**Republic of Yemen**

**Ministry of Higher Education**

**& Scientific Research**

**الجمهورية اليمنية**

**وزارة التعليم العالي والبحث العلمي**



**مجلس الاعتماد الأكاديمي وضمان جودة التعليم العالي**

**Council for Accreditation & Quality Assurance**

**Appendix (1)**

**Self-Assessment Study and External Assessors Reports Preparation**

**GENERAL GUIDELINES**

1. Writing assessment reports in English.
2. Submitting **(5)** copies of each report: (5) e-copies in DVD and other (**5**) print ones.
3. Organizing/showing reports in the order shown in this appendix.
4. Submitting all documents and evidences of self-assessment at the time of submitting the assessment to the council. When the required documents are unavailable, the self-assessment preparation committee is required to write ''unavailable'' in front of the related item.
5. It is possible to add documents/evidences in support of the institution of higher education or other than those mentioned in the self-assessment requirements.

**Note:** After submitting self-assessment reports to the Council for Accreditation and Quality Assurance of Higher Education, related medical schools or assessors shall never take them back again.

**SELF-ASSESSMENT STUDY GUIDELINES**

**Introduction**

Accreditation and quality assurance procedures aim to: ensure that medical schools meet conditions of quality and accreditation standards and develop procedures of self-assessment study at medical schools. Because a self-assessment report at medical schools is a base for external assessment, representatives of administration, students, faculty members, etc. should participate in self-assessment study and focus on:

1. collecting and analyzing data about the medical school.
2. defining strengths, weaknesses, and current problems.
3. defining strategies for reinforcing strengths and solving weaknesses and problems.

**Components of Self-Study Assessment Report**

A medical school must submit its self-assessment study report of (100) pages in maximum supported with an approval document signed by the rector of the related university confirming that he/she knows about writing this report. The report should involve the following:

1. Cover.
2. List of contents.
3. One-page overview on higher education institution and the related medical school supported with statistics.
4. Brief description of self-study preparation (2-3 pages) showing the way different parties (i.e. academic leadership, administrative staff, faculty members, students, graduates) cooperate in the preparation process.
5. General information on the medical school (5 pages): date of establishment to present, main areas of self-study assessment results focusing on school institutional structure, academic programme, and financial resources.
6. The body of report forms the core report. It is composed of (9) parts; each part covers an accreditation standard of medical schools and shows how a medical school achieves it supported with documents and evidences as will be shown in detail later. Each part seeks to *clearly and directly* respond to questions of each item in each standard (indicators) as shown in instructions attached. This *in turn* helps the self-assessment study committee and other sub-committees to be aware of standards, and data gathering, and evidences required to prove the school achievement of each standard. In this relation, all answers must be *listed* after each standard. Moreover, such answers must be based on evidences, related interpretations, references to other parts in the report, and clear links to supporting documents introduced to identify strengths, weaknesses, and strategies for future treatment of each filed.

**7. Conclusion**

It involves an important summary of what is said in all report parts to show:

* + - * school strengths, weaknesses, needs and strategies for development and sustainment.
      * any changes and developments from the previous assessment course, if any.
      * any local, national, and international changes that could create problems for the higher education institution.
      * any other future suggestions.

**8. Appendices**

Appendices involve evident documents classified based on standards.

A medical school must prepare a room for other evidences, *classified based on standards*, that cannot be shown in the report due to their big sizes but they are important for indicating academic accreditation standards achievement. Moreover, the show-room must be prepared with sufficient equipment for the assessment team and equipped with a computer, printer with Net facility.

**MEDICAL SCHOOL GENERAL INFORMATION**

University:

School:

Date of establishment:

Total number of students:

Number of students in every year:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1st Year** | **2nd Year** | **3rd Year** | **4th Year** | **5th Year** | **6th Year** | **7th Year** |
|  |  |  |  |  |  |  |

Number of batches graduated:

Number of faculty members listed according to programme and major:

|  |  |  |  |
| --- | --- | --- | --- |
| **Basic Medical Sciences** | **Behavioral and Social Sciences** | **Clinical Sciences** | **Clinical Training** |
|  |  |  |  |

Address:

Website:

Coordinator name, mobile, email:

**Standard One: Mission and Learning Outcomes**

**1.1 School Mission**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. How is the programme/school mission stated? Please, attach a copy.
2. How does the school make the programme mission known to teaching and administrative staffs, students, health sector, *it serves*, and community as a whole?
3. Which part of the programme mission covers local community and health sector needs?
4. How does the programme mission reflect social accountability, research, society service, and postgraduate students qualification? List mission components that address this point.
5. Which part of the programme mission covers research and global health cases? List mission components that address this point.
6. Does the school dean and other concerned persons participate in stating the programme mission, expected learning outcomes, and programme aims? How?

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Extent** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **1.1.1A** | The school has stated its mission clearly. |  |  |  |  |
| **1.1.2A** | The school has made its mission known to its leadership, academic and administrative staffs, students, beneficiaries, and health sector, it serves. |  |  |  |  |
| **1.1.3A**  **1.1.4A** | In its mission, the school has outlined the aims of its academic programme and educational strategy which leads to qualifying a doctor to be:   * competent at a basic level with emphasis on priority health problems of Yemen. * of basic knowledge and skills that qualify him/her to any future medical job in any branch of medicine. |  |  |  |  |
| **1.1.5A**  **1.1.6A**  **1.1.7A** | * capable of undertaking the roles of doctors as defined by the health sector in Yemen. * able to pursue postgraduate medical education. * committed to life-long learning**.** |  |  |  |  |
| **1.1.8A** | The school has encompassed in its mission the community, health needs, health care delivery system needs, and other aspects of social accountability taking into consid­eration the cultural and social contexts in Yemen. |  |  |  |  |
| **1.1.1Q** | The school encompasses in its mission medical research attainment. |  |  |  |  |
| **1.1.2Q** | The school encompasses in its mission aspects of global health. |  |  |  |  |

**1.2 Institution Autonomy and Academic Freedom**

* **A guiding question to respond to achievement indicators of this sub-standard:**

1. Does the school have written policies to describe employees' roles and ensure freedom of word, research, and publication? Please, attach a copy.

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Extent** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **1.2.1A** | The school is autonomous so as to formulate and implement policies for which its faculty members and administration are responsible, especially in:  - designing the curriculum/programme**.** |  |  |  |  |
| **1.2.2A** | - using the allocated resources necessary for implementation of the curriculum/academic programme**.** |  |  |  |  |
| **1.1.1Q** | The school is autonomous so as to formulate and implement policies for which its faculty members and administration are responsible, especially in:  designing the curriculum/programme.- |  |  |  |  |
| **1.1.2Q** | using the allocated resources necessary for implementation of the curriculum/academic programme |  |  |  |  |

**1.3 Learning Outcomes**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. How are intended learning outcomes developed?
2. How do intended learning outcomes differ from or come in line with NARS?
3. Describe the intended learning outcomes and student general competencies (knowledge, skills, and attitudes) when they graduate. Please, attach a copy of document.
4. How does the school make intended learning outcomes known and accessible to students, health sector, *it serves*, and community as a whole?
5. How areintended learning outcomes linked to current needs of the community where students will work in?
6. What are the intended learning outcomes that cover research and global health cases?

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Extent** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **1.3.1A** | The school has defined the intended learning outcomes that students must exhibit upon graduation in relation to their**:**   * 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 account the socio-cultural norms of Yemen. |  |  |  |  |
| **1.3.7A** | The school has ensured appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives. |  |  |  |  |
| **1.3.8A** | The school has made intended learning outcomes publicly known. |  |  |  |  |
| **1.3.1Q** | The school has specified and co-ordinated linkage of acquired learning outcomes by graduation with acquired outcomes in postgraduate training. |  |  |  |  |
| **1.3.2Q** | The school has specified intended outcomes of student engagement in medical research and its relevance to community health problems in Yemen |  |  |  |  |
| **1.3.3Q** | The school has drawn attention to global health related intended outcomes. |  |  |  |  |

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

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. How does mission ensure participation of 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) in formulating the mission and intended learning outcomes?

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **1.4.1A** | The school has ensured 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. |  |  |  |  |
| **1.4.1Q** | The school has ensured 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 health care delivery systems). |  |  |  |  |

**Standard Two: Academic Programme**

**2.1 Programme Framework**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. What theoretical principles that address formulation of curriculum and instruction methods?
2. How do curriculum and instruction methods stimulate students to be active in learning process?
3. How does school curriculum ensure student:

**a.** motive learning techniques and interactive learning methods?

**b.** participation in special learning process?

**c.** equality principle (i.e. gender, geography, economic level, etc.)?

**d.** preparation for life-long learning?

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **2.1.1A** | The school has defined the curriculum clearly. |  |  |  |  |
| **2.1.2A** | The school has used a curriculum and instructional/learning methods that stimulate, prepared and supported students to participate in their learning process |  |  |  |  |
| **2.1.3A** | The school has ensured that the curriculum is delivered in accordance with principles of equality(i.e. gender, geography, economic level, etc.). |  |  |  |  |
| **2.1.1Q** | The school has ensured that the curriculum prepares the students for life-long learning. |  |  |  |  |

**2.2 Scientific Methods**

* **A guiding question to respond to achievement indicators of this sub-standard**:

1. Which curriculum components cultivate principles of scientific methods and evidence-based medicine in students' minds and qualify them for analytical and critical thinking?

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Extent** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **2.2.1A** | In all programme stages, the school has taught:  - principles and scientific methods including analytical and critical thinking; |  |  |  |  |
| **2.2.2A** | - medical research methods. |  |  |  |  |
| **2.2.3A** | - evidence-based medicine. |  |  |  |  |
| **2.2.1Q** | The school included elements of medical research in curriculum. |  |  |  |  |

**2.3 Basic Scientific Sciences**

* **A guiding question to respond to achievement indicators of this sub-standard:**

**1.** How are medical sciences contributions incorporated in curriculum to create the required basic scientific knowledge with students to attain and apply clinical and medical sciences in line with scientific, technological and clinical development?

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **2.3.1A** | A medical school hasidentified and incorporated the contributions of the medical sciences in the curriculum to create understanding of:  - scientific knowledge, principles, and skills fundamental to acquiring and applying the clinical science. |  |  |  |  |
| **2.3.2A** | - concepts and methods fundamental to acquiring and applying clinical sciences. |  |  |  |  |
| **2.3.1Q** | The school has adjusted and modified the contributions of medical science in line with scientific, technological and clinical development**.** |  |  |  |  |
| **2.3.2Q** | The school has adjusted and modified the contributions of medical science in line with current and anticipated needs of the society and the health care system in Yemen. |  |  |  |  |

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

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. What are the elements of basic biomedical sciences, behavioral and social sciences, medicine ethics, and clinical sciences incorporated in the curriculum?
2. How are behavioral and social sciences such as society medicine, psychology, sociology and medical statistics incorporated in the curriculum?
3. How are the contributions of medical ethics, medical jurisprudence (i.e. laws, decisions and service delivery responsibilities) identified and incorporated in the curriculum?

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **2.4.1A**  **2.4.2A** | In the curriculum, the school hasidentified and incorporated the contributions of the:  - behavioral;  - social sciences such as society medicine, psychology, sociology and medical statistics; |  |  |  |  |
| **2.4.3A 2.4.4A** | **-** medical ethics;  - medical jurisprudence (i.e. laws, decisions and service delivery responsibilities). |  |  |  |  |
| **2.4.1Q** | The school has adjusted and modified the contributions of behavioral and social science, medical ethics, and the legal aspects in line withscientific, technological and clinical developments. |  |  |  |  |
| **2.4.2Q** | The school has adjusted and modified the contributions of behavioral and social science, medical ethics, and the legal aspects in line with current and anticipated needs of the society and the health care system in Yemen. |  |  |  |  |
| **2.4.3Q** | The school has adjusted and modified the contributions of behavioral and social science, medical ethics, and the legal aspects in line with changing demographic and cultural contexts. |  |  |  |  |

**2.5 Clinical Sciences and Skills**

* **Guiding questions to respond to achievement indicators of this sub-standard**:

1. Are clinical sciences contributions identified and incorporated in curriculum to ensure student:
   1. sufficient knowledge and clinical professional skills to assume appropriate responsibility after graduation?
   2. spending of a reasonable part of curriculum in a planned contact with patients concerning health facilities? Explain.
   3. spending of a reasonable part of curriculum in a planned contact with patients concerning clinical settings? Explain.
2. Are clinical sciences contributions identified and incorporated in curriculum to ensure student:
3. reinforcement for experience health promotion and preventive medicine? Explain.
4. specification of time spent in training in major clinical disciplines? Explain.
5. organization of clinical training paying attention to patient safety? Explain.

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **2.5.1A** | The school **has** identified and incorporated the contributions of the clinical sciences to ensure that students:  - 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 |  |  |  |  |
| **2.5.5A** | - organize clinical training with appropriate attention to patient safety. |  |  |  |  |
| **2.5.1Q** | The school **has** adjusted and modified the contributions of the clinical sciences to thescientific, technological and clinical developments. |  |  |  |  |
| **2.5.2Q** | The school has adjusted and modified the contributions of the clinical sciences to the current and anticipated needs of the society and the health care system in Yemen. |  |  |  |  |
| **2.5.3Q** | The school has ensured that every student has early patient contact gradually including participation in patient care. |  |  |  |  |
| **2.5.4Q** | The medical school has structured the different components of clinical skills training according to the stage of the study programme. |  |  |  |  |

**2.6 Programme Structure, Components and Duration**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. How are specification, period and sequence of courses designed to ensure appropriate coordination between basic medical, behavioural, social and clinical sciences**?**
2. What are the policies used to address horizontal and vertical integration of the clinical sciences in programme?

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **2.6.1A** | The school hasdescribed the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic medical, behavioural and social and clinical sciences**.** |  |  |  |  |
| **2.6.1Q** | Concerning curricula, a medical school**has**ensured horizontal integration of associated sciences, disciplines and subjects in relation. |  |  |  |  |
| **2.6.2Q** | The school has ensured vertical integration of the clinical sciences with the basic biomedical and the behavioural and social sciences |  |  | **`** |  |
| **2.6.3Q** | The school has allowed optional (elective) content and define the balance between the core and optional content as part of the educational programme. |  |  |  |  |
| **2.6.4Q-** | The school has described the interface with complementary medicine. |  |  |  |  |

**2.7 Programme Management**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school have a curriculum committee, *under the governance of its deanery*, responsible for planning and implementing curriculum to achieve intended learning outcomes? Mention committee structure.
2. How does the school ensure representation of its academic cadre and students in the curriculum committee?

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **2.7.1A** | The school has a curriculum committee, under the governance of the academic leadership (the dean),responsible for planning and implementing the curriculum to achieve the intended learning outcomes. |  |  |  |  |
| **2.7.2A** | A medical school has ensured representation of the academic cadre and students in the curriculum committee. |  |  |  |  |
| **2.7.1Q** | Through its curriculum committee, the school has planned and implemented innovations in the curriculum. |  |  | **`** |  |

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

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Is there an operational linkage between educational programme and subsequent stages of education or practice after graduation and labor market? Explain.
2. Have you ensured that the curriculum committee intends to seek inputs from environment in which graduates will be expected to work, and adjust the programme accordingly considering both interactions and opinions of stakeholders and community? Mention them**.**
3. What mechanisms followed to get and use comments from local community and community as a whole? What is the result of these comments?

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **2.8.1A** | The school has ensured operational linkage between the educational programme and the subsequent stages of education or practice after graduation and labor market. |  |  |  |  |
| **2.8.1Q** | The school has ensured that the curriculum committee intends to seek inputs from the environment in which graduates will be expected to work, and modifies the programme accordingly (i.e. labor market needs). |  |  |  |  |
| **2.8.2Q** | The medical school has considered programme modification in response to interactions and opinions of the stakeholders and community. |  |  | **`** |  |

**Standard Three: Assessment of Students**

**3.1 Assessment Techniques**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Which unit, office, or administration is responsible for assessment at the school?
2. How does the school ensure validity and reliability of assessment techniques?
3. How do assessment practices come in line with intended learning outcomes and instruction methods?
4. To what extent do all curriculum elements receive an integrative assessment? How?
5. Can assessment techniques help in identifying whether or not intended learning outcomes are achieved? How?
6. How can principles, methods and practices, used for assessing students, be published?
7. How are a wide range of assessments, that cover knowledge, skills and setting pass marks,used?
8. Does the school use a system for student appeal to:
9. assess and document reliability and validity of assessment techniques through a special committee? Mention the mechanism used?
10. Incorporate new assessment methods where appropriate? Provide examples.
11. encourage the use of external examiners? Provide examples.

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **3.1.1A** | The school has defined, stated and published 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** | The school has ensured that assessments cover knowledge, skills and attitudes in accordance with the Yemeni NARS. |  |  |  |  |
| **3.1.3A** | The school has a wide range of assessment techniques and forms as needed. |  |  | **`** |  |
| **3.1.4A** | The school has ensured that the assessments avoid the conflict of interest. |  |  |  |  |
| **3.1.5A** | The school has ensured that the assessments are open to scrutiny by external experts. |  |  |  |  |
| **3.1.6A** | The school has used a system of appeal of assessment results. |  |  |  |  |
| **3.1.1Q** | The school has ensured that the curriculum committee intends to evaluate and document the reliability and validity of assessment methods through committees in relation. |  |  |  |  |
| **3.1.2Q** | The school has incorporated new assessment methods where appropriate |  |  |  |  |
| **3.1.3Q** | The school has encouraged the use of external examiners. |  |  |  |  |

**3.2 Relation between Learning and Assessment**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school ensure timely assessment results and feedback to students? Explain.
2. What are the documents that show timely results announcement mechanism?
3. What mechanism does the school use to provide feedback to students?

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **3.2.1A-** | The school **has** used the principles, techniques, and practice of assessment that:  are clearly compatible with intended learning outcomes and instructional methods. |  |  |  |  |
| **3.2.2A** | The school has ensured that the intended learning outcomes are met by the students. |  |  |  |  |
| **3.2.3A** | The school has promoted student learning. |  |  | **`** |  |
| **3.2.4A** | The school has provided an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress (i.e. students' learning advancement). |  |  |  |  |
| **3.2.1Q** | The school has adjusted the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning. |  |  |  |  |
| **3.2.2Q** | The school has ensured timely, specific, constructive and fair feedback to students on basis of assessment results. |  |  |  |  |

**Standard Four: Students**

**4.1 Admission Policy and Selection**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school state and implement an admission policy based on principles of objectivity, including a clear statement on the way students get selected? Summarize this policy.
2. What are the criteria of student selection? List them.
3. Which office or unit at the school responsible for student admission?
4. What are the admission methods used? List them.
5. How is the school size of student intake defined?
6. Does the school havea policy for disabled student admissionand implement a student transfer policy from other programmes and national and international medical schools? What are these policies?
7. How does the school show the relationship between student admission and selection and its mission, programme, desired qualities of graduates periodical review and assessment of admission policy, and appeal policy for admission decisions? Explain.
8. What are the required documents for registration and admission?

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **4.1.1A** | The school **has** stated and implemented an admission policy based on principles of objectivity, including a clear statement on the process of selection of students. |  |  |  |  |
| **4.1.2A** | The school has a policy, *and gets implemented it*, for disabled students admission. |  |  |  |  |
| **4.1.3A** | The school has a policy, *and gets implemented it*, for student transfer from other national and international medical schools. |  |  | **`** |  |
| **4.1.1Q-** | The school has stated the relationship between selection and the mission of the school, the educational programme and desired qualities of graduates. |  |  |  |  |
| **4.1.2Q** | The school has periodically reviewed and assessed the admission policy. |  |  |  |  |
| **4.1.3Q** | The school has used a system for appeal of admission decisions. |  |  |  |  |

**4.2 Student Intake**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the schooldefine the size of student intake and relate it to its capacity at all stages of programme and departments? Provide examples.
2. Does the school hold workshops in consultation with other stakeholders to periodically review the size of student intake and regulate it, *if needed*, to meet society health needs? Provide examples.
3. Is there any mechanism used for defining the size of student intake? Summarize it.

**Extent of Sub-Standard Indicators Achievement**

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| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **4.2.1A** | The school **has** defined the size of student intake and relate it to its capacity at all stages of the programme and departments. |  |  |  |  |
| **4.2.1Q** | The school has periodically reviewed the size and nature of student intake in consultation with other stakeholders and regulate it to meet the health needs of the society. |  |  |  |  |

**4.3 Student Counseling and Support**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school have an academic counselling system for its students? Comment briefly.
2. Does the l school offer a programme for student support to address their social, financial and personal needs? Comment briefly.
3. Does the school allocate resources for student support such as providing academic counseling, *which is based on monitoring of student progress*, and academic counseling that includes career guidance and planning? Comment briefly.

**Extent of Sub-Standard Indicators Achievement**

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| **No.** | Indicators | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **4.3.1A** | The school has a system for academic counselling of its students. |  |  |  |  |
| **4.3.2A** | The school has offered a programme of student support, addressing social, financial and personal needs. |  |  |  |  |
| **4.3.3A** | The school has allocated resources for student support; |  |  |  |  |
| **4.3.4A** | The school has ensured confidentiality in relation to counseling and support. |  |  |  |  |
| **4.3.1Q** | The school has provided academic counseling that is based on monitoring of student progress. |  |  |  |  |
| **4.3.2Q** | The school has provided academic counseling that includes career guidance and planning. |  |  |  |  |

**4.4 Student Representation**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school have a clear policy on student representation and appropriate participation instating mission, designing, managing, and assessing programme and other matters relevant to students?
2. Does the school use special techniques for promoting and facilitating student activities?Comment briefly.

**Extent of Sub-Standard Indicators Achievement**

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| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **4.4.1A** | The l school has formulated and implemented a policy on student representation and appropriate participation in**:**  **-** stating mission. |  |  |  |  |
| **4.4.2A** | - designing academic programme; |  |  |  |  |
| **4.4.3A** | - managing the programme; |  |  |  |  |
| **4.4.4A** | - evaluating the programme |  |  |  |  |
| **4.4.5A** | - other matters relevant to students. |  |  |  |  |
| **4.4.1Q** | - encourage and facilitate student activities. |  |  |  |  |

**Standard Five: Academic Staff**

**5.1 Recruitment and Selection Policy**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. What policies does the school use to ensure recruitment to be in balance with the required teaching skills to introduce the programme with all its components of basic medical sciences, behavioural and social sciences and clinical sciences?
2. What policy does the school useto ensure that the contributions of faculty members in teaching, research, and service are recognized to be adequately rewarded?
3. What is the proportion of faculty members to students in each curriculum component (i.e. basic medical sciences, behavioural and social sciences, and clinical training)?

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **5.1.1A** | The school **has** formulated and implemented a staff recruitment and selection policy which has:  - outline the type, responsibilities and balance of faculty members 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 faculty members, the balance between full-time and part-time faculty members, 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 faculty members of the basic medical sciences, the behavioural and social sciences and the clinical sciences. |  |  |  |  |
| **5.1.4A** | - have effective selection procedure that is fair, rigorous and transparent to ensure that the best candidates for the job are selected. |  |  |  |  |
| **5.1.1Q** | The school has involved in its policy for staff recruitment and selection the criterion of: its mission, including significant local issues. |  |  |  |  |
| **5.1.2Q** | The school has involved in its policy for staff recruitment and selection the criterion of economic considerations. |  |  |  |  |

**5.2 Activity and Development of Academic Staff**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. What considerations made by the school when stating and implementing the policy of activities and developments of its academic and administrative cadres?
2. What are the implemented professional development programmes for faculty members to enable them to develop their skills and assess their teaching performance?

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Assessment Indicators** | **Degree of IndicatorAvailability** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **5.2.1A** | The medical school **has** formulated and implemented a staff activity and development policy which allow a balance of capacity between teaching, research and society service. |  |  |  |  |
| **5.2.2A** | The school has ensured recognition of meritorious academic activities, with appropriate emphasis on teaching, research and society service. |  |  |  |  |
| **5.2.3A** | The school has ensured that clinical service functions and research are used in teaching and learning. |  |  |  |  |
| **5.2.4A** | The school has ensured sufficient knowledge by individual staff members of the total curriculum. |  |  |  |  |
| **5.2.5A** | The school has included teacher training, development, support and appraisal. |  |  |  |  |
| **5.2.1Q** | The school has ensured teacher-student ratios relevant to the various curricular components. |  |  |  |  |
| **5.2.2Q** | The school has designed and implemented a staff promotion policy. |  |  |  |  |

**Standard Six: Learning Resources**

**6.1 Physical Facilities**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school have sufficient physical facilities for faculty members and students to ensure introducing curriculum adequately?Explain.
2. Does the school ensure a safe learning environment for faculty members, students, and patients with their relatives? Explain.
3. What is the extent of updating and modifying physical facilities to match developments in educational practices?
4. How does the school review the extent of educational resources sufficiency? What is the result of this review?
5. How does the school review the extent of facilities and patients sufficiency for clinical teaching? What is the result of this review?

**Extent of Sub-Standard Indicators Achievement**

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| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **6.1.1A** | The school has sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately. |  |  |  |  |
| **6.1.2A** | The school has ensured a safe learning environment for staff, students, patients and their relatives. |  |  |  |  |
| **6.1.1Q** | The school has improved the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices |  |  |  |  |

**6.2 Clinical Training Resources**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school have sufficient physical facilities for patients (number and categories)?
2. What is the extent of sufficiency and competency of clinical training facilities?
3. What is the extent of commitment to supervision of clinical practice?
4. Does the school assess, adapt and improve facilities for clinical training to meet the needs of population, it serves? Comment briefly.

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **6.2.1A** | The school has ensured necessary resources for giving the students adequate clinical experience, including sufficient:  - number and categories of patients; |  |  |  |  |
| **6.2.2A** | - clinical training facilities; |  |  |  |  |
| **6.2.3A** | - supervision of their clinical practice. |  |  |  |  |
| **6.2.1Q** | The school has assessed, adapted and improved the facilities for clinical training to meet the needs of the population it serves. |  |  |  |  |

**6.3 Information Technology**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school formulate and implement a policy to address effective and ethical use and evaluation of appropriate information and communication technology? Comment briefly.
2. Does the school ensure access to web-­based or other electronic media? Comment briefly.
3. What is the extent of school commitment to enhance independent learning? Explain.
4. Is accessing information easy? Explain.
5. How are patients managed?
6. Does the school work in health care delivery systems? Comment briefly.
7. How does the school optimize student access to relevant patient data and health care information systems?

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **6.3.1A** | The school has formulated and implemented a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology. |  |  |  |  |
| **6.3.2A** | The school has ensured access to web-­based or other electronic media. |  |  |  |  |
| **6.3.1Q** | The school has enabled teachers and students to use existing and exploit appropriate new information and communication technology for:  - independent learning; |  |  |  |  |
| **6.3.2Q** | - accessing information; |  |  |  |  |
| **6.3.3Q** | - managing patients; |  |  |  |  |
| **6.3.4Q** | -working in health care delivery systems; |  |  |  |  |
| **6.3.5Q** | - optimizing student access to relevant patient data and health care information systems. |  |  |  |  |

**6.4 Medical Research**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. How does the school use medical research as a basis for the educational curricula?
2. What policies does the school use and implement to foster the relationship between medical research and education?
3. Does the school specify research facilities and priorities? How?
4. How does the school ensure interaction between medical research and education concerning:

**a.** influences on current teaching?

**b.** encouragement and preparing students to be engaged in medical research and professional development?

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **6.4.1A** | The school has used medical research as a basis for the educational curriculum. |  |  |  |  |
| **6.4.2A** | The school has formulated and implemented a policy that fosters the relationship between medical research and education. |  |  |  |  |
| **6.4.3A** | The school has specified and described the research facilities and priorities at the school. |  |  |  |  |
| **6.4.1Q**- | The school has ensured the interaction between medical research and education concerning influences on current teaching. |  |  |  |  |
| **6.4.2Q** | The chool has ensured the interaction between medical research and education concerning encouragement and preparing students to be engaged in medical research and professional development. |  |  |  |  |

**6.5 Educational Expertise**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Is the school able to access to educational expertise where required? How?
2. Does the school formulate and implement a policy for the use of educational expertise in curriculum development? Explain.
3. Does the school formulate and implement a policy for the use of educational expertise development of teaching and assessment techniques? Comment briefly.
4. Does the school demonstrate evidence of the use of in-house or external educational expertise in staff development? Comment briefly.
5. Does the school pay attention to current expertise in educational assessment and research in the medical education field? Explain.
6. Does the school allow faculty members to pursue educational research interest? Comment briefly.

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Degree of Indicator Availability** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **6.5.1A** | The school has accessed to educational expertise where required (i.e. assuring its need for faculty members). |  |  |  |  |
| **6.5.2A** | The school has formulated and implemented a policy on the use of educational expertise in curriculum development. |  |  |  |  |
| **6.5.3A** | The school has formulated a policy on the use of educational expertise development of teaching and assessment techniques. |  |  |  |  |
| **6.5.1Q** | The medical school has demonstrated evidence of the use of in-house or external educational expertise in staff development. |  |  |  |  |
| **6.5.2Q** | The school has paid attention to current expertise in educational evaluation and in research in the field of medical education. |  |  |  |  |
| **6.5.3Q** | The school has allowed faculty members to pursue educational research interest. |  |  |  |  |

**6.6.Educational Exchange**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school implement a policy for joint national and international collaboration with other educational institutions, including staff and student mobility? Comment briefly.
2. Does the school formulate and implement a policy for educational credits transfer with other educational institutions? Explain.
3. Does the school facilitate regional and international exchange of staff and students by providing appropriate resource? Comment briefly.
4. Does the school organize the exchange purposefully, taking into account the needs of faculty members and students, and respecting ethical principles? Comment briefly.
5. **Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **6.6.1A** | The school has formulated a policy for joint national and international collaboration with other educational institutions, including staff and student mobility. |  |  |  |  |
| **6.6.2A** | The school has formulated a policy for educational credits transfer with other educational institutions. |  |  |  |  |
| **6.6.1Q** | The school has facilitated regional and international exchange of staff and students by providing appropriate resources. |  |  |  |  |
| **6.6.2Q** | The school has organized the exchange purposefully organized, taking into account the needs of staff and students, and respecting ethical principles. |  |  |  |  |

**Standard Seven: Programme Evaluation**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. How does the school assess its programme?
2. Does the school have a plan of routine curriculum monitoring of processes and outcomes? Comment briefly.
3. How does the school involve principle stakeholders in programme assessment?
4. Does the school establish and apply a mechanism for programme assessment that addresses curriculum and its main components? Explain.
5. Does the school establish and apply a mechanism for programme assessment that addresses student progress measurement? Comment briefly.
6. Does the school establish and apply a mechanism for programme assessment that identifies and addresses concerns? Comment briefly.
7. Does the school use the assessment results to develop the curriculum? Explain.
8. Does the school periodically assess programme by comprehensively addressing:

a. learning process context? Comment briefly.

b. curriculum components? Comment briefly.

c. long-term acquired outcomes? Comment briefly.

**d.** social accountability Comment briefly.

**Extent of Sub-Standard Indicators Achievement**

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| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **7.1.1A** | The school has a plan of routine curriculum monitoring of processes and outcomes. |  |  |  |  |
| **7.1.2A** | The school has established and applied a mechanism for programme evaluation that addresses the curriculum and its main components. |  |  |  |  |
| **7.1.3A** | The school has established and applied a mechanism for programme evaluation that addresses student progress measurement. |  |  |  |  |
| **7.1.4A** | The school has established and applied a mechanism for programme evaluation that identifies and addresses concerns. |  |  |  |  |
| **7.1.5A** | The school has ensured that the results of evaluation develop the curriculum. |  |  |  |  |
| **7.1.1Q** | The school has periodically assessed the programme by comprehensively addressing the context of the educational process. |  |  |  |  |
| **7.1.2Q** | The school has periodically assessed the programme by comprehensively addressing the components of the curriculum. |  |  |  |  |
| **7.1.3Q** | The school has periodically assessed the programme by comprehensively addressing the long-term acquired outcomes. |  |  |  |  |
| **7.1.4Q** | The l school has periodically asessed the programme by comprehensively addressing its social accountability. |  |  |  |  |

**7.2 Teacher and Student Feedback**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school systematically seek, analyse and respond to teacher and student feedback? Explain.
2. Does the medical school use feedback results for programme development? Comment briefly.

**Extent of Sub-Standard Indicators Achievement**

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| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **7.2.1A** | The school has systematically sought, analysed and responded to teacher and student feedback. |  |  |  |  |
| **7.2.1Q** | The school has used feedback results for programme development. |  |  |  |  |

**7.3Performance of Students and Graduates**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school analyse the performance of cohorts of students and graduates in relation to:

a. mission and intended learning outcomes? Comment briefly.

b curriculum? Comment briefly.

c. resources provision? Comment briefly.

2. Does the schoolanalyse the performance of cohorts of students and graduates in relation to:

a. student background and conditions? Comment briefly.

b. student entrance qualifications? Comment briefly.

3. Does the school use the analysis of student performance to provide feedback to the committees responsible for:

a. student selection? Comment briefly.

b. curriculum planning? Comment briefly.

c. student counselling? Comment briefly**.**

**Extent of Sub-Standard Indicators Achievement**

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| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **7.3.1A** | The school has analysed the performance of cohorts of students and graduates in relation to mission and intended learning outcomes. |  |  |  |  |
| **7.3.2A** | The school has analysed the performance of cohorts of students and graduates in relation to curriculum. |  |  |  |  |
| **7.3.3A** | The school has analysed the performance of cohorts of students and graduates in relation to provision of resources. |  |  |  |  |
| **7.3.1Q** | The school has analysed the performance of cohorts of students and graduates in relation to student background and conditions. |  |  |  |  |
| **7.3.2Q** | The school has analysed the performance of cohorts of students and graduates in relation to student entrance qualifications. |  |  |  |  |
| **7.3.3Q** | The school has used the analysis of student performance to provide feedback to the committees responsible for student selection. |  |  |  |  |
| **7.3.4Q** | The school has used the analysis of student performance to provide feedback to the committees responsible for curriculum planning. |  |  |  |  |
| **7.3.5Q** | The school has used the analysis of student performance to provide feedback to the committees responsible for student counselling |  |  |  |  |

**7.4 Involvement of Stakeholders**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the schoolinvolve its principal stakeholders in programme activities, monitor, and assessment? Explain.
2. Does the schoolallow other stakeholders to access to results of courses and programme assessment? Explain.
3. Does the schoolseek to get feedback from other stakeholders about the performance of graduates? Explain.
4. Does the schoolseek to get feedback from other stakeholders about curriculum? Explain.

**Extent of Sub-Standard Indicators Achievement**

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| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **7.4.1A** | The school involved/shared its principal stakeholders in the activities of the programme, monitoring it, and assessing it. |  |  |  |  |
| **7.4.1Q** | The school has allowed the other stakeholders to access to results of course and programme evaluation; |  |  |  |  |
| **7.4.2Q** | The school has sought their feedback on the performance of graduates. |  |  |  |  |
| **7.4.3Q** | The school has sought their feedback on the curriculum. |  |  |  |  |

# Standard Eight: Administration and Governance

**8.1. Governance**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. How is the school governance structure described?
2. Does the school define its functions including their relationships within the university? Explain.
3. Does the school define in its governance structures:

a. committees, *including committee of curriculum*, that reflect principal stakeholders representation?

b. committees, *including committee of curriculum*, that reflect other stakeholders representation ?

1. How does the school ensure its governance and decisions transparency?

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **8.1.1A** | The has defined its governance structures and functions including their relationships within the university |  |  |  |  |
| **8.1.1Q** | The school has set out committees, including committee of curriculum, and reflect representation from the principal stakeholders. |  |  |  |  |
| **8.1.2Q** | The school has set out committees, including committee of curriculum, and reflect representation for other stakeholders. |  |  |  |  |
| **8.1.3Q** | The school has ensured transparency of its governance and decisions. |  |  |  |  |

**8.2. Academic Leadership**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school have a clear line of responsibility and authority for resourcing curriculum, including a dedicated educational budget? Mention it.
2. Does the school allocate necessary resources for implementing curriculum and distributing educational resources as educationally needed? What are they?
3. Does the school enjoy autonomy to direct resources, including faculty members remuneration, in an appropriate manner in order to achieve its intended learning outcomes? Explain.
4. Does the school take into account the medical sciences developments and of society health needs when distributing the resources? Explain.

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **IndicatorAvailability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **8.2.1A** | The school has described the responsibilities of its academic leadership for definition and management of the medical educational programme. |  |  |  |  |
| **8.2.1Q** | The school has periodically assessed its academic leadership in relation to achievement of its mission and intended learning outcomes. |  |  |  |  |

**8.3. Educational Budget and Resource Allocation**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school have a detailed balance? Explain.
2. Does the school enjoy autonomy to direct resources, giving priority to educational needs, considering medical sciences developments and society health needs? Explain.
3. Does the school have a financial system, clear documentary course, and a fair transparent remuneration system to define needs and achieve intended learning outcomes? Explain.

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **8.3.1A** | The school has a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget. |  |  |  |  |
| **8.3.2A** | The school has allocated the necessary resources for implementing the curriculum and distributing the educational resources as educationally needs. |  |  |  |  |
| **8.3.1Q** | The school has autonomy to direct resources, including faculty members remuneration, in an appropriate manner in order to achieve its intended learning outcomes. |  |  |  |  |
| **8.3.2Q** | The school has taken into account the developments in medical sciences and the health needs of the society when distributing the resources. |  |  |  |  |

**8.4. Administration and Organization**

* **Guiding questions to respond to achievement indicators of this sub-standard**:

1. Does the school have an appropriate administrative and professional/technical staff to support the implementation of its programme and activities in relation to ensure good management and resources deployment ? Explain.
2. Does the school formulate and implement an internal programme for quality assurance of management including a regular review? Explain.

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **8.4.1A** | The school has an appropriate administrative and professional/technical staff to support the implementation of its educational programme and activities in relation. |  |  |  |  |
| **8.4.2A** | The school has ensured good management and resources deployment |  |  |  |  |
| **8.4.1Q** | The school has formulated and implemented an internal programme for quality assurance of the management including a regular review. |  |  |  |  |

**8.5. Constructive Interaction with Health Sector**

* **Guiding questions to respond to achievement indicators of this sub-standard:**

1. Does the school havea constructive collaborations with health sector and related health sectors of society and government? What are they?
2. Does the school formalize its collaboration, including engagement of faculty members and students, with partners in the health sector? Explain.

**Extent of Sub-Standard Indicators Achievement**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Assessment Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **8.5.1A** | The school has a constructive collaboration with the health sector and the related health sectors of society and government. |  |  |  |  |
| **8.5.1Q** | The school has formalized its collaboration, including engagement of staff and students, with partners in the health sector. |  |  |  |  |

# Standard Nine: Continuous Renewal

**9.1 Continuous Renewal**

* **Guiding questions to respond to achievement indicators of this sub-standard**:

1. Does the school initiate procedures for regularly reviewing and updating the process, structure, content, intended learning outcomes, assessment techniques, and learning environment of the programme? Explain.
2. How does the school analyse the performance of cohorts of students and graduates? What is the result of this analysis in relation to mission and intended results?
3. Does the school rectify documented deficiencies? Explain.
4. Does the school allocate resources for continuous renewal? Explain.
5. Does the school renew prospective studies and analyses, local assessment results and medical education literature? Explain.
6. Does the school ensure renewing, restructuring, reviewing its policies and practices in accordance with past experience, current activities and future perspectives? Explain.
7. Does the school adapt its mission with scientific, socio-economic and cultural developments of society? How?
8. Does the school adjust intended learning outcomes of graduates in accordance with documented environment needs, including adjustments in clinical skills, public health training and patient care involvement in accordance with responsibilities encountered upon graduation? Explain.
9. Does the school adapt curriculum model and instructional methods to be appropriate and relevant? How?
10. Does the school adjust curricular elements and their relationships to cope with developments in basic biomedical, clinical, behavioural and social sciences, changes in demographic profile and health/disease pattern of population, and socioeconomic and cultural conditions ensuring involvement of new relevant knowledge, concepts and methods and discarding of out-dated ones? Explain.
11. Does the school develop assessment principles, and number and techniques of examinations in accordance with changes in intended learning outcomes and instructional methods? Explain.
12. Does the school adapt student admission policy, selection methods and student intake in accordance with changes, expectations, circumstances, needs, changes in premedical education system, and educational programme requirements? Explain.
13. Does the school adapt faculty members recruitment and development policy in accordance with changing needs? Explain.
14. Does the school update educational resources in accordance with changing needs, and student intake? Explain.
15. Does the school refine programme monitoring and assessment? How?
16. Does the school develop its organizational structure, governance, and management to cope with changing circumstances, needs, and stakeholders 'interests accommodation over time? How?

**Extent of Sub-Standard Indicators Achievement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Indicators** | **Indicator Availability Degree** | | | |
| **Available** | **Partially Available** | **Unavailable** | **Notes** |
| **9.1.1A** | As a socially accountable institution, the school has initiated procedures for regularly reviewing and updating the process, structure, content, intended learning outcomes, assessment techniques, and learning environment of the programme. |  |  |  |  |
| **9.1.2A** | The school has rectified documented deficiencies. |  |  |  |  |
| **9.1.3A** | The school has allocated resources for continuous renewal. |  |  |  |  |
| **9.1.1Q** | The school has adopted the process of renewal on prospective studies and analyses based on results of local assessment and the medical education literature; |  |  |  |  |
| **9.1.2Q** | The school has ensured that the process of renewal and restructuring has led to the revision of its policies and practices in accordance with past experience, current activities and future perspectives. |  |  |  |  |
| **9.1.3Q** | The school has adapted its mission statement to the scientific, socio-economic and cultural development of the society. |  |  |  |  |
| **9.1.4Q** | The school has adjusted intended learning outcomes of the graduating students in accordance with documented needs of the environment they enter. The adjustment has included clinical skills, public health training and involvement in patient care appropriate to responsibilities encountered upon graduation. |  |  |  |  |
| **9.1.5Q** | The school has adapted the curriculum model and instructional methods to ensure that these have been appropriate and relevant. |  |  |  |  |
| **9.1.6Q** | The school has adjusted curricular elements and their relationships in keeping with developments in 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 has ensured that new relevant knowledge, concepts and methods have been included and out-dated ones discarded; |  |  |  |  |
| **9.1.7Q** | The school has developed assessment principles, and methods and number of examinations according to changes in intended learning outcomes and instructional methods. |  |  |  |  |
| **9.1.8Q** | The school has adapted 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** | The school has adapted faculty members recruitment and development policy according to changing needs. |  |  |  |  |
| **9.1.10Q** | The school has updated educational resources according to changing needs, and he student intake; |  |  |  |  |
| **9.1.11Q** | The school has refined the process of programme monitoring and assessment. |  |  |  |  |
| **9.1.12Q** | The school has developed 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. |  |  |  |  |