**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:

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

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| **Evaluation Topic** | **Decision** | **Comments\*** |
| Format of the reportCoverTimes New Roman font 12Line 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 representative  General 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.

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| **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 □5  Presence of mission and vision  statement/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 □5  Accessibility of mision-vision  statemnt/institutional aims  from 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 basic  level. | □1 □2 □3 □4 □5  Statement of basic medical  doctor competency or  competencies n the misssion  statement/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 □5  Statement of basic medical  doctor competency or  competencies 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 □5  Statement of basic medical  doctor competency or  competencies fort the roles of a  doctor 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 □5  Statement of basic medical  doctor competency or  competencies fort readiness of a  graduate 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 □5  Statement of life-long learning  abilities of a graduate in the  misssion 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 □5  Presence 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 □5  Statement 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 □5  Statement 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 □5  Presence 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 □5  Presence 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 □5  Explanations 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 □5  Explanations 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 □5  Presence of a list including  graduate competencies  regarding knowledge, skills and  attitudes. |  |
| 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 □5  In the graduate  competencies list, inclusion of  graduate qualifications regarding  appropriate foundation for  future career in any branch of  medicine. |  |
| B1.3.3. The medical school must define the  intended educational outcomes that students  should exhibit upon graduation in relation to their  future roles in the health sector | □1 □2 □3 □4 □5  In the graduate  competencies list, inclusion of  graduate qualifications regarding  future roles of the graduates  in the health sector. |  |
| B1.3.4. The medical school must define the  intended educational outcomes that students should  exhibit upon graduation in relation to their  subsequent postgraduate training | □1 □2 □3 □4 □5  in the graduate  competencies list, inclusion of  graduate qualifications regarding  readiness forsubsequent  postgraduate training. |  |
| B1.3.5. The medical school must define the  intended educational outcomes that students should  exhibit upon graduation in relation to their  commitment to and skills in life-long learning | □1 □2 □3 □4 □5  in the graduate  competencies list, inclusion of  graduate qualifications regarding  life-long learning abilities |  |
| B1.3.6. The medical school must define the  intended educational outcomes that students  should exhibit upon graduation in relation to the  health needs of the community, the needs of the  health care delivery system and other aspects of  social accountability | □1 □2 □3 □4 □5  in the graduate  competencies list, inclusion of  graduate qualifications regarding  abilities on community  health, healthcare delivery  system and other  aspects of social accountability. |  |
| B1.3.7. The medical school must define the  intended 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 □5  in the graduate  competencies list, inclusion of  graduate qualifications regarding  communication skills with  colleagues, 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 □5  Accessibility 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 □5  Presence 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 □5  In the intended outcomes  of the educational program,  inclusion of student  engagement in  medical research. |  |
| *Q1.3.3. The medical school should draw attention*  *to global health related intended outcomes* | □1 □2 □3 □4 □5  In the intended outcomes  of the educational program,  inclusion of global health related  issues |  |
|  | | |
| **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 □5  Presence of meeting minutes  and participation lists, reports,  correspondence samples etc.  showing that all principal  stakeholders (faculty and  students at least) have  participated in formulating  the mission and intended  educational outcomes. |  |
|  | | |
| **BS.1.4. General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *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 □5  Presence of meeting minutes,  participation lists, reports,  correspondence samples etc.  showing that external  stakeholders have contributed  to formulating the mission and  intended educational outcomes |  |

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| 2. EDUCATIONAL PROGRAMME | | |
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| 2.1 Framework of The Programme |  |  |
| B2.1.1. The medical school must define the overall  iculcurriculum | □1 □2 □3 □4 □5  Definition of the education  program model and structure,  teaching methods used in all  phases, documents or tables  showing compliance of teaching  methods with the intended  educational outcomes and  accessibility 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 □5  Documentation 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 □5  Documents (links) showing the  presence of curriculum  components supporting life-long  learning 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 □5  Documents (links) showing the  presence 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 □5  Documents (links) showing the  presence of curriculum elements  teaching medical research  methods. |  |
| B 2.2.3 Throughout the curriculum, the medical  school must teach evidence-based medicine | □1 □2 □3 □4 □5  Documents (links) showing the  presence of curriculum elements  teaching 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 | |
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| *Q 2.2.1. The medical school should include*  *elements of original or advanced research in the*  *curriculum* | □1 □2 □3 □4 □5  Documents (links) showing the  presence of curriculum elements  teaching 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 □5  Presence of curriculum elements  teaching basic biomedical  sciences to create understanding  of scientific knowledge, list of the related courses/modules/blocks and  basic biomedical sciences  syllabus. |  |
| 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 □5  Presence of curriculum elements  teaching basic biomedical  sciences to create  understanding of concepts and  methods fundamental for clinical  sciences, list of the related  courses/modules/blocks and  basic biomedical sciences  syllabus. |  |
|  | | |
| **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 □5  Examples showing the  adjustment 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 □5  Examples showing the  adjustment of biomedical basic  sciences curriculum to the  needs of the society and the  health care system |  |
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| **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 □5  Documents (or links) showing  presence of courses/modules in  the curriculum related to  behavioural sciences. |  |
| B2.4.2. In the curriculum, the medical school must  identify and incorporate the contributions of the  social sciences | □1 □2 □3 □4 □5  Documents (or links) showing  presence of courses/modules in  the curriculum related to  social sciences. |  |
| B2.4.3. In the curriculum, the medical school must  identify and incorporate the contributions of the  medical ethics | □1 □2 □3 □4 □5  Documents (or links) showing  presence of courses/modules in  the curriculum related to  medical ethics. |  |
| B2.4.4. In the curriculum, the medical school must  identify and incorporate the contributions of the  medical jurisprudence | □1 □2 □3 □4 □5  Documents (or links) showing  presence of courses/modules in  the curriculum related to  medical 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 □5  Examples showing the  adjustment of behavioural and  social sciences as well as medical  ethics and medical jurisprudence  to 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 □5  Examples showing the  adjustment of behavioural and  social 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 □5  Examples showing the  adjustment of behavioural and  social 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 □5  Presence of curriculum elements  teaching 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 □5  Presentation of the ratio of the  time allocated for planned  student contact with patients in  clinical settings to entire  programme, related part of  syllabus. |  |
| 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 □5  Presence of curriculum elements  providing students with  opportunities to experience  health promotion and  preventive 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 □5  Presentation of the ratio of the  time allocated for training in  major clinical disciplines  to entire curriculum of clinical  sciences, the place of the major  clinical 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 to  patient safety | □1 □2 □3 □4 □5  Presence of curriculum elements  teaching patient safety aspects  to the students and  documentation of the masures  related 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 □5  Examples showing the  adjustment of clinicel sciences  curriculum to the scientific,  technological and clinical  developments |  |
| *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 □5  Examples showing the  adjustment of clinicel sciences  curriculum to the needs of the  society 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 □5  Syllabus part showing the first  patient 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 □5  Presence of the curriculum  components providing clinical  skills training opportunities for  the students in line with the  stages 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 □5  Explanation of the coordination  between basic biomedical,  behavioural and social and  clinical subjects and the balance  between 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 □5  Presence of horizontal  integration samples in the  curriculum. |  |
| *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 □5  Presence of horizontal  integration samples in the  curriculum. |  |
| *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 □5  Presence (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 □5  Explanation on relevance of the  curriculum with complementary  medicine |  |
|  | | |
| **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 □5  Presence of a committee  responsible for planning and  implementing the curriculum.  Presentation of the list of the  committe members and an  official 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 □5  List of the committee members  including staff and students and  an official document (e.g.  directive) describing the  composition and strucure of the  committee |  |
|  | | |
| **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 □5  Examples of curriculum  innovations planned by the  curriculum committee. |  |
| *Q 2.7.2. In its curriculum committee, the*  *medical school should include representatives*  *of other stakeholders* | □1 □2 □3 □4 □5  Names 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 □5  Examples 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 | |
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| *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 □5  Examples 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 □5  Examples of program  modifications suggested by the  curriculum committee regarding  opinions in the community and  society. |  |

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| 3. ASSESSMENT OF STUDENTS | | |
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| **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 □5  Presence 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. Documentation  and explanation on how the  regulation/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 □5  Blueprints 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 □5  Assessment methods used in the  program 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 □5  Explanation of measures to  prevent conflict of interest and  related legislation |  |
| B3.1.5. The medical school must ensure that  assessments are open to scrutiny by external  expertise | □1 □2 □3 □4 □5  Examples 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 □5  Presence of legislation for  appeal processess |  |
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| **BS.3.1 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *Q 3.1.1.The medical school should evaluate and*  *document the reliability and validity of assessment*  *methods* | □1 □2 □3 □4 □5  Documentation 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 □5  Explanation 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 □5  Examples of external examiner  use in the exams. |  |
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| **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 □5  Blueprints/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 □5  Blueprints 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 □5  Use of formative assessment  methods |  |
| 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 □5  Information on the balance  between formative and  summative exams, adequacy of  the current amount of both  assessment approaches and  plans for the future with reasons |  |
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| **BS.3.2 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *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 □5  Examples 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 □5  Presence of feedback sessions  after exams |  |

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| 4. STUDENTS | | |
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| **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 □5  Presence 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 □5  In 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 □5  Presence of legislation about  transfer of students from other  national or international schools |  |
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| **BS. 4.1 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *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 □5  Documents showing relationship  between 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 □5  Documents showing that the  school periodically review the  admission policy |  |
| *Q 4.1.3The medical school should use a system*  *for appeal of admission decisions* | □1 □2 □3 □4 □5  Presence of statements about  appeal of admission decisions in  the legislation of admission. |  |
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| **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 □5  Analysis of resources for  determining the size of tudent  intake. |  |
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| **BS. 4.2 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *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 □5  Documents showing the  contribution of other  stakeholders and adjustment of  student intake size regarding  health needs of the community |  |
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| **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 □5  Presence of regulations/directive  for student counselling and  support |  |
| 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 □5  Inclusion of social, financial and  personal needs of students in  the academic counselling an  support system. |  |
| B4.3.3. The medical school and/or the university  must allocate resources for student support | □1 □2 □3 □4 □5  Explanations 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 □5  Inclusion of confidentiality in the  regulations/directive for student  counselling and support. |  |
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| **BS. 4.3 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *Q 4.3.1. The medical school should provide*  *academic counselling that is based on*  *monitoring of student progress.* | □1 □2 □3 □4 □5  Documents showing that the  counselling 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 □5  Documents showing that the  counselling system includes  career guidance and planning |  |
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| **4. 4 Student Representation** | | |
| B 4.4.1. The medical school must  formulate and implement a policy on  student representation and appropriate  participation in mission statement. | □1 □2 □3 □4 □5  Documents showing student  representation in the faculty  governance. |  |
| B 4.4.2. The medical school must  formulate and implement a policy on  student representation and appropriate  participation in design of the programme | □1 □2 □3 □4 □5  Documents showing student  representation in the curriculum  committee |  |
| B 4.4.3. The medical school must  formulate and implement a policy on  student representation and appropriate  participation in management of the programme | □1 □2 □3 □4 □5  Documents showing student  representation in the  commisions/boards responsible  for mangement of the  programme |  |
| B 4.4.4. The medical school must  formulate and implement a policy on  student representation and appropriate  participation in evaluation of the programme | □1 □2 □3 □4 □5  Documents showing student  representation in the  commisions/boards responsible  for programme evaluation |  |
| B 4.4.5. The medical school must  formulate and implement a policy on  student representation and appropriate  participation in other matters relevant to students | □1 □2 □3 □4 □5  Presence of an independent  student committee/board to  discuss and report issues  relevant to students. |  |
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| **BS. 4.4 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *Q 4.4.1. The medical school should encourage*  *and facilitate student activities and student*  *organisations* | □1 □2 □3 □4 □5  List of the student organizations  and explanations about their  activities |  |

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| 5. ACADEMIC STAFF/FACULTY | | |
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| * 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 □5  Presence of a legislation  including criteria for academic  staff recruitment  Explanations about  how the balance is considered  between basic, social and clinical  sciences, 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 □5  Presence of a legislation  including 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 □5  Documentation of how the  school specify, monitor and  evaluate responsibilities of the  academicstaff. |  |
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| **BS. 5.1 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *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 □5  Presence of criteria such as  relationship to the school’s  mission in academic staff  recruitment  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 □5  Presence of criteria such as  Economic considerations in  academic staff recruitment and  promotion policy. |  |
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| * 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 □5  Presence of an analytic  approach regarding the  balance between teaching,  research and service functions in  academic 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 □5  Presence of a system to monitör  and reward meritorious  academic activities in teaching,  research and service  qualifications of the academic  staff. |  |
| 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 □5  Explanations and examples on  how clinical service and research  are used in favor of student  learning. |  |
| 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 □5  Explanations and  documentation 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 □5  Examples 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. |  |
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| **BS. 5.2 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *Q 5.2.1. The medical school should take into*  *account teacher-student ratios relevant to the*  *various curricular components.* | □1 □2 □3 □4 □5  Examples of how the school  consider teacher-student ratios  in planning different  components of the curriculum |  |
| *Q 5.2.2. The medical school should design and*  *implement a staff promotion policy.* | □1 □2 □3 □4 □5  Presence of a legislation  including criteria for academic  staff promotion and  explanations on how the merit is  considered. |  |

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| 6. EDUCATIONAL RESOURCES | | | |
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| * 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 □5  Explanations and documents  showing 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 □5  Presence of a legislative  document including measures  for safety of staff, students,  patients and their relatives |  | |
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| **BS. 6.1 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | | |
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| *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 □5  Documents showing that  the school improve the  learning environment by  regularly updating and  modifying or extending the  physical facilities. |  | |
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| * 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 □5  Explanation 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 □5  Explanation on training facilities  in clinical training hospital and  other 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 □5  Explanations, rules and  regulations about supervision of  the students in clinical practice. |  | |
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| **BS. 6.2 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | | |
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| *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 □5  Explanations on how the school  arrange clinical training facilities  to meet the needs of the  population it serves. |  | |
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| * 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 □5  Explanations on how staff and  the students acess to  web-based or other electronic  media |  | |
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| **BS. 6.3 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | | |
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| *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 □5  Explanations on how staff and  the students acess to  web-based or other electronic  media 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 □5  Explanations on how staff and  the 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 □5  Explanations on how staff and  the students acess to  web-based or other electronic  media 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 □5  Explanations on how staff and  the 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 □5  Explanations on how the  students acess to relevant  patient data and healthcare  information systems. |  | |
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| * 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 □5  Explanations on how the  curriculum is based on medical  research and scholarship with  examples. |  | |
| 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 □5  Explanations on how the  relationship 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 □5  Description of research facilities  and priorities in the school.  Number and list of yearly  research projects and  publications for recent years. |  | |
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| **BS. 6.4 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | | |
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| *Q 6.4.1. The medical school should ensure that*  *interaction between medical research and*  *education influences current teaching.* | □1 □2 □3 □4 □5  Explanations on how  interasction between research  and 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 □5  Explanations on relevant part  of curriculum for research  opportunities for students |  | |
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| * 1. **Educational Expertise** |  |  | |
| B 6.5.1. The medical school must have  access to educational expertise where required | □1 □2 □3 □4 □5  Presence 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 □5  Explanations on how the school  use 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 □5  Explanations on how the school  use educational expertise in  development of appropriate  teaching and assessment  methods with examples |  | |
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| **BS. 6.5 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | | |
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| *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 □5  List of the educators in teacher  training courses. Explanations  on how the school use  educational 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 □5  Explanations 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 □5  Explanations on how the school  supports staff to pursue  educational research interest. |  | |
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| * 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 □5  Presence of any legislative  Document 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 □5  Presence of any legislative  Document for transfer of  educational credits in exchange  activities. |  | |
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| **BS. 6.6 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | | |
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| *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 □5  Explanations 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 □5  Explanations on how the school  considers needs of the staff and  students, and ethical principles. |  | |

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| 7. PROGRAMME EVALUATION | | |
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| * 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 □5  Description 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 □5  Explanations 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 □5  Explanations 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 □5  Explanations 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 □5  Explanations and examples for  how the program evaluation  results are used to improve the  curriculum. |  |
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| **BS. 7.1 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *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 □5  Explanations 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 □5  Explanations 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 □5  Explanations on how the  program evaluation system  addresses the long-term  acquired outcomes of the  curriculum. |  |
| *Q 7.1.4. The medical school should periodically*  *evaluate the programme by comprehensively*  *addressing its social accountability* | □1 □2 □3 □4 □5  Explanations on how the  program evaluation system  addresses student  qualifacations regarding social  accountability. |  |
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| **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 □5  Explanations on how the school  gets feed back of the students  and teachers and analyses the  data. Examples of completed  anonymous feedback forms. |  |
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| **BS. 7.2 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| Q 7.2.1. The medical school should use  feedback results for programme development. | □1 □2 □3 □4 □5  Explanations and examples for  how student and teacher  feedback results are used for  program development. |  |
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| **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 □5  Explanations 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 □5  Explanations 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 □5  Explanations on how the school  analyse performance of  cohorts of students and  graduates in relation to  provision of resources,  analysis examples or reports. |  |
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| **BS. 7.3 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *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 □5  Explanations 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 □5  Explanations 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 □5  Explanations 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 □5  Explanations 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. |  |
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| **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 □5  Documents showing that the  school involves its principal  stakeholders in program  monitoring and evaluation  activities. |  |
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| **BS. 7.4 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *Q 7.4.1. For other stakeholders, the medical*  *school should allow access to results of course*  *and programme evaluation.* | □1 □2 □3 □4 □5  Presence 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 □5  Explanations 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 □5  Explanations and documents  showing that the school seeks  feedback of external  stakeholders on the curriculum. |  |

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| 8. GOVERNANCE AND ADMINISTRATION | | |
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| **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 □5  Description of the governance  structure of the school and  related legislation |  |
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| **BS. 8.1 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *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 □5  Regulations 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 □5  Regulations 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 □5  availability of structure and  significant decisions of the  school governance on the  website |  |
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| **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 □5  Presence of regulations/directive  for the responsibilities of  academic leadership for  definition and management  of the medical educational  programme |  |
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| **BS. 8.2 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *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 □5  Explanations on mechanisms to  evaluate academic leadership in  relation to achievement of its  mission and intended  educational outcomes |  |
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| **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 □5  Explanations 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 □5  Explanations on how the  educational resources are  distributed in relation to  educational needs. |  |

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| **BS. 8.3 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *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 □5  Explanations 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 □5  Explanations on how the school  considers developments in  medical sciences and health  needs of the society in budget  allocation. |  |
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| **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 □5  Lists of administrative and  professional staff to support  activities of educational program  and 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 □5  Presence of an administrative  staff for management and  resource deployment. |  |
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| **BS. 8.4 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *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 □5  Presence of an internal quality  assurance system and related  explanations. |  |
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| **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 □5  Documentation of interaction  with the health and health  related sectors of society and  government. |  |
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| **BS. 8.5 General Comments and**  **Recommendations \*\*** | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | |
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| *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 □5  Documentation of engagement  of staff and students with  partners in the health sector. |  |

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| 9. CONTINUOUS RENEWAL | | | | |
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| 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 □5  Presence of a strategic plan  including aims related to  education or presence of a  system 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 □5  Examples of how the school  rectifed the documented  deficiencies in the renewal  system |  | |
| B 9.0.3. As a dynamic and socially accountable  institution, the medical school must allocate  resources for continuous renewal | | □1 □2 □3 □4 □5  Explanations on the allocated  budget for continuous renewal |  | |
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| **BS. 9.0 General Comments and**  **Recommendations \*\*** | | □ Meets the standard  □ Partially meets the standard  □ Does not meet the standard | | |
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| *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 □5  Explanations 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 □5  Explanations and examples on  how theprocess of renewal and  restructuring leads to the revision  of its policies and practices in  accordance with past experience,  present activities and future  perspectives. |  | |
| *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 □5  Explanations and examples  on 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 □5  Explanations and examples  on 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 □5  Explanations and examples  on adaptation of the  curriculum model and  instructional methods to  ensure 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 □5  Explanations and examples  on 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. |  | |
| *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 □5  Explanations and examples  on development of  assessment principles, and the  methods and the  number of examinations  according to changes in  intended educational  outcomes and instructional  methods. |  | |
| *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 □5  Explanations and examples  on 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. |  | |
| *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 □5  Explanations and examples  on 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 □5  Explanations and examples  on updating of educational  resources according to changing  needs. |  | |
| *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 □5  Explanations and examples  on refinement of the process  of programme monitoring and  evaluation. |  | |
| *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 □5  Explanations and examples  on 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. |  | |
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