**TEPDAD**

**SELF-EVALUATION REPORT
EVALUATION GUIDE FOR**

**INTERNATIONAL ACCREDITATION**

SELF-EVALUATION REPORT
EVALUATION GUIDE

School Evaluated :

Date of SER Arrival to TEPDAD:

Date the SER Delivered to the Team Members:

|  |
| --- |
| Evaluation Team Members :  |
| Name-Surname | Institution | Phone number | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## EVALUATION

|  |  |  |
| --- | --- | --- |
| **Evaluation Topic** |  **Decision** | **Comments\*** |
| Format of the reportCoverTimes New Roman font 12 Line spacing 1.5 , A4 Paper | □ Appropriate □ Incomplete□ Not appropriate |  |
| Clarity and consistency of content of the report | □ Appropriate □ Partially appropriate□ Not appropriate |  |
|  Formation of the Self Evaluation Team Dean/ Deputy Dean SER Coordinator (A Facolty member who is experienced in education) Student – At least 3 students from pre-clinical, clinical and internship years Graduate (General practitioner/Family Physician))Faculty member – At least 3 Members from different academic titles and preferably from, basic, medical and surgical sciences Resident representativeGeneral Secretary of the school | □ Appropriate □ Partially appropriate□ Not appropriate |  |
| General Introduction of the school* Name of the university :
* Name of the Rector
* Name of the school :
* Name of the DEan :
* Names and the functions of the SER Committte Members

Name, telephone, fax number and e-mail address of the responsible person with whom the visiting team members will contact before the visit: | □ Appropriate □ Incomplete□ Not appropriate |  |
| Process of preparation of SER  | □ Appropriate □ Incomplete□ Not appropriate  |  |
| SER Summary | □ Appropriate □ Incomplete□ Not appropriate  |  |

**\* If this part was not proper or incompletely prepared, give an informative feedback to the institution.**

**TABLE OF MEETING THE WFME GLOBAL STANDARDS (2015)**

**FOR UNDERGRADUATE MEDICAL EDUCATION**

In this section, the evaluation criteria written in plain type characters belong to the basic standards, and the evaluation criteria written in italic type characters belong to the development standards.

The following rating scale will be used to evaluate processes in meeting the basic standards:

1. Unmet: The level to be marked in the absence of any assessment of meeting the standard in the relevant part of the SER, misinterpretation and definition of practices, lack of supporting documents / evidence (not defined and written process, definition invalid, no document / evidence)

2. Partially met/major: The level to be marked when some definitions/applications/documents/evidence regarding meeting the standard in the relevant part of the SER exist but are not at a level to meet the standard (there are significant deficiencies in the definition of basic processes, evidence/documents and/or implementation)

3. Partially met/minor: It is the level to be marked in the relevant section of the SER, where there are enough definitions / practices / documents / evidence regarding meeting the standard, but there are points that are recommended to be developed (whether the implementation is systematic, whether there is enough time to see the results, the state of institutionalization, etc.).

4. Met: It is the level to be marked when the definitions / practices / documents / evidence of meeting the standard in the relevant section of the SER are found completely.

5. Good practice: It is an exemplary level at which definitions / practices / documents / evidence regarding meeting the standard in the relevant section of the SER are obtained with a comprehensive and systematic approach.

\* The features or deficiencies explaining the evaluation score given in the evaluation column should be stated. Minimum acceptable score for visit decision is “3”. The explanations for the minimum acceptable level are provided for each standard under the numbers of scoring cell in the table.

\*\* General comments and recommendations must be filled in. In this section, a holistic evaluation should be made, and explanations, information and suggestions should be written that will form the basis for the board's visit decision and form the basis for future correspondence with the institution.

|  |  |  |
| --- | --- | --- |
| **STANDARDS** | **Evaluation** | **Comments &Justification\*** |
| 1. MISSION AND OUTCOMES |
|  |
| **1.1 Mission** |  |  |
| B1.1.1. The medical school must state its mission | □1 □2 □3 □4 □5Presence of mission and visionstatement/institutional aims of the medical school |  |
| B1.1.2. The medical school must make its mission known to its constituency and the health sector it serves | □1 □2 □3 □4 □5Accessibility of mision-vision statemnt/institutional aimsfrom the website of the school |  |
| B1.1.3. In its mission, the medical school must outline the aims and the educational strategy resulting in a medical doctor competent at a basiclevel.  | □1 □2 □3 □4 □5Statement of basic medicaldoctor competency orcompetencies n the misssionstatement/institutional aims |  |
| B1.1.4. In its mission, the medical school must outline the aims and the educational strategy resulting in a medical doctor with an appropriate foundation for future career in any branch of medicine | □1 □2 □3 □4 □5Statement of basic medicaldoctor competency orcompetencies for future career in the misssion statement or institutional aims |  |
| B1.1.5. In its mission, the medical school must outline the aims and the educational strategy resulting in a medical doctor capable of undertaking the roles of doctors as defined by the health sector | □1 □2 □3 □4 □5Statement of basic medicaldoctor competency orcompetencies fort the roles of adoctor in the health sector in the misssion statement or institutional aims |  |
| B1.1.6. In its mission, the medical school must outline the aims and the educational strategy resulting in a medical doctor prepared and ready for postgraduate medical education | □1 □2 □3 □4 □5Statement of basic medicaldoctor competency orcompetencies fort readiness of agraduate for postgraduate medical education in the misssion statement or institutional aims |  |
| B1.1.7. In its mission, the medical school must outline the aims and the educational strategy resulting in a medical doctor committed to life-long learning | □1 □2 □3 □4 □5Statement of life-long learning abilities of a graduate in themisssion statement or institutional aims |  |
| B1.1.8. The medical school must consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. | □1 □2 □3 □4 □5Presence of social accountability related elements in the mission statement |  |
|  |
|  **BS.1.1. General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q1.1.1. The medical school should ensure that the**mission encompasses medical research attainment* | □1 □2 □3 □4 □5Statement of research attainment in the misssion statement or institutional aims |  |
| *Q1.1.2. The medical school should ensure that the* *mission encompasses aspects of global health*  | □1 □2 □3 □4 □5Statement of global health aspects in the misssion statement or institutional aims |  |
|  |
| **1.2 Institutional Autonomy and Academic Freedom** |
| B1.2.1. The medical school must have institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding design of the curriculum | □1 □2 □3 □4 □5Presence of directives, regulations or relevant legislation regarding the planning, implementation and evaluation processes of the educational program |  |
| B1.2.2. The medical school must have institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding use of the allocated resources necessary for implementation of the curriculum | □1 □2 □3 □4 □5Presence of directives, regulations or relevant legislation defining roles and responsibilities of academic and administrative staff.  |  |
|  |
|  **BS.1.2. General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q1.2.1. The medical school should ensure* *academic freedom for its staff and students in* *addressing the actual curriculum* | □1 □2 □3 □4 □5Explanations and documentation of samples to show academic freedom of the staff and students in addressing the actual curriculum |  |
| *Q1.2.2. The medical school should ensure* *academic freedom for its staff and students in* *exploring the use of new research results to* *illustrate specific subjects without* *expanding the curriculum* | □1 □2 □3 □4 □5Explanations of samples to show use of new research results to illustrate specific subjects without expanding the curriculum, related documentation |  |
|  |
| 1.3 Educational Outcomes |  |  |
| B1.3.1. The medical school must define the intended educational outcomes that students should exhibit upon graduation in relation to their achievements at a basic level regarding knowledge,skills, and attitudes | □1 □2 □3 □4 □5Presence of a list including graduate competenciesregarding knowledge, skills andattitudes.  |  |
| B1.3.2. The medical school must define the intended educational outcomes that students should exhibit upon graduation in relation to appropriate foundation for future career in any branch of medicine | □1 □2 □3 □4 □5In the graduate competencies list, inclusion of graduate qualifications regarding appropriate foundation for future career in any branch ofmedicine.  |  |
| B1.3.3. The medical school must define the intended educational outcomes that students should exhibit upon graduation in relation to theirfuture roles in the health sector | □1 □2 □3 □4 □5In the graduate competencies list, inclusion of graduate qualifications regarding future roles of the graduatesin the health sector. |  |
| B1.3.4. The medical school must define theintended educational outcomes that students shouldexhibit upon graduation in relation to their subsequent postgraduate training | □1 □2 □3 □4 □5in the graduate competencies list, inclusion of graduate qualifications regarding readiness forsubsequent postgraduate training. |  |
| B1.3.5. The medical school must define theintended educational outcomes that students shouldexhibit upon graduation in relation to their commitment to and skills in life-long learning | □1 □2 □3 □4 □5in the graduate competencies list, inclusion of graduate qualifications regarding life-long learning abilities |  |
| B1.3.6. The medical school must define theintended educational outcomes that studentsshould exhibit upon graduation in relation to thehealth needs of the community, the needs of thehealth care delivery system and other aspects of social accountability | □1 □2 □3 □4 □5in the graduate competencies list, inclusion of graduate qualifications regarding abilities on communityhealth, healthcare delivery system and other aspects of social accountability. |  |
| B1.3.7. The medical school must define theintended educational outcomes that students should exhibit upon graduation in relation to ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives | □1 □2 □3 □4 □5in the graduate competencies list, inclusion of graduate qualifications regarding communication skills withcolleagues, patients and healthcare organazitions.  |  |
| B1.3.8. The medical school must define the intended educational outcomes that students should exhibit upon graduation in relation to make the intended educational outcomes publicly known | □1 □2 □3 □4 □5Accessibility of the graduate competencies list and  aims and objectives the whole program from the website. |  |
|  |
|  **BS.1.3. General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q1.3.1. The medical school should specify and* *co-ordinate the linkage of acquired* *outcomes by graduation with acquired outcomes* *in postgraduate training* | □1 □2 □3 □4 □5Presence of tables matching the undergraduate and postgraduate training competenecies |  |
| *Q1.3.2. The medical school should specify**intended outcomes of student engagement in* *medical research* | □1 □2 □3 □4 □5In the intended outcomes of the educational program, inclusion of studentengagement in medical research. |  |
| *Q1.3.3. The medical school should draw attention* *to global health related intended outcomes* | □1 □2 □3 □4 □5In the intended outcomes of the educational program, inclusion of global health relatedissues |  |
|  |
| **1.4** **Participation in Formulation Of Mission and Outcomes** |
| B 1.4.1. The medical school must ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes.  | □1 □2 □3 □4 □5Presence of meeting minutesand participation lists, reports,correspondence samples etc. showing that all principal stakeholders (faculty and students at least) haveparticipated in formulatingthe mission and intended educational outcomes. |  |
|  |
|  **BS.1.4. General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 1.4.1. The medical school should ensure* *that the formulation of its mission and intended* *educational outcomes, is based also on input from* *other stakeholders.*  | □1 □2 □3 □4 □5Presence of meeting minutes,participation lists, reports,correspondence samples etc. showing that external stakeholders have contributed to formulating the mission andintended educational outcomes |  |

|  |
| --- |
| 2. EDUCATIONAL PROGRAMME |
|  |
| 2.1 Framework of The Programme |  |  |
|  B2.1.1. The medical school must define the overall iculcurriculum | □1 □2 □3 □4 □5Definition of the educationprogram model and structure,teaching methods used in allphases, documents or tablesshowing compliance of teachingmethods with the intendededucational outcomes andaccessibility of the program through the website. |  |
|  B2.1.2. The medical school must use a curriculum and instructional/learning methods that stimulate,  prepare and support students to take  responsibility for their learning process | □1 □2 □3 □4 □5Documentation of the learner-centered education practices included in the educational program |  |
|  B2.1.3. The medical school must ensure that the  curriculum is delivered in accordance with  principles of equality | □1 □2 □3 □4 □5 Presence of any legislation  declaring that the  curriculum is delivered in  accordance with principles of  equality. |  |
|  |
|  **BS.2.1 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
|  *Q 2.1.1. The medical school should ensure that the*  *curriculum prepares the students for*  *life-long learning.* | □1 □2 □3 □4 □5Documents (links) showing the presence of curriculumcomponents supporting life-longlearning habits of the students.  |  |
|  |
| **2.2** **Scientific Method** |
|  B 2.2.1 Throughout the curriculum, the medical  school must teach the principles of scientific  method, including analytical and critical thinking.  | □1 □2 □3 □4 □5Documents (links) showing thepresence of curriculum  components teaching the  principles of scientific method,  including analytical and critical  thinking |  |
|  B 2.2.2 Throughout the curriculum, the medical school must teach medical research methods | □1 □2 □3 □4 □5Documents (links) showing thepresence of curriculum elementsteaching medical researchmethods.  |  |
|  B 2.2.3 Throughout the curriculum, the medical school must teach evidence-based medicine | □1 □2 □3 □4 □5Documents (links) showing thepresence of curriculum elementsteaching evidence-based medicine and opportunities for students to practice EBM. |  |
|  |
|  **BS.2.2 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
|  *Q 2.2.1. The medical school should include* *elements of original or advanced research in the* *curriculum* | □1 □2 □3 □4 □5Documents (links) showing thepresence of curriculum elementsteaching original or advanced reasearch methodology  |  |
|  |
| **2.3** **Basic Biomedical Sciences** |
|  B 2.3.1. In the curriculum, the medical school must  identify and incorporate the contributions of the  basic biomedical sciences to create understanding of scientific knowledge fundamental to acquiring  and applying clinical science.  | □1 □2 □3 □4 □5Presence of curriculum elementsteaching basic biomedical sciences to create understandingof scientific knowledge, list of the related courses/modules/blocks and basic biomedical sciencessyllabus.  |   |
|  B 2.3.2. In the curriculum, the medical school  must identify and incorporate the contributions of the basic biomedical sciences to create  understanding of concepts and methods fundamental to acquiring and applying clinical  science.  | □1 □2 □3 □4 □5Presence of curriculum elementsteaching basic biomedicalsciences to create understanding of concepts andmethods fundamental for clinical sciences, list of the relatedcourses/modules/blocks and basic biomedical sciencessyllabus. |  |
|  |
|  **BS.2.3 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
|  *Q 2.3.1. In the curriculum, medical school should* *adjust and modify the contributions of the*  *biomedical sciences to the scientific, technological*  *and clinical developments.* | □1 □2 □3 □4 □5Examples showing theadjustment of biomedical basic sciences curriculum to scientific and clinical developments  |  |
|  *Q 2.3.2. In the curriculum, medical school should*  *adjust and modify the contributions of the*  *biomedical sciences to the current and anticipated*  *needs of the society and the health care system.* | □1 □2 □3 □4 □5Examples showing theadjustment of biomedical basic  sciences curriculum to the  needs of the society and the  health care system |  |
|  |
| **2.4** **Behavioural and Social Sciences, Medical Ethics and Jurisprudence** |
|  B2.4.1. In the curriculum, the medical school must identify and incorporate the contributions of the behavioural sciences | □1 □2 □3 □4 □5Documents (or links) showingpresence of courses/modules in the curriculum related tobehavioural sciences.  |  |
|  B2.4.2. In the curriculum, the medical school must identify and incorporate the contributions of the  social sciences | □1 □2 □3 □4 □5Documents (or links) showingpresence of courses/modules in the curriculum related tosocial sciences. |  |
|  B2.4.3. In the curriculum, the medical school must  identify and incorporate the contributions of the  medical ethics | □1 □2 □3 □4 □5Documents (or links) showingpresence of courses/modules in the curriculum related tomedical ethics. |  |
| B2.4.4. In the curriculum, the medical school must identify and incorporate the contributions of the  medical jurisprudence | □1 □2 □3 □4 □5Documents (or links) showingpresence of courses/modules in the curriculum related tomedical jurisprudence. |  |
|  |
|  **BS.2.4 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
|  *Q 2.4.1. In the curriculum, the medical school*  *should adjust and modify the contributions of the* *behavioural and social sciences as well as medical*  *ethics and medical jurisprudence to scientific,*  *technological and clinical developments.*  | □1 □2 □3 □4 □5Examples showing theadjustment of behavioural andsocial sciences as well as medical ethics and medical jurisprudenceto scientific, technological and clinical developments |  |
|  *Q 2.4.2. In the curriculum, the medical school*  *should adjust and modify the contributions of the*  *behavioural and social sciences as well as medical*  *ethics and medical jurisprudence to current and*  *anticipated needs of the society and the health*  *care system* | □1 □2 □3 □4 □5Examples showing theadjustment of behavioural andsocial sciences as well as medical ethics and medical jurisprudence to the needs of the society and the health care system |  |
|  *Q 2.4.3. In the curriculum, the medical school*  *should adjust and modify the contributions of the*  *behavioural and social sciences as well as medical*  *ethics and medical jurisprudence to changing*  *demographic and cultural contexts* | □1 □2 □3 □4 □5Examples showing theadjustment of behavioural andsocial sciences as well as medical ethics and medical jurisprudence to changing demographic and  cultural contexts. |  |
|  |
| **2.5** **Clinical Sciences and Skills** |
| B2.5.1. In the curriculum, the medical school must identify and incorporate the contributions of the clinical sciences to ensure that students acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation | □1 □2 □3 □4 □5Presence of curriculum elementsteaching clinical sciences and skills, list of the related courses/modules/blocks, simulation lab activities and clinical sciences syllabus. |  |
| B2.5.2. In the curriculum, the medical school must identify and incorporate the contributions of the clinical sciences to ensure that students spend a reasonable part of the programme in planned contact with patients in relevant clinical settings | □1 □2 □3 □4 □5Presentation of the ratio of thetime allocated for plannedstudent contact with patients in clinical settings to entireprogramme, related part ofsyllabus.  |  |
| B2.5.3. In the curriculum, the medical school must identify and incorporate the contributions of the clinical sciences to ensure that students experience health promotion and preventive medicine | □1 □2 □3 □4 □5Presence of curriculum elementsproviding students withopportunities to experiencehealth promotion andpreventive medicine practices. |  |
| B2.5.4. In the curriculum, the medical school must identify and incorporate the contributions of the clinical sciences to ensure that students specify the amount of time spent in training in major clinical disciplines | □1 □2 □3 □4 □5Presentation of the ratio of thetime allocated for training inmajor clinical disciplines to entire curriculum of clinical sciences, the place of the majorclinical disciplines in the syllabus.  |  |
| B2.5.5. In the curriculum, the medical school must identify and incorporate the contributions of the clinical sciences to ensure that students organise clinical training with appropriate attention topatient safety | □1 □2 □3 □4 □5Presence of curriculum elementsteaching patient safety aspectsto the students anddocumentation of the masuresrelated to patient safety during clinical training of the students.  |  |
|  |
|  **BS.2.5 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard  |
|  |
|  *Q 2.5.1. In the curriculum, the medical school* *should adjust and modify the contributions of the* *clinical sciences to the scientific, technological*  *and clinical developments* | □1 □2 □3 □4 □5Examples showing theadjustment of clinicel sciencescurriculum to the scientific, technological and clinicaldevelopments |  |
|  *Q 2.5.2. In the curriculum, the medical school* *should adjust and modify the contributions of the*  *clinical sciences to the current and anticipated*  *needs of the society and the health care system* | □1 □2 □3 □4 □5Examples showing theadjustment of clinicel sciencescurriculum to the needs of thesociety and healthcare system |  |
|  *Q 2.5.3. In the curriculum, the medical school*  *should adjust and modify the contributions of the*  *clinical sciences to ensure that every student has*  *early patient contact gradually including*  *participation in patient care* | □1 □2 □3 □4 □5Syllabus part showing the firstpatient contact time of the students in the curriculum.  |  |
|  *Q 2.5.4. In the curriculum, the medical school*  *should adjust and modify the contributions of the*  *clinical sciences to structure the different*  *components of clinical skills training according to*  *the stage of the study programme* | □1 □2 □3 □4 □5Presence of the curriculumcomponents providing clinicalskills training opportunities forthe students in line with thestages of the program.  |  |
|  |
| **2.6 Programme Structure, Composition and Duration** |
| B 2.6.1. The medical school must describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural and social and clinical subjects. | □1 □2 □3 □4 □5Explanation of the coordinationbetween basic biomedical, behavioural and social andclinical subjects and the balancebetween them. |  |
|  |
|  **BS.2.6 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
|  *Q 2.6.1. In the curriculum, the medical school*  *should ensure horizontal integration of*  *associated sciences, disciplines and subjects* | □1 □2 □3 □4 □5Presence of horizontal integration samples in thecurriculum.  |  |
|  *Q 2.6.2. In the curriculum, the medical school*  *should ensure vertical integration of the clinical*  *sciences with the basic biomedical and the*  *behavioural and social sciences* | □1 □2 □3 □4 □5Presence of horizontal integration samples in thecurriculum. |  |
|  *Q 2.6.3. In the curriculum, the medical school*  *should allow optional (elective) content and*  *define the balance between the core and optional*  *content as part of the educational programme* | □1 □2 □3 □4 □5Presence (list) of the elective courses in the curriculum and information on their content.  |  |
|  *Q 2.6.4. In the curriculum, the medical school*  *should describe the interface with*  *complementary medicine* | □1 □2 □3 □4 □5Explanation on relevance of the curriculum with complementarymedicine |  |
|  |
| **2.7 Programme Management** |  |  |
|  B 2.7.1. The medical school must have a  curriculum committee, which under the  governance of the academic leadership (the dean)  has the responsibility and authority for  planning and implementing the curriculum to  secure its intended educational outcomes.  | □1 □2 □3 □4 □5Presence of a committeeresponsible for planning and implementing the curriculum.Presentation of the list of thecommitte members and anofficial document (e.g. directive) describing tasks and responsilities of the committee |  |
|  B 2.7.2. The medical school must ensure  representation of staff and students in its  curriculum committee | □1 □2 □3 □4 □5List of the committee members including staff and students andan official document (e.g. directive) describing the composition and strucure of thecommittee |  |
|  |
|  **BS.2.7 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
|  *Q 2.7.1. Through its curriculum committee, the*  *medical school should plan and implement*  *innovations in the curriculum* | □1 □2 □3 □4 □5Examples of curriculum innovations planned by thecurriculum committee.  |  |
| *Q 2.7.2. In its curriculum committee, the* *medical school should include representatives* *of other stakeholders* | □1 □2 □3 □4 □5Names and professions of the Committee members in the list other than faculty, staff and students |  |
|  |
| **2.8 Linkage with Medical Practice and The Health Sector** |
|  B.2.8.1. The medical school must ensure  operational linkage between the educational  programme and the subsequent stages of  education or practice after graduation | □1 □2 □3 □4 □5Examples of linkage between the educational programme and the subsequent stages of education or practice after graduation |  |
|  |
|  **BS.2.8 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 2.8.1The medical school should ensure* *that the curriculum committee seeks input from* *the environment in which graduates will be* *expected to work, and modifies the* *programme accordingly* | □1 □2 □3 □4 □5Examples of program modifications suggested by the curriculum committee regarding the input from the environment where the graduates will work.  |  |
| *Q 2.8.2. The medical school should ensure* *that the curriculum committee considers* *programme modification in response to* *opinions in the community and society* | □1 □2 □3 □4 □5Examples of program modifications suggested by the curriculum committee regardingopinions in the community and society. |  |

|  |
| --- |
| 3. ASSESSMENT OF STUDENTS |
|  |
| **3.1 Assessment Methods** |  |  |
|  B3.1.1. The medical school must define, state and  publish the principles, methods and practices  used for assessment of its students, including the  criteria for setting pass marks, grade boundaries  and number of allowed retakes | □1 □2 □3 □4 □5Presence of the assessment regulation/ directive that defines the principles, methods and practices used for assessment of the students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes. Documentationand explanation on how theregulation/directive and its content is shared with the stakeholders.  |  |
|  B3.1.2. The medical school must ensure that  assessments cover knowledge, skills and attitudes | □1 □2 □3 □4 □5Blueprints showing that different areas of learning are assessed.  |  |
|  B3.1.3. The medical school must use a wide range  of assessment methods and formats according to  their “assessment utility”. | □1 □2 □3 □4 □5Assessment methods used in theprogram and the reason for selecting those methods for student assessment. |  |
|  B3.1.4. The medical school must ensure that  methods and results of assessments avoid  conflicts of interest. | □1 □2 □3 □4 □5Explanation of measures to prevent conflict of interest andrelated legislation |  |
|  B3.1.5. The medical school must ensure that  assessments are open to scrutiny by external  expertise | □1 □2 □3 □4 □5Examples of external expertise contribution to assessment system  |  |
|  B3.1.6. The medical school must use a system of  appeal of assessment results | □1 □2 □3 □4 □5Presence of legislation for appeal processess |  |
|  |
|  **BS.3.1 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
|  *Q 3.1.1.The medical school should evaluate and*  *document the reliability and validity of assessment*  *methods* | □1 □2 □3 □4 □5Documentation of relability and validity for assessment procedures.  |  |
| *Q 3.1.2.The medical school should incorporate* *new assessment methods where appropriate* | □1 □2 □3 □4 □5Explanation for incorporation of new assessment methods in the past including reasons behind.  |  |
|  *Q3.1.3The medical school should encourage the*  *use of external examiners.* | □1 □2 □3 □4 □5Examples of external examiner use in the exams.  |  |
|  |
| **3.2 Relation Between Assessment and Learning** |
|  B3.2.1. The medical school must use assessment principles, methods and practices that are clearly compatible with intended educational outcomes and instructional methods | □1 □2 □3 □4 □5Blueprints/curriculum maps  showing compatibility  of assessment with intended educational outcomes and  instructional methods |  |
|  B3.2.2. The medical school must use assessment principles, methods and practices that ensure that the intended educational outcomes are met by the students | □1 □2 □3 □4 □5Blueprints showing the relations of intended educational outcomes with the content of assessment procedures |  |
|  B3.2.3. The medical school must use assessment principles, methods and practices that promote student learning | □1 □2 □3 □4 □5Use of formative assessmentmethods |  |
|  B3.2.4 The medical school must use  assessment principles, methods and practices that  provide an appropriate balance of  formative and summative assessment to guide  both learning and decisions about academic  progress | □1 □2 □3 □4 □5Information on the balance between formative and summative exams, adequacy of the current amount of both assessment approaches and plans for the future with reasons  |  |
|  |
|  **BS.3.2 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard  |
|  |
|  *Q 3.2.1. The medical school should* *adjust the number and nature of examinations of*  *curricular elements to encourage both acquisition*  *of the knowledge base and integrated learning.* | □1 □2 □3 □4 □5Examples of integrated exams and or questions |  |
|  *Q 3.2.2.The medical school should ensure timely,*  *specific, constructive and fair feedback to students*  *on basis of assessment results.* | □1 □2 □3 □4 □5Presence of feedback sessions after exams |  |

|  |
| --- |
| 4. STUDENTS |
|  |
| **4.1 Admission Policy and Selection** |  |  |
| B4.1.1. The medical school must formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students. | □1 □2 □3 □4 □5Presence of a legislative document about admission policy  |  |
| B4.1.2. The medical school must have a policy and implement a practice for admission of disabled students. | □1 □2 □3 □4 □5In legislation of admission, presence of descriptions about admission of disabled students  |  |
| B4.1.3. The medical school must have a policy and implement a practice for transfer of students from other national or international programmes and institutions | □1 □2 □3 □4 □5Presence of legislation about transfer of students from other national or international schools |  |
|  |
|  **BS. 4.1 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 4.1.1. The medical school should state the* *relationship between selection and the mission* *of the school, the educational programme and* *desired qualities of graduates* | □1 □2 □3 □4 □5Documents showing relationshipbetween selection and the mission of the school, the educational programme and desired qualities of graduates |  |
| *Q 4.1.2. The medical school should periodically* *review the admission policy.* | □1 □2 □3 □4 □5Documents showing that theschool periodically review theadmission policy |  |
| *Q 4.1.3The medical school should use a system* *for appeal of admission decisions* | □1 □2 □3 □4 □5Presence of statements aboutappeal of admission decisions in the legislation of admission.  |  |
|  |
| **4.2 Student Intake** |
| B 4.2.1. The medical school must define the size of student intake and relate it to its capacity at all stages of the programme | □1 □2 □3 □4 □5Analysis of resources for determining the size of tudent intake.  |  |
|  |
|  **BS. 4.2 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |  |  |
| *Q 4.2.1. The medical school should periodically* *review the size and nature of student* *intake in consultation with other* *stakeholders and regulate it to meet the health* *needs of the community and society* | □1 □2 □3 □4 □5Documents showing the contribution of other stakeholders and adjustment of student intake size regardinghealth needs of the community |  |
|  |
| **4. 3 Student** **Counselling and Support** |  |  |
| B4.3.1. The medical school and/or the university must have a system for academic counselling of its student population | □1 □2 □3 □4 □5Presence of regulations/directive for student counselling andsupport |  |
| B4.3.2. The medical school and/or the university must offer a programme of student support, addressing social, financial and personal needs | □1 □2 □3 □4 □5Inclusion of social, financial andpersonal needs of students inthe academic counselling ansupport system.  |  |
| B4.3.3. The medical school and/or the university must allocate resources for student support | □1 □2 □3 □4 □5Explanations about and documentation of resources allocated for student support  |  |
| B4.3.4. The medical school and/or the university must ensure confidentiality in relation to counselling and support | □1 □2 □3 □4 □5Inclusion of confidentiality in theregulations/directive for student counselling and support. |  |
|  |
|  **BS. 4.3 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 4.3.1. The medical school should provide* *academic counselling that is based on* *monitoring of student progress.* | □1 □2 □3 □4 □5Documents showing that thecounselling system includes monitoring of student progress |  |
| *Q 4.3.2The medical school should provide* *academic counselling that includes career* *guidance and planning* | □1 □2 □3 □4 □5Documents showing that thecounselling system includes career guidance and planning |  |
|  |
| **4. 4 Student Representation** |
| B 4.4.1. The medical school mustformulate and implement a policy on student representation and appropriate participation in mission statement. | □1 □2 □3 □4 □5Documents showing studentrepresentation in the facultygovernance. |  |
| B 4.4.2. The medical school mustformulate and implement a policy on student representation and appropriate participation in design of the programme | □1 □2 □3 □4 □5Documents showing studentrepresentation in the curriculumcommittee |  |
| B 4.4.3. The medical school mustformulate and implement a policy on student representation and appropriate participation in management of the programme | □1 □2 □3 □4 □5Documents showing studentrepresentation in the commisions/boards responsiblefor mangement of theprogramme |  |
| B 4.4.4. The medical school mustformulate and implement a policy on student representation and appropriate participation in evaluation of the programme | □1 □2 □3 □4 □5Documents showing studentrepresentation in the commisions/boards responsiblefor programme evaluation |  |
| B 4.4.5. The medical school mustformulate and implement a policy on student representation and appropriate participation in other matters relevant to students | □1 □2 □3 □4 □5Presence of an independent student committee/board todiscuss and report issues relevant to students.  |  |
|  |
|  **BS. 4.4 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 4.4.1. The medical school should encourage**and facilitate student activities and student**organisations* | □1 □2 □3 □4 □5List of the student organizationsand explanations about their activities |  |

|  |
| --- |
| 5. ACADEMIC STAFF/FACULTY |
|  |
| * 1. **Recruitment and Selection Policy**
 |  |  |
| B5.1.1 The medical school must formulate and implement a staff recruitment and selection policy which outline the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff | □1 □2 □3 □4 □5Presence of a legislationincluding criteria for academic staff recruitment Explanations about how the balance is considered between basic, social and clinicalsciences, full-time and part-time academic staff.  |  |
| B5.1.2. The medical school must formulate and implement a staff recruitment and selection policy which address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions | □1 □2 □3 □4 □5Presence of a legislationincluding criteria for academic staff recruitment addressimg criteria for scientific, educational and clinical merit.  |  |
| B5.1.3. The medical school must formulate and implement a staff recruitment and selection policy which specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences | □1 □2 □3 □4 □5Documentation of how the school specify, monitor andevaluate responsibilities of the academicstaff.   |  |
|  |
|  **BS. 5.1 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 5.1.1. In its policy for staff recruitment and* *selection, the medical school should* *take into account criteria such as relationship to* *its mission, including significant local issues* | □1 □2 □3 □4 □5Presence of criteria such asrelationship to the school’s mission in academic staffrecruitment policy.  |  |
| *Q 5.1.2. In its policy for staff recruitment and* *selection, the medical school should take into* *account criteria such as economic considerations* | □1 □2 □3 □4 □5Presence of criteria such asEconomic considerations in academic staff recruitment and promotion policy.  |  |
|  |
| * 1. **Staff Activity and Staff Development**
 |  |  |
| B5.2.1. The medical school must formulate and implement a staff activity and development policy which allow a balance of capacity between teaching, research and service functions | □1 □2 □3 □4 □5Presence of an analytic approach regarding the balance between teaching, research and service functions inacademic staffactivity and promotion policy. |  |
| B5.2.2. The medical school must formulate and implement a staff activity and development policy which ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications | □1 □2 □3 □4 □5Presence of a system to monitörand reward meritoriousacademic activities in teaching, research and service qualifications of the academicstaff.  |  |
| B5.2.3. The medical school must formulate and implement a staff activity and development policy which ensure that clinical service functions and research are used in teaching and learning. | □1 □2 □3 □4 □5Explanations and examples onhow clinical service and researchare used in favor of studentlearning.  |  |
| B5.2.4. The medical school must formulate and implement a staff activity and development policy which ensure sufficient knowledge by individual staff members of the total curriculum. | □1 □2 □3 □4 □5Explanations anddocumentation about the mechanisms used for increasing the awareness of the staff about the whole curriculum.  |  |
| B5.2.5. The medical school must formulate and implement a staff activity and development policy which include teacher training, development, support and appraisal | □1 □2 □3 □4 □5Examples and participation lists of teacher training courses, number of academic staff taking such courses, the approach of the school to support staff to participate in training activities.  |  |
|  |
|  **BS. 5.2 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 5.2.1. The medical school should take into* *account teacher-student ratios relevant to the* *various curricular components.* | □1 □2 □3 □4 □5Examples of how the schoolconsider teacher-student ratios in planning differentcomponents of the curriculum |  |
| *Q 5.2.2. The medical school should design and* *implement a staff promotion policy.* | □1 □2 □3 □4 □5Presence of a legislationincluding criteria for academic staff promotion andexplanations on how the merit is considered.  |  |

|  |
| --- |
| 6. EDUCATIONAL RESOURCES |
|  |
| * 1. **Physical Facilities**
 |  |  |
| B6.1.1. The medical school must have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately | □1 □2 □3 □4 □5Explanations and documentsshowing that the school has sufficient physical facilities.  |  |
| B6.1.2. The medical school must ensure a learning environment, which is safe for staff, students, patients and their relatives | □1 □2 □3 □4 □5Presence of a legislative document including measures for safety of staff, students, patients and their relatives |  |
|  |
|  **BS. 6.1 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 6.1.1. The medical school should improve the* *learning environment by regularly updating and* *modifying or extending the physical facilities to* *match developments in educational practices* |  □1 □2 □3 □4 □5Documents showing that the school improve the learning environment by regularly updating and modifying or extending thephysical facilities. |  |
|  |
| * 1. **Clinical Training Resources**
 |  |  |
| B 6.2.1. The medical school must ensure necessary resources for giving the students adequate clinical experience, including sufficient number and categories of patients | □1 □2 □3 □4 □5Explanation on patient number and diversity in clinical training hospital and other institutions |  |
| B 6.2.2. The medical school must ensure necessary resources for giving the students adequate clinical experience, including sufficient clinical training facilities | □1 □2 □3 □4 □5Explanation on training facilitiesin clinical training hospital andother institutions |  |
| B 6.2.3. The medical school must ensure necessary resources for giving the students adequate clinical experience, including sufficient supervision of their clinical practice | □1 □2 □3 □4 □5Explanations, rules and regulations about supervision ofthe students in clinical practice.  |  |
|  |
|  **BS. 6.2 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 6.2.1. The medical school should evaluate,* *adapt and improve the facilities for clinical**training to meet the needs of the population it* *serves.* | □1 □2 □3 □4 □5Explanations on how the school arrange clinical training facilities to meet the needs of the population it serves.  |  |
|  |
| * 1. **Information Technology**
 |  |  |
| B 6.3.1. The medical school must formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology | □1 □2 □3 □4 □5 Presence of a legislation about the use of information communication technology |  |
| B 6.3.2. The medical school must ensure access to web-based or other electronic media | □1 □2 □3 □4 □5Explanations on how staff and the students acess to web-based or other electronic media |  |
|  |
|  **BS. 6.3 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 6.3.1. The medical school should enable* *teachers and students to use existing and* *exploit appropriate new information* *and communication technology for* *independent learning.* | □1 □2 □3 □4 □5Explanations on how staff and the students acess to web-based or other electronicmedia for independent learning activities |  |
| *Q 6.3.2. The medical school should enable* *teachers and students to use existing and* *exploit appropriate new information* *and communication technology for* *accessing information* | □1 □2 □3 □4 □5Explanations on how staff andthe students acess to web-based or other electronic media to aceess reguired scientific information |  |
| *Q 6.3.3. The medical school should enable* *teachers and students to use existing and* *exploit appropriate new information* *and communication technology for* *managing patients* | □1 □2 □3 □4 □5Explanations on how staff and the students acess to web-based or other electronicmedia for patient management  |  |
| *Q 6.3.4. The medical school should enable* *teachers and students to use existing and* *exploit appropriate new information* *and communication technology for working in* *health care delivery systems* | □1 □2 □3 □4 □5Explanations on how staff andthe students acess to web-based or other electronic media for working in healthcare delivery system.  |  |
| *Q 6.3.5. The medical school should enable* *teachers and students to use existing and* *exploit appropriate new information* *and communication technology for optimise* *student access to relevant patient data and* *health care information systems* | □1 □2 □3 □4 □5Explanations on how the students acess to relevant patient data and healthcare information systems. |  |
|  |
| * 1. **Medical Research and Scholarship**
 |  |  |  |
| B 6.4.1. The medical school must use medical research and scholarship as a basis for the educational curriculum | □1 □2 □3 □4 □5Explanations on how thecurriculum is based on medical research and scholarship withexamples.  |  |
| B 6.4.2. The medical school must formulate and implement a policy that fosters the relationship between medical research and education. | □1 □2 □3 □4 □5Explanations on how therelationship between medical research and education is ensured.  |  |
| B 6.4.3. The medical school must describe the research facilities and priorities at the institution. | □1 □2 □3 □4 □5Description of research facilities and priorities in the school. Number and list of yearly research projects and publications for recent years.  |  |
|  |
|  **BS. 6.4 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 6.4.1. The medical school should ensure that* *interaction between medical research and* *education influences current teaching.* | □1 □2 □3 □4 □5Explanations on howinterasction between researchand education influences current teaching.  |  |
| *Q 6.4.2. The medical school should ensure that* *interaction between medical research and* *education encourages and prepares students to* *engage in medical research and development* | □1 □2 □3 □4 □5Explanations on relevant partof curriculum for research opportunities for students |  |
|  |
| * 1. **Educational Expertise**
 |  |  |
| B 6.5.1. The medical school must have access to educational expertise where required | □1 □2 □3 □4 □5Presence of a unit providing educational expertise or explanations and documentation to explain how the school access to educational expertise when necessary.  |  |
| B 6.5.2. The medical school must formulate and implement a policy on the use of educational expertise in curriculum development | □1 □2 □3 □4 □5Explanations on how the schooluse educational expertise in curriculum development with examples |  |
| B 6.5.3. The medical school must formulate and implement a policy on the use of educational expertise in development of teaching and assessment methods | □1 □2 □3 □4 □5Explanations on how the school use educational expertise in development of appropriate teaching and assessment methods with examples |  |
|  |
|  **BS. 6.5 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 6.5.1. The medical school should demonstrate* *evidence of the use of in-house or external* *educational expertise in staff development* | □1 □2 □3 □4 □5List of the educators in teacher training courses. Explanations on how the school useeducational expertise in staff development. |  |
| *Q 6.5.2. The medical school should pay* *attention to current expertise in educational* *evaluation and in research in the discipline of* *medical education.* | □1 □2 □3 □4 □5Explanations on how the school pays attention to developments in the field of medical education.  |  |
| *Q 6.5.3. The medical school should allow staff* *to pursue educational research interest.* | □1 □2 □3 □4 □5Explanations on how the schoolsupports staff to pursue educational research interest. |  |
|  |
| * 1. **Educational Exchanges**
 |  |  |
| B 6.6.1. The medical school must formulate and implement a policy for national and international collaboration with other educational institutions, including staff and student mobility. | □1 □2 □3 □4 □5Presence of any legislativeDocument for national and international collaboration with other educational institutions, including staff and student mobility |  |
| B 6.6.2. The medical school must formulate and implement a policy for transfer of educational credits. | □1 □2 □3 □4 □5Presence of any legislativeDocument for transfer ofeducational credits in exchangeactivities.  |  |
|  |
|  **BS. 6.6 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 6.6.1. The medical school should facilitate* *regional and international exchange of* *staff and students by providing appropriate* *resources.* | □1 □2 □3 □4 □5Explanations on how the school provides resources for student and staff exchange activities.  |  |
| *Q 6.6.2. The medical school should ensure that* *exchange is purposefully organised, taking into* *account the needs of staff and students, and* *respecting ethical principles.* | □1 □2 □3 □4 □5Explanations on how the school considers needs of the staff and students, and ethical principles. |  |

|  |
| --- |
| 7. PROGRAMME EVALUATION  |
|  |
| * 1. **Mechanisms for Programme Monitoring and Evaluation**
 |
| B7.1.1. The medical school must have a programme of routine curriculum monitoring of processes and outcomes | □1 □2 □3 □4 □5Description of the program evaluation system.  |  |
| B7.1.2. The medical school must establish and apply a mechanism for programme evaluation that addresses the curriculum and its main components | □1 □2 □3 □4 □5Explanations on how the program evaluation system monitors curriculum components. |  |
| B7.1.3. The medical school must establish and apply a mechanism for programme evaluation that addresses student progress  | □1 □2 □3 □4 □5Explanations on how the program evaluation system monitors student progress. Academic success tables of different batches of students for the last five years.  |  |
| B7.1.4. The medical school must establish and apply a mechanism for programme evaluation that identifies and addresses concerns. | □1 □2 □3 □4 □5Explanations and documents showing that concerns of the staff and students are addressed.  |  |
| B7.1.5. The medical school must ensure that relevant results of evaluation influence the curriculum | □1 □2 □3 □4 □5Explanations and examples for how the program evaluation results are used to improve the curriculum. |  |
|  |
|  **BS. 7.1 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 7.1.1. The medical school should periodically* *evaluate the programme by comprehensively* *addressing the context of the educational process.* | □1 □2 □3 □4 □5Explanations on how context of the educational process is evaluated.  |  |
| *Q 7.1.2. The medical school should**periodically evaluate the programme by* *comprehensively addressing the specific* *components of the curriculum* | □1 □2 □3 □4 □5Explanations on how the program evaluation system addresses the specific components of the curriculum. |  |
| *Q 7.1.3. The medical school should**periodically evaluate the programme by* *comprehensively addressing the long-term* *acquired outcomes.* | □1 □2 □3 □4 □5Explanations on how the program evaluation system addresses the long-term acquired outcomes of thecurriculum. |  |
| *Q 7.1.4. The medical school should periodically* *evaluate the programme by comprehensively* *addressing its social accountability* | □1 □2 □3 □4 □5Explanations on how theprogram evaluation system addresses student qualifacations regarding social accountability.  |  |
|  |
| **7.2 Teacher and Student Feedback** |  |  |
| B 7.2.1. The medical school must systematically seek, analyse and respond to teacher and student feedback. | □1 □2 □3 □4 □5Explanations on how the school gets feed back of the students and teachers and analyses the data. Examples of completed anonymous feedback forms. |  |
|  |
|  **BS. 7.2 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| Q 7.2.1. The medical school should use feedback results for programme development.  | □1 □2 □3 □4 □5Explanations and examples for how student and teacher feedback results are used for program development. |  |
|  |
| **7.3 Performance of Students and Graduates** |  |  |
| B7.3.1. The medical school must analyse performance of cohorts of students and graduates in relation to mission and intended educational outcomes | □1 □2 □3 □4 □5Explanations on how the school analyse performance of cohorts of students and graduates in relation to mission and intended educational outcomes, analysis examples or reports. |  |
| B7.3.2. The medical school must analyse performance of cohorts of students and graduates in relation to curriculum | □1 □2 □3 □4 □5Explanations on how the school analyse performance of cohorts of students and graduates in relation to curriculum, analysis examples or reports. |  |
| B7.3.3. The medical school must analyse performance of cohorts of students and graduates in relation to provision of resources. | □1 □2 □3 □4 □5Explanations on how the school analyse performance of cohorts of students and graduates in relation to provision of resources, analysis examples or reports. |  |
|  |
|  **BS. 7.3 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 7.3.1. The medical school should analyse* *performance of cohorts of students and graduates* *in relation to student background and conditions.* | □1 □2 □3 □4 □5Explanations on how the school analyse performance of cohorts of students and graduates in relation to student background and conditions.  |  |
| *Q 7.3.2. The medical school should analyse* *performance of cohorts of students and graduates* *in relation to student entrance qualifications* | □1 □2 □3 □4 □5Explanations on how the school analyse performance of cohorts of students and graduates in relation to student entrance qualifications |  |
| *Q 7.3.3. The medical school should use the analysis* *of student performance to provide feedback to the* *committees responsible for student selection* | □1 □2 □3 □4 □5Explanations on how the the school use analysis of student performance to provide feedback to the committees responsible for student selection.  |  |
| *Q 7.3.4. The medical school should use the analysis**of student performance to provide feedback to the**committees responsible for curriculum planning* | □1 □2 □3 □4 □5Explanations on how the the school use analysis of student performance to provide feedback to the committees responsible for curriculum planning. |  |
| *Q 7.3.5. The medical school should use the analysis**of student performance to provide feedback to the**committees responsible for student counselling* | □1 □2 □3 □4 □5 Explanations on how the the school use analysis of student performance to provide feedback to the committees responsible for student counselling. |  |
|  |
| **7.4 Involvement of Stakeholders** |  |  |
| B7.4.1. The medical school must involve its principal stakeholders in its programme monitoring and evaluation activities.  | □1 □2 □3 □4 □5Documents showing that the school involves its principal stakeholders in program monitoring and evaluation activities. |  |
|  |
|  **BS. 7.4 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 7.4.1. For other stakeholders, the medical* *school should allow access to results of course* *and programme evaluation.* | □1 □2 □3 □4 □5Presence of program evaluation reports in the website  |  |
| *Q 7.4.2. For other stakeholders, the medical* *school should seek their feedback on the* *performance of graduates.* | □1 □2 □3 □4 □5Explanations and documents showing that the school seeks feedback of external stakeholders on the performance of graduates.  |  |
| *Q 7.4.3. For other stakeholders, the medical* *school should seek their feedback on the* *curriculum.* | □1 □2 □3 □4 □5Explanations and documents showing that the school seeks feedback of external stakeholders on the curriculum. |  |

|  |
| --- |
| 8. GOVERNANCE AND ADMINISTRATION |
|  |
| **8.1 Governance** |  |  |
| B 8.1.1. The medical school must define its governance structures and functions including their relationships within the university. | □1 □2 □3 □4 □5Description of the governance structure of the school and related legislation  |  |
|  |
|  **BS. 8.1 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 8.1.1. In its governance structures, the* *medical school should set out the committee* *structure, and reflect representation from* *principal stakeholders* | □1 □2 □3 □4 □5Regulations defining the structure, composition and roles of the committees including principal stakeholders |  |
| *Q 8.1.2. In its governance structures, the* *medical school should set out the committee* *structure, and reflect representation from**other stakeholders* | □1 □2 □3 □4 □5Regulations defining the structure, composition and roles of the committees including other stakeholders |  |
| *Q 8.1.3. The medical school should ensure* *transparency of the work of governance and its* *decisions* | □1 □2 □3 □4 □5availability of structure andsignificant decisions of the school governance on the website |  |
|  |
| **8.2 Academic Leadership** |  |  |
| B 8.2.1. The medical school must describe the responsibilities of its academic leadership for definition and management of the medical educational programme. | □1 □2 □3 □4 □5Presence of regulations/directivefor the responsibilities of academic leadership for definition and management of the medical educationalprogramme |  |
|  |
|  **BS. 8.2 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 8.2.1. The medical school should periodically* *evaluate its academic leadership in relation to* *achievement of its mission and intended* *educational outcomes.*  | □1 □2 □3 □4 □5Explanations on mechanisms to evaluate academic leadership inrelation to achievement of its mission and intended educational outcomes |  |
|  |  |  |
| **8.3 Educational Budget and Resource Allocation** |
| B 8.3.1. The medical school must have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget. | □1 □2 □3 □4 □5Explanations on how the budget for education is provided and used. |  |
| B 8.3.2. The medical school must allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs. | □1 □2 □3 □4 □5Explanations on how theeducational resources are distributed in relation to educational needs. |  |

|  |  |
| --- | --- |
|  **BS. 8.3 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 8.3.1. The medical school should have* *autonomy to direct resources, including**teaching staff remuneration, in an* *appropriate manner in order to achieve its**intended educational outcomes.* | □1 □2 □3 □4 □5Explanations on remuneration of the teaching staff and its ratio in the total budget.  |  |
| *Q 8.3.2. In distribution of resources, the* *medical school should take into* *account the developments in medical sciences* *and the health needs of the society.* | □1 □2 □3 □4 □5Explanations on how the school considers developments in medical sciences and health needs of the society in budgetallocation.  |  |
|  |
| **8.4 Administration and Management** |  |  |
| B 8.4.1. The medical school must have an administrative and professional staff that is appropriate to support implementation of its educational programme and related activities | □1 □2 □3 □4 □5Lists of administrative and professional staff to supportactivities of educational programand educational committees.  |  |
| B 8.4.2. The medical school must have an administrative and professional staff that is appropriate to ensure good management and resource deployment | □1 □2 □3 □4 □5Presence of an administrative staff for management andresource deployment.  |  |
|  |
|  **BS. 8.4 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 8.4.1. The medical school should* *formulate and implement an internal* *programme for quality assurance of the* *management including regular review.*  | □1 □2 □3 □4 □5Presence of an internal quality assurance system and related explanations. |  |
|  |
| **8.5 Interaction with Health Sector** |  |  |
| B 8.5.1. The medical school must have constructive interaction with the health and health related sectors of society and government.  | □1 □2 □3 □4 □5Documentation of interactionwith the health and health related sectors of society and government. |  |
|  |
|  **BS. 8.5 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 8.5.1The medical school should* *formalise its collaboration, including* *engagement of staff and**students, with partners in the health sector.*  | □1 □2 □3 □4 □5Documentation of engagement of staff and students with partners in the health sector.  |  |

|  |
| --- |
| 9. CONTINUOUS RENEWAL  |
|  |
| B 9.0.1. As a dynamic and socially accountable institution, the medical school must initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme | □1 □2 □3 □4 □5Presence of a strategic plan including aims related toeducation or presence of asystem to review and update components of the educational program.  |  |
| B 9.0.2. As a dynamic and socially accountable institution, the medical school must rectify documented deficiencies | □1 □2 □3 □4 □5Examples of how the schoolrectifed the documenteddeficiencies in the renewalsystem  |  |
| B 9.0.3. As a dynamic and socially accountable institution, the medical school must allocate resources for continuous renewal | □1 □2 □3 □4 □5Explanations on the allocatedbudget for continuous renewal |  |
|  |
|  **BS. 9.0 General Comments and** **Recommendations \*\*** | □ Meets the standard□ Partially meets the standard□ Does not meet the standard |
|  |
| *Q 9.0.1. The medical school should base the* *process of renewal on prospective studies and* *analyses and on results of local evaluation and* *the medical education literature.* | □1 □2 □3 □4 □5Explanations and examples on how the school base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature. |  |
| *Q 9.0.2. The medical school should ensure that* *the process of renewal and restructuring leads* *to the revision of its policies and practices in* *accordance with past experience, present* *activities and future perspectives* | □1 □2 □3 □4 □5Explanations and examples on how theprocess of renewal andrestructuring leads to the revisionof its policies and practices in accordance with past experience,present activities and futureperspectives. |  |
| *Q 9.0.3. In its process of renewal, the medical* *school should adress adaptation of mission* *statement to the scientific, socio-economic and* *cultural development of the society.* | □1 □2 □3 □4 □5Explanations and exampleson adaptation of mission statement to the scientific,socio-economic and cultural development of the society. |  |
| *Q 9.0.4. In its process of renewal, the medical* *school should adress modification of the* *intended educational outcomes of the* *graduating students in accordance with* *documented needs of the environment they* *will enter. The modification might include* *clinical skills, public health training and* *involvement in patient care appropriate to* *responsibilities encountered**upon graduation.* | □1 □2 □3 □4 □5Explanations and exampleson modification of the intended educational outcomes of the graduating students in accordance with documented needs of the environment they will enter. |  |
| *Q 9.0.5. In its process of renewal, the medical* *school should adress adaptation of the* *curriculum model and instructional methods to**ensure that these are appropriate and relevant.* | □1 □2 □3 □4 □5Explanations and exampleson adaptation of the curriculum model and instructional methods toensure that these are appropriate and relevant. |  |
| *Q 9.0.6. In its process of renewal, the medical* *school should adress adjustment of curricular* *elements and their relationships in keeping**with developments in the basic biomedical,* *clinical, behavioural and social sciences,* *changes in the demographic profile**and health/disease pattern of the population, and socioeconomic and cultural* *conditions. Theadjustment would ensure* *that new relevant knowledge, concepts and* *methods are included and outdated ones* *discarded.* | □1 □2 □3 □4 □5Explanations and exampleson adjustment of curricular elements and their relationships in keepingwith developments in thebasic biomedical, clinical, behavioural and social sciences, changes in the demographic profile and health/disease pattern of the population,and socioeconomic and cultural conditions. |  |
| *Q 9.0.7. In its process of renewal, the medical* *school should address development of* *assessment principles, and the methods* *and the number of examinations according to* *changes in intended educational* *outcomes and instructional methods* | □1 □2 □3 □4 □5Explanations and exampleson development of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructionalmethods. |  |
| *Q 9.0.8. In its process of renewal, the medical* *school should adress adaptation of student* *recruitment policy, selection methods and* *student intake to changing expectations and* *circumstances, human resource needs, changes**in the premedical education system and the* *requirements of the educational programme* | □1 □2 □3 □4 □5Explanations and exampleson adaptation of student recruitment policy, selection methods and student intake to changing expectations and circumstances, human resourceneeds, changes in the premedical education system andthe requirements of the educational programme. |  |
| *Q 9.0.9. In its process of renewal, the medical* *school should address adaptation of academic* *staff recruitment and development policy* *according to changing needs* | □1 □2 □3 □4 □5Explanations and exampleson adaptation of academic staff recruitment and development policy according to changing needs |  |
| *Q 9.0.10. In its process of renewal, the medical* *school should adress updating of educational* *resources according to changing needs, i.e. the* *student intake, size and profile of academic* *staff, and the educational programme* | □1 □2 □3 □4 □5Explanations and exampleson updating of educational resources according to changingneeds. |  |
| *Q 9.0.11. In its process of renewal, the medical**school should address refinement of the process* *of programme monitoring and evaluation* | □1 □2 □3 □4 □5Explanations and exampleson refinement of the process of programme monitoring andevaluation. |  |
| *Q 9.0.12. In its process of renewal, the medical* *school should adress development of the* *organisational structure and of* *governance and management to cope with* *changing circumstances and needs and, over**time, accommodating the interests of the* *different groups of stakeholders* | □1 □2 □3 □4 □5Explanations and exampleson development of the organisational structure and of governance and management to cope with changing circumstances and needs and, accommodating the interests of the different groups of stakeholders over time. |  |
|  |  |  |  |  |