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**وزارة التعليم العالي والبحث العلمي**

**Republic of Yemen**

**Ministry of Higher Education & Scientific Research**



**Manual of Medical Schools Accreditation**

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**Main Terms**

**Ministry:** Ministry of Higher Education and Scientific Research.

**Minister:** Minster of Higher Education and Scientific Research.

**Council:** Council for Accreditation and Quality Assurance.

**Final Permit**: Ministry agreement for an educational institution to start its activities.

**Higher Education**: Every academic study for at least two consecutive years or four consecutive semesters, after high school or its equivalence, at a recognized educational institution.

**Educational Institution**: Every higher educational institution (e.g. university, higher institute, or university faculty/school) responsible for higher education in Yemen.

**School:** Main academic unit at a university and is an independent scientific entity encompassing a number of scientific departments that coincide with the nature of scientific majors and qualify scientific cadres in these majors.

**Department**: Basic academic unit in a university structure majoring in an independent filed of knowledge and forming part of a school. It is responsible for organizing and implementing programmes and research.

**Faculty Members**: Faculty members at a university (taking into consideration the different labels used in universities) are: professors, associate professors, assistant professors, and lecturers (PhD and MA holders).

**Full-Time Faculty Members**: A faculty member who spends all his/her time (to work) at a university.

**Part-Time Faculty Member**: A faculty member who spends part of his/her time (to work)at a university.

**University Student:** A person enrolled for getting a scientific degree in accordance with systems followed in an educational institution.

**Credited Hour:** A student studies for one hour a week along a semester (i.e. 16 weeks); meaning, a student attends (16) hours in a certain course in a semester and his/her pass is subject to criteria applied in the related university.

**Quality Assurance:** It means that achievement of quality principles in all activities of an educational institution: administrative, practical, and educational systems, faculty members, students, facilities, learning resources, preparations, facilities, etc.

**General Accreditation:** Recognition of a general qualification of an educational institution in the majors involved in its basic system which is approved by the ministry, *after fulfilling all requirements,* issuing a decision from the minister based on the council's recommendation.

**Special Accreditation:** Recognition of a special qualification of an educational institution (private or public) in any program or major involved in its basic system or internal regulation after fulfilling its requirements.

**Standards:** Bases adopted by a professional accreditation authority through specialized committees with participation of all related authorities and beneficiaries from educational services guided by international standards while preserving the state's cultural specialties. This, in turn, represents a minim requirement that must be provided by an educational institution or all or some programs, or one program in it.

**Self-Assessment**: A technique used to assess performance quality of university institutions on which a quality assurance unit is based in the light of certain controls and conditions. It can be administered to academic programmes, scientific departments, faculties/schools, or educational institutions.

**External Assessment**: A technique used to assess performance quality of university institutions by an external authority appointed by the Ministry of Higher Education, or a university, or any other external authority in the light of controls and standards specified by these external authorities. It can be administered to academic programmes, scientific departments, faculties/schools, or educational institutions.

**Internal Quality Assurance**: Processes conducted by an educational institution to ensure its performance quality in all activities in the light of clearer performance indicators.

**Evaluation**: Measuring performance in relation to standards and providing suggestions for weaknesses aspects development.

**Self-Assessment Study**: A document prepared by an educational institution that seeks form certain level of accreditation in line with quality assurance and academic accreditation standards.

**Institution Mission:** A brief general statement which defines aims of main policies for institution development.

**Aims**: Specific expressions applying mission and aims of an institution in certain educational activities and indicating the desired results.

**Learning Outcomes**: Knowledge and skills acquired from a certain course or programme which must be comprehended by learners, *who are able to do so*, and can be measured at the end of a course or programme.

**Academic Programme:** A group of scientific activities, theoretical and practical, related to each other which involves curriculum, courses, and activities that provide students with the required knowledge, skills, and values to achieve the educational objectives of a certain major.

**Academic Major:** A group of courses studied for getting a degree in a major.

**Curriculum:** It is the knowledge, skill, and emotion component required to achieve the desired learning outcomes in a specific period of time.

**Course Material:** It is a scientific content stated in the form of certain items taught along a semester or a year.

**Learning Fields:** Wide categories of learning outcomes expected from a certain programme.

**Performance Indicators**: Certain forms of evidence, *usually selected in advance*, introduced by an educational institution to ensure its performance quality in all activities.

**Teaching Method**: It includes different forms of instruction, e.g. lectures, additional lessons, lab training, homework, etc.

**Teaching Strategies**: Strategies, *part of teaching methods*, used by a teacher to develop student learning.

**Introduction**

This manual involves a system of the academic accreditation for higher education institutions of medicine in Yemen, its standards, requirements, and controls, self-study preparation steps, and basic information needed by higher education institutions, *public and private*, for a self-assessment study preparation.

The document of standards, measurement criteria, and performance indicators is considered as a project to be shown to groups of final stakeholders to comment on it and say their opinions about the feasibility of applying it in different institutions, identifying the extent of comprehensibility and objectivity of the self-study elements. These groups shall include representatives for rectors, vice-rectors, faculty members at both public and private universities, professional syndicates, pressmen, and students. Then, the results of the opinion survey shall be documented for appropriate adjustments, if applicable.

Later on, some accreditation standards, measurement criteria, and performance indicators shall be applied at higher education institutions selected for identifying and analyzing the gap between such institutions' current abilities and accreditation standards, measurement criteria, and performance indicators. Then, these institutions shall be supplied with their primary assessment results and given extra time to apply formally for accreditation. This pilot study, in turn, posits a good technique to check whether or not accreditation is appropriate and easy to be applied practically. By specialized committees, all these accreditation standards shall be revised every six years, or based on related authorities, ministries, or stakeholders' request, or when the need arises.

**Aims and Use of Manual**

The aim of this manual is to introduce sufficient information about quality assurance and academic accreditation to medical schools. First, it shows the meaning of quality assurance and academic accreditation in addition to its contribution in preparation of medical schools for quality assurance and academic accreditation activities.

Second, it shows the importance of developing quality systems and conditions by medical schools supported with sufficient guidelines and qualities of academic programmes, course materials, and the way annual reports, of these programmes and course materials, are prepared.

Third, this manual shows how to prepare a self-assessment study and its requirements through providing general guidelines for report preparation, study implementation, and report components.

Fourth, the manual points out the academic accreditation system in Yemen and its processing steps:

1. accreditation application;
2. self-study preparation;
3. reviewers setting out, selecting, and training;
4. filed visits;
5. external assessment results;
6. post-accreditation;
7. appeal; *and*
8. accreditation renewal.

Though providing detailed guidelines, this manual points out how to prepare an external assessment report and its components.

Finally, this manual can be used to establish quality assurance systems, prepare a self-assessment study, and know external assessment report components that shall be prepared after subjecting a medical school for academic accreditation.

**Academic Accreditation Procedures**

To get an accreditation certification, medical schools must follow the following procedures and rules:

**1. Academic Accreditation Application**

* 1. A medical school submits a request to the council for accreditation and quality assurance of the higher education showing its desire to apply for accreditation and its readiness for that. This request **must** be supported with evidences that/to ensure meeting the following conditions:

1. it is lawfully permitted to award the degree concerned;
2. has awarded a graduation certificate for one of its programmes once at least or has completed a study course;
3. adheres to the academic accreditation standards approved by the council;
4. proves its application for accreditation during the three past years through a quality assurance system showing internal reviews activities supported with a report on its academic activities involving self-assessment techniques and plans used to improve its performance; *and*
5. proves having infrastructure and mechanisms for self-assessment study preparation.
   1. The application for accreditation shall be refused if the council knows that a medical school does not meet the conditions that qualify it to apply for accreditation indicated above. In this case, it should not re-apply for accreditation until a period of six months at least passes from the date of refusal.
   2. If the council finds that a medical school meets all conditions required to apply for accreditation, it (the latter) shall be notified in written during a period determined by management council within a maximum of (30) days from the date of completing the application to continue processing within the period determined.
   3. After notification, a medical school must pay fees and expenditures of the academic accreditation. Then, the council provides it with assessment forms and data, and manual to be able to fill in the forms given and prepare the required data within a maximum of (30) days from the date of paying the fees.

**2. Self-Study Preparation**

* 1. A medical school sets out a committee for self-assessment study preparation to be guided by the manual prepared by the council (attached to this manual). The self-assessment study should be prepared accurately and authentically with a wide participation of the concerned parties at the school.
  2. A medical school submits (5) printed copies plus one electronic copy of its self-assessment study to the council within a maximum of (6) months from the date of notifying it to continue processing the accreditation. The study submitted should be approved by the school council supported with a letter from the school dean confirming the truth of all data involved. Both data and studies submitted by the school are related to its:
* mission, objectives, and strategic plan;
* quality assurance system and application mechanisms;
* improvement plan and implementation results in the light of self-assessment study results; *and*
* data, studies or other documents required by the council.
  1. The council shall study the submitted documents within a maximum of (30) days. The accreditation management director or one of referees shall pay an initial visit to the school to check its readiness for accreditation. Accordingly, the situation of the school shall be described to the council head supported with ONE of the following recommendations:
* completion of accreditation procedures;
* delaying of accreditation processing for not more than (6) months to make the school ready for that; *or*
* unqualified for accreditation currently.

**3. Reviewers Setting Out, Selection, and Training**

* 1. A committee*, with its head*, for external assessment shall be set out. Then, the council shall inform the medical school about procedures followed for completing the assessment process and time of reviewers' visits to the school within a maximum of (30) days from the date of the accreditation procedures completion decision.
  2. Reviewers are considered as the council representatives to achieve external assessment. Hence, a medical school, *subjected to the assessment*, **must** provide all data and evidences needed by the reviewers during their visits. However, the medical school **must** bear in mind that reviewers shall use various techniques to get the required data such as checking documents, observation, and individual and group interviews, etc.
  3. The council sets out a team of reviewers on the basis of:

1. setting out the team from academic personalities, not less than (5) or more than that depending on the school size. These academic personalities must held leading positions at the school (i.e. no less than head of a department), pass reviewers preparation programmes, or be expert in external assessment;
2. coordinating with the medical school in relation to know its opinion about the assessment team to avoid any interest conflict;  *and*
3. having various majors in the team to cover major variety of the school.
   1. Review teams are selected according to the following rules:
4. having important personal qualities, i.e. good reputation, integrity, objectivity, partiality, interpersonal skills, respecting others' viewpoints, balanced passion, and emotionless;
5. having professional qualities, i.e. academic experience in a major related to review, and sufficient experience (not less than 10 years) in academic work, and proficient in both languages of Arabic and English (oral and written). Those who have experience in the field of quality assurance and academic accreditation are more preferable;
6. the council checks applicant reviewers, selects the best ones, and includes them to the list of reviewers;
7. candidates shall be trained in a programme in purpose;  *and*
8. those who pass the training programme are considered by the council as qualified to participate in external assessment. Then, they shall be included to the list of reviewers approved by the council.
   1. The head of the external assessment team shall be selected from the reviewers approved by the council in condition of holding a leading position, *no less than a dean*, at a public medical school in addition to having:
9. no opposed interests with the assessed medical school;
10. recent experience in both external and internal review techniques;
11. higher skills in leading team and managing meetings;
12. skills of gaining others' trust;
13. skills of checking documents, analyzing their contents, and looking for evidences to decide; and
14. skills of reports writing, and final assessment reports preparation and writing in Arabic and English.

**4. Filed Visits**

* 1. The council determines the time of reviewers' visits in coordination with the concerned medical school within a maximum of (6) months from the date of handling the self-assessment study to the council. However, the council shall inform the medical school with the procedures that shall be followed in the assessment process. The council could pay unscheduled filed visits after the visit of the approved reviewers team and before issuing the accreditation decision.
  2. The council determines the timetable of the filed visit in order to facilitate the responsibility of the medical school in preparing for the visit and enabling the assessment team to use their time allowed for the visit proficiently.
  3. The medical school assigns three faculty members of those who prepare the self-assessment study to play the role of coordinators for helping the assessment team in preparations required for the field visits, facilitating their contacts with the concerned parties at the school, and providing them with the required information when necessary.
  4. The duration of the visit shall be **(4)** days and it is allowed for the assessment team to submit a request for extending the duration to a week depending on the size the medical school.
  5. The assigned assessment committee shall study the self-assessment study, interview the school leadership, teaching staff, students, and graduates. Besides, the committee shall visit the school buildings, units, *holding extensive interviews with those who prepare the self-assessment stud*y, facilities such as libraries, labs, training centers, halls, etc. In addition, they can assess educational resources such as books, references, periodicals, means of examinations, graduation projects, theses, if any, etc.
  6. The committee is committed to assessment in the light of accreditation standards, measurement criteria, and performance indicators approved by the council.
  7. The committee achieves its work with a higher objectivity in accordance with accreditation standards.
  8. The committee writes a final report of two parts. The general part for publication and the special part involves certain recommendations to the head of the higher education institution under assessment. Then, the report shall be delivered to the head of the council though the accreditation management within (30) days from the date of completing the assessment.

**5. External Assessment Results**

The head of the council handles the report to the specialist consultation committee for any comment to ensure good processing and consistency of the assessment reports within a maximum of 30 days from the date of receiving the report. After receiving the comments, the head of the council submits the report to the management council supported with a letter/recommendation of agreement on its content. After approving the report content by the management council, the head of the council discusses the report, *together with recommendations*, with the medical school management. Then, the council informs the medical school concerned about the assessment results within (60) days from completing the assessment through a signed-receiving letter according to the following:

**5.1 Accreditation Awarding**

If the medical school, *based on the assessment*, meetsall academic accreditation standards, it is awarded an accreditation certificate. Hence, the council announces this decision in the appropriate way and/to notify the related ministries and authorities through a copy to be read by them.

**5.2 Conditioned Accreditation**

If the medical school does not meet some of the academic accreditation standards, *not the main ones*, the council determines enough duration for providing what is missing within a maximum of **(9)** months from the date of notification. This is determined by identifying (by the council) clearly the missing standards and how develop them to reach to the quality level required. Then, the council re-assesses the medical school concerned and *accordingly* issues its final decision of whether or not to be accredited. Hence, no extra duration shall be given to the school.

**5.3 No Accreditation**

If the medical school is not awarded the accreditation certificate due to its disability as it could not meet the academic accreditation standards, *based on reports of assessment committees,* this case is referred to the minister to adopt the suitable procedure but the reference decision should involve:

- the degree of disability in meeting standards (strong – average);

- the unapplied standards by the school; *and*

*-* any obligatory requirements for the accreditation certificate.

In addition to what is said concerning the assessment results and cases in relation, the following conditions must be considered:

1. it is not allowed for a medical school to re-apply for accreditation after issuing a *no-accreditation* decision by the council against it unless it is agreed by the council. On condition, this agreement is provided only after passing one year at least from the date of decision;
2. If a medical school has higher studies programmes (i.e. higher diploma, MA, PhD) and does not meet the academic accreditation standards concerning the higher studies stage, it should not be awarded an accreditation certificate and additionally be recommended to close these programmes; *and*
3. If a branch of a medical school fails to meet the standards but its main center succeeds, the council writes a letter to the dean of the school in this relation supported with a detailed report to be sent to both school and the minister. Such a school shall be provided another duration of a maximum one academic year to correct its situation. Accordingly, the field visit shall be paid to the failed branch mainly and it might be extended to the rest of the school if the team of reviewers deems that.

**6. Post-Accreditation**

* 1. A medical school which is awarded an accreditation certificate is subject during the period of the certificate validity to a periodic following up and review through the annual self-reports, *it writes*, and the filed visit paid by the council in relation. This can be done to ensure continuity in meeting standards of the previous assessment and accreditation by the school activities, work systems, and programmes. However, the follow up and review are implemented according to a system decided by the council. The minister, related authority, or stakeholders couldrequire the council to re-look at the accreditation certificate validity in case of violating the decided standards by the related school.
  2. If a medical school, *based on follow-up and review processes*, is awarded an accreditation certificate loses one condition of accreditation, commits any irregularities, or does any adjustments in its activities or work system or programmes and *as result* could not meet the decided standards of assessment and accreditation, the council shall refer this case to the minister, *through a justified decision*, to stop the accreditation certificate for a period it determines or revocate it depending on the type of violation. In addition, the council must refer to the minster to revocate the accreditation certificate if the school makes essential changes in its aims. If the school submits false data or documents, or is awarded accreditation certificate  [fraudulently](https://context.reverso.net/%D8%A7%D9%84%D8%AA%D8%B1%D8%AC%D9%85%D8%A9/%D8%A7%D9%84%D8%A5%D9%86%D8%AC%D9%84%D9%8A%D8%B2%D9%8A%D8%A9-%D8%A7%D9%84%D8%B9%D8%B1%D8%A8%D9%8A%D8%A9/fraudulently), the council shall notify the school, *through a receiving-signed letter*, with a decision of stopping or revocating the accreditation certificate within (15) days from the date of issuance. This notification must involve justifications on which the decision is based and *accordingly* the council must announce it in the same ways it announces the accreditation certificate issuance.

**7. Appeal**

* 1. A medical school could appeal to the chairman of the board against the decision of refusing to award it the accreditation certificate, refusing to renew it, or against the decision of stopping or revocating it. This appeal, together with appeal fees, should be submitted within (30) days from the date of notifying the school with this decision.
  2. The appeal shall be reviewed by a committee, *set out by a decision taken by the board chairman*, headed by one of the board members and a membership of (4) faculty members working at Yemeni public universities, *selected by the board chairman*, who do not participate in the assessment of the school that submits the appeal. The committee membership term shall be (4) years and is subject to renewal.
  3. Based on the majority of its members' opinions, the whole committee shall held a meeting and/to state recommendations concerning the appeals within a maximum of (90) days from the date of referring the appeals to them. Accordingly, the committee shall submit its reports to the chairman of the secretary board and hence the board appeals decision shall be *final*. This decision must be supported with reasons with which the medical school can be notified within 30 days from the date of its issuance through a signed-receiving letter. In case of accepting the school appeals, the fees must be returned back.

**8. Accreditation Renewal**

The accreditation certificate awarded by the Council for Accreditation and Quality Assurance of Higher Education to a medical school shall be valid for (5) years and be renewed by following the same previous procedures with commitment to the following:

1. the medical school delivers a request to the council in the first month of the final year of accreditation certificate validity;
2. the request is supported with the last report of the accreditation committees on the medical school; *and*
3. the medical school pays the fees and expenditure against accreditation renewal in accordance with regularities in relation.

**Self-Assessment Study**

Self-assessment study is an important element in the academic accreditation process, a medical school (itself)shall be responsible for. That is, public and private medical schools are entitled to do a periodic self-assessment for their programmes objectively and scientifically in the light of their mission and policy as being an effective means for programmes review. In turn, the council shall provide the medical schools with the main documents they need to do their self-assessment. These documents show the purpose of self-assessment study, procedures, processes, expectations, standards, ways of judgment, reports preparation samples, etc. During preparation, the following points should be considered:

1. a medical school is aware that the self-assessment study should be comprehensive in that it covers all elements inputs at the school: management, faculty members, students, and graduates.
2. self-assessment study emphasizes student learning achievement and success as being the main objective of the school.
3. a medical school specifies enough time to achieve the self-assessment study (could be extended to (6) months).
4. self-assessment study is done in way that reflects a critical picture of the school situation in order to analyze aspects of strength and those that need improvement.
5. the self-assessment study report comes out with specific steps to be impended by the medical school to achieve and improve what is required.
6. a medical school should not look at the self-assessment study as a means of contribution in the external assessment only; rather, it should look at it as an effective means to ensure its academic programme quality and improvement.

**Self-Assessment Study Preparation**

A medical school is recommended to do the following steps for self-assessment study preparation:

1. Revising the academic accreditation standards and any related letters sent by the council.
2. Setting out a committee, consisting of a chairperson, quality assurance official, representatives of schools or departments, and representatives of higher administration, for self-assessment study preparation.
3. Subjecting the self-assessment study committee's work at the school to the academic accreditation standards approved by the council.
4. Encouraging participation of academics, administrative staff, students, and graduates.
5. Doing an accurate timetable considering the process of gathering evidences.
6. ensuring that every group is aware of the standard assigned to it to gather evidences about it and the way of reporting it.
7. Gathering sufficient evidences early and allowing the center for quality assurance and academic accreditation or its equivalence at the related university participate in this case.
8. Encouraging the groups to think in what they introduce.
9. Holding wider discussion for the self-study assessment initial results, i.e. involving management, faculty members, and students.
10. Using a consistent language stylistically.
11. Submitting the self-study assessment to the Council for Accreditation and Quality Assurance of Higher Education early enough before the time of the external assessment.

(See general guidelines for self-study assessment report writing in Appendix 1)

**Accreditation Standards of Medical Schools and Required Evidences and Documents**

**Standard One: Mission and Learning Outcomes**

**This standard consists of four sub-standards:**

1. Programme Mission

2. Institution Autonomy and Academic Freedom

3. Learning Outcomes

4. Participation in Stating Mission and Learning Outcomes.

**1.1 School Mission**

**Achievement Indicators (A)**

**A medical school must:**

**1.1.1A-** state its mission clearly;

**1.1.2A-**make its mission known to its leadership, academic and administrative staffs, students, beneficiaries, and health sector, it serves. In its mission, it must outline the aims of its academic programme and educational strategy which leads to qualifying a doctor to be:

**1.1.2.1A-** competent at a basic level with emphasis on priority health problems of Yemen;

**1.1.2.2A-** of basic knowledge and skills that qualify him/her to any future medical job in any branch of medicine;

**1.1.2.3A-** capable of undertaking the roles of doctors as defined by the health sector in Yemen;

**1.1.2.4A-** able to pursue postgraduate medical education; *and*

**1.1.2.5A-** committed to life-long learning.

**1.1.3A-**ensure that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability taking into consid­eration the cultural and social contexts in Yemen.

**Level of Quality (Q)**

The medical school **should** encompass in its mission:

**1.1.1Q-** medical research attainment; *and*

**1.1.2Q-** aspects of global health.

**Evidences and Documents Required:**

* Copy of medical school/programme mission, objectives, and explanation of mission statement including documents on which it is based.
* Opinion survey administered to the school's employees to show the extent their awareness about the mission.
* Brief comment on how the school mission covers the indicators of this sub-standard**, 1.1.2.1A** and **1.1.3A**.
* Documents showing mechanism of mission statement and review, learning outcomes, and continuous improvement (if there is no review).

**1.2 Institution Autonomy and Academic Freedom**

**Achievement Indicators (A)**

A medical school **must** be autonomous so as to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially in:

**1.2.1A-** designing the curriculum/programme; *and*

**1.2.2A-** using the allocated resources necessary for implementation of the curriculum/academic programme.

**Level of Quality (Q)**

A medical school **should** ensure academic freedom for its teaching staff and studentswhen:

**1.1.1Q-** designing and implementing the curriculum/programme; *and*

**1.1.2Q-** exploring the use of new research results to illustrate specific subjects without expanding the curriculum.

**Evidences and Documents Required:**

* Decisions and reports indicating that the school is autonomous enough to design and implement its policy, curriculum and courses.
* Brief comment on curriculum design mechanism at the school.
* Documents emphasizing that the school has necessary resources for implementation of the curriculum/programme to achieve its objectives successfully.

**1.3 Learning Outcomes**

**Achievement Indicators (A)**

The medical school **must**define the intended learning outcomes that students **must** exhibit upon graduation in relation to their:

**1.3.1A-** achievements at a basic level regarding knowledge, skills, and attitudes covering at least those listed in Yemeni National Academic Reference Standards (NARS) for medicine;

**1.3.2A-** basic knowledge and skills that qualify them for any future career in any branch of medicine;

**1.3.3A-** future roles in the health sector;

**1.3.4A-** subsequent postgraduate training;

**1.3.5A-** commitment to skills in life-long learning;

**1.3.6A-** ability to meet health needs of the community, the needs of the health care delivery system and other aspects of social accountability taking into accountthe socio-cultural norms of Yemen;

**1.3.7A-** ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives; and

**1.3.8A-** make the intended learning outcomes publicly known.

**Level of Quality (Q)**

A medical school **should**:

**1.3.1Q-** specify and co-ordinate the linkage of the acquired learning outcomes by graduation with the acquired outcomes in postgraduate training;

**1.3.2Q-** specify intended outcomes of student engagement in medical research and its relevance to community health problems in Yemen; *and*

**1.3.3Q-** draw attention to global health related intended outcomes.

**Evidences and Documents Required:**

* Brief comment on how the intended learning outcomes cover the indicators of this sub-standard, 1.3.1Aand 1.3.6A.
* Evidences/instructions showing school responsibility in directingstudent conduct with respect to fellow students, faculty members, other health care personnel, and patients (i.e. profession ethics).
* Evidences ofmaking the intended learning outcomes known to school employees and public.

**1.4 Participation in Stating Mission and Learning Outcomes**

**Achievement Indicators (A)**

A medical school **must:**

**1.4.1A-**ensure that its principal stakeholders (i.e. dean, school council, curriculum committee, representatives of academic and administrative cadres, representatives of students, university leadership, Ministry of Health, and medical council) participate in formulating the mission and intended learning outcomes.

**Level of Quality (Q)**

A medical school **should**:

**1.4.1Q-** ensure that the formulation of its mission and intended learning outcomes is based also on input from other stakeholders (i.e. Representatives of other medical professions, patients, society, users of the health care delivery systems).

**Evidences and Documents Required:**

* Document(s) showing the way the school allows its principal stakeholders(i.e. dean, school council, curriculum committee, representatives of academic and administrative cadres, representatives of students, university leadership, Ministry of General Health and Population, and medical council) and the other beneficiaries (i.e. Representatives of other medical professions, patients, society, the public who use the medical services) to participate in formulating its mission and intended learning outcomes.

**Standard Two: Academic Programme**

**This standard consists of eight sub-standards:**

1. Programme Framework

2. Scientific Methods

3. Basic Medical Science

4. Behavioral and Social Science and Medical Ethics

5. Clinical Science and Skills

6. Structure and Period of Programme

7. Programme Management

8. Linking with Medical Practice and Health Sector

**2.1Programme Framework**

**Achievement Indicators (A)**

A medical school **must:**

**2.1.1A-** define the curriculum clearly.

**2.1.2A-** use a curriculum and instructional/learning methods that stimulate, prepare and support students to participate in their learning process; *and*

**2.1.3A-** ensure that the curriculum is delivered in accordance with principles of equality(i.e. gender, geography, economic level, etc.).

**Level of Quality (Q)**

A medical school **should**:

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

**Evidences and Documents Required:**

* Specification(s) of the academic programme.
* Syllabi of all programme courses.
* Evidences of student participation in learning process.
* Evidences and regularities showing that the curriculum is delivered in accordance with principles of equality.
* Activated box for student complaints and suggestions.

**2.2Scientific Methods**

**Achievement Indicators (A)**

In all programme stages, a medical school **must** teach:

**2.2.1A-** principles and scientific methods including analytical and critical thinking;

**2.2.2A-**  medical research methods; *and*

**2.2.3A-**  evidence-based medicine.

**Level of Quality (Q)**

A medical school **should**:

**2.2.1Q-** include elements of medical researchin the curriculum.

**Evidences and Documents Required:**

* Course syllabi showing applied medical research principles teaching in all learning stages.
* Samples of student graduation research projects to prove scientific research activities.

**2.3 Basic Scientific Sciences**

**Achievement Indicators (A)**

A medical school **must**identify and incorporate the contributions of the medical sciences in the curriculum to create understanding of:

**2.3.1A-** scientific knowledge, principles, and skills fundamental to acquiring and applying the clinical science; *and*

**2.3.2A-** concepts and methods fundamental to acquiring and applying clinical sciences.

**Level of Quality (Q)**

A medical school **should** adjust and modify the contributions of medical science in line with:

**2.3.1Q-** scientific, technological and clinical developments; *and*

**2.3.2Q**- current and anticipated needs of the society and the health care system in Yemen.

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**Evidences and Documents Required:**

* Course syllabi showing that medical science is a main part in the curriculum which plays an important role in clinical science development and community needs.
* Evidences of student comprehension, scientific and practical achievements, and intended learning outcomes achievement.

**2.4 Behavioral and Social Sciences and Medical Ethics**

**Achievement Indicators (A)**

In the curriculum, a medical school **must**identify and incorporate the contributions of the:

**2.4.1A-** behavioral and social sciences such as society medicine, psychology, sociology and medical statistics; *and*

**2.4.2A-** medical ethics and medical jurisprudence (i.e. laws, decisions and service delivery responsibilities)

**Level of Quality (Q)**

A medical school **should** adjust and modify the contributions of behavioral and social science, medical ethics, and the legal aspects in line with:

**2.4.1Q-** scientific, technological and clinical developments;

**2.4.2Q**-current and anticipated needs of the society and the health care system in Yemen; and

**2.4.3Q**-changing demographic and cultural contexts.

**Evidences and Documents Required:**

* Course syllabi of behavioral and social science, ethics and legal aspects.
* Programme specification.
* Any evidence ensuring achievement of the two above indicators.

**2.5 Clinical Sciences and Skills**

**Achievement Indicators (A)**

A medical school **must** identify and incorporate the contributions of the clinical sciences to ensure that students:

**2.5.1A-** acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation;

**2.5.2A**- spend a reasonable part of the curriculum in planned contact with patients in relevant clinical settings**;**

**2.5.3A**-experience health promotion and preventive medicine;

**2.5.4A**-specify the amount of time spent in training in major clinical disciplines; *and*

**2.5.5A**-Organize clinical training with appropriate attention to patient safety.

**Level of Quality (Q)**

A medical school **should**:

**2.5.1Q-** adjust and modify the contributions of the clinical sciences to thescientific, technological and clinical developments;

**2.5.2Q**- adjust and modify the contributions of the clinical sciences to thecurrent and anticipated needs of the society and the health care system in Yemen; and

**2.5.3Q**-ensure that every student has early patient contact gradually including participation in patient care; *and*

**2.5.4Q**-structure the different components of clinical skills training according to the stage of the study programme.

**Evidences and Documents Required:**

* Course syllabi of clinical sciences.
* Clinical training manual and application reports (i.e. Log Book).

**2.6 Programme Structure, Components and Duration**

**Achievement Indicators (A)**

A medical school **must**:

**2.6.1A-** describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural and social and clinical sciences**.**

**Level of Quality (Q)**

Concerning curricula, a medical school **should**:

**2.6.1Q-** ensure horizontal integration of associated sciences, disciplines and subjects in relation;

**2.6.2Q-** ensure vertical integration of the clinical sciences with the basic biomedical and the behavioural and social sciences;

**2.6.3Q-** Allow optional (elective) content and define the balance between the core and optional content as part of the educational programme; *and*

**2.6.4Q-** describe the interface with complementary medicine**.**

**Evidences and Documents Required:**

* Curriculum itself and course syllabi that ensure coordination and integration between behavioural courses and basic medical and clinical sciences.

**2.7 Programme Management**

**Achievement Indicators (A)**

A medical school **must**:

**2.7.1A-** have a curriculum committee, which under the governance of the academic leadership (the dean) has the responsibility and authority for planning and implementing the curriculum to secure its intended learning outcomes; *and*

**2.7.2A-** ensure representation of the academic cadre and students in the curriculum committee.

**Level of Quality (Q)**

Through its curriculum committee, a medical school **should**:

**2.7.1Q-** plan and implement innovations in the curriculum; *and*

**2.7.2Q-** include representatives of other stakeholders.

**Evidences and Documents Required:**

* Decision of curriculum committee setting out.
* Minuet copies of curriculum committee showing its duties and developmental plans achievement.

**2.8 Linkage with Medical Practice with Health Sector**

**Achievement Indicators (A)**

A medical school **must**:

**2.8.1A-** ensure operational linkage between the educational programme and the subsequent stages of education or practice after graduation and labor market.

**Level of Quality (Q)**

A medical school **should** ensure that the curriculum committee intends to:

**2.8.1Q-** seek input from the environment in which graduates will be expected to work, and modifies the programme accordingly (i.e. labor market needs);*and*

**2.8.2Q-** consider programme modification in response to interactions and opinions of the stakeholders and community.

**Evidences and Documents Required:**

* Copies of labor market study.
* Document showing links between learning outcomes and health needs.

**Standard Three: Assessment of Students**

**This standard consists of two sub-standards:**

**1.** Assessment Techniques

**2.** Relationship between learning and assessment.

**3.1 Assessment Techniques**

**Achievement Indicators (A)**

A medical school **must**:

**3.1.1A-** define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes;

**3.1.2A-** ensure that assessments cover knowledge, skills and attitudes in accordance with the Yemeni NARS;

**3.1.3A-** a wide range of assessment techniques as needed.

**3.1.4A-**  ensure that the assessments avoid the conflict of interest;

**3.1.5A-** ensure that the assessments are open to scrutiny by external experts; *and*

**3.1.6A-** use a system of appeal of assessment results.

**Level of Quality (Q)**

A medical school **should** ensure that the curriculum committee intends to:

**3.1.1Q-** evaluate and document the reliability and validity of assessment methods through committees in relation;

**3.1.2Q-** incorporate new assessment methods where appropriate;  *and*

**3.1.3Q-** encourage the use of external examiners.

**Evidences and Documents Required:**

* Evidences ensuring an assessment document for student assessment techniques.
* Evidences ensuring school dependency on learning outcomes in accordance with Yemeni NARS standards for student learningassessment.
* Appeal regulation.
* Evidences of a policy used by/at the school for student external assessment.

**3.2 Relation between Learning and Assessment**

A medical school **must** use the principles, techniques, and practice of assessment that:

**3.2.1A-**are clearly compatible with intended learning outcomes and instructional methods;

**3.2.2A-**ensure that the intended learning outcomes are met by the students;

**3.2.3A-**promote student learning;  *and*

**3.2.4A-**provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress (i.e. students' learning advancement).

**Level of Quality (Q)**

A medical school **should**:

**3.2.1Q-** adjust the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning; *and*

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

**Evidences and Documents Required:**

* Copies of examinations of a representative sample of courses.
* Evidences showing results announcement mechanism on time.
* Feedback mechanism to students.

**Standard Four: Students**

**This standard consists of four sub-standards:**

1. Admission Policy and Selection

2. Absorptive Capacity

3. Guiding and Supporting Students

4. Representation and Participation of Students

**4.1 Admission Policy and Selection**

A medical school **must**:

**4.1.1A-**  state and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students;

**4.1.2A-**have a policy and implement a practice for admission of disabled students; *and*

**4.1.3A-**have a policy and implement a practice for transfer of students from othernational and international medical schools.

**Level of Quality (Q)**

A medical school **should**:

**4.1.1Q-** state the relationship between selection and the mission of the school, the educational programme and desired qualities of graduates;

**4.1.2Q-** periodically review and assess the admission policy; *and*

**4.1.3Q-** use a system for appeal of admission decisions.

**Evidences and Documents Required:**

* Document of admission policy, *including disabled students*, including faculty members, infrastructure, educational facilities, labs, and hospitals, considering national laws and their adjustments.
* Documents and procedures of admission and selection policies, and announcement methods used.
* Documents showing the relationship of admission policies with school mission, academic programme,desired qualities of graduates, and appeal policies.
* Documents showing transfer and equivalence policies inside or outside the related university.
* Documents of a periodic assessment of admission policies.

**4.2 Student Intake**

**Achievement Indicators (A)**

A medical school **must**:

**4.2.1A-** define the size of student intake and relate it to its capacity at all stages of the programme and departments.

**Level of Quality (Q)**

A medical school **should**:

**4.2.1Q-** periodically review the size and nature of student intake in consultation with other stakeholders and regulate it to meet the health needs of the society.

**Evidences and Documents Required:**

* Document showing the size of student intakemechanism.
* Documents and reports on educational infrastructure in all programme educational stages (i.e. number of labs, number of different equipments, family members in educational hospitals, etc.).

**4.3 Student Counseling and Support**

**Achievement Indicators (A)**

A medical school **must**:

**4.3.1A-** have a system for academic counselling of its students;

**4.3.2A-**offer a programme of student support, addressing social, financial and personal needs;

**4.3.3A-**allocate resources for student support; *and*

**4.3.4A-**ensure confidentiality in relation to counselling and support.

**Level of Quality (Q)**

A medical school **should**:

**4.3.1Q-** provide academic counselling that is based on monitoring of student progress; *and*

**4.3.2Q-**provide academic counselling that includes career guidance and planning.

**Evidences and Documents Required:**

* Manual or a student academic counselling and support system.
* Documents showing school or university appointed committee for student academic counselling and support.
* Documents showing resources allocated for student supportand programmes for social, financial, and personal support.
* Documents showing contribution of school, other beneficiaries, and charitable authorities in student support.

**4.4 Student Representation**

**Achievement Indicators (A)**

A medical school **must**formulate and implement a policy on student representation and appropriate participation in:

**4.4.1A-** stating mission;

**4.4.2A-** designing academic programme;

**4.4.3A-** managing the programme;

**4.4.4A-** evaluating the programme; *and*

**4.4.5A-** other matters relevant to students.

**Level of Quality (Q)**

A medical school **should**:

**4.4.1Q-** encourage and facilitate student activities.

**Evidences and Documents Required:**

* Documents showing student participation in programme design, management, and evaluation and mission statement.
* Documents showing student activities.

**Standard Five: Academic Staff**

**This standard consists of two sub-standards:**

1. Recruitment and Selection Policy

2. Academic Staff Activity

**5.1 Recruitment and Selection Policy**

**Achievement Indicators (A**)

A medical school **must** formulate and implement a staff recruitment and selection policy which:

**5.1.1A-** Outline the type, responsibilities and balance of the academic staff/faculty of the basic medical sciences, the behavioural and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff;

**5.1.2A-** address criteria for scientific, educational and clinical merit, including the balance between teachings, research and service functions;

**5.1.3A-** specify and monitor the responsibilities of its academic staff/faculty of the basic medical sciences, the behavioural and social sciences and the clinical sciences; and

**5.1.4A-** the selection policy must have an effective procedure that is fair, rigorous and transparent to ensure that the best candidates for the job are selected.

**Level of Quality (Q)**

A medical school **should** involve in its policy for staff recruitment and selection take into account criteria such as:

**5.1.1Q-** relationship to its mission, including significant local issues; and

**5.1.2Q-** economic considerations.

**Evidences and Documents Required:**

* Faculty members regulation.
* Documents showing attraction, appointment, recruitment,and promotion policies together with procedures followed, and continuous professional development records of teaching and administrative cadres.

**5.2 Activity and Development of Academic Staff**

**Achievement Indicators (A)**

A medical school **must** formulate and implement a staff activity and development policy which:

**5.2.1A-** allow a balance of capacity between teaching, research and society service;

**5.2.2A-**ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and society service;

**5.2.3A-**ensure that clinical service functions and research are used in teaching and learning;

**5.2.4A-**ensure sufficient knowledge by individual staff members of the total curriculum; *and*

**5.2.5A**- include teacher training, development, support and appraisal.

**Level of Quality (Q)**

A medical school **should**:

**5.2.1Q-** take into account teacher-student ratios relevant to the various curricular components; *and*

**5.2.2Q-** design and implement a staff promotion policy.

**Evidences and Documents Required:**

* Documents showing academic cadre evaluation policies supported with examples.
* Documents showing activities for academic cadre development.
* Detailed explanation on teaching burden distribution over/among teaching staff.
* Detailed explanation on how conclusions of clinical service and research are used in teaching and learning.
* Timetable showing teacher-student ratios relevant to the various curricular components.

**Standard Six: Learning Resources**

**This standard consists of six sub-standards:**

1. Physical Facilities

2.Clinical Training Resources

3. Information Technology

4. Medical Research and Scholarships

5. Educational Expertise

6. Educational Exchange

**6.1 Physical Facilities**

**Achievement Indicators (A)**

A medical school **should:**

**6.1.1A-** have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately; *and*

**6.1.2A-**ensure a learning environment, which is safe for staff, students, patients and their relatives.

**Level of Quality (Q)**

A medical school **should**:

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

**Evidences and Documents Required:**

* Evidences and documents showing lecture halls, class, group and tutorial rooms, teaching and research laboratories, clinical skills laboratories, offices, libraries, information technology facilities and student amenities such as adequate study space, lounges, transportation facilities, catering, student housing, personal storage lockers, sports and recreational facilities.
* Explanation on the suitability of the school's availabilities and facilities for the number of students.
* Evidences and documents showing sufficiency of physical facilities for students.
* Evidences and documents should be provided to ensure provision of a safe learning environment supported with the required information, regularities, and safety equipments and protected from harmful materials, samples, and organisms in the labs of the school.

**6.2 Clinical Training Resources**

**Achievement Indicators (A)**

A medical school **must** ensure necessary resources for giving the students adequate clinical experience, including sufficient:

**6.2.1A-** number and categories of patients;

**6.2.2A-** clinical training facilities; *and*

**6.2.3A-** supervision of their clinical practice.

**Level of Quality (Q)**

A medical school **should**:

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

**Evidences and Documents Required:**

* Documents ensuring provision of clinical training facilities such as hospitals either its affiliated hospitals or making contracts with private or public hospitals in purpose.
* Evidences and documents showing and ensuring clinical training resources at hospitals with a sufficient mixture of primary, secondary, and thirdly care, sufficient suits for patients and diagnosis administrations, labs, emergency services (including first care), clinics, first health care centers, and other facilities of societal health care.
* Evidence of various clinical training to ensure using a sufficient mixture of clinical facilities and rotations in all main specializations.
* Evidences and documents of periodic assessment and the attained results that show the extent of appropriateness and quality of medical training programmes in regard to preparations, equipments, number and categories of patients, health practices, supervision, administration, and used or planned mechanisms of improvement and development.

**6.3 Information Technology**

**Achievement Indicators (A)**

A medical school **must:**

**6.3.1A-** formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology; *and*

**6.3.2A-** ensure access to web-based or other electronic media.

**Level of Quality (Q)**

A medical school **should**enable teachers and students to use existing and exploit appropriate new information and communication technology for:

**6.3.1Q-** independent learning;

**6.3.2Q-** accessing information;

**6.3.3Q-** managing patients;

**6.3.4Q-** working in health care delivery systems; *and*

**6.3.5Q-** optimize student access to relevant patient data and health care information systems.

**Evidences and Documents Required:**

* Evidences and documents showing an implemented policy of using information and communication technology including allocated resources of information and communication technology such as using computers, cell/mobile telephones, electronic and information services within internal and external networks as well as coordination with library services. In addition, ensuring student access to health information system at institutions and facilitates where they receive a clinical training including both confidentiality and privacy policies of physicians and patients and appropriate safeguards to promote the safety of physicians and patients while empowering them to use new tools.
* Evidences and documentsshowing common access to all educational items through a learning management system to prepare students for evidence-based medicine, life-long learning, and continuing professional development (CPD).

**6.4.Medical Research**

**Achievement Indicators (A)**

The medical school **must:**

**6.4.1A-** use medical research as a basis for the educational curriculum;

**6.4.2A-** formulate and implement a policy that fosters the relationship between medical research and education; and

**6.4.3A**- specify and describe the research facilities and priorities at the school.

**Level of Quality (Q)**

The medical school **should** ensure the interaction between medical research and education concerning:

**6.4.1Q**- influences on current teaching; *and*

**6.4.2Q-**encouragement and preparing students to be engaged in medical research and professional development.

**Evidences and Documents Required:**

* Evidences and documents showing that the school encompasses a research, development, and scholarship administration, pays attention to scientific research in basic biomedical, clinical, behavioural and social sciences and contributes in the academic attainment of medical knowledge and teaching methods as a base for curriculum; including facilities and priorities introduced in this filed.
* Documents of research activities within the medical school itself or its affiliated institutions and/or by the scholarship and scientific competencies of the teaching staff*,* techniques used for encouraging and preparing students to engage in research activities.

**-6.5.Educational Expertise**

**Achievement Indicators (A)**

The medical school **must:**

**6.5.1A-**have access to educational expertise where required (i.e. ensuring its need for teaching cadre);

**6.5.2A-**formulate and implement a policy on the use of educational expertise in curriculum development;  *and*

**6.5.3A-** formulate and implement a policy on the use of educational expertise development of teaching and assessment techniques.

**Level of Quality (Q)**

The medical school **should**:

**6.5.1Q**- demonstrate evidence of the use of in-house or external educational expertise in staff development;

**6.5.2Q-**pay attention to current expertise in educational evaluation and in research in the field of medical education; *and*

**6.5.3Q-**allow teaching staff to pursue educational research interest.

**Evidences:**

* Evidences and documents showing that the school has a special unit for medical education development as being responsible for educational experiences and their reinforcement, and able to access to educational experiences.
* Regularities and policies concerning educational expertise, processes, practices, and problems of medical education including documents about doctors who have research experience in medical education, educational psychologists, and sociologists attracted by the education development unit, a team from interested expert professors at the school, or brought by another national or international institutions in order to contribute in developing the curriculum, teaching methods, and assessment.
* Documents showing the school's accessible educational expertise, plans for developing its cadre's educational research interests.

**6.6.Educational Exchange**

**Achievement Indicators (A)**

The medical school **must:**

**6.6.1A-** formulate and implement a policy for joint national and international collaboration with other educational institutions, including staff and student mobility;*and*

**6.6.2A-**formulate and implement a policy for educational credits transfer with other educational institutions.

**Level of Quality (Q)**

The medical school **should**:

**6.6.1Q**- facilitate regional and international exchange of staff and students by providing appropriate resources; *and*

**6.6.2Q-** organize the exchange purposefully organized, taking into account the needs of staff and students, and respecting ethical principles.

**Evidences and Documents Required:**

* Explanation on how student educational credits are counted when moving among university faculties or to the university.
* Evidences and policies of educational exchange with other educational institutions, other schools of medicine, faculties and institutions for health education, such as schools for public health, dentistry, pharmacy and veterinary medicine.
* Evidences and policies showing the extent of educational exchange facilities introduced by the school to the cadre and students including policies of educational credits transferwithin the programme ratio allowed to be transferred from other institutions.
* Documents of agreements signed on mutual recognition of educational elements with other institutions or joint coordination between medical schools for implementing a programme using a transparent system of educational credits transfer.

**Standard Seven: Programme Evaluation**

This standard consists of **four** sub-standards:

1. Mechanisms for Programme Montring and Evaluation

2. Feedback for Students and Teachers

3. Students and Graduates' Achievements

4. Beneficiaries' Sharing

**7.1 Mechanisms for Programme Montring and Evaluation**

**Achievement Indicators (A)**

A medical school **should:**

**7.1.1A-** have a programme/plan of routine curriculum monitoring of processes and outcomes;

**7.1.2A-** establish and apply a mechanism for programme evaluation that addresses the curriculum and its main components;

**7.1.3A-**establish and apply a mechanism for programme evaluation that addresses students' progress measurement;

**7.1.4A-**establish and apply a mechanism for programme evaluation that identifies and addresses concerns;  *and*

**7.1.5A-**ensure that the results of evaluation develop the curriculum.

**Level of Quality (Q)**

The medical school **should** periodically evaluate the programme by comprehensively addressing:

**7.1.1Q**-the context of the educational process;

**7.1.2Q**-the components of the curriculum;

**7.1.3Q**-the long-term acquired outcomes; *and*

**7.1.4Q**-its social accountability.

**Evidences and Documents Required:**

* Relevant documents and evidences of self-evaluation including the routine data collection tools, the extent of using valid and reliable methods for data collections, and the extent of sharing external reviewers from other institutions and experts in medical education and measurements tools used.
* All assessment and routine mentoring reports including the analysis mechanism used and results of the programme and its qualities, showing the extent of achieving the intended learning resources and identifying clearly the concerns, *if any*, about the insufficient fulfilment of intended educational outcomes. The reports should include recommendations.
* Evidences and documents showing the reactions of programme management to the results of all self-mentoring programme studies reports**.**

**7.2 Teacher and Student Feedback**

**Achievement Indicators (A)**

The medical school **must**:

**7.2.1A-**systematically seek, analyse and respond to teacher and student feedback.

**Level of Quality (Q)**

The medical school **should**:

**7.2.1Q**-use feedback results for programme development.

**Evidences and Documents Required:**

* Evidences and documents showing procedural policies followed by the school to get students and teaching staff's views.
* A sample of the responses and analyses introduced by the school as a response to students and teaching staff's reactions.
* Documents or administrative decisions related to curriculum development adopted as a response to students and teaching staff's reactions.

**7.3 Performance of Students and Graduates**

**Achievement Indicators (A)**

The medical school **must** analyse the performance of cohorts of students and graduates in relation to:

**7.3.1A-**mission and intended learning outcomes;

**7.3.2A-**curriculum; *and*

**7.3.3A-**provision of resources.

**Level of Quality (Q)**

The medical school **should**:

* analyse the performance of cohorts of students and graduates in relation to students':

**7.3.1Q**-background and conditions; *and*

**7.3.2Q**-entrance qualifications.

* use the analysis of student performance to provide feedback to the committees responsible for:

**7.3.3Q**-student selection;

**7.3.4Q**-curriculum planning; *and*

**7.3.5Q**-student counselling.

**Evidences and Documents Required:**

* Documents and evidences showing performance analysis of *cohorts of students about* information on actual study duration, examinations, pass and failure rates, dropout rates, student conditions, reports about their courses, time spent by them on areas of special interest, including optional courses, interviews with students frequently repeating courses, and exit interviews with students who leave the programme, and used resources and their competency.
* Results of analysis of the cohorts of students and graduates' performance concerning their achievements, *through assessing their job performance, reactions of the labour market or their performance in the postgraduate stage*, providing a background on the students' social, economic, and cultural conditions.
* Procedural policies followed by the school to get students and teaching staff's views.
* A sample of responses and analyses introduced by the school as a response to students and teaching staff's reactions.
* Documents or administrative decisions related to curriculum development adopted as a response to students and teaching staff's reactions.

**7.4 Involvement of Stakeholders**

**Achievement Indicators (A)**

The medical school **must**:

**7.4.1A-**involve its principal stakeholders in the activities of the programme, monitoring it, and assessing it.

**Level of Quality (Q)**

The medical school **should** allow the other stakeholders to:

**7.4.1Q**-access to results of course and programme evaluation;

**7.4.2Q**- seek their feedback on the performance of graduates; *and*

**7.4.3Q**- seek their feedback on the curriculum.

**Evidences and Documents Required:**

* Evidences and documents showing involvement of principal stakeholders in the activities of mentoring and assessing the programme, including the tools used, resulting reports, and learned lessons.
* Evidences and documents showing the school policy in involving and encouraging other stakeholders in the activities of programme monitoring and assessment.

# Standard Eight: Administration and Governance

This standard consists of **five** sub-standards:

1. Governance

2. Academic Leadership

3. Educational Budget and Resources Allocations

4. Administration and Organization

5. ConstructiveInteraction with Health Sector

**8.1. Governance**

**Achievement Indicators (A)**

The medical school **must**:

**8.1.1A-**define its governance structures and functions including their relationships within the university.

**Level of Quality (Q)**

In its governance structures, the medical school **should**:

**8.1.1Q-**set out committees, *including committee of curriculum*, and reflect representation from the principal stakeholders;

**8.1.2Q-**set out committees, *including committee of curriculum*, and reflect representation for other stakeholders; and

**8.1.3Q-**ensure transparency of its governance and decisions.

**Evidences and Documents Required:**

* Evidence or document, *including clearly regularities, policies, and procedural laws*, of the medical school governance structures that describes the relationship among departments and between the school and the related university.
* Evidences showing that the school has a legal reference authority responsible for governance structures development including representatives from principle stakeholders and other stakeholders.
* Evidences showing that the school's commitment to transparency either through newsletters, web-information or disclosure of minutes.

**8.2. Academic Leadership**

**Achievement Indicators (A)**

The medical school **must**:

**8.2.1A-**describe the responsibilities of its academic leadership for definition and management of the medical educational programme.

**Level of Quality (Q)**

The medical school **should**:

**8.2.1Q-**periodically evaluate its academic leadership in relation to achievement of its mission and intended learning outcomes.

**Evidences and Documents Required:**

* Documents of academic leadership including all positions and persons within the governance and management structures (i.e. dean, vice-deans, heads of departments, programmes and departments coordinators, course leaders, directors of research institutes and centres, chairs of standing committees)who are responsible for decisions on academic matters in teaching, research and service, showing clearly their responsibilities, job descriptions, and selection and appointment mechanisms.
* Evidences of tools and procedures of academic leadership assessment and any other documents related to their social accountability or feedbacks of students and academic and administrative cadres about the academic leadership's performance.

**8.3. Educational Budget and Resource Allocation**

**Achievement Indicators (A)**

The medical school **must**:

**8.3.1A-**have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget; *and*

**8.3.2A-**allocate the necessary resources for implementing the curriculum and distributing the educational resources as educationally needs.

**Level of Quality (Q)**

The medical school **should**:

**8.3.1Q-**have autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended learning outcomes; *and*

**8.3.2Q-**take into account developments in medical sciences and the health needs of the society when distributingthe resources.

**Evidences and Documents Required:**

* Documents on the school's detailed balance.
* Documents showing school's autonomy in directing resources, giving priority to educational needs, and taking into account developments in medical sciences and health needs of society.
* Evidences and documents showing a clear financial documented system and another fair transparent system for rewards and needs identification for intended learning outcomes achievement.

**8.4. Administration and Organization**

**Achievement Indicators (A)**

The medical school **must** have an appropriate administrative and professional/technical staff to:

**8.4.1A-**support the implementation of its educational programme and activities in relation; *and*

**8.4.2A-**ensure good management and resources deployment.

**Level of Quality (Q)**

**8.4.1Q-**The medical school **should** formulate and implement an internal programme for quality assurance of the management including a regular review.

**Evidences and Documents Required:**

* Documents on *the school's administrative and professional staff*in accordance with the organizational structure including their positions and persons within the governance and management structures being responsible for the administrative support to policy making and implementation of policies and plans in accordance with the organisational structure of the administration: head and staff in the dean’s office or secretariat, heads of financial administration, staff of the accounting and purchase offices, staff of students' affairs, staff in admission office, and heads and staff of planning departments and IT, etc.
* Documents ensuring availability of an administrative quality unit/committee being responsible for planning, organization, assessment of administrative performance and continuous improvement.

**8.5. Constructive Interaction with Health Sector**

**Achievement Indicators (A)**

**8.5.1A**The medical school **must** have a constructive interaction with the health sector and the related to health sectors of society and government.

**Level of Quality (Q)**

**8.5.1Q-**The medical school **should** formalize its collaboration, including engagement of staff and students, with partners in the health sector**.**

**Evidences and Documents Required:**

* Documents showing the interaction of the school with different health sectors in Yemen involving interaction aspects: workshops, lectures, training courses, awareness campaigns, partnerships, campaigns, etc.; the extent of students' utilizations of these works, knowledge and information exchange; and the interaction with the needs of society for required qualified doctors.

# Standard Nine: Continuous Renewal

This standard consists of **one** sub-standard, i.e. **Continuous Renewal**

**9.1 Continuous Renewal**

**Achievement Indicators (A)**

As a socially accountable institution, a medical school **must:**

**9.1.1A-** initiate procedures for regularly reviewing and updating the process, structure, content, intended learning outcomes, assessment techniques, and learning environment of the programme;

**9.1.2A-** rectify documented deficiencies; *and*

**9.1.3A-**allocate resources for continuous renewal**.**

**Level of Quality (Q)**

The medical school **should:**

**9.1.1Q-**adopt the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature;

**9.1.2Q -**ensure that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experience, current activities and future perspectives.

**- address the following issues in its process of renewal**:

**9.1.3Q-** adaptation of mission statement to the scientific, socio-economic and cultural development of the society;

**9.1.4Q-**modification of the intended learning outcomes of the graduating students in accordance with documented needs of the environment they will enter. The modification might include clinical skills, public health training and involvement in patient care appropriate to responsibilities encountered upon graduation;

**9.1.5Q**-adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant;

**9.1.6Q**- adjustment of curricular elements and their relationships in keeping with developments in the basic biomedical, clinical, behavioural and social sciences, changes in the demographic profile and health/disease pattern of the population, and socioeconomic and cultural conditions. The adjustment shall ensure that new relevant knowledge, concepts and methods are included and out-dated ones discarded;

**9.1.7Q**-development of assessment principles, and the methods and the number of examinations according to changes in intended learning outcomes and instructional methods;

**9.1.8Q**- adaptation of student recruitment policy, selection methods and student intake to changing expectations and circumstances, human resource needs, changes in the premedical education system and the requirements of the educational programme;

**9.1.9Q**-adaptation of teaching staff recruitment and development policy according to changing needs;

**9.1.10Q**- updating of educational resources according to changing needs, and he student intake;

**9.1.11Q**-refinement of the process of programme monitoring and evaluation; *and*

**9.1.12Q**-development of the organizational structure and of governance and management to cope with changing circumstances and needs and, over time, accommodating the interests of the different groups of stakeholders.

**Evidences and Documents Required:**

* Document of internal quality assurance system.
* Manual of continuous renewal and implementation plan related to processes of different updating and documented shortcoming aspects corrections.
* Document of the school's continuous renewal balance specified by
* Any other related documents.