



Ministry of higher education and scientific research
University of Misan
College of medicine

Self-assessment study (SAS)

2025-2026

1. Introduction

1.1 The medicine College at University of Misan was established at the beginning of the academic year 2008-2009 and aims to secure, in general, the country's need of doctors.

In the first academic year the college accept (45) students, while the number of students graduated at the academic year 2013-2014 was (39) students. Period of study is six years. The graduate gets a degree in medicine and general surgery (M. B. Ch. B). The college have a library contains many up to date books and specialized journals in basic sciences and clinical medicine, also the college have the computer and Internet center, computer lab for preliminary studies.

The medicine college constitutes:

1. The Dean of the College who manages the college's academic and administrative affairs.
2. Two Dean Assistant one for Scientific & Student's Affairs and the other for Administrator's Affairs, support staff (Dean Office and secretary).
3. medicine College board which is headed by the dean of the college and consists of the Dean's assistant and all of the heads of departments.

1. 2. Self-assessment study

The preparation of the Self-Assessment Study (SAS) is a comprehensive evaluation of the educational, administrative, and technical programs at the College of Medicine, University of Misan, in accordance with the national accreditation standards for medical education in Iraq (NCAMC, 2023).

The report is based on compliance with nine main institutional academic standards and highlights strengths, weaknesses, and recommendations for continuous improvement.

This report covers the academic years 2019–2025 and includes eleven departments (Anatomy, Chemistry, Physiology, Pathology, Microbiology, Pharmacology, Family and Community Medicine, Internal Medicine, Surgery, Pediatrics, and Obstetrics & Gynecology) that contribute to the graduation of Bachelor of Medicine and General Surgery (M. B. Ch. B) students.

The methodology for preparing this report relied on collecting data, evidence, and documents including codes of conduct and professionalism, college vision, outcomes, goals, administrative policies, student and staff affairs, surveys, and interviews. The data was analyzed using SWOT analysis to determine strengths, weaknesses, opportunities, and challenges, with a plan developed to address key issues.

The self-assessment was completed by the committee appointed under Administrative Order No. M.A/819 dated 14/4/2025, and included participation from stakeholders such as teaching staff,

students of all levels, clinical training supervisors in hospitals and health centers, and alumni to ensure comprehensive representation.

2. Mission and Outcomes

2.1. The College of Medicine at the University of Misan endeavors to be a pioneer in providing outstanding medical education to graduate doctors who have the potential to work cautiously and excellently in Iraq and abroad. It aims to prepare competent doctors who can accomplish their tasks in preventive and therapeutic health services, locally and regionally, with good basic requirements such as medical knowledge, professional and behavioral skills, with pacing with developments in various medical fields. It also aims to achieve different studies to ensure outcomes that meet health challenges and public health needs.

The academic program of the college, follows the subject-based system and consists of systematic teaching for a period of six years covering basic and clinical sciences in the main medical fields, as well as incorporating the study of medical ethics, and skills of communication.

The curriculum includes study of various body systems and the common diseases that affect them from theoretical point of view and also works on preparing medical students to be autonomous learners using information technology and other educational strategies.

The curriculum also includes clinical training on patients at teaching health faculties such as hospitals and primary health centers with active participation of the students in discussions through small or large groups teaching, seminars, and activities involving the participation in health education campaigns, and vaccinations.

The curriculum adopts also, the principles of educational assessment where formative and achievement tests are based on standards with justice and transparency through the Objective Structured Clinical Examination (OSCE) and Objective Structured Practical Examination (OSPE). Besides, it monitors and evaluates the assessment results of the students to give them the required feedback.

Curriculum assessments are closely aligned with the established outcomes, and the curriculum is centrally managed by a multidisciplinary team led by the dean.

The college uses its available human, material, and information resources to sustain the educational process. It applies a systematic project that depends on participant feedback, such as professors, students, employees, and internal and external stakeholders.

It also involves a monitoring system for assessing the implementation of this systematic project and supporting the continuous improvement process.

2.2. Through all of this, we aim to achieve the **college's outcomes** of graduating doctors with the following competencies:

1. Competent in professional skills levels that enable them to deal with different emergency medical situations.
2. Able to deal with all medical cases in various medical specialties cautiously, effectively and with sympathy
3. Able to communicate effectively, deal honestly, transparently with the patients and their families, with colleagues and the community.
4. Able to take into account the rights of patients, society, and the environment and abide by instructions and laws.
5. Having the potential to lead and work with a team.
6. Having the potentiality of lifelong learning.
7. Work on outstanding and valuable research projects.
8. Respond effectively to the Iraqi community health requirements as well as the global health needs.

3. Academic Committee

3.1. Self-Assessment Writing Committee

No.	Full Name	Position
1	Prof. Dr. Haidar Saadoun Qasim	Chairman
2	Asst. Prof. Dr. Mohammed Mahdi Khallawi	Member
3	Asst. Prof. Dr. Mokhled Abdulkarim Ramadan	Member
4	Dr. Hmood Madhi Hassan	Member
5	Dr. Ahmed Ali Hussein	Member
6	Lecturer Ghufran Kamel Zimam	Member
7	Mr. Firas Sattar Jabbar	Member

3.2.1 Area One: Vision and Outcomes

No.	Position	Name
1	Chairman	Prof. Dr. Ridha Enwan Hassan Ridha
2	Expert (Retired Professor)	Prof. Dr. Yaseen Ubaid Yaseen
3	Retired Expert (Misan Health Department)	Dr. Kareem Sweih Ayadah
4	Director of Al-Sadr Teaching Hospital	Dr. Ali Abdulwahid Aref
5	Misan Health Department	Dr. Salam Abdullah
6	Continuing Education Unit (College of Medicine)	Lecturer Ali Hashem Zair
7	Civil Society Organization Representative	Mr. Mohammed Rasheed
8	College of Medicine (Dean's Office)	Mr. Qusay Abdulhussein
9	Medical Student	Ghufran Ali Hatim
10	Medical Student	Kristina Mohammed Abdulilah
11	Medical Student	Manar Hamed Abdulhussein

3.2.2 Area Two: Educational Program

No.	Position	Name
1	Chairman (Assistant Dean for Scientific Affairs)	Prof. Dr. Haidar Saadoun Qasim
2	Medical Association	Dr. Mohammed Abdulkarim
3	College of Medicine	Asst. Prof. Dr. Mohammed Mahdi Khallawi
4	College of Medicine	Asst. Prof. Dr. Omar Mansib Kassid
5	College of Medicine	Asst. Prof. Dr. Mohammed Hassan Jaafar

6	College of Medicine	Prof. Dr. Saba Jassim Mahdi
7	College of Medicine	Asst. Prof. Dr. Ishraq Jassim Hassan
8	College of Medicine	Instructor Rasha Kareem Khudr
9	Medical Student	Maryana Talal Hashem
10	Medical Student	Zahraa Habeeb
11	Medical Student	Hameeda Adnan Raheem

3.2.3 Area Three: Student Assessment

No.	Position	Name
1	College of Medicine	Asst. Prof. Dr. Haitham Abdul Radi
2	College of Medicine	Asst. Prof. Dr. Sadiq Musa Ahmed
3	College of Medicine	Lecturer Dr. Jabbar Jassim Atiya
4	College of Medicine	Lecturer Dr. Moayad Baheer Kadhim
5	College of Medicine	Resident Physician Ghufran Mohammed Khalaf
6	College of Medicine (Student Affairs)	Lecturer Alaa Sahib Hussein
7	Medical Student	Ahmed Hatim Hussein Abed
8	Medical Student	Tamara Abdulhussein Abed
9	Medical Student	Sarah Mohammed

3.2.4 Area Four: Program Evaluation

No.	Position	Name
1	College of Medicine	Asst. Prof. Dr. Raed Muslim Mohiebis
2	College of Medicine	Prof. Dr. Mohammed Abdul Munther Othman
3	College of Medicine	Asst. Prof. Dr. Hossam Raheem Mohammed

4	College of Medicine	Lecturer Dr. Muqdam Hussein Abdulzahra
5	College of Medicine	Lecturer Dr. Barakat Hassan
6	College of Medicine	Resident Physician Dr. Mahdi Qasim Jabir
7	College of Medicine	Lecturer Amer Hatto
8	College of Medicine	Mr. Asaad Abdulwahid Abed
9	Medical Student	Alaa Ali Zeyara
10	Medical Student	Fatima Ali Hassan
11	Medical Student	Nabaa Basim

3.2.5 Area Five: Students

No.	Position	Name
1	College of Medicine	Asst. Prof. Dr. Mokhled Abdulkarim Ramadan
2	College of Medicine	Lecturer Dr. Hamoud Madi Hassan
3	College of Medicine	Lecturer Dr. Malik Hadi Mahmoud
4	College of Medicine	Lecturer Dr. Serrar Osama Taher
5	College of Medicine	Lecturer Dr. Rand Hussein Abed
6	College of Medicine (Student Affairs)	Mr. Dhiaa Kazem Abed
7	College of Medicine	Ahmed Abdulhussein Kareem
8	Medical Student	Hussein Abbas Qasim
9	Medical Student	Ali Ammar Jabbar

3.2.6 Area Six: Teaching Staff

No.	Position	Name
1	College of Medicine	Prof. Dr. Iman Khamees Saba

2	College of Medicine	Prof. Dr. Maysa Ghazi Jumaa
3	College of Medicine	Asst. Prof. Dr. Rasha Khalil Abduljaleel
4	College of Medicine	Asst. Prof. Dr. Ali Jawad Jabir
5	College of Medicine	Lecturer Abdulrazaq Shehab
6	College of Medicine (Scientific Affairs)	Lecturer Huda Saadoun Shabeeb
7	College of Medicine (Planning and Follow-up Division)	Ms. Fatima Alawi
8	College of Medicine	Lecturer Dr. Owas Naji
9	College of Medicine	Lecturer Dr. Yasmin Salam Nouri
10	Medical Student	Rawan Talal
11	Medical Student	Baneen Mustafa Jawad

3.2.7 Area Seven: Educational Resources

No.	Position	Name
1	College of Medicine	Lecturer Maitham Abdulkarim Jabir
2	College of Medicine	Lecturer Waleed Khalid Hamoud
3	College of Medicine (Maintenance Division)	Mr. Fahmi Hassan
4	College of Medicine	Mr. Kazem Khazaal
5	College of Medicine (Student Affairs)	Mr. Jaafar Abdul Hassan Laibi
6	College of Medicine (Media)	Mr. Ahmed Mohammed Arab
7	College of Medicine (Library)	Mr. Jassim Helon Laibi
8	College of Medicine	Rania Naseer
9	Medical Student	Zahraa Adnan Khalaf
10	Medical Student	Zahraa Khalaf Mahmoud

11	Medical Student	Ali Adel
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3.2.8 Area Eight: Governance and Administration

No.	Position	Name
1	College of Medicine (Asst. Dean for Admin Affairs)	Asst. Prof. Dr. Alaa Shamikh Hassan
2	College of Medicine	Prof. Dr. Sami Khalaf Jabbar
3	College of Medicine	Lecturer Dr. Basim Alwan Hassan
4	College of Medicine	Mr. Yousef Abdul Sattar Saadon
5	College of Medicine	Mr. Ali Abdulzahra Magthouth
6	College of Medicine (Follow-up Division)	Lecturer Ali Abdulrazaq Abdulwahab
7	College of Medicine	Mr. Osama Aidan Salem
8	College of Medicine	Ms. Hoor Al Shakir
9	Medical Student	Mr. Firas Sattar
10	Medical Student	Abu Al Hassan Adnan Badr
11	Medical Student	Muqtada Sattar

3.2.9 Area Nine: Continuous Evaluation

No.	Position	Name
1	College of Medicine	Lecturer Dr. Ahmed Ali Hussein
2	College of Medicine	Lecturer Dr. Sadiq Obais Kadhim
3	College of Medicine	Lecturer Dr. Baha Abdulhussein Abed Ali
4	College of Medicine	Assistant Zainab Mohammed Eidi
5	College of Medicine	Assistant Afaf Abdullah
6	College of Medicine	Lecturer Ghufraan Kamel Zimam
7	College of Medicine	Lecturer Abeer Jaafar Hattab

8	College of Medicine (Follow-up Division)	Mr. Ali Baraka
9	College of Medicine (Admin Division)	Mr. Karrar Nouraldeen
10	Medical Student	Zainab Mukhlis
11	Medical Student	Noor Alhuda Khazaal

4. college structure

4.1 College Council Structure and departments

College Council Structure	
Dean	Professor Dr. Ridha Alwan Hasan
V. Dean/Scientific Affairs	Professor Dr. Haider Sa'adon Qasim
V. Dean/Management Affairs	Dr. Hmood Madhi Hasan
Head Of Departments:	
1. Anatomy	Professor Dr. Sami Khalaf Jabar
2. Physiology	Assistant Professor Dr. Eshraq Jassim Hassan
3. Chemistry & Biochemistry	Assistance Professor Dr. Raed Muslim
4. Microbiology	Assistant Professor Dr. Rasha Khalil Abduljalil
5. Pharmacology	Assistant Professor Dr . Rasha Karim Khuder
6. Pathology	Assistant Professor Dr Mukhalad Abdulkarim Ramadan
7. Community Medicine	Assistant Professor Dr Eman Khmas Sabaa
8. Medicine	Assistant Professor Dr Omar Mansib
9. Surgery	Assistant Professor Dr Mohammad Hasan
10. Obstetrics & Gynecology	Assistant Professor Dr. Saba Jasim
11. Pediatrics	Professor Dr Eman Khmas Sabaa

4.2 College administration Structure (staff)

type	No.
Instructors	66
employees	110
Total	176
Degree	
PhD	52
Master	14
Higher Diploma	1
bachelor	54
diploma	21
Secondary school	11
Intermediate school	9
Primary school	11
illiterate	10
Total	176

5.Executive Summary SWOT Analysis

Strengths:

The college demonstrates a robust administrative and academic foundation. There is a clear mission and well-defined educational outcomes aimed at producing competent doctors. Governance is functional, with established councils, departments, and financial stability (evidenced by a documented annual budget). The student assessment system is comprehensive, utilizing a variety of modern methods (OSCE, OSPE) alongside traditional exams, and includes clear policies for appeals and avoiding conflicts of interest. Staff recruitment policies are well-documented and aligned with the college's mission, with faculty actively involved in both teaching and clinical service.

Weaknesses:

Significant gaps exist in documentation and standardization across departments. While policies are often "present," their consistent "application" and measurable "effectiveness" are lacking. Key weaknesses include the absence of a formal student representation system in program design and evaluation, a lack of documented academic advising, and insufficient structured support for student activities. The use of external expertise for assessment review and the formal evaluation of assessment validity/reliability are not yet

effective. Furthermore, research is not currently used as a basis for curriculum development.

Opportunities:

The college has a strong foundation to build upon. There is a clear opportunity to enhance educational quality by establishing a centralized medical education unit to standardize assessments, promote faculty development, and integrate research into teaching. The planned curriculum review conference (noted in Area 8) is a prime opportunity to modernize content and teaching methods. Strengthening ties with the Ministry of Health and leveraging alumni can improve clinical training and create mentorship programs. The presence of student and stakeholder committees indicates a willingness to engage, which can be harnessed for continuous feedback and improvement.

Threats:

The primary threats are internal and relate to the risk of stagnation. The failure to address documentation gaps and standardize processes could jeopardize national accreditation standing. A lack of formal student engagement risks misalignment between the program and learner needs, potentially leading to dissatisfaction. The increasing student-to-staff ratios, reliance on external doctors, and absence of a structured plan for international collaboration could strain resources and limit the college's ability to innovate and keep pace with global medical education standards. The lack of a central database (mentioned in Area 7 & 9) hinders evidence-based decision-making for continuous renewal.

Detailed SWOT Analysis by Theme

1. Mission, Outcomes & Governance

- **Strengths:**

- A clearly stated mission and well-defined graduate outcomes/competencies (Section 2.2).
- Established college council, administrative structure, and departmental organization (Section 4).
- Documented financial stability with an annual budget and proper financial oversight (8.3.1, 8.3.2).

- Policies in place for faculty participation in administrative and medical fields (8.2.1).
- **Weaknesses:**
 - Stakeholder input (especially from the wider community) in mission formulation is not effectively available (1.4.2).
 - Organizational structure plan is still awaiting final approval (8.4.1).
 - Critical stakeholder surveys (patients, allied health professionals) are not yet conducted (8.2.3 series).
- **Opportunities:**
 - Use the planned curriculum conference (8.1.2) to revise the mission and outcomes with broader stakeholder input.
 - Implement the approved organizational structure to streamline decision-making.
- **Threats:**
 - Mission and outcomes may become misaligned with community health needs without consistent external input.
 - Lack of stakeholder feedback could lead to governance blind spots.

2. Educational Program & Resources

- **Strengths:**
 - Comprehensive curriculum covering basic and clinical sciences with clinical training integrated at health facilities.
 - Adequate physical facilities, a safe learning environment, and access to web-based resources (7.1.1, 7.1.2, 7.3.2).
 - Access to clinical training facilities and supervision for students (7.2.1.2, 7.2.1.3).
- **Weaknesses:**
 - The curriculum follows a traditional subject-based system, and adaptation of instructional methods needs evidence (9.6.3).
 - Medical research is not used as a basis for the educational curriculum (7.4.1 - **Critical**).
 - No organized international exchange program for staff or students (7.6.2, 7.6.3).
 - Student access to patient data systems is not optimized (7.3.3.5).
- **Opportunities:**
 - Use the Curriculum Committee (4.1.2.1) to spearhead a move towards more integrated, systems-based learning.

- Establish formal partnerships with international universities for exchange and collaboration.
- Leverage faculty research to create elective modules or journal clubs for students.

- **Threats:**

- Curriculum may become outdated if not regularly informed by current research and global trends.
- Lack of international exposure may limit graduates' competitiveness.

3. Student Assessment, Support & Representation

- **Strengths:**

- Established student assessment system with a variety of formative and summative methods, including OSCEs (3.3, 3.4).
- Clear policies for appeals (3.1.6) and avoiding conflicts of interest (3.1.4).
- Admission policies are clearly defined and applied (5.1.1).
- Presence of a primary health care center for students (5.3.1.2).

- **Weaknesses:**

- **Critical Gap:** No formal student representation in program design, management, or evaluation (5.4, 5.4.1).
- No documented academic advising system for students (5.3.1.3 - **Critical**).
- Assessment of professional behavior (e.g., towards the healthcare team) is not effective (3.5.2).
- No committee effectively ensuring the validity and reliability of assessments (3.1.7).
- No vaccination plan or policy for students (5.3.2.1, 5.3.2.2).
- Lack of financial support and a dedicated committee for student activities (5.4.2).

- **Opportunities:**

- Establish a formal student council to participate in committee meetings (as listed in 3.2, providing a ready-made structure).
- Implement a faculty advising program to improve student mentorship and retention.
- Develop a structured program for assessing professionalism, including 360-degree feedback.

- **Threats:**

- Lack of student representation can lead to disengagement and a curriculum that doesn't meet their learning needs.

- Inadequate support systems (advising, health/vaccination plans) risk student well-being and could lead to duty of care issues.

4. Academic Staff & Continuous Improvement

- **Strengths:**

- Well-documented recruitment and promotion policies aligned with the ministry and college mission (6.1.1.1, 6.2.3).
- Policies exist to balance teaching, research, and service for staff (6.2.1.1).
- Procedures are initiated for regularly reviewing and updating the program (9.1).
- A committee exists to identify and address concerns (4.1.2.3).

- **Weaknesses:**

- Teacher-student ratios are a concern, with reliance on external doctors (6.2.2).
- Recognition of meritorious staff activity is only partially effective (6.2.1.2).
- The process of program renewal is not explicitly based on medical education literature or prospective studies (9.4).
- There is no evidence of systematic use of educational expertise for curriculum or staff development (7.5.2, 7.5.3).
- Key continuous renewal elements like curriculum adjustment (9.6.4) and resource updating (9.6.8) are not yet effective.

- **Opportunities:**

- Create a Medical Education Unit to provide faculty development, promote educational research, and lead curriculum reform.
- Use the "Concerns" committee (4.1.2.3) as a model for a more formal continuous quality improvement (CQI) cycle.
- Develop a formal recognition and awards program for excellence in teaching and research.

- **Threats:**

- Heavy reliance on external, part-time staff can lead to inconsistencies in teaching and supervision.
- A "tick-box" approach to renewal, without engaging with educational literature, will lead to superficial rather than transformative change.
- Failure to address resource gaps will undermine any curriculum development efforts.

Area 1: Mission and Outcome

No.	Indicator	Present	Applied	Effective	Note
1.1	THE MISSION STATEMENT				
1.1.1	The medical college must state its mission.	✓			
1.1.2	The medical college must make its mission known to its community and the health sector.	✓			
1.1.3.1	The medical college must, in its mission, outline the aims and the educational strategy that results in a medical doctor who is competent at a basic level.	✓			
1.1.3.2	The medical college must in its mission, outline the aims and the educational strategy resulting in a medical doctor with an appropriate foundation for a future career in any branch of medicine.	✓			
1.1.3.3	The medical college must in its mission, outline the aims and the educational strategy resulting in a medical doctor capable of undertaking the roles of doctors as defined by the health sector.	✓			
1.1.3.4	The medical college must, in its mission, outline its aims and educational strategy that result in a medical doctor who is prepared and ready for postgraduate medical education.	✓			
1.1.3.5	The medical college must, in its mission, outline the aims and the educational strategy resulting in a medical doctor committed to lifelong learning.	✓			
1.1.4	The medical college must consider that the mission encompasses the health needs of the community, the needs of the health care delivery system, and other aspects of social accountability.	✓			
1.1.5	The medical college should ensure that the mission encompasses medical research attainment.	✓			

1.1.6	The medical college should ensure that the mission encompasses aspects of global health.	✓			
1.2	AUTONOMY AND FREEDOM IN MISSION STATEMENT DEVELOPMENT				
1.2.1.1	The medical college must have institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding the design of the curriculum.		✓		They need to document
1.2.1.2	The medical college must have institutional autonomy to formulate and implement policies for which its faculty/academic staff, and administration are responsible, especially regarding the use of the allocated resources necessary for the implementation of the curriculum.		✓		
1.2.2	The medical college should ensure academic freedom for its staff and students in addressing the actual curriculum.		✓		
1.2.3	The medical college should ensure academic freedom for its staff and students in exploring the use of new research results to illustrate specific subjects without expanding the curriculum.		✓		
1.3	EDUCATIONAL OUTCOMES				
1.3.1.1	The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to their achievements at a basic level regarding knowledge, skills, and attitudes.	✓			
1.3.1.2	The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to an appropriate foundation for a future career in any branch of medicine.	✓			
1.3.1.3	The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to their	✓			

	future roles in the health sector.				
1.3.1.4	The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to their subsequent postgraduate training.	✓			
1.3.1.5	The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to their commitment to and skills in lifelong learning.	✓			
1.3.1.6	The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to the health needs of the community, the needs of the health care delivery system, and other aspects of social accountability.		✓		They need to document
1.3.2	The medical college must ensure appropriate student conduct with respect to fellow students, faculty members, other healthcare personnel, patients, and their relatives.	✓	✓		
1.3.3	The medical college must make the intended educational outcomes publicly known.	✓			
1.3.4	The medical college should specify and coordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training.				
1.3.5	The medical college should specify intended outcomes of student engagement in medical research.	✓			
1.3.6	The medical college should draw attention to global health-related intended outcomes.				
1.4	PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES				
1.4.1	The medical college must ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes.	✓			
1.4.2	The medical college should ensure that the formulation of its mission and intended educational outcomes is based also on input			✓	It does not available

	from other stakeholders.				
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Area -3 Student Assessment

No.	Indicator / Sub-Indicator	FF	PF	NF	Note (Present, Applied, Effective)
3.1	Student Assessment System				
3.1.1	Established student assessment system implemented across basic and clinical sciences.		X		Present & Applied: The system exists and is implemented. Effectiveness: Partially effective, as it is under review due to varying standardization and documentation across departments.
3.1.2	Transparency of Assessment				
3.1.2	Formative and summative assessment methods communicated to students.		X		Present & Applied: Methods are communicated via outlines and orientation. Effectiveness: Partially effective, as grading criteria documentation is not yet fully standardized.
3.1.3	Use of Blueprints				
3.1.3	Use of blueprints in major examinations to ensure systematic assessment.		X		Present & Applied: Used in major written and clinical exams. Effectiveness: Partially effective, as application is still in progress for all assessments and formal documentation is not universal.
3.1.4	Conflicts of Interest				
3.1.4	Policy for avoidance of conflicts of interest (e.g., question banks, OSCE committees).	X			Present & Applied: A policy exists and is implemented through specific mechanisms like committees. Effectiveness: Appears effective based on the measures described.
3.1.5	External Expertise				
3.1.5	Policy for inspection of student assessment by external expertise.			X	Present: A primitive policy exists. Applied: Not effectively applied; it needs to be strengthened by inviting more external experts.
3.1.6	Appeal of Assessment Result				
3.1.6	Policy and system for appeal	X			Present & Applied: A policy and system

	of assessment results with a specific committee.				exist, working in collaboration with the examination committee as per ministerial regulation. Effectiveness: Appears effective based on the description.
3.1.7	Validity, Reliability, and Confidence Index				
3.1.7	Committee on validity, reliability, and confidence index of electronic grading.			X	Present: A committee was established. Applied: Not implemented in practice across all scientific departments. QACC committee exists but is not yet effective in this area.
3.2	Continuous Assessment				
3.2	Continuous assessment incorporated into the curriculum.		X		Present & Applied: Methods like quizzes and logbooks are used. Effectiveness: Partially effective, as the frequency and documentation of formative feedback vary among departments.
3.3	Variety of Assessment Methods				
3.3	Employs a range of formative and summative assessment methods.	X			Present & Applied: A range of methods (written, oral, practical, clinical) is employed. Effectiveness: Appears effective in providing variety.
3.4	Clinical Examinations				
3.4	Clinical examinations as a major component, including OSCEs and bedside exams.	X			Present & Applied: Constituted as a major component and conducted. Effectiveness: Appears effective as a core component.
3.5	Assessment of Communication Skills & Professional Behavior				
3.5.1	Assessment toward patients during clinical training.		X		Present & Applied: Assessment is conducted. Effectiveness: Partially effective, as standardized tools and unified documentation are not consistently applied.
3.5.2	Assessment toward the health care team.			X	Present: Assessment is mainly based on supervisor evaluations.

					<p>Applied: Limited.</p> <p>Effectiveness: Not effective, as formal documentation and structured tools are currently limited.</p>
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AREA- 4 PROGRAM EVALUATION

No of indicator	Indicator	FF	PF	NF	NOTE (present-applied-(effectiveness))
4.1.2.	The College of Medicine at Misan University have an Official document for the program evaluation Committees		√		present- applied-
4.1.2.1	The College of Medicine at Misan University have an Official document for the Curriculum Committees		√		present- applied
4.1.2.2	The College of Medicine at Misan University have an Official document for the Examination Committees	√			present- applied-effectiveness
4.1.2.3	The College of Medicine at Misan University have an Official document for the identifies and addresses concerns.		√		present- applied-effectiveness
4.2.1	The College of Medicine at Misan University have an systematically seek,analyse and respond to teacher and student feedback		√		present- applied
4.3.1.1	The College of Medicine at Misan University have educational outcomes		√		present- applied
4.3.1.2	The College of Medicine at Misan University have provision of resources		√		present- applied
4.4.1	The College of Medicine at Misan University have program monitoring and evaluation activates involve .its principal stakeholders		√		present- applied

Area 5 Student

No	Indicator / Sub-Indicator	FF	PF	NF	Note (Present, Applied, Effective)
5.1	Admission Policy and Selection				
5.1.1	Admission policy for selecting students in accordance with ministry instructions.	X			Present & Applied: Policy exists with administrative orders, meeting minutes, and student interviews. Effectiveness: Fully functional.
5.1.2	Specific policy for the admission of students with disabilities.		X		Present & Applied: Policy exists with an administrative order and meeting minutes. Effectiveness: Partially effective, as no student interviews or questionnaires have been conducted.
5.1.3	Policy for the transfer of students to/from other programs and appeal of admission decisions.			X	Present: Policy exists for student transfers as per ministry instructions. Applied: Partially applied. Effectiveness: Not effective, as there is no plan to appeal central admission decisions.
5.2	Student Intake				
5.2.1	Policy for determining student intake with annual administrative orders.	X			Present, Applied & Effective: Based on meetings between the Vice Dean and the Statistics Department.
5.2.2	Annual review of the student intake policy.		X		Present & Applied: Adjustments are made annually to align with community needs. Effectiveness: Partially effective, as there are no meeting minutes or interviews to document/confirm the review process.
5.3	Student Counseling and Support				
5.3.1.1	Documented student counseling policy and support plan (e.g., tuition fee reductions).		X		Present & Applied: Policy is documented and support (financial/social) is provided and recorded. Effectiveness: Partially effective, as there are no regular student meetings or feedback mechanisms to evaluate effectiveness.
5.3.1.2	Primary health care center dedicated to students.	X			Present, Applied & Effective: The university has one primary health care center for students.
5.3.1.3	Presence of academic advisers.			X	Present: No document confirms the presence of academic advisers. Applied: Not applied.

					Effectiveness: Not effective.
5.3.1.4	Infection prevention advice for students and patients.		X		Present & Applied: A prevention plan exists. Effectiveness: Partially effective, as there are no interviews or questionnaires to confirm its effectiveness.
5.3.2.1	Students vaccination plan.			X	Present: Not found. Applied: Not applied. Effectiveness: Not effective.
5.3.2.2	Policy for review and implementation of the vaccination plan and questionnaires for students.			X	Present: Not found. Applied: Not applied. Effectiveness: Not effective.
5.4	Students Representation				
5.4	General student representation in program design, management, and evaluation.			X	Present: Not found. Applied: Not applied. Effectiveness: Not effective.
5.4.1	Student representation in mission statement, program design, management, and evaluation.			X	Present: Not found. Applied: Not applied. Effectiveness: Not effective.
5.4.2	Facilitation and financial support for student activities and organizations.			X	Present: Administrative orders for activities exist. Applied: Partially applied. Effectiveness: Not effective, as there is no dedicated committee, no documented financial support, and no allocated budget.

AREA -6 Academic staff

No.	Indicator Description	FF	PF	NF	Notes (Present, Applied, Effectiveness)
6.1.1.1	Outline the type, responsibilities, and balance of academic staff (biomedical, behavioral, clinical sciences).	✓			Present: Recruitment policy (Appendix 6.1.1.1.A). Applied: MHESR guidelines, recruitment orders, gender/role balance data (Appendices B-G). Effective: 70% staff agree

					policy exists (Survey H).
6.1.1.2	Address criteria for scientific, educational, and clinical merit (teaching/research/service balance).	✓			Present: Recruitment policy. Applied: Staff distribution, teaching/research records (Appendices B-J). Effective: 75% staff comfortable with responsibilities (Survey L1).
6.1.1.3	Specify and monitor responsibilities of academic staff across disciplines.	✓			Present: Recruitment policy. Applied: Annual evaluations, quorum forms (Appendices B-E). Effective: 50% agree monitoring is competency-based; 85% agree strict hours (Surveys F1-F2).
6.1.2.1	Recruitment policy aligns with mission/local issues.	✓			Present: Policy (Appendix A). Applied: Mission documents, rare specialty appointments (Appendices B-D). Effective: 80% agree policy aligns with mission (Survey E).
6.1.2.2	Recruitment policy considers economic factors.	✓			Present: Policy (Appendix A). Applied: Salary tables, fund meeting minutes (Appendices B-C). Effective: No survey data (Appendix D marked NF).
6.2.1.1	Staff activity policy balances teaching, research, and service.	✓			Present: Policy (Appendix A). Applied: Quorum forms, hospital assignments, workshops (Appendices B-D). Effective: 90% feel motivated in roles (Survey F1-F2).
6.2.1.2	Policy ensures recognition of meritorious activities (teaching/research/service).	✓			Present: Policy (Appendix A). Applied: Awards, research outputs (Appendices B-E). Effective: 50% agree recognition exists (Survey F).
6.2.1.3	Policy integrates clinical service/research into teaching.	✓			Present: Policy (Appendix A). Applied: Patient case teaching, student research (Appendices B-E). Effective: Student surveys confirm integration (Appendix F).
6.2.1.4	Policy ensures staff knowledge of total curriculum.		✓		Present: Policy (Appendix A). Applied: Workshops (Appendix B). Effective: No survey yet (Appendix D marked NF).
6.2.1.5	Policy includes teacher training, development, and appraisal.	✓			Present: Policy (Appendix A). Applied: Workshops, appreciation records (Appendices B-C). Effective: 50% received recognition (Survey C). Non-academic staff lack systematic training (partially

					addressed).
6.2.2	Teacher-student ratios considered for curricular components.		✓		Present: Policy (Appendix A). Applied: Quorum forms (Appendix C). Effective: 43% staff report insufficient numbers (Survey D). Reliance on external doctors noted.
6.2.3	Staff promotion policy implemented.	✓			Present: Central MHESR instructions (Appendix A). Applied: Promotion orders (Appendix B). Effective: 75% believe promotions are merit-based (Survey C2). Non-academic roles lack promotion paths (25%, Survey C1).

AREA-7: EDUCATIONAL RESOURCES

Indicator No.	The indicators	FF (2)	PF (1)	NF (0)	Note (present, applied, effectiveness)
7.1.1	The college must have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately.	✓			
7.1.2	The college must ensure a learning environment, which is safe for staff, students, patients and their relatives.	✓			
7.1.3	The medical college should improve the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices.	✓			
7.2.1	The medical college must ensure necessary resources for giving the students adequate clinical experience, including sufficient		✓		
7.2.1.1	number and categories of patients.		✓		
7.2.1.2	clinical training facilities.	✓			
7.2.1.3	supervision of their clinical practice.	✓			
7.2.2	The medical college must evaluate, adapt and improve the facilities for clinical training to meet the needs of the population it serves.		✓		
7.3.1	The medical college must formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology.		✓		
7.3.2	The medical college must ensure access to web-based or other electronic media.	✓			
7.3.3	The medical college should enable teachers and students to use existing and exploit appropriate new information and communication technology for	✓			
7.3.3.1	The medical college should independent learning.	✓			
7.3.3.2	The medical college should access information.	✓			

7.3.3.3	The medical college should manage patients.		✓		
7.3.3.4	The medical college should work in health care delivery systems.	✓			
7.3.3.5	The medical college should optimize student access to relevant patient data and health care information systems.		✓		There is no data base
7.4.1	The medical college must use medical research and scholarship as a basis for the educational curriculum.			✓	There is no research for curriculum
7.4.2	The medical college must formulate and implement a policy that fosters the relationship between medical research and education.	✓			
7.4.3	The medical college must describe the research facilities and priorities at the institution.	✓			
7.4.4	The medical college should ensure that interaction between medical research and education	✓			
7.4.4.1	influences current teaching.		✓		
7.4.4.2	encourages and prepares students to engage in medical research and development.		✓		
7.5.1	The medical college must have access to educational expertise where required.	✓			
7.5.2	The medical college must formulate and implement a policy on the use of educational expertise in		✓		
7.5.2.1	curriculum development.		✓		
7.5.2.2	development of teaching and assessment methods.		✓		
7.5.3	The medical college must demonstrate evidence of the use of in-house or external educational expertise in staff development.		✓		
7.5.4	The medical college must pay attention to current expertise in educational evaluation and in research in the discipline of medical education.		✓		
7.5.5	The medical college must allow staff to pursue educational research interest.	✓			
7.6.1	The medical college must formulate and implement a policy for	✓			
7.6.1.1	National and international collaboration with other educational institutions, including staff and student mobility.	✓			
7.6.1.2	transfer of educational credits.	✓			
7.6.2	The medical college should facilitate regional and international exchange of staff and students by providing appropriate resources.		✓		There is regional exchange but no international exchange
7.6.3	The medical college should ensure that exchange is purposefully organized, taking into account the needs of staff and students, and respecting ethical principles.			✓	There is no exchange is purposefully organized

AREA 8: - ADMINISTRATION AND GOVERNANCE

Indicator No.	The indicators	FF (2)	PF (1)	NF (0)	Note (present, applied, effectiveness)
8.1.1.	A plan of deans' powers has been developed that supports the college's independence in making decisions.		✓		
8.1.2.	An administrative order has been issued regarding updating the curricula, and in the near future a conference will be held in cooperation with all branches in order to modernize the curricula.			✓	
8.1.3.	A special policy is determined and prepared by the Academic and Registration Affairs, through which an appropriate plan for accepting students is approved, which is prepared annually and depends on the infrastructure and resources of the college		✓		
8.2.1.	Many systems have been approved that prove the involvement of faculty staff in medical & administrative fields, including the placement of doctors to work in teaching hospitals.	✓			
8.2.2.	A memorandum of understanding will be signed between the college and the DOH on some educational concepts and ways to develop scientific research and benefit from it in the practical aspect.	✓			
8.2.3.	8.2.3. A survey will be conducted on the followings below as the rest of the accreditation programs are completed.			✓	
8.2.3.1.	Survey about the interview with medical practitioners			✓	
8.2.3.2.	Survey about feedback from Allied health professionals			✓	
8.2.3.3.	Survey showing feedback from community health worker			✓	
8.2.3.4.	Survey showing feedback from recipient of health care (patients and their families)			✓	
8.3.1.	There is a financial document proving the existence of an annual budget for the college and the absence of any financial deficit.	✓			
8.3.2.	The existence of an annual document authenticated by the university that includes checks, deposits and financial receipts within one year.	✓			
8.4.1.	The organizational structure plan for the college has been developed, approved by the university & the ministry, and is in the process of approval	✓		✓	

8.4.2.	8.4.2. A plan of policies and regulations has been developed for the college that must be adhered to by everyone. It will be placed on the website and circulated to all divisions and branches		✓		
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AREA 9: CONTINUOUS RENEWAL - Self-Assessment Summary

Indicator No.	The indicators	FF (2)	PF (1)	NF (0)	Note (present, applied, effectiveness)
9.1	Initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the program.	✓			Based on indicator 4.1.2.3, there is an official document for identifying and addressing concerns, which suggests procedures for review exist.
9.2	Rectify documented deficiencies	✓			Based on indicator 4.1.2.3, the college has an official document to identify and address concerns, implying a mechanism to rectify deficiencies.
9.3	Allocate resources for continuous renewal.	✓			Based on indicators 5.2.1 (student intake), 8.3.1 (annual budget), and 8.3.2 (financial documents), the college demonstrates resource allocation capacity.
9.4	Base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature.		✓		Based on indicator 4.2.1, the college systematically seeks, analyzes, and responds to feedback, but the use of "prospective studies" and "medical education literature" is not explicitly documented.
9.5	Ensure that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experience,		✓		Based on indicators 4.2.1 and 4.3.1, the college analyzes feedback and resources, but documented evidence of

	present activities and future perspectives.				formal policy revisions based on this analysis is limited.
9.6.1	Adaptation of mission statement to the scientific, socio-economic and cultural development of the society. (cf. 1.1)	✓			Based on Area 1, the mission statement exists and is publicly known. However, input from "other stakeholders" (1.4.2) is not available, which may limit its adaptation.
9.6.2	Modification of the intended educational outcomes of the graduating students in accordance with documented needs of the environment they will enter. (cf. 1.3)	✓			Based on Area 1, educational outcomes are well-defined. However, indicator 1.3.1.6 (community health needs) is marked PF, indicating documentation gaps for environmental needs.
9.6.3	adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant.(cf. 2.1)		✓		Based on indicator 4.1.2.1, a Curriculum Committee exists. However, there is no direct evidence in the file regarding active adaptation of models/methods.
9.6.4	Adjustment of curricular elements and their relationships in keeping with developments... The adjustment would ensure that new relevant knowledge, concepts and methods are included and outdated ones discarded.(cf. 2.2 - 2.6)			✓	□ Based on indicator 8.1.2, an administrative order for curriculum updating has been issued, and a conference is planned. This indicates the process is in the planning stage, not yet implemented.
9.6.5	development of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructional methods.(cf. 3.1 and 3.2)	✓			Based on Area 3, several assessment components are FF (3.1.4, 3.1.6, 3.3, 3.4), indicating a functional system that can be developed.
9.6.6	adaptation of student recruitment policy, selection methods and	✓			Based on Area 5, student intake (5.2.1) is FF, and

	student intake to changing expectations and circumstances...(cf. 5.1 and 5.2)				annual review of policy (5.2.2) is PF, showing active management of recruitment.
9.6.7	Adaptation of academic staff recruitment and development policy according to changing needs. (cf. 6.1 and 6.2)	✓			Based on Area 6, the majority of staff policies (6.1.1.1, 6.1.1.2, 6.2.1.1, etc.) are marked FF, indicating a robust and adaptable system.
9.6.8	Updating of educational resources according to changing needs, i.e. the student intake, size and profile of academic staff, and the educational program. (cf. 7.1 - 7.3)			✓	<input type="checkbox"/> Based on Area 7, several key resource areas are PF or NF. Critical elements like using research for curriculum (7.4.1 - NF) and organized international exchange (7.6.3 - NF) are not functional.
9.6.9	refinement of the process of program monitoring and evaluation.(cf. 4.1 – 4.4)		✓		Based on Area 4, program evaluation committees and processes exist, but many are marked PF, indicating they are applied but not yet fully effective.
9.6.10	Development of the organizational structure and of governance and management to cope with changing circumstances and needs... (cf. 8.1 – 8.5)		✓		<input type="checkbox"/> Based on Area 8, while some structures are in place (8.2.1, 8.3.1), others are still in planning (8.4.1, 8.4.2) and many stakeholder surveys are not yet conducted (8.2.3 series). As noted: "There is no data base as renewing continuo

ACTION PLAN OF AREA-1

Weakness	Development Action	Accountability	Deadline
1.2.1.1 / 1.2.1.2 / 1.2.2 / 1.2.3 – Need to document institutional autonomy and academic freedom policies	Develop and document formal policies on institutional autonomy and academic freedom, including curriculum design, resource allocation, and research integration.	Vice Dean for Academic Affairs / Quality Unit	
1.3.1.6 – Need to document educational outcomes related to community health needs and social accountability	Define and document intended educational outcomes addressing community health needs, healthcare delivery system, and social accountability.	Curriculum Committee / Community Medicine Department	
1.4.2 – No input from other stakeholders in mission and outcome formulation	Establish a formal mechanism to gather input from external stakeholders (e.g., alumni, employers, community representatives, health authorities) in the review and formulation of mission and outcomes.	Dean's Office / Quality Unit	
1.1.5 / 1.1.6 – Mission includes research and global health but may need clearer alignment with outcomes	Review and align mission statements on research and global health with corresponding educational outcomes and curriculum mapping.	Curriculum Committee / Quality Unit	
1.3.4 / 1.3.6 – Lack of specification and coordination with postgraduate outcomes and global health outcomes	Develop a framework linking undergraduate outcomes with postgraduate training expectations and include global health competencies.	Postgraduate Coordinator / Curriculum Committee	
1.2.3 – Academic freedom in exploring new research results not fully implemented	Create guidelines to support staff and students in integrating new research findings into teaching without overloading the curriculum.	Academic Affairs / Research Committee	
1.4.1 – Stakeholder	Document the process and	Quality Unit /	

participation exists but may need formal documentation	evidence of stakeholder participation in mission and outcomes formulation (e.g., meeting minutes, surveys).	Dean's Office	
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Action Plan – Area- 2

Weakness	Development Action	Accountability	Deadline
2.1.3 – Principle of equality in curriculum delivery not documented.	Develop and formally document a policy on equality and inclusivity in curriculum delivery (e.g., teaching methods, assessment, access to resources).	Vice Dean for Academic Affairs / Quality Unit	
2.2.1.3 – Evidence-Based Medicine (EBM) needs further lectures.	Review the EBM curriculum map; increase the number of dedicated lectures/training sessions and integrate EBM more thoroughly into clinical rotations.	Curriculum Committee / Community Medicine Dept.	
2.4.1.1 – Behavioral sciences contributions need further lectures.	Identify gaps in behavioral science teaching. Develop and implement new lectures or modules (e.g., psychology, patient communication, human behavior).	Curriculum Committee / Psychiatry Dept.	
2.4.1.2 – Social sciences contributions not documented.	Formally document and integrate social science concepts (e.g., sociology of health, medical anthropology, social determinants of health) into the curriculum.	Curriculum Committee / Community Medicine Dept.	
2.4.1.4 – Medical jurisprudence contributions are only a memorandum from one department.	Expand medical jurisprudence teaching beyond a single department. Develop a structured, multi-disciplinary module (e.g., including forensic medicine, ethics committee, legal case discussions).	Vice Dean / Pathology & relevant Depts.	
2.4.2.1 / 2.4.2.2 / 2.4.2.3 – Behavioral, social sciences, ethics,	Establish a formal review process to update these subjects annually based on new scientific evidence,	Curriculum Committee / Quality Unit	

and jurisprudence not adjusted to developments or societal needs.	societal changes, and healthcare system needs. Document all adjustments.		
2.5.4.1 – Clinical sciences not adjusted to scientific, technological, and clinical developments.	Create a mechanism (e.g., annual review by department heads) to ensure clinical teaching (e.g., new guidelines, technologies, procedures) is updated. Document these revisions.	Head of Clinical Depts. / Curriculum Committee	
2.5.5 – Early patient contact is limited to groups, not individuals.	Redesign the early clinical exposure program to ensure every student has individual or small-group contact with patients/standardized patients in the first two years.	Clinical Skills Lab / Curriculum Committee	
2.6.2 / 2.6.3 – Horizontal and vertical integration needs to be more organized.	Conduct a curriculum mapping workshop. Develop integration matrices to ensure basic, clinical, and social sciences are logically connected horizontally (within a year) and vertically (across years).	Curriculum Committee / Quality Unit	
2.6.5 – Interface with complementary medicine is insufficient (only a memorandum).	If required by local context, develop a clear module or learning objectives regarding complementary and alternative medicine (CAM) to ensure graduates are aware of its practice and implications.	Curriculum Committee	
2.7.4 – Curriculum committee lacks documented input from other stakeholders.	Formally include external stakeholders (e.g., alumni, intern supervisors, Ministry of Health representatives, hospital directors) in curriculum review meetings and document their feedback.	Dean's Office / Quality Unit	
2.8.2.1 / 2.8.2.2 – No documented input from the work environment or community on program modifications.	Establish a formal feedback loop (e.g., annual surveys, focus groups) with graduates' employers, internship supervisors, and community representatives. Use this	Quality Unit / Alumni Office	

	data to modify the program and document the changes.		
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ACTION PLAN – AREA-3

Weakness (Gap Analysis)	Development Action (Proposed Solution)	Accountability (Owner)	Deadline
3.1.1	Established student assessment system implemented across basic and clinical sciences.	Varying standardization and documentation across departments. System is under review.	Standardize assessment documentation processes and ensure uniform implementation across all basic and clinical science departments.
3.1.2	Formative and summative assessment methods communicated to students.	Grading criteria documentation is not yet fully standardized across all courses/methods.	Develop and mandate a universal template for grading criteria to be included in all course syllabi and orientations.
3.1.3	Use of blueprints in major examinations to ensure systematic assessment.	Application is still in progress for all assessments; formal documentation is not universal.	Expand blueprint usage to 100% of assessments (written, clinical, OSCE) and create a centralized repository for blueprint documentation.
3.1.5	Policy for inspection of student assessment by external expertise.	Policy is primitive and not effectively applied. Requires strengthening through external expert involvement.	Revise the external assessment policy and establish a formal, funded program to invite external examiners/inspectors annually.
3.1.7	Committee on validity, reliability, and confidence index of electronic grading.	Committee exists (QACC) but is not implemented in practice across all departments; not yet effective.	Activate the QACC committee mandate; implement a pilot program for validity/reliability testing in 2-3 departments this cycle.

3.2	Continuous assessment incorporated into the curriculum.	Frequency and documentation of formative feedback vary among departments.	Set minimum frequency requirements for formative assessments (e.g., quizzes, assignments) and create a standardized feedback log/review process.
3.5.1	Assessment toward patients during clinical training.	Standardized tools and unified documentation are not consistently applied across clinical sites.	Adopt and mandate a standardized patient interaction assessment tool (e.g., mini-CEX or equivalent) for all clinical rotations.
3.5.2	Assessment toward the health care team.	Assessment is mainly based on supervisor evaluations; formal documentation and structured tools are currently limited.	Design and pilot a structured tool for team-based assessment (e.g., 360-degree feedback or peer evaluation form) for clinical training.

AREA 4: ACTION PLAN

No	Weakness	Development Action	Accountability	Deadline
4.1.2	Issuance of an administrative order by the follow-up committee for the work of curriculum development committees for 2025	Issuance of a letter from the mentioned committee by the office of the Dean or the Scientific Assistant Dean	Assigning the head and members of the committee to follow up on the work of the curriculum development committees for 2025	30-3-2026
4.1.2.1	Issuance of an administrative order to form the curriculum development and improvement committee for 2025	Issuance of a letter from the mentioned committee by the office of the Dean	Holding periodic meetings by the college council addressing the curricula and their core components	
4.1.2.3	- Providing the head of the axis with online lectures by	- A request submitted by the head of the axis to the Scientific Assistant Dean to instruct the college's IT	- Eng. Mohammed Nouri Ibrahim - Dr. Mohammed Mahdi Khalawi	

	<p>professors during the COVID-19 period from the college's IT department.</p> <p>- Providing the head of the axis with pass rates for the 2020-2021 exams.</p>	<p>official.</p> <p>- A request submitted by the head of the axis to the Dean to instruct the head of the examination committee for 2020-2021.</p>		
4.2.1	Formation of the feedback committee for 2025	A request submitted by the head of the axis to the Dean to form the mentioned committee to provide the axis with the required surveys.	Dr. Basim Alwan Hassan	30-3-2026
4.3.1.1	Providing the head of the axis with graduate surveys	A request submitted by the head of the axis to the Dean to instruct the head of the feedback committee to provide the axis with the required surveys.	Dr. Basim Alwan Hassan	30-3-2026
4.3.1.2	Providing human and financial resources	In cooperation with Maysan Health Directorate, the college's shortage of teaching staff should be addressed. If not available, contracting with external professors should be done after obtaining official approvals from the Assistant University President for Scientific Affairs.	Dr. Haider Saadoon Qasim	30-3-2026
4.4.1	The college should have monitoring and evaluation activities for programs involving decision-makers in the governorate.	The Dean of the College of Medicine and his scientific and administrative assistants should expand their relationships with decision-makers in the governorate, such as the Governor, the Director of Maysan Health Directorate, and members of Parliament, to support the	The Dean and his scientific and administrative assistants	30-3-2026

		college financially and morally, with continuous communication.		
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Area 5 Student – Action Plan

No	Indicator / Sub-Indicator	Weakness	Development Action	Accountability	Deadline
5.1.2	Specific policy for admission of students with disabilities	No student interviews or questionnaires conducted to assess effectiveness	Conduct annual interviews and questionnaires for students with disabilities to evaluate the effectiveness of the admission policy	Admission Committee / Quality Unit	Next intake cycle
5.1.3	Policy for student transfers and appeal of decisions	No plan to appeal central admission decisions; partially applied	Develop and document a formal appeal mechanism for admission decisions and communicate it to students	Vice Dean / Academic Affairs	Next semester
5.2.2	Annual review of student intake policy	No meeting minutes or interviews to document the review process	Document annual review meetings and collect feedback from stakeholders to support intake adjustments	Statistics Department / Vice Dean	Annually (before intake)
5.3.1.1	Documented student counseling and support plan	No regular student meetings or feedback mechanisms to evaluate	Establish regular student counseling sessions and feedback mechanisms (e.g.,	Student Affairs / Counseling Unit	This academic year

		effectiveness	surveys, suggestion boxes)		
5.3.1.3	Presence of academic advisers	No documentation or evidence of academic advisers	Define roles and appoint academic advisers; issue administrative orders and maintain records	Vice Dean / HR / Academic Affairs	This semester
5.3.1.4	Infection prevention advice for students and patients	No interviews or questionnaires to confirm effectiveness	Conduct student and patient satisfaction surveys on infection prevention awareness	Health Center / Quality Unit	Within 6 months
5.3.2.1	Students vaccination plan	No vaccination plan found	Develop and implement a student vaccination plan in coordination with the health center	Health Center / Student Affairs	This academic year
5.3.2.2	Policy for review and implementation of vaccination plan	No policy or questionnaires found	Create a policy for annual review of vaccination plan and develop student questionnaires to assess implementation	Health Center / Quality Unit	Next semester
5.4	General student representation in program design, management, and evaluation	No evidence of student representation	Establish formal student representation in program committees and document participation in meetings	Program Directors / Student Council	This academic year
5.4.1	Student	No	Include student	Quality Unit /	This

	representation in mission, design, and evaluation	documentation found	representatives in curriculum reviews, mission discussions, and evaluation processes; document all meetings	Program Coordinators	academic year
5.4.2	Facilitation and financial support for student activities	No dedicated committee, no documented financial support, no allocated budget	Form a student activities committee, allocate a budget, and issue administrative orders for financial support	Vice Dean / Finance / Student Affairs	Next budget cycle

ACTION PLAN OF AERA-6

No.	Indicator Description	Weakness (Gap Analysis)	Development Action (Proposed Solution)	Accountability (Owner)	Deadline
6.1.1.3	Monitoring responsibilities across disciplines	Competency-based monitoring needs strengthening. Only 50% agree monitoring is competency-based (Survey F1-F2).	Update appraisal tools to include specific competency indicators. Provide guidance/training to departments on competency-based evaluation.	QA Unit + Department Heads	Short-term (\leq 3 months)

6.1.2.2	Recruitment policy considers economic factors	Implementation constrained by centralized funding. No survey data available (Appendix D marked NF); economic factors not fully documented in practice.	Conduct a staff survey on recruitment sustainability. Formally document how recruitment decisions are adjusted within available resources (e.g., salary tables, fund meeting minutes).	QA Unit + Financial Affairs	Short-term (\leq 3 months)
6.2.1.2	Recognition of meritorious activities	Only 50% agree recognition exists (Survey F). Recognition is largely non-financial due to budget limits, but perception of recognition needs improvement.	Expand and systematize non-financial recognition (e.g., formal appreciation letters, certificates, public ceremonies, announcements). Ensure all meritorious activities are acknowledged.	College Council / HR	Short-term (\leq 3 months)
6.2.1.4	Staff knowledge of the total curriculum	PF Status: Awareness is not yet universal. No survey data available (Appendix D marked NF).	Conduct dedicated orientation sessions for all academic staff. Distribute updated curriculum guides/maps to	Curriculum Committee	Short-term (\leq 3 months)

			ensure comprehensive understanding of the full program.		
6.2.1.5	Teacher training, development, and appraisal	Training for non-academic staff is under development. Only 50% received recognition; systematic capacity building for support staff is lacking.	Implement a structured capacity-building program (workshops, courses) for non-academic staff. Create and maintain individual training records.	HR Department + CME Unit	Medium-term (\leq 6 months)
6.2.2	Teacher-student ratio consideration	Staffing limitations due to funding constraints. 43% of staff report insufficient numbers (Survey D); reliance on external doctors.	Continue group redistribution strategies. Formalize and expand the use of external clinicians. Advocate for additional permanent positions.	Deanery + Department Heads	Ongoing
6.2.3	Staff promotion policy implemented	Non-academic roles lack clear promotion paths (25%, Survey C1). While academic promotions are clear, professional development pathways for support staff are under review.	Develop internal professional development and career progression pathways for non-academic staff, aligned with national regulations.	College Council + HR Department	Medium-term (\leq 6 months)

Area 7: The action plan

Weakness	Development Action	Accountability	Deadline
There is no data of number and categories of patients	Make the medical staff record the patient database from the teaching hospital	Clinical sections	20/3/2026
There is no policy and ethical use and evaluation of appropriate information and communication technology. drafted by the college.	policy drafted by the college documenting its need, approved by college council and passed for higher authorities for approval or refusal	The dean	20/3/2026
There is no research for curriculum	Present copy of educational researches about curriculum.		20/3/2026
There is no policy document + Curriculum Committee authorities + administrative order +meeting reports	(The policy + curriculum committee +administrative order + Curriculum Committee authorities + administrative order +meeting reports)	The dean	20/3/2026
There is document of the Curriculum Development Committee but there is no involving students, health representatives and community representatives	Reform the Curriculum Development Committee and involving students, health representatives and community representatives	The dean	20/3/2026

Area 8: Action plan enhancement

Indicator	Weakness Points	Development Action	Accountability	Deadline
8.1.1	Plan of deans' powers (PF)	Finalize and officially approve the deans' powers document, ensuring alignment with college independence.	College Administration	1/4/2026
8.1.2	Updating curricula (NF)	Organize a conference with all branches to discuss and implement curriculum modernization.	Academic Affairs & Branches Collaboration	1/4/2026
8.1.3	Student admission policy (PF)	Review and formalize the student admission policy, ensuring it aligns with infrastructure capacity.	Academic & Registration Affairs	1/4/2026
8.2.3	Surveys not conducted (NF)	Design and distribute surveys (medical practitioners, allied health professionals, community workers, patients).	Quality Assurance Unit	1/4/2026
8.4.1	Organizational	Finalize approval from the	College	1/4/2026

	structure (PF & NF)	university & ministry and officially publish the structure.	Administration & University	
8.4.2	Policies & regulations (PF)	Upload policies on the college website and circulate them to all divisions.	IT Department & Administration	1/4/2026

AREA 9: CONTINUOUS RENEWAL – Action Plan (2026)

Indicator	Weakness Points	Development Action	Accountability	Deadline
9.4	Use of prospective studies and medical education literature in renewal processes is not explicitly documented.	Establish a formal policy requiring the integration of prospective studies and recent medical education literature into all curriculum reviews. Document this in meeting minutes and renewal reports.	Curriculum Committee, Quality Assurance Unit	April 30, 2026
9.5	Limited documented evidence of policy and practice revisions based on feedback analysis.	Develop a feedback-to-action tracking system. Ensure that each analysis of feedback (from 4.2.1) results in documented policy or practice revisions.	Quality Assurance Unit, Dean's Office	July 31, 2026
9.6.1	Input from "other stakeholders" (1.4.2) is not available, limiting mission adaptation.	Conduct stakeholder surveys or focus groups (alumni, employers, community representatives) to gather input for mission review.	Strategic Planning Committee, Community Relations Office	November 15, 2026
9.6.2	Indicator 1.3.1.6 (community health needs) is marked PF, indicating documentation gaps.	Conduct a formal community health needs assessment and document findings. Use results to revise educational outcomes.	Community Medicine Department, Curriculum Committee	August 31, 2026
9.6.3	No direct evidence	Document the	Curriculum	May 31,

	of active adaptation of curriculum model and instructional methods.	Curriculum Committee's review of instructional models. Include evidence of changes made based on new trends or feedback.	Committee, Medical Education Unit	2026
9.6.4	Curriculum updating process is in the planning stage, not yet implemented.	Implement the planned curriculum update based on the administrative order (8.1.2). Monitor and document changes.	Vice Dean for Academic Affairs	December 15, 2026
9.6.8	Educational resources updating is weak (NF/PF in 7.4.1, 7.6.3).	Develop a resource development plan aligned with curriculum needs. Prioritize research-integrated teaching and international exchanges.	Resources Committee, International Relations Office	Phase 1: June 30, 2026 Phase 2: December 15, 2026
9.6.9	Program monitoring and evaluation processes are applied but not fully effective.	Conduct a review of evaluation processes. Identify bottlenecks and provide training to evaluation committee members.	Quality Assurance Unit, Program Evaluation Committee	September 30, 2026
9.6.10	Organizational structure and governance are not fully developed; stakeholder surveys and databases are incomplete.	Complete stakeholder surveys, establish a centralized database for continuous renewal, and update governance manuals.	Dean's Office, IT Unit, HR Unit	December 15, 2026

