



NCAMC

INTERNAL QUALITY ASSURANCE SYSTEM

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Preface

The Internal Quality Assurance system (IQS) is a cornerstone in ensuring high-quality standards, fostering continuous improvement, and meeting stakeholder expectations, especially within the framework of accreditation systems.

The IQS system serves as a structured approach to consistently assess and enhance NCAMC practices, ensuring that programs not only meet but exceed required standards. By embedding quality assurance mechanisms within Council processes, the IQS system fosters a culture of accountability, transparency, and continuous enhancement. It offers a dynamic framework through which feedback loops are created, enabling Council to adapt to changes, innovate, and address gaps.

IQS system plays an instrumental role in the accreditation process by providing a rigorous, data-driven basis for evaluation. It enables institutions to systematically review their programs and services, ensuring alignment with accreditation criteria and fostering trust with accrediting bodies.

Moreover, the IQS is one of requirements of WFME recognition .

Prof. Firas Tariq

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SUMMARY

To ensure the quality of activities and services provided, the National Council for Accreditation of Medical Colleges (NCAMC) in Iraq. Council has developed, documented, implemented, and maintained an internal quality assurance system (IQAS), which is constantly being improved in accordance with the requirements of the recognition bodies.

IQAS is to:

- 1-promote a culture of quality education.
- 2-ensure effective management of the Council processes and their continuous improvement.
- 3-integration, identification, and establishment of the interaction of all elements of the council quality assurance system;
- 4-promote high quality training of personnel involved in the accreditation process and associated processes.
- 5-raise awareness of the accreditation process and high quality education.

1-Documentation

1.1-General requirements .

To ensure the quality of services, NCAMC has developed, documented, implemented, and maintained, and is constantly improving, a quality assurance system based on the requirements of recognition bodies.

The NCAMC defines the following quality assurance processes In document management:

- 1- management of internal documents.
- 2- management of external documents.
- 3- management of official documentation
- 4- archiving management

On a continuous cycle

- 1- development and (or) revision of standards and guidelines.
- 2- planning the accreditation process (site visit, decision process and session)
- 3- conducting training seminars for educational organizations.
- 4- reviewing the self-assessment reports.
- 5- formation of the composition of the advisory board
- 6- organization of the work of the advisory board.

- 7- appeal and complaints procedures.
- 8- post-accreditation monitoring procedures.
- 9- Follow up of corrective actions.

1.2-Documentation requirements .

1.2.1-General provisions

Developed, documented, put into operation, and maintained in working order, NCAMC documentation includes:

- 1- this Guide.
- 2- standards <http://ncamc-iq.org/upload/2514872421.pdf> and guidelines <http://ncamc-iq.org/upload/1207172641.pdf> for accreditation.
- 3- external documents of recognition bodies, including WFME standards, etc.
- 4- legal acts that regulate activities in the field of accreditation.
- 5- internal documents of the NCAMC regulating activities in the field of accreditation.
- 6- reports on the activities of the NCAMC, including a report on the work done to the authorized bodies.

1.2.2-Documentation and records management .

The documentation management process is carried out in accordance with the NCAMC documentation and Documentation Management policy (DMP) <http://ncamc-iq.org/upload/3288137318.pdf> , including verification of documents, their analysis, identification, verification through approvals, validation through approval by the NCAMC executives, and, if necessary, distribution, withdrawal of outdated documents from records.

NCAMC maintains records in working order for the purpose of:

- 1-ensuring proper information exchange.
- 2-analysis to develop recommendations for improving Quality assurance.
- 3-conducting internal audits.
- 4-submissions to recognition and external assessment organizations.

2-MANAGEMENT RESPONSIBILITY .

2.1-Management Commitments .

The NCAMC executive approves the Strategy in accordance with current and future needs and stakeholder requirements. NCAMC has set goals as indicators of the degree of achievement of each goal in areas of quality through specific objectives of the Strategy. NCAMC has a Quality Policy, which is documented, communicated to all stakeholders, and is regularly reviewed for relevance.

NCAMC management accepts an obligation to ensure development implementation and continuous improvement of quality assurance. The results of the Quality assurance are

periodically analyzed. Management undertakes to provide the Quality assurance with the necessary resources.

To involve staff in the process of continuous improvement of the effectiveness and efficiency of QA, management determines and approves the person responsible for QA. Supports the activities of working groups of proactive employees and experts.

2.2-Stakeholder orientation .

The NCAMC management is committed to meeting the requirements of stakeholders as a priority activity.

- 1- collection of information on the impact of accreditation on the activities of educational organizations (feedback) for subsequent analysis .
- 2- collection of information on the impact of expert assessment on the quality of activities of educational organizations and (feedback) for subsequent analysis .
- 3- determination of the requirements of stakeholders: educational organizations, and society, for the accreditation process.
- 4- determination of requirements for accredited educational organizations.
- 5- Information is regularly collected on all processes related to stakeholders, which is analyzed annually.

In order to determine the extent and identify opportunities for improving activities, after each site visit, the NCAMC conducts a survey of educational organizations that have passed the accreditation procedure, as well as a survey (questionnaire) of experts . Forms of surveys for feedback from organizations that have passed the accreditation procedure , and are sent by coordinators. The site visit coordinator fills out the site visit assessment survey form .

In order to qualitatively assess the level of satisfaction of students and teachers of education and the activities of the educational organization and identify opportunities for accreditation of improvements, the NCAMC conducts a survey for students on a regular basis, as part of the as parts of quality improvement procedures.

The NCAMC focuses on the identified needs of the stakeholders when implementing all processes and activities.

NCAMC annually sends information on the work done to the authorized bodies (MOHE, WFME)

Every 2 years, the NCAMC executive submits a report on the activities to the NCAMC board.

2.3-Planning .

2.3.1-Strategy implementation plan .

To implement the NCAMC Development Strategy, a 5-year Strategy Implementation Plan is developed and approved, which is brought to the attention of employees, experts, and other interested parties (by publication on the website), periodically analyzed and, if necessary, adjusted. Changes made to the Strategy implementation plan are brought to the attention of NCAMC stakeholders.

2.3.2-Planning the activities and development of QA .

Planning for the development, implementation, and development of internal quality assurance is carried out in accordance with the Development Strategy and work plans of the NCAMC.

Plans are mandatory documents when carrying out the activities of the NCAMC and the NCAMC applies it to all processes. Plans are analyzed, agreed upon and approved before implementation. If it is necessary to make changes to plans, they are also analyzed, agreed upon, and approved.

It's worth mentioning that when planning the activities of the NCAMC, the Strategy Implementation Plan for 5 years, must be taken into consideration.

2.4-Responsibility, authority, and communication .

2.4.1-Responsibility and authority .

The distribution of duties and responsibilities in the NCAMC is determined by governing bodies; orders of the NCAMC executive, and job descriptions. Authorities and responsibilities are clearly defined and documented in job descriptions that affect the quality and results of the NCAMC work and are also periodically analyzed and revised to maintain the current state. The main tasks of the NCAMC executives are implementing general management, approving IQS documents, and distributing those responsible for NCAMC processes.

2.4.2-Internal information exchange

Information exchange processes are regulated by the NCAMC Documentation and Documentation Management Rules.

1-internal quality assurance documents.

2-Archival documents.

3-Information and corporate communication e-mail, Internet, website, etc.

2.4.3-Public information

Public formation in the NCAMC is carried out through the followings:

1-mass media.

2-Seminars, webinars, conferences, forums, etc.

3-Social media <https://www.linkedin.com/company/102813195/admin/page-posts/published/> .

4- letters.

5-Publications.

Regulatory and organizational documents, including accreditation standards, are available on the website.

2.5-Management review.

2.5.1. General provisions .

Quality assurance analysis is a mandatory process to help ensure the effectiveness of Higher education accreditation process operations. Current analysis of NCAMC activities within the

framework of the NCAMC regular meetings Quality assurance analysis by management is carried out every 2 years, in order to ensure its effectiveness.

Improvement of quality assurance surveys is carried out through analysis of the activities themselves, the results of external and internal audits, including taking into account the results of a survey of educational organizations and experts, as well as the results of the internal Quality surveys reports analysis.

The NCAMC Analysis of a survey of educational organizations and experts results by applying the measurement tools . are considered by the Council Experts to develop recommendations for improving the QAS and present them to the NCAMC's executives.

3-RESOURCE MANAGEMENT .

3.1-Providing resources

Resources are necessary to provide NCAMC-identified quality services, increase stakeholder satisfaction, and implement and maintain the QS working order.

Requirements for resources necessary for the provision of quality services are reflected in documents and are periodically analyzed and, if necessary, revised.

3.2. Human Resource Development.

The NCAMC executives bear overall responsibility for providing resources to the QS. The most important resource for ensuring the quality of NCAMC services is the employees.

3.2.1 General provisions .

Attention must be taken to the process of selection, training, and development of staff. The process of selection, training, and development of staff includes: determining requirements and constantly improving staff qualifications. Requirements for employees are defined in job descriptions.

Special attention is paid to the formation of an expert community retraining and advanced training of experts of the NCAMC.

3.2.2 Competence and training

In order to constantly improve the competence of staff, it is planned to train NCAMC employees and experts with effectiveness.

4-PROVIDING SERVICES FOR ACCREDITATION OF EDUCATIONAL ORGANIZATIONS

4.1-Planning processes for accreditation of educational organizations.

NCAMC is responsible for planning all accreditation processes. Planning the accreditation process includes: determining the goal, activities, deadlines, resource requirements, distribution of workload among NCAMC staff, measures to control the quality of the accreditation process, the need for records and documents, and post-accreditation processes.

4.2 Stakeholders Processes

4.2.1 Determination of requirements related to the provision of services

Primarily to confirm the compliance of the activities with the requirements of the standards. In this regard, the NCAMC focuses on processes related to Accreditation standards and stakeholders. At the same time, it takes into account the actual requirements of Stakeholders to accreditation bodies, and other requirements of the predicted needs of educational organizations.

NCAMC identifies the requirements summarizes and systematizes them. If necessary, the NCAMC, based on them, may revise the content of internal regulations documents. The NCAMC identifies Stakeholders' requirements through surveys of public organizations, employers, members of the site visiting team, students, and employees of public organizations. The requirements of Stakeholders (educational organizations, society, and the state) are determined on a regular basis.

4.2.2 Interaction with Educational Organizations .

The NCAMC interacts with the educational organizations throughout the entire accreditation process and subsequent accreditation procedures. Interaction between the NCAMC and organizations is carried out in accordance with the Regulations on the procedure for the accreditation of educational organizations. Provisions on the procedure for post-accreditation monitoring of accredited colleges.

Communication is maintained with educational organizations that have been accredited by the NCAMC. The information received is consolidated and brought to the attention of the management and governing bodies. NCAMC pays attention to the processes of informing their Stakeholders through:

- 1-posting information on the website
- 2-participation in workshops, conferences, and other promotional events.
- 3-External assessment site visit of educational institutions is carried out with the aim of providing advisory and (or) methodological assistance to improve the educational institutions and ensure the quality of education.

4.3 Design and development of accreditation standards and guidelines

4.3.1 Design and development planning .

Planning for the design and development of NCAMC standards and guidelines is carried out in accordance with the policy for the development of national standards.

NCAMC activities are conducted in accordance with the requirements of standards and other international assessment standards. Each stage of development undergoes mandatory procedures for analysis, verification, and validation of results.

4.3.2 Design and Development Inputs

The input data for the development of standards and accreditation guidelines are the requirements of recognition bodies, the requirements and recommendations of the authorized body in the field of education, and the requirements of stakeholders.

4.3.3 Design and Development Output

The design and development outputs are standards and guidelines that comply with legislation and requirements of recognition bodies.

4.3.4. Analysis of draft standards and guidelines

The analysis of draft standards and guidelines is carried out in accordance with the Instructions for the development and improvement of NCAMC standards. The purpose of the analysis is to assess the compliance of the draft standards and guidelines with legislation and the requirements of recognition bodies.

The results of the analysis are discussed at meetings of the NCAMC. Draft standards and guidelines are approved and put into effect by order of the NCAMC executive.

4.4-Accreditation of educational organizations

4.4.1. Managing the accreditation process

The accreditation process is carried out in accordance with standards, guidelines, and other requirements of the NCAMC.

The accreditation process is initiated by the organization through the submission of the applications (which includes the intention letter, SAS, SAR, and eligibility form). Based on the results of the eligibility, the NCAMC makes a decision on concluding the college in the accreditation process. The council will form a site visiting team which will contact the college preparing for a site visit. The team will write a report which will be handed to NCAMC.

The Accreditation Council evaluates the college through the site visit report and the self-assessment report. When the Accreditation Council makes a decision, it is sent for approval by MOHE. Next, the accreditation decision is published on the NCAMC website.

The decision of the Council can be appealed by the educational organization.

4.5.2. Maintaining compliance with the accreditation status

To maintain the accreditation status, NCAMC conducts post-accreditation monitoring. The Regulations on the procedure for post-accreditation monitoring of educational organizations contains a description of the post-monitoring process.

5-MONITORING, MEASUREMENT, ANALYSIS AND IMPROVEMENT

5.1 General provisions

NCAMC is constantly improving its activities in order to ensure the high quality of services provided. NCAMC systematically conducts activities to study Stakeholders' opinions regarding its products and services. Any information about Stakeholders' opinions and the degree of their satisfaction with NCAMC activities is collected, processed, and used in the quality improvement process. Methods for collecting information on Stakeholders' satisfaction have been determined. Documents have been developed, implemented, and periodically updated to regulate the procedure and methods for collecting, processing, analyzing, and using information on Stakeholders' satisfaction.

The processes of monitoring, measurement, analysis, and improvement allow:

- 1- demonstrate compliance of the activities of educational organizations with the established requirements of the NCAMC.
- 2- Constantly improve the effectiveness and efficiency of IQS.

- 3- NCAMC, periodically undergoes external assessment of the quality of its work. recognition and external assessment bodies (WFME) consider it as a tool for measuring, analyzing, and improving performance.

5.2 Monitoring and measurement .

5.2.1 Stakeholders Satisfaction .

NCAMC monitors information on Stakeholders satisfaction. The information obtained on the satisfaction of educational organizations is collected, analyzed, and used to improve the accreditation process.

5.2.2 Internal Review Audit .

The NCAMC conducts internal checks (audits) of the quality assurance system in order to determine its effectiveness, evaluate efficiency and compliance with NCAMC requirements, as well as the requirements of Stakeholders and external regulatory bodies (WFME). An internal audit is carried out in accordance with the NCAMC Work Plan. Internal audit is carried out on the main processes, including accreditation and post-accreditation monitoring.

The internal audit is carried out by a working group approved by order of the NCAMC Head. The working group will have the responsibility for conducting the internal audit, preparing a report based on the results of the internal audit, and maintaining records. The report on the results of the internal audit should contain an analysis of the activities of the main processes and information about identified problems and inconsistencies, as well as recommendations for improvement. The working group submits a final report to the NCAMC head. Based on the results of the internal audit of identified inconsistencies, corrective actions are developed and their effectiveness is confirmed during repeated inspections.

The NCAMC executives review the recommendations of the working group. The results of the internal audit are also taken into account when developing annual development plans for the NCAMC.

5.2.3 Monitoring processes and measuring results

NCAMC systematically carries out monitoring which includes:

- 1- Internal Quality Assurance performance.
- 2- discussion of the main processes at meetings of the NCAMC
- 3- discussion during the development of IQS documents.
- 4- IQS analysis by management
- 5- analysis of the results of internal and external audits.
- 6- quality control of the implementation of accreditation processes for educational organizations.

The obtained data are analyzed to improve the quality assurance processes. If the expected results are not achieved in the processes, then corrective actions must be taken.

5.2.4 Monitoring and measuring services in the field of accreditation

It is mandatory to keep records of the stages of accreditation and the site visit.

The subsequent accreditation procedure is post-accreditation monitoring, which is carried out to assess the educational organization's commitment to accreditation standards and compliance with the recommendations of the NCAMC.

5.3 Management of non-conforming activities

Information about all inconsistencies that may affect the quality of NCAMC activities is recorded and analyzed to identify the causes of their occurrence.

5.4 Data analysis

NCAMC systematically analyzes data on the progress and results of processes to determine the effectiveness of measures to ensure and improve the services provided.

NCAMC collects and analyzes the following data:

- 1-information on the degree of satisfaction of Stakeholders.
 - 2-information about educational organizations.
 - 3-information about the composition of the site visit members.
 - 4-information on the results of accreditation
 - 5-Information from external sources about trends, new technologies, changes in requirements and preferences of Stakeholders in the field of accreditation (in particular, educational organizations, the state, and society as a whole), and so on.
- Process performance data is analyzed at regular meetings and working group meetings.

Quality Assurance Policy Framework

1. Introduction

- **Purpose:** To establish a robust quality assurance framework for the accreditation of medical schools.
- **Scope:** This policy applies to all processes involved in the accreditation, including self-assessment, site visits, accreditation decisions, workshops, and regular reviews.

2. Objectives

- Ensure the accreditation process is transparent, fair, and rigorous.
- Maintain high standards of medical education.
- Promote continuous improvement in medical schools.
- Foster trust and credibility in the accreditation process.

3. Quality Assurance Principles

- **Transparency:** Clear and open communication about accreditation criteria, processes, and decisions.
- **Consistency:** Uniform application of standards and procedures across all medical schools.
- **Objectivity:** Evidence-based assessments and impartial decision-making.
- **Continuous Improvement:** Regular updates and improvements to accreditation standards and processes.

4. Accreditation Process

A. Self-Assessment Report

- **Guidelines:** Provide detailed instructions for medical schools on how to prepare a comprehensive self-assessment report.
- **Criteria:** Clearly define the standards and criteria that the self-assessment should address.
- **Review:** Establish a process for initial review of self-assessment reports to ensure completeness and compliance with guidelines.

B. Site Visit

- **Preparation:** Develop a checklist and guidelines for the visiting team to prepare for site visits.
- **Team Composition:** Ensure the visiting team includes experts in medical education and quality assurance.
- **Conduct:** Define the procedures for conducting site visits, including interviews, observations, and document reviews.
- **Reporting:** Standardize the format and content of site visit reports to ensure consistency.

C. Accreditation Decision

- **Council Review:** Outline the process for the council to review self-assessment and site visit reports.
- **Decision Criteria:** Clearly define the criteria for accreditation decisions, including full accreditation, conditional accreditation, and denial.
- **Communication:** Establish procedures for communicating decisions to medical schools, including feedback and areas for improvement.

5. Workshops and Training

- **For Medical Schools:** Conduct workshops to help medical schools understand accreditation standards and prepare self-assessment reports.
- **For Assessors:** Provide training for national assessors on the accreditation process, criteria, and best practices.

6. Regular Review and Improvement

- **Policy Review:** Set a schedule for regularly reviewing and updating the accreditation policy and procedures.
- **Stakeholder Feedback:** Collect feedback from medical schools, assessors, and other stakeholders to identify areas for improvement.
- **Continuous Improvement:** Implement changes based on feedback and emerging best practices in medical education accreditation.

7. Documentation and Record-Keeping

- **Accreditation Records:** Maintain detailed records of all accreditation activities, including self-assessment reports, site visit reports, and council decisions.
- **Confidentiality:** Ensure the confidentiality and security of all documentation related to the accreditation process.

8. Compliance and Accountability

- **Monitoring:** Establish mechanisms to monitor compliance with the quality assurance policy.
- **Accountability:** Define the roles and responsibilities of all individuals involved in the accreditation process, ensuring accountability at all levels.

9. Communication and Dissemination

- **Public Information:** Develop a strategy for communicating accreditation decisions and policy updates to the public.
- **Stakeholder Engagement:** Engage with stakeholders regularly to ensure they are informed and involved in the accreditation process.

10. Evaluation and Reporting

- **Annual Report:** Prepare an annual report on the accreditation activities, including successes, challenges, and areas for improvement.
- **Performance Metrics:** Develop metrics to evaluate the effectiveness of the accreditation process and the impact on medical education quality.

Procedures

- 1 -The NCAMC will appoint two of its board members responsible for the internal quality of council activities.
- 2 -The activities that will be included are the accreditation site visit process, the council workshops, and any other activities.
- 3 -Every activity will be followed by a quality assurance procedure, which includes feedback from relevant stakeholders.
- 4 -The feedback will include the national team head and members, the medical college (faculty and students), and any other relevant stakeholders.
- 5 -This feedback questionnaire will be disseminated to relevant stakeholders after finishing any activity, whether a site visit, workshop, or any other activity.
- 6 -The responsible NCAMC members will collect data and analyze it, With the help of other staff appointed by the accreditation department/ MOHE.
- 7 -The outcomes of the analysis with recommendations will be handed to the NCAMC head for dissemination to the council board for approval, recommendations, and planned actions.
- 8 -These recommendations will be used to improve the quality of council activities.

NCAMC STRATEGIC PLAN

The National Council for Accreditation (NCAMC) in Iraq has a development strategy to enhance the quality of higher education institutions and programs in the country through accreditation process. The strategy typically includes several key objectives and actions, which might include the following:

1- Enhancing Accreditation Processes.

Continuously improving the standards and criteria for accreditation to ensure they align with international best practices.

Implementing rigorous, transparent, and fair evaluation procedures for accrediting educational institutions.

Increasing the frequency and thoroughness of post-accreditation monitoring to ensure continuous compliance and improvement.

2- Promoting Quality Assurance

Fostering a culture of quality within educational institutions by promoting the adoption of effective quality assurance systems.

Providing training and professional development opportunities for faculty and administrative staff to enhance their understanding and implementation of quality assurance practices.

Encouraging institutions to engage in self-assessment and peer reviews as part of their continuous improvement efforts.

3- International Cooperation and Recognition

Strengthening partnerships with international accreditation bodies and quality assurance agencies to ensure alignment with global standards.

Promoting the international recognition of Iraqi qualifications and fostering mobility for students and academic staff .

Participating in international networks and forums to share best practices and stay updated with global trends in education quality assurance.

4- Transparency and Information Dissemination

Ensuring that the accreditation processes and results are transparent and publicly accessible.

Providing clear, comprehensive information about the accreditation status and quality of educational institutions and programs to stakeholders.

Utilizing modern information and communication technologies to enhance the dissemination and accessibility of quality assurance information.

5- Stakeholder Engagement .

Actively involving all relevant stakeholders, including students, employers, and academic staff, in the accreditation and quality assurance processes.

Establishing advisory councils and committees that include representatives from various stakeholder groups to provide input and feedback on NCAMC activities and policies.

6- Innovation and Development.

Encouraging and supporting innovative approaches to teaching, learning, and assessment within accredited institutions.

Facilitating research and development activities aimed at improving education quality and relevance.

Promoting the adoption of new technologies and methodologies in higher education to enhance learning outcomes and institutional effectiveness.

These strategic objectives and actions are designed to ensure that the NCAMC continues to play a pivotal role in advancing the quality and international competitiveness of higher education in Iraq.



IQS
APPROVAL

NCAMC
Committee on
IQS

SELECTION

1-Items of IQS

- a- SAS activities
- b- site visit activities including college documents, site visit procedures..
- c- Workshops.
- d- Decision making.

Stakeholders selection

- 1-college ,staff, students,,
- 2-National assessors teams, head, members
- 3-NCAMC members
- 4-Health sector.
- 5-NGOs ,others

QUETIONAIRS
PREPARATION

DATA COLLECTION AND
ANALYSIS
(per 3months cycle)

NCAMC BOARD

DECISIONS AND ACTION
(per 1yr cycle)

QUESTIONNAIRS

A-QUESTION TO COLLEGE:

Questions for faculty

1-How did the SVT (site visiting team) communicate with you during the site visit and observation.

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

2- Were team members knowledgeable about the standards?

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

3-Did the SVT demonstrate a fair and unbiased assessment of college programme and operations.

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

4-How effective did the SVT engage with various stakeholders including faculty ,students and administrators.

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

5-The SVT members were respectful and considerate in their interactions with the college community.

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

6-Did the SVT provide feedback and suggestion .?

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

7-The ways that SVT contribute to the college understanding of its strength and weakness points are:

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

8- How did the SVT collaborate with college leadership and staff.

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

9-Any concerns related to the conduct or professionalism of SVT?

10-Comment on the overall efficiency of the accreditation site visit process.

Question to students:

1. How well did the accreditation site visit process align with your expectations?

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

2. the site visit team effectively communicates the purpose and goals of the accreditation process.

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

3. ~~The~~ site visit team members were knowledgeable and professional in their interactions with you ~~?~~

Very satisfied
Somewhat satisfied
Neither satisfied nor dissatisfied
Somewhat dissatisfied
Very dissatisfied

4. ~~Did~~ the site visit team effectively engaged with a diverse range of stakeholders, including students, faculty, and staff .

Very satisfied
Somewhat satisfied
Neither satisfied nor dissatisfied
Somewhat dissatisfied
Very dissatisfied

5. the site visit team adequately considered the unique needs and perspectives of students during the accreditation process.

Very satisfied
Somewhat satisfied
Neither satisfied nor dissatisfied
Somewhat dissatisfied
Very dissatisfied

6. the site visit team demonstrated a fair and unbiased approach to evaluating the institution.

Very satisfied
Somewhat satisfied
Neither satisfied nor dissatisfied
Somewhat dissatisfied
Very dissatisfied

7. the site visit team was responsive to feedback and questions from students throughout the accreditation process.

Very satisfied
Somewhat satisfied
Neither satisfied nor dissatisfied
Somewhat dissatisfied
Very dissatisfied

8. Overall, how would you rate the effectiveness and impact of the accreditation site visit on the institution and its stakeholders, including students?

Very satisfied
Somewhat satisfied
Neither satisfied nor dissatisfied
Somewhat dissatisfied
Very dissatisfied

B-QUESTION to Site visiting team:

1-Overall experience:

a-how would you rate your overall experience with the accreditation site visit process?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

b-can you provide specific examples of positive aspects of the site visit?

2-Standards and Process clarity

a-The accreditation standards were clearly understood by the team.

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

b-Did you find the site visit process well organized and easy to follow?

3-Assessors engagement:

a-how would you describe the engagement and communication between team members.

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

4- Alignment with standards

a-In your opinion did the site visit accurately assess the college program against national standards.

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

b- where there any areas where you felt that national standards did not assess well?

5-Communication and collaboration

How was the collaboration and discussion between team members during the visit?

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

6-Documentation process

How do you find the documentation process leading to the site visit?

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

Were there any challenges in providing required documents ?

7-Impact on quality improvement

a- How has the accreditation process positively influenced the quality of the college

b-Are there any support or resources that would enhance the accreditation process?

C- Workshop feedback.

D- NCAMC feedback.

References

1-[INDEPENDENT AGENCY FOR ACCREDITATION AND RATING](#), Zhumagulova, A.B. (2022) Internal Quality Assurance System of Education: Methods and Approaches. Education. Quality Assurance, 2(27), 8-22.

2-The European Association for Quality Assurance in Higher Education.