



Εθνική Αρχή
Ανώτατης Εκπαίδευσης
Hellenic Authority
for Higher Education

STANDARDS FOR QUALITY ACCREDITATION OF UNDERGRADUATE STUDY PROGRAMMES IN MEDICINE (HEI)

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Με τη συγχρηματοδότηση
της Ευρωπαϊκής Ένωσης



Πρόγραμμα
Ανθρώπινο Δυναμικό και
Κοινωνική Συνοχή



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NB: The term “Medical School” (or “School”) may also stand for the Department of Medicine, where the Study Programme in Medicine belongs to a Department instead of a School.

1. MISSION AND VALUES IN MEDICAL EDUCATION

THE MISSION AND VALUES OF THE MEDICAL SCHOOL PROVIDE THE FRAME OF REFERENCE AGAINST WHICH ALL ACTIVITIES OF THE SCHOOL ARE CARRIED OUT. THE MISSION STATEMENT REFLECTS THE MEDICAL SCHOOL'S DISTINCT QUALITIES AND SHOULD BE EFFECTIVELY COMMUNICATED TO STUDENTS, FACULTY, STAFF AND THE PUBLIC.

The Medical School has a mission statement that sets out its values, priorities and objectives. It is developed in consultation with stakeholders and is in line with government requirements. The mission statement guides curriculum design and the whole range of the Medical School's activities, including the relationships of the School with the healthcare sector and the community. The mission statement should be publicised through all appropriate means and channels.

Documentation/Annexes

- 1.1 Mission statement of the Medical School
- 1.2 Code of Ethics and Good Practice (Law 4957/2022, article 217) (students & faculty) including procedures for addressing violations

2. STRATEGY, QUALITY POLICY AND QUALITY GOAL-SETTING IN MEDICAL EDUCATION

MEDICAL SCHOOLS SHOULD CREATE AND APPLY A STRATEGY AND A QUALITY ASSURANCE POLICY TO GUIDE THEIR EDUCATION AND RESEARCH ACTIVITIES. THIS POLICY SHOULD BE SPECIFIED THROUGH ANNUAL GOALS, TOWARDS THE FULFILMENT OF THE QUALITY REQUIREMENTS OF THE MEDICAL STUDY PROGRAMME. THIS GOAL-SETTING SHOULD BE PUBLISHED AND IMPLEMENTED BY ALL STAKEHOLDERS.

The strategy and the quality policy of the Medical School are in line with the Institutional strategy and policy on quality and are specified at the School level. The School's quality policy statement includes its commitment to implement the appropriate procedures aiming at the programme's continuous improvement. The quality policy focuses on the achievement of special objectives set, and defines the means and ways for attaining them.

In particular, in order to implement the quality policy, the Medical School commits itself to put into practice quality procedures that demonstrate:

- *the suitability of the structure and organisation of the curriculum*
- *the quality and periodical review of the student assessment system*
- *the pursuit of the learning outcomes and qualifications in accordance with the European and the National Qualifications Framework for Higher Education*
- *the promotion of the quality and effectiveness of teaching, including appropriate measures for effective clinical learning experiences*
- *that medical education takes place in professional, respectful, and intellectually stimulating academic and clinical environments,*
- *the appropriateness of the qualifications of the teaching staff*
- *the enhancement of research output among School faculty members*
- *the quality of facilities and support services, including appropriate resources for clinical instruction*
- *the conduct of an annual review and an internal audit of the quality assurance system of the Study Programme*

Documentation/Annexes

2.1 Updated strategic plan of the Institution (including the quality assurance strategy)

2.2 Six-year strategic and operational plan of the Medical School

2.3 Medical School Quality Assurance Policy

2.4 Quality target setting of the Medical School for the Programme

3. MEDICAL EDUCATION CURRICULUM: DESIGN, STRUCTURE AND IMPLEMENTATION IN A STUDENT- CENTRED LEARNING ENVIRONMENT

THE MEDICAL SCHOOL'S CURRICULUM IS DEVELOPED FOLLOWING A DEFINED WRITTEN PROCESS WHICH INVOLVES ALL STAKEHOLDERS, INFORMATION SOURCES AND APPROVAL COMMITTEES. THE STRUCTURE AND CONTENT OF THE CURRICULUM, THE ASSESSMENT SYSTEM, THE INTENDED LEARNING OUTCOMES AND PROFESSIONAL QUALIFICATIONS AND THE WAYS TO ACHIEVE THEM ARE SET OUT IN THE PROGRAMME'S DESIGN AND PUBLISHED IN THE STUDENT GUIDE.

The Medical School develops its curriculum following a well-defined procedure which takes into consideration its mission and resources. The academic profile and orientation of the Programme, the objectives, the structure and organisation, the assessment system, the intended learning outcomes and professional qualifications according to the European and National Qualifications Framework for Higher Education must be described.

During the programme's design the following should be taken into consideration:

- *the Institutional strategy*
- *the opinion of students, graduates, and of external stakeholders from the medical community*
- *the smooth progression of students throughout the stages of the programme*
- *the anticipated student workload according to the European Credit Transfer and Accumulation System (ECTS)*
- *the appropriate ratio of the pre-clinical and clinical components*
- *the linking of teaching and research*
- *the relevant regulatory framework*

The Programme must specify:

- *appropriate preclinical curriculum content, ensuring in depth understanding of Biomedical principles.*
- *appropriate clinical curriculum content, including appropriate patient encounters, clinical skills to be acquired and procedures to be performed. Clinical experiences must relate to the different organ systems and phases of the human life cycle, different care settings (preventive, acute, chronic, rehabilitative, end-of-life) and different clinical settings*
- *appropriate measures for the development of professional attributes*

In addition, the content of the curriculum should include:

- *principles of scientific methods and medical research*
- *medical ethics*
- *elements of behavioral and social sciences, cultural competence, understanding of health care disparities and medical consequences of common societal problems*
- *development of collaboration skills, to prepare graduates for functioning in interprofessional contexts; communication skills, for relating with patients and their relatives and leadership skills.*

Furthermore, the programme must be implemented in a student-centred learning environment

A student-centred approach should underpin the programme design & implementation, ensuring that:

- *the diversity of students and their needs are attended to*
- *a variety of modes of teaching and learning paths are available*
- *the quality and effectiveness of teaching is regularly evaluated through appropriate KPIs and satisfaction surveys*
- *curriculum implementation across training/clinical sites is comparable*
- *opportunities are provided for the development of critical judgement, capacity for initiative, and problem-solving skills*
- *mutual respect in the student - teacher relationship is promoted*
- *appropriate procedures for dealing with students' complaints apply*
- *skills for self-directed and lifelong learning are developed*

The approval or revision process for the Programme includes a check of compliance with the basic requirements described in these Standards, during the internal evaluation on behalf of the Institution's Quality Assurance Unit (QAU).

Documentation/Annexes

- 3.1 Student Guide of the current academic year (including the Programme's total ECTS and expected learning outcomes)
- 3.2 Course outlines (according to the HAHE template) for all courses
- 3.3 Clinical Training Manual (including patient and student safety)
- 3.4 Pre-clinical weekly schedule
- 3.5 Example of a clinical schedule
- 3.6 Example of Student Log
- 3.7 Regulation for clinical sites monitoring and oversight, to ensure comparability
- 3.8 Evidence of consultation with students, graduates and external stakeholders on the design and structure of the curriculum

4. LEARNING OUTCOMES AND ASSESSMENT

APPROPRIATE ASSESSMENT METHODS SHOULD APPLY TO PROMOTE THE DEVELOPMENT OF INDIVIDUAL SKILLS AND ENHANCE STUDENTS' AUTONOMY. STUDENTS NEED TO BE ASSESSED EARLY AND REGULARLY FOR PURPOSES OF PROVIDING FEEDBACK THAT GUIDES LEARNING. THE ASSESSMENT SYSTEM INFORMS DECISIONS ON PROGRESSION AND GRADUATION.

Assessment in courses and clinical placements assures, drives and optimises learning while providing feedback. With regard to students' assessment, the School should ensure that:

- *assessment criteria and methods are published in advance*
- *multiple summative and formative assessment methods -including an approach to the assessment of clinical competence in which the components are assessed in a planned or structured way- are used in both the preclinical and clinical years*
- *student achievements, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes are assessed in a common, structured and objective manner*
- *assessment allows students to demonstrate the extent to which the intended learning outcomes have been achieved*
- *student assessment is conducted by more than one examiner, where possible*
- *regulations for assessment take into account mitigating circumstances*
- *assessment is consistent, fairly applied to all students and carried out in accordance with the stated procedures*
- *appeal regulation regarding assessment results is in place.*

In addition, the School must ensure that each student receives timely and constructive feedback, which identifies their strengths and weaknesses, and helps them to consolidate their learning. Formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential.

Documentation/Annexes

- 4.1 Comprehensive list of expected learning outcomes of the Programme, in terms of knowledge, skills, competencies, understanding, values and ethics
- 4.2 Regulation for students' complaints and appeals
- 4.3 Regulation for academic advisors
- 4.4 Formative assessment form (mid-course /clinical rotation)
- 4.5 Summative assessment form (end of course/ clinical rotation)
- 4.6 Handbook for the assessment of clinical skills (objective and structured, e.g. OSCE), and evidence of implementation

5. STUDENT ADMISSION, PROGRESSION, RECOGNITION OF DEGREES AND CERTIFICATION IN MEDICAL EDUCATION

THE MEDICAL SCHOOL SHOULD DEVELOP AND APPLY PUBLISHED REGULATIONS AND POLICIES COVERING ALL ASPECTS AND STAGES OF MEDICAL STUDIES. THESE REGULATIONS AND POLICIES WILL ADDRESS SELECTION AND ADMISSION CRITERIA, MONITORING OF STUDENTS' PROGRESSION, RECOGNITION OF DEGREES, MOBILITY AND CERTIFICATION.

Appropriate admission and selection criteria are important for educational quality, management and outcomes and for the wellbeing of the students.

Where the School sets aspects of its own selection and admission policy, the following should be considered:

- *the relationship between the size of student intake, and the resources, capacity and infrastructure available to educate them adequately*
- *equality and diversity issues*
- *policies for deferred entry, and transfer from other Schools or countries*

Medical Schools need to put in place both processes and tools to collect, manage and act on information regarding student progression between successive stages of studies.

Procedures concerning the award and recognition of the medical degree, the duration of studies, rules ensuring students progression, terms and conditions for student mobility should be based on the School's study regulations. Appropriate recognition procedures take into consideration the Institutional practice for recognition of credits among various European academic departments and Institutions, in line with the principles of the Lisbon Recognition Convention.

Graduation represents the culmination of the students' study period. Students need to receive documentation explaining the qualification gained, including achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed (Diploma Supplement).

Documentation/Annexes

5.1 Regulation of studies, clinical rotation, student mobility

5.2 Diploma supplement template

5.3 Table with number of students admitted through different entry streams for the last 6 years and minimum admission grades for each category.

5.4 Cooperation agreements and protocols with other Institutions, where the Programme is offered with the participation of other Institutions, or is delivered as a joint Programme.

6. TEACHING STAFF OF MEDICAL SCHOOLS

MEDICAL SCHOOLS SHOULD ENSURE AN ADEQUATE NUMBER OF QUALIFIED AND COMPETENT TEACHING STAFF, FOR THE EFFECTIVE IMPLEMENTATION OF THE CURRICULUM. FAIR AND TRANSPARENT PROCESSES AND POLICIES SHOULD APPLY FOR THE RECRUITMENT AND CONTINUOUS PROFESSIONAL DEVELOPMENT OF THE TEACHING STAFF. SEPARATE REGULATIONS SHOULD ADDRESS THE TEACHING STAFF RESPONSIBILITIES, ACADEMIC PERFORMANCE AND CONDUCT.

Medical Schools have a major responsibility as to the adequacy and standard of their teaching staff, providing them with a supportive environment that promotes the advancement of their scientific work. In particular, the Medical School should:

- *determine the number, level and qualifications of the teaching staff required to deliver the planned curriculum to the intended number of students*
- *avoid being over reliant on adjunct instructors instead of full-time faculty members*
- *develop policies to attract highly qualified academic staff*
- *set up and follow clear, transparent and fair processes for the recruitment of properly qualified teaching staff and offer them conditions of employment that recognise the importance of teaching and research*
- *encourage innovation in teaching methods and the use of new technologies*
- *develop and publicise a clear policy on how the School supports and manages the professional development of the teaching staff*
- *encourage scholarly activity to strengthen the link between medical education and research*
- *promote the increase of the volume and quality of the research output within the School*
- *allow for necessary time to faculty members for teaching preparation, student tutoring and committee work*
- *develop a clear statement describing the responsibilities of academic staff for teaching, research and service*
- *develop a code of academic conduct in relation to these responsibilities*
- *follow quality assurance processes for all teaching staff members (with respect to attendance requirements, performance, self-assessment, training etc.)*
- *take measures to ensure that all persons who teach, supervise, and/or assess medical students (including residents and non-faculty instructors in clinical affiliates) are adequately prepared for those responsibilities.*

Documentation/Annexes

- 6.1 Summary report of teaching staff performance in scientific-research and teaching work, based on internationally recognised research databases and research metrics (e.g. Google Scholar, Scopus etc.)
- 6.2 Table of the teaching staff (name list including teaching subject, employment relationship and courses taught)
- 6.3 Policies of the School for the support, development and evaluation of the teaching staff
- 6.4 Regulation on the responsibilities of the academic staff in teaching, research and other commitments
- 6.5 Code of academic conduct for the teaching staff

7. LEARNING RESOURCES, INFRASTRUCTURE, AND STUDENT SUPPORT

MEDICAL SCHOOLS SHOULD HAVE ADEQUATE FUNDING TO COVER TEACHING AND LEARNING NEEDS. THEY SHOULD PROVIDE SUFFICIENT, AS WELL AS EDUCATIONALLY AND CONTEXTUALLY APPROPRIATE PHYSICAL, CLINICAL AND INFORMATION RESOURCES FOR THE IMPLEMENTATION OF THE CURRICULUM. IN ADDITION, THE MEDICAL SCHOOLS SHOULD PROVIDE STUDENTS WITH ACCESSIBLE AND CONFIDENTIAL ACADEMIC, SOCIAL, PSYCHOLOGICAL SERVICES, AS WELL AS CARREER GUIDANCE.

Medical Schools must have sufficient funding on a planned and long-term basis, to support learning and academic activity, and provide adequate training in clinical skills and an appropriate range of experience in clinical practice settings, while ensuring consistency of curriculum implementation and safety of students, patients and teaching staff. The above means also include the necessary physical and online library resources, study rooms, educational and scientific equipment, information and communications services, support and counselling services.

When allocating the available resources, the needs of all students must be taken into consideration (e.g. whether they are international students, or students with disabilities).

Support services and facilities for students may be organised in various ways, depending on the institutional context. These services should include support to students in developing academic skills, in managing disabilities, in physical and mental health and personal welfare (including preventive and diagnostic medical services), as well as in career planning. Student representatives should be consulted for the development of the above services. The internal quality assurance ensures that all resources are appropriate, adequate, and accessible in a confidential manner, and that students are informed about the services available to them.

Counselling and support services are regularly reviewed with student representatives to ensure relevance, functionality, accessibility and confidentiality.

Documentation/Annexes

- 7.1 Detailed description of the physical facilities for teaching and learning (central infrastructure, laboratories, special equipment) including a campus map or diagram of key buildings
- 7.2 Detailed description of the clinical training resources for the fulfilment of the clinical component of the curriculum
- 7.3 List of affiliated public/ University Hospitals for the clinical training of the students and affiliation agreements
- 7.4 List of physical and online information resources for students and teaching staff
- 7.5 List of counselling and support services available to the students
- 7.6 Safety Regulations/Handbook

8. COLLECTION, ANALYSIS AND USE OF INFORMATION FOR THE ORGANISATION AND OPERATION OF THE PROGRAMME

MEDICAL SCHOOLS BEAR FULL RESPONSIBILITY FOR COLLECTING, ANALYSING AND USING INFORMATION AIMED AT THE EFFICIENT MANAGEMENT OF THE STUDY PROGRAMME AND RELATED ACTIVITIES, IN AN INTEGRATED, EFFECTIVE AND EASILY ACCESSIBLE WAY.

Medical Schools are expected to establish and operate an information system for the management and monitoring of data concerning students, teaching staff, course structure and organisation, teaching and provision of services to students as well as to the academic community.

Reliable data is essential for accurate information and for decision making, as well as for identifying areas of smooth operation and areas for improvement. Effective procedures for collecting and analysing information on the study programme and other activities feed data into the internal system of quality assurance.

The information gathered comprises (not an exhaustive list):

- *key performance indicators*
- *student population profiles*
- *student progression, success and drop-out rates*
- *student satisfaction with their Study Programme*
- *availability of learning resources and student support*
- *career paths of graduates*
- *feedback from graduates and external stakeholders*

A number of methods may be used for collecting information. It is important that students and staff are involved in providing and analysing information and planning follow-up activities.

Documentation/Annexes

- 8.1 Quality data report from the National Information System for Quality Assurance in Higher Education (NISQA) and Quality Indicators report for the last academic year (Section: USP)
- 8.2 Assessment of the NISQA quality data report (section USP) of the last 5 years by the QAU and suggestions for improvement
- 8.3 Operation of information system for the collection of administrative data of the programme implementation (student records), and other tools and procedures designed for the collection of data related to the academic and administrative operation of the Medical School and the Study Programme
- 8.4 Questionnaire surveys to graduates for collecting feedback on Study Programme satisfaction, postgraduate progression and residency placement

9. PUBLIC INFORMATION

MEDICAL SCHOOLS SHOULD PUBLISH INFORMATION ABOUT THEIR TEACHING, LEARNING and RESEARCH ACTIVITIES WHICH IS CLEAR, ACCURATE, UP-TO-DATE AND READILY AVAILABLE.

Information on the Medical School's activities is useful for prospective and current students, graduates, other stakeholders and the public.

Therefore, Medical Schools provide public information about their activities, including: the Study Programme curriculum, the mission statement, the quality policy, research areas, criteria and processes for admission, teaching, learning and assessment procedures used, support services for students, career guidance, teaching staff professional development.

More specifically, information on the curriculum must include key items such as course syllabi, clinical clerkships offered, and academic calendar.

Documentation/Annexes

- 9.1 Means and channels of communication for the publication of information for the Study Programme
- 9.2 List of special personalised web applications for the students
- 9.3 School website (link), in Greek and in English, accessible for people with disabilities
- 9.4 Procedure for the maintenance and update of the Programme's webpage
- 9.5 Results of the assessment of the functionality and the content, as well as of the maintenance and update of the Programme's webpage

10. ON-GOING MONITORING AND PERIODIC INTERNAL REVIEW OF THE MEDICAL STUDY PROGRAMME

REGULAR INTERNAL REVIEW OF THE MEDICAL UNDERGRADUATE STUDY PROGRAMME AND OF THE ACTIVITIES OF THE MEDICAL SCHOOL WILL ENSURE, THROUGH NECESSARY AMENDMENTS, THAT THE OBJECTIVES SET ARE ACHIEVED. MONITORING AND INTERNAL REVIEW PROCESSES ARE SUPPORTED BY THE INSTITUTION'S QUALITY ASSURANCE SYSTEM. ANY ACTIONS TAKEN IN THE ABOVE CONTEXT SHOULD BE COMMUNICATED TO ALL PARTIES CONCERNED.

Regular monitoring, review and revision of medical programmes aim at maintaining the level of educational provision and at creating a supportive and effective learning environment for the students, as determined by the quality cycle (Plan-Do-Check-Act).

The above comprise the evaluation of:

- *the assessment of the degree of achievement of the intended learning outcomes*
- *the content of the curriculum in the light of the latest research in medicine, thus ensuring that the Study Programme is up to date*
- *the changing needs of society*
- *the students' workload, progression and completion*
- *the effectiveness of the procedures for the assessment of the students*
- *the students' expectations, needs and satisfaction in relation to the Programme*
- *the learning environment, support services and their fitness for purpose for the Programme.*

Programmes are reviewed and revised regularly, involving students, graduates and other stakeholders. The information collected is analysed and the programme is adapted to ensure that it is up-to-date. Revised curriculum specifications are published.

Documentation/Annexes

- 10.1 Anonymised sample of fully completed questionnaire for the evaluation of the courses / teaching staff by the students and statistical results of all the questionnaires, per question, for two academic semesters. Commenting on results and examples of measures taken to address weaknesses.
- 10.2 Form for the evaluation of the clinical rotation by the students
- 10.3 Results of the annual internal evaluation of the programme by the Quality Assurance Unit (QAU) (QAU minutes with findings and proposed preventive / corrective actions)
- 10.4 Procedure for the review, adjustment and update of the curriculum, for mitigating weaknesses, and for the determination of the extent of achievement of the intended learning outcomes, conducted by the Medical School, in cooperation with the QAU
- 10.5 Opinion of the external stakeholders on the qualifications of the graduates, in the context of the Programme's internal evaluation

11. REGULAR EXTERNAL EVALUATION AND ACCREDITATION OF THE MEDICAL STUDY PROGRAMME

REGULAR EXTERNAL EVALUATION AND ACCREDITATION OF THE MEDICAL SCHOOL'S STUDY PROGRAMME BY PANELS OF EXTERNAL EXPERTS SET BY THE HAHE VERIFY THE COMPLIANCE OF THE PROGRAMME WITH THE ACCREDITATION STANDARDS. THE TERM OF THE VALIDITY OF THE ACCREDITATION IS DETERMINED BY THE HAHE.

The HAHE is responsible for administrating the Study Programme accreditation process, which is realised as an external evaluation procedure, and implemented by a panel of independent experts. The HAHE grants accreditation of Programmes with a specific term of validity, following to which revision is required. The accreditation of the quality of the Programme acts as a means of verification of the compliance of the Programme with the requirements of these Standards, and as a catalyst for improvement, while opening new perspectives towards the international standing of the awarded degrees.

The quality assurance, in this case the accreditation, is an on-going process that does not end with the external feedback, or report or its follow-up process within the Institution. Therefore, Medical Schools ensure that the progress made since the last external quality assurance activity is taken into consideration when preparing for the next one.

Documentation/Annexes

- 11.1 Follow-up Report of the Medical School on the response to the recommendations included in the last Accreditation Report
- 11.2 Reports of recent external audits of the Medical School conducted by other agencies, if any

12. GOVERNANCE AND ADMINISTRATION

EFFECTIVE IMPLEMENTATION OF THE EDUCATIONAL, RESEARCH AND QUALITY ASSURANCE ACTIVITIES OF A MEDICAL SCHOOL REQUIRES MANAGEMENT, ADMINISTRATION, BUDGET ALLOCATION, AND ACCOUNTABILITY WHICH SHOULD INVOLVE ALL INTERESTED PARTIES.

The School has a defined governance structure and responsibilities of the various bodies in relation to teaching, learning, research and resource allocation, which is transparent, aligns with the School's mission and function, and ensures stability. Policies and procedures are in place for involving or consulting students and academic staff in key aspects of the School's planning, functioning and quality assurance activities.

In teaching, learning and research the role of support and administrative staff is crucial. The School should have appropriate and sufficient administrative staff for all its activities and operations. Administrative staff members need to be qualified and have opportunities to develop their competences.

Documentation/Annexes

- 12.1 Internal Regulation of the Programme, including leadership, organisational chart and decision-making committees (membership, responsibilities, reporting lines)
- 12.2 Staffing of support services (administrative staff and ways of developing their skills)