

**A Guide**  
**For**  
**Accreditation of Pharmacy Colleges,**  
**Iraq**

**By**  
**The National Council for**  
**Accreditation of Pharmacy Colleges**  
**(NCAPC)**

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## *Preface*

Accreditation is a form of external quality assurance process under which services and operations of educational institutions or programs are evaluated by an external body (accrediting agency) to determine if applicable standards for function, structure and performance are met. Accreditation communicates quality patients, employers, students, and faculty. Accreditation provides students with confidence that the faculty offering programs that have been evaluated and meets rigorous standards established by relevant Iraqi Guidelines and has comparability to international standards. Also, accreditation provides students assurances that, upon completion of the program, they have the requisite knowledge and skills to meet their educational goals. The accreditation process provides a professional judgment of the quality of a college of pharmacy's professional program and to encourage continued improvement thereof. The National Council for Accreditation of Pharmacy Colleges (NCAPC) was established in September–2019. It receives its authority from the Ministry of Higher Education and Scientific Research to become the formal reference to pharmacy colleges that must follow its national guideline for accreditation. The standards listed in NSAPC have been reviewed several times. It addresses all aspects of the college including the: mission, educational program, student assessment, students and staff, program evaluation, educational resources, governance and administration, continuous renewal.

I would like to highly appreciate and acknowledge of Chairman (Professor Yusra AR Mahmood) and members of Iraqi National Council for Accreditation of Medicinal Colleges (NCAMC) for their kind help and support in preparing this guideline

This Guide for Accreditation of Pharmacy Colleges has been prepared by the NCAPC and behalf of the council members I dedicate this book to the colleges of pharmacy wishing them success and development.

**Prof. Dr. Ahmed Abbas Hussein**

**Chairman of NCAMC**

**Ministry of Higher Education and Scientific Research - Iraq**

### *List of Abbreviations*

<b>CPE</b>	Continuous Pharmacy Education
<b>CPD</b>	Continuous professional development
<b>CV</b>	Curriculum Vitae
<b>FF</b>	Fully Fulfilled
<b>DC</b>	Data Collection
<b>EC</b>	Entrance Conference
<b>HC</b>	Head Committee
<b>NSAPC</b>	National Standards for Accreditation of P Colleges
<b>MOHES</b>	Ministry Of Higher Education and Scientific Research
<b>R</b>	
<b>MO</b>	Mission, Objectives
<b>NCAPC</b>	National Council for Accreditation of Pharmacy Colleges
<b>NACPCI</b>	National Accreditation Committee of Pharmacy Colleges in Iraq
<b>NF</b>	Not fulfilled
<b>PHCC</b>	Primary Health Care Center
<b>PF</b>	Partial Fulfilled
<b>POA</b>	Plan Of Action
<b>QA</b>	Quality Assurance
<b>Ques</b>	Questionnaire
<b>SAS</b>	Self-Assessment Study
<b>SC</b>	Subcommittee
<b>SSR</b>	Self -Study Report
<b>StC</b>	Steering Committee
<b>SVT</b>	Site Visit Team
<b>PF</b>	Partial fulfilled
<b>SWOT</b>	Strengths, Weaknesses, Opportunities, Threats
<b>RSC</b>	Report Subcommittee
<b>TFS</b>	Task Force Subcommittee
<b>Verifi</b>	Verification
<b>WFPE</b>	World Federation for Pharmacy Education

## **CHAPTER ONE**

### ***General regulations***

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

## **CHAPTER TWO**

### ***Self-Assessment Study (SAS)***

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

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

In summary,

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



## **Thing that the college must do:**

### **First: Awareness campaigns:**

These are necessary to build the capacity and capabilities of the college staff regarding accreditation. Awareness campaigns should aim to introduce concepts of accreditation and quality assurance to the stakeholders emphasizing on the NSAPC, accreditation guidelines and SAS. Conducting large or small meetings/workshops with various disciplines of stakeholders (with involvement of wide range of stakeholders who are directly or indirectly participating in the process of accreditation) is the main methods to achieve this goal. Such meetings and workshops should explain the achievements, risks, challenges, opportunities and related things within the college. Furthermore, it is useful to think of a reasonable distribution of posters, booklets ... etc.

### **Second: Formulation of accreditation committees with definite tasks:**

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

#### **1: Steering Committee (StC):**

- |  |        |
|--|--------|
| A. Dean of the College _____                           | Head   |
| B. Associate Dean for Academic Affairs -----           | member |
| C. Associate Dean for Administrative Affairs-----      | member |
| D. Director of the Teaching Hospital -----             | member |
| E. Member of governorate council -----                 | member |
| F. Director of the university Quality Assurance Dept.- | member |
| G. Head of the Pharmacy Association-----               | member |
| H. Students representative -----                       | member |
| I. Other as suggested                                  |        |

Steering committee tasks:

1. Guides and leads the accreditation process.
2. Manages strategic issues related to the accreditation process.
3. Formation of the Head Committees (HC) and subcommittees (SC), on the basis of NSAPC.
4. Provide support for the HC and SC as needed.

5. Support awareness campaigns about accreditation.
6. Setting the necessary schedules for achieving and monitoring different tasks related to the process of accreditation and college SAS.
7. Discuss and approve constructive recommendations made by the HC and SC and follow up their implementation
8. Approval of the final SSR supported by all required documents.
9. Handle the SSR to the Dean and College council for approval.

**2: Head Committee (HC) for SAS:**

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

Head committee tasks:

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

approving reports' drafts of the SCs. The HC should consider the statistical analysis and SWOT analysis to identify; strengths, weaknesses, threats, and opportunities. The SSR should include presentation of data with appropriate tables and figures, and indicate the percentage of achieving each and every standard from the NSAPC.

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

**3: Sub-committees (SCs) or task force committees (TFCs):**

- A. Faculty member ----- head
- B. Faculty members according to needs ----- member
- C. Employee according to needs ----- member
- D. Students Representative (different levels) ---- member

**Subcommittees Tasks:**

1. Study and review their task area and standards and may enlist the opinion and suggestions when needed.
2. Conduct the SAS in a given area and collect related and required documents according to the NSAPC.
3. Adoption of research methods to gather information (subjects included in the study, sampling method, and data collection tools as a distribution of questionnaires and interviews ).
4. Participate in the awareness campaigns.
5. Prepare a draft of the report on that area and submit it to the HC. This reports should not simply summarize or repeat the information in the documents. Instead, it should contain thoughtful analysis of each area in the context of NSAPC leading to conclusions about strengths and challenges (including potential or suspected areas where elements might be unsatisfactory). The report should include suitable recommendations and action plan to resolve shortcomings and identified problems.

### **Third: Data Collection (DC):**

This includes all the official\administrative orders and paper-work required through-out the process of accreditation. Additionally, it is very important to properly collect documents and generate evidences for each standard within the different areas of the NSAMC.

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

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

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

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

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

### **Fourth: Data management:**

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

Performance of a research component. Data has to be collected on research

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

The following are things to remember in this regard:

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

#### **Fifth: Action Plan:**

The results obtained should interpreted and discussed with stakeholders. A wide participation and transparency are essential in this step.

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

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

**College SAS Plan of Action (POA)  
(Suggested Templates)**

**Template 1:**

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

## **Template II:**

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

## **CHAPTER THREE**

### ***Self-Study Report (SSR)***

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

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

#### **First: Who is responsible for writing the SSR:**

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

#### **Second: How to write the SSR:**

To start with, there must be an applicable time schedule for this task taking in consideration the available manpower, facilities, challenges ... etc.



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

#### **A- Generic structure of SSR:**

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

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

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

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

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

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

Within the SSR, well written and conclusive executive summary is needed

(here, persons with good English writing skills are needed the most).

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

### **B- Points to be remembered while writing the SSR:**

The SSR generally, should be:

1. Simple, so it can be clearly comprehended without complicated jargons or sophisticated statistical and analytical methods, so the data can be easily conceived.
2. Affordable, so it does not involve using complicated and expensive tools for SAS which can cause a burden on the institution budget.
3. Wide participation, it should be comprehensive and wide range of stakeholders must participate (faculty and MOH staff and facilitators, administrators, students, community).
4. Measurable, measuring standards within each area or domain should include the related college benchmarks, achievements, shortcomings, SWOT analysis and action plan.
5. Flexible, so each step can be adapted according to college circumstances and it can also be upgraded according to future development.
6. Up to date, making use of the most available and advanced technology (within and outside the college) to present and handle and keep related information, data and results.
7. Auditing, there must be steps and mechanisms for external and internal auditing from different stakeholders like the university, health sector and community to measure the impact of the college on the community and medical profession... etc.

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

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

#### **1. The title page**

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

#### **2. Dean's statement about the college accreditation.**

Not more than one page stating the vision of the college about accreditation

and the achievement of that college in this regard. It might include a photo of the dean or the college.

**3. The Historical background of the college.**

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

**4. Acknowledgment.**

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

**5. Summary report (executive summary).**

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

**6. The purpose of evaluation.**

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

**7. Evaluation methodology and statistical methods.**

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

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

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

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

**9. Conclusion and recommendation**

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

**10. Citation and Appendices.**

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

## **CHAPTER FOUR**

### ***Designing Tools for Evidence Generation***

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

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

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

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

For each area (domain) of the ASAPC, the following points are expected to be addressed through conducting studies. The tools should be designed, reviewed and then finalized so that their use can yield answers to the following concerns and questions stated regarding that area or standard. The tools to be developed will include those to be used by the college seeking accreditation such as questionnaires and interview guides for conducting their SAS besides the templates for writing the program and course specifications, the program and course reports and the annual report. In other parts of this guide, sample tools

are presented for use by reviewers, interview guides, observation sheets and templates for writing the reviewers report. The Colleges are given the option to adapt the tools with any relevant change but to observe the requirements of the agreed upon standards.

### **First: Definitions:**

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

1. **Areas:** are defined as broad components in the process, structure, content, outcomes/competencies, assessment and learning environment of basic medical education and cover (Mission and outcomes, Educational program, Assessment of students, Program evaluation, Students, Academic staff/faculty, Educational resources, Governance and administration, Continuous renewal)
2. **Sub-Areas:** are defined as specific aspects of an area, corresponding to performance indicators.
3. **Standards:** are specified for each sub-area using two levels of attainment:

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

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

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

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

### **Second: Questions needed to generate evidence for given area of the NSAPC:**

#### ***1. Mission and outcomes***

- How is the statement on mission developed?
- How is social responsibility, research attainment, community involvement and readiness for postgraduate education reflected in the mission statement?
- What are the outcome results in terms of broad competencies (knowledge, skills and attitudes) required of students at graduation?
- How do the competencies relate to existing and emerging needs of the society in which the students will practice?

## ***2. Educational program***

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

## ***3. Assessment of students***

- Who is responsible for the assessment policy
- How does the pharmacy college monitor the reliability and validity of assessments?
- How are assessment practices made compatible with educational objectives and learning methods?
- Do assessment methods demonstrate that outcomes are met or not met?

## ***4. Program evaluation***

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

### ***5. Students***

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

### ***6. Academic staff/faculty***

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

### ***7. Educational resources***

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



### ***8. Governance and administration***

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

### ***9. Continuous renewal***

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

## **CHAPTER FIVE**

### ***Accreditation site visit***

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

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

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

#### **First: Obligations and rights of the Pharmacy College:**

1. The college must achieve the NSAPC and prepare the SSR with all required documents as stated in this Accreditation Guidelines and requested by the SVT.
2. The college is informed about the SVT and has the right to report feedback to the NCAPC in case of any conflict of interests.
3. The college must be ready to be in contact with the SVT to meet the requirements of the NSAPC. The process begins when the SVT leader contact the dean of the college.
4. The college must nominate a faculty member to be “the person in contact” with the SVT and prepare a “properly equipped” room within the college for the team to conduct meetings and related activities. The person in contact has enough authorities which allow him to take a suitable action. in addition he should be dedicated to this task and be able to facilitate the process as needed. He should arrange different activities like visiting hospitals and primary care centers (PCCs), lecture halls and labs, getting documents ... etc.
5. The college must ensure that the process will pass smoothly and that the SVT has the autonomy needed to conduct duties. This must be so clear to all

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

6. In case of any conflict of interest, the college must contact the team leader and, if needed, the NCAPC as soon as such issues arise. Such issues, if any, should be dealt- with wisely and carefully.
7. The college should not expect the SVT to give the decision about accreditation. It is the job of the NCAPC. The SVT is there to check and record college achievements regarding the NSAMC.
8. At the end of the site visit, a short good-by meeting should be held with the dean of the college. In which, the leader of the SVT present the team thanks to the college and gives a general feedback about the process to the dean.
9. The college will receive the final decision from the NCAPC within 6 weeks after the end of the site visit. Within this period, NCAPC might contact the college for related issues, if needed.

### **Second: The Site Visiting Team:**

1. The leaders of SVT are nominated by NCAPC and approved by MOHESR. They should be dedicated to the task. Their performance is continuously monitored by NCAPC.
2. Members of each SVT are academic staff and experts. Each team consists of at least 5 members including the team leader. One of the members should take the duty of the secretary of that team. They are nominated by the NCAPC (from the Team of National Assessors) in collaboration with team leader.
3. In addition to the main members of the SVT, a NCAPC member; national or international expert(s) and observational trainees might participate in the process of accreditation and at the site visit. The role of each is stated and managed by NCAPC in collaboration with the team leader according to the need.
4. Member of the teams must apprehend the NSAPC and Guidelines and they must have comprehensive awareness about the college (to be visited) and its educational program. They should be well prepared and practical. They should work in punctual, objectived and professional manner. They must abide by time frame set by the accreditation program and must follow the stated protocol and the code of conduct throughout the whole program.
5. Team leader will be the “spokesperson” for the team to handle all direct contacts with the Pharmacy College and with the NCAPC. He should show

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

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

### **Third: Code of Conduct (for the SVT):**

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

to the educational program of the college. This includes teaching halls, small group rooms, offices, labs, with special attention to the affiliated institutions like hospitals, industries... etc.

10. The SVT must sample ideas and opinions from different stakeholders. This might be done by questionnaire, small and large group meetings, personal meetings ... etc.
11. The SVT should, internally, discuss findings and observations on daily bases (at the end of each working day) and come-up with and agreed up-on the working plan, tasks and schedule of the next day. This must be done to emphasize on shortcoming and outstanding issues, to collect missing documents. etc.
12. Within subsequent visits for the same college (when the college apply for accreditation for the next time whether accredited or not or in case of conditional accreditation), the SVT should especially monitor the implementation of recommendations from the previous visit. So, the team must have an idea about the previous visit, its recommendations and the achievement of the college at that stage.
13. Personal feedback from the SVT members must not be shown to the college by any mean and for any purpose. Such feedback might be discussed within the SVT in confidential way. Understanding among the team should be considered.
14. By the end of the site visit, the team leader should meet the dean to thank him for the welcoming and support. He may brief the dean about the overall activities and about the obvious achievements and shortcoming at the college. Within the meeting neither details nor prior decision must be given. The college must understand that the decision will be done by the NCAPC based on the report and documents of the visiting team. Few faculty members might attend this meeting. according to the dean`s will, on the other hand other team`s member may attend the meeting.
15. In making the decision, the SVT must gather and analyze documents, information, viewpoints and ideas from different sources. The decision meant here is about the compliance, compliance with monitoring, or noncompliance of the standards and not about accreditation. Discussion, interviews, questionnaire and documents are the bases to reach such decisions.
16. The SVT leader must report to the NCAPC on regular bases. The final report of the SVT should be handled to the NCAPC (supported with documents)

within two weeks of the site visit end. The report must be constructive and its writing must follow the formats stated by the NCAPC guidelines.

17. Within this report, outstanding achievements and shortcomings should be highlighted. The report should include proposed action plan for shortcomings and to maintain outstanding events at that college.
18. NCAPC might ask for a meeting with SVT leader or members, if needed. This might be done to discuss concerns, clarify related issues, ask for further documents ... etc.

## **CHAPTER SIX**

### **The Site Visiting Team (SVT) Report**

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

#### **First: General Principles:**

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

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

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

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

It is the duty of each member of the SVT to edit and consider his\her section(s)

of the report carefully before submitting it to the team leader. He\she should prepare an unambiguous commentary noting any strengths and shortcomings relating to the standards he is responsible for. And ensure that all its summary findings are fully explained and documented in the body of the report and that all accreditation standards are inspected and accounted for.

Each accreditation area and its standards should be evaluated in a given section of the report and each section may include a list of recommendations. The report indicates ways, in which the college complies, substantially complies or does not comply with the standard's requirements. Well-structured constructive recommendations should be written with enough details to be helpful, if approved by the NCAPC, for future improvement by the college and to be followed up by the SVT on subsequent visits.

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

### **Second: Formal Structure of the SVT Report:**

Title of the SVR for e.g.

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

Table of Contents: Make sure that all Appendix documents are listed. The



report should be paged sequentially, including the Appendix.

Memorandum:

Introduction and Composition of The SVT:

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

**Summary of SVT Findings:**

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

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

Areas of “Compliance”

Areas of “In Compliance with a Need for Monitoring”

Areas of “Noncompliance”

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

Area (Domain) Reviewing:

Each area is mentioned with its number and any comments. The stem of the report should include show narrative description and comments referring, as

needed, to documents collated sequentially in the Appendix at the end of the report. List each Appendix item at the beginning of the relevant section of the report. In the narrative stem of the report, there should be careful differentiation between information and conclusions come from the college side from those come from the SVT findings.

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

### **College SAS and Data Collection (DC):**

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

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

### **History and Setting of the College:**

Briefly summarize the history of the college. Describe the pharmacy college in terms of its size, age, public or private status, and its organizational relationships with the university, health sciences center, geographically separate/distributed campus(es), and principal teaching hospital(s). Describe the geographic relationships of the main campus to major clinical teaching sites and, where appropriate, remote campuses; include relevant maps of the locations of affiliated teaching sites and any geographically distributed campuses in the Appendix.

### **Third: Outlook of the SVT Report:**

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

8. The covering memorandum from the team leader follows the appendices and should be numbered as page 1.
9. Before submitting the report to the NCAPC, carefully proofread it to correct spelling, typographical, grammatical, and punctuation errors.
10. The SVT leader should sign the cover memo before submitting the final copy to the NCAPC.

## **CHAPTER SEVEN**

### **Decisions and Appealing**

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

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

#### **First: Final Decision of Accreditation:**

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

#### **The decision will be either:**

1. Accreditation: When the college completes the accreditation requirements. This will be valid for five years.
2. Conditional accreditation: When the college almost completes the accreditation requirements. This means that some requirements were not met, mandating proper actions from the college side. The College must fulfill these requirements within a period of two years to be accredited.

3. Denied accreditation: The College will not be accredited if the college does not fulfill the NSAPC. The College can re-apply for accreditation at least one year later.

4. No matter what decision is made, the NCAPC continuously follows colleges through their SSR and may visit the college as needed.

**Second: Appeal:**

1. The College has the right to appeal the Factual bases in the NCAPC decision within two weeks of issuance of the decision.

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

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

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

## **CHAPTER 8**

### **GUIDELINE FOR ACCREDITATION SITE-VISIT**

**Overview:** The accreditation reviews of compliance with each accreditation standard, culminating in site-visit, typically occur on a 6-year cycle and consist of the following steps:

- A self-analysis of compliance with accreditation standards (college Self-Assessment study SAS) by the pharmaceutical education program,
- On-site review by a team of peer evaluators (the peer review-visit), and
- Review of the site-visit team's written report.

**Pre visit procedure:** Pre-site-visit documents, including the Data Collection (DC) and instructions for the college SAS. College personnel work, over a period of several months, to provide the information requested in the DC. The DC will then be used to inform the college SAS. The college should submit its completed DC, SAS report, and other materials to the NCAPHC Secretariat offices three months before the site-visit.

**Site-visit procedure** 1. A written notification to the college, (*at least*) within two months before visit. 2. Team Size and Composition. The NCAPHC is responsible for appointing the members of site-visit teams. It typically, consists of five to seven members selected from a pool of experienced pharmaceutical educators and practitioners, including professional members of the NCAPHC, to ensure consistency in the assessment process. Each site visit team will have a team chair and a team secretary.

3. The team chair is NCAPHC member who had previous or current managerial experience. The team secretary is an experienced NCAPHC member with responsibility for visit organization and report preparation.

4. The duration of the site visits typically are 3-5 working days depending on size of the college.

5. The institution seeking accreditation has the right to review the composition of the visit team in case of presence of conflict of interest.
6. Persons invited to serve as members of site-visit teams (assessors) are expected to disqualify themselves if they are aware of any situation or circumstance that might be a conflict of interest.
7. NCAPHC maintains a pool of potential assessors with different specialty.
8. The site visit coordinator; is contact person at school nominated who should be an experienced senior staff member who will manage the logistics of the site-visit and other administrative functions.
9. Each team member receives a copy of the council's site-visit procedures, which explain the team's activities and responsibilities in details.
10. The assessment team holds a preliminary team meeting normally one month before the on-site visit and after assessing the self-study. At this meeting, the team identifies key issues and develops an outline of the assessment plan.
11. Visit Structure. The visit begins with a team meeting, followed by a meeting with the dean. During the visit, the team will meet with those persons or groups who can provide or verify information, including faculty, students, administrators, and representatives of clinical affiliates. While meetings with faculty members and students typically take place without the presence of institutional leaders, the dean's participation is appropriate during the team's meetings with program administrators, especially regarding finances and relationships with clinical affiliates.
12. The members of the team divide the assessment task into specific responsibilities, depending on their experiences and interests. These responsibilities are directly linked to the contents of the final accreditation report.
13. From its examination of the SAS report before the visit, the team will develop questions about the unit to explore during the site-visit. The report is the basis of the team's initial understanding of the unit, its mission, the range of



its programs and activities, its evaluation of itself, and its plans for the future. Thus, a report that merely describes the unit is not a satisfactory base on which to build a useful site visit.

14. Teams also determine whether colleges meet any major claims they have made of outstanding performance in areas other than the standards normally examined by a team.

15. The visit includes appointment with the dean to whom the unit administrator reports. Team members attend classes and interview faculty members. The team conducts group interviews with students, and staff, on separate days of the visit. Each interview should be with 20 or more students, if possible.

16. All interviews are conducted with the knowledge of the academic head of the pharmaceutical program although not necessarily in their presence. This ensures that dissenting views can be expressed freely without being attributed to individuals.

17. The team inspects the physical resources, including teaching resources available in research laboratories, libraries, community clinics, general practice settings and hospitals. Maximum opportunities are provided for interactive discussion with the medical education providers" senior staff and students during the visit.

18. A reassessment procedure of site-visit steps to cover new challenges may arise during evaluation process.

19. The team needs a workroom (must be provided by the college), preferably equipped with computers, printing equipment and Internet access.

20. The team will successively develop and refine his list of summary findings.

**Team Caucus:** The site visit team should assemble before meeting the dean on the first evening before the visit to make any adjustments in the schedule, confirm responsibilities and review ground rules and timelines, and prioritize areas needing particular attention over the course of the visit (e.g., potential

areas of noncompliance with accreditation standards or common questions to be asked for all required clerkships). At this initial caucus, the team should review the preliminary findings developed by team members based on the review of pre site-visit materials.

**Entrance Conference (EC):** Generally, the site-visit team met privately the dean at the entrance conferences. All team members should attend the (EC), the chair clarifies the purpose and the schedule of the site-visit, gets the dean`s permission to interview staff members or students or to explore any documents. The Dean can clarify the accomplishment, goals and challenges, and other major current issues; like principal findings of college SAS, organizational relationships of college with university and teaching hospital(s); organization of dean`s staff; financial status, research programs, faculty development.

**EXIT CONFERENCE:** Visits typically conclude exit conferences with the dean and the university chief executive (or his or her designee), although the dean may include others with advance notice to the team.

Generally, the team meets privately with the dean. The team chair will read the summary of the team`s findings to the dean at the end of the exit conference. The team chair will emphasize to both the dean and the university chief executive that the team's summary report represents a preliminary statement of findings for consideration by the NCAPHC. The team`s findings are not, therefore, for widespread dissemination at this point.

## **OVERVIEW OF SITE-VISIT TEAM MEMBER FUNCTIONS**

### **DUTIES OF THE TEAM CHAIR**

**Overview:** The team chair serves as the leader of the site-visit team`s activities on site and speaks for the team during the visit.

1. During the visit, the team chair should see that the team paces its work, consolidating its observations and findings at the end of each day so that the team`s findings of strengths and problem areas are refined each evening.
2. The chair should ensure that individual team members are introduced at

meetings with various groups and that the purpose and focus of the accreditation visit are stated briefly.

3. The team chair will read the team’s findings at the exit conference and then give the dean a written copy of the findings.

4. Review of Pre-visit Materials. The team chair should, as soon as possible, review the college’s DC and SAS summary report. Any potential strengths or problem areas should be communicated to the site-visit team secretary before the site-visit begins so that they can be compiled into a preliminary set of summary findings to be discussed at the initial team caucus. The chair should also notice any areas in which additional information is needed and should communicate these areas to the team secretary.

5. The Visit Schedule. The team chair should consult with the team secretary prior to the visit about the organization of the visit and development of the visit schedule. The team chair should review the draft schedule to ensure that all relevant issues reflected in the accreditation standards are appropriately explored on site and that attention is given to potential problem areas.

6. The Site-visit Report. The team chair with secretary is responsible for writing the draft site-visit report. The team chair should carefully review the draft site-visit report to confirm that the summary findings are sufficiently documented and supported in the report narrative and appendices.

### **DUTIES OF SITE-VISIT TEAM MEMBERS**

1. Logistics. The team secretary will provide information to team members about the hotel arrangements, visit schedule, and writing assignments.

2. Team members should arrive in time for the team caucus and entrance conference with the dean, and they should remain through the exit conferences with the dean and university chief executive on the last day of the survey visit.

3. Review of Pre-visit Materials. All site-visit team members should review the college’s DC and SAS summary report, as soon as possible, in their areas of responsibility.

4. If there are any notable omissions or inconsistencies in the database or SAS report, the team member should inform the team secretary about them so that the team secretary can request additional information from the college.
5. As soon as possible, team members should identify potential strengths, areas in compliance with a need for monitoring, and areas of noncompliance and communicate these to the team secretary before the visit begins. These will be compiled by the team secretary and discussed at the initial team caucus.
6. Team members should not communicate directly with the college for any reason.

### **Main Responsibilities During and After the Site-Visit.**

Team members are expected to evaluate the educational program and the resources supporting it, leading to an assessment of the level of compliance with NCAPHC standards

1. Collect and record additional data and impressions during the visit based on meetings with college personnel and review of additional documentation.
2. Contribute to development of the consensus list of college strengths, areas in compliance with a need for monitoring, and areas of noncompliance. These findings are presented by the site-visit team chair to the dean and university chief executive (or his or her designee) at the end of the site-visit.
3. Provide to the team secretary the assigned written sections of the site-visit forma

### **WRITING THE REPORT OF A SITE VISIT**

The principal responsibility of the site-visit team is quality assessment. The team must prepare its own report regarding the extent to which, in its judgment, the college met the standards of good practice expressed in the general principles and the accrediting standards.

1. The Chair and the secretary have overall responsibility for the final report. The Chair's introduction in the report will cover the adequacy of the program as assessed against the standards. This section will include the recommendations

for change where appropriate.

2. At the last day of site-visit (visit conclusion), the team chair must prepare a draft written report.

3. The cover sheet of the team report includes a statement that it is a draft and may contain errors; that the college may respond and offer corrections; and that the Council makes final accrediting decisions.

4. Each site-visit team member is responsible for preparing an unambiguous commentary noting any strengths and deficiencies relating to the standards for which they are responsible. And ensure that all its summary findings are fully explained and documented in the body of the report, and that all accreditation standards are accounted for.

5. Each standard will be evaluated in a section of the report and each section may include a list of recommendations. The report indicates ways, in which the college complies, substantially complies or does not comply with the standard's requirements. Recommendations are written with enough detail to be helpful to team members on subsequent site-visits as well as the current university administration.

6. The survey report is based on information contained in the documents provided, the SAS and additional information that may be provided to the site-visit team on-site.

7. The team chair should explain that the recommendation which should be constructive to, first, the Accrediting Committee, and the final decision with the Accreditation Council.

8. The team chair must recommend to the Accreditation Council the approval, conditioned accreditation, denial, continuation, or change in the accreditation status of a college.

9. Two weeks after, the team's chair forwards its final formal recommendation and report to the council director.

**Notes:**

\* The coordinator should refrain from any actions that could be perceived as attempts to influence the site-visit team’s decision making. Similarly, site-visit team members should not accept gifts that could be perceived as attempts to influence their decision-making.

\* All SAS and related materials are confidential, as is all information shared with the site-visit team while on the site visit. Each member of the site-visit team is required to preserve this confidentiality.

\* Do not comment to staff or students on how the college is doing. Do not comment on the hours that the site-visit team has been working. Do not comment in relation to outcomes of the visit. Do not make value statements, e.g. this is a great program. Be positive at all times. Be on time.

### **Confidentiality of Information:**

1. Information about the college, whether contained in the DC and college SAS, the briefing book, or obtained on site, is considered confidential and must not be disclosed to other parties.

2. A confidentiality statement is included in the NCAPHC Secretariat’s mailing to the survey team; this statement must be signed and returned before the site-visit.

3. Team members should hold the team findings confidential.

4. Either at the end of the site-visit or after reviewing the report, site-visit team members should dispose of materials related to the site-visit in a way that ensures its confidentiality.

5. Documents or correspondence not needed for writing the survey report can be left with the college at the conclusion of the site-visit.

6. After reviewing the draft site-visit report, team members should destroy any remaining documents, including the draft report, related to the accreditation site-visit.

### **Preparing the final Report:**

1. To ensure prompt consideration of the medical education program’s

accreditation status, it is essential that the draft sit-visit report be completed as quickly as possible.

2. Site-visit team members should submit their sections to the team secretary at the end of the day.

3. The draft site-visit report should be completed by four weeks after the visit. The team secretary should send a copy of the draft report (including the appendices) to the NCAPHC Secretariat for review.

4. The NCAPHC Executive Director will communicate with the team secretary about the draft site-visit report's organization, format, internal consistency, and thoroughness in addressing all accreditation standards and in providing sufficient documentation related to each finding.

5. Upon receiving the comments from the NCAPHC Secretariat, the site-visit team secretary should make any needed revisions.

6. Finalizing the site-visit report: The final Site-visit report must be received by the NCAPHC executive director no later than four weeks before the next schedule NCAPHC meeting to allow adequate time for review by NCAPHC members.

7. Feedback to site-visit Team Members; Following notification of the college, the NCAPHC executive director will provide feedback to team members about the NCAPHC response to team findings. Such feedback is one element of the team training that will assist in developing consistency across teams in the interpretation of standards.

## **PHARMACEUTICAL COLLEGE RESPONSIBILITIES**

The role of pharmacy college participants in the accreditation process are: **Site-Visit Coordinator:** The site visit coordinator should be an experienced senior staff member who will manage the logistics of the site-visit and other administrative functions such as formatting and submitting the DC / SAS package. The site-visit coordinator will typically make hotel reservations for the survey team, coordinate ground transportation during the visit, and schedule the

necessary faculty and staff identified for sessions during the site-visit.

The names and contact information of the faculty accreditation lead and site-visit coordinator should be provided to the NCAPHC Secretariat as soon as possible.

### **Site-visit preparation and logistics**

Reviewing Site visit Team Membership. A list of Site-visit team members, with their titles and contact information, will be sent to the dean *at least two months* prior to the site-visit. The dean should inform the NCAPHC Secretariat promptly if any team member is deemed to be inappropriate due to conflict of interest or other valid reasons.

Hotel arrangements: The dean's office should make hotel reservations for each member of the team, if available. The school should select a full-service hotel, preferably near the campus and convenient to restaurants, taxi service, etc. The hotel should be of appropriate quality.

Ground Transportation: NCAPHC site-visit team will make their own travel arrangements. Instructions about transportation options from airport to hotel should be provided. In cases where the airport is a substantial distance from the medical college or where taxicabs are not readily available at the airport, it may be necessary for the dean's office to arrange ground transportation between the airport and hotel. If so, these arrangements should be coordinated with the team secretary. The dean's office should decide how to transport the team each day between their hotel and the pharmaceutical college and to any instructional sites (e.g., affiliated hospitals, branch campuses) they will visit. The site-visit team secretary and site-visit coordinator should determine where and when the team will be picked up or met at the hotel, and this information should be included in the site-visit schedule.

Meals: The College should provide appropriate meals and snacks during the time the team is at the college. Providing these meals ensures the efficient use of time during the site-visit.



Site-visit Team's "Home Room" at the college: The site visit team will need a "home room" at the college equipped with a computers and printer compatible with the operating system used by the site-visit team. The home room should have a conference table large enough to accommodate visit team meetings with school personnel. A second meeting room will be needed for sessions when the survey team divides.

The staff-visit coordinator should provide a set of materials in the site-visit team "home room," including paper copies of the complete SAS subcommittee reports, and any other documents requested by the team, such as course evaluations or syllabi.

Gifts to Team Members: The College should not provide gifts to survey team members.

## **CHAPTER 9**

### INTRODUCTION GUIDELINES OF WRITING SITE-VISIT REPORT

The COVID-19 pandemic has necessitated that many activities that were formerly accomplished in a face-to-face manner now be completed virtually. In Iraq, the Accreditation Council for Pharmacy Education (ACPE) has made the determination that all site visits for spring 2021 will be conducted virtually to respect the shelter-in-place orders and travel bans that many of our colleges' and schools' administration and faculty are facing. It should be noted that while the Ministry of higher education and scientific research in Iraq is allowing virtual site visits on a temporary basis based on predetermined parameters (e.g., the school is in good standing) during the pandemic, they require that a face-to-face site visit be completed within a reasonable time after the virtual site visit in order to meet the statutory and regulatory requirements for regular on-site inspections. ACPE reserves the right to update or change these policies and processes at any time as circumstances dictate. Minimum Eligibility Requirements ACPE maintains sole authority in determining which programs are candidates for virtual site visits (VSVs). Selection eligibility criteria include but are not limited to: the nature of the accreditation review, process outcomes thus far (identified areas of concern, type of visit, etc.), and the complexity of the site visit (number of campuses, delivery methods, and delivery sites). After fall 2020, site visits for schools submitting new applications must be conducted in person and will be not be eligible for a VSV. To be approved for a VSV, a

program, at a minimum, must be able to demonstrate the ability to provide interaction for the site visit team with an acceptable number of representatives of the institution and the standard constituent groups that participate in ACPE accreditation site visits, to afford a full review of the program. Technology: Videoconferencing ACPE utilizes Zoom as the platform for VSVs. This platform will be used to provide a private meeting space for the site team and to provide space for team members to meet with institutional and program representatives and representatives of other groups including, but not limited to, current students and preceptors.

All participants must have their own meeting space and the ability to log in separately for the meetings. There should not be multiple participants in any single screen or room.

Each participant should have a quiet space without distractions available for participation in the meeting(s).

ACPE will utilize a waiting room for approved access to all meetings with individuals outside of the site team. Only the participants listed on the schedule will be admitted to the session.

All participants must have their video on and be on screen throughout the duration of the meeting. ACPE will not accept picture placeholders or blank screens with names on them for participation in the meeting. Anyone using picture placeholders or blank screens with names on them will be removed from the meeting.

The report of an accreditation Site-visit is the formal record of the site-visit team's findings related to accreditation standards. It serves as the primary source of information for accreditation decisions by ACPE . Site-visit team members will have reviewed the SAS material before the visit. While on site, the team may also review additional information.

Each site-visit team must ensure that all its summary findings are fully explained and documented in the body of the report, and that all accreditation

standards are accounted for. The site-visit report is based on information contained in the DC, additional information that may be provided to the site-visit team on-site.

The pharmacy college will be asked to carefully review the draft site-visit report to ensure that it is factually correct for the time during which the site-visit took place. No new information will be considered for addition to or modification of the report after the site-visit team concludes the visit.

Typically, each college completes a comprehensive, fair, and representative self-assessment study. There may be cases, however, in which the SAS may not accurately portray current circumstances or may express greater optimism about the existing status of the school than seems evident to the site-visit team.

Site-visit team should validate the information in the SAS and the bases of conclusions drawn by the college's SAS task force. Because some of this information was collected as long as a year before the site-visit, it is important to note whether major areas of concern have been addressed and whether any new concerns recently have emerged.

### Introductory Session With the Dean

Generally, the on-site evaluation begins with an introductory session with the Dean. The goal of the visit is to validate and clarify the self-study.

The following approach is suggested for the chair:

- 1) Start the session with introductions, a description of the time frame for the meeting, and the approach to be used for running it.
- 2) Follow up with any housekeeping details, such as times and locations for any sessions, and a review of the schedule, including the team assignments which have been made.
- 3) Begin the discussion by asking the Dean general questions:
  - What progress has the College/School made since the last on-site evaluation?
  - What strengths and weaknesses were identified as a result of the self-study

process?

- Describe the College/School's mission statement. How does the College/School assess its outcomes? Are the stated objectives consistent with the mission and appropriate in light of the professional program offered?
- How has information obtained from programmatic assessments been used to enhance the program?
- What plans does the College/School have for its professional programs? Summarize the College/School's strategic plan or goals and objectives for future development.
- What resources (financial, personnel, professional practice sites, etc.) will be needed to address the weaknesses that have been identified and to support the plans set-forth by the institution? What is the College/School's plan for obtaining these resources?
- What is the Dean's general vision for the future of the College/School and its professional program?
- What are the biggest challenges facing the College/School and you? What has been the response to the challenges?
- What would you like the ACPE team to remember from this meeting?
- What questions do you have for the evaluation team?

This introductory session with the Dean is also a good time to obtain clarification regarding information that may be unclear in the self-study and other materials provided. Frequently, this involves clarifying budgetary information, faculty numbers, and unique aspects of the curricula and/or professional program. The Dean should provide the requested information during the visit.

#### COMPLIANCE DEFINITIONS

It is the responsibility of the site-visit team to make a judgment of whether the medical education program is in compliance with each accreditation standard. Teams should use the following definitions when making this determination for

each accreditation standard:

1- In Compliance: The required policy, process, resource, or system is in place and, if required by the standard, there is evidence to indicate that it is effective.

2- In Compliance with a Need for Monitoring: A-The pharmaceutical education program has the required policy, process, resource, or system in place, but there is insufficient evidence to indicate that it is effective. Therefore, monitoring is required to ensure that the desired outcome has been achieved.

The pharmaceutical education program is currently in compliance with the standard, but known circumstances exist that could lead to future noncompliance [replaces the previous finding of “area in transition”].

3- Noncompliance: The pharmaceutical education program has not met one or more of the requirements of the standard. The required policy, process, resource, or system either is not in place or is in place but has been found to be ineffective.

## THE REPORT OF ACCREDITATION SITE-VISIT

COVER PAGE. Use the cover page, adding specific details such as school name and survey date.

TABLE OF CONTENTS: Make sure that all Appendix documents are listed. The report should be paged sequentially, including the Appendix.

## MEMORANDUM

## INTRODUCTION AND COMPOSITION OF THE SITE-VISIT TEAM

A typical example:

A site-visit of the University of NAME Faculty of Pharmacy was conducted on (DAY- MONTH- YEAR), by a team representing the ACPE. The team expresses its appreciation to Dean NAME and the administrative staff, faculty,

and students for their interest and candor during the survey visit.

After the paragraph introduction, complete the section in the survey report template that lists the members of the survey team, with their names, titles, and institutions, as well as their roles on the survey team as chair, secretary, member, or observer:

Chair:

NAME,

(Pharmacology and Toxicology) Dean, Faculty of Pharmacy University of

Secretary:

NAME, PhD

(Clinical Pharmacy) Associate Dean for Curriculum University of

Member:

(Specialty/Discipline) Member: (Specialty/Discipline)

## SUMMARY OF SITE-VISIT TEAM FINDINGS

Summarize the survey team's findings under each section of the standards; the team's findings should be organized as:

Areas of "Compliance"(FF, Fulfills)

Areas of "In Compliance with a Need for Monitoring"(PF, partial fills)

Areas of "Noncompliance"(NF, not fills)

Note that there may not be findings under each of these headings for each section. Each heading should be included and "none" should be listed if there are no findings for that section.

For each section, the preferred format includes providing the number and text of the standard, followed by a paragraph labeled "Finding" that summarizes the specific evidence for the team's recommendation that the area is area of compliance, an area in compliance with a need for monitoring, or an area of noncompliance. Include enough information and data in the finding to allow the reader to understand the basis for the team's recommendation about

compliance.

#### Areas of Compliance:

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

#### Standards Reviewing

Each standard is mentioned with its number with scoring and any comments.

#### THE DATA COLLECTION (DC) AND COLLEGE SAS.

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

Comment on the SAS in terms of the degree of participation by medical school faculty, administrators, students, and others; the comprehensiveness and depth of analyses; and the organization and quality of the conclusions and recommendations. Note the degree to which the Site-visit team's major conclusions are consistent with those of the program's SAS.

#### HISTORY AND SETTING OF THE COLLEGE

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



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

#### Note On organization of the Body of the Report

The body of the report should include the team's narrative description and comments, referring as needed to documents collated sequentially in the Appendix at the end of the report. List each Appendix item at the beginning of the relevant section of the report.

In the narrative of the report, be careful to differentiate information taken from sources provided by the medical school from the findings and conclusions of the survey team.

#### GUIDELINES OF STYLE REPORT WRITING

Each team member should edit his or her section(s) carefully before submitting it to the team secretary. The survey team secretary should edit the total report for clarity and consistency, as well as for spelling and formatting.

1. Use one-inch margins throughout.
2. Use the font of the template supplied by the Secretariat (11- point, Times New Roman).
3. Carefully check the quality of all images, tables, and scanned copies. Scanners may produce distortions, low contrast, or crooked pages. Be sure that originals are of high resolution for quality reproduction. Do not include color.
4. After the entire report has been completed and assembled, put page numbers in the bottom center of each page, including appendices. Number the pages of the report consecutively. Do not number each section separately.
5. Place the Table of Contents (including that for the appendix) immediately after the title page. These pages should be numbered in

lowercase Roman numerals in the bottom center of the page (as in the Site-visit report template).

6. Please use common style conventions:

The word "dean" is not capitalized except when it begins a sentence or stands as "Dean Robert Jones." The same is true for vice president, provost, president, and chair.

The words "pharmacy school," "college," and "university" are not capitalized unless they begin sentences or are used as the school's full name (such as Jones Medical School). The word "faculty" is not capitalized unless it begins a sentence or is the Canadian equivalent of school, e.g., "The president intends to allocate more funds to the Jones Faculty of Medicine for laboratory construction."

Discipline names (e.g., "Pharmacology and Toxicology," "Pharmacognosy," "Clinical Pharmacy,") are capitalized when they refer to departments. Note that "department" is not capitalized unless it is used with reference to a specific discipline, as in "Department of Clinical Pharmacy." Capitalize the names of formal school committees and subcommittees (e.g., Committee on Educational Policy), but do not capitalize the committee if the formal name is not used and the committee is referred to just by function (e.g., curriculum committee).

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

8. Before submitting the draft report to the ACPE Secretariat, carefully proofread the draft report to correct spelling, typographical, grammatical, and punctuation errors.

9. The team secretary should follow the instructions for the review of the draft report, as described in this document.

10. The team secretary should sign the cover memo before submitting the final copy.

## Summery for Self-Study Report and Appendices

- 1) Electronic and searchable document (avoid scanned documents)
- 2) One single document (narrative and appendices)
- 3) Sequentially paginated (including appendices)
- 4) Written in English
- 5) Minimum of an 11-point font size for narrative sections; a 10-point font size may be used in tables
- 6) Tables: Titled, numbered, and referenced in the written narrative Columns or rows should be clearly labeled as appropriate Tables included in the narrative should be a single page or less; when possible avoid tables that are multiple pages. Longer tables may be included as an appendix or may be used as supporting evidence onsite and the information referenced and summarized in the narrative.
- 7) Hyperlinks may be included in the report; ensure all hyperlinks are functioning prior to submission and are accessible to external reviewers (no intranet links)
- 8) Self-Study Reports for single pharmacy education program types, including the program information, report narrative, and optional appendices, are not to exceed 200 pages

## **CHAPTER 10**

### ACPE MEETINGS AND DECISIONS

#### A. Organization, Timing, and Conduct of Meetings

In order to be eligible for preaccreditation or accreditation, the Doctor of Pharmacy program must be part of an independent college or school of pharmacy or a college or school of pharmacy within a university that is regularly incorporated and is a legally empowered postsecondary educational institution. ACPE accreditation standards require 3 Policies and Procedures for ACPE Accreditation of Professional Degree Programs –January 2020 a college or school to be an autonomous organizational unit, and the administrative structure of the college or school must provide for a dean, who serves as the chief administrative and academic officer. Evaluation for purposes of initial or renewed preaccreditation or accreditation by ACPE requires an invitation by the chief executive officer or designate of the institution. ACPE is prohibited from granting initial or renewed preaccreditation or accreditation to any program

offered by an institution subject to the following:

(1) a pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the state;

(2) a decision by a recognized regional or national accrediting agency to deny the institution accreditation or preaccreditation;

(3) a pending or final action brought by a recognized regional or national accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or

(4) probation or an equivalent status imposed by a recognized agency. The agency may grant accreditation or preaccreditation to an institution or program described in the paragraph above in this section only if it provides to the Secretary, within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, why the action of the other body does not preclude the agency's grant of accreditation or preaccreditation.

#### Types of Accreditation Status and Notification of Accrediting Decisions

**Preaccreditation:** A newly instituted Doctor of Pharmacy program must be granted each of the two Preaccreditation statuses at the appropriate stage of its development. The standards are the same as those employed for accredited status; however, Preaccreditation involves planning in accord with the standards and provision of reasonable assurances for a quality outcome. A new program must achieve Precandidate Status prior to beginning instruction of students.

**Precandidate:** A newly instituted program that has no students enrolled but that meets the eligibility criteria (see "Eligibility for ACPE Accreditation or Preaccreditation") for accreditation may be granted Precandidate Status. The granting of Precandidate Status indicates that a program's planning for the

Doctor of Pharmacy program has taken into account the standards and guidelines and suggests reasonable assurances of moving to the next step, that of Candidate Status. Granting of Precandidate Status brings no rights or privileges of Accredited Status. Public disclosure by the program of the terms and conditions of Precandidate status is required (see paragraph 7, “Reference to Accreditation”).

Candidate: Once students have enrolled in a new program that is currently recognized by ACPE with Precandidate Status, such program may be 4 Policies and Procedures for ACPE Accreditation of Professional Degree Programs – January 2020 granted Candidate Status by ACPE. The granting of Candidate Status denotes a developmental program that is expected to mature in accordance with stated plans by the time the first class has graduated. Granting of Candidate Status brings rights and privileges of Accredited status. Public disclosure by the program of the terms and conditions of Candidate Status is required .

Accredited: Initial, Continued, or with Contingency: A program is granted initial or continued accreditation if it has been demonstrated to the satisfaction of Board that the program complies with the standards, and there is reasonable assurance of the continued compliance with standards. A program is granted Accreditation with Contingency if a program in Candidate status has not demonstrated to the satisfaction of the Board that the program complies with all the standards, but there is reasonable assurance the program will be in compliance with standards within one (1) year. Graduates of a program with a status of Accredited with Contingency will be deemed to have graduated from an Accredited program. Accredited programs have the ongoing obligation to continually demonstrate compliance with the standards. Public disclosure by the program of accreditation is required

Accredited with Probation: A program that has been determined by the Board to be partially or non-compliant with a standard or standards may be given the accreditation status of Accredited with Probation at any time during the period of a program's partial or non-compliance. Graduates of a program with a status of Accredited with Probation will be deemed to have graduated from an accredited program. Probation is an adverse accreditation action. Public disclosure by the program of Accredited with Probation, along with the standard or standards found to be partially or non-compliant, is required .

Administrative Warning: Administrative Warning is an accreditation status assigned administratively when a program does not comply with administrative requirements for maintaining preaccreditation or accreditation. These requirements may include:

- (1) failure to pay ACPE any invoiced fees within the time limitation indicated on the invoice;
- (2) failure to submit interim reporting or annual monitoring requirements by the established deadline;
- (3) failure to submit the self-study no later than six weeks prior to a scheduled visit; (4) failure to schedule an on-site evaluation at or near the time established by ACPE; (5) failure to submit timely notification of a substantive change
- (6) inappropriate use of the ACPE logo. If staff determines that a program has failed to meet its administrative obligations as listed above, the program will be notified in writing of each delinquency and given ten (10) days to fulfill all outstanding requirements, after which continued failure to comply will result in the imposition of Administrative Warning.

Administrative Warning will be 5 Policies and Procedures for ACPE Accreditation of Professional Degree Programs .Failure to cure any such

delinquency within the designated time period will result in a review for Board action at the next regularly scheduled Board meeting and may result in the program being placed on probation or subjected to an adverse action .

Adverse Accreditation Actions: Denial or Withdrawal of Accreditation”). Administrative Warning is an administrative classification and is not subject to reconsideration or appeal. During a period of Administrative Warning, a program continues to be recognized as being preaccredited or accredited according to the last status decision and is maintained in the Directory listing of preaccredited and accredited programs. In addition, the program will be listed as being on Administrative Warning in all published documents that specify accreditation status. Reference to Accreditation :

The preaccreditation or accreditation status of a program and other information as specified below must be prominently disclosed by the program in its promotional and descriptive materials, such as its web site, catalog, or bulletin. References must accurately reflect the designation indicated in the current Directory of Preaccredited and Accredited Doctor of Pharmacy Programs of Colleges and Schools of Pharmacy, specifically Precandidate, Candidate, or Accredited, as the case may be. References to preaccreditation and accreditation are regularly monitored by ACPE to ensure accuracy; any inaccurate or misleading statements concerning the preaccreditation or accreditation status of a program must be corrected immediately. Any time a program’s preaccreditation or accreditation status changes, written notification of such actions shall be made to the U.S. Secretary of Education, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and the public within 30 days. Public notification includes presentation on the ACPE web site.

7.1 Application: References to the effect that a program has applied or is in the process of applying to ACPE for accreditation may only be made by the program once an application has been formally submitted, fees paid, and the receipt thereof has been acknowledged in



writing by ACPE. Applicant programs must state only the following in reference to the program's accreditation status: "Name of Institution's Doctor of Pharmacy program has applied for accreditation status by the Accreditation Council for Pharmacy Education.

ACPE's definition of substantive change includes, but is not limited to:

1. Any change in the established mission or goals of the institution or college/school;
2. Curricular change that represent a significant departure in either content or method of delivery, from those that were offered during the program's previous accreditation cycle including:
  3. Development of a non-traditional doctor of pharmacy program
  4. Development of a joint delivery of program agreement
  5. Use of distance learning technologies or other unique methodologies to deliver a substantial portion of the curriculum (e.g., 25% or higher);
  6. A substantial change in enrollment in the professional program (defined as 20% or more in one year or cumulatively over two consecutive years);

The Comprehensive Academic Plan The academic plan submitted to ACPE should include the following information regarding the substantive change, where applicable: 1. Abstract

- Describe the proposed change.
  - Provide a timeline for implementation of the substantive change.
  - State the projected number of students affected by the change, if applicable.
    - Describe the instructional delivery methods that will be used to implement the change, if applicable.
2. Background Information
- Provide a clear statement of the nature and purpose of the change in the context of the program's mission and goals.
  - Discuss the rationale for the change.

- Provide evidence of inclusion of the change in the program’s ongoing planning and evaluation processes.
- Describe any changes to the College or School’s organizational structure that will be implemented as a result of the substantive change.
- Include documentation that faculty and other groups were involved in the review and approval of the change.
- Describe an exit strategy for protecting students if the proposed initiative fails to be viable.

### Curriculum

1. Describe any modifications to curriculum, including the teaching and learning processes used to deliver the curriculum, which will be implemented as a result of the initiative.
  2. Describe the College or School’s technology capacity to teaching and learning effectively.
  3. Describe the plan for curricular assessment; including assessment of teaching strategies, indicators for student learning and the curriculum, related to the substantive change.
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4. Students
  4. Describe any change in the program’s policies and procedures for recruitment that will be implemented as a result of the substantive change.
  5. Describe modifications to the program’s Student Affairs area, which will be implemented as a result of the substantive change, if applicable.
  6. Describe the proposed methods the program will utilize to ensure adequate professionalization of students for substantive changes involving the establishment of campuses at separate geographic locations or involving distance-learning techniques.
5. Faculty and Staff
7. Provide a complete roster of faculty employed to teach in the program.
  8. Describe faculty and staff positions required to fully implement the substantive change.

9. Include plans for recruiting faculty and staff.
  10. Describe the impact of the new initiative on faculty workload.
  11. Describe the actual and planned mechanisms for faculty development related to the substantive change.
6. Library and Learning Resources
12. Describe the library and educational resources available to support the substantive change.

#### Physical Facilities

1. Provide a description of physical facilities and equipment to support the initiative.
2. Include a feasibility study of available practice sites, including:
  - o A description of the number and types of sites, and the level of practice at the sites.
  - o Assess the impact of the substantive change on the existing program.

#### Financial Resources

3. Provide a business plan that fully describes the financial resources to support the change.
  4. Provide a cash flow analysis for the first year of implementation.
  5. Demonstrate with supporting documentation that adequate funds will be available for a minimum of 1 year for:
    - o Operations
    - o Construction/capital development (where appropriate)
  6. An unencumbered reserve fund to be used to implement the Exit Strategy Institutional or Collegiate Reorganization Those colleges and schools in operation, that have an ACPE-accredited program and propose to become affiliated with or become an integral part of another institution, or propose to implement substantive changes in their institutional or collegiate organization and administrative structure, should notify ACPE of such proposals. Should a change of ownership that results in a change of control be effected, an on-site review may be required and conducted as soon as practicable but no later than six months after the change of ownership.
- Distance Campuses and Distance

Education ACPE defines a distance campus as a site other than the main (original) campus from which faculty deliver significant components of the Doctor of Pharmacy didactic curriculum either live and/or via distance education (defined below) or at which a group of students receive didactic instruction in any format during any of the early years of the Doctor of Pharmacy Program . Sites used by the college or school for the coordination of practice experiences are not classified by ACPE as a distance campus if didactic components of the Doctor of Pharmacy curriculum are not delivered to or from the site. ACPE defines for its accreditation and monitoring purpose that the term distance campus is equivalent to terms such as satellite campus, branch campus, and other such labels. ACPE has adopted the definition of distance education developed by the United States Department of Education to be the use of one of the technologies listed below to deliver a significant portion of the didactic component of the Doctor of Pharmacy curriculum to students who are geographically separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously.

The technologies used to support distance education may include:

- 1) The internet;
- 2) One-way and two two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- 3) Audio conferencing; or 4) Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in (1) through (3) above.

ACPE requires one-year advance notice (minimum of 12 months before arrival of students) for the addition of a distance campus or the implementation of

distance education for an existing college or school. This notification is required to allow ACPE sufficient time to conduct the monitoring to ensure readiness and continued compliance with the standards.

ACPE requires there to be a single dean with overall responsibility for the college or school and there to be one committee structure serving programmatic needs for all sites (i.e., one curriculum committee, one admissions committee, one grievance committee, etc.).

ACPE requires faculty, staff, and students at any distance campus to be integrated fully into the academic, professional, and social life of the college or school. Evidence of this integration includes distance campus faculty and students having committee assignments, distance campus students being engaged in professional organizations, distance campus faculty and staff having comparable research, scholarly activities, and faculty development opportunities.

ACPE requires all students, regardless of site, to have comparable access to faculty, advising, academic affairs, teaching and learning technology, student services, professional organizations, and library resources. ACPE requires that all programs offering distance education have processes in place through which the program establishes that the student who registers in a distance education program is the same student who participates in, completes the course or program, and receives the academic credit awarded.

The accreditation review process applies to the Doctor of Pharmacy program in its entirety.

Noncompliance or partial compliance with the standards at one site (main

campus or distance campus) will impact the accreditation status of the entire program. When one or more groups of students receive didactic instruction at distance campuses as well as the main campus location, ACPE, as a component of its routine monitoring (e.g., NAPLEX examination scores), will compare outcomes from each distance campus with the outcomes from the main campus. Colleges and schools must provide explanations and address concerns of this nature and, if warranted, take corrective action. Evaluation by ACPE The Board will review the comprehensive academic plan to determine the need to further assess its impact on the total program's ability to meet the standards. The circumstances provided may present the need for additional review and reconsideration of accreditation in accord with standard evaluation and operational procedures or appropriate monitoring, such as a focused on-site evaluation by members of the Board, professional staff and additional team members as appropriate. Non-Compliance with Substantive Change Reporting If a program fails to follow this substantive change policy and its procedures, the accreditation of the program may be placed in jeopardy.

**Regular Meetings:** The ACPE members meet personally in regular sessions monthly, unless the members agree to a different schedule (according to the ACPE internal regulations).

**Special Meetings:** The Chair, after discussion with the Executive Director, may invite the council for a special meeting to deal with any issue(s) that cannot wait until the next scheduled regular meeting.

## B. Accreditation Actions

### Types of Accreditation Actions; Overview

In preparation for issuing an accreditation decision, A team from ACPE will review and discuss the official materials (the request, SAS, and other information related to that college) and issue a decision (by voting) regarding the site-visit to that college and the progress of the accreditation status.

The validity of the accreditation will be for six years, during which the college may request one or more follow-up activities from the ACPE. After this period, the whole process should be repeated. The ACPE will review and discuss then approve the decision of the site- visit team, within a month started from the end of the time allowed for objection by that college.

The decision will be either:

1. Accreditation: When the college completes the accreditation requirements with a score of more than 40% for each domain with total score 312-395(80-100%).
2. Conditional accreditation: When the college score less than 40% for two or less domain and total score 195-311(50-79%). The college must fulfill the requirement within two years to be accredited.
3. Denied accreditation: The College will not be accredited if in more than two domain score is less than 40% and the total score is 0-194 (0-49%). The College can reapply for accreditation one year later.
4. The ACPE follow the accredited colleges annually through the submitted SSR.

C- The Objection:

1. The College has the right to appeal the decision ACPE within fourteen days from the date of issuance of the final report by that team.
2. The Council will review, discuss and decide (accept or reject) this objection within one month from the submission of the objection by the college.

D-Follow up activities; The ACPE may require follow-up activities if they

determine that the school is not in full compliance with all accreditation standards, or if areas in compliance requiring monitoring are identified

#### E- Reporting of ACPE Accreditation decision

To Institutions; Within 30 days of the final ACPE decision with a copy of the final site-visit team report, should be sent to the dean of the medical school. The Letter of Accreditation includes the ACPE decision, its findings regarding the program's strengths (for full surveys only), areas of noncompliance with accreditation standards, and areas in compliance with a need for monitoring, and any required follow-up. The Letter of Accreditation and final team report are held confidential by the ACPE.

To External Groups and the Public; Final decisions of accreditation will be conveyed to the public, by posting of the accreditation action on the ACPE web site.

The current accreditation status of all accredited schools is posted publicly on the ACPE web site.



## Appendix I

### Template of Site-visit Schedule for Accreditation

Accreditation Site Visit to (college Name) by the visit Team Representing  
NCAPC (Visit Date)

**NAME Chair:** Professional practice (Pharmaceutics, Biochemistry,  
Pharmacology, etc.) Professional title (dean, assistant-dean, etc.)  
Pharmaceutical College, University City, Province.

**NAME Secretary:** Professional practice (Pharmaceutics, Biochemistry,  
Pharmacology, etc.) Professional title (dean, assistant-dean, etc.)  
Pharmaceutical College, University City, Province.

**NAME Member:** Professional practice (Pharmaceutics, Biochemistry,  
Pharmacology, etc.) Professional title (dean, assistant-dean,  
etc.)Pharmaceutical College, University City, Province.

#### **Pre-visit day:**

#### **4:00 pm.... Team caucus**

The team secretary, in collaboration with the faculty accreditation lead, can  
adjust the topics and time allotted for individual sessions, as well as dividing the

team, in order to accommodate the distinctive characteristics of the college being visited.

**First Day :**

**8:00 am** Entrance conference

**9:00 am** Dean's perspective: Accomplishments, goals, challenges Discussion items include:

- Strengths and weaknesses of the college; if appropriate; major current issues.
- College's goals and directions; principal findings of institutional self-study.
- Organizational relationships of college with university and teaching hospital(s); organization of dean's staff; interaction of dean with college's governance organization, councils, committees, and academic departments.
- Financial status and projections.
- Research programs and funding.
- Status of facilities for education, research, and patient care
- Faculty development: appointment tracks, promotion, tenure.

**11:00 am**

Educational program design, implementation, management, and evaluation.

**Discussion of the following topics:**

- Educational objectives, outcome measures, and how they are integrated throughout the curriculum.
- General design of the curriculum; coverage of disciplines and subject areas required by accreditation standards.

**2:00-3:00 pm** Lunch break    **6:00-7:00 pm** Drafting report.

**Second Day:**

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

**8:30 am.**        Educational program design, implementation, management, and evaluation.

**Discussion of the following topics:**

- Instructional methods and student assessment strategies for the achievement of the college's objectives.
- System for implementation and management of the curriculum; adequacy of resources and authority for the educational program and its management.
- Methods for evaluating the effectiveness of the educational program and evidence of success in achieving objectives; comparability of educational experiences at all sites.

**11:30 am.** Break

**11:45 am.** Library and information services .Role of the library and information services in the educational program; adequacy of resources and services for the achievement of college goals.

**12:15 am.** Tour of educational and support facilities. Inspection of lecture halls, small group classrooms, labs, and study areas used for education of pharmaceutical students. Visit to library and computer learning facilities. If time allows, survey team may also review pharmaceutical skills labs, student lounge and relaxation areas, or student services offices. The team may be divided or tour as a group.

**1:15pm.** Discussion of student life; personal, academic, career, and financial counseling, financial aid; health services; infection control education and counseling; the learning environment and student mistreatment policies; student perspective of the curriculum, teaching, and assessment/grading; students' role and perceived value of student input in institutional planning, implementation, and evaluation.

**2:00-300 pm** Lunch break ,                      6:00-7:00 pm Drafting report.

### **Third Day:**

**7:45 am.** Survey team is collected at hotel.

**8:30 am** Required courses:

Discussion of notable achievements and ongoing challenges in individual courses and ; contributions of individual courses and clerkships in achieving institutional educational objectives; adequacy of resources for education, including availability of faculty to participate in teaching; preparation of residents and graduate students for their roles in pharmaceutical student teaching/assessment.

**10:30 am.** (Split team)

**Group A:** Academic counseling and learning environment Effectiveness of academic counseling; policies and procedures for student advancement and graduation and for disciplinary actions; review of standards of conduct and policies for addressing student mistreatment.

**Group B:** Career counseling, Electives.

**12:15pm.** (Split team)

**Group A:** Admissions; financial aid & debt management counseling and services.

Discussion of admissions process, selection criteria, quality of applicant pool; policies and goals; financial aid services.

**Group B:** Personal counseling; health services.

Review of student health services and health and disability insurance; personal counseling and mental health services; immunizations and policies regarding exposure to infectious diseases and environmental hazards

**1:00 pm.** Break

**1:30pm:** Special programs; MSc/PhD and other joint degree programs; research for pharmaceutical students or educational innovations .The team secretary should divide the team to cover the required clerkships in the time

available

This session may be used to cover special educational opportunities (e.g., community service programs, rural health education programs, etc.) or educational topics or strategies of which the college is particularly proud.

**2:30 pm.** Finances

Adequacy of finances for the achievement of the college 's missions; recent financial trends and projections for various revenue.

**3:00-4:00 pm** Lunch break, **6:00-7:00 pm** Drafting report.

#### **Fourth DAY:**

**8:15am** Resources for pharmaceutical education.

Meeting with the leadership of major clinical education facilities, focused on the adequacy of resources for pharmaceutical student education (e.g., physical facilities, patient numbers and variety, regulatory or compliance constraints, etc.). The survey team may split to allow for individual meetings or the team may meet with all affiliates as a group.

**10: 30 am.** Break

**11:00 am.** Hospital and laboratory training.

Inspection of clinical, educational, and student support facilities.

**1:00pm.** Pharmaceutical departments.

Successes and ongoing challenges in administrative functioning of departments; adequacy of resources for all missions (pharmaceutical, research, scholarship, teaching); departmental support for faculty and residents; balancing of clinical and academic demands on faculty

**2:00pm.** Basic science departments

Successes and ongoing challenges in administrative functioning of departments; adequacy of resources for all missions (research, scholarship, teaching); departmental support for faculty and graduate programs; balancing of research and other academic demands on faculty.

**2:00-3:00 Pm** Lunch break

**6:00-7:00 pm** Drafting report.

#### **Fifth DAY:**

**8:00am** Light breakfast with junior faculty

Discussion of faculty development and mentoring; positioning for promotion and tenure; teaching and assessment skills; perceptions of curriculum and students; understanding of institutional goals; role in faculty governance; faculty life

**9:00am:** Institutional faculty issues (Tenure and promotion, faculty governance, faculty development, etc.)

Discussion of faculty appointment, promotion, and tenure policies; faculty development opportunities; effectiveness of faculty governance; faculty

compensation and incentives; opportunities for collegial interaction among faculty

**10:00 am:** Graduate program in basic sciences; basic science and pharmaceutical research.

Discussion of funding, quality, and review of graduate training programs in basic sciences; levels of scholarly productivity and health of the research enterprise

**11:00Am.** Team Caucus and Lunch (Private Session)

**1:00 pm.** Exit Conference with dean and university leadership.

**2:00-3:00 pm** Lunch break

**6:00-7:00 pm** Drafting report

## Appendix II

Site-visit Team Findings

Visit to college name

{        /        /20    }

Only include standards where there are elements with findings of either “compliance or compliance need monitoring and noncompliance.”

### **SUMMARY OF SITE-VISIT TEAM FINDINGS**

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

#### **Standard 1:**

Element(s) that is/are in compliance and incompliance with need of monitoring. Select the correct wording based on the number of elements with findings in the category.

**Element #. Full Wording Finding:**

Element(s) that is/are noncompliance Element #. Full Wording Finding:

**Standard 2:**

**Element #. Full Wording Finding:**

Element(s) that is/are noncompliance Element #. Full Wording Finding:

**Standard 3:**

**Element #. Full Wording Finding:**

Element(s) that is/are noncompliance Element #. Full Wording Finding:

**Standard 4:**

**Element #. Full Wording Finding:**

Element(s) that is/are noncompliance Element #. Full Wording Finding:

**Standard 5:**

**Element #. Full Wording Finding:**

Element(s) that is/are noncompliance Element #. Full Wording Finding:

**Standard 6:**

**Element #. Full Wording Finding:**

Element(s) that is/are noncompliance Element #. Full Wording Finding:

**Standard 7:**

**Element #. Full Wording Finding:**

Element(s) that is/are noncompliance Element #. Full Wording Finding:

**Standard 8:**

**Element #. Full Wording Finding:**

Element(s) that is/are noncompliance Element #. Full Wording Finding:

**Standard 9:**

**Element #. Full Wording Finding:**

Element(s) that is/are noncompliance Element #. Full Wording Finding:

**Standard 10:**

**Element #. Full Wording Finding:**

Element(s) that is/are noncompliance Element #. Full Wording Finding:

**Appendix III**

Template of Exit Conference

Statement to the Dean [Type of Visit and Name of the college] [Date of the visit] (Beginning of oral statement) During this site-visit, team members assessed the pharmaceutical education program at the [Name of the college] using the standards outlined in the NCAPC guidelines.” The purpose of this exit statement is to report the team’s findings to you.

The team secretary will draft a site-visit report, in which the findings are linked to specific accreditation standards and includes compliance recommendations. You will have an opportunity to review a draft of this report prior to its submission to the NCAPC. The details of this process are summarized in the printed copy of this statement that I will give to you following the conclusion of

my verbal report.

The team expresses its sincere appreciation to [Name of the Dean] and the staff, faculty, and students of the [Name of the college] for their many courtesies and accommodations during the site-visit. [Insert the names of individuals who] merit special recognition and commendation for their thoughtful visit preparations and generous support during the conduct of the survey.

This report summarizes the findings and professional judgments of the site-visit team that visited the [Name of the college] on [Date of the Visit], based on the information provided by the college and its representatives before and during the accreditation survey.

The findings should be listed in order by the standard the team believes is the relevant standard. The finding will be linked to the standard in the draft report so the team needs to have had that conversation prior to the end of the visit. The reason is that the team may not link the finding to the most appropriate standard and allows the Secretariats to provide guidance during the review period.

For example;

**Standard 1** (name of standard)

**Finding:**

**Standard 2**

Finding:

**Standard 3**

Finding:

This concludes the team's findings. Next steps

A draft Site-visit report will be prepared in which the team's findings will be linked to accreditation standards along with compliance recommendations identified as:

- 1) Areas in compliance, 2) areas in compliance with a need for monitoring, or
- 3) areas in noncompliance.

The team secretary will send the report to you. You will have ten working days to provide feedback on factual errors and concerns about the tone of the report. Editorial comments on the report are welcomed, but not required.

Factual errors or concerns regarding the tone of the report should be detailed in a letter/email to the team secretary. Errors can be noted with corrections, and comments made using Track changes.

The letter/e-mail may only reference information contained in the briefing book, submitted by your program, or in documents provided to the site-visit team before or during this visit. Actions taken or information discovered after the visit will not be considered. This letter is the only opportunity you will have to



provide feedback on the content of the report and will not be shared with the NCAPC.

When the report is finalized, the team secretary will notify you in writing that the report has been revised to address errors of fact and tone based on the judgment of the team.

If you have any remaining concerns about the process of this site visit or the tone of the report you may write a letter to NCAPC.

Once the NCAPC have made its determinations, you will receive a copy of the final report, along with a letter of accreditation that specifies the accreditation status of the medical education program and any required follow-up.

**This concludes the Exit Session.**

Please be advised there is no discussion of the findings after the exit statement has been read.

The chair can clarify the subsequent steps but should not engage in conversations about what the accreditation committees are likely to do with respect to accreditation status or follow-up.

There can be no discussion or debate about the team findings.

The dean will have an opportunity to address errors as noted in the text above.

The team can allow the dean to decide if he/she would like to have one exit session which the university president also attends.

**Appendix IV**

**NAME OF UNIVERSITY**

**NAME OF COLLEGE**

**City,**

State Date of Survey

**PREPARED BY**

**SITE-VISIT TEAM FOR THE**

**National Council for Accreditation of Pharmacy Colleges, NCAPC**

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.....  
HISTORY AND SETTING OF THE COLLEGE  
.....

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Elements

Standard 2:

Elements

Standard 3:

Elements

Standard 4:

Elements

Standard 5:

Elements

Standard 6:

Elements

Standard 7:

Elements

Standard 8:

Element

Standard 9:

Elements

Standard 10:

Element

**MEMORANDUM**

TO: National council for accrediting pharmacy colleges

FROM: The Secretary of the SITE-VIST team That Visited [Name of  
COLLEGE] on [Dates]

RE: Report of the SITE-VISIT Team

On behalf of the NCAPC site-visit team that visited the [Name of college] on  
[Dates], the following report of the team’s findings is provided.

Respectfully,

-----  
\_\_\_\_\_[Name], Secretary

**INTRODUCTION**

A sit-visit of the [Name of college] was conducted on [Dates], by the following team representing the

**National council for accrediting pharmacy colleges**

**Chair:**

Name (Professional Specialty)

Title

Institution

City & State

**Secretary:**

Name (Professional Specialty)

Title

Institution

City & State

**Member:**

Name (Professional Specialty)

Title

Institution

City & State

**LCPE Faculty Fellow:**

Name (Professional Specialty)

Title

Institution

City & State

(SAMPLE)

The team expresses its sincere appreciation to Dean [Name] and the staff, faculty, and students of [pharmacy collage] for their many courtesies and accommodations during the survey visit. (Others' names) merit special recognition and commendation for their thoughtful visit preparations and generous support during the conduct of the survey.

**ACCREDITATION HISTORY**

**THE DATA COLLECTION AND COLLEGE SELF**

**ASSESSMENT STUDY**

[Briefly note the following:

- Quality of the DC
- Involvement of faculty, students, other stakeholders in the Institutional Self-Assessment Study
- Correlation between the college SAS. findings and the team findings.

**HISTORY AND SETTING OF THE college**

[Briefly summarize the relevant history of the school]

**STANDARDS**

**Standard 1:**

Detailed description

ELEMENTS

**Standard 2:**

Detailed description

ELEMENTS

**Standard 3:**

Detailed description

ELEMENTS

**Standard 4:**

Detailed description

ELEMENT

**Standard 5:**

Detailed description

ELEMENTS

**Standard 6:**

Detailed description

ELEMENTS

**Standard 7:**

Detailed description

ELEMENTS

**Standard 8:**

Detailed description

ELEMENTS

**Standard 9:**

Detailed description

ELEMENT

**Standard 10:**

Detailed description

ELEMENT

## Appendix V

### Examples of questionnaire

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

#### **1.MISSION**

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

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

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

## **2. EDUCATIONAL PROGRAM**

Target	Components	Presentation
Students graduates	Does curriculum provide you with learning opportunities in all disciplines to practice safely?	Strongly satisfied( ), moderately satisfied( ), unsatisfied ( ), unsatisfied at all( )
graduates	Does the curriculum prepare you for critical thinking and lifelong learning?	Yes( ), No( )
Stakeholders	Satisfaction with Curriculum	Strongly satisfied( ),

	objectives content	moderately satisfied( ), unsatisfied( ), unsatisfied at all( )
Stakeholders	Does the curriculum contain all items?	Strongly agree ( ), Agree( ) disagree( ), strongly disagree ( )
Faculty Students graduates	Do students acquire knowledge, skills, attitude in health promotion and other disciplines	Strongly agree ( ), Agree( ) disagree( ), strongly disagree ( )
Faculty, students, graduates	How do you describe the relevance of content of basic science to objectives	Strongly satisfied( ), moderately satisfied( ), unsatisfied( ), unsatisfied at all( )
Faculty, students, graduates	Are Humanitarian values are taught in clinical science?	Strongly satisfied( ), moderately satisfied( ), unsatisfied( ), unsatisfied at all( )
Faculty, students, graduates	Are the level of knowledge and understanding .skills and attitudes expected of the students at each phase of the curriculum known to Faculty, students, graduates?	Yes( ),No( )
Faculty, students, graduates	How are teaching methods fosters students-center teaching, analytic thinking and life-long learning?	Yes( ),No( )
Students	Do they have adequate knowledge about new technologies?	Yes( ),No( )
Students graduates	Determine how early is the exposure of student to clinical setting?	Fact / opinion
Faculty and student	Presence of training in different setting as hospitals, community pharmacies, pharmaceutical factories...etc	Yes( ),No( )
Students	Does have a project	Yes( ),No( )
Students graduates	Do you have training on medical ethics	Yes( ),No( )

### **3. ASSESSMENT OF STUDENT**

Target	Components	presentation
--------	------------	--------------

Students	Are assessment method made known to students	Strongly agree ( ), Agree( ) disagree( ),strongly disagree ( )
Faculty students	Presence of continuous assessment (formative exam)	Yes( ), No( )
Students graduates	Presence of training on communication skills and attitude toward patient and team	Yes( ),No( )
Students graduates	Presence of training on communication skills and attitude toward health care team	Yes( ), No( )

#### **4. PROGRAM EVALUATION**

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

#### **5. STUDENTS**

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

## **6. ACADEMIC STAFF/ FACULTY**

Target	Components	presentation Yes( ), No( )
Faculty ,students	Presence of recruitment and promotion university regulations	Yes( ), No( )
Faculty	Presence of appointments between basic and clinical science	Yes( ), No( )
Faculty	Presence of part time appointments	Yes( ), No( )
Faculty	Presence of appointments between college and training centers	Yes( ), No( ),not
Faculty	Staff have access to development program	Yes( ), No( )
Faculty	Presence of evidence-based Teaching facilities	Yes( ), No( )

## **7. EDUCATIONAL RESOURCES**

Target	Components	presentation
Faculty curriculum committee	is the physical resources responds to curriculum changes	Strongly agree ( ), Agree( ) disagree( ),strongly disagree ( )
Faculty, students	Availability of educational facilities in hospitals, community pharmacies, and pharmaceutical factories	Yes( ), No( )



Students, graduates	Availability of welfare facilities	Yes( ), No( )
Students, graduates	Spaces for sport and elective activities	Yes( ), No( )

## **8. GOVERNANCE AND ADMINISTRATION OF THE PHARMACY COLLEGE.**

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

## **9- RESEARCH**

Target	Components	Presentation
stakeholders	Presence of research environment	Strongly satisfied( ), moderately satisfied( ), unsatisfied( ), unsatisfied at all( )
Faculty	Presence of balance in areas for researches	Strongly agree ( ), Agree( ) disagree( )

		),strongly disagree ( )
Students	Availability of opportunities for research's during study	Strongly satisfied( ), moderately satisfied( ), unsatisfied( ), unsatisfied at all( )

## 10- CONTINUOUS PROFESSIONAL DEVELOPMENT

Target	Components	Presentation
Faculty	Are you participating in CPD	Yes( ), No( )

### Appendix VI

#### Stakeholders Interview

##### Instructions to the interviewer

1. Introduce yourself
2. Explain the reason for interview
3. Agree on time limits and keep to them. Interviews should be kept to around an hour in length.
4. Ask factual questions before opinion ones
5. Use probes or exploratory issues as needed. Probes include:
6. Would you give me an example?

7. Can you elaborate on that idea?
8. Would you explain that further?
9. I'm not sure I understand what you're saying.
10. Is there anything else?
11. Do not read out the choices mentioned below some of the explanatory questions. Use them as suggestions and as a guide for recording responses.
12. Inform about conditions of confidentiality.
13. Ask permission for use of tape recorder and/or note-taking if you are to use.
14. Paraphrase: let the respondent see a summary of the findings of the interview.

**General information:**

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

**Introduction (Including informed consent)**

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

Signed Interviewee  
Date

Signed Interviewer

**Core questions and Exploratory Issues**

- ❖ This interview guide identifies core questions that should be covered in stakeholder interviews in each review site. While each individual

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

- ❖ Each core question is followed by a list of exploratory issues that reviewers should pursue, as appropriate, in the interview. As with the core questions, some of the exploratory issues will be more or less applicable to individual stakeholders.
- ❖ Notes from the interview are recorded on the Stakeholder Interview Guide form to be later summarized and interpreted by the survey team

<b>1. Curriculum</b>
Core Question: Describe the extent to which the Collage educational program is appropriate to produce a competent basic pharmacist and lifelong learner?
<p>Probing and Exploratory Issues (more than one item may be chosen)</p> <p><input type="checkbox"/> Discipline-based <span style="margin-left: 200px;"><input type="checkbox"/> Integrated</span> <span style="float: right;"><input type="checkbox"/></span></p> <p>Community-based</p> <p><input type="checkbox"/> Problem-based <span style="margin-left: 100px;"><input type="checkbox"/> Systematic</span> <span style="margin-left: 100px;"><input type="checkbox"/> Hospital-based</span></p> <p><input type="checkbox"/> Student-centered <span style="margin-left: 100px;"><input type="checkbox"/> Teacher-centered</span></p> <p><input type="checkbox"/> Were you ever a member of the curriculum committee of the institution</p> <p><input type="checkbox"/> if yes, what was your contribution?</p> <p><input type="checkbox"/> Are you aware of the competencies required from the graduates of the Collage?</p> <p>Show the interviewed stakeholder the list of Collage competencies then ask:</p> <p><input type="checkbox"/> Do you think that the institution’s educational program will lead to achievement of those competencies? Elaborate</p> <p><input type="checkbox"/> Do you think that those competencies are sufficient to produce competent pharmacists? Elaborate</p> <p><input type="checkbox"/> Do the competencies expected from the Collage student upon graduation match your expectations for a safe basic pharmacist practice?</p> <p><input type="checkbox"/> Would you like to add any other competencies to those predetermined by the Collage?</p> <p><input type="checkbox"/> How would you judge the alumni readiness for post graduate pharmaceutical training upon graduation?</p> <p><input type="checkbox"/> To what extent does the curriculum encourage the development of each of the following scientific methods?</p> <p>Critical thinking</p>

To a great extent To some extent To little extent No existence of such methods

Analytical thinking

To a great extent To some extent To little extent No existence of such methods

Evidence-based pharmacy

To a great extent To some extent To little extent No existence of such methods

Continuous self-learning

To a great extent To some extent To little extent No existence of such methods

Please use separate paper for feedback

### 3. Students

**Core Question:** In your opinion, are the size and nature of student intake decided in consultation with the relevant stakeholders and reviewed periodically to meet the needs of community and society.

Probing and Exploratory Issues

- Do you know the student admission policy of the Collage?
- Are you satisfied with this student' admission policy? Elaborate
- Have you ever been consulted about the size and nature of the student intake?
- If yes, what was your opinion? And was it taken into consideration in the actions of the Collage or relevant decision-making authorities?
- Is the admission policy regulated periodically to meet the needs of community and society? If yes, elaborate.
- If no, what are the obstacles in your opinion to such periodical review?

**Please use separate paper for feedback**

### 2. Program evaluation

**Core Question:** How are the principal stakeholders within the medical school involved in program evaluation?

Probing and Exploratory Issues

- Have you been asked to give your feedback about the educational program of the institution?
- Have you ever been asked to share in program evaluation of the institution?
- If yes, how? To what extent or in which parts of the evaluations were stakeholders involved?
- Have you ever been informed of the results of the program evaluation of the institution?
- If yes, how?
- To what extent are stakeholders involved in the evaluation and development of the program? (Ask about numbers and positions of those involved)

What difficulties are encountered in the nearest evaluation you shared in?  
What actions were taken to resolve them?

**Please use separate paper for feedback**

**3. Governance and administration**

Core Question: How are the principal stakeholders within the Pharmacy Collage involved in the governance and organizational structure of the Collage?

Probing and Exploratory Issues

- Are you a member in any of the Collage committees?
- Are you a member in any of the Collage Board?
- Is there any source of collaboration between you and your Collage? Elaborate
- In your opinion, is the stakeholders' representation and contribution to the governance and administration of the Collage adequate?

**Please use separate paper for feedback**

**4. Overall satisfaction of program quality**

Core Question: Are you satisfied with the overall quality of the educational program?

How would you describe the Collage graduate's performance in the workplace as compared to other Collages graduates?

- Would you recommend this program to prospective students?
- In your opinion, what are the most important points of strength about the Pharmacy Collage?
- In your opinion, what are the most important points of weakness about the Pharmacy Collage?
- Mention threats (if any)
- Mention opportunities (if any)

**please use separate paper for feedback**

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

## Assessment of Students

**Core Question:** In your opinion, are the assessment methods clearly compatible with educational objectives and can promote learning? Probing and Exploratory Issues

- As far you know, are there any new assessment methods introduced recently to your assessment system?
- Are the number and nature of examinations assessing the various curricular elements to encourage integrated learning?
- As regards the methods of students' student, is there a balance between formative and summative assessment?

## Educational resources

**Core Question:** Does the Collage have sufficient resources to ensure that the curriculum can be delivered adequately?

Probing and Exploratory Issues

- Do you think .....is available sufficiently as an educational resource
- Physical facilities
- Pharmaceutical experience
- Clinical training facilities
- Educational expertise
- Information technology
- does the Collage have a policy that fosters the relationship between research and education?
- Please describe the research facilities and areas of research priorities at the institution
- Does the Collage provide resources to facilitate regional international exchange of academic staff?

## 5. Mission and Objectives

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

**Probing and Exploratory Issues**

- Do you know the mission of the Pharmacy Collage?
- Do you think.....is well represented in the mission?  
a- Social responsibility. b- Research attainment. C - Community involvement.  
d. Readiness for postgraduate training
- Have you participated in either mission formulation or review?
- If yes, what was your share?
- What actions did the Collage take to encourage stakeholder involvement in formulating and reviewing the mission and objective statements?

**Show the Collage general objectives to the interviewed stakeholder then ask:**

- In your opinion, do the Collage general objectives reflect the mission

**Please use separate paper for feedback**

## **Appendix VII**

**Accreditation process timing**  
College complete SAS





College submit request to NCAPC with SAS documents



NCAPC (within 1 month) form Site-visit team and appoint time for visit



NCAPC notify the college about visit before 2 months



Site-Visit (3-5 days)



The Site-visit team sends the report to NCAPC within 4weeks



College has 2weeks for appeal



NCAPC takes 4weeks for final decision

## References

1- Accreditation council for pharmacy education. ACPE is recognized by the US Department of Education as the national agency for the accreditation of professional degree programs in pharmacy. ACPE also serves as the national

agency for the accreditation of providers of continuing education.

2- Accrediting a pharmacy program and CPD accrediting Organization. The Australian Pharmacy Council (APC) is the trusted, independent authority that accredits pharmacy programs and training in Australia

3-The International Pharmaceutical Federation (FIP edu)

4- Accreditation council for pharmacy education: 2019 annual report. This is the 89th annual report of the Accreditation Council for Pharmacy Education (ACPE). This report summarizes ACPE's activities covering the period January 21, 2019 – January 27, 2020.

5- Health Workforce Development Series 3. Regional Guide to Establish and Sustain National and Institutional Systems of Accreditation of Health Professions Education in The Eastern Mediterranean Region World Health Organization Regional Office for Eastern Mediterranean November 2011. Printed by WHO Regional Office for The Eastern Mediterranean, Cairo.

6- Guideline for Accreditation of Medical Colleges in Iraq, 2018

