# INTERNATIONAL ACCREDITATION IN PUBLIC HEALTH EDUCATION

**ICAPHE**
International Council for Accreditation &
Advancement of Public Health Education

## GUIDE TO ACCREDITATION SERVICES, PROCESSES AND POLICIES

# ACCREDITATION MANUAL

# The International Council for Accreditation & Advancement of Public Health Education

# Contents

# 1. About ICAPHE

## Mission

To enhance the quality and impact of global public health education through rigorous accreditation processes, collaboration and sharing of good practice.

We are committed to empowering educators to excel in a collegial, inclusive and transparent environment.

## Vision

A world where public health education continuously evolves through innovative processes, driven by a commitment to ethics, equity and impact. A world where a global community of practitioners work together to create and apply transformative solutions to global public health challenges.

## What We do

- Accreditation activities: Schools, Programmes and CPD training.

- Fostering academic partnerships and peer-to-peer assistance.

- Sharing good practice: through webinars, on-line trainings, workshops & recordings.

- Undertaking scientific research to ensure best practice in accreditation and other Council processes

## Core Values:

**1. Honesty and Integrity:**
Upholding the highest ethical standards in all accreditation and collaborative activities including the avoidance of conflicts of interest.

**2. Inclusivity:**
Ensuring accessibility and fairness in our processes, embracing diverse voices and perspectives globally.

**3. Transparency:**
Operating with clarity and openness in all our practices and communications. Ensuring that accredited Schools, Programmes and CPD training are transparently promoted through providing accreditation reports.

**4. Empowerment:**
Strengthening institutions, educators and training workforces to achieve their full potential and drive public health excellence

**5. Collegiality:**
Fostering respectful, bi-directional relationships among stakeholders to promote mutual growth and learning.

**6. Global Community:**
Building a unified, worldwide network of stakeholders, educators and institutions committed to advancing public health education and training

**7. Independence:**
Maintaining impartiality and objectivity in all accreditation activities and decisions.

**8. Impact:**
Ensuring that educational programmes contribute meaningfully to addressing real-world public health challenges. Foster a community based on scientific research and dissemination.
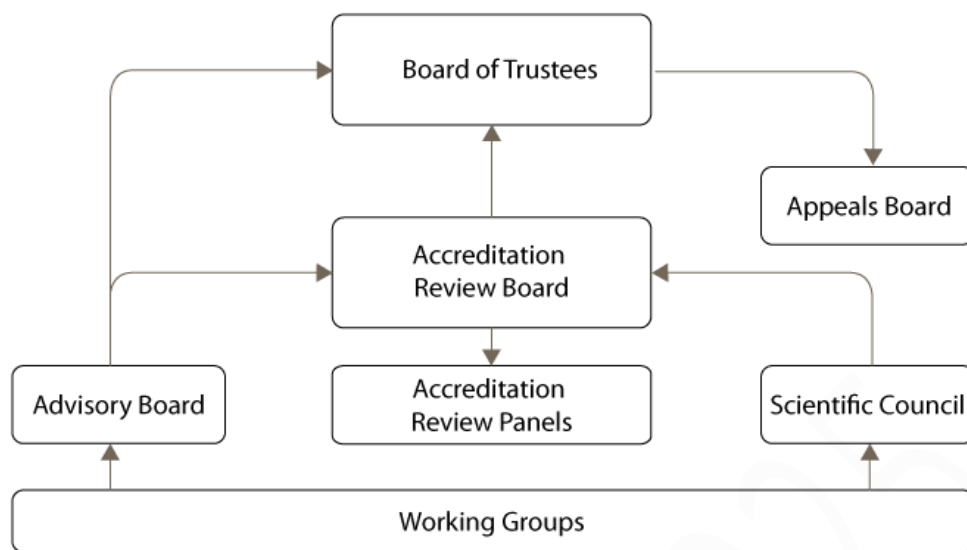
**9. Social Accountability:**
Promoting education that meets the needs of communities, prioritises equity, and contributes to societal well-being.

**10. Workforce Readiness:**
Advancing educational standards to produce graduates equipped with the knowledge, skills and values needed to excel in the public health workforce.

# Operational Structure



## Board of Trustees:

Provides strategic oversight and governance, ensuring the Council's mission aligns with higher education quality standards. Appoints senior leadership and ensures accountability to stakeholders.

## Accreditation Review Board:

Oversees accreditation procedures, ensuring evaluations are conducted consistently and in line with official Handbooks and Manuals. Appoints Accreditation Review Panels and makes final decisions based on their recommendations. Also ensures follow-up through structured Quality Reviews and Progress Reporting.

## Accreditation Review Panels:

Comprising trained experts, these panels conduct assessments of schools and programmes, including site visits, to evaluate compliance with established quality criteria.

## Appeals Board (ERCAD):

Oversees formal appeals from applicants regarding accreditation decisions, ensuring a fair, transparent process that upholds the Council's integrity. Its decisions are final and may overturn those of the Accreditation Review Board.

## Advisory Board:

Provides strategic input on developing and revising accreditation criteria and processes, ensuring alignment with trends in higher education and public health. Acts as a conduit between the Working Groups and the Board of Trustees and Accreditation Review Board.

## Scientific Council:

Leads research on accreditation and quality assurance, disseminating findings to inform policy and enhance the Council's methodologies.

## Working Groups:

Focused on themes such as leadership, workforce development, quality improvement, decolonisation, and Indigenous health. They also serve as forums for student input on improving accreditation. Their aim is to provide evidence-based guidance and expert insight to the Council.

# 2. Quality Assurance

## 2.1. Internal quality assurance

ICAPHE expresses its permanent commitment to quality and its formal goal of becoming a member of the ENQA (European Association for Quality Assurance in Higher Education) and registered in EQAR (The European Quality Assurance Register for Higher Education) as well as following the organisational remits of other relevant international organisations such as the International Standards and Guidelines set by INQAAHE (The International Network for Quality Assurance Agencies in Higher Education). ICAPHE considers that a rigorous system of internal quality assurance is essential for defining, assuring and enhancing the quality and integrity of its activities, thus living up to the trust placed in it by its stakeholders, namely higher education institutions, students, public authorities and society in general.

The elements of ICAPHE's internal quality assurance system include:
- Its internationalisation, namely by participating in ENQA and EQAR.
- The standards of its operations which comply with the best international practices.
- The adoption of a Code of Ethics applicable to all members, employees and collaborators of the Council.
- The establishment of accountability mechanisms.
- A concern for transparency in all its activities.
- Mechanisms for monitoring and continuously improving its activities.
- Systematically carrying out research and development studies and projects to improve the quality of its operations.
- Regularly publishing thematic reports that describe and analyse the general findings of its external quality assurance activities.

In pursuit of its quality policy, ICAPHE establishes several internal quality assurance mechanisms, including:
- Regular consultation with the Council's Advisory Board for obtaining feedback and suggestions for improvement.
- Obtaining feedback and suggestions for improvement, through surveys addressed to higher education institutions and members of Accreditation Review Panels, on the organization, instruments, functioning and results of the evaluation and accreditation processes developed by the Council.
- Consultation with higher education institutions and their representative bodies regarding the development of criteria, procedures and instruments related to assessment and accreditation processes.
- Development of studies and research projects focusing on the quality of assessment and accreditation processes and critical monitoring of trends and best practices in quality assurance, for improving the processes developed by the Council.
- Critical analysis of all the information collected by the Council and its use for the regular review of the rules governing the Council's assessment and accreditation procedures, and

for the regular monitoring, review and updating of assessment and accreditation mechanisms and procedures.

- Regular training for members of the Accreditation Review Panels and specialised training for the Council's permanent staff.

## 2.2. External quality assurance

ICAPHE will undergo an international external evaluation, at least once every five years in line with the best international standards, such as those defined in the European standards and guidelines for quality assurance, and the consequent registration with EQAR.

# 3. Services Provided by ICAPHE

The services initially provided by ICAPHE include:

- Accreditation activities: Schools, Programmes and CPD Training.
- In most cases, the accredited School will include a minimum of two Public Health programmes (undergraduate, post graduate or doctoral) which may include specialisations, for example, an MPH with five specialisations which fall under the wider Public Health umbrella of subjects.
- The accredited Programme will include a significant Public Health component or fall under the wider Public Health Umbrella of subjects. These programmes will be offered at undergraduate, postgraduate and doctoral levels. Programmes below undergraduate degree level are not eligible for ICAPHE accreditation.
- ICAPHE's Continuing Professional Development (CPD) Accreditation is an independent certification that formally recognises the quality of a range of Public Health training activities. These include, but not limited to, short training courses, standalone modules, symposia, summer schools, MOOCs, and micro-credential courses. However, this accreditation does not extend to conferences or congresses.
- Sharing good practice: through webinars, on-line trainings, workshops and recordings.
- Fostering academic partnerships and peer-to-peer assistance.
- Undertaking scientific research to ensure best practice in accreditation and other Council processes.

Note: In general schools applying for accreditation will include programmes already accredited or having passed through the quality assurance processes of an awarding institution which has relevant accreditation.  In special circumstances, it is possible to accredit simultaneously a School and its Programmes.

# 4. The Review Process

## 4.1. The site visit

In general, the review process will include a site visit by a commission of experts. In some cases (see guidelines) the visit may be conducted on-line or in a mixed combination of the two previous models. Under §5 examples of possible schedules for visits are presented.

### Site Visit Panel Composition

Site Visit Panels will be multi-disciplinary with collective broad-based Public Health experience including the participation of a student as a full Accreditation Review Panel member and a review coordinator who will act as a rapporteur. One of the members will be designated Chair of the Panel. Where specialised Programmes apply, the Accreditation Review Panel will seek expert input.

### Role of the Site Visit Chair

The Chair assists in coordinating the visit, assigns responsibilities, assigns Panel member facilitation of meetings and ensures adherence to the schedule. The Chair is responsible for keeping the process organised, ensuring a fair and thorough process whilst fostering effective communication and engagement among all stakeholders.

### Responsibilities of the Site Visit Chair

As the leader of the site visit Accreditation Review Panel, the Chair plays a crucial role in guiding the accreditation review process. Responsibilities include:

- **Ensure Panel Readiness** by confirming that all Panel members have completed ICAPHE's Site Visitor Training and are prepared for their roles.

- **Lead Documentation Review** by thoroughly reviewing the Self-Evaluation Report and supporting materials, identifying key areas for follow-up and guiding Panel discussions.

- **Facilitate Pre-Visit Meetings** by organising and leading (tele)meetings to review documentation, develop key questions, assign responsibilities and coordinate with Panel members.

- **Oversee Pre-Visit Teleconferences** to ensure all Panel members are aligned and fully prepared for the site visit.

- **Lead the Site Visit** by coordinating interviews, discussions and observations while ensuring the Panel works collaboratively to assess compliance with criteria and reach consensus on findings.

- **Guide the development and endorse the Site Visit Report** by synthesising Panel input, ensuring clarity and completeness through working closely with the coordinator to finalise the report.

## Role of the Accreditation Review Panel Members

Accreditation Review Panel members contribute expertise, conduct interviews, review documents and participate in drafting the final report. Each Panel member plays an essential part in ensuring a thorough and fair evaluation process is undertaken within a collaborative ethos.

## Responsibilities of Site Visit Accreditation Review Panel Members

Members of the Site Visit Accreditation Review Panel play a key role in the accreditation process and are responsible for the following tasks:

- **Complete Site Visitor Training** (if not already done) through ICAPHE to ensure familiarity with the process and to help calibrate evaluation techniques.

- **Review Documentation** by reading the Self-Evaluation Report and supporting materials to identify any areas requiring further clarification. Reviewers are also requested to become familiarised with the evaluation matrices.

- **Participate in Pre-Visit Teleconference with Panel Members** in a pre-visit (tele)meeting to discuss documentation, develop key questions for the visit, determine which stakeholders to engage and assign questions to individual reviewers.

- **Conduct the Site Visit** by engaging with staff, students, partners and stakeholders to assess compliance with the criteria while working as a team to reach consensus on findings.

- **Contribute to the Site Visit Report**, assisting in its development, with the coordinator drafting the final version based on Panel input.

## Review Activities

### Opening Meeting

The visit begins with an opening meeting with applicant leadership representatives. The Accreditation Review Panel Chair outlines the objectives and schedule for the visit.

### Interviews

Guided interviews with key stakeholders, including faculty, staff, students and administration will be used.

### Facility Tour

A guided tour of the institution provides insight into its facilities, resources, and overall environment.

### Document Review

Examine documents such as policies, course syllabi, performance data, and financial records to verify compliance with criteria.

### Observations

Observe classes, meetings or events as applicable to evaluate the institution's practices and culture.

## Reporting and Feedback

### Interview session debriefs

At the end of each interview briefing, there will be a small time set aside for the Panel members to discuss and debrief on the session.

### Daily Panel Debriefs

Hold daily debriefs to discuss findings, identify gaps and ensure consistency in assessments.

### Exit Meeting

The review concludes with an exit meeting to present preliminary findings to the leadership of the School or Programme under review. Attendance is mandatory for those responsible for the area being evaluated and it is left to the applicant's discretion if they would prefer more people present. The preference for ICAPHE processes would be all people that were involved in the meetings as well as the applicant's leadership attended the meeting.

### Drafting the Report

Prepare a draft report summarising findings, evidence and recommendations. Follow the accrediting body's report structure.

## Post-Visit Procedures

### Submitting the Report

Submit the draft report to the secretariat in the first instance and then on to the Accreditation Review Board within the specified timeline. Ensure all sections are complete and evidence based.

### Responding to Feedback

Be available to address questions or provide clarifications on the draft report as requested by the secretariat and / or Accreditation Review Board.

### Follow-Up Actions

Participate in any follow-up reviews or additional meetings if required.

## Code of Conduct for Site Visitors

### Professionalism

Maintain a respectful and objective approach. Avoid personal biases or assumptions.

### Confidentiality

Treat all information reviewed during the visit as confidential and do not share it outside authorised channels.

### Conflict of Interest

Disclose any potential conflicts of interest to the accrediting body prior to the visit.

# 5. Provisional Review Schedule

*This meeting planner is subject to change and is designed to be flexible to account for changes in participants' availability. Applicants are to submit draft plans with their SER. The Accreditation Review Panels reserve the right to request meetings with additional people if deemed necessary.*

Site visit Plan – Programme Accreditation

| Day 0 Arrival of Accreditation Review Panel | Location |
|---|---|
| Arrival of Accreditation Review Panel | |
| Preparatory meeting of Accreditation Review Panel | |

| Day 1 | | | |
|---|---|---|---|
| **Time** | **Agenda** | **Location** | **Participants** |
| 09:00 - 09:30 | Arrival Accreditation Review Panel Orientation | | ▪ |
| 09:30 - 10:45 **Meeting 1** | Introduction to the Programme Leadership | | ▪ |
| 10:45 - 11:00 | Meeting Debrief – Accreditation Review Panel | | |
| 11:00 – 12:30 **Meeting 2** | Students (inc. student representatives) | | Maximum 10 participants |
| 12:30 - 12:45 | Meeting Debrief – Accreditation Review Panel | | |
| 12:45 – 13:45 | Light Lunch with Programme Leadership | | |
| 13:45-14:45 **Meeting 3** | Programme Facilities Tour | Learning facilities and Library | |
| 14:45 – 15:45 **Meeting 4** | Career Services Student & Welfare Services Senior Administration | | |
| 15:45 – 16:00 | Meeting Debrief – Accreditation Review Panel | | |
| 16:00 – 17:00 **Meeting 5** | External Stakeholders | Includes stakeholders involved with Programme & Alumni | Maximum 10 participants |
| 17:00 – 17:30 | Daily Debriefing – Accreditation Review Panel | | |

| 17:30 | Accreditation Review Panel returns to hotel | | |
|---|---|---|---|

| **Day 2** | | | |
|---|---|---|---|
| **Time** | **Agenda** | **Location** | **Participants** |
| 09:00 - 10:30 **Meeting 6** | Meeting with core faculty (including coordinators & members of governance bodies) | | Maximum 10 participants |
| 10:30 - 10:45 | Meeting Debrief – Accreditation Review Panel | | |
| 11:45 - 12:45 **Meeting 7** | Meeting with Quality Management | | |
| 12:45 – 13:00 | Meeting Debrief – Accreditation Review Panel | | |
| 13:00 – 16:00 **Meeting 9** | Light Lunch (Accreditation Review Panel) followed by discussion | | |
| 16:00 – 16:40 | Briefing by Accreditation Review Panel on initial impressions | | |
| 16:40 – 17:40 **Optional Meeting** | Programme Leadership | Future Development | Time set aside to discuss with Programme Leadership desires and avenues for further development |
| 17: 40 | Accreditation Review Panel leaves | | |

Site visit Plan – School Accreditation

| Day 0 Arrival of Accreditation Review Panel | Location |
|---|---|
| | Arrival of Accreditation Review Panel | |
| | Preparatory meeting Accreditation Review Panel | |

| Day 1 | | | |
|---|---|---|---|
| Time | Agenda | Location | Participants |
| 09:00- 09:30 | Arrival of Accreditation Review Panel Orientation | | ▪ |
| 09:30- 10:45 Meeting 1 | Host Institution Leadership | | ▪ Leadership representatives from host institution (additional time allotted for travel to main site if required) |
| 10:45 – 11:00 | Meeting Debrief – Accreditation Review Panel | | ▪ |
| 11:00 – 12:30 Meeting 2 | Introduction to the School Leadership 1 | | ▪ Dean / Head of School / Department |
| 12:30- 12:45 | Meeting Debrief – Accreditation Review Panel | | |
| 12:45 – 13:45 | Light Lunch (with School Leadership if required) | | |
| 13:45 – 15:15 Meeting 3 | Students (inc. student representatives) | | Maximum 10 participants |
| 15:15 – 15:30 | Meeting Debrief – Accreditation Review Panel | | |
| 15:30 – 17:00 Meeting 4 | External Stakeholders Includes stakeholders involved with School & Alumni | | Maximum 10 participants |
| 17:00 – 17:30 | Daily Debriefing – Accreditation Review Panel | | |
| 17:30 | Accreditation Review Panel returns to hotel | | |

| Day 2 | | | |
|---|---|---|---|
| Time | Agenda | Location | Participants |
| 09:00- 09:30 | Arrival Accreditation Review Panel- Review of materials | | ▪ |
| 09:30- 10:30 **Meeting 5** | Introduction to the School Leadership 2 | | ▪ Board level meetings (as in organisational chart) |
| 10:30 – 10:45 | Meeting Debrief – Accreditation Review Panel | | ▪ |
| 10:45  – 12:15 **Meeting 6** | Meeting with core faculty (including coordinators & members of governance bodies) | | ▪ Maximum 10 participants |
| 12:15- 12:30 | Meeting Debrief – Accreditation Review Panel | | |
| 12:30 – 13:30 | Light Lunch (with School Leadership if required) | | |
| 13:30 – 14:30 **Meeting 7** | School Facilities Tour | Learning facilities and Library | |
| 14:30 – 14:45 | Meeting Debrief – Accreditation Review Panel | | |
| 14:45 – 15:45 **Meeting 8** | Career Services Student & Welfare Services Senior Administration | | Maximum 10 participants |
| 15:45 – 16:00 | Meeting Debrief – Accreditation Review Panel | | |
| 16:00 – 17:30 **Meeting 9** | Meeting with Quality Management Groups | | |
| 17:30 – 18:00 | Daily Debriefing – Accreditation Review Panel | | |
| 18:00 | Accreditation Review Panel returns to hotel | | |

| Day 3 | | | |
|---|---|---|---|
| Time | Agenda | Location | Participants |
| 09:00 – 13.00 | Accreditation Review Panel meeting behind closed doors (includes light lunch) | | School leadership available for consultation |
| 13:00 – 14:00 | Briefing by Accreditation Review Panel on initial impressions | | |
| 14:00- 15:00 **Optional Meeting** | School Leadership & Boards | Future Development | To discuss with Leadership measures for further development |
| 15:00 | Accreditation Review Panel leaves | | |

*The following review schedule is for renewal of accreditations which are to be conducted online unless otherwise decided by the Accreditation Review Board, Accreditation Review Panel and Applicant. The review will take place over roughly 5 hours with Accreditation Review Panel feedback (meeting 6-8) given either on the day or on the following day.*

| Day 1. | | | | |
|---|---|---|---|---|
| **Zoom link:** | | | | |
| Regional Timings | | | | |
| **Minute counter** | **Time \*** | **Category** | **Detail of Meeting** | **Participant Names & Roles** |
| 50 | **Meeting 1** 50 minutes | School or Programme Leadership | Introduction to the School or Programme | • |
| 60 | 10 minutes Accreditation Review Panel debrief | | | |
| 110 | **Meeting 2** 50 minutes | Students | Mix of cohorts and includes student representatives in decision making Boards Maximum 10 participants | • |
| 120 | 10 minutes Accreditation Panel debrief | | | |
| 170 | **Meeting 3** 50 minutes | External Stakeholders | Includes stakeholders involved with School or Programme & Alumni Maximum 10 participants | • |
| 180 | 10 minutes Accreditation Review Panel debrief | | | |
| 230 | **Meeting 4** 50 minutes | Faculty | Introduction to Learning environment | • |
| 240 | 10 minutes Accreditation Review Panel debrief | | | |
| 290 | **Meeting 5** 50 minutes | Quality Management | • | |
| 410 | **Meeting 6** 120 mins | | Accreditation Review Panel Internal Meeting School/ Programme Leadership / coordinator on call to answer any clarifications | |
| 450 | **Meeting 7** 40 minutes | | Feedback Meeting. Briefing by Accreditation Review Panel on initial impressions | |
| 460 | 10 minutes Break | | | |
| 520 | **Additional** 1 hour | Future Development | Time set aside to discuss with School or Programme Leadership desires and avenues for further development | |

Please note.

\* Precise times will be set according to the applicant clock and time zone

# 6. Indicative Review Decisions

As part of the process of review, the Accreditation Review Panel will make judgements for each of the criteria based around five basic principles: Full Compliance, Substantial Compliance, Partial Compliance, Non-Compliance and Non-Applicability.

➢ Full Compliance: where all the elements have been satisfactorily met.

➢ Substantial Compliance: Where all elements have been met to a certain degree, but improvements can be made to improve the development of the School/Programme in line with the criteria.

➢ Partial Compliance: Where the School/Programme meets the minimal requirements of the criteria but where wider development would significantly improve the School/Programme and the possibility of improving the decision grading in the future.

➢ Non-Compliance: Where the School/Programme fails to fulfil the basic requisites of the criterion in question.

➢ Non-Applicable: This section refers to elements which may be outside of the control of the School/Programme (e.g. national legislation) and, therefore, renders the elements of the criterion non-applicable in specific circumstances.

After completing the review of all the criteria, the Accreditation Review Panel needs to combine all those evaluation elements into a holistic vision to reach a final decision of Accreditation, Conditional Accreditation or Denial/Revocation of Accreditation about the School/Programme under evaluation.

In addition to these above decisions, the Accreditation Review Panel should highlight areas of good practice found which will be noted in the reports. Any School/Programme, vastly exceeding the criteria may be noted as Gold Practice with commensurate notification in the report and certification.

When writing the report, the Accreditation Review Panel needs to take in consideration the Standard 2.6. on reporting provided by the European Standards and Guidelines:

2.6. Standard:

Full reports by the experts should be published, clear and accessible to the academic community, external partners and other interested individuals. If the agency takes any formal decision based on the reports, the decision should be published together with the report.

## Guidelines:

The report by the Accreditation Review Panel is the basis for the institution's follow-up action of the external evaluation and it provides information to society regarding the activities of an institution. In order for the report to be used as the basis for action to be taken, it needs to be clear and concise in its structure and language and to cover:

➢ context description (to help locate the higher education institution in its specific context);
➢ description of the individual procedure, including experts involved;
➢ evidence, analysis and findings;

➢ conclusions;
➢ features of good practice, demonstrated by the institution; - recommendations for follow-up action.

The preparation of a summary report may be useful.

The factual accuracy of a report is improved if the applicant is given the opportunity to point out errors of fact before the report is finalised.

## Complaints

## 1. Introduction

This policy outlines the procedure for lodging and handling complaints related to the accreditation services provided by ICAPHE. We are committed to transparency, accountability and continuous improvement, ensuring that complaints are addressed fairly, efficiently and in accordance with best practices.

## 2. Scope

This policy applies to complaints raised by:
- Accredited institutions or those seeking accreditation.
- Students, faculty or staff from accredited applicant.
- Employers or other stakeholders directly connected to the accredited applicant.

## 3. Lodging a Complaint

### 3.1 Submission Requirements

A formal complaint must be submitted in writing and include:
- Complainant's full name, organisation (if applicable), and contact details.
- A clear description of the issue, including relevant dates and interactions.
- Any supporting evidence (emails, reports, policy references, etc.).
- The outcome or resolution sought.

Complaints must be submitted via email to

Complaints@icaphe.org

### 3.2 Confidentiality & Anonymity

Complaints will be handled confidentially, and identities will only be disclosed on a need-to-know basis. Anonymous complaints will not be considered.

## 4. Complaint Handling Process

### 4.1 Acknowledgement & Initial Review

- An acknowledgment of receipt will be sent.
- The complaint will be reviewed for validity and completeness. If additional information is required, the complainant will be contacted.
- Complaints outside the Council's remit will be redirected appropriately.

### 4.2 Investigation & Resolution

- The Board of Trustees will decide on the best methodology to handle the complaint.
- A **formal response will be issued**, outlining findings and any remedial actions.

### 4.3 Possible Outcomes

- **Complaint Upheld:** Corrective action taken (e.g., process changes).
- **Complaint Partially Upheld:** Some issues addressed, but no full resolution.
- **Complaint Not Upheld:** Justification provided, with explanation of the decision-making process.

# 5. Continuous Improvement

All complaints are logged, reviewed, and used for quality improvement purposes. An annual report on complaints and resolutions will be reviewed by ICAPHE to enhance the accreditation processes.

# 6. Contact Information

For enquiries related to this complaints' procedure, please contact: complaints@icaphe.org

This policy is subject to periodic review.

# Appeals

## 1. Introduction

This policy outlines the process for applicants appealing against an accreditation outcome for Programmes, Schools and CPD Training evaluated by the International Council for Accreditation and Advancement of Public Health Education (ICAPHE). The appeal procedure applies to accreditations conducted under the relevant ICAPHE Accreditation Handbooks and aligns with best practice principles for evaluation agencies, including the ESG 2015.

Applicants may request an appeal in cases where:
1. The applicant receives conditional accreditation, requiring further improvements before reconsideration.
2. The applicant is not accredited, or accreditation is revoked.

An appeal request must be based on procedural non-compliance with the relevant Accreditation Handbook, raising concerns about the fair and equal treatment of applicants. Only the applicant institution directly affected by the accreditation outcome may file a request.

## 2. External Review Committee for Accreditation Disputes (ERCAD)

ICAPHE will appoint the External Review Committee for Accreditation Disputes.

The members of the ERCAD should consist of experienced evaluators representing relevant sectors of higher education.

### Independence & Conduct

The External Review Committee for Accreditation Disputes functions independently, free from influence by higher education institutions, government bodies, stakeholders or ICAPHE. Members do not represent their background organisations but work to ensure fair and transparent decision-making within ICAPHE.

ICAPHE provides administrative support to the External Review Committee for Accreditation Disputes, ensuring that no involved officials participated in the original accreditation process of the applicant requesting the review.

All members must sign a confidentiality, conflicts, and ethics declaration. Any individual with a real or perceived conflict of interest will be disqualified from participating in the review.

This procedure ensures a structured, fair, and transparent review process, maintaining the integrity of ICAPHE's accreditation framework.

## 3. Filing and Processing an Appeal Request

### Submission of Requests

- The accreditation outcome is communicated to applicants immediately following the ICAPHE Accreditation Review Board decision-making meeting.
- A request for Appeal must be submitted within 30 days of receiving the accreditation outcome (excluding the day of notification). Late submissions will not be processed.
- Requests must be emailed to appeals@icaphe.org .

### Request Requirements

A valid request must be in writing and include:
1. The accreditation outcome being challenged.
2. The grounds for the request, specifying alleged procedural violations.
3. Supporting documents available during the original accreditation process (new materials will not be accepted).
4. The applicant's designated contact person for the Appeal process.

The request must also include a valid address for correspondence and be signed by the authorised representative of the applicant institution.

### Request Incompletion & Supplementation

If a request is incomplete, the applicant will have 14 days to provide the necessary supplemental information.

## 4. Appeal Process

### Evaluation of Requests

The External Review Committee for Accreditation Disputes (ERCAD), appointed by ICAPHE, will handle appeal requests. Upon receipt of a request, ICAPHE will forward all relevant documents to ERCAD including:
- The appeals document
- The accreditation report.
- The self-evaluation report and other materials submitted by the applicant during the accreditation process.
- Additional Accreditation Review Panel documents used in the accreditation decision.

ERCAD will assess the materials and may conduct hearings with the applicant and other relevant parties before issuing a resolution. Requests are generally processed within three months of submission.

### External Review Committee for Accreditation Disputes Decision

ERCAD will examine the accreditation process holistically. If procedural error/s are found that may have impacted the fairness or equality of the accreditation decision, the procedural error/s must be explicitly stated in ERCAD's s resolution. ERCAD decisions are final and may uphold, modify or overturn the decisions of the Accreditation Review Board.

If the request lacks the required supporting materials or contains new evidence not available during the accreditation process, it will not be processed.

### Statement of Findings

The ERCAD's decision will be documented, including:
1. The date of the statement.
2. The applicant and accreditation outcome under review.
3. The appeal's key issues and considerations.
4. Whether the appeal grounds were satisfied or not.
5. A decision on whether to uphold, modify or overturn the original accreditation decision.
6. Justifications supporting the decision.

Applicants will be notified of the decision immediately following ECRAD's decision meeting.

# Terms of Reference for the External Review Committee for Accreditation Disputes (ERCAD)

## 1. Introduction

**Purpose**

The External Review Committee for Accreditation Disputes (ERCAD) is established to ensure a fair, independent and transparent review of appeals submitted by entities contesting accreditation decisions made by the accrediting body. This document defines the Committee's terms of reference, ensuring consistency, integrity and procedural fairness in handling appeals.

## 2. Composition

### Independence

The ERCAD shall consist of two members and a Chairperson, all of whom must remain impartial and independent. Members cannot have:

- Served on the original Accreditation Review Panel for the Programme or School under appeal.
- Been involved in any capacity in the decision-making process that led to the appeal.
- Any real or perceived conflict of interest, as defined by ICAPHE's confidentiality, conflict of interest and ethical policy.

### Expertise

Committee members must possess relevant experience and knowledge in accreditation processes to ensure an informed and competent review of appeals.

### Chairperson

The ERCAD will appoint a Chairperson who is responsible for:

- Leading and overseeing the Committee's proceedings.
- Facilitating discussions and ensuring constructive deliberations.
- Ensuring adherence to the terms of reference and procedural guidelines.

## 3. Responsibilities

### Appeal Review Process

The ERCAD is responsible for conducting a comprehensive and impartial review of submitted appeals to determine whether to uphold, modify or overturn the original accreditation decision. This includes evaluating all relevant documentation and ensuring that the appeal process is conducted in accordance with accreditation policies and standards.

The ERCAD may seek further information or clarification from:
- The appellant.
- The original review team.
- ICAPHE Boards.
- The Secretariat Team.
- Any other relevant stakeholders deemed necessary to ensure a well-informed decision.

### Appeal Hearings

If required, the ERCAD may conduct an appeal hearing, allowing the appellant to present their case in person or via a virtual platform. The hearing provides an opportunity for:
- The appellant to clarify concerns and present supporting evidence.
- Committee members to ask questions and gain additional insights before making a decision.

## 4. Decision and Reporting

Following the review process, the ERCAD will submit a written report to ICAPHE, outlining:
- The date of the statement.
- The applicant and accreditation outcome under review.
- The appeal's key issues and considerations.
- Whether the appeal grounds were satisfied or not.
- A decision on whether to uphold, modify or overturn the original accreditation decision.
- Justifications supporting the decision.

## 5. Confidentiality and Integrity

All proceedings, documents and deliberations of the ERCAD shall remain strictly confidential. Members must uphold the highest standards of integrity, impartiality and fairness, ensuring due process and the protection of all parties involved.

These Terms of Reference serve as a guiding framework for the operations of the External Review Committee for Accreditation Disputes, reinforcing a transparent and just accreditation appeals process.

This policy document is subject to periodic review.

# 8. Confidentiality, Conflicts & Ethics

## ICAPHE Confidentiality, Conflicts of Interest & Ethical Conduct Policy

## 1. Purpose

The purpose of this policy is to establish the standards of confidentiality, impartiality and ethical conduct required of all persons engaged by the International Council for Accreditation and Advancement of Public Health Education (ICAPHE). This policy ensures that accreditation and associated processes are conducted with integrity, fairness and professionalism.

## 2. Scope

This policy applies to all individuals engaged with ICAPHE, including but not limited to site visit Accreditation Review Panel members, committee reviewers, external evaluators and Board members.

## 3. Confidentiality

Individuals working with ICAPHE are entrusted with sensitive information throughout the processes. To protect the integrity of the systems, all individuals must:

- Maintain strict confidentiality regarding all materials, discussions and findings related to the accreditation processes.

- Refrain from disclosing, sharing or discussing any information with individuals or groups outside of the review process.

- Secure all accreditation-related documents, whether in print or electronic form and dispose of them appropriately upon the completion of the process.

Confidential materials include but are not limited to:

- Self-Evaluation Reports and application documents.

- Supporting documentation provided by the applicant institution.

- Interviews, deliberations and assessment findings.

- Complaints and appeal documentation

# 4. Conflicts of Interest

Members of the Accreditation Review Panels and Board must uphold impartiality and avoid any actual or perceived conflicts of interest. Reviewers and Board members are required to disclose any relationships or circumstances that may compromise their objectivity, including:

- Past or present employment, consultancy or financial relationships with the institution under review.

- Personal or professional relationships that could affect impartiality.

- Any other circumstances that may create a bias or the appearance of bias.

If a conflict of interest is identified, the reviewer or board must immediately notify ICAPHE. If deemed necessary, the individual will be recused from the accreditation process to maintain integrity and objectivity.

# 5. Ethical Conduct

Accreditation must adhere to the highest standards of professionalism, integrity and respect throughout all processes and actions. To this end members of Review Panels and Board are expected to:

- Conduct processes fairly and objectively, based solely on the evidence provided.
- Follow ICAPHE accreditation policies, procedures and ethical guidelines.
- Treat all individuals involved in the process with respect and professionalism.
- Avoid using their role for personal gain or advantage.

Unethical behaviour, including favouritism, bias or the misuse of confidential information, will not be tolerated and may result in immediate removal of the member from any and all processes.

# 6. Acknowledgment and Agreement

All individuals engaged with ICAPHE must acknowledge and agree to abide by this policy before participating in any process by signing the ICAPHE Reviewer Confidentiality, Conflicts of Interest and Ethical Conduct Declaration. This declaration affirms their commitment to maintaining confidentiality, impartiality and ethical integrity.

This policy document is subject to periodic review.

# 9. Travel & Host Logistics Policy

## 1. Purpose

This policy establishes comprehensive travel and logistical protocols for host institutions and reviewers, ensuring that site visits are well organised and efficient. It is designed to facilitate coordination to minimise disruptions and guarantee timely arrangements.

The overarching objective is to uphold cost-effective, secure logistical travel while prioritising the well-being of all participants. By implementing these structured guidelines, applicants can mitigate unforeseen challenges and promote a professional, well-orchestrated site visit experience for everyone involved.

## 2. What the Host Institution Should Cover

To make the visit seamless, the Host Institution will take care of:

### a. Travel

- Round-trip airfare or reasonable airfare travel costs for each member of the visiting Review Panel

  Complete travel times up to 6 hours*: Economy class to be booked.

  Complete travel times 6-12 hours*: Premium Economy class is permitted.

  Complete travel times over 12 hours#*: Business class is allowed to ensure comfort and productivity.

**\*** *time from departure to arrival taking into account stopovers*
 # *Applicants are advised to talk to reviewers directly to see if they are able to accommodate premium economy*

### b. Visas and Travel Documentation

- The host organisation or local office is responsible for assisting travellers in obtaining (and informing reviewers) of the necessary visas and required documentation.

- Visa fees are to be reimbursed upon submission of receipts and necessary approvals.

### c. Accommodation

- Comfortable standard hotel (minimum 3-star) for the Accreditation Review Panel during their stay, including the arrival for the night before and after if needed. Accommodation located in walking distance of the main location of the site-visit is appreciated. As a practical guideline, accommodation should be of a quality that you would be happy to house your parents. Accommodation contact details to be sent to Accreditation Review Panel in advance.

### d. Meals and Refreshments

- Meals or a reasonable meal allowance for the visiting Review Panel. It is on the organisers to account for dietary requirements of the Review Panel.

- Light lunches, refreshments during meetings and working sessions.

- If "snacks" are to be provided these should be fruit or vegetables. No Biscuits or cakes (refined carbohydrates).

### e. Local Transport

- Airport / train station pick-ups and drop-offs.

- Daily transportation to and from the visit site(s).

- Any additional transport needed for official visit activities.

### f. Translation and Interpretation

- If English is not the main language, provide interpreters for meetings and discussions.

### g. Additional Considerations

- Ensuring name badges or name plates of all meeting attendees.

- Organising logistics in advance and keeping the accreditation team informed.

- Assigning a key contact person to assist the Accreditation Review Panel throughout the visit including the personal contact phone details of at least 2 people.

- Informing reviewers of any requirements for inoculations or vaccinations.

# 3. What the Reviewers should ensure

### a. Visas and Travel Documentation

- Reviewers should ensure their passports are valid for at least six months before the arrival date.

- The reviewer should ensure that all documentation required by the host is provided on time.

- Reviewers should give ample time to ensure that bureaucratic requirements especially if consulates and arrival visas are not an option.

### b. Travel Insurance

- Reviewers are responsible for arranging their own travel health insurance for the period of the travel required. Expense reclaims will be provided.

- Travelers must review the coverage details before departure and report any concerns to ICAPHE well in advance of travel.

### c. Health & Safety

- Travelers should comply with all health and safety guidelines issued by the organisation and relevant authorities.

- Necessary vaccinations and health precautions should be taken before departure. Expense reclaims will be provided.

- Personal Emergency contact information should be provided to the applicant before travel.

This policy document is subject to periodic review.