



WFME Recognition of Accreditation Programme

RECOGNITION REPORT ON NATIONAL AUTHORITY FOR QUALITY ASSURANCE AND ACCREDITATION OF EDUCATION (NAQAAE)

Prepared by the World Federation for Medical Education (WFME)
Recognition Team

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Timeline of Recognition Activities

May 2018	NAQAAE submitted eligibility application
August-September 2018	NAQAAE submitted documentation to WFME Recognition Team
29-31 October 2018	WFME Recognition Team observed the NAQAAE site visit at Ain Shams University
1 November 2018	Meeting of the NAQAAE board of directors
15 January 2019	Draft WFME Recognition Report sent to NAQAAE for comments and correction of facts
TBD	NAQAAE response with comments and corrections of fact
TBD	WFME Recognition Report finalised

Composition of the Recognition Team

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Description of the Accrediting Agency

The National Authority for Quality Assurance and Accreditation of Education (NAQAAE) is an independent public authority established by Egyptian law in 2006, which began operating in November 2007. NAQAAE is authorized by the President of Egypt, operates under the supervision of the Prime Minister of Egypt, and is the sole accreditation body in Egypt.

The mission of NAQAAE is to enhance the quality of education and ensure its continuous improvement, and to accredit educational institutions and programmes according to national standards that are impartial, transparent, and comply with international standards.

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The Recognition Team's Findings for the Recognition Criteria

Part A. Eligibility

1. The agency accredits basic medical education and is:
 - a government or inter-governmental entity, or
 - an independent professional body that is authorised or recognised by the relevant national or state/provincial government (Ministry of Health or Ministry of Education or both), and/or
 - authorised or recognised by an appropriate professional or scientific association.

The National Authority for Quality Assurance and Accreditation of Education (NAQAAE) is an independent public authority, established by Egyptian Law No. 82 for the Year 2006 (Law 82; Appendix 8a). NAQAAE is authorised by the President of Egypt and operates under the supervision of the Prime Minister of Egypt. It began operation in November 2007, and accredited its first medical school in 2010. It is the sole accreditation authority in Egypt.

Compliant

2. Where the agency operates in more than one country or region, its processes are endorsed and outcomes are subject to adoption by the governments of each of these jurisdictions. It should also be able to demonstrate that the standards and procedures for accreditation of medical schools are appropriate to those countries and regions and applied in a consistently robust manner.

The law that established NAQAAE (Appendix 8a) stipulates that it may also conduct accreditation activities for Arab and foreign educational institutions outside of Egypt at the request of these institutions; however, the agency reports in its application that no accreditation activities have been conducted outside of Egypt to date.

The Recognition Team asked NAQAAE leadership whether it has plans to expand its accreditation activities beyond national boundaries and learned that it does. NAQAAE has not yet promoted itself for conducting accreditation activities outside of Egypt; however, it is an objective in the agency's strategic plan and part of its overall vision. It plans, eventually, to conduct accreditation activities in the Arab region and African countries.

NAQAAE reports that it is currently working to build confidence in its performance and standards regionally, continentally, and internationally. In addition to applying for WFME recognition, NAQAAE is also preparing to undergo external review as part of the Harmonisation of African Higher Education Quality Assurance and Accreditation (HAQAA) Initiative, a joint project between the European Union and the African Union supporting the development of a harmonised quality assurance and accreditation system at institutional, national, regional, and Pan-African continental levels. A site visit is scheduled for December 2018 to evaluate NAQAAE performance and standards against the African Standards and Guidelines (ASG). NAQAAE is also planning to apply for International Network for Quality Assurance Agencies in Higher Education (INQAHE) accreditation as part of its recently launched activities with the UNESCO Shenzhen Cooperation.

Not applicable as NAQAAE does not currently operate outside of Egypt

3. The accreditation decisions of the agency are made known to, and accepted by, other organisations such as professional licensing bodies, educational institutions, and employers.

The NAQAAE application states that its standards, policies, and procedures are set with stakeholders' participation. NAQAAE reports that it has not received any concerns or complaints in relation to its standards, which it states were developed for medical schools with fair representation from the medical sector committee of the supreme council of universities, the leadership of schools of medicine, the Ministry of Health, and other stakeholders.

NAQAAE's decisions are publicly available (in Arabic) on its website in a register that lists all evaluated schools. Decisions are accepted by the government and educational institutions, as Egyptian law (Appendix 8a) grants NAQAAE complete autonomy and independence in decision making. With regard to professional licensing bodies and employers, NAQAAE explains that its decisions, despite being known and accepted, are not linked to licensing, as there is no legislation or regulation that prevents licensing of graduates from non-accredited schools. The main employer of medical graduates is the Ministry of Health, which employs all medical graduates automatically unless the graduate chooses not to join the Ministry.

Eighteen Egyptian medical schools have applied for accreditation by NAQAAE to date, out of a total of 27 medical schools. According to the NAQAAE application, six of these 27 schools are not yet eligible for application because they are recently established and have not yet graduated any students (an eligibility criterion, according to NAQAAE's bylaws). Out of the 18 schools that have applied for accreditation, 12 are currently accredited and one was accredited but the validity of its accreditation expired in 2017. The decisions for two schools were postponed, as they were not in full compliance with the standards, and NAQAAE reports that these schools were granted a grace period to address the points of deficiency before being re-evaluated. The remaining three schools (of the 18 that have applied) are currently in the process of evaluation.

Compliant

4. The agency operates within a framework that enables the establishment of agreements and the signing of contracts according to the laws of the country or countries in which the agency is seated and operates.

The law that established NAQAAE (Appendix 8a) states in Article 1 that the agency "is characterized by its autonomy and body corporate" and grants it in Article 4 the right to establish agreements and have regional and international cooperation that serves recognition of Egyptian qualifications.

NAQAAE reports in its application that it has signed more than 15 agreements and memoranda of understanding with renowned regional and international quality assurance bodies, including the Liaison Committee on Medical Education (LCME; Appendix 9). NAQAAE is also authorised to sign contracts, including hiring services of experts and reviewers, making purchases, and signing projects and twinning contracts with international bodies.

Compliant

Part B. Accreditation standards

5. The agency uses comprehensive standards for accreditation appropriate to basic medical education.

NAQAAE uses two sets of predetermined standards in accreditation of medical schools.

The first set of standards is the Standards of Accreditation for Higher Education Institutions (Appendix 1a), which are common for all HEIs in Egypt. The current (3rd) edition of these standards was approved by the NAQAAE board of directors in June 2016 and became effective from the academic year 2017-2018 for the accreditation of medical schools. There are 12 standards:

- 1) Strategic Planning
- 2) Leadership and Governance
- 3) Quality Management and Development
- 4) Faculty and Assistants
- 5) Administrative System
- 6) Financial and Physical Resources
- 7) Academic Standards and Educational Programmes
- 8) Teaching and Learning
- 9) Students and Graduates
- 10) Scientific Research and Scholastic Activities
- 11) Graduate Studies
- 12) Community Participation and Environmental Development.

Each standard includes a number of indicators that help assessors determine an institution/programme's compliance with the standard.

The second set of standards is the National Academic Reference Standards for Medicine (NARS-Medicine; Appendix 1b), which are subject-specific benchmarks for programmes of medicine at bachelor level (basic medical education programmes). The 2nd edition of the NARS-Medicine was developed and approved in 2017, and became effective at the start of the 2018-2019 academic year. These standards represent the minimum academic quality requirements that NAQAAE and relevant stakeholders regard as necessary and appropriate to protect the interests of the students and the community at large.

NAQAAE emphasizes (in the foreword that appears in the 2nd edition of the NARS-Medicine) that the NARS are meant to be used as reference points that provide guidance on the design, delivery, and review of academic programmes, and are not intended to represent a national medical curriculum. NAQAAE reports that it is keen to ensure that the NARS allow for flexibility and innovation in programme design and teaching strategies, within a framework agreed by the medical education community. In acknowledgment of the autonomy and academic freedom of educational institutions and the diversity of their missions, NAQAAE invites institutions to consider adopting other reference points that better reflect their mission if they need to, provided that these adopted academic standards are equal to or higher than the NARS. This approach strikes a balance between ensuring consistency and enabling flexibility.

The NARS-Medicine standards are taken into consideration when evaluating compliance with Standard 7: Academic Standards and Educational Programmes, which stipulates that the institution must adopt the NARS or other academic standards in accordance with its mission and

objectives, ensure that its educational programmes conform to them, and take the necessary measures to meet the requirements of the adopted standards.

The Recognition Team has reviewed both sets of standards, and believes them to be comprehensive and appropriate for the accreditation of basic medical education. The standards reflect modernisation of medical education, and a shift to a more holistic and integrated competency-based approach focused on practice and patient-related outcomes. The team was especially impressed with the eloquent explanation it received with regard to the context of the NARS-Medicine standards. It is clear that NAQAAE supports the autonomy and academic freedom of institutions.

The Recognition Team also notes that the NAQAAE standards align with the WFME Global Standards for Quality Improvement in Basic Medical Education (WFME Global Standards, 2015), the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015), and the (not yet fully developed) African Standards and Guidelines for Quality Assurance in Higher Education (ASG). NAQAAE submitted with its application a matrix (Appendix 10) that demonstrates the alignment of its standards with the WFME Global Standards for Quality Improvement in Basic Medical Education.

Compliant

6. The agency makes publicly available the accreditation standards.

NAQAAE reports that it makes all of its standards publicly available and accessible for download from its website. The agency reports that it also sends hard copies of the Standards of Accreditation for Higher Education Institutions to all public and private universities (to distribute to all affiliated schools), and hard copies of the NARS-Medicine standards directly to the Deans of Schools of Medicine.

The Standards of Accreditation for Higher Education Institutions are available on the NAQAAE website (currently only in Arabic).

The NARS-Medicine standards are available on the NAQAAE website in Arabic and English (<http://naqaae.com/wp-content/uploads/2014/10/Medicine.pdf>).

Compliant

7. The agency has a system to determine that the standards are sufficiently rigorous and appropriate to evaluate the quality of the education and training provided at medical schools.

NAQAAE explains in its application that its standards have been developed with wide participation of relevant stakeholders to ensure that the standards meet their expectations. According to the Executive Regulations of Law 82 for the Year 2006 (Appendix 8b, Article 1), the standards for educational institutions and accreditation standards for educational programmes are set by specialised committees formed by the NAQAAE board of directors. Each committee must involve representatives of the concerned agency or ministry (Ministry of Higher Education, Ministry of Health) and other relevant stakeholders including trade unions, students, and patients.

The standards are benchmarked to the National Qualification Framework (NQF Level 5) descriptors corresponding to the level of a bachelor degree, and are also benchmarked to the ESG, ASG, and WFME standards, as noted above. The standards are updated periodically—every

five years at maximum—to ensure that they align with international standards and account for progress in medical education.

According to the Executive Regulations of Law 82 (Appendix 8b, Article 25), issued by presidential decree in 2007, NAQAAE has a Specifications and Quality Standard Setting Department that is responsible for setting quality standards for educational institutions, establishing measures for the indicators of quality and institutional accreditation, and reviewing and developing quality measures in accordance with different educational settings.

Compliant

8. The agency has a system for periodically reviewing and updating the standards.

Egyptian Law 82 (Appendix 8a, Article 4) mandates that NAQAAE “review and develop the benchmarks and indicators of the elements of education quality in coordination with all stakeholders and beneficiaries of the educational process.” The Executive Regulations of Law 82 state that NAQAAE’s standards must be reviewed every five years at most, or “when necessary or upon the request of concerned agencies, institutions, or beneficiaries” (Appendix 8b, Article 3). Article 1 of these regulations also stipulates that the review must be carried out by a specialised committee, which must include representatives of the concerned agency or ministry, as well as stakeholders and beneficiaries of the educational service (e.g., trade unions, undergraduate students, graduate students, parents, and concerned production and service institutions).

NAQAAE reports that it has set procedures for the review and development of its standards, which are broken into three phases:

- 1) The “Preparatory Phase,” which includes establishment of a specialized standards development committee, review of the literature, analysis of feedback from Egyptian faculties of medicine on the last version of the standards, analysis of NAQAAE’s external review reports on the reviewed faculties of medicine, collecting of input from stakeholders to define the attributes and competencies of the medical school graduate, and review of the National Qualification Framework (NQF) to identify the descriptors of a bachelor degree qualification. This phase results in a draft version of the updated standards.
- 2) The “Refine and Referee Phase,” which includes discussion sessions with stakeholders and representatives to refine the draft document, a series of workshops in different public and private medical schools to present the standards, getting feedback on the developed standards from a wide base of stakeholders through an online survey, modifying the standards according to the feedback obtained, and a final referee session with stakeholder representatives and national and international experts.
- 3) The “Approval and Dissemination Phase,” during which NAQAAE’s Board approves and publishes the updated standards, which are then disseminated through various means. During this phase, NAQAAE also builds the capacity of medical schools to properly apply the standards and builds the capacity of reviewers to properly review programmes against the updated standards.

Both sets of standards used by NAQAAE in accrediting medical schools have been recently updated.

The Standards of Accreditation for Higher Education Institutions (3rd edition, Appendix 1a) were updated in 2016. NAQAAE reports that the major changes from the previous edition are the elimination of redundancies, simplification of structure, and merging of interrelated standards, reducing the total number of standards from 16 to 12.

The NARS-Medicine standards (Appendix 1b) were updated in 2017, to reflect what NAQAAE refers to in its application as a paradigm shift towards competency-based medical education. This update was intended to reflect international advances in medical education, respond to stakeholders' needs, meet the requirements of Egypt's National Qualification Framework (Level 5), and promote integration in curricula and interprofessional learning.

Compliant

Part C. Accreditation process and procedures

9. Medical school self-evaluation

- 9.1. The agency requires medical schools seeking accreditation to prepare an in-depth self-evaluation that addresses compliance with the accreditation standards.

NAQAAE requires all institutions seeking accreditation to prepare an in-depth self-evaluation that addresses compliance with its accreditation standards. The report consists of two parts. The first part contains basic data on the institution, and a summary of the data that schools must submit was included in the submission by the agency as Appendix 3. The second part of the self-evaluation report assesses the institution's compliance with the accreditation standards. A report template was provided as Appendix 4.

NAQAAE initially provided a self-evaluation report completed by the Assiut University Faculty of Medicine (the subject of the decision-making meeting observed by the Recognition Team; Appendix 7), and later provided a copy of the self-evaluation report submitted by the Ain Shams University Faculty of Medicine (the subject of the site visit observed by the Recognition Team). Both reports include very detailed assessments of the schools' compliance with the NAQAAE standards.

- 9.2. The agency provides guidance on completing the self-evaluation.

NAQAAE provides a template for the self-evaluation report (Appendix 4) as part of its Institutional Guide to the Accreditation of Higher Education Institutions. This guidebook includes an introduction to NAQAAE, an overview of the evaluation and accreditation processes, a detailed explanation of the standards, the self-study template, and an overview of the external review/site visit process. The Recognition Team received a copy of the Institutional Guide and found it to be comprehensive.

The Institutional Guide includes basic guidelines and instructions for preparing the self-evaluation report, as well as format specifications with regard to length, font size, etc. The report template includes detailed guidelines for determining compliance with each standard. There is a table for each standard that lists its indicators and requires the school to indicate (via checkmark) whether it fulfils, partially fulfils, or does not fulfil each one. The school is also required to provide a written analysis of its compliance with each standard. The template includes detailed instructions from NAQAAE regarding what the analysis of each standard should entail, as well as a list of the specific pieces of documentation the school should provide as evidence.

The Institutional Guide and self-study template are also publicly available on the NAQAAE website.

NAQAAE reports that it also provides training programmes for faculty members involved in the preparation of the self-study report.

Compliant

10. On site observation and evaluation

- 10.1. The agency conducts a site visit which is scheduled to enable the agency team to observe the usual operations of the medical school.

A site visit conducted by a NAQAAE-appointed review team is mandatory for each institution under evaluation for accreditation. Guidelines and procedures for the site visit are included in the Institutional Guide to the Accreditation of Higher Education Institutions, and were also provided as Appendix 5.

The Recognition Team observed a site visit conducted October 29-31 at the Ain Shams University (ASU) Faculty of Medicine.

- 10.2. The agency team is of appropriate size, experience and qualification to conduct the site visit.

According to the NAQAAE application, the review team typically consists of four experts in quality assurance of medical education—a chairperson and three other members. The accreditation procedures that are included in the Institutional Guide to the Accreditation of Higher Education Institutions and were provided as Appendix 2 stipulate that a team shall consist of no less than three reviewers, and may increase according to the size and activity of the institution. The team contains experts in various disciplines and from different universities to ensure accuracy and credibility.

The members of the review team are professors in schools of medicine, selected from a database maintained by NAQAAE. NAQAAE reports that all individuals registered in the reviewer database are qualified and have passed the training programmes offered by NAQAAE for external review of higher education institutions. These training programmes were described during the Recognition Team's visit to the NAQAAE office and several training sets were presented by the head of the training department. Reviewers are also provided with a toolkit that contains resources to help them prepare for the site visit. Included in this toolkit (which the Recognition Team received as Appendix 17) are: a detailed checklist outlining responsibilities before, during, and after the site visit; a professional code of conduct; detailed guidelines on assessing an institution's facilities, resources, and equipment; a suggested site visit schedule; a copy of the report template the team will use to evaluate the institution; and an orientation document outlining techniques and tips for conducting the site visit and preparing the report.

The review team observed at ASU consisted of four full professors of medicine, who had all served as reviewers for NAQAAE for many years (two of them since the establishment of NAQAAE). The Recognition Team was provided with copies of the reviewers' CVs, and found all four team members to be appropriate and well-qualified. All reviewers confirmed that they had undergone a comprehensive training programme prior to serving on their first review teams, and reported that the annual NAQAAE conference also includes continuing education workshops for reviewers.

- 10.3. The agency team evaluates the quality of the school's facilities and resources at the main campus, branch campuses or additional locations and a representative sample of clinical core clerkship rotation sites affiliated with the school, as appropriate.

NAQAAE policy dictates that the site visit must include evaluation of the facilities and resources of the school's main campus (and branches, if any) and clinical training sites (usually the university teaching hospital).

The schedule and logistics of the site visit are coordinated through a faculty member the institution nominates as its coordinator. Historically, the chair of the review team has conducted a one-day coordination visit at the institution, in advance of the site visit, which provides an opportunity for the team chair and the faculty coordinator to prepare for the visit. During this meeting, the chair and coordinator discuss the proposed site visit schedule and logistics, and make any necessary adjustments. The chair also provides the coordinator with a list of any documents the team wishes to review during the site visit. The chair of the team observed at ASU explained that NAQAAE recently changed the process for these coordination visits, and that her coordination visit was held virtually.

A list of guidelines for evaluation of the institution's facilities and resources is included in the reviewer toolkit that is mentioned above (Appendix 17). This list includes detailed specifications regarding space, human resources, equipment, safety, and the needs of disabled individuals.

The site visit observed by the Recognition Team included evaluation of the ASU Faculty of Medicine's facilities, including laboratories, a hospital, outpatient clinics, skill laboratories, library, e-learning lab, and a partially developed virtual laboratory. The hospital visited was the one with closest affiliation to the ASU Faculty of Medicine, and several clinical departments were visited.

The review team was observed during its tour of the facilities using the checklists included in the reviewer toolkit.

10.4. During the site visit, the agency team gathers information by a variety of methods, including but not limited to: documents and statistics; individual and group interviews with a representative sample of staff and students; and by direct observation.

Information is collected during NAQAAE site visits through three types of review activities:

- Observation of the institution's infrastructure, facilities, and resources, as well as its educational activities.
- Review of supportive documents that were not included as attachments to the institution's self-study. NAQAAE explains that all attached documents are reviewed prior to the site visit; however, some documents are either too bulky to attach or are formal documents that cannot leave the premises of the institution. These documents are reviewed during the site visit.
- Meetings and interviews with personnel, students, and other stakeholders. These can be individual or group meetings. Individual meetings are typically held with key personnel (e.g., the dean, vice deans, head of the quality assurance unit, etc.) who are responsible for the information that is sought. Individual meetings may also be held in instances where the confidentiality and protection of the interviewee is required (e.g., a student or employee who has filed a complaint of some sort). Group meetings are typically conducted with representatives of staff, students, employers, and community members.

The Recognition Team confirms that the review team gathered information through all three types of review activities during the site visit at ASU.

A basic schedule for the site visit was provided to the Recognition Team at the beginning of the visit. Each day's schedule included meetings with faculty, staff, students, and other relevant stakeholders, as well as observation of resources and learning activities. Each morning, the

team chair met with the faculty coordinator and the dean to finalize the logistics of the day (determining which facilities to tour, classes to observe, etc.).

The review team met with a wide variety of people at ASU over the course of the visit, including the university president, dean of the faculty of medicine, department heads, faculty, assistant faculty, undergraduate students, postgraduate students, alumni, administrative staff, community stakeholders, and the head of the quality assurance unit. All four members of the review team were present for certain meetings; while for others, the team split into two teams of two, to save time and allow for a more thorough evaluation of the school's facilities and learning activities. NAQAAE stipulates that all meetings and observations of facilities and learning activities must take place in the presence of at least two review team members. The Recognition Team also split into two teams when necessary, so that both groups of reviewers could be observed.

During the three-day visit, more than 30 teaching/learning activities were observed by the review team—mostly larger clinical lectures, with a few smaller group discussions. A preparatory training for an Objective Structured Clinical Examination was also observed. ASU has a recently developed “extended modular programme” which is housed in a separate building. The team observed several of its teaching sessions as well as those conducted as part of the original/mainstream programme.

It is commendable that the team managed to incorporate so much direct observation of teaching/learning into the site visit; however, the Recognition Team believes that a reduction in the number of clinical observations might allow for observations that are slightly more in-depth and meaningful.

The Recognition Team also notes that the review of documentation that took place during the site visit was substantial and time-consuming. Two hours were reserved for closed discussion of the review team toward the end of each day, and the majority of this time was spent reviewing documentation. While it is important that the team sees the evidence-base that underpins the institution's application, it might have been more productive to use this time for discussion of findings and adherence to standards.

10.5. The site visit is of sufficient detail and duration to determine compliance with the standards.

The typical NAQAAE site visit is of three days' duration, though this may be increased as needed, depending on the size and location of the institution, branches, and off campus facilities.

The site visit observed by the Recognition Team was three days long, and the team believes it was of sufficient detail and duration to determine compliance with the standards. It was clear that a lot of thought and planning went into the schedule, and the team was impressed with the breadth of observations and stakeholder meetings that took place.

Throughout the visit, the review team was observed using the checklists provided in its reviewer toolkit (Appendix 17) to guide them in assessing compliance with the standards.

The discussion that took place during the closed meeting on the last day of the visit—intended to prepare the review team for the exit meeting/debriefing with the dean and invited faculty members—did not appear to be sufficiently organised or focused. The NAQAAE staff member

who was present appropriately intervened to help steer the discussion back on track. The Recognition Team's observation was that the NAQAAE team's discussion of preliminary findings was cut short (due in large part to the excessive document review noted above).

10.6. The agency provides guidance to the school on the site visit.

An Institutional Guide to the Accreditation of Higher Education Institutions is provided to all schools undergoing evaluation, and includes guidance on the conduct and requirements of the site visit. This guidebook is also available on the NAQAAE website (in Arabic, though some portions are also available in English).

Guidance is also provided through direct communication between the review team chair and the faculty coordinator. A member of NAQAAE staff is also present for the duration of the site visit (in the case of the ASU site visit, the technical office director was present).

Compliant

11. Reports

11.1. A written report of findings is created based on information provided by the medical school self-evaluation and gathered by the agency team during the site visit.

NAQAAE policy is that a preliminary written report is drafted by the review team based on its review of the self-evaluation report and supporting documents and is uploaded into NAQAAE's online system prior to the site visit. All documents pertaining to a particular institution/programme are stored there as well. The report is updated to incorporate information gathered during the site visit, and the updated version must be delivered (uploaded) no later than two weeks after the end of the visit. Based on the Recognition Team's observations, more group discussion to formalise the main findings at the conclusion of the site visit could strengthen the process

11.2. The agency provides guidance to the agency team on the structure and content of the report.

The team prepares its report using a template provided as part of its reviewer toolkit (Appendix 17), which was also provided to the Recognition Team separately (Appendix 6). The toolkit also contains an evaluation framework with instructions on how the report should be completed.

The Recognition Team reviewed the report template and reviewer toolkit and found them to be well-developed and comprehensive. The Recognition Team observed the review team using a Checklist of External Evaluation Reviews for Higher Education Institutions (provided as part of their toolkit) throughout the site visit at ASU.

Once submitted, the draft report is reviewed by a specialised committee at NAQAAE for comprehensiveness, clarity, and absence of contradictions.

11.3. The medical school undergoing the review has the opportunity to comment on matters of fact included in the report.

The draft report is then sent to the institution for comments/correction of factual errors. The institution is allowed two weeks to reply. The institution's response is then sent to the review team to either amend the report or reply with evidence to the institution's comments.

Compliant

12. Individuals associated with the agency

12.1. The agency has a decision-making board, committee or council working with a transparent governance framework, and an administrative staff or unit.

NAQAAE has a board consisting of 15 directors, appointed by presidential decree (Executive Regulations, Appendix 8b). The decree appoints a chairperson (currently the NAQAAE President) and three vice-chairs—one for higher education affairs, one for pre-university education affairs, and one for Al-Azhar affairs (currently the Vice President of Higher Education, Vice President of Pre-University Education, and Vice President of Al-Azhar Education)—all of whom are voting members (Appendix 8a).

The term of the board of directors' membership is four years renewable for one similar period. The board meets at least once a month, and the session is not valid unless 11 members, including the chairperson or one of his/her vice-chairs, are in attendance.

12.2. The agency has policies specifying the appropriate qualifications, credentials and experience of the individuals who:

- establish and review the accreditation standards
- participate in the medical school site visits
- create the reports on the school's compliance with the standards
- make accreditation decisions.

According to Article 1 of the Executive Regulations (Appendix 8b), the standards are set by a specialised committee, which is formed based on a decision made by the NAQAAE board of directors. The committee is composed of an odd number of members (no less than seven and no more than 15) who are specialised and experienced in studying and setting standards and benchmarks. The committee must involve representatives of the concerned agency or ministry, stakeholders, and beneficiaries of the educational service. Among stakeholders and beneficiaries are trade unions, students, and concerned production and service institutions. The Vice President for Higher Education nominates experts and stakeholder representatives who fit the criteria defined in the Executive Regulations to the board, and the board discusses the nominations and selects the members of the committee that establishes the standards.

NAQAAE also has a Specifications and Quality Standard Setting Department, which is responsible for setting quality standards for educational institutions, establishing measures for the indicators of quality and institutional accreditation, and reviewing and developing quality measures in accordance with different educational settings (Appendix 8b, Article 25).

NAQAAE policy dictates that the individuals who participate in the medical school site visits and write the review reports must be professors in schools of medicine, selected from NAQAAE's reviewer database. All individuals registered in this database are qualified reviewers who have passed the training programmes offered by NAQAAE for external review

of higher education institutions. Individuals participating in the review process must possess a number of skills, including communication skills, IT skills necessary to use the agency's electronic system, technical writing skills, and teamwork skills. The reviewer database also tracks feedback on reviewers' performance. Institutions provide feedback on the process and reviewers, reviewers and chairs provide feedback on each other, and the accompanying NAQAAE staff person provides feedback as well. NAQAAE uses this feedback to identify and address any problems. Reviewers with unsatisfactory performance are suspended from nomination until they have been rehabilitated. In case of persistent poor performance or breach of the reviewers' code of conduct, reviewers will be removed from the database.

NAQAAE has no explicit policies regarding the qualifications of the individuals who make accreditation decisions, as the decisions are made by a governing board whose members are nominated by the Prime Minister and appointed by the President of Egypt. However, Article 14 of the law that established NAQAAE (Appendix 8a) states that the board must consist of 15 educational experts who are knowledgeable and experienced in the field of performance evaluation and assurance of the quality of education in all its fields, whose interests do not conflict with the goals of NAQAAE.

A translation of the decree issued by the Prime Minister announcing the appointment of the current board of directors was provided (Appendix 18).

12.3. The agency has a training process for individuals who:

- establish and review the accreditation standards
- participate in the medical school site visits
- create the reports on the school's compliance with the standards
- make accreditation decisions.

NAQAAE reports that there are no real training programmes or processes for the individuals who establish and review the accreditation standards, because their expertise is the basis of their appointment to the specialised committees that develop the standards. The agency does, however, offer an orientation session at the beginning of their work on the committees, to convey expectations, explain NAQAAE's policies and procedures in standard setting, and address any inquiries the committee members may have.

NAQAAE does require the individuals who participate in site visits and create reports to undergo a training programme. All reviewers who are registered in the reviewer database have gone through this training programme, which covers topics including the institutional self-assessment, intended learning outcomes and curricular mapping, the site visit and report-writing processes, and technical and communicative skills. NAQAAE reports that it also offers a condensed training programme aimed at rehabilitating certain reviewers and updating reviewers on developments in the standards or methodology of accreditation whenever there is a need.

NAQAAE reports that it has no special training programme for members of its board of directors, who are required to be knowledgeable and experienced experts in education and quality assurance.

The Recognition Team visited and was impressed by the NAQAAE training department. NAQAAE leadership also confirmed that its annual meeting includes various workshops for reviewers, university staff, faculty, etc. It is clear that the agency prioritises the preparedness and continuous education of all individuals who are involved in its accreditation processes.

Compliant

13. Accreditation decisions

13.1. The agency has policies and procedures to ensure that accreditation decisions are based on compliance with the standards.

NAQAAE reports that its accreditation decisions are based on the institution's compliance with the accreditation standards. Article 10 of Law 82 (Appendix 8a) specifies that the accreditation certificate is awarded if the evaluation indicates that the educational institution and programme meet the approved standards.

Article 6 of the Executive Regulations (Appendix 8b) states that the procedures and rules laid out in Article 6 must be followed if an educational institution is to obtain an accreditation certificate. It stipulates that the educational institution must provide the data and studies which indicate that it has met the standards set for accreditation.

The decision made by the board of directors is based on its evaluation of an institution's compliance or otherwise with the standards. If the board's evaluation indicates that the institution has met the established standards, the institution is awarded the accreditation certificate. If the institution does not meet all of the standards, accreditation is postponed, allowing the institution an agreed period of grace to reach compliance with the standards. If the institution is unable to meet all of the standards at initial review or following postponement, accreditation is refused, and the institution cannot apply for accreditation until the agency authorises its reapplication.

If an institution which was previously in compliance does not remain in compliance with the standards, accreditation can be suspended or revoked as explained in Section 14.

13.2. The agency has policies and procedures for making accreditation decisions, including voting procedures and the quorum for conducting business.

Article 16 of Law 82 specifies that the 15 members of the board of directors must meet at least once a month, and when necessary, with an invitation extended by its chairperson. The board can also hold a session at the request of seven of its members.

In all cases, the session is not valid unless at least 11 members including the chairperson or one of their deputies are present. The decision of the board is taken by majority of votes and Article 16 of Law 82 stipulates that in the event of a tie, the vote of the President determines whether the decision is carried or not. (The NAQAAE President currently serves as its board chairperson; however, it is not clear whether this will always be the case.)

The board can also invite external experts or site visit chairs to attend meetings in a non-voting capacity.

- 13.3. The agency conducts a decision-making meeting where a report based on a site visit, and other relevant documentation, is discussed.

Law 82 (Appendix 8a, Article 15) specifies that the board of director's remit includes ratifying and approving of the awarding, renewal, suspension, or revocation of accreditation certificates, and it makes those determinations at the meetings described above.

NAQAAE policy is that board members receive the report a minimum of five days in advance. The institution's response to the draft report and the reviewers' reply to that response may be received at shorter notice if there is a brief interval between the site visit and the board meeting, as there was in the case of the university considered at the meeting the Recognition Team observed.

- 13.4. The agency makes the accreditation decision supported by the information included in the report and other relevant documentation.

The board of directors reviews the report of the inspection, institutional response, and reviewer reply, which are provided to the board. Reports are presented to the board by NAQAAE's Vice President for Higher Education. The meeting of the board observed by the Recognition Team was well attended. The VP for Higher Education's introduction of the report was followed by a thorough discussion by the board, based on the university's compliance with the standards. A vote on the decision, which was to approve the institution, was carried unanimously.

If the board suggests substantial changes to the report, the decision would be deferred pending discussion between the board and the site visit team. The NAQAAE President reports that this has not happened, to date, for a medical programme.

- 13.5. The agency has policies and procedures for notifying medical schools of accreditation decisions.

It is required under Article 6 of the Executive Regulations to inform the educational institution of the board's decision. The Article stipulates that this is by registered mail, with acknowledgement of receipt within 60 days of the accreditation visit. NAQAAE's President issues a letter to the dean of the institution informing them of the board's decision. A copy is also sent to the institution by fax, and the decision is placed on NAQAAE's website.

- 13.6. The agency has policies and procedures to manage an appeal process for adverse accreditation decisions.

These policies are contained in Article 7 of Law 82 and Article 12 of the Executive Regulations. They specify that petitions may be submitted by the institution appealing a NAQAAE decision to refuse to award, refuse to renew, suspend or revoke an accreditation certificate. These petitions are submitted to and investigated by the NAQAAE Petition Committee.

This committee is headed by one of the deputies of NAQAAE as chair and has three members who have not previously participated in evaluating the petitioner. These members are selected by NAQAAE's board of directors. In addition, the committee includes a member from the State Council who must be at least a judge of a court. The term of committee membership is four years (renewable). The structure and current members of the committee are set out in Appendix 13.

Petition charges must be paid by the petitioner and the petition must be submitted within 30 days of notification to the institution of the NAQAAE decision.

Article 14 of the Executive Regulations specifies that the Petition Committee—with all its members—must meet and make its recommendation regarding the petition—by the majority of votes—within 90 days of papers being referred to it. The committee submits its report on the petition to the NAQAAE board of directors. Its decision on the petition is final, and the board must include the reasons for its decision. The petitioner must be notified of the decision within 30 days. If the petition made by the educational institution has been successful, the petition charges are refunded.

Compliant

14. Activities subsequent to accreditation decisions

14.1. Accreditation is valid for a fixed period of time.

Under Article 7 of the Executive Regulations, accreditation is valid for five years. After that time, the institution is required to repeat the accreditation process, and accreditation is renewed by the same procedures and rules followed for the initial accreditation.

The site visit observed by the Recognition Team was a reaccreditation visit.

The agency reported to the Recognition Team that they were considering introducing a more explicit review of an institution's progress into their reaccreditation process. The report considered by the board during the meeting the Recognition Team observed included references to developments since the institution's previous accreditation.

14.2. If less than full accreditation is granted, the agency has policies and procedures for allowing the medical school to come into full compliance.

If the educational institution does not meet all of the standards, NAQAAE uses its "postponement of decision" process to enable full compliance.

According to Article 6 of the Executive Regulations, if the board of directors decides to postpone accreditation, NAQAAE is required to clearly identify those areas where the institution has not met the standard(s). NAQAAE is also required to advise the institution on how it can improve so as to meet the required standards.

The institution specifies the period it sees as necessary to redress the shortcomings identified by NAQAAE. This must be not less than six months and not more than two years (the maximum period for postponement was extended from one to two years in 2015). The institution must draft an improvement plan specifying the actions it will take to address the areas of noncompliance and recommendations specified by NAQAAE, and it must implement this during the period of postponement.

NAQAAE re-evaluates the institution after the period of postponement to assess if shortcomings have been rectified and if the standard(s) have been met. Once the period of grace has ended and re-evaluation has taken place, accreditation status is then changed to either not accredited or fully accredited. If accreditation lapses due to non-compliance, the institution has to make a new application if it wishes to be accredited.

- 14.3. The agency monitors schools throughout the duration of an accreditation period, and has a process for taking further actions. This includes a requirement to report any substantive or anticipated changes to the educational programme, the quality of facilities and resources, staffing, or any other aspect that would affect the quality of the education delivered. The frequency of monitoring should be appropriate to the circumstances, including annual or more frequent monitoring, if necessary.

The NAQAAE application and Article 8 of the Executive Regulations state that accredited institutions are monitored throughout the period of the validity of the accreditation certificate. Institutions are required to submit annual reports to NAQAAE and follow-up visits are made by NAQAAE, if deemed necessary, to make sure compliance is continuing. The Procedures for Accreditation (Appendix 2) state that the institution's annual report is the main follow-up tool for the accredited institution, with institutions required to submit the annual report within four months of the end of the reporting year.

In addition the agency can undertake monitoring visits to make sure that the activity, work system, and educational programmes of the institution continue to meet the previously fulfilled standards. Monitoring is done in accordance with the system set by the agency (Article 8 of the Executive Regulations).

- 14.4. The agency has the authority to seek further information for monitoring where it deems this necessary, with or without a site visit, and with - or exceptionally without - prior warning. The agency has policies and procedures for the withdrawal of accreditation.

NAQAAE reports that it has the authority to seek further information for monitoring and conduct follow-up visits whenever there is reason to suspect that the accredited institution may have lost compliance with the standards.

According to Article 9 of the Executive Regulations, the board of directors can take action if the monitoring, revision, or inspection of an institution indicates that the institution has not met one of the conditions set for accreditation or has committed any violations or made any substantial changes in its activity, its work system, or the educational programmes it offers, thereby not fulfilling the accreditation standards. Then the board of directors can suspend the accreditation certificate for a period of time it specifies, or revoke the certificate, depending on the graveness of the violation. Accreditation can also be withdrawn following a complaint, as set out in section 15 of this report, or following a request by the concerned ministry, authority, or others that the agency reconsider the validity of the accreditation.

If any of these results in the institution not meeting the standards, then the NAQAAE board of directors can suspend or revoke the accreditation certificate.

The board of directors must revoke the accreditation certificate if the educational institution fundamentally changes its purpose; if the data or documents submitted by the institution to obtain the accreditation certificate prove to be untrue; or if the institution obtains an accreditation certificate through fraud.

The educational institution can object to the decision to suspend or revoke the certificate. They must pay petition charges and lodge the petition within 30 days of being notified of the suspension or revocation decision. The process is the same as that for a refusal of accreditation.

There is provision for reinstatement of accreditation. Article 11 of the Executive Regulations specifies that the board of directors must revoke the decision to suspend accreditation if it has been proven that the educational institution has eliminated the causes of this decision and is therefore in compliance with the standards.

Compliant

15. The agency has policies and procedures to investigate and act upon complaints regarding accredited medical schools.

NAQAAE reports that it has policies and procedures to investigate and act upon complaints from students, graduates, or other individuals or institutions regarding accredited medical schools. This policy is available on NAQAAE's website, and an English translation was provided in Appendix 14. It is supplemented by the general policies and procedures for suspension and withdrawal of accreditation set out in Articles 9 and 10 of the Executive Regulations.

Complaints are submitted to NAQAAE's President via correspondence, email, fax, or handed in person to the President's office, supported by relevant evidence if available. Only written complaints are considered. Anonymous complaints will not be considered, although NAQAAE retains the right to redact the name of the complainant if it finds that revealing the identity of the complainant might harm the complaint's interests.

NAQAAE's Vice President for Higher Education evaluates the complaint and only complaints that are related to potential non-compliance with one or more of the accreditation standards are considered.

If the complaint is found relevant to the institution's compliance, NAQAAE's President sends a copy to the legal representative of the institution seeking a reply within seven days.

The President forms an investigation committee constituted of the Vice President for Higher Education, legal counsel, and two of the board members to study the complaint and the institution's reply. The committee has three options, to be presented to the President within seven days:

- Dismissal of the complaint accompanied by the reason(s) for dismissal
- Recommendation for a follow-up visit for more investigations
- Withdrawal or suspension of accreditation.

If the committee recommends withdrawal/suspension of accreditation, or if the results of the follow-up visit result in either of those recommendations, the NAQAAE board can make the decision to withdraw/suspend accreditation, in accordance with the Executive Regulations.

NAQAAE notifies the complainant of the result of the investigations and the decision taken, within 45 days of the submission of the complaint, and suspension or withdrawal of accreditation must include the reasons for the decision. NAQAAE announces this decision the same way it has announced the decision to issue the accreditation certificate for the institution, and notifies the Minister of Higher Education.

Compliant

Part D. Agency policies and resources

16. The agency has policies and procedures for managing actual or perceived conflicts of interest for all individuals involved in the accreditation and decision-making processes.

Article 9 of the law that established NAQAAE, Egyptian Law 82 for the Year 2006 (Appendix 8a), states that “Anyone having an interest with the educational institution as set by the executive regulation of this law is not allowed to participate in evaluation and accreditation work. Also, anyone who participated in evaluation and accreditation work is prohibited from giving consultation or advice or training courses to the institution being evaluated or disclosing data and information about evaluation work before the issuance of the Authority's decisions.”

Conflicts of interests and potential causes of partiality are also addressed in Articles 15 and 16 of the Executive Regulations of Law 82 (Appendix 8b), which stipulate that anyone who has a business, agency, or consultation relation with the educational institution; has a share in the capital of the institution; or is related to the top management of the institution or its owners is not allowed to undertake any of its evaluation and accreditation work. The same is true for the members of the boards of trustees, the members of the institution's board of directors, principals, teachers, faculty members, and anyone who is a party to a dispute or strife with the institution. The Executive Regulations also state that the members of the team in charge of evaluation work must disclose all of the facts and circumstances which may affect their impartiality and autonomy or which may create justifiable doubts about their impartiality.

NAQAAE reports that it has a firm Conflict of Interests Policy (Appendix 12), which applies to NAQAAE board members, executives, managers, and employees; experts contracted to serve as reviewers for NAQAAE; individuals and organisations contracted by NAQAAE for consultation, standard setting, or delegated for review tasks; and educational institutions. The policy defines a conflict of interest as occurring when a person's personal interests conflict with their responsibility to act in the best interests of NAQAAE. Personal interests include direct interests as well as those of family, friends, or other organisations a person may be involved with or have an interest in (for example, as a shareholder). A conflict of interest may be actual, potential, or perceived, and may be financial or non-financial.

The policy lists a number of examples of conflicts of interest, which include:

- Working currently or within the past three years for the institution under review, or providing paid consultation services to it
- Membership in any of the governing boards of the institution under review or the university to which it is affiliated
- Any financial interest (e.g., shareholding) within the institution under review
- Any relation up to the third degree with a person within the institution under review
- Presence of any disputes or legal suits between the person and the institution under review or any of its personnel
- Receiving awards or gifts from the institution under review for the past three years
- Graduation from the institution under review

Board members are required to present a disclosure of conflict of interests on an annual basis, and must disclose it if they have any conflict of interest with a given institution. Any member of the NAQAAE board who has a conflict of interest with an institution under evaluation (e.g., affiliated to the institution under review or to the same university, providing paid services or consultation, presence of first or second degree relatives) will refrain from participating in the discussions related

to the external review report and will not participate in the voting on the accreditation of the institution.

Reviewers are required to sign a conflict of interest disclosure each time they are assigned to a review panel as part of their contract with NAQAAE. Institutions applying for accreditation are consulted during the review panel nomination process, and must disclose any conflicts of interest. The institution under evaluation is given the opportunity to reject participation of any member of the review team due to conflict of interest. The Recognition Team confirmed that all members of the review team it observed had signed conflict of interest disclosures and that this is the case each time they are assigned to a review team.

Article 23 of Law 82 stipulates that any person participating in the review or decision-making for an institution who has intentionally failed to disclose a conflict of interest will be fined no less than 20,000 pounds and no more than 50,000 pounds.

An institution that has intentionally failed to disclose a conflict of interest with one or more member of the review team will be subject to suspension or withdrawal of accreditation.

Compliant

17. The agency has controls to ensure that the policies and procedures for accreditation of medical schools are applied consistently.

NAQAAE reports that it ensures the consistent application of its policies and procedures in the following ways:

- Accreditation standards and methodology and relevant policies and procedures are explained in detail and made available on the NAQAAE website.
- Reviewers are thoroughly trained to ensure a unified and objective review process. They are provided with guidelines for the review process and professional conduct that ensure an objective and consistent review process.
- Reviewers are selected according to declared criteria that guarantee they are qualified and competent.
- Conflict of interest is avoided both by the reviewers signing an absence of conflict of interest agreement and by the institutions being consulted about the constitution of the review team and allowed to object to any reviewer on conflict of interest grounds.
- NAQAAE supplies the reviewers with reviewer tools that increase the objectivity and consistency of the review process.
- NAQAAE has a template for the external review report that ensures that the reviewers cover all standards and criteria of accreditation in their review process and reporting.
- NAQAAE monitors the review process by allocating a coordinator/observer from its Technical Office of Higher Education to each site visit. This member is not a part of the review team, and has no voting right; the role of this coordinator/observer is to provide guidance for the review team if needed and to report any deviation from the consistent application of the review process.
- The institutions under review complete a feedback form about the review process and the conduct and preparedness of the reviewers during the site visit. Reviewers and team chairs also provide feedback on each other. This feedback is used by NAQAAE (among other purposes) to detect and address any deviation from consistent application of the review process.

Compliant

18. Administrative and fiscal responsibilities

18.1. The agency has sufficient administrative resources to carry out its activities.

The NAQAAE application indicates that the agency carries out its activities through its main premises in Cairo and its six branch offices distributed optimally to serve different regions of Egypt. Accreditation of medical schools occurs via the main office in Cairo. The branch offices manage the pre-university institutions, as well as handling capacity-building activities of educational institutions and some of the logistical arrangements for site visits conducted in their respective regions.

Sixty tenured employees support the administrative processes, and a total of 15 full-time and part-time academic experts seconded from various Egyptian universities fill middle management and executive positions, mostly in the technical office, training department, and accreditation department.

NAQAAE reports that it also benefits from the service of hundreds of experts outsourced from various Egyptian universities, to act as reviewers or members of permanent or ad-hoc specialised committees.

Article 19 of Law 82 mandates that NAQAAE employ an adequate number of qualified personnel and establish the technical departments and specialised committees necessary to fulfil its goals.

A diagram showing the organisational structure of NAQAAE was provided as Appendix 15.

Article 25 of the Executive Regulations identifies the seven departments that make up the agency and provides a detailed description of each department's responsibilities. Those departments are as follows:

- Development and Monitoring Department
- Specifications and Quality Standard Setting Department
- Accreditation Department
- Information Department
- Financial and Administrative Affairs Department
- Petitions Department
- Training Department

18.2. The agency has sufficient financial capability to carry out its activities.

NAQAAE reports that it has sufficient financial capabilities to carry out its activities. According to Law 82, NAQAAE has an independent budget, which consists of the following sources:

- The funds allotted by the State in the first five years after the initiation of its activity.
- The charges of the services and consultations provided by NAQAAE in the context of achieving its goals.
- The fees of issuing accreditation certificates to educational institutions and the fees of the petitions complaining of the decisions made by NAQAAE.

- The grants, donations, gifts, advice, and subsidies approved by the board of directors, provided that these do not conflict with its goals and that they fit with the rules of the law.
- The investment return of NAQAAE funds.

A summary statement of operations of income versus expenditures for the past five years is attached as evidence of financial stability (Appendix 16).

The Recognition Team noted when reviewing this summary statement that there has been a considerable change in both income and expenditure over the past two fiscal years. The team assumes that the increase in income has been due to increased accreditation activity, which is documented in the body of the NAQAAE application.

The Recognition Team requested additional information from NAQAAE regarding the nature of the increased expenditures over the past two years, and asked to see a comparison of expenditures due to accreditation visit costs versus those due to permanent staff and office costs. This additional documentation indicates that the financial health of the agency will remain stable, given the fact that it is responsible for accreditation in all disciplines, not just medicine. It expects to undertake accreditations of 50 multi-disciplinary higher education institutions in 2018/2019 and 55 in 2019/2020 (based on the average of the past 10 years), and its work in pre-university education will also continue.

Compliant

19. Maintenance of records

- 19.1. The agency maintains full records of accreditation review documentation, and any other relevant correspondence and materials.

NAQAAE reports that it maintains full records of accreditation review documentation, including self-studies, review reports, the institution's responses to review reports, follow-up reports, decisions, and other relevant correspondence and materials in electronic form. NAQAAE has an electronic database through which the applying medical school completes its application and uploads its self-evaluation report and supporting documents into its own account. This documentation is also accessible to the reviewers who are participating in the review process for that particular school, who upload the external review report when it's complete (and the institution, in turn, uploads its reply to the review report). All documents (from the first accreditation cycle, follow-up reports, and reaccreditation) are kept in this database under the institution's account, retrievable at any time. Hard copies of these documents are also kept as a back-up for a period of five years.

NAQAAE provides training for reviewers and educational institutions with regard to the use of this electronic database. User guidelines are also provided online for reviewers and institutions applying for review.

- 19.2. The agency follows record-keeping policies and procedures, including policies to ensure data security.

NAQAAE reports that the records kept in its electronic database are secured, and that access to specific documents is given to defined individuals according to their role in the review process and for limited periods corresponding to their specific role. NAQAAE's President and

Vice Presidents have access to all documents of all schools but are unable to edit document content. The medical school under evaluation nominates one person (a coordinator) who has access to its account through a password that allows him or her to upload the school's documents and download the reviewers' report. This coordinator may only upload the school's documents for a defined period of time according to the timeline of the accreditation process; no modification of documents or adding new documents is permitted after this time window has closed. The review team has access to the database, to download the school's self-study and supporting documents and to upload the review report, also within a stated time frame and with no clearance to modify documents after they have been uploaded. A back-up of all documents in the system is kept as a risk management procedure.

The Recognition Team had an opportunity to meet with NAQAAE's IT staff, who gave a thorough overview and demonstration of their online system, which was built in-house and is quite impressive. All information stored in the system is heavily encrypted, and the Recognition Team was impressed with how well it seems to function. There are different levels of staff authorisation/access and the president of NAQAAE must approve the authorisation of new users. The system keeps track of when a new user logs on, what part of the system they are using, etc. The webmaster has access to these analytics/statistics. NAQAAE staff is clearly quite proud of the online system and appear eager to make additional enhancements.

Compliant

20. Availability and dissemination of information

20.1. The agency makes publicly available information on accreditation policies and procedures.

NAQAAE makes all information relevant to accreditation (the types of accreditation granted, the eligibility of an institution for application, the required documents and the procedures medical schools must follow in applying for accreditation, etc.) available on its website. Currently, this information is only available in Arabic.

Information on accreditation policies and procedures is also published in a detailed guidebook for accreditation of higher education institutions, which also includes the accreditation standards, as well as the template and guidelines for self-evaluation. This guidebook is distributed to all schools in a printed form and is available for download (in Arabic) on NAQAAE's website.

20.2. The agency makes publicly available an up-to-date list of accredited medical schools.

NAQAAE keeps an electronic register of all accredited schools and accreditation decisions. This register is for all schools (as NAQAAE accredits all types of higher education institutions) and is publicly accessible at http://naqaae.eg/?page_id=972. The register is supported by filtering search options that allows the user to find any school according to name, specialty, location, decision, or university.

The IT staff gave a thorough presentation/demonstration of the online system during the Recognition Team's visit to the NAQAAE office, including this register of accredited schools. Though the register is in Arabic, the team was able (with the help of translators) to see how users can filter their search options by discipline (medicine, pharmacy, etc.), school name, type

of accreditation, etc. For each school/programme, the data listed includes: school name, type of accreditation, decision, date of decision, and date accreditation ends.

Compliant