



Post Accreditation Monitoring Policy

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Post Accreditation Monitoring Policy

Purpose

Once **The National Council for Accreditation of Medical Colleges (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 during the accreditation period

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

Annotation

Material changes to the program

Any of the following might constitute a material change in an accredited program.

- Change in the length or format of the program.
- A significant change in educational outcomes
- A significant change **is** in student numbers 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 program's accreditation status, it may seek information from the provider in writing.

Timing for Monitoring

Medical colleges **that are** granted the full accreditation period **must** submit a progress report at the end of the second year following their accreditation decision and at the end of fourth year.

Medical colleges **that are** granted conditional accreditation must submit progress reports at the end of the fourth year from the accreditation decision.



Procedures

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

The timing and type of progress report will be decided according to the college's accreditation status (full or conditional), according to a detailed mechanism.

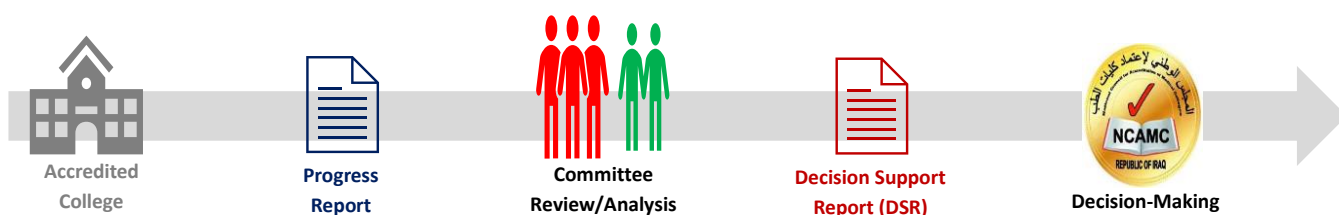
When the progress report is submitted, the NCAMC president will assign a committee, the “Progress Report Committee “ (Three NCAMC members + Two National Assessors), that will review the report.



Decision on progress reports

The NCAMC 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
- Further information is necessary to decide; the council assigns an additional site visit to elaborate more on issues in the progress report.
- The medical college may be at risk of not satisfying the accreditation standards. In this condition, the medical college will enter a probation stage of 3 months before withdrawal. During these 3 months, the medical college will require a detailed justification of the evidence notice in the progress report
- If the college explanations are not satisfactory during the probation period, accreditation may be withdrawn from the college.



Progress Report Components

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.

Fully accredited Path

First progress report

Time: Submitted at the end of the second year

Components: The Medical College must provide a College Action Plan (CAP) to **address** the deficiencies and **rectify** the areas of partial fulfilment and non-fulfilment. In addition, it must identify the areas that **were** improved during this period.

Second progress report

Time: Submitted at the end of the fourth year

Components: The Medical College must provide a compressive review of all standards (fulfilled or not fulfilled) according to a **checklist** prepared by NCAMC. In addition, the college should state any **Material changes to the program**, addressing the following points

- Change in the length or format of the program.
- A significant change in educational outcomes
- A significant change ~~is~~ in student numbers relative to resources.
- Significant resource reduction leads to an inability to achieve the program's purpose and/or Outcomes.

Decision mechanism

First progress report (end of 2nd year)

The NCAMC-assigned committee will review the report and write a briefing to NCAMC within two weeks on the college's achievements and shortcomings during this period.

Second progress report (end of 4th year)

The NCAMC-assigned committee will review the two parts of the progress report and evaluate it according to the NCAMC-prepared forms. If required, the committee will visit the college; part of the visit can be on-site, and another part can be done virtually. The committee will finish its evaluation within four weeks and submit a report to the council.

Accreditation Withdrawal

If a periodic assessment reveals that the accreditation requirements are not met, NCAMC informs the Medical College in writing and will initiate the process of 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 specified time or 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 that the accreditation requirements are still not met after the suspension. It can also 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.

Progress Report

Template I

Medical College
Logo

Follow-Up /Progress Report Post Accreditation Period

Checklist Form*

University Name	
College Name	
Report Date	

Area		
Standards		
	Evidence "Describe in brief the type of Evidence you provide."	Annex No.
Present		
Applied		
Effective		

*This checklist based on the report to the college by NCAMC at time of accreditation decision

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

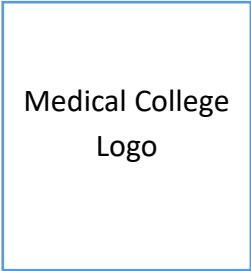
Dean Name

Signature

Date

Medical College
Stamp

Progress Report
Template II



Progress Report
Post Accreditation Period

Program Major Changes

University Name	
College Name	
Report Date	

Section 1	
Criteria	The medical college must state any change in the length or format of the program.
Guidance	The medical college must provide an old and updated version of the curriculum stating the program's format and length.
Answer	
List of Evidence	

Section 2	
Criteria	The medical college must state any significant change in educational outcomes and mission.
Guidance	The medical college must provide an updated mission and outcome in addition to the old, stated mission and outcome at the time of decision.
Answer	
List of Evidence	

Section 3	
Criteria	The medical college must state any change in student numbers relative to resources.
Guidance	the medical college must support old and new student intake strategies and how the resources will fit with new intake, if any.
Answer	
List of Evidence	

Section 4	
Criteria	The medical college must state that any significant resource reduction leads to an inability to achieve the program's purpose and/or outcomes.
Guidance	The medical college must support evidence of maintenance and enrichment of its resources to support achieving its program (including Staff, infrastructure, laboratories, libraries, clinical teaching facilities and others)
Answer	
List of Evidence	

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

Dean Name

Signature

Date

Medical College
Stamp

Program Major Changes Evaluation Mechanism

Purpose

This mechanism is intended to evaluate the progress report of the medical college granted conditional or full accreditation. This evaluation will ensure that the medical college continues to meet the accreditation standards until the accreditation period expires.

Procedure

As stated in policies and procedures of NCAMC, the conditionally and fully accredited college should submit a progress report (part 2) at the end of fourth year of accreditation. The template of the progress report can be accessed online through the [link](#). In addition, the college should **respond** to detailed checklist evaluation form for post accreditation period .

Section	Criteria	
Section 1	The medical college must state any change in the length or format of the program	
Finding		
Decision		
	The change in the length and format of the program that affect the graduate quality and breach the standards of accreditation	
	The Change in the length and format of the program that improve the quality and made in the direction of Quality improvement	
	No change	
Justification		

Evidence

The college supports its report with example format and how they are consistent with Area 2 of educational program and learning environment.

Section	Criteria	
Section 2	The medical college must state any significant change in educational outcomes and educational philosophy.	
Finding		
Decision		
	The change in the length and format of the program that affect the graduate quality and breach the standards of accreditation	
	The Change in the length and format of the program that improve the quality and made in the direction of Quality improvement	
	No change	
Justification		

Evidence.

The college supports by evidence of its educational outcomes how these changes are consistent with Area 1 mission and outcome.

Section	Criteria	
Section 3	The medical college must state any change in student numbers relative to resources.	
Finding		
Decision		
	The change in students' number relative to the resource jeopardize the resource and lead to ineffectiveness of teaching and learning	
	The Change in students' number relative to the resource where in the capability of medical college to accommodate that number with minimal effect on the resources	
	No change or minor change in the student number relative to resources	
Justification		

Evidence

The college supports documents on how to cope with change and student numbers.

Section	Criteria	
Section 4	The medical college must state any Significant resource reduction leads to an inability to achieve the program's purpose and/or outcomes.	
Finding		
Decision		
	The reduction in the resource will lead to inability of the program to achieve its purpose and outcome	
	There is no reduction in the resource and the medical college augment its resource with additional resources that enhance program purpose	
Justification		

Evidence

The college supports evidence of maintenance and enrichment of its resources to support achieving the program.

Checklist Evaluation Form *

University Name	
College Name	
Report Date	

Area				
		Achieved	Not Achieved	Comments
Standards No	Evidence "Describe in brief the type of Evidence you provide."			

Progress Report Visit Checklist

This template is to be completed by the Progress Report Visit Team (PRVT) during the progress follow-up visit.

GENERAL INFORMATION

- College Name: _____
- Visit Date: _____
- Assessor(s): _____

Area 1: Mission and Outcomes

Key Questions for Discussion & Observation:

- How was the mission developed?
- How are social responsibility, research, community involvement, and postgraduate readiness reflected in the mission?
- Are stakeholders (dean, vice dean, education unit, assessment lead) able to articulate the mission and distinguish between institutional and program goals?
- How are the mission and goals applied in real planning (curriculum, teaching, assessment)?
- Is there a planned cycle (e.g. every 5–6 years) for mission review?
- Were students and external stakeholders involved in mission development or planned future engagement?

Summary of Findings:

Strengths: _____ Areas for Improvement:

Overall Judgment: ☐ Fully Compliant ☐ Partially Compliant ☐ Non-Compliant

Area 2: Educational Programme

Key Questions:

- What principles guide curriculum design? How are teaching methods selected?
- How are students encouraged to take active responsibility for learning?
- How are scientific method, critical thinking, and EBM integrated?
- What content areas are covered (biomedical, clinical, ethics, behavioral)?
- How is horizontal and vertical integration addressed?
- What mechanisms are used for societal feedback and how is it applied?

Findings & Summary:

Overall Judgment: ☐ Fully Compliant ☐ Partially Compliant ☐ Non-Compliant

Area 3: Assessment of Students

Key Questions:

- Who oversees assessment policy and its alignment with learning outcomes?
- How is validity/reliability of assessment monitored?
- How are different curricular components assessed (integrated or separately)?
- Do assessments demonstrate achievement of intended outcomes?

Findings & Summary:

Overall Judgment: ☐ Fully Compliant ☐ Partially Compliant ☐ Non-Compliant

Area 4: Programme Evaluation

Key Questions:

- How is the educational program evaluated?
- Are student and faculty opinions systematically analyzed and used?
- How are key internal and external stakeholders engaged in evaluation?

Findings & Summary:

Overall Judgment: ☐ Fully Compliant ☐ Partially Compliant ☐ Non-Compliant

Area 5: Students

Key Questions:

- What are the admission and selection policies?
- How is intake aligned with institutional capacity?
- What student support (counseling, academic advising) is available?
- What is the role of students in curriculum feedback and governance?

Findings & Summary:

Overall Judgment: ☐ Fully Compliant ☐ Partially Compliant ☐ Non-Compliant

Area 6: Academic Staff / Faculty

Key Questions:

- Does staff profile match teaching requirements?
- Are teaching, research, and service appropriately recognized?
- Are student-teacher ratios appropriate across disciplines?
- What staff development and appraisal processes exist?

Findings & Summary:

Overall Judgment: ☐ Fully Compliant ☐ Partially Compliant ☐ Non-Compliant

Area 7: Educational Resources

Key Questions:

- Are learning resources and facilities adequate?
- Are there sufficient clinical teaching opportunities and patients?
- Is educational technology effectively used?
- Is there access to a medical education unit or expert support?
- Are institutional partnerships in place?
- Are graduate outcomes analyzed and linked to the mission?

Findings & Summary:

Overall Judgment: ☐ Fully Compliant ☐ Partially Compliant ☐ Non-Compliant

Area 8: Governance and Administration

Key Questions:

- What is the governance structure and roles?
- How is leadership evaluated in alignment with the mission?
- Is resource allocation adequate for mission fulfillment?
- What administrative support is provided?
- How is the management of the medical program reviewed?

Findings & Summary:

Overall Judgment: ☐ Fully Compliant ☐ Partially Compliant ☐ Non-Compliant

Area 9: Continuous Renewal

Key Questions:

- What procedures are used for regular review of the mission, structure, and program?
- How does the institution respond to evolving community and professional needs?

Findings & Summary:

Overall Judgment: ☐ Fully Compliant ☐ Partially Compliant ☐ Non-Compliant

Final Notes / Recommendations:

Decision Support Report

Date: [Insert Date]

Prepared by: [Author's Name or Department]

Submitted to: [Council/Committee Name]

1. Executive Summary

- Overview of the visit, purpose, and accreditation status.
- Summary of key findings and recommendations.

2. Visit Objectives & Scope

- Purpose of the visit (e.g., accreditation review, quality assurance).
- Areas assessed (curriculum, faculty qualifications, facilities, student outcomes).

3. Observations & Findings

- Compliance with accreditation standards.
- Strengths identified during the visit.
- Areas requiring improvement or further evaluation.
- Supporting evidence, such as interviews, documentation, or metrics.

4. Key Issues & Risks

- Concerns that need immediate attention.
- Potential impact on accreditation or institutional performance.

5. Recommendations

- Suggested actions for addressing findings.
- Strategies for sustaining strengths and improving weaknesses.
- Timeline for implementing recommendations.

6. Decision & Next Steps

- Proposed decision based on findings.
- Steps required for execution (policy adjustments, resource allocation, follow-ups).

7. Conclusion

- Summary of visit outcomes.
- Final remarks on institutional readiness and accreditation status.

8. Appendices (if applicable)

- Supporting documents, charts, and accreditation reports.

Would you like to refine any sections or add specific accreditation criteria?