Εθνική Αρχή
Ανώτατης Εκπαίδευσης
Hellenic Authority
for Higher Education

# STANDARDS

# FOR QUALITY ACCREDITATION OF

# NEW UNDERGRADUATE STUDY PROGRAMMES

# IN MEDICINE

# OF UNIVERSITY LEGAL ENTITIES

**September 2026**

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# PREFACE

## I. Scope of Standards' application, concepts and definitions

### I.1 Scope of application

These Standards apply to the evaluation and quality accreditation of new Undergraduate Study Programmes (USPs) in Medicine offered by University Legal Entities (ULEs), either during the initial licensing process or at a subsequent stage, in accordance with Article 140 of Law 5094/2024. These Standards set out the criteria, indicators, and requirements that Undergraduate Study Programmes (USPs) in Medicine offered on site by University Legal Entities (ULEs) must satisfy in order to achieve compliance and be granted accreditation.

These Standards provide the fundamental quality framework that the University Legal Entity (U.L.E.) under review should use in preparing its self-evaluation report, following the completion of an **internal evaluation**, and in submitting its application for the accreditation of the Undergraduate Study Programme (USP) in Medicine. At the same time, these Standards constitute the basis for the **external evaluation** conducted by independent external experts, who assess the degree of the U.L.E.'s compliance with the Standards. The **reference framework** for these Standards is based on the applicable national legal framework, in particular Law 4653/2020 (A' 12) and Law 5094/2024 (A' 39), the Standards and Guidelines for Quality Assurance in the European Higher Education Area (hereinafter referred to as the ESG), as well as the internationally recognized standards for quality assurance in basic medical education. For the purposes of these Standards, the term "Medical School" (or "School") shall also refer, where applicable, to a Department of Medicine, in cases where the Study Programme in Medicine is offered by a Department rather than by a School.

### I.2 Reference Framework

1. The National Legislation provides that HAHE "evaluates and accredits the quality of services offered by Higher Education, based on specific, predetermined, internationally accepted quantitative and qualitative criteria and indicators, in line with the Standards and Guidelines for Quality Assurance in the European Higher Education Area" (Art. 145, par. 4 of Law 5094/2024).

2. The National Legislation also provides that the object of the accreditation is the assurance of quality in Higher Education as a public and transparent process (Art. 9 of Law 4653/2020, and Art. 145 par. 5 of Law 5094/2024).

3. The term of "quality assurance", as the object of the accreditation, is used to describe all activities within the "continuous improvement cycle" (i.e. assurance and enhancement activities, ESG 2015, page 7).

4. Similarly, the National Legislation underlines that "quality assurance in Higher Education promotes the optimization of the effectiveness and transparency of the overall operation of Institutions (Art. 9, par. 1 of Law 4653/2020).

5. The ESG set a common framework for quality assurance systems in learning and teaching at European, national and institutional levels. They apply to the entire higher education

offered in the EHEA, regardless of the mode of study or place of delivery of the educational services. Thus, the ESG are also applicable to all higher education, including transnational and cross-border provision (ESG 2015, page 7).

6. The ESG provide the criteria at European level against which quality assurance agencies and their activities (like HAHE) are assessed. This ensures that quality assurance agencies in EHEA adhere to the same set of principles, and the processes and procedures are modelled to fit the purposes and requirements of their national contexts (ESG 2015, page 8).

7. Due to the particular character of medical education, these Standards specify the quality assurance requirements based on internationally recognised standards for basic medical education, and in particular the Standards of the World Federation for Medical Education (WFME).

**I.3 Definitions**

These Standards, like the Standards for Higher Education Institutions, set the criteria against which the USP in Medicine must be evaluated. They align with the European criteria included in the ESG and they are defined by specific indicators and requirements. The evaluation is conducted by the External Evaluation and Accreditation Panels, consisting of experts who form a documented judgement, as provided by the National Legislation.

The use of the term “criterion” in the context of quality assurance, and in these Standards as well, refers to the requirement that needs to be met by a Study Programme in order to be compliant. Each criterion may have a qualitative and quantitative dimension (e.g. high quality of the teaching staff and numerical adequacy of the teaching staff.).

Compliance of the Study Programme with the Standards is achieved primarily through the implementation of policies, procedures, staffing, resources, structures, etc., as specified in the Standards’ criteria in accordance with the principles of quality assurance. Consequently, the assessment of compliance by an external quality assurance body, i.e. HAHE, is conducted with respect to the policies, procedures, staffing, resources, structures, etc., implemented by U.L.E.

The use of the term “indicator” in these Standards refers to a tool for assessing different qualitative and quantitative dimensions of a criterion. The values assigned to quantitative indicators are numerical, while the values assigned to qualitative indicators are scaled according to the degree of adequacy: adequate - partially adequate - inadequate. The indicators are not evaluated separately but they are co-estimated with other data and findings to form the overall evaluation judgement.

The use of the term “requirement” in these Standards refers to the obligation to provide evidence and documents deemed necessary for the evaluation of each specific criterion.

Consequently, these Standards consist of twelve (12) specific criteria against which the compliance of a Study Programme in Medicine is assessed, and they are further specified by a description of their individual qualitative and quantitative elements. Each criterion specifies the requirements for submitting the supporting evidence which is necessary to evaluate the criterion, and the indicators which serve as the evaluative elements for the quantitative and qualitative dimensions of the criterion.

## II. Evaluation Procedure

The evaluation procedure is established by law (Article 145, Par. 4-6 of Law 5094/2024 and Articles 9-13 of Law 4653/2020) and is based on a specialized, detailed, and evidence-based assessment conducted by external experts. The assessment follows a review of the accreditation proposal and an onsite visit, including interviews and discussions with staff members of the institution under review. These elements are evaluated in light of the scope, characteristics, and mission of each USP, ensuring that the assessment is appropriately tailored and documented according to the specific nature of the academic field.

The assessment of each criterion is based on a comprehensive review of the academic documentation, indicators, and findings of the external evaluation, in accordance with the methodological guidelines presented in Section A, "Judgement of the External Evaluation and Accreditation Panel." The evaluation of each criterion involves an expert-based substantive judgement rather than a simple numerical aggregation or verification of individual elements and indicators. In reaching this judgement, the Panel considers not only whether quantitative or qualitative targets have been achieved, but also whether the processes are appropriate, coherent, adequately documented, and capable of delivering the intended learning and academic outcomes. The Panel's final judgement regarding the overall compliance of the Undergraduate Study Programme with the Standards is formed by considering the degree of compliance with each criterion, in accordance with the methodological rules set out in Section B, "Judgement by the External Evaluation and Accreditation Panel."

This approach meets the fundamental objectives of (a) quality assurance, which consists of the systematic assurance and continuous improvement of quality and it is not limited to a fragmentary or occasional compliance with the requirements, and (b) accreditation, which consists of providing assurance that an Institution, an academic unit, a study programme, or an internal quality assurance system complies with the minimum quality criteria set by HAHE, which are in line with the applicable Standards and Guidelines of the European Higher Education Area. Quality assurance in higher education promotes the optimization of the effectiveness and transparency of the overall operation of Institutions (see Art. 9, par 1 of Law 4653/2020).

### II.1 Judgement of the External Evaluation and Accreditation Panel

A. Judgement of the Panel regarding the compliance with each Criterion

The degree of compliance with each Criterion of the present Standards is classified into the following three levels:

1. Compliance:

The Programme meets the Criterion overall. Shortcomings may occur, but they do not significantly undermine the Programme's ability to effectively comply with the Criterion.

2. Partial compliance:

The Programme meets some parts or aspects of the Criterion, but others are not met. These shortcomings limit the programme's compliance with the Criterion.

3. Non-compliance:

The Programme does not meet the Criterion. There are significant shortcomings which prevent the programme's ability to comply with the Criterion.

B. Overall judgement of the Panel regarding the compliance of the USP

To form the overall judgement, i.e. the Programme's degree of compliance, the External Evaluation and Accreditation Panel considers the following:

- To achieve overall "compliance", the Programme must not be characterized as "non-compliant" with none of the criteria; however, it may be "partially compliant" with up to three (3) criteria utmost.
- The Programme is overall characterized as "partially compliant", if it is "partially compliant" with at least four (4) criteria; however, it must not be "non-compliant" to none of the Criteria.
- The Programme is overall characterized as "non-compliant", if it is "non-compliant" with at least one Criterion.

**III. Accreditation Decision**

The decision of the Evaluation and Accreditation Council of HAHE may be positive, positive under conditions or negative, pursuant to Art. 12, par 1 of Law 4653/2020.

## CRITERION 1. MISSION & VALUES IN MEDICAL EDUCATION, STRATEGIC PLANNING, FEASIBILITY AND SUSTAINABILITY OF THE MEDICAL SCHOOL

**University Legal Entities (ULEs) must develop an appropriate strategy for the establishment and operation of a Medical School and a USP in Medicine. This strategy must be supported by documented feasibility and sustainability studies. The mission and values of the Medical School must provide the framework of reference for all its activities. The mission statement reflects the Medical School's distinctive features, and it must be effectively communicated to students, the staff and the wider public.**

**More specifically, the following should be fulfilled:**

By decision of the authorised body, University Legal Entities should establish a strategy addressing matters related to their academic structure, including their academic units and study programmes. This strategy should define the profile, vision, mission and strategic orientation of the University Legal Entity and set out specific objectives within a defined time frame. It should also provide a prediction of the potential benefits, weaknesses, opportunities and/or threats associated with the operation of a Medical School and identify the actions necessary to achieve its goals.

The strategy underpinning this academic structure should be supported by specific and documented feasibility and sustainability studies, with particular emphasis on the establishment and operation of the new Medical School and the USP in Medicine.

In particular, the feasibility study for the new USP in Medicine should be accompanied by a six-year business plan demonstrating the programme's capacity to meet its specific needs in terms of infrastructure, services, human resources, clinical training, procedures, financial resources, and management systems.

In evaluating whether the University Legal Entity (ULE) and its constituent academic units satisfy the criteria for the organisation and delivery of a USP in Medicine, particular attention shall be given to the following:

**a) The academic profile, mission and values of the Medical School**

The Medical School should define in a clear and concise manner its academic profile, mission, values, priorities and main goals.

The mission statement should:

- reflect the distinctive features and orientation of Medical School;
- be aligned with the mission and strategy of the parent Institution and the ULE;
- consider the needs of society and the healthcare system;
- guide the design of the curriculum and the full range of the School's educational, research and other academic activities;
- define the School's relations with the healthcare sector and society at large;
- be developed with the participation of, or following consultation with, relevant stakeholders;
- be publicly available through appropriate means and channels.

**b) The ULE strategy for the academic development of the Medical School**

The University Legal Entity should present its strategy for the academic development and operation of the Medical School and the USP in Medicine.

This strategy should be based on a documented analysis of the following:

- developments in medical education, medical science and research;
- the institutional, economic, social and developmental conditions of the external environment;
- the needs of the healthcare system and society;
- the strengths and weaknesses of the ULE's internal environment, including a related SWOT analysis.

The analysis should demonstrate that the implementation and further development of the Medical School are fully aligned with the overall strategy of both the ULE and its parent Institution.

**c) The operational feasibility of Medical School and the USP in Medicine**

The operational feasibility of Medical School and the USP in Medicine should be documented based on:

- national and regional healthcare and societal needs;
- data relating to the education and employment of doctors, including the projected needs in medical human resources;
- comparison with other national and international study programmes in Medicine;
- state-of-the-art practices in medical science and education;
- the existing academic map and the positioning of the proposed USP in relation to the existing USPs in Medicine offered by HEIs and ULEs.

**d) The sustainability of Medical School and the USP in Medicine**

Evidence should be provided demonstrating the sustainable operation of the USP over a six-year period, regarding:

- **educational and research infrastructure**: lecture rooms, laboratories, preclinical training facilities, spaces for the acquisition of clinical skills, equipment and other required infrastructures;
- **clinical training**: adequate clinical training facilities and structures, sufficient range of clinical learning experiences, and adequate capacity for the projected number of students;
- **teaching staff:** the current and projected teaching staff per category, academic rank and subject area; a specific timetable for filling positions identified as necessary for the programme's operation; the commitment of both the Medical School and the ULE to implementing this plan within the specified timeframe should be clearly documented;
- **administrative, technical and other support staff**;
- **funding:** projected financial resources to cover the operational and development needs;

- **services:** central services, academic and student support services, digital, administrative and other required services.

**e) Structure of Studies**

The structure of studies should be briefly presented, with particular reference to the following:

- **organisation of studies:** courses and course categories; distribution of courses across semesters; alignment with the European Credit Transfer System (ECTS);
- **learning process**: a concise description of the teaching and student assessment methods used throughout the programme;
- **learning outcomes**: a summary of the main knowledge, competences and skills expected to be acquired by the School's graduates, including the professional rights associated with the awarded degree.

A detailed description of these elements is provided in the relevant criteria of these Standards, which are presented in the following sections.

**f) The number of admitted students**

- The proposed number of admitted students over a five-year period should be clearly mentioned.
- Reference should also be made to Undergraduate Study Programmes in Medicine offered by other HEIs or other University Legal Entities.

**g) Research**

The Medical School should clearly identify the research priorities, their alignment with the School's mission, the opportunities for conducting an interdisciplinary and clinical research, the intended research collaborations and the way this research activity enhances medical education.

**h) Quality assurance**

The quality assurance policy and goal-setting of the University Legal Entity should be overall stated.

## Criterion Evaluation Requirements

## To be submitted:

1.1. Explanatory Report by the University Legal Entity, concerning the establishment and operation of the Medical School and the USP in Medicine, which will address the above issues and include the documentation required;
1.2. Strategic Plan of the ULE regarding the operation of the Medical School and the USP in Medicine, including a SWOT analysis at a ULE level;
1.3. Feasibility and sustainability study for the establishment and operation of the Medical School and the USP in Medicine;
1.4. A six-year operational plan for the USP in Medicine, including annual projections regarding the number of enrolled students, teaching and administrative/technical

staffing, main operational and development needs with the associated financial resources and key implementation benchmarks;

1.5. Mission statement of the Medical School;

1.6. Code of Ethics and Good Practice for students and staff, including procedures for addressing any violations.

## Qualitative / Quantitative Indicators

1. Alignment of the Medical School and the new USP with the Institution's Strategy (in particular in the areas of education and research);
2. Comprehensiveness and fitness for purpose of the School's mission statement;
3. Adequacy of the feasibility study;
4. Adequacy of the sustainability study;
5. Comprehensiveness and fitness for purpose of the Code of Ethics and Good Practice, including the procedures for addressing any violations;
6. Full (100%) coverage of the staffing requirements of the USP for its first year of operation;
7. A 6-year plan ensuring the full (100%) coverage of the USP's staffing needs in a timely manner for each subsequent year of operation;
8. Full (100%) financial coverage of the projected annual operational and development needs of the USP throughout the first 6-year period of the programme's operation.

## CRITERION 2. QUALITY POLICY AND QUALITY GOAL-SETTING

**Within the framework of its Internal Quality Assurance System, the University Legal Entity (ULE) must develop and implement a Quality Assurance Policy. As part of its strategy, the Policy must specifically address the operation of the Medical School and the USP in Medicine and shall be accompanied by the annual goal-setting to support their continuous improvement and development.**

**This criterion aligns with ESG 1.1.**

**More specifically, the following should be fulfilled:**

**a. Drafting and submission of Quality Policy Statement**

The quality policy of the Medical School should be formally documented in a written statement, approved by the authorised body, implemented by all stakeholders and be publicly available.

The quality assurance policy statement provides the framework for the Medical School to implement continuous improvement, and it is based on the quality assurance policy of the Institution. The quality assurance policy supports the development of a quality culture and the public accountability of the Medical School. It is based upon the fundamental principles of academic independence, equal treatment, professional conduct and ethics, and it is aligned with the Standards and Guidelines of the European Higher Education Area.

According to the quality policy, the Medical School should be committed to:

- draft and respect quality procedures, and monitor the effectiveness of their implementation, according to the applicable Quality Standards.
- provide adequate resources for the operation of the USP in Medicine and care for the adequacy and competence of the teaching staff, the quality of learning environment, the quality of support services and the adequacy of staffing.
- undertake periodic internal and external evaluations, and proceed with the implementation of the continuous improvement cycle of the USP based on their results.

The quality assurance procedures are set out in detail in Criteria 3-11 of these Standards.

**b. Drafting and submission of quality goal-setting**

The quality assurance policy is implemented and monitored based on annual quality goals. According to the S.M.A.R.T. methodology, each annual quality goal should be defined by the following:

- The strategic goal connected with the relevant indicator, which serves as the basis for measuring the goal's progress
- The base value of the indicator
- The target value of the indicator
- The time needed to achieve the goal
- The body or person authorized for the goal's implementation

The achievement of quality goals should be monitored at least once a year; in case of significant deviations, documented corrective or improvement actions should be taken as a consequence.

**c. Quality data recording in the National Information System for Quality Assurance (NISQA)**

The University Legal Entity (ULE) should annually record and submit data to the National Information System for Quality Assurance (NISQA) of the Hellenic Authority for Higher Education (HAHE), in accordance with the Authority's instructions and the relevant manuals on quality data and indicators published through the system's digital platform. The data submitted should include information relating to student details and progression (including admissions, transfers, graduations and drop-outs), teaching and administrative staff, study programmes, infrastructure, financial resources, and research activity.

For the purposes of initial accreditation, only data relating to the identity of the USP should be recorded. These data are monitored by the NISQA subsystem entitled "Institutions Register".

## Criterion Evaluation Requirements

## To be submitted:

2.1 Quality Policy Statement, with reference to the authorized Quality Assurance agencies and related procedures;

2.2 Quality Goal-setting (using the S.M.A.R.T. methodology).

## Qualitative/Quantitative Indicators

1. Publication of the quality policy statement and the associated procedures on the Academic Unit's website;
2. Comprehensiveness of the quality policy statement (with reference to the Institution's strategy, structures, procedures, quality assurance bodies and stakeholders);
3. Adequacy of quality goal-setting and procedures for monitoring and response;
4. Number of measurable targets in the annual quality goal-setting of the USP (indicatively 10 targets);
5. Completeness of the mandatory quality data recorded in NISQA (100% completion of all required fields in the Institutions Register during the initial accreditation process);
6. Participation of stakeholders in the authorised quality assurance bodies of the USP (at least 1 representative of the parent Institution and 1 student representative).

## CRITERION 3. STUDY PROGRAMME IN MEDICINE: DESIGN, STRUCTURE, APPROVAL AND MONITORING OF QUALITY OF THE NEW UNDERGRADUATE STUDY PROGRAMME

**The Medical School must design the new USP in Medicine following a specific written procedure which provides for the participation of all stakeholders, the information sources and the bodies for the programme's approval. The programme's design must define the structure and content of studies, the expected learning outcomes, the intended professional qualifications, and the methods through which these outcomes and qualifications are to be achieved. The above details must be published in the Student Guide.**

**This criterion aligns with ESG 1.2**

**More specifically, the following should be fulfilled:**

### a. Design and approval of the USP

The authorised bodies of the parent Institution and the ULE should submit the official procedure for the design and approval of the USP in Medicine, which involves the participation of teaching staff, students and other stakeholders, as well as the sources of the information used for the above design.

In particular, the USP design should consider the following:

- the mission of the Medical School and the strategy of the ULE;
- the opinion of students, graduates and external stakeholders;
- the smooth progression of students through the successive stages of the Programme;
- the estimated workload according to the European Credit Transfer System (ECTS);
- the right balance and connection between preclinical and clinical training;
- the connection between teaching and research;
- the applicable institutional and professional framework.

### b. Academic profile, structure, ECTS and learning outcomes

The Medical School should submit the approved design of the USP defining its academic profile and orientation, its goals, structure and organisation, the expected learning outcomes and the intended professional qualifications. The learning outcomes should correspond to the level of the awarded degree, in accordance with the European and National Qualifications Framework for Higher Education, and they should embrace the knowledge, skills, competences, professional conduct and values expected from graduates of the Medical School. The USP should also provide the development of digital skills, including literacy in Artificial Intelligence, in a way that fits the purpose of the programme's subject area.

The design of the study programme should also specify the total number of ECTS credits for the USP, the distribution of courses and other educational activities, the required courses and their sequence. Each semester of full-time study corresponds to 30 ECTS credits and each academic year to 60 ECTS credits. The total duration of studies is 6 years, and the total number of ECTS credits required for the Degree is 360, as provided by the Greek legislation. The allocation of ECTS credits per course or other educational activity (e.g. clinical training) is

based on the student's total workload. For each course, the contact hours are clearly specified, along with their division, where applicable, into lectures, tutorials, seminars, laboratories, clinical and practical training. All contact hours should be carried out in person and at the designated locations; they should be evaluated as part of the USP accreditation and they should be provided exclusively to students enrolled in that specific USP, without any joint instruction with students from programmes of other educational agencies. The estimated teaching hours and the total workload should be sufficient to achieve the learning outcomes.

**c. Content of Medical Education**

The USP should include:

- the content of preclinical training, fit for purpose, which should ensure an in-depth understanding of the principles of biomedical sciences;
- the content of clinical training, fit for purpose, providing for sufficient and appropriate contact of students with patients, the acquisition of clinical skills and training in medical acts. This clinical experience should cover different systems of the human body and phases of the life circle, different types of medical care, including prevention, acute or chronic, palliative/final stage and rehabilitation, as well as different levels of healthcare such as primary, secondary or tertiary care.
- educational activities, suitable for developing the professional competences, conducts and attitudes expected from a Medical School graduate.

In addition, the USP content should include:

- principles of scientific methodology and medical research;
- medical ethics;
- elements of behavioural and social sciences;
- cultural adequacy and understanding of inequalities in health;
- communication skills with patients and their close environment;
- skills for collaborating and working in an interdisciplinary and inter-professional environment;
- leadership skills.

**d. Monitoring the implementation of the USP**

The implementation of the USP should be monitored to ensure consistency between the approved programme design and the education delivered. Particular attention should be paid to clinical training, where procedures for monitoring and supervision should be established to ensure the consistent implementation of the USP across all clinical training centres and sites.

## Criterion Evaluation Requirements

### To be submitted:

3.1 Procedure for designing, approving and monitoring the USP;
3.2 Decision(s) of the authorised bodies on the establishment of the USP;
3.3 Draft Curriculum of the new USP (with special reference to any courses providing the acquisition of digital skills);

3.4 Student Guide;
3.5 Outlines of courses / educational activities (including the least expected learning outcomes, ECTS, teaching methods and assessment methods per course / educational activity);
3.6 Clinical Training Manual;
3.7 Weekly schedule of preclinical training;
3.8 Indicative schedule of clinical training;
3.9 Regulation for the monitoring and supervision of the clinical training centres to ensure the consistent implementation of the USP;
3.10 Evidence of consultation with external stakeholders regarding the design and structure of the USP.

## Qualitative/Quantitative Indicators

1. Completeness and suitability of procedures concerning the design and approval of the USP;
2. Fitness for purpose of the expected learning outcomes in relation to the level of study and the awarded degree;
3. Adequacy of the USP in covering the key subject areas and core components of medical education;
4. Completeness and fitness for purpose of the design of clinical training;
5. Adequacy of the extent and duration of clinical training to ensure the achievement of the intended clinical learning outcomes and competencies;
6. Total credits of the USP: 360 ECTS;
7. Student workload per ECTS credit (25–30 hours per ECTS).

## CRITERION 4. STUDENT-CENTRED APPROACH TO LEARNING, TEACHING AND ASSESSMENT OF STUDENTS

**The Medical School must ensure that the new USP provides students with the necessary conditions that will encourage them to actively participate in the learning process, and support the gradual development of their autonomy and responsibility. Teaching and assessment methods must be designed to achieve the expected learning outcomes. Students must be assessed regularly and in a timely manner, and they must receive constructive feedback which supports their learning progress. The student assessment system must provide a well-documented basis for making the correct decisions regarding the students' progression and graduation.**

**This criterion aligns with ESG 1.3.**

**More specifically, the following should be fulfilled:**

### a) Student-centred approach to learning and teaching

The student-centred approach in learning should:

- respect student diversity and respond to their multiple needs,
- explore the students' background knowledge and adapt teaching accordingly,
- use different modes of teaching and a variety of pedagogical methods,
- foster student autonomy, while providing sufficient guidance and support,
- promote mutual respect in student-teacher relationships,
- apply procedures for managing student complaints,
- enable students to shape their individual study pathways through the selection of elective courses
- provide appropriate procedures for dealing with extraordinary situations which may affect the attendance or the academic performance of students.

### b) Learning outcomes and assessment system

Student assessment methods should be tailored to the expected learning outcomes, allowing to assess the extent to which these outcomes have been achieved.

The assessment system should cover the knowledge, the clinical and other practical skills, the competencies, professional behaviours and attitudes, values and professional ethics.

The achievement of the intended clinical experiences, skills and medical acts should be documented with appropriate tools, such as the booklet or a digital logbook for the clinical training.

Formative and summative assessments should be conducted through multiple and appropriate methods. Clinical competence, including basic clinical skills like history-taking and clinical examination, should be assessed through planned, structured and objective processes.

Whenever possible, particularly in assessment activities that involve a greater degree of examiner subjectivity, assessment should be undertaken by more than one examiner.

The assessment should be carried out in a consistent, objective and fair manner. Before graduation, documented evidence should demonstrate that the student has achieved the basic learning outcomes and clinical competencies required by the USP.

**c) Feedback and learning support**

Students should receive constructive and timely feedback on their performance.

The formative assessment should be connected, when necessary, with the appropriate educational interventions and support, enabling student to address any difficulties in achieving the intended learning outcomes in due time.

Academic guidance and counselling should also be provided by an academic advisor within a well-structured institutional framework.

**d) Transparency and rights**

The methods, criteria and weighting applied to each course assessment contributing to the final grade should be communicated in a timely manner. For the evaluation of teaching by students, feedback mechanisms should be implemented through questionnaires, which students should be encouraged to fill in. To enhance student support and guidance, a complaints and appeals policy should also be in applied.

**e) Academic integrity**

Clear rules should be provided to ensure the academic integrity and validity of assessment. These should include rules against plagiarism and rules regulating the use of Artificial Intelligence tools.

## Criterion Evaluation Requirements

### To be submitted:

4.1 Internal operating regulation of the new USP, setting out, at a minimum, the principles and procedures governing student-centred learning and teaching approach, student assessment rules and methods, feedback mechanisms, complaints and appeals procedures, academic counselling and rules for academic integrity;

4.2 Comprehensive list of the expected learning outcomes of the Programme, covering the knowledge, skills, competencies, values and ethics expected to be acquired by students;

4.3 Template of a clinical training logbook (in digital or printed format) designed to record and document the clinical experiences, clinical skills and medical acts required by the USP, and to track the students' progress;

4.4. Handbook for the assessment of clinical skills, including objective and structured assessment, such as the Objective Structured Clinical Examination (OSCE);

4.5 Regulation for the management of students' complaints and appeals;

4.6 Regulation for the role of the academic advisor.

## Qualitative /Quantitative Indicators

1. Completeness of the student-centred learning procedures;
2. Suitability and alignment of the assessment procedures with the expected learning outcomes;
3. Completeness and fitness for purpose of the clinical competence assessment system;
4. Adequacy of the complaints management policy;
5. Adequacy of student feedback mechanisms, counselling and support;
6. Rate of courses and educational activities with predefined and published criteria and methods for student assessment (100%);
7. Rate of basic clinical skills that require documented assessment prior to graduation (100%);
8. Ratio of academic advisors to students (for example 1:30);
9. Maximum response time to student complaints and appeals (30 calendar days).

## CRITERION 5. STUDENT ADMISSION, PROGRESSION, RECOGNITION OF STUDIES AND DEGREE AWARD IN MEDICAL EDUCATION

**The Medical School must develop, apply and publish regulations and procedures addressing all aspects and stages of study, including the selection and admission of students, progression, recognition of studies, mobility and graduation.**

**This criterion aligns with ESG 1.4.**

**More specifically, the studies regulation should provide for the following:**

**a) Selection, enrolment, and commencement of studies**

Clear and publicly available procedures should be established for the selection and enrolment of newly admitted students, the required supporting documents, support services available to first-year students, and the rights and obligations of all students. The number of admitted students should be aligned with the available educational capacity of the USP, regarding the teaching staff, infrastructure and the available clinical training positions. Clear and published requirements and procedures for granting scholarships and other forms of financial assistance to students should also be set in the above regulation, including, where applicable, any issues for deferred commencement or students transfer.

**b) Student progression**

The rules governing attendance, requirements for progression through the successive stages of the USP and the duration of studies should be clearly specified. The Medical School should also implement procedures and tools for monitoring student progress and should use the information collected to identify and manage any issues affecting this progress in due time.

**c) Student mobility**

The terms and conditions for the students' participation in mobility programmes, as well as the procedures for recognising the educational activities and the ECTS credits acquired in these mobility programmes should be clearly specified.

**d) Recognition of studies and ECTS credits**

Recognition procedures should be based on accepted academic practices for the recognition and transfer of credits among different Departments and Institutions in Europe, in accordance with the principles of the Lisbon Convention on the Recognition of Academic Qualifications. The transfer of ECTS credits to the USP of a ULE should be permitted only for studies completed at a recognized Higher Education Institution.

**e) Graduation and degree award**

The requirements for graduation and the award of the medical Degree should be clearly specified. Upon completion of their studies, graduates should receive the Degree and Diploma supplement, which should reflect, among others, the level, content and learning outcomes of their successfully completed studies. The ULE awards the degree of the parent Institution.

## Criterion Evaluation Requirements

## To be submitted:

5.1 Study Regulation, including, at a minimum, the procedures governing student admission and enrolment, the award of scholarships, attendance requirements and progression, duration of studies, mobility, recognition of studies, credits and requirements for graduation;
5.2 Degree and diploma supplement templates;
5.3 Procedure for monitoring the student academic progress;
5.4 Agreements or Protocols of collaboration with other Institutions, in case the USP is offered as a joint programme or in collaboration with another Institution.

## Qualitative/Quantitative Indicators

1. Completeness of the Study Regulation;
2. Clear, objective, fit for purpose and publicly available criteria for student admission or transfer;
3. Clear and appropriate framework for the award of scholarships;
4. Clear and appropriate framework for part-time attendance, deferment of studies, degree award and student deletion;
5. Adequacy of the procedures for monitoring student academic progress;
6. Standard duration of studies of the USP: 6 years (12 semesters);
7. Maximum duration of studies: v+3 years;
8. Rate of recognised ECTS credits acquired from another Institution to the total number of ECTS credits required for the degree (max. 50%);
9. Award of the diploma supplement, free of charge and without the need for a separate request, in both Greek and English, to 100% of students.

## CRITERION 6. TEACHING STAFF OF THE MEDICAL SCHOOL

**The Medical School must ensure an adequate number of teaching staff with the qualifications and competencies required for the effective delivery of the USP, and apply clear, fair and transparent procedures for their recruitment, training and further development.**

**This criterion aligns with ESG 1.5.**

**More specifically, the following should be fulfilled:**

### a. Staff selection and development

Clear, transparent, and merit-based procedures should be applied for the recruitment and selection of teaching staff. The staff's qualifications and experience should be appropriate to the educational work assigned by the School. Opportunities for training, professional development and mobility should also be provided, including the development of skills in medical education, modern teaching and assessment methods and the effective use of new technologies.

Research activity and participation in conferences should be supported, together with a policy of attracting high-quality teaching staff. The Medical School should clearly specify the academic and educational obligations of the staff and apply a Code of Academic Ethics. The School should also implement quality assurance procedures for staff, which should include the requirements for their physical attendance, performance, self-evaluation, training etc.

### b. Adequacy of staff and coverage of educational needs

The Medical School should ensure the numerical and qualitative adequacy of the teaching staff; they should also make sure that the USP's educational needs are covered sufficiently by staff of related categories and subject areas. The adequacy should be documented in terms of actual Full-Time Equivalents (FTE), taking into consideration the number of students, the structure and requirements of the USP, the total academic workload, and the USP's educational requirements, including laboratory and clinical training. The Full-Time Equivalent (FTE) is a unit of measurement that expresses the workload of a full-time employee, enabling comparisons between employees with different work schedules (part-time, seasonal work, etc.). The ratio of students to Full-Time Equivalents of teaching staff should be documented and compared with the corresponding ratio of the parent Institution or other USPs in Medicine. The core curriculum of the USP should be mainly covered by members of the teaching staff who work under a full-time contract and avoid an excessive reliance on external teaching staff. A specifically designated and academically qualified course leader should be appointed to each course of the first year. The School should also provide specific staffing plans for the next academic years until the USP is fully developed.

### c. Teaching staff for clinical training

Staff members who are entitled to teach, supervise or assess students during their clinical training, including staff affiliated clinical training centres, should possess the required scientific and professional qualifications and be well-prepared for their educational role. Their responsibilities and supervision should be clearly defined by the Medical School.

**d. Quality of Teaching and Research Work**

The academic qualifications of the School's teaching staff and their relevance to the teaching activity assigned to them should be documented, including evidence for the development of research activity and research performance, previous experience in connecting research with education, innovation in teaching methods and the use of new technologies. The evaluation of research quality should be based primarily on qualitative academic judgement, taking into consideration quantitative indicators with selected research achievements, in accordance with the principles of responsible research evaluation.

## Criterion Evaluation Requirements
## To be submitted:

6.1 Procedures and criteria for the Selection of teaching staff;

6.2 Regulations or draft employment contracts; obligations of teaching staff;

6.3 Policy on the recruitment, support and development of teaching staff;

6.4 Teaching staff list: name list including subject areas, degrees, employment relationship, teaching assignment within the USP or other USPs, and actual Full-Time Equivalent in the specific USP. A separate mention is required for the staff members who participate in clinical training and clinical training centres.

6.5 Table presenting the total actual FTE of the teaching staff in that specific USP, the number of students and the teachers-to-students ratio, according to the Institution's planning, on an annual basis and for a 6-year period;

6.6. Documentation of the academic, teaching and research qualifications of the teaching staff, including the title, awarding institution and year of award of each staff member's doctoral degree; teaching experience in HEIs; research experience; the number of publications and citations; the h-index, as well as up to 6 selected research papers, funded research projects and other scientific achievements or distinctions attained over the past five years.

## Qualitative / Quantitative Indicators

1. Fitness for purpose of the procedures for the selection, support, development and quality assurance of teaching staff;
2. Adequacy of the teaching staff who will cover the subject areas of the USP and support implementation of the student-centred learning approach;
3. Adequacy and suitability of the staff participating in clinical training;
4. Quality of the teaching and research work of the teaching staff;
5. Rate of ECTS credits corresponding to required preclinical courses delivered by teaching staff employed by the ULE under a full-time contract (minimum 60%);

6. Rate of teaching staff for the preclinical courses and leaders for clinical training activities, who hold a Doctoral Degree relevant to their instruction subject (minimum 90%, including the exceptions provided by Law);
7. Rate of first-year courses, for which a specifically designated and academically qualified course leader has been appointed (100%);
8. Rate of teaching staff with documented proficiency in the language of instruction of the programme (100%).

## CRITERION 7. LEARNING RESOURCES, INFRASTRUCTURE AND STUDENT SUPPORT

**The Medical School must possess adequate and appropriate resources and infrastructure to cover the needs for teaching, learning and clinical training. The School must also provide accessible and confidential services for academic, social and psychological support, including career counselling services.**

**This criterion aligns with ESG 1.6.**

**More specifically, the following should be fulfilled:**

**a. Adequacy of learning resources and infrastructure**

The Medical School should provide adequate resources and infrastructure, fit for the purpose of the USP, including lecture rooms and study spaces, laboratories, educational and scientific equipment, physical and digital libraries, and information and communication services. Their adequacy should be documented in relation to the number of students and the educational requirements of the specific USP.

**b. Clinical training resources**

The Medical school should provide adequate clinical training resources and facilities which are fit for purpose and enable student to acquire the intended clinical experience, skills and medical acts. The clinical training capacity should be adequate and available for the entire number of enrolled students, and it should be ensured through appropriate collaborations and agreements with clinical training centres.

**c. Student support services**

The School should provide accessible and confidential services for academic and psycho-social support to students, support to students with disabilities or special needs, as well as career counselling. These services should take into consideration the needs of different student groups, including international students, who should be properly informed about the availability and accessibility of the above provisions. The School should also implement a policy for the regular review of these services, involving student representatives to ensure their suitability, functionality, accessibility and confidentiality.

**d. Safety**

The School should implement appropriate rules and procedures to ensure the safety of students, patients and teaching staff throughout all educational and clinical activities.

### Criterion Evaluation Requirements

### To be submitted:

7.1 Description and documentation of the facilities available to the new USP, with particular reference to the adequacy and capacity of lecture rooms, library facilities, laboratories and other necessary educational spaces. The documentation should also indicate their intended use by the USP under review, existing study programmes, and any other proposed USPs. Where applicable, the availability of external facilities or

collaborations supporting mandatory educational activities should also be documented.

7.2 Detailed description and capacity of clinical training resources;

7.3 List of affiliated hospitals and other clinical training centres, including their collaboration agreements;

7.4 List of physical and digital information sources for students and teaching staff;

7.5 List of career counselling and student support services;

7.6 Safety Handbook/Regulation.

## Qualitative / Quantitative Indicators

1. Adequacy of the learning resources and infrastructure available to the new USP, including their use by other USPs of the ULE as well, until the programme is fully operational;
2. Adequacy, suitability and capacity of clinical training resources;
3. Availability of a digital educational platform, fit for the purpose of the educational process;
4. Comprehensiveness, accessibility and suitability of student support services;
5. Adequacy of safety procedures throughout all educational and clinical activities;
6. Capacity of mandatory laboratory and clinical activities for 100% of students;
7. Access to digital literature and scientific resources relevant to the USP in Medicine for 100% of students and teaching staff.

## CRITERION 8. COLLECTION, ANALYSIS AND USE OF INFORMATION FOR THE ORGANISATION AND OPERATION OF THE NEW USPs

**The Medical School bears full responsibility for collecting, analysing and using information relating to the effective management of the USP in Medicine and its associated activities, in an integrated, effective and easily accessible manner.**

**This criterion aligns with ESG 1.7.**

**More specifically, the following should be fulfilled:**

**a. Collection of key data**

During the period of full operation of the Study Programme, the procedures for collecting and analysing information must cover at a minimum the following categories of data:

- applications, admissions and enrolments,
- student transfers and transfers/recognition of credits,
- the number of active students per academic year,
- academic progress and ECTS credits,
- pass/fail rates per course,
- drop-outs,
- completion and duration of studies,
- student evaluation and satisfaction,
- teaching staff and Full-Time Equivalents,
- student-to-teaching staff ratios,
- clinical training,
- graduates,
- complaints and appeals.

**b. Data Quality**

Data should be complete, accurate, verifiable and available at the level of the specific USP, following their entry into the National Information System for Quality Assurance (NISQA) of HAHE, in accordance with the instructions set out in the relevant user manual. For each key indicator, the definition, source, and calculation method should also be specified.

**c. Analysis and Use**

Key indicators should be analysed at least annually, monitored over time and used by the Medical School and the Institution to evaluate and improve the USP. They should also be available to HAHE for quality assurance purposes and for supporting the national strategy for Higher Education.

## Criterion Evaluation Requirements

## To be submitted:

8.1 Report (standardised list of data fields or indicators) extracted from the National Information System for Quality Assurance in Higher Education-NISQA (Register of Institutions) for the ULE, the academic unit and the new USP;

8.2 Operation of an information management system for collecting administrative data of the USP (Student Record);

8.3 Other tools and procedures for the collection, verification, analysis and utilization of data concerning the academic and administrative operation of the USP, including the identification of key indicators, their sources, and their calculation methods.

## Qualitative/Quantitative Indicators

1. Suitability of information collection procedures and completeness of data;
2. Suitability of data analysis and utilization procedures;
3. Rate of USP key indicators for which the definition, data source, and calculation method have been predefined (100%);
4. Frequency of updates to the information management system:

- real-time updating of the student record
- annual updating of indicators

5. Frequency of the analysis and utilization of the USP's key indicators (annually).

## CRITERION 9. PUBLIC INFORMATION

**The Medical School must publish information regarding the USP in Medicine and its educational and academic activities in a clear, accurate, up-to-date and readily accessible manner.**

**The criterion aligns with ESG 1.8.**

**More specifically, the following should be fulfilled:**

**a. Identity of the USP**

The USP website should clearly and distinctly state the ULE, the parent institution, the degree-awarding body, the degree awarded, the level of studies, the standard duration of studies, the location and mode of study delivery, and the accreditation details of the programme.

**b. Completeness of public information**

The USP website should publish in Greek, English and the language of instruction (if different) the information on the programme's mission and quality policy of the Medical School, the structure and content of the USP, the expected learning outcomes, the teaching and learning processes, the academic calendar, admission procedures and criteria, the assessment methods and criteria, and the available learning opportunities and possibilities of clinical training, support services, teaching staff and basic research activities of the School. After the USP starts its operation, key data on students' academic progress and, to the extent possible, on graduates' career paths are also published once they become available.

**c. Financial and career Information**

The Medical School should clearly publish on the USP website the total cost of tuition per semester or academic year and the total cost for the entire duration of studies, together with any mandatory additional fees. Any information regarding the recognition of the degree and the professional rights should be based on the applicable regulatory framework, be presented accurately and avoid creating any misleading expectations.

**d. Accuracy and non-misleading presentation**

All public and promotional information concerning the USP should be accurate, verifiable, and clearly attributed to the person or institution to which it pertains. Any rankings, indicators, distinctions or achievements of the parent institution should not be attributed to the Branch or to the specific USP. Where such information is mentioned, it should be clearly specified that it pertains to the parent institution.

**e. Digital accessibility**

The USP website and all key information published on it should be accessible to persons with disabilities and should be designed and maintained in accordance with applicable requirements and recognised digital accessibility standards.

**f. Updating of public information**

A procedure to verify the accuracy and update the information published on the USP website should be implemented by the School. Any substantial changes should also be reflected on the website within a specified timeframe.

### Criterion Evaluation Requirements
### To be submitted:

9.1 A dedicated section of the ULE website containing the abovementioned information for the USP under accreditation, and particularly the information designated as mandatory pursuant to Article 155 of Law 5094/2024;

9.2 Publication of the USP website in Greek, English and, where different, the language of instruction of the programme;

9.3 Procedure for reviewing, maintaining and updating the USP website and the information published therein.

### Qualitative/Quantitative Indicators

1. Completeness of the publication of the required information concerning the USP;
2. Accuracy and non-misleading presentation of public and promotional information;
3. Language coverage of the required information on the USP website in Greek, English, and, where different, the language of instruction;
4. Completeness of the published information relating to clinical training and the educational opportunities available through the USP;
5. Timeframe for updating any substantial change on public information (maximum 30 calendar days);
6. Compliance rate of the USP website with the applicable digital accessibility requirements (100%).

## CRITERION 10. ONGOING MONITORING AND PERIODIC INTERNAL EVALUATION OF THE USP IN MEDICINE

**The Medical School must implement procedures for the ongoing monitoring and periodic internal evaluation of the USP to ensure the attainment of learning outcomes, maintain educational quality, and continuous improvement. The outcomes of this evaluation may result in documented corrective or improvement actions. In this context, it is essential that all stakeholders are kept informed.**

**This criterion aligns with ESG 1.9.**

**More specifically, the following should be fulfilled:**

**a. Annual internal evaluation**

The USP should be subject to an annual internal evaluation that includes, at a minimum, the following fields: the degree of achievement of the expected learning outcomes, the updated content of the USP in relation to the latest research in Medicine and state-of-the-art, the ongoing changes in societal needs, student workload, student progress and completion of studies, the effectiveness of assessment procedures, the quality of teaching and the applied teaching methods, the quality of preclinical and clinical training, the expectations and satisfaction of students' needs, the learning environment, the learning resources and support services. The evaluation should also ensure that these elements are fit for the purpose of the USP.

**b. Stakeholders Participation**

The internal review requires the participation of teaching staff, the parent institution and students, including, where appropriate, graduates, employers or other relevant stakeholders. Students' feedback regarding courses, teaching, the teaching methods applied, and clinical training should be collected regularly and systematically.

**c. Utilization of Results**

All data and information collected should be analysed systematically. Based on the results of the evaluation, the USP should be revised, adjusted and updated, where necessary, through documented corrective or improvement actions. Responsibility for implementing such actions and the associated timelines should be clearly defined. Specific measures should be adopted to cure any weaknesses and to improve the degree of achievement of the expected learning outcomes.

**d. Documentation and Monitoring**

The results of the annual review, the decisions made and the progress of improvement actions should be recorded in a manner that enables the ongoing monitoring and evaluation of the USP's progress over time. Any substantial changes, including the main features of the USP should be published.

## Criterion Evaluation Requirements

## To be submitted:

10.1 Procedure for the annual internal evaluation, review, and update of the USP, identifying the relevant stakeholders, the data to be reviewed, and the authorised bodies;

10.2 Questionnaire for the evaluation of courses and teaching staff by students;

10.3 Questionnaire for the evaluation of clinical training by students;

10.4 Procedure for the revision, adjustment and updating of the study programme, including addressing any weaknesses and assessing the degree of achievement of the expected learning outcomes.

## Qualitative/Quantitative Indicators

1. Frequency of the USP's internal evaluation (at least once a year);
2. Adequacy of the USP's evaluation procedures, including the comprehensive coverage of the key thematic areas of the internal evaluation;
3. Suitability of the procedures for the evaluation of preclinical and clinical teaching by students;
4. Frequency of the evaluation of teaching by students (once per semester and for each course or educational activity);
5. Adequacy of the procedures for the utilization of results of the internal evaluation, including the revision, updating, and ongoing monitoring of the USP's development;
6. Participation of the parent institution and students in the annual evaluation;
7. Participation of external stakeholders in the comprehensive revision of the USP;
8. Frequency of the comprehensive revision of the USP (at least once every five years).

## CRITERION 11. INITIAL AND PERIODIC EXTERNAL EVALUATION AND ACCREDITATION OF THE NEW STUDY PROGRAMMES

**The new USP in Medicine must undergo an initial external evaluation conducted by a panel of external experts, who are appointed by HAHE to determine the programme's compliance with the present Standards. The period of validity of the accreditation must also be determined by HAHE. Once the USP begins to operate, it must be subject to regular external evaluation and reaccreditation in accordance with the applicable institutional framework.**

**This criterion aligns with ESG 1.10.**

**More specifically, the following should be fulfilled:**

**a. Completeness and accuracy of the accreditation proposal, accuracy and responsibility for documentation**

The ULE and the Medical School should submit complete, accurate, updated and verifiable information, along with all required supporting documentation for the USP, in accordance with the guidelines set out in HAHE's Call for Proposals. The School should also provide a written declaration certifying the completeness, accuracy and truthfulness of the information contained in the accreditation file, as well as any additional information or supporting documentation submitted during the external evaluation process. Furthermore, the School should declare that it has verified the USP's compliance with the applicable legal and regulatory framework, and should undertake the obligation to notify HAHE of any substantial changes to the information or the requirements upon which the accreditation was granted.

**b. Verifiability and collaboration with the Panel**

The ULE should provide the External Evaluation and Accreditation Panel with any additional information, primary data or other supporting evidence requested for the verification, documentation or clarification of the information included in the accreditation file. Furthermore, the ULE should facilitate the panel's on-site visit and verification activities.

**c. Utilization of the external evaluation results**

Recommendations and other required improvement actions arising from the external evaluation should be incorporated into the USP's monitoring and internal review procedures. The implementation of the above actions and recommendations should also be monitored.

**d. Periodic External evaluation and reaccreditation**

The USP should be subject to periodic external evaluation and reaccreditation, in accordance with the applicable regulatory framework, at least once every five years. During the reaccreditation process, the School should provide evidence demonstrating the implementation of the recommendations and any conditions imposed during the previous accreditation, as well as continued compliance with the applicable Accreditation Standards.

## Criterion Evaluation Requirements

## To be submitted:

11.1 Procedure followed by the Medical School for preparing and submitting the accreditation proposal, and for organising the external evaluation of the new USP;

11.2 Declaration by the ULE certifying the completeness, accuracy and truthfulness of the information and documentation contained in the accreditation file, and any additional information submitted during the external evaluation process. The declaration should also confirm the that the USP has been assessed for compliance with the applicable legal and regulatory framework, and that the ULE undertakes the obligation to notify HAHE of any substantial changes to the information or requirements upon which the accreditation was granted.

## Qualitative/Quantitative Indicators

1. Adequacy of the procedures for the preparation and submission of the accreditation proposal;
2. Completeness, clarity, and accuracy of the accreditation proposal;
3. Adequacy of the response to the Panel's requests;
4. Adequacy of the procedure for addressing recommendations and accreditation conditions.

## CRITERION 12. GOVERNANCE AND ADMINISTRATION OF THE MEDICAL SCHOOL

**The effective operation of the Medical School and the implementation of the USP require a clear and effective structure of governance and administration, characterised by well-defined responsibilities, transparent decision-making procedures, appropriate allocation of resources and accountability. The School's administration must support teaching, learning, clinical training, research and quality assurance, and must establish appropriate procedures to ensure the participation or consultation with stakeholders.**

**More specifically, the following should be fulfilled:**

**a. Governance structure and responsibilities**

The Medical School should have a well-defined organisational and governance structure. The authorised bodies should be clearly designated, together with their composition, responsibilities, internal relations, decision-making procedures and accountability.

This governance structure should effectively support the design, implementation, monitoring and continuous improvement of the USP, as well as teaching, clinical training, research and quality assurance procedures.

**b. Allocation of resources and management**

The allocation and management of available financial, human and material resources should be governed by clear and transparent procedures, in line with the mission, strategy and the educational and research needs of the Medical School and the USP.

Responsibilities for the allocation of resources and the monitoring of their appropriate use should be clearly defined and subject to the related accountability mechanisms.

**c. Participation of stakeholders**

The School should establish procedures to ensure the effective participation or consultation of teaching staff and students in matters related to the planning, operation, development and quality assurance of the Medical School and the USP.

Where appropriate, the School should also ensure participation or consultation of other stakeholders, particularly representatives of clinical training centres and agencies involved in medical education and the delivery of healthcare services.

**d. Administrative, technical and support staff**

The Medical School should recruit an adequate number of properly trained administrative, technical and support staff to effectively support the educational, research, clinical and administrative operations of the School and the USP.

Staff positions, required qualifications, responsibilities and reporting lines should be clearly defined in a manner that responds to the needs of the School and the USP. The School should also provide its staff with opportunities for further training, professional development and upskilling.

## Criterion Evaluation Requirements

## To be submitted:

12.1 Internal Regulation governing the School's operation, including administration, organisational chart and decision-making committees (composition, responsibilities and accountability);

12.2 Staffing of support services (administrative staff and opportunities for upskilling).

## Qualitative/Quantitative Indicators

1. Clarity and appropriateness of the governance structure, responsibilities, decision-making procedures, and accountability mechanisms;
2. Appropriateness and transparency of the procedures for the allocation and management of available resources;
3. Numerical and qualitative adequacy of the administrative, technical and support staff required for the operation of the Medical School and the USP;
4. Suitability of the qualifications, responsibilities and procedures for the training and development of administrative, technical and support staff.