Association for Evaluation and Accreditation of Medical Education Programs (Turkey) (TEPDAD)

SELF-EVALUATION REPORT GUIDE FOR ACCREDITATION OF UNDERGRADUATE MEDICAL EDUCATION PROGRAMS OUTSIDE OF TURKEY

2018

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Contents

Part l: SELF-EVALUATION REPORT

Self Evaluation Report (SER) is a document providing the TEPDAD and Evaluation Visit Team members with required basic information for evaluation of the applying institution. Institutional self-evaluation and onsite evaluation visits are two basic parts of accreditation process. The SER should reveal strong and weak points of the institution against the World Federation for Medical Education Global Standards for Basic Medical Education and contain information about how and why the standards are met or not. The SER is intended to provide preliminary information about medical schools applying for accreditation before onsite visit evaluation self level of meeting the WFME Standards for Basic Medical Education.

1. Self-evaluation Committee Formation

The self-evaluation committee should be formed at least with the following composition, but a larger group is recommended.

1- Dean/ Vice Dean

2- Self-evaluation coordinator (a faculty member experienced in medical education)

3- Students: At least 3 students representing preclinical, clinical and internship period.

4- A graduate (practitioner/ family physician)

5- Faculty member: At least three faculty members who are experienced in education planning, management and evaluation; preferably from basic, surgical and non surgical clinical science departments and representative of various stages of academic carrier.

6- Resident (At least 1 resident in training)

7- Administrative staff (Registrar, Student office)

2. Self- evaluation Report Content

Self- evaluation report is intended to provide information for the evaluation of the faculty quantitatively and qualitatively by TEPDAD. In this report, data introducing the institution and information on the level of meeting the WFME Standards should be included with proper evidence.

The Report should consist of the following sections.

A- General Presentation of the medical school

B- SER preparation process.

C- The status of the institution against undergraduate medical education standards.

C1- Summary of the SER.

C2- Evaluations of WFME Basic Medical Education Standards

1- Aims and objectives

2- Educational Program

3- Student Assessment

4- Students

5- Program evaluation

6- Academic staff

7- Educational Resources and Facilities

8- Administration and Execution

9- Continuous Renewal and Development

D- Attachments: These are documents are evidences supporting the text and showing that undergraduate medical education standards are met.

3. Format and Delivery of the SER

The name of the applicant medical school should be seen on the cover page of the SER. SER must be prepared according the international accreditation self-evaluation guide developed by TEPDAD. A4 size papers and Times New Roman type character with font size 12 and 1.5 line space must be used. The report and its attachments must be prepared in 4 (four) hard copies and an electronic copy in a CD/USB and sent to TEPDAD secretariat.

4. Privacy

Information in this report is for the use of TEPDAD and Site Visit Team members and cannot be transmitted to the third parties without permission of the applicant institution. However, TEPDAD has the right to use such information for educational purposes without any referral to, or hints for the name of the institutions.

5. SELF- EVALUATION REPORT: General Frame

This section has been prepared to draw a general frame for the information that must be included in the self-evaluation report. Self evaluation report must be prepared under the headings as shown in the format below following a cover page including the name of the medical school.

A- General Information

Please provide the following information related to the school's general identity

- Name of the University :
- Name of the Rector :
- Name of the Medical School :
- Name of the Dean :
- Names and roles of the self-evaluation committee members
- The name and contact information (phone and fax number, and e-mail address) of the person responsible for communication with Site Visit Team. Additionally, please briefly define your school's education-teaching dynamic (history, philosophy, educational program, learning environment etc.)

B- SER Preparation Process

Please summarize self evaluation report preparation process in your faculty regarding the format below;

Please describe positive or negative experiences faced throughout the SER preparation on following items:

- Establishment of the self evaluation committee,
- Systematic of the work and methods used,
- Accessing to the data sources and data reliability,
- The involvement of the students and the faculty,
- Relations with TEPDAD
- Other contributions

C- Status of the school in meeting the WFME global standards for basic medical education standards (2015)

In this section, under the heading "Summary of Self-evaluation" (C1), please make a brief and holistic explanation of your school's status meeting the undergraduate medical education standards. Under the heading "Evaluation of Medical Education Standards" (C2), provide detailed information for each standard and enrich your explanations by attached supporting documents.

C1. Self-evaluation Summary

Summarize the status of the school meeting the standards defining the strength and weaknesses in a text not longer than one page.

C2. Evaluations of WFME Global Standards for Basic Medical Education (2015)

In this section, evaluate and explain your schools status meeting all of the basic and quality standards, using the definitions given below.

In the SER, each basic and quality standard should be regarded as a separate heading. Under each heading, decision on whether the standard is met or not should be mentioned and the rationale and evidence behind this decision should be explained by text, tables and graphics.

All kind of supporting documents and/or evidence for explanation of the school's status meeting the standards such as written or visual materials should be given as "attachments". The attachments should be numbered according to the number of the related standard and referred in brackets in the text. For example the 3rd attachment associated with basic standard 1.1.1 should be numbered as BS 1.1.1/3.

5. Definitions

Basic standard (BS): The standard that must be met by the school of medicine seeking for accreditation

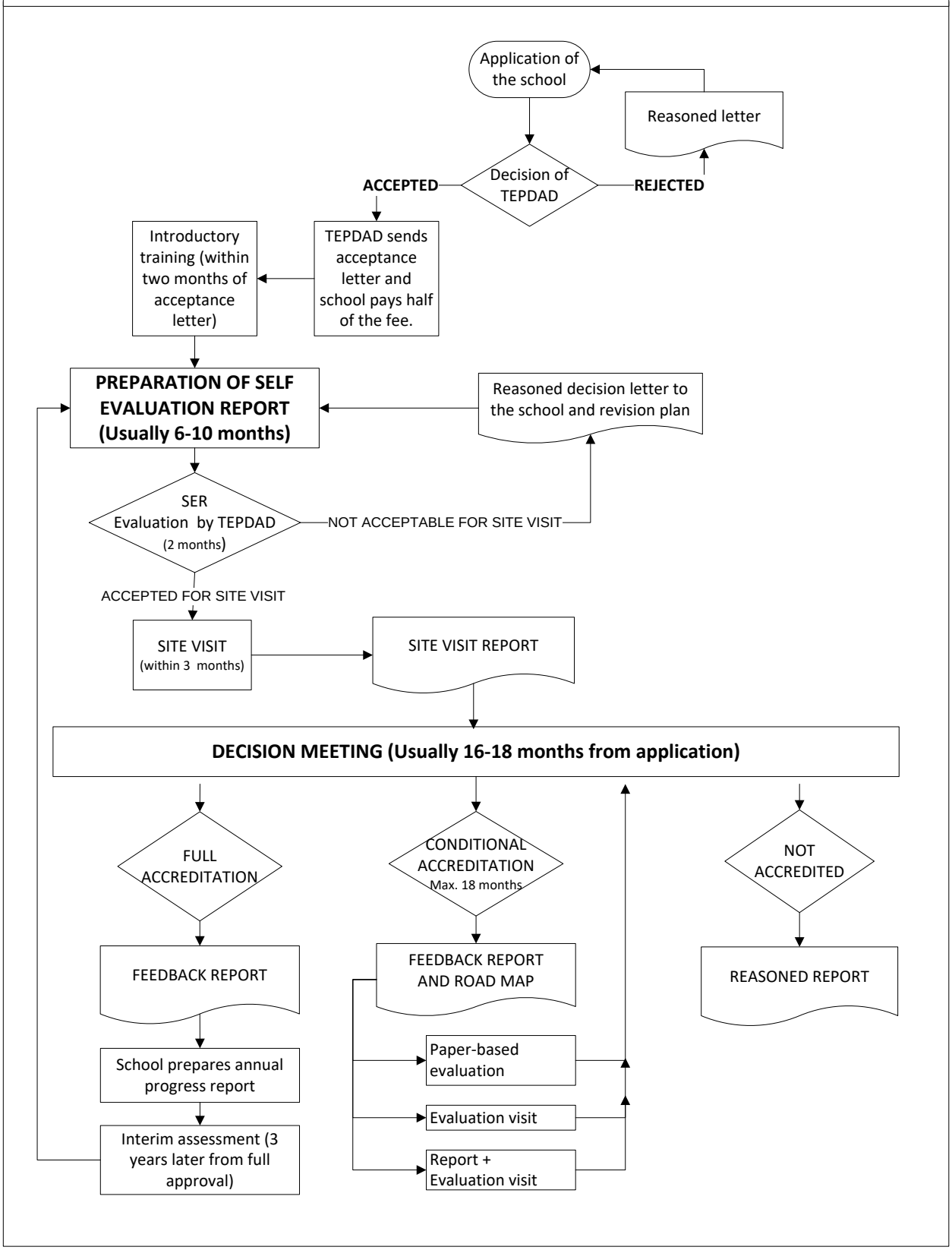
Quality development standard (QS): The standard that is an indicator of high quality and should be used for quality improvement of the educational program. The fulfillment of these standards may vary between medical faculties depending on resources and policies

Guiding questions to explain how the standard is met: These are the questions that clarify the standard to be understood better and also guide the text writer while preparing the SER. However, answering these questions alone is not enough to establish the SER. Detailed descriptions regarding standards and their explanations, documents, flow charts, tables or graphics should take part in the text and be supported by relevant attachments.

Annonations: These are available for each standard to explain what the standard means and to suggest text content and attachment samples

Accreditation Scheme for Undergraduate Medical Education Programs Outside of Turkey

(Recognition of TEPDAD accreditation by applicant's country authority in charge is prerequisite for applications)



PART ll: Use of WFME Global Standards for Basic Medical Education in Preparing Self-evaluation Report

1. MISSION AND OUTCOMES

1.1 MISSION

Basic standards:

The medical school **must**

- state its mission. (B 1.1.1)

- make it known to its constituency and the health sector it serves. (B 1.1.2)
- in its mission outline the aims and the educational strategy resulting in a medical doctor

    - competent at a basic level. (B 1.1.3)
    - with an appropriate foundation for future career in any branch of medicine. (B 1.1.4)
    - capable of undertaking the roles of doctors as defined by the health sector. (B 1.1.5)
    - prepared and ready for postgraduate medical education. (B 1.1.6)
    - committed to life-long learning. (B 1.1.7)

- 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. (B 1.1.8)

Quality development standards:

The medical school **should** ensure that the mission encompasses

- medical research attainment. (Q 1.1.1)
- aspects of global health. (Q 1.1.2)

Annotations:

- *Mission* provides the overarching frame to which all other aspects of the educational institution and its programme have to be related. Mission statement would include general and specific issues relevant to institutional, national, regional and global policy and needs. Mission in this document includes the institutions' vision.
- *Medical school* in this document is the educational organisation providing a basic (undergraduate) programme in medicine and is synonymous with medical faculty, medical college, medical academy or medical university. The medical school can be part of or affiliated to a university or can be an independent institution of equal level. It normally also encompasses research and clinical service functions, and would also provide educational programmes for other phases of medical education and for other health professions. Medical schools would include university hospitals and other affiliated clinical facilities.

- *Constituency* would include the leadership, staff and students of the medical school as well as other stakeholders, cf. 1.4 annotation.
- *Health sector* would include the health care delivery system, whether public or private, and medical research institutions.
- *Basic level* of medical education is in most countries identical to undergraduate medical education starting on the basis of completed secondary school education. In other countries or schools it starts after completion of a non-medical undergraduate degree.
- *Any branch of medicine* refers to all types of medical practice, administrative medicine and medical research
- *Postgraduate medical education* would include preregistration education (leading to right to independent practice), vocational/professional education, specialist/ subspecialist education and other formalised education programmes for defined expert functions.
- *Life-long learning* is the professional responsibility to keep up to date in knowledge and skills through appraisal, audit, reflection or recognised continuing professional development (CPD)/continuing medical education (CME) activities. CPD includes all activities that doctors undertake, formally and informally, to maintain, update, develop and enhance their knowledge, skills and attitudes in response to the needs of their patients. CPD is a broader concept than CME, which describes continuing education in the knowledge and skills of medical practice.
- *Encompassing the health needs of the community* would imply interaction with the local community, especially the health and health related sectors, and adjustment of the curriculum to demonstrate attention to and knowledge about health problems of the community.
- *Social accountability* would include willingness and ability to respond to the needs of society, of patients and the health and health related sectors and to contribute to the national and international development of medicine by fostering competencies in health care, medical education and medical research. This would be based on the school's own principles and in respect of the autonomy of universities. Social accountability is sometimes used synonymously with social responsibility and social responsiveness. In matters outside its control, the medical school would still demonstrate social accountability through advocacy and by explaining relationships and drawing attention to consequences of the policy.
- *Medical research* encompasses scientific research in basic biomedical, clinical, behavioural and social sciences and is described in 6.4.
- *Aspects of global health* would include awareness of major international health problems, also of health consequences of inequality and injustice.

1.2 INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM

Basic standards:

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. (B 1.2.1)
    - use of the allocated resources necessary for implementation of the curriculum. (B 1.2.2)

Quality development standards:

The medical school **should** ensure academic freedom for its staff and students

- in addressing the actual curriculum. (Q 1.2.1)

- in exploring the use of new research results to illustrate specific subjects without expanding the curriculum. (Q 1.2.2)

Annotations:

- *Institutional autonomy* would include appropriate independence from government and other counterparts (regional and local authorities, religious communities, private co-operations, the professions, unions and other interest groups) to be able to make decisions about key areas such as design of curriculum (cf. 2.1 and 2.6), assessments (cf. 3.1), students admission (cf. 4.1 and 4.2), staff recruitment/selection (cf. 5.1) and employment conditions (cf.5.2), research (cf. 6.4) and resource allocation (cf. 8.3).
- *Academic freedom* would include appropriate freedom of expression, freedom of inquiry and publication for staff and students.
- *Addressing the actual curriculum* would allow staff and students to draw upon different perspectives in description and analysis of medical issues, basic as well as clinical.
- *Curriculum,* cf. 2.1, annotation.

1.3 EDUCATIONAL OUTCOMES

Basic standards:

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. (B 1.3.1)
    - appropriate foundation for future career in any branch of medicine. (B 1.3.2)
    - their future roles in the health sector. (B 1.3.3)
    - their subsequent postgraduate training. (B 1.3.4)
    - their commitment to and skills in life-long learning. (B 1.3.5)
    - the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.3.6)

- ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives. (B 1.3.7)

- make the intended educational outcomes publicly known. (B 1.3.8)

Quality development standards:

The medical school **should**

- specify and co-ordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training. (Q 1.3.1)
- specify intended outcomes of student engagement in medical research. (Q 1.3.2)
- draw attention to global health related intended outcomes. (Q 1.3.3)

Annotations:

- *Educational outcomes or learning outcomes/competencies refer to statements of knowledge, skills and attitude that students demonstrate at the end of a period of learning. Outcomes might be either intended or acquired. Educational/learning objectives are often described in terms of intended outcomes. Outcomes within medicine and medical practice - to be specified by the medical school - would include documented knowledge and understanding of (a) the basic biomedical sciences, (b) the behavioural and social sciences, including public health and* population medicine, (c) medical ethics, human rights and medical jurisprudence relevant to the practice of medicine, (d) the clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving; and (e) the ability to undertake life -long learning and demonstrate professionalism in connection with the different roles of the doctor, also in relation to the medical profession. The characteristics and achievements the students display upon graduation can e.g. be categorised in terms of the doctor as (a) scholar and scientist, (b) practitioner, (c) communicator, (d) teacher, (e) manager and (f) a professional.
- *Appropriate student conduct* would presuppose a written code of conduct.

1.4 PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES

Basic standard:

The medical school **must**

- ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes. (B 1.4.1)

Quality development standard:

The medical school **should**

- ensure that the formulation of its mission and intended educational outcomes is based also on input from other stakeholders. (Q 1.4.1)

Annotations:

- *Principal stakeholders* would include the dean, the faculty board/council, the curriculum committee, representatives of staff and students, the university leadership and administration, relevant governmental authorities and regulatory bodies.
- *Other stakeholders* would include representatives of other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organisations). Other stakeholders would also include other representatives of academic and administrative staff, education and health care authorities, professional organisations, medical scientific societies and postgraduate medical educators.

Examples of questions, relevant to the self-evaluation

- *How is the statement on mission developed?*
- *How is social responsibility, research attainment, community involvement and readiness for postgraduate education reflected in the mission statement?*
- *What are the outcome results in terms of broad competencies (knowledge, skills and attitudes) required of students at graduation?*
- *How do the competencies relate to existing and emerging needs of the society in which the students will practice?*

2.1. FRAMEWORK OF THE PROGRAMME

Basic standards:

The medical school **must**

- define the overall curriculum. (B 2.1.1)
- use a curriculum and instructional/learning methods that stimulate, prepare and support students to take responsibility for their learning process. (B 2.1.2)
- ensure that the curriculum is delivered in accordance with principles of equality. (B 2.1.3)

Quality development standard:

The medical school **should**

- ensure that the curriculum prepares the students for life-long learning. (Q 2.1.1)

Annotations:

- *Framework of the programme* in this document is used synonymously with curriculum.
- *Overall curriculum* in this document refers to the specification of the educational programme, including a statement of the intended educational outcomes (cf.1.3), the content/syllabus (cf. 2.2-2.6), learning experiences and processes of the programme. The curriculum should set out what knowledge, skills, and attitudes the student will achieve. Also, the curriculum would include a description of the planned instructional and learning methods and assessment methods (cf. 3.1). Curriculum description would sometimes include models based on disciplines, organ systems, clinical problems/tasks or disease patterns as well as models based on modular or spiral design. The curriculum would be based on contemporary learning principles.

- *Instructional/ learning methods* would encompass lectures, small-group teaching, problem-based or case-based learning, peer assisted learning, practicals, laboratory exercises, bed-side teaching, clinical demonstrations, clinical skills laboratory training, field exercises in the community and web-based instruction.
- *Principles of equality* mean equal treatment of staff and students irrespective of gender, ethnicity, religion, sexual orientation, socio-economic status, and taking into account physical capabilities.

2.2 SCIENTIFIC METHOD

Basic standards:

The medical school **must**

- throughout the curriculum teach
    - the principles of scientific method, including analytical and critical thinking. (B 2.2.1)
    - medical research methods. (B 2.2.2)
    - evidence-based medicine. (B 2.2.3)

Quality development standard:

The medical school **should**

- in the curriculum include elements of original or advanced research. (Q 2.2.1)

Annotations:

- To *teach the principles of scientific method, medical research methods and evidence-based medicine* requires scientific competencies of teachers. This training would be a compulsory part of the curriculum and would include that medical students conduct or participate in minor research projects.
- *Evidence-based medicine* means medicine founded on documentation, trials and accepted scientific results.
- *Elements of original or advanced research* would include obligatory or elective analytic and experimental studies, thereby fostering the ability to participate in the scientific development of medicine as professionals and colleagues.

2.3 BASIC BIOMEDICAL SCIENCES

Basic standards:

The medical school **must**

- in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of
    - scientific knowledge fundamental to acquiring and applying clinical science. (B 2.3.1)
    - concepts and methods fundamental to acquiring and applying clinical science. (B 2.3.2)

Quality development standards:

The medical school **should**

- in the curriculum adjust and modify the contributions of the biomedical sciences to the
    - scientific, technological and clinical developments. (Q 2.3.1)
    - current and anticipated needs of the society and the health care system. (Q 2.3.2)

Annotation:

- *The basic biomedical sciences* would - depending on local needs, interests and traditions - include anatomy, biochemistry, biophysics, cell biology, genetics, immunology, microbiology (including bacteriology, parasitology and virology), molecular biology, pathology, pharmacology and physiology.

2.4 BEHAVIOURAL AND SOCIAL SCIENCES, MEDICAL ETHICS AND JURISPRUDENCE

Basic standards:

The medical school **must**

- in the curriculum identify and incorporate the contributions of the:
    - behavioural sciences. (B 2.4.1)
    - social sciences. (B 2.4.2)
    - medical ethics. (B 2.4.3)
    - medical jurisprudence. (B 2.4.4)

Quality development standards:

The medical school **should**

- in the curriculum 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. (Q 2.4.1)
    - current and anticipated needs of the society and the health care system. (Q 2.4.2)
    - changing demographic and cultural contexts. (Q 2.4.3)

Annotations:

- *Behavioural and social sciences* would - depending on local needs, interests and traditions - include biostatistics, community medicine, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical sociology, public health and social medicine.
- *Medical ethics* deals with moral issues in medical practice such as values, rights and responsibilities related to physician behavior and decision making.
- *Medical jurisprudence* deals with the laws and other regulations of the health care delivery system, of the profession and medical practice, including the regulations of production and use of pharmaceuticals and medical technologies (devices, instruments, etc.).
- The *behavioural and social sciences, medical ethics and medical jurisprudence* would provide the knowledge, concepts, methods, skills and attitudes necessary for understanding socio-economic, demographic and cultural determinants of causes, distribution and consequences of health problems as well as knowledge about the national health care system and patients' rights. This would enable analysis of health needs of the community and society, effective communication, clinical decision making and ethical practices.

2.5 CLINICAL SCIENCES AND SKILLS

Basic standards:

The medical school **must**

- in the curriculum 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. (B 2.5.1)
    - spend a reasonable part of the programme in planned contact with patients in relevant clinical settings. (B 2.5.2)
    - experience health promotion and preventive medicine. (B 2.5.3)
- specify the amount of time spent in training in major clinical disciplines. (B 2.5.4)
- organise clinical training with appropriate attention to patient safety. (B 2.5.5)

Quality development standards:

The medical school **should**

- in the curriculum adjust and modify the contributions of the clinical sciences to the
    - scientific, technological and clinical developments. (Q 2.5.1)
    - current and anticipated needs of the society and the health care system. (Q 2.5.2)

- ensure that every student has early patient contact gradually including participation in patient care. (Q 2.5.3)
- structure the different components of clinical skills training according to the stage of the study programme. (Q 2.5.4)

Annotations:

- *The clinical sciences* would - depending on local needs, interests and traditions - include anaesthetics, dermatology, diagnostic radiology, emergency medicine, general practice/family medicine, geriatrics, gynaecology & obstetrics, internal medicine (with subspecialities), laboratory medicine, medical technology, neurology, neurosurgery, oncology & radiotherapy, ophthalmology, orthopaedic surgery, oto -rhino-laryngology, paediatrics, palliative care, physiotherapy, rehabilitation medicine, psychiatry, surgery (with subspecialities) and venereology (sexually transmitted diseases). Clinical sciences would also include a final module preparing for pre-registration-training/internship.
- *Clinical skills* include history taking, physical examination, communication skills, procedures and investigations, emergency practices, and prescription and treatment practices.
- *Professional skills* would include patient management skills, team-work/team leadership skills and inter-professional training.
- *Appropriate clinical responsibility* would include activities related to health promotion, disease prevention and patient care.
- *A reasonable part* would mean about one third of the programme.
- *Planned contact with patients* would imply consideration of purpose and frequency sufficient to put their learning into context.
- *Time spent in training* includes clinical rotations and clerkships.
- *Major clinical disciplines* would include internal medicine (with subspecialities), surgery (with subspecialities), psychiatry, general practice/family medicine, gynaecology & obstetrics and paediatrics.
- *Patient safety* would require supervision of clinical activities conducted by students.
- *Early patient contact* would partly take place in primary care settings and would primarily include history taking, physical examination and communication.
- *Participation in patient care* would include responsibility under supervision for parts of investigations and/or treatment to patients, which could take place in relevant community settings.

2.6 PROGRAMME STRUCTURE, COMPOSITION AND DURATION

Basic standard:

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. (B 2.6.1)

Quality development standards:

The medical school **should** in the curriculum

- ensure horizontal integration of associated sciences, disciplines and subjects. (Q 2.6.1)
- ensure vertical integration of the clinical sciences with the basic biomedical and the behavioural and social sciences. (Q 2.6.2)

- allow optional (elective) content and define the balance between the core and optional content as part of the educational programme. (Q 2.6.3)
- describe the interface with complementary medicine. (Q 2.6.4)

Annotations:

- Examples of *horizontal* (concurrent) *integration* would be integrating basic sciences such as anatomy, biochemistry and physiology or integrating disciplines of medicine and surgery such as medical and surgical gastroenterology or nephrology and urology.
- Examples of *vertical* (sequential) integration would be integrating metabolic disorders and biochemistry or cardiology and cardio-vascular physiology.
- *Core and optional (elective) content* refers to a curriculum model with a combination of compulsory elements and electives or special options.
- *Complementary medicine* would include unorthodox, traditional or alternative practices.

2.7 PROGRAMME MANAGEMENT

Basic standards:

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. (B 2.7.1)

- in its curriculum committee ensure representation of staff and students. (B 2.7.2)

Quality development standards:

The medical school **should**

- through its curriculum committee plan and implement innovations in the curriculum. (Q 2.7.1)

- in its curriculum committee include representatives of other stakeholders. (Q 2.7.2)

Annotations:

- *The authority of the curriculum committee* would include authority over specific departmental and subject interests, and the control of the curriculum within existing rules and regulations as defined by the governance structure of the institution and governmental authorities. The curriculum committee would allocate the granted resources for planning and implementing methods of teaching and learning, assessment of students and course evaluation (cf. 8.3).

- *Other stakeholders*, cf. 1.4, annotation

2.8 LINKAGE WITH MEDICAL PRACTICE AND THE HEALTH SECTOR

Basic standard:

The medical school **must**

- ensure operational linkage between the educational programme and the subsequent stages of education or practice after graduation. (B 2.8.1)

Quality development standards:

The 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. (Q 2.8.1)
  - considers programme modification in response to opinions in the community and society. (Q 2.8.2)

Annotations:

- The *operational linkage* implies identifying health problems and defining required educational outcomes. This requires clear definition and description of the elements of the educational programmes and their interrelations in the various stages of training and practice, paying attention to the local, national, regional and global context. It would include mutual feedback to and from the health sector and participation of teachers and students in activities of the health team. Operational linkage also implies constructive dialogue with potential employers of the graduates as basis for career guidance.
- *Subsequent stages of education* would include postgraduate medical education (pre-registration education, vocational/professional education and specialist/subspecialist or expert education, cf. 1.1, annotation) and continuing professional development (CPD)/continuing medical education (CME).

Examples of questions, relevant to the self-evaluation

- *What are the principles guiding the design of the curriculum and the types of teaching and learning methods actually used to deliver it?*
- *How will curriculum and instructional methods encourage students to take active responsibility for their learning?*
- *Which components of the curriculum inculcate the principles of scientific method and evidence-based medicine and enable analytical and critical thinking?*
- *Which elements of the basic biomedical sciences, the behavioural and social sciences and medical ethics and the clinical sciences are included in the programme?*
- *What policies guide integration (horizontal/vertical and basic/clinical sciences) of the programme?*
- *What mechanisms exist to obtain and make use of feedback from the community and society and what are the results of such feedback?*

3.1.ASSESSMENT METHODS

Basic standards:

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. (B 3.1.1)
- ensure that assessments cover knowledge, skills and attitudes. (B 3.1.2)
- use a wide range of assessment methods and formats according to their "assessment utility". (B 3.1.3)
- ensure that methods and results of assessments avoid conflicts of interest. (B 3.1.4)
- ensure that assessments are open to scrutiny by external expertise. (B 3.1.5)
- use a system of appeal of assessment results. (B 3.1.6)

Quality development standards:

The medical school **should**

- evaluate and document the reliability and validity of assessment methods. (Q 3.1.1)
- incorporate new assessment methods where appropriate. (Q 3.1.2)
- encourage the use of external examiners. (Q 3.1.3)

Annotations:

- *Assessment methods* used would include consideration of the balance between formative and summative assessment, the number of examinations and other tests, the balance between different types of examinations (written and oral), the use of normative and criterion-referenced judgements, and the use of personal portfolio and log-books and special types of examinations, e.g. objective structured clinical examinations (OSCE) and mini clinical evaluation exercise (MiniCEX). It would also include systems to detect and prevent plagiarism.
- *"Assessment utility"* is a term combining validity, reliability, educational impact, acceptability and efficiency of the assessment methods and formats.
- *Evaluate and document the reliability and validity of assessment methods* would require an appropriate quality assurance process of assessment practices.
- *Use of external examiners* may increase fairness, quality and transparency of assessments.

3.2 RELATION BETWEEN ASSESSMENT AND LEARNING

Basic standards:

The medical school **must**

- use assessment principles, methods and practices that
    - are clearly compatible with intended educational outcomes and instructional methods. (B 3.2.1)
    - ensure that the intended educational outcomes are met by the students. (B 3.2.2)
    - promote student learning. (B 3.2.3)
    - provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress. (B 3.2.4)

Quality development standards:

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. (Q 3.2.1)
- ensure timely, specific, constructive and fair feedback to students on basis of assessment results. (Q 3.2.2)

Annotations:

- *Assessment principles, methods and practices* refer to assessment of student achievement and would include assessment in all domains: knowledge, skills and attitudes.
- *Decisions about academic progress* would require rules of progression and their relationship to the assessment process.
- *Adjustment of number and nature of examinations* would include consideration of avoiding negative effects on learning. This would also imply avoiding the need for students to learn and recall excessive amounts of information and curriculum overload.
- *Encouragement of integrated learning* would include consideration of using integrated assessment, while ensuring reasonable tests of knowledge of individual disciplines or subject areas.

Examples of questions, relevant to the self-evaluation

- *Who is responsible for the assessment policy?*
- *How does the medical school monitor the reliability and validity of assessments?*
- *How are assessment practices made compatible with educational objectives and learning methods?*
- *To which extent is integrated assessment of various curricular elements obtained?*
- *Do assessment methods demonstrate that outcomes are met or not met?*

4.1. ADMISSION POLICY AND SELECTION

Basic standards:

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. (B 4.1.1)
- have a policy and implement a practice for admission of disabled students. (B 4.1.2)
- have a policy and implement a practice for transfer of students from other national or international programmes and institutions. (B 4.1.3)

Quality development standards:

The medical school **should**

- state the relationship between selection and the mission of the school, the educational programme and desired qualities of graduates. (Q 4.1.1)
- periodically review the admission policy. (Q 4.1.2)
- use a system for appeal of admission decisions. (Q 4.1.3)

Annotations:

- *Admission policy* would imply adherence to possible national regulation as well as adjustments to local circumstances. If the medical school does not control admission policy, it would demonstrate responsibility by explaining relationships and drawing attention to consequences, e.g. imbalance between intake and teaching capacity.
- The *statement on process of selection of students* would include both rationale and methods of selection such as secondary school results, other relevant academic or educational experiences, entrance examinations and interviews, including evaluation of motivation to become doctors. Selection would also take into account the need for variations related to diversity of medical practice.
- *Policy and practice for admission of disabled students* will have to be in accordance with national law and regulations.
- *Transfer of students* would include medical students from other medical schools and students from other study programmes.
- *Periodically review the admission policy* would be based on relevant societal and professional data, to comply with the health needs of the community and society, and would include consideration of intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities.

4.2 STUDENT INTAKE

Basic standard:

The medical school **must**

- define the size of student intake and relate it to its capacity at all stages of the programme. (B 4.2.1)

Quality development standard:

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. (Q 4.2.1)

Annotations:

- Decisions on *student intake* would imply necessary adjustment to national requirements for medical workforce. If the medical school does not control student intake, it would demonstrate responsibility by explaining relationships and drawing attention to consequences, e.g. imbalance between intake and teaching capacity.
- *Other stakeholders*, cf. 1.4, annotations.
- *The health needs of the community and society* would include consideration of intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities. Forecasting the health needs of the community and society for trained physicians includes estimation of various market and demographic forces as well as the scientific development and migration patterns of physicians.

4.3 STUDENT COUNSELLING AND SUPPORT

Basic standards:

The medical school and/or the university **must**

- have a system for academic counselling of its student population. (B 4.3.1)
- offer a programme of student support, addressing social, financial and personal needs. (B 4.3.2)
- allocate resources for student support. (B 4.3.3)
- ensure confidentiality in relation to counselling and support. (B 4.3.4)

Quality development standards:

The medical school **should**

- provide academic counselling that
  - is based on monitoring of student progress. **(**Q 4.3.1)
  - includes career guidance and planning. (Q 4.3.2)

Annotations:

- *Academic counselling* would include questions related to choice of electives, residence preparation and career guidance. Organisation of the counselling would include appointing academic mentors for individual students or small groups of students.
- *Addressing social, financial and personal needs* would mean professional support in relation to social and personal problems and events, health problems and financial matters, and would include access to health clinics, immunisation programmes and health/disability insurance as well as financial aid services in forms of bursaries, scholarships and loans.

4.4 STUDENT REPRESENTATION

Basic standards:

The medical school **must**

- formulate and implement a policy on student representation and appropriate participation in
  - mission statement. (B 4.4.1)
  - design of the programme. (B 4.4.2)
  - management of the programme. (B 4.4.3)
  - evaluation of the programme. (B 4.4.4)
  - other matters relevant to students. (B 4.4.5)

Quality development standard:

The medical school **should**

- encourage and facilitate student activities and student organisations. (Q 4.4.1)

Annotations:

- *Student representation* would include student self governance and representation on the curriculum committee, other educational committees, scientific and other relevant bodies as well as social activities and local health care projects (cf. B 2.7.2).
- To *facilitate student activities* would include consideration of providing technical and financial support to student organisations.

Examples of questions, relevant to the self-evaluation

- *What are the academic criteria for admission to the medical course?*
- *What body is responsible for the selection policy and what methods are used?*
- *How is the intake of students determined in relation to the capacity of the medical school?*
- *What counselling services are available for students in the medical school?*
- *What is the medical school's policy on student contribution to curriculum matters?*

5.1. RECRUITMENT AND SELECTION POLICY

Basic standards:

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. (B 5.1.1)
  - address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions. (B 5.1.2)
  - specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences. (B 5.1.3)

Quality development standards:

The medical school **should**

- in its policy for staff recruitment and selection take into account criteria such as
  - relationship to its mission, including significant local issues. (Q 5.1.1)
  - economic considerations. (Q 5.1.2)

Annotations:

- The *staff recruitment and selection policy* would include ensuring a sufficient number of highly qualified basic biomedical scientists, behavioural and social scientists and clinicians to deliver the curriculum and a sufficient number of high quality researchers in relevant disciplines or subjects.
- *Balance of academic staff/faculty* would include staff with joint responsibilities in the basic biomedical, the behavioural and social and clinical sciences in the university and health care facilities, and teachers with dual appointments.
- *Balance between medical and non-medical staff* would imply consideration of sufficient medical orientation of the qualifications of non-medically educated staff.
- *Merit* would be measured by formal qualifications, professional experience, research output, teaching awards and peer recognition.
- *Service functions* would include clinical duties in the health care delivery system, as well as participation in governance and management.
- *Significant local issues* would include gender, ethnicity, religion, language and other items of relevance to the school and the curriculum.
- *Economic considerations* would include taking into account institutional conditions for staff funding and efficient use of resources.

5.2 STAFF ACTIVITY AND STAFF DEVELOPMENT

Basic standards:

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.(B 5.2.1)
  - ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications. (B 5.2.2)
  - ensure that clinical service functions and research are used in teaching and learning. (B 5.2.3)
  - ensure sufficient knowledge by individual staff members of the total curriculum. (B 5.2.4)
  - include teacher training, development, support and appraisal. (B 5.2.5)

Quality development standards:

The medical school **should**

- take into account teacher-student ratios relevant to the various curricular components. (Q 5.2.1)
- design and implement a staff promotion policy. (Q 5.2.2)

Annotations:

- The *balance of capacity between teaching, research and service functions* would include provision of protected time for each function, taking into account the needs of the medical school and professional qualifications of the teachers.
- *Recognition of meritorious academic activities* would be through rewards, promotion and/or remuneration.
- *Sufficient knowledge of the total curriculum* would include knowledge about instructional/learning methods and overall curriculum content in other disciplines and subject areas with the purpose of fostering cooperation and integration.
- *Teacher training, development, support and appraisal* would involve all teachers, not only new teachers, and also include teachers employed by hospitals and clinics.

Examples of questions, relevant to the self-evaluation

- *What policies does the the medical school have for ensuring that the staffing profile matches the range and balance of teaching skills required to deliver the curriculum?*
- *What is the medical school's policy for ensuring that teaching, research and service contributions of staff members are appropriately recognised and rewarded?*
- *How are teacher-student ratios, relevant to the various curricular components, taken into consideration?*
- *What staff development programmes exist or are proposed to enable teachers to upgrade their skills and to obtain appraisals of their teaching performance?*

6.1.PHYSICAL FACILITIES

Basic standards:

The medical school **must**

- have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately. (B 6.1.1)
- ensure a learning environment, which is safe for staff, students, patients and their relatives. (B 6.1.2)

Quality development standard:

The medical school **should**

- improve the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices. (Q 6.1.1)

Annotations:

- *Physical facilities* would include lecture halls, class, group and tutorial rooms, teaching and research laboratories, clinical skills laboratories, offices, libraries, information technology facilities and student amenities such as adequate study space, lounges, transportation facilities, catering, student housing, on-call accommodation, personal storage lockers, sports and recreational facilities.
- *A safe learning environment* would include provision of necessary information and protection from harmful substances, specimens and organisms, laboratory safety regulations and safety equipment.

6.2 CLINICAL TRAINING RESOURCES

Basic standards:

The medical school **must**

- ensure necessary resources for giving the students adequate clinical experience, including sufficient
  - number and categories of patients. (B 6.2.1)
  - clinical training facilities. (B 6.2.2)
  - supervision of their clinical practice. (B 6.2.3)

Quality development standard:

The medical school **should**

- evaluate, adapt and improve the facilities for clinical training to meet the needs of the population it serves. (Q 6.2.1)

Annotations:

- *Patients* may include validated simulation using standardised patients or other techniques, where appropriate, to complement, but not substitute clinical training.
- *Clinical training facilities* would include hospitals (adequate mix of primary, secondary and tertiary), sufficient patient wards and diagnostic departments,laboratories, ambulatory services (including primary care), clinics, primary health care settings, health care centres and other community health care settings as well as skills laboratories, allowing clinical training to be organised using an appropriate mix of clinical settings and rotations throughout all main disciplines.
- *Evaluate* would include evaluation of appropriateness and quality for medical training programmes in terms of settings, equipment and number and categories of patients, as well as health practices, supervision and administration.

6.3 INFORMATION TECHNOLOGY

Basic standards:

The medical school **must**

- formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology. (B 6.3.1)
- ensure access to web-based or other electronic media. (B 6.3.2.)

Quality development standards:

The medical school **should**

- enable teachers and students to use existing and exploit appropriate new information and communication technology for
  - independent learning. (Q 6.3.1)
  - accessing information. (Q 6.3.2)
  - managing patients. (Q 6.3.3)
  - working in health care delivery systems. (Q 6.3.4)
  - optimise student access to relevant patient data and health care information systems. (Q 6.3.5)

Annotations:

- *Effective and ethical use of information and communication technology* would include use of computers, cell/mobile telephones, internal and external networks and other means as well as coordination with library services. The policy would include common access to all educational items through a learning management system. Information and communication technology would be useful for preparing students for evidence-based medicine and life-long learning through continuing professional development (CPD).
- *Ethical use* refers to the challenges for both physician and patient privacy and confidentiality following the advancement of technology in medical education and health care. Appropriate safeguards would be included in relevant policy to promote the safety of physicians and patients while empowering them to use new tools.

6.4 MEDICAL RESEARCH AND SCHOLARSHIP

Basic standards:

The medical school **must**

- use medical research and scholarship as a basis for the educational curriculum. (B 6.4.1)
- formulate and implement a policy that fosters the relationship between medical research and education. (B 6.4.2)
- describe the research facilities and priorities at the institution. (B 6.4.3)

Quality development standards:

The medical school **should**

- ensure that interaction between medical research and education
  - influences current teaching. (Q 6.4.1)
  - encourages and prepares students to engage in medical research and development. (Q 6.4.2)

Annotation:

- *Medical research and scholarship* encompasses scientific research in basic biomedical, clinical, behavioural and social sciences. Medical scholarship means the academic attainment of advanced medical knowledge and inquiry.
- The medical research basis of the curriculum would be ensured by research activities within the medical school itself or its affiliated institutions and/or by the scholarship and scientific competencies of the teaching staff.
- Influences on current teaching would facilitate learning of scientific methods and evidence-based medicine (cf. 2.2).

6.5 EDUCATIONAL EXPERTISE

Basic standards:

The medical school **must**

- have access to educational expertise where required. (B 6.5.1)
- formulate and implement a policy on the use of educational expertise in curriculum development. (B 6.5.2)
  - development of teaching and assessment methods. (B 6.5.3)

Quality development standards:

The medical school **should**

- demonstrate evidence of the use of in-house or external educational expertise in staff development. (Q 6.5.1)
- pay attention to current expertise in educational evaluation and in research in the discipline of medical education. (Q 6.5.2)
- allow staff to pursue educational research interest. (Q 6.5.3)

Annotations:

- *Educational expertise* would deal with processes, practice and problems of medical education and would include medical doctors with research experience in medical education, educational psychologists and sociologists. It can be provided by an education development unit or a team of interested and experienced teachers at the institution or be acquired from another national or international institution.
- *Research in the discipline of medical education* investigates theoretical, practical and social issues in medical education.

6.6 EDUCATIONAL EXCHANGES

Basic standards:

The medical school **must**

- formulate and implement a policy for
  - national and international collaboration with other educational institutions, including staff and student mobility. (B 6.6.1)
  - transfer of educational credits. (B 6.6.2)

Quality development standards:

The medical school **should**

- facilitate regional and international exchange of staff and students by providing appropriate resources. (Q 6.6.1)
- ensure that exchange is purposefully organised, taking into account the needs of staff and students, and respecting ethical principles. (Q 6.6.2)

Annotations:

- *Other educational institutions* would include other medical schools as well as other faculties and institutions for health education, such as schools for public health, dentistry, pharmacy and veterinary medicine.
- A *policy for transfer of educational credits* would imply consideration of limits to the proportion of the study programme which can be transferred from other institutions. Transfer of educational credits would be facilitated by establishing agreements on mutual recognition of educational elements and through active programme coordination between medical schools. It would also be facilitated by use of a transparent system of credit units and by flexible interpretation of course requirements.
- *Staff* would include academic, administrative and technical staff.

Examples of questions, relevant to the self-evaluation

- *How does the medical school review the adequacy of the educational resources and what is the result of this review?*
- *How does the medical school review the adequacy of the facilities and patients available for clinical teaching and what is the result of this review?*
- *What policy does the medical school have for the use of information and communication technology?*
- *Does the medical school have access to an expert medical education unit or other educational expertise?*
- *What policy does the medical school have for collaborating with other educational institutions?*
- *How does the medical school analyse performance of cohorts of students and graduates and what are the results of such analyses in relation to mission and intended outcomes?*

7. PROGRAMME EVALUATION

7.1 MECHANISMS FOR PROGRAMME MONITORING AND EVALUATION

Basic standards:

The medical school **must**

- have a programme of routine curriculum monitoring of processes and outcomes. (B 7.1.1)
- establish and apply a mechanism for programme evaluation that
  - addresses the curriculum and its main components. (B 7.1.2)
  - addresses student progress. (B 7.1.3)
  - identifies and addresses concerns. (B 7.1.4)
- ensure that relevant results of evaluation influence the curriculum. (B 7.1.5)

Quality development standards:

The medical school **should**

- periodically evaluate the programme by comprehensively addressing
  - the context of the educational process. (Q 7.1.1)
  - the specific components of the curriculum. (Q 7.1.2)
  - the long-term acquired outcomes. (Q 7.1.3)
  - its social accountability (Q 7.1.4)

Annotations:

- *Programme monitoring* would imply the routine collection of data about key aspects of the curriculum for the purpose of ensuring that the educational process is on track and for identifying any areas in need of intervention. The collection of data is often part of the administrative procedures in connection with admission of students, assessment and graduation.
- *Programme evaluation* is the process of systematic gathering of information to judge the effectiveness and adequacy of the institution and its programme. It would imply the use of reliable and valid methods of data collection and analysis for the purpose of demonstrating the qualities of the educational programme or core aspects of the programme in relation to the mission and the curriculum, including the intended educational outcomes. Involvement of external reviewers from other institutions and experts in medical education would further broaden the base of experience for quality improvement of medical education at the institution.
- *Main components of the curriculum* would include the curriculum model
- (cf. B 2.1.1), curriculum structure, composition and duration (cf. 2.6) and the use of core and optional parts (cf. Q 2.6.3).
- *Identified concerns* would include insufficient fulfilment of intended educational outcomes. It would use measures of and information about educational outcomes, including identified weaknesses and problems, as feedback for interventions and plans for corrective action, programme development and curricular improvements; this requires safe and supporting environment for feedback by teachers and students.

- *The context of the educational process* would include the organisation and resources as well as the learning environment and culture of the medical school.
- *Specific components of the curriculum* would include course description, teaching and learning methods, clinical rotations and assessment methods.
- *Social accountability*,cf. 1.1, annotation.

7.2 TEACHER AND STUDENT FEEDBACK

Basic standard:

The medical school **must**

- systematically seek, analyse and respond to teacher and student feedback. (B 7.2.1)

Quality development standard:

The medical school **should**

- use feedback results for programme development. (Q 7.2.1)

Annotation:

- *Feedback* would include students' reports and other information about the processes and products of the educational programmes. It would also include information about malpractice or inappropriate conduct by teachers or students with or without legal consequences.

7.3 PERFORMANCE OF STUDENTS AND GRADUATES

Basic standards:

The medical school **must**

- analyse performance of cohorts of students and graduates in relation to □□ mission and intended educational outcomes. (B 7.3.1)
  - curriculum. (B 7.3.2)
  - provision of resources. (B 7.3.3)

Quality development standards:

The medical school **should**

- analyse performance of cohorts of students and graduates in relation to student □□ background and conditions. (Q 7.3.1)
  - entrance qualifications. (Q 7.3.2)
- use the analysis of student performance to provide feedback to the committees responsible for
  - student selection. (Q 7.3.3)
  - curriculum planning. (Q 7.3.4)□
  - student counselling. (Q 7.3.5)

Annotations:

- Measures and analysis of *performance of cohorts of students* would include information about actual study duration, examination scores, pass and failure rates, success and dropout rates and reasons, student reports about conditions in their courses, as well as time spent by them on areas of special interest, including optional components. It would also include interviews of students frequently repeating courses, and exit interviews with students who leave the programme.
- Measures of *performance of cohorts of graduates* would include information on results at national license examinations, career choice and postgraduate performance, and would, while avoiding the risk of programme uniformity, provide a basis for curriculum improvement.
- *Student background and conditions* would include social, economic and cultural circumstances.

7.4 INVOLVEMENT OF STAKEHOLDERS

Basic standard:

The medical school **must**

- in its programme monitoring and evaluation activities involve its principal stakeholders. (B 7.4.1)

Quality development standards:

The medical school **should**

- for other stakeholders
  - allow access to results of course and programme evaluation. (Q 7.4.1)
  - seek their feedback on the performance of graduates. (Q 7.4.2)
  - seek their feedback on the curriculum. (Q 7.4.3)

Annotations:

- *Principal stakeholders*, cf. 1.4, annotation.
- *Other stakeholders*, cf. 1.4, annotation.

Examples of questions, relevant to the self-evaluation

- *How does the medical school evaluate its programme?*
- *How does the medical school analyse and use the opinions of staff and students about its educational programme and what is the result of this analysis?*
- *How are the principle stakeholders within the medical school involved in programme evaluation?*
- *To what extent is a wider range of stakeholders involved in the evaluation and development of the programme?*

8. GOVERNANCE AND ADMINISTRATION

8.1. GOVERNANCE

Basic standard:

The medical school **must**

- define its governance structures and functions including their relationships within the university. (B 8.1.1)

Quality development standards:

The medical school **should**

- in its governance structures set out the committee structure, and reflect representation from
  - principal stakeholders. (Q 8.1.1)
  - other stakeholders. (Q 8.1.2)
- ensure transparency of the work of governance and its decisions. (Q 8.1.3)

Annotations:

- *Governance* means the act and/or the structure of governing the medical school. Governance is primarily concerned with policy making, the processes of establishing general institutional and programme policies and also with control of the implementation of the policies. The institutional and programme policies would normally encompass decisions on the mission of the medical school, the curriculum, admission policy, staff recruitment and selection policy and decisions on interaction and linkage with medical practice and the health sector as well as other external relations.
- *Relationships within the university* of its governance structures would be specified, for example if the medical school is part of or affiliated to a university.
- *The committee structure*, which includes a curriculum committee, would define lines of responsibility, cf. B 2.7.1.
- *Principal stakeholders*, cf. 1.4, annotation.
- *Other stakeholders*, cf. 1.4, annotation.
- *Transparency* would be obtained by newsletters, web-information or disclosure of minutes.

8.2 ACADEMIC LEADERSHIP

Basic standard:

The medical school **must**

- describe the responsibilities of its academic leadership for definition and management of the medical educational programme. (B 8.2.1)

Quality development standard:

The medical school **should**

- periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes. (Q 8.2.1)

Annotation:

- *Academic leadership* refers to the positions and persons within the governance and management structures being responsible for decisions on academic matters in teaching, research and service and would include dean, deputy dean, vice deans, provost, heads of departments, course leaders, directors of research institutes and centres as well as chairs of standing committees (e.g. for student selection, curriculum planning and student counselling).

8.3 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION

Basic standards:

The medical school **must**

- have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget. (B 8.3.1)
- allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs. (B 8.3.2)

Quality development standards:

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. (Q 8.3.1)
- in distribution of resources take into account the developments in medical sciences and the health needs of the society. (Q 8.3.2)

Annotations:

- *The educational budget* would depend on the budgetary practice in each institution and country and would be linked to a transparent budgetary plan for the medical school.
- *Resource allocation* presupposes institutional autonomy, cf. 1.2, annotations.
- Regarding *educational budget and resource allocation* for student support and student organisations, cf. B 4.3.3 and 4.4, annotation.

8.4 ADMINISTRATION AND MANAGEMENT

Basic standards:

The medical school **must**

- have an administrative and professional staff that is appropriate to
  - support implementation of its educational programme and related activities.(B 8.4.1)
  - ensure good management and resource deployment. (B 8.4.2)

Quality development standard:

The medical school **should**

- formulate and implement an internal programme for quality assurance of the management including regular review. (Q 8.4.1)

Annotations:

- *Management* means the act and/or the structure concerned primarily with the implementation of the institutional and programme policies including the economic and organisational implications i.e. the actual allocation and use of resources within the medical school. Implementation of the institutional and programme policies would involve carrying into effect the policies and plans regarding mission, the curriculum, admission, staff recruitment and external relations.
- *Administrative and professional staff* in this document refers to the positions and persons within the governance and management structures being responsible for the administrative support to policy making and implementation of policies and plans and would - depending on the organisational structure of the administration - include head and staff in the dean's office or secretariat, heads of financial administration, staff of the budget and accounting offices, officers and staff in the admissions office and heads and staff of the departments for planning, personnel and IT.
- *Appropriateness of the administrative staff* means size and composition according to qualifications.
- *Internal programme of quality assurance* would include consideration of the need for improvements and review of the management.

8.5 INTERACTION WITH HEALTH SECTOR

Basic standard:

The medical school **must**

- have constructive interaction with the health and health related sectors of society and government. (B 8.5.1)

Quality development standard:

The medical school **should**

- formalise its collaboration, including engagement of staff and students, with partners in the health sector. (Q 8.5.1)

Annotations:

- *Constructive interaction* would imply exchange of information, collaboration, and organisational initiatives. This would facilitate provision of medical doctors with the qualifications needed by society.
- *The health sector* would include the health care delivery system, whether public or private, and medical research institutions.
- *The health-related sector* would - depending on issues and local organisation - include institutions and regulating bodies with implications for health promotion and disease prevention (e.g. with environmental, nutritional and social responsibilities).
- To *formalise collaboration* would mean entering into formal agreements, stating content and forms of collaboration, and/or establishing joint contact and coordination committees as well as joint projects

Examples of questions, relevant to the self-evaluation

- *How can the governance structure, its components and their functions, be described?*
- *How is the performance of the academic leadership of the medical school evaluated and appraised in relation to the mission and what is the result of such an evaluation?*
- *How is the appropriate resource allocation assured to achieve the mission of the medical school?*
- *What administrative support functions are provided by the staff of the medical school?*
- *How is the management of the medical programme reviewed?*

9. CONTINUOUS RENEWAL

Basic standards:

The medical school **must** as a dynamic and socially accountable institution

- initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme. (B 9.0.1)
- rectify documented deficiencies. (B 9.0.2)
- allocate resources for continuous renewal. (B 9.0.3)

Quality development standards:

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. (Q 9.0.1)
- 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. (Q 9.0.2)
- address the following issues in its process of renewal:
  - adaptation of mission statement to the scientific, socio-economic and cultural development of the society. (Q 9.0.3) (cf. 1.1)
  - 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. (Q 9.0.4) (cf. 1.3)
  - adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant. (Q 9.0.5) (cf. 2.1)
  - 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. The adjustment would ensure that new relevant knowledge, concepts and methods are included and outdated ones discarded. (Q 9.0.6) (cf. 2.2 - 2.6)
  - development of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructional methods.
  - (Q 9.0.7) (cf. 3.1 and 3.2)
  - 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 9.0.8) (cf. 4.1 and 4.2)
  - adaptation of academic staff recruitment and development policy according to changing needs. (Q 9.0.9) (cf. 5.1 and 5.2)
  - updating of educational resources according to changing needs, i.e. the student intake, size and profile of academic staff, and the educational programme. (Q 9.0.10) (cf. 6.1 - 6.3)
  - refinement of the process of programme monitoring and evaluation. (Q 9.0.11) (cf. 7.1 – 7.4)
  - 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. (Q 9.0.12) (cf. 8.1 – 8.5)

Annotation:

- *Prospective studies* would include research and studies to collect and generate data and evidence on country-specific experiences with best practice.

Examples of questions, relevant to the self-evaluation

- *What procedures does the medical school use for regular reviewing and updating its mission, structure and activities?*
- *How does the medical school ensure that it remains responsive to its changing environment and requirements of the community it serves?*