session is complementary to the first session, and the total attendance of the council members is considered. The nine areas are distributed in three zones (zone I, zone II, zone II) (shown in Table 5) based on the value and extent of that area in establishing the purpose of accreditation.

Table 5 Accreditation Areas Zone distribution		
Zone I	Zone II	Zone III
Educational program	Program evaluation	Mission and Outcomes
Student assessment	Students	Governance and administration.
Educational resources	Academic staff/ faculty	Continuous renewal

The final accreditation decision is based on the number of areas completely fulfilled in each zone. The college must achieve more than half the total number of the areas to be granted full accreditation. The approval of the final decision is again based on the majority. The Following array of options governs the decision.

Full Accreditation decision is achieved when college's achievement is one of the following

- All the Areas are labelled **green** (compliant)
- One area in zone I labelled as **yellow** (partially compliant), while the rest was labelled green (compliant)
- One area in Zone II labelled as **yellow** (partially compliant), with two other areas in Zone III labelled as **yellow** (partially accredited) and the rest labelled **green** (compliant)

Denied Accredited decision achieved when the college evaluation end with following possibility.

- The presence of one or more area labelled as **red** (non-compliant) in any of the three zones.
- The presence of one is labelled as **red** (non-compliant) in zone I

Conditionally Accreditation decision achieved the college evaluation end with rest of the possibility.

Comprehensive Evaluation

It is the last step in the evaluation of the college, as it depends on the opinion of the members of the council and their comprehensive view of the college. It depends on voting and giving the final opinion on the evaluation of the college. The decision will be approved by the MOHESR and can be subjected to appeal according to the regulations ([Appeal Policy](#)). This decision is considered as an official approved national document at the formal forum inside and outside Iraq.

NCAMC Policy for Appeal

Purpose

Appeal process was established to ensure the protection of interests, guarantees and enforcement of the right of medical school.

Scope and application of this policy

Any medical college affected by a decision that falls under this policy has the right to appeal to the accreditation decision.

Timing of Appeal

The Medical College who wishes to appeal to a council decision must submit its request within four weeks of the ministerial order for approval of the decision. Otherwise, this will be the final decision.

The request for appeal should include.

- Notice of intention to appeal.
- Grounds for area of appeal
- Detailed reasons for the appeal
- All the evidence that supports these grounds
- The appellant was advised of the decision being appealed and its ministerial order.
- Contact information and status of an application for appeal signed by the Dean.

Screening of Appeal

The president of the council informs of the appeal request upon notice. The council formulate a committee of 3-5 members for persons not involved in the accreditation decision. Each member should sign a declaration of conflict of interest before engaging in the appeal process.

Procedure for Appeal

Most appeals will be determined by document review. The appeal committee study the appeal request and judges the compliance with standards. Report of the Appeal reviewing process should be submitted to the NCAMC within 4-8 weeks. The appeal committee will do the final decision endorsed by NCAMC considering the recommendations of this committee. NCAMC takes the decision according to the same mechanism for establishment of initial decision. This final decision will be reported to the Minister of Higher Education and scientific research.

Appeal Decision

- Reject the appeal and confirm the decision being appealed.
- Uphold the appeal and alter the decision.

The decision shall be final, binding and not subject to appeal.

NCAMC Policy for Post-Accreditation Periods

Accreditation Validity

Four weeks after the end of the site visit, the NCAMC should make its decision following a thorough study of SAR, SVR and all supplemented documents (Accreditation Decision Policy). The decision will be reported to the Minister of Higher Education and Scientific Research for approval. By then, the college formally informed and received the decision, along with a report demonstrating the college's performance (achievements and shortcomings).

Full Accreditation: When the college fulfils the accreditation requirements. This decision will be valid for a whole cohort (six years).

Conditional Accreditation: When the college almost fulfils the accreditation requirements. That means some requirements were unmet, mandating proper actions from the college side. The college must fulfil these requirements within two years to be accredited.

Denied accreditation: when the college does not fulfil the National Standards of Accreditation. The college must take serious action to achieve these standards and can re-apply for accreditation at least one year later.

Post Accreditation Monitoring Policy

Purpose

Once NCAMC has accredited a medical college and its program of study, the NCAMC monitors them to ensure that they continue to meet the accreditation standards. The principal monitoring mechanisms are structured progress reports, and comprehensive annual reports throughout the accreditation period.

The Medical College must report at any time on matters that may affect its accreditation status. The changes are either in the capacity to meet the accreditation standards or a material change to the program.

Annotation

Major changes to the program

Any of the following might constitute a **major change** in the accredited program.

- Change in the duration or format of the program.
- A significant change in educational outcomes.
- A substantial change in educational philosophy.
- A significant change in **student intake** relative to resources.
- Significant resource reduction leads to an inability to achieve the program's purpose and/or outcomes.

At any time, the NCAMC has reason to believe that changes are occurring or planned in the medical college that may affect the accreditation status of the program, it may seek information from the provider in writing.

Timing of monitoring

Medical colleges granted the full accreditation period **must** submit progress reports in the second, and fourth following their accreditation evaluation and followed by a comprehensive report by the first half of the sixth year.

Medical colleges granted conditional accreditation **must** submit progress reports within the first year of their accreditation evaluation, followed by a comprehensive report by the end of two years.

Procedure

The progress reports aim to enable the NCAMC to monitor accredited education providers and their programs between formal accreditation assessments.

The progress report for a fully accredited medical college addresses the following two aspects.

Part I

Provide notification of any significant change in the program as defined by the major change to the program in the second and fourth years of post-accreditation.

Part II

The medical college would be subject to checklist evaluation by the NCAMC assessor in the fourth year of the post-accreditation period, supported by a report on any significant change (as in part one)

Consideration of progress reports

When the progress report is submitted, the NCAMC president seeks a commentary from an assigned NCAMC Team Supervisor. The supervisor, supported by an additional appointed member when required, will also be responsible for completing the checklist evaluation form in the fourth year of follow-up. The process should be done within four weeks of receiving the progress report. The Team supervisor should submit his conclusion in a report to the NCAMC.

Decision on progress reports

The National Council for Accreditation of Medical Colleges will decide on the review of the progress report committee. The decision on the progress report will be one of the following options.

- The report indicates that the medical college continues to meet the accreditation standards. The NCAMC will continue through the process of monitoring till the expiration date of the accreditation period.
- If further information is necessary, the council will assign an additional site visit to elaborate more on issues in the progress report.
- When the medical college proves to be noncomplying with the accreditation standards, in this condition, the medical college will enter a probation stage of three months before further

consideration takes place. During these three months, the medical college must explain a detailed justification of evidence notice in the progress report.

Post Accreditation Monitoring Procedure and Template

Procedure

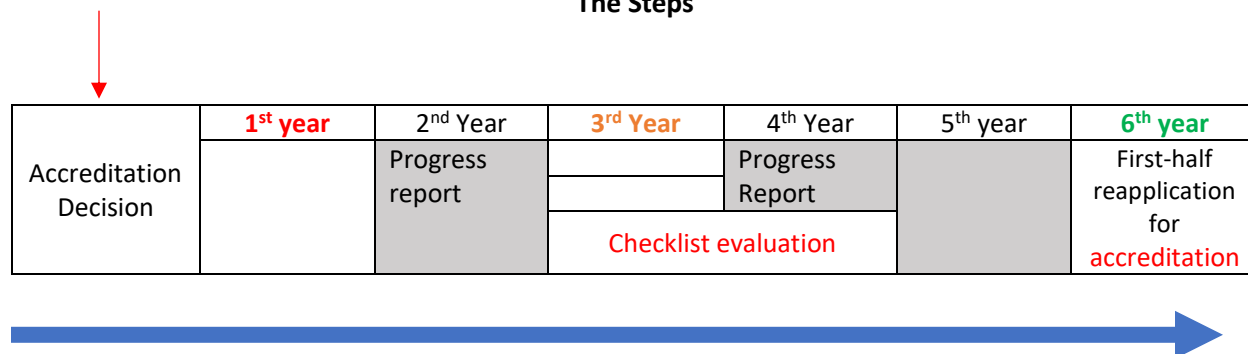
The procedure for the post Accreditation period consists of the following.

The medical college must adhere to the council's steps during the post-accreditation period.

Any breach in the step will expose the accreditation decision to the risk of withdrawal.

It's the responsibility of the medical college to allocate an internal body (Quality Assurance Unit) or any other unit for this purpose.

The Steps



Step 1: Second Year

- Progress Report on a major change in the program as defined.

Step 2: fourth year

- Progress Report on a major change in the program as defined.
- Checklist evaluation

Step 3: Six Year

According to the guide of Accreditation of Medical College in Iraq, the college re-apply to obtain another period of full accreditation. This is recommended in the first half of year six following the first accreditation decision.

Medical College
Logo

Third-Year Progress Report

University Name

College Name

Dean Name

Report Date

Section 1

The medical college **must** state any change in the length or format of the program.

Section 2

The medical college **must** state any significant change in educational outcomes and educational philosophy.

Section 3

The medical college **must** state any change in student numbers relative to resources.

Section 4

The medical college **must** state any Significant resource reduction leads to an inability to achieve the program's purpose and/or outcomes.

This report was approved by the College Council of "College Name", and "University Name".

Dean Name

Signature

Date

Medical College
Stamp



Checklist Evaluation Form Post-Accreditation Period

Area			
Standards			
Degree of Accomplishment	Yes		No
Evidence	"Describe in brief the type of Evidence you provide."		

Accreditation Withdrawal

If a periodic assessment reveals that the accreditation requirements are not met, NCAMC informs the Medical College in writing and will initiate withdrawing the accreditation.

The Medical College is requested to present corrective actions by a specific deadline (probation stage 3 months duration). If the corrections are not made within the time specified, or the corrective actions are insufficient. The scope of accreditation is reduced, and the accreditation is suspended.

The Medical College is not allowed to issue certificates and reports as an accredited body during the probation period or within the scope of accreditation that has been cancelled.

Accreditation is withdrawn if it is deemed after the suspension that the accreditation requirements are still not met.

Accreditation can be withdrawn if the accreditation requirements or the terms of accreditation presented in the accreditation decision are neglected or if corrections are not made despite a request. The medical college can re-apply after two years.

NCAMC Policy to investigate and act upon complaints.

A complaint shall be presented by internal (NCAMC's staff) or external (higher education institutions, local community, private sector or others) bodies who are service receivers from the council.

Complaints are submitted to NCAMC's president via regular correspondence, email, fax, or handed in person to the president's office, supported by relevant evidence if available with signature upon submission. (**Complaint form**)

Complaints must be presented in written form and anonymous complaints are not considered.

NCAMC, however, retains the right to withhold the name of the complainer from the institution if it finds that revealing the complainant's identity may harm his interests.

NCAMC president evaluates the complaint, and only complaints related to potential non-compliance with one or more of the accreditation standards are considered.

NCAMC president shall nominate three members as a Committee for Complaints according to the following criteria:

- Be either former or present council members, or they have qualifications of council members.
- The council shall, from amongst the committee's members, appoint a chairman for it.
- They didn't involve in the recent inspection or review of the college accreditation programme on behalf of the council.
- According to the NCAMC's conflict of interest guideline, they have no conflict of interest.

The committee shall be entrusted with the following duties:

- a) Examining the complaints presented to the NCAMC and the institution reply to it within one month after receiving these data.
- b) Studying the complaints and handling them either directly or in cooperation with the competent body in the NCAMC
- c) Submitting a report to the **president** of the NCAMC containing the Committees' recommendation about the subject of the complaint and procedures to be implemented about it.

The committee has three options to be presented to the NCAMC **president**:

- ❖ Dismissal of the complaint accompanied by the reason(s) for dismissal.
- ❖ Recommendation for a follow-up visit for more investigations.
- ❖ According to the results of investigations, action is to be taken by the council.

NCAMC announces this decision the same way it has announced the decision to issue the accreditation certificate for the institution and notifies the Ministry of Higher Education authority.

Complaint Form

This Complaint Form can be filled by any interested party who have a concern about NCAMC accredited program, such as:

1. Students currently enrolled in NCAMC Accredited Program
2. Former student
3. Potential student
4. Faculty
5. Any other interested party in NCAMC Accredited program

Please note that you must read the NCAMC Complaint policy before submission this form.

This form must be written or submitted online or by post with signature.



Compliant Form

Name:

First:

Last:

Address:

Phone:

Email/ Postal address:

Name of College/University:

Profession:

Your status in relation to College or University:

Current student status (If applicable):

Complaint Details:

Please give a summary of the complaint (State the nature of the complaint with attached appropriate evidence in five sentences or less):

Signature:

Date:

By entering my name above, I consent to the use of this method of contract, and I have read and agree to the terms and conditions in NCAMC Policies

NCAMC Policy for Conflicts of Interest

Scope

This policy aims to guide what may / may not constitute a conflict of interest during the accreditation process for a particular faculty of medicine.

It sets out the relevant administrative procedures to ensure that all accreditation processes are free of any actual, perceived, or potential conflict of interest.

Principles

The following principles bound this policy:

- Transparency and accountability
- Fairness and integrity
- Impartial and objectiveness
- High standard of ethics

Policy:

Conflict of interests can be reported by the two main sides of the accreditation process, namely the National Council for Accreditation of Medical Colleges (NCAMC) and Site Visit Team (SVT) from one side and the Faculty of Medicine to be visited from the other side

In every case, the decision of whether recusal of an NCAMC and/or SVT member from this particular process to this particular faculty is necessary or not shall rest with NCAMC president or vice president, if the president is involved in the recusal. They may formulate a dedicated committee from members of the NCAMC, for this purpose. Related documents are to be considered while making the decision.

The following conflict of interest is considered:

1- Financial / Governance Conflict of Interests:

The presence/raise of any of the following decree recuse from the related accreditation process:

- A- The member is an employee (within the last three years) at the faculty being assessed.
- B- The member is involved in commercial contracts with the faculty being assessed.
- C- The member has a financial interest in a going concern in association with a governing body member or senior staff member at the faculty being assessed.

2. Professional/personal conflicts of interest:

The presence/raise of any of the following decree recuse from the related accreditation process:

- A- The member is considered for a position (officially informed about the outcome of the application) at the faculty being assessed.

- B- The member is a first-degree relative to one of the governing body or senior staff at the faculty being assessed.
- C- The member has bias for/against the faculty being assessed due to previous events (e.g., being a graduate or previous staff member of that college).
- D- Any emerging issue between the involved member/s and the faculty being visited.

Procedures

- The NCAMC agrees upon members of the SVT and the team supervisor depending on the related policy ([Team Selection Policy](#)).
- By this time, the NCAMC will formally consult each member of the nominated SVT, from one side and the faculty to be assessed from the other. Here, any reported conflict of interest is to be considered.
- If no conflict of interest is raised, the NCAMC report the nomination to the Ministry of Higher Education and ask to issue related ministerial order. Then, the formal accreditation process to that college by that team started.
- Members of the SVT are to, formally, declare the absence of conflict of interests using a related declaration form ([Site Visit Team Declaration Form](#)). If any member has not submitted a “Declaration Form” declaring no conflict of interest at the time of the site visit, he will be recused.
- The faculty of medicine to be assessed formally states the absence of conflict of interests related to the SVT ([Faculty of Medicine Conflict of Interests’ Form](#)).
- During the whole steps of the site visit, members of the SVT must notify the council, through the team supervisor, if a conflict of interests arises.
- During the whole steps of the site visit, the faculty of medicine under assessment must notify the council, through the team supervisor, if a conflict of interest raises.
- Each NCAMC member must disclose any conflict of interest before the decision-making steps.



Site Visiting Team Declarations Form

As a member of the SVT to the following faculty of medicine, please **FILL-IN** (by handwriting) and **SIGN** the following “Decelerate Form” and return it to the NCAMC office by no more than the start of the Site Visit.

Full name:

Affiliation:

Faculty of Medicine to be Assessed:

Please, declare if you have/haven't any conflict of interest related to your task as a member of the SVT to this faculty of medicine.

<hr/> <hr/> <hr/> <hr/>

Signature and date:



Faculty of Medicine Conflict of Interests' Form

As Dean of faculty of medicine passing through the accreditation process, please **FILL-IN** (by hand writing) and **SIGN** the following “Conflict of Interests’ Form” regarding the Site Visit Team (SVT) and return it to the NCAMC office by no more than the start of the Site Visit.

Full name:

Faculty of Medicine to be Assessed:

Please, state if you have / haven't any conflict of interests related to any member/s of the SVT assigned to this faculty of medicine.

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
--

Signature and date:

NCAMC Policy and Procedures for Keeping Records

The records keeping policy of the NCAMC policy includes the safe-keeping and data security of all records related to the accreditation process, from receiving or creation to storage or disposal. This includes our procedures for creating and managing records efficiently, making them accessible to authorized persons, saving them in a safe place, and disposing them safely at the right time.

Purpose:

This policy aims to establish a framework for the receiving or creation, maintenance, storage, securing, use, and disposal of records, to support continuous improvement in its core activities of the accreditation process in paper form and electronic form.

Scope:

This policy applies to all records processed by the NCAMC accreditation process in either hardcopy and\ or digital copy, including special categories of data.

The policy aims to ensure that all NCAMC members, Officers, and national assessor team are aware of what they must do to manage records effectively and efficiently and in compliance with legal and regulatory requirements, taking into consideration the safety and confidentiality of these records.

This policy also covers NCAMC Data Security and Protection Policy Framework which includes:

- Data Protection
- Data Security
- Data confidentiality.

The data and records(papers and electronics) related to this policy include:

- Documents related to the medical college presented for the first step in the accreditation process (eligibility).
- Self-study report(SSR) and its related documents presented by medical colleges
- Site-visit report(SVR) and its related documents presented by the national assessor team after the site visit.
- Decision-making record presented by NCAMC and its related reports and documents.
- Official approval of the final decision for accreditation by the Ministry of higher education and scientific research.
- All other documents related to accredited colleges.
- All other official documents related to NCAMC activities related to the accreditation process.

Procedures:

1. Receive documents: This is the beginning of the records management process, which starts with receiving a document related to the medical college presented to the accreditation process both in paper form and electronic form(including self-study reports and related documents).
2. Use of documents: all these documents are transmitted to the national assessor team leader by official order with total protection of documents and confidentiality.
3. All documents and reports are returned to the NCAMC office by the national assessor team leader after completion of the step of site- visit report(including the site-visit report and related documents).
4. All reports and related documents are transmitted to the NCAMC members for review before decision-making meetings.
5. All reports, and documents are returned to the NCAMC office after the completion of the accreditation process.
6. Archiving: all reports, documents, and official orders related to the accreditation process for each medical college are shifted to archiving room after indexing for papers and on the computer and external memory unit.
7. The archiving room is protected from fire and thieves.
8. only authorized persons have access to the documents to maintain confidentiality.
9. records related to the accreditation process are stored for the next 6 years, to be discarded thereafter.