



# **IMCAC Educational Integrity & Accreditation Policy**

**International Medical Competency Accreditation Council (IMCAC)**

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# **1. Introduction**

## **1.1 Purpose of the Policy**

To establish IMCAC's commitment to educational integrity, fairness, and quality assurance in its accreditation and certification activities.

## **1.2 Scope & Applicability**

This policy applies to all IMCAC staff, evaluators, partner institutions, faculty, and administrators engaged in accreditation-related processes.

## **1.3 Guiding Principles**

- **Integrity** – Decisions are based on merit, not influence.
- **Transparency** – Processes are documented and publicly accessible.
- **Fairness** – Equal treatment across all institutions regardless of size or geography.
- **Excellence** – Promoting global standards in medical and health education.

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# **2. Commitment to Educational Integrity**

## **2.1 Academic Honesty**

IMCAC requires institutions to adopt strict anti-plagiarism, ethical research, and honesty frameworks.

## **2.2 Fairness & Non-Discrimination**

Accreditation decisions will not be influenced by race, religion, gender, nationality, or financial status.

### **2.3 Respect for Intellectual Property**

Institutions must uphold copyright, patents, and recognition of authorship.

### **2.4 Transparency in Academic Processes**

Assessment criteria and accreditation standards will be clear, measurable, and publicly available.

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## **3. Accreditation Standards & Framework**

### **3.1 Institutional Accreditation**

Covers governance, infrastructure, financial sustainability, and student welfare.

### **3.2 Program Accreditation**

Ensures academic curricula meet international benchmarks for medical and allied sciences.

### **3.3 Faculty & Staff Standards**

Institutions must demonstrate qualified faculty, ongoing training, and ethical conduct.

### **3.4 Student-Centered Learning Outcomes**

Focus on measurable skills, competencies, and employability.

### **3.5 Research & Innovation Standards**

Promotes original research, ethical clinical trials, and innovation in healthcare education.

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## **4. Accreditation Process**

### **4.1 Application & Eligibility**

Institutions submit formal applications with required documentation.

### **4.2 Self-Assessment Report (SAR)**

Applicants conduct internal evaluations aligned with IMCAC standards.

#### **4.3 Peer Review & Evaluation Visits**

Independent expert panels conduct on-site or virtual evaluations.

#### **4.4 Decision-Making & Approval**

Accreditation decisions are made by the Accreditation Committee, free from external influence.

#### **4.5 Validity Period & Renewal**

Accreditation is granted for a fixed term (e.g., 3–5 years), subject to periodic reviews.

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### **5. Ethical Standards in Accreditation**

#### **5.1 Independence & Impartiality**

IMCAC reviewers and committees must act independently and without bias.

#### **5.2 Avoidance of Conflict of Interest**

All evaluators must declare conflicts before participating in assessments.

#### **5.3 Confidentiality of Institutional Data**

All institutional submissions are confidential and securely stored.

#### **5.4 Anti-Bribery & Corruption Measures**

Strict zero-tolerance policy against financial or non-financial inducements.

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### **6. Monitoring & Continuous Improvement**

#### **6.1 Annual Compliance Reports**

Accredited institutions must submit yearly progress and compliance reports.

#### **6.2 Periodic Review of Accredited Institutions**

Scheduled and surprise reviews ensure continued compliance.

## **6.3 Corrective Action Plans**

Non-compliance leads to warnings, probation, or suspension.

## **6.4 Encouraging Innovation & Best Practices**

Institutions demonstrating excellence may be highlighted in IMCAC publications.

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# **7. Governance & Oversight**

## **7.1 Accreditation Committee**

Responsible for reviewing applications, ensuring compliance, and issuing decisions.

## **7.2 Role of External Experts**

Independent international experts may be invited for unbiased evaluations.

## **7.3 Appeals & Grievance Redressal Mechanism**

Institutions may appeal accreditation decisions through a formal review process.

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# **8. Accountability & Public Disclosure**

## **8.1 Publishing Accreditation Status**

Accredited institutions will be listed on IMCAC's website.

## **8.2 Transparency in Accreditation Outcomes**

Summaries of evaluation outcomes will be shared publicly while respecting confidentiality.

## **8.3 Accountability to Stakeholders**

Reports will be made available to students, governments, and partner organizations.

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# **9. Policy Review & Amendments**

This policy will be reviewed every 3 years to align with international accreditation standards and evolving educational needs.

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## 10. Conclusion

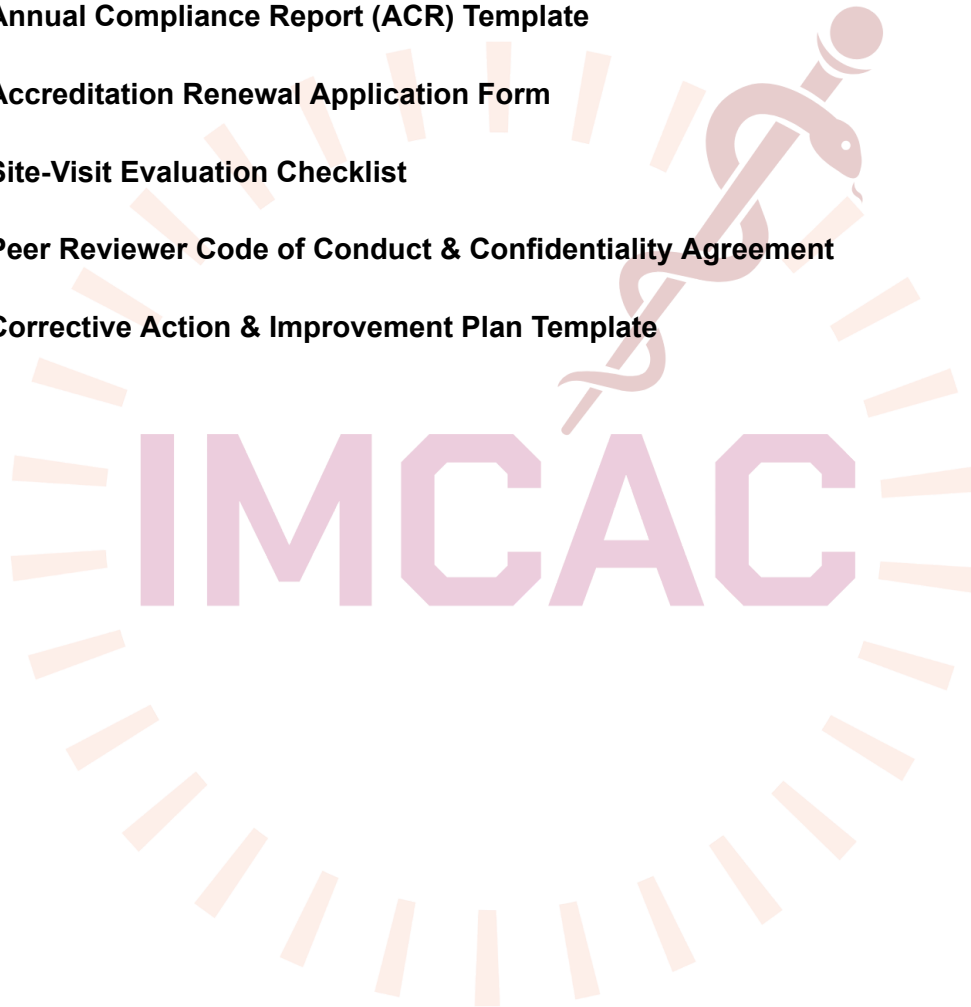
IMCAC reaffirms its non-compromising stance on educational integrity and its commitment to uphold global quality benchmarks in accreditation. By ensuring transparent, fair, and accountable processes, IMCAC strengthens trust among students, institutions, governments, and global healthcare systems.

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# **Annexures – Educational Integrity & Accreditation Policy (IMCAC)**

- 1. Accreditation Application Template**
- 2. Self-Assessment Report (SAR) Guide**
- 3. Accreditation Decision Letter Template**
- 4. Annual Compliance Report (ACR) Template**
- 5. Accreditation Renewal Application Form**
- 6. Site-Visit Evaluation Checklist**
- 7. Peer Reviewer Code of Conduct & Confidentiality Agreement**
- 8. Corrective Action & Improvement Plan Template**





# Annexure 1: Accreditation Application Template

**Institution Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Year Established:** \_\_\_\_\_

## Contact Person for Accreditation:

- Name: \_\_\_\_\_
- Designation: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_

## Type of Accreditation Requested:

- ☐ Institutional Accreditation
- ☐ Program Accreditation (Specify: \_\_\_\_\_)
- ☐ Faculty/Department Accreditation

## Key Information Required:

1. Brief history of the institution/program.
2. Legal registration documents.
3. Mission, vision, and objectives.
4. Details of governance and leadership structure.
5. Student enrollment and graduation data (last 3 years).
6. Faculty qualifications and profiles.
7. Curriculum overview and learning outcomes.
8. Research output and innovation initiatives.
9. Infrastructure and learning resources.
10. Quality assurance mechanisms in place.

**Declaration:**

We hereby declare that the information submitted is true, accurate, and complete to the best of our knowledge.

Authorized Signatory: \_\_\_\_\_

Date: \_\_\_\_\_

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## Annexure 2: Self-Assessment Report (SAR) Guide

Institutions applying for accreditation must prepare a **Self-Assessment Report (SAR)** aligned with IMCAC standards. The SAR should include:

### Section A – Institutional Profile

- Overview & legal status
- Organizational chart
- Governance structure

### Section B – Academic Programs

- List of programs offered
- Curriculum structure
- Learning outcomes mapped to competencies

### Section C – Faculty & Staff

- Faculty qualifications and ratios
- Professional development programs
- Academic policies and code of conduct

### Section D – Student Support & Outcomes

- Admission policies
- Student welfare and counseling services
- Graduation rates, employability, alumni engagement

### Section E – Research & Innovation

- Publications and citations (past 3–5 years)
- Ongoing research projects
- Ethical review processes

## **Section F – Infrastructure & Resources**

- Classrooms, laboratories, libraries
- ICT/digital learning facilities
- Safety and accessibility compliance

## **Section G – Quality Assurance Mechanisms**

- Internal QA processes
- External evaluations
- Continuous improvement practices

### **SAR Submission Format:**

- Word/PDF format, max 100 pages + annexures
  - Supporting evidence must be attached as appendices
  - Must be signed by head of institution
-

## Annexure 3: Accreditation Decision Letter Template

[On IMCAC Letterhead]

Date: \_\_\_\_\_

Reference No.: \_\_\_\_\_

To,  
[Institution Name]  
[Institution Address]

### Subject: Accreditation Decision

Dear [Name],

On behalf of the **International Medical Competency Accreditation Council (IMCAC)**, we are pleased to inform you that your application for **[Institutional/Program] Accreditation** has been reviewed.

#### Decision:

- ☐ Accreditation Granted (valid until \_\_\_\_\_)
- ☐ Accreditation Deferred (pending additional information)
- ☐ Accreditation Denied (with reasons stated below)

#### Evaluation Summary:

- Strengths identified: \_\_\_\_\_
- Areas for improvement: \_\_\_\_\_
- Recommendations: \_\_\_\_\_

#### Conditions (if any):

\_\_\_\_\_

We congratulate your institution on this achievement and welcome you as part of IMCAC's global network of accredited institutions. Please note that continuous compliance with IMCAC standards is required, and periodic reviews will be conducted.

Sincerely,

\_\_\_\_\_

Director, Accreditation & Quality Assurance  
IMCAC

\_\_\_\_\_

# Annexure 4: Annual Compliance Report (ACR) Template

International Medical Competency Accreditation Council (IMCAC)  
Annual Compliance Report – For Accredited Institutions

Institution Name: \_\_\_\_\_  
Accreditation Reference No.: \_\_\_\_\_  
Accreditation Validity Period: \_\_\_\_\_  
Report Year: \_\_\_\_\_

## Section A – Institutional Overview

1. Any changes in governance or leadership during the reporting year:

2. Updates in institutional mission, vision, or objectives (if any):

## Section B – Academic Programs

1. New programs introduced (list with details):

2. Changes in curriculum, course structure, or learning outcomes:

3. Student enrollment & graduation statistics (current year):

Program	Enrolled	Graduated	Dropout %	Remarks
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## Section C – Faculty & Staff

1. Total faculty strength this year: \_\_\_\_\_ (Full-time) \_\_\_\_\_ (Part-time)

2. Faculty recruited/retired/resigned: \_\_\_\_\_

3. Professional development/training activities conducted:

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## Section D – Research & Innovation

1. Number of publications: \_\_\_\_\_

2. Ongoing research projects: \_\_\_\_\_

3. Grants/funding secured: \_\_\_\_\_

4. Ethical approvals obtained (if applicable): \_\_\_\_\_

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## Section E – Student Support & Welfare

1. Student counseling & mentoring services provided:

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2. Scholarships/financial aid disbursed:

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3. Placement & alumni engagement activities:

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## Section F – Infrastructure & Resources

1. Updates to classrooms, labs, ICT facilities, libraries:

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2. Health, safety, and accessibility compliance maintained? ☐ Yes ☐ No

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## Section G – Quality Assurance & Compliance

1. Internal Quality Assurance (IQA) reviews conducted? ☐ Yes ☐ No

○ If yes, summary of findings: \_\_\_\_\_

2. External quality reviews (if any): \_\_\_\_\_

3. Corrective actions implemented based on last IMCAC evaluation:

---

## Section H – Financial Transparency

1. Total annual revenue (tuition + other sources): \_\_\_\_\_

2. Allocation to academic programs (%): \_\_\_\_\_

3. Allocation to research (%): \_\_\_\_\_

4. Allocation to scholarships & welfare (%): \_\_\_\_\_

5. Administrative & operational expenditure (%): \_\_\_\_\_

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## Section I – Declaration

We confirm that all information submitted is accurate, complete, and reflects institutional operations for the stated year.

Authorized Signatory: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

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# Annexure 5: Accreditation Renewal Application Form

International Medical Competency Accreditation Council (IMCAC)  
Accreditation Renewal Application Form

Institution Name: \_\_\_\_\_  
Accreditation Reference No.: \_\_\_\_\_  
Initial Accreditation Date: \_\_\_\_\_  
Accreditation Expiry Date: \_\_\_\_\_

## Contact Person for Renewal:

- Name: \_\_\_\_\_
- Designation: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_

## Section A – Institutional Profile Updates

1. Changes in institutional governance or leadership since last accreditation: \_\_\_\_\_  
\_\_\_\_\_

2. Revised mission, vision, or objectives (if applicable): \_\_\_\_\_  
\_\_\_\_\_

3. New affiliations, recognitions, or partnerships established: \_\_\_\_\_  
\_\_\_\_\_

## Section B – Academic Programs

1. List of accredited programs currently running: \_\_\_\_\_  
\_\_\_\_\_

2. Any new programs added during accreditation period:

---

3. Program outcomes and graduate employability data:

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### **Section C – Faculty & Staff**

1. Current faculty strength: \_\_\_\_\_ (Full-time) \_\_\_\_\_ (Part-time)
2. Faculty turnover since accreditation: \_\_\_\_\_
3. Professional development initiatives undertaken:

---

### **Section D – Research & Innovation Achievements**

1. Total publications (past 3 years): \_\_\_\_\_
2. Patents filed/granted: \_\_\_\_\_
3. Funded research projects: \_\_\_\_\_
4. Notable contributions to medical education/innovation:

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### **Section E – Quality Assurance & Compliance**

1. Summary of Annual Compliance Reports submitted to IMCAC.
2. Corrective actions taken on IMCAC review recommendations:

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3. Evidence of continuous quality improvement measures:

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## Section F – Student Outcomes

1. Enrollment and graduation trends (last 3 years).
  2. Placement/employment rate of graduates.
  3. Alumni contributions and networking initiatives.
- 

## Section G – Financial Compliance

1. Summary of audited financial statements (last 3 years).
  2. Evidence of financial transparency and accountability mechanisms.
  3. Funding or grants secured during accreditation period.
- 

## Section H – Request for Renewal

We hereby request renewal of accreditation for:

- ☐ Institutional Accreditation  
☐ Program Accreditation (list programs): \_\_\_\_\_

**Requested Validity Period:** ☐ 3 years ☐ 5 years

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## Section I – Declaration

We certify that all information provided in this renewal application is accurate and truthful, and that our institution remains in compliance with IMCAC standards and policies.

Authorized Signatory: \_\_\_\_\_

Designation: \_\_\_\_\_

Seal/Stamp of Institution

Date: \_\_\_\_\_

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# Annexure 6: Site-Visit Evaluation Checklist (for Peer Reviewers)

## International Medical Competency Accreditation Council (IMCAC) Accreditation Site-Visit Evaluation Checklist

Institution Name: \_\_\_\_\_

Accreditation Type: ☐ Institutional ☐ Program ☐ Departmental

Visit Date(s): \_\_\_\_\_

Review Team Members: \_\_\_\_\_

### Section A – Governance & Institutional Integrity

- ☐ Clear governance structure (Board, Senate, Committees)
- ☐ Leadership qualifications & accountability mechanisms
- ☐ Transparency in decision-making and reporting
- ☐ Strategic plan aligned with mission & vision
- ☐ Legal compliance and recognition

Comments: \_\_\_\_\_

### Section B – Academic Programs & Curriculum

- ☐ Curriculum aligned with learning outcomes and competencies
- ☐ Evidence of curriculum review and updates
- ☐ Clinical/Practical components integrated (where relevant)
- ☐ Student-centered learning approaches used
- ☐ Evidence of graduate employability

Comments: \_\_\_\_\_

### Section C – Faculty & Staff

- ☐ Adequate number of qualified faculty
- ☐ Faculty-student ratio maintained
- ☐ Ongoing professional development opportunities
- ☐ Policies for faculty recruitment, evaluation, and promotion
- ☐ Evidence of faculty research and contributions

Comments: \_\_\_\_\_

## Section D – Student Experience & Outcomes

- ☐ Transparent admission policies
- ☐ Student support services (counseling, career, welfare)
- ☐ Student feedback mechanisms in place
- ☐ Graduation, retention, and dropout statistics available
- ☐ Alumni engagement and tracking

Comments: \_\_\_\_\_

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## Section E – Research & Innovation

- ☐ Research policies and ethics approval mechanisms
- ☐ Ongoing funded projects or institutional research agenda
- ☐ Publications and dissemination practices
- ☐ Student involvement in research
- ☐ Collaboration with external research institutions

Comments: \_\_\_\_\_

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## Section F – Infrastructure & Learning Resources

- ☐ Classrooms, laboratories, libraries adequate
- ☐ ICT and e-learning facilities accessible
- ☐ Clinical/practical training facilities sufficient
- ☐ Accessibility for students with disabilities
- ☐ Compliance with health and safety regulations

Comments: \_\_\_\_\_

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## Section G – Quality Assurance & Continuous Improvement

- ☐ Internal Quality Assurance (IQA) system operational
- ☐ Periodic self-assessment reports prepared
- ☐ Corrective actions implemented on past recommendations
- ☐ Benchmarking against international standards
- ☐ Continuous improvement culture evident

Comments: \_\_\_\_\_

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## Section H – Financial Integrity & Sustainability

- ☐ Audited financial statements available
- ☐ Transparent budget allocation process
- ☐ Resources allocated for academic excellence & research
- ☐ Scholarships & student support funds in place
- ☐ Long-term financial sustainability plan

**Comments:** \_\_\_\_\_

\_\_\_\_\_

## **Section I – Overall Impressions & Recommendations**

**Strengths Identified:**

\_\_\_\_\_

**Areas for Improvement:**

\_\_\_\_\_

**Final Recommendation by Peer Review Team:**

- ☐ Accreditation Granted
- ☐ Accreditation Deferred (pending improvements)
- ☐ Accreditation Denied

**Lead Reviewer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Annexure 7: Peer Reviewer Code of Conduct & Confidentiality Agreement

International Medical Competency Accreditation Council (IMCAC)

**Purpose:** To ensure all peer reviewers maintain **integrity, impartiality, confidentiality, and professionalism** during the accreditation process.

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## 1. Code of Conduct

### 1. Integrity & Impartiality

- Evaluate institutions based solely on evidence and IMCAC standards.
- Avoid favoritism, bias, or influence from personal relationships.

### 2. Professionalism

- Treat all institutional staff, students, and faculty with respect.
- Maintain punctuality and preparedness for site visits or virtual evaluations.

### 3. Confidentiality

- Do not disclose any institutional data, reports, or findings outside IMCAC processes.
- Avoid public discussion of findings until official accreditation decisions are issued.

### 4. Conflict of Interest

- Disclose any personal, financial, or professional interests that could affect impartiality.
- Refrain from reviewing institutions where conflicts exist.

### 5. Ethical Reporting

- Ensure all observations, comments, and recommendations are factual, objective, and evidence-based.
-

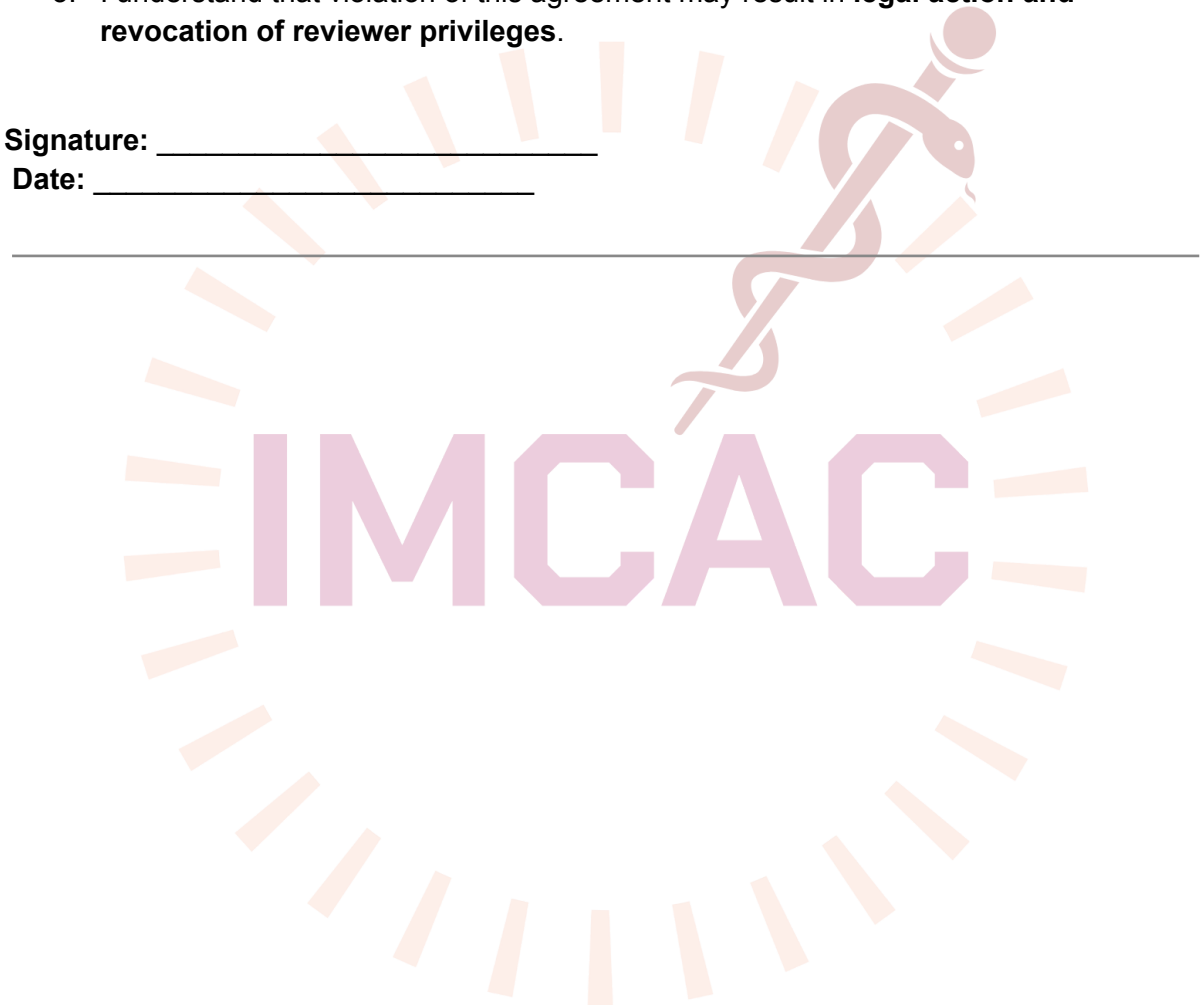
## 2. Confidentiality Agreement

I, \_\_\_\_\_ (Reviewer Name), agree that:

1. All materials received during the accreditation process are confidential and remain the property of IMCAC.
2. I will not share, reproduce, or distribute any confidential information without written permission from IMCAC.
3. I understand that violation of this agreement may result in **legal action and revocation of reviewer privileges.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# Annexure 8: Corrective Action & Improvement Plan Template

International Medical Competency Accreditation Council (IMCAC)

**Purpose:** To provide a structured method for institutions to respond to deficiencies or recommendations from IMCAC.

**Institution Name:** \_\_\_\_\_

**Accreditation Reference No.:** \_\_\_\_\_

**Date of Notification of Deficiencies:** \_\_\_\_\_

## Section A – Identified Deficiencies

Deficiency No.	Description	Source (SAR / Site Visit)	Priority (High/Medium/Low)
1			
2			

## Section B – Corrective Actions

Deficiency No.	Action Plan	Responsible Person/Dept	Target Completion Date	Status
1				
2				

## Section C – Supporting Evidence

Attach any documents, reports, photos, or proof demonstrating corrective actions taken.

## Section D – Declaration

We certify that all information provided is accurate and reflects our institution's efforts to comply with IMCAC standards.

Authorized Signatory: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

