



«АККРЕДИТТЕУ ЖӘНЕ РЕЙТИНГТИҢ
ТӘУЕЛСІЗ АГЕНТТІГІ» КЕМ

НУ «НЕЗАВИСИМОЕ АГЕНТСТВО
АККРЕДИТАЦИИ И РЕЙТИНГА»

INDEPENDENT AGENCY FOR
ACCREDITATION AND RATING

REPORT

on the results of the external expert commission work for the evaluation
educational program 222 MEDICINE
(second (master's) level of higher education))
for compliance with the criteria of standards
international primary program accreditation
Dnipro State Medical University
from April 4 to April 6, 2023

**INDEPENDENT AGENCY FOR ACCREDITATION AND RAITING
EXTERNAL EXPERT COMISSION**

ADDRESSED TO
HAAP ACCREDITATION BOARD



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ТӘУЕЛСІЗ АГЕНТТІГІ» КЕМ**

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DNIPRO

April 6,2023

(I) LIST OF SYMBOLS AND ABBREVIATIONS

USQE – United State Qualification Exam
LU –Law of Ukraine
CMU – Cabinet of Ministers of Ukraine
MH, MHU –Ministry of Health of Ukraine
MESU-Ministry of Education and Science
MEI – medical education institution / medical education institutions
IAAR – Independent Agency for Accreditation and Rating
NQF – National Qualification Framework
EP – educational program
OSCE – Objective Structural Clinical Examination
SPW – scientific and pedagogical workers
WFME/AMSE – World Federation for Medical Education / Association of Medical Schools in Europe
DSMU- Dnipro State Medical University
EEC – external expert commission
TBL - Team-based learning
PBL - Problem-based learning
CBL - Case-based learning
MCQ - Multiple Choice Questions
TC – Test Centre
SE – State Enterprise
VRU – Verkhovna Rada of Ukraine
NAMSU – National Academy of Medical Science of Ukraine

(II) INTRODUCTION

In accordance with Order No. 41-23-OD dated February 24, 2023 of the Independent Agency for Accreditation and Rating (hereinafter referred to as IAAR), from April 4 to April 6, 2023, an external expert commission (EEC) carried out program accreditation of the educational program 222 "Medicine" (second (master's) level of higher education)) at the Dnipro State Medical University (DSMU).

The report of the external expert commission (EEC) contains an assessment of the compliance of educational program 222 "Medicine" with the criteria for international accreditation of IAAR master's programs, recommendations of the EEC for further improvement of the parameters of the specialized profile of the specified educational program.

Chairman of the EEC, IAAR expert - Tulupova Elena Sergeevna, Ph.D, Institute of Public Health and Medical Law, 1st Faculty of Medicine, Charles University (Czech Republic, Prague);

Expert IAAR - Kurmanova Gaukhar Medeubaevna Doctor of Medical Sciences, Professor, Kazakh National University. Al-Farabi (Republic of Kazakhstan, Almaty);

Employer of the EEC, IAAR expert - Yulia Bogdanovna Zayats, KP "Poltava Regional Clinical Medical Cardiovascular Center of the Poltava Regional Council" (Ukraine, Poltava);

EEC student, IAAR expert – Levit Sofia Viktorovna, 3rd year student, 2nd year student of the Medical Faculty of the Kharkov National Medical University (Ukraine, Kharkov)

IAAR coordinator – Dzhakenova Alisa Satbekovna, PhD, Head of Medical Projects of the Agency (Republic of Kazakhstan, Astana).

(III) REPRESENTATION OF EDUCATIONAL ORGANIZATION

Dnipro State Medical University (DSMU) began its activity in 1916 as the higher women's medical courses at the Mining Institute, currently it is called "Dnipro State Medical University" (Order of the Ministry of Health of Ukraine dated March 16, 2021 No 473). The governing body of the DSMU is the Ministry of Health (MH) of Ukraine. In its educational, scientific, innovative and international activities, the university is subordinate to the Ministry of Health and the Ministry of Education and Science of Ukraine. DSMU received a perpetual license to carry out educational activities in the field of higher education (order of the Ministry of Education and Science of Ukraine dated April 12, 2021 No. 42-1).

To date, DSMU provides training in 10 accredited programs, including 1 - Bachelor's degree ("Physical Therapy, Occupational Therapy"), 3 - Master's degree ("Dentistry", "Medicine", "Pharmacy, Industrial Pharmacy"), 6 – Doctor of Philosophy ("Biology", "Dentistry", "Medicine", "Physical Therapy, Occupational Therapy", "Public Health", "Pediatrics"). DSMU also provides professional training at the level of primary postgraduate specialization (internship) in 22 specialties and postgraduate education for continuous professional development of doctors.

The educational and scientific structure of DSMU includes five faculties (medical, faculty of medicine and pharmacy, international, dental, faculty of postgraduate education), a research institute for medical and biological problems, a psychophysiological research laboratory, a morphological laboratory and an electron microscopy laboratory, a vivarium, a technology center, a library, a polyclinic, a diagnostic center, a medical academy clinic, an educational and clinical center for dentistry, a training center for simulation medicine, etc.

The teaching staff (SPW) of DSMU includes 112 Doctors of Science and 350 Candidates of Science, which is 80% of the total number of scientific and pedagogical workers (SPW); persons with the academic title of professor - 97, the academic title of associate professor - 189.

DSMU publishes specialized journals: "Dermatovenereology. Cosmetology. Sexopathology", "Medical Perspectives", "Urology", "Child Health. Child's Health", are included in international scientometric and specialized databases, and the electronic scientific journal "Morphology".

According to the U-Multirank rating for 2021, DSMU entered the TOP-25 universities in the world in terms of "Innovative forms of assessment" in medicine.

(IV) DESCRIPTION OF THE EEC VISIT

The work of the EEC was carried out on the basis of the Visit Program of the expert commission for international program accreditation of the DSMU, from April 4 to April 6, 2023 in an online format.

In order to coordinate the work of the EEC on 03.04.2023. an introductory meeting was held, during which powers were distributed among the members of the commission, the schedule of the visit was specified, and agreement was reached on the choice of examination methods.

In order to obtain objective information on evaluating the activities of the university, the EEC members used such methods as visual inspection in the video stream format, interviewing employees of various structural units, teachers, students, graduates and employers, questioning the teaching staff, students.

Meetings of the EEC with the target groups were held in accordance with the revised program of the visit, in compliance with the established time period. On the part of the University staff, the presence of all persons indicated in the visit program was ensured.

In accordance with the requirements of the standards, in order to obtain objective information about the quality of the educational program for the organization of education, the development of the university and the entire infrastructure of the DSMU, to clarify the content of the self-assessment report, the following meetings were held: with the rector, vice-rectors, deans, heads of departments, with teaching staff, students, graduates, employers. A total of 121 people took part in the meetings (Table 1).

Table 1 - Information about the number and categories of meeting participants

Participant category	Quantity
Rector	1
Vice Rectors	4
Deans	3
Heads of structural divisions	14
Heads of departments	16
Department teachers	21
Students	36
Graduates	16
Employers	10
Total	121

During a visual inspection of the university (via video conferencing via the ZOOM platform), the EIE visited the building of social sciences, the morphological building, the sports and recreation complex, the university museum, the departments of the morphological building, the sanitary and hygienic building, lecture audiences, the language training, educational morphological laboratory, computer classes, dormitories, administrative building, library, places for students to relax.

On the second day of work (via video conferencing via the ZOOM platform), the EEC visited the clinical bases: the University Clinic, ME "Mechnikov Dnipropetrovsk Regional Clinical Hospital" DRC, MNPE "City Clinical Hospital No. 6" DCC", MNPE "City Clinical Hospital No. 4" DCC", Clinic "Garvis", MNPE "City Clinical Hospital No. 9" DCC", MNPE "Clinical hospital of emergency medical care" DCC".

An anonymous online survey of students (102 people) and teachers (55 people) was conducted to analyze satisfaction with working conditions and education within the walls of the DSMU.

(V) DESCRIPTION OF THE PREVIOUS ACCREDITATION PROCEDURE

Previously, the main educational program "Medicine" of specialty 222 "Medicine" of the Dnipro State Medical University was not accredited by IAAR.

(VI) COMPLIANCE WITH PRIMARY PROGRAM ACCREDITATION STANDARDS

6.1 Standard 1. "Mission and final outcomes"

Evidence

The mission of the university is "to provide high-quality training of highly qualified, competitive human capital; development of fundamental and applied science; maintaining the role of the university as an authoritative research, practice-oriented, innovative educational platform for healthcare professionals; the formation of educated, socially conscious individuals whose activities are aimed at the sustainable development of the country and meeting the needs of society.

The mission of the Educational Program in Medicine is “aimed at preparing a qualified, competitive specialist in the national and international labor markets, able to solve complex specialized tasks in professional activities, carry out research in the field of medicine, to form an educated personality” is formulated quite clearly and clearly, aimed at training a specialist and contains the preparation strategy.

EP goals:

- ensuring compliance of learning outcomes with higher education standards;
- introduction of the principles of practice-oriented learning through the widespread use of simulation and clinical training techniques for practical skills;
- integration into the international scientific and educational space;
- ensuring that the content of training meets the needs of the labor market, the prospects for the development of the medical field;
- formation of the content of education based on modern applied research and achievements in professional activities based on evidence-based medicine;
- creation of conditions for self-realization of the personality;
- the formation of a conscious attitude and responsibility for the results of their activities, the ability to think freely and organize themselves in uncertain conditions"

The goals of the EP contain not only the main task aimed at the formation of key competencies, including personal development; as well as for the purpose, a strategy for teaching a specialty and systematic practice are traced.

The requirements of the educational program provide for a two-stage system of doctor training, when in order to be admitted to independent medical practice, the student must complete (obtain a primary specialization) internship and / or residency. Another possibility is to obtain the necessary qualifications through the institute of postgraduate education for the continuous professional development of doctors.

All interested parties are actively involved in the development of the mission, goals and vision for the development of the Educational Program. To implement the process of developing and revising the EP, there are several approaches: the developers of the EP are the faculty of the DSMU and students. In particular, there is a 6th year student in the specialty Medicine Greben M.S. in the OP team of authors.

EP goes through the peer review process. Employers involved as reviewers: Bereznitsky V. Ya. - General Director of the medical center "Garvis"; Vlasov O. O. General Director of ME “Regional Medical Center of Family Health” DRC”; Dityatkovska E. M. - Doctor of Medical Sciences, Professor, Head of the Permanent Commission on Health and Social Protection of the Population of the Dnipro City Council.

Each educational program has a program guarantor who acts as a coordinator of all development and implementation processes, as well as evaluation of the EP. Razumny Roman Valerievich, Dean of the International Faculty, is the guarantor of the EP "Medicine". In addition to the reviews received during the development and approval of EPP, the guarantor or the administration of the DSMU may initiate the issue of its review during implementation. In particular, in 2023, the EP “Medicine” received a review from a professor at the University of Palacký Olomouc (Czech Republic), which was posted in the same heading on the web page of the EP “Medicine”.

The EP undergoes a broad and comprehensive discussion at the collegiate bodies - the central methodological council, the academic councils of the faculties - medical, the faculty of medicine and pharmacy and international, and the academic council of the university.

In relation to foreign students: students can realize individual educational needs by forming an individual educational trajectory (choosing elective courses, using the right to national and international mobility, participating in research activities, taking into account educational

interests). Foreign students have the opportunity to take part in improving the content of the EP and educational components.

Analytical part

All stakeholders are involved in the formation and formulation of the mission, goals and learning outcomes, in their revision and improvement - from academic experts, employers - healthcare practitioners, leading scientists and students themselves, to foreign academic partners.

Learning outcomes are formulated in accordance with the standards WFME (World Federation of Medical Education) - Global Standards for Quality Improvement in Medical Education.

The mission and vision statement of the university, the EP curriculum itself, are available to potential consumers through the university's website in Ukrainian and English.

The University maintains and strengthens the tradition of a high-quality academic approach to medical education, maintains and develops a strong faculty.

The involvement of stakeholders at all phases in the process of EP creating and the formation of the mission was quite intense both on a formal and informal basis, which is also confirmed by the results of meetings with employers and representatives of clinical sites, as well as with students and graduates. It is worth noting the high activity and involvement of students in all the processes of implementing the EP; at a meeting with graduates, the commission noted a complete understanding and interest in EP improving.

Strengths/best practice:

No strengths were identified for this standard.

EIE recommendations

There are no recommendations for this standard.

Conclusions of the EEC according to the criteria:

strong positions - 0,

satisfactory - 23,

suggest improvements -0,

unsatisfactory - 0.

6.2 Standard "Educational program"

Evidence

The curriculum of the EP is quite traditional, according to the current regulatory documents: the first three years are devoted to fundamental disciplines with linear training, the next 2 years are clerkship in clinical disciplines with clinical rotations in clinics, the 6th year is a subordination in the main clinical areas (therapy, pediatrics, surgery, obstetrics and gynecology). A large number of electives allows you to create individual educational trajectories with a choice of disciplines within the framework of future professional activities in the areas of "General Practice - Family Medicine", "Internal Medicine", "Surgery", "Obstetrics and Gynecology".

Developing the curriculum, the EP authors focused specifically on achieving learning outcomes and stimulating the students themselves with an approach to learning with a holistic view of a person as an object of medical research. EP reflects in a balanced proportion the fundamental and clinical disciplines, as well as the social aspects of medicine. Fundamentals of legal knowledge appear among the elective disciplines. Among the electives there are many disciplines in language (communication skills), moral and ethical issues, religious studies and Christian ethics, as well as a healthy lifestyle.

The curriculum traces the introduction of students to the clinic from the 3rd year of study. During teaching students in clinical facilities, the rules of a safe learning environment are being observed for both patients and students: rotations in order not to overload clinics with students, small groups ("dozens"), compliance with the rules for obtaining informed consent from the

patient for examination or performance of procedures by the student and so on. Simulation training is actively used.

In addition to the main simulation center, many clinical departments are equipped with thematic medical simulators for practicing skills (for cardiopulmonary resuscitation at the Department of Anesthesiology and Resuscitation, a birthing simulator at the Department of Obstetrics and Gynecology).

EP is built on the principle of formal horizontal integration between fundamental disciplines (due to the linear curriculum) and vertical spiral integration of clinical disciplines starting from the 4th year of study. The list of disciplines in the curriculum is traditional and standard. EP provides for a sufficient number of practices - educational and industrial. The practical component of EP takes place in healthcare facilities of various profiles and levels of medical care.

The curriculum includes lectures and practical exercises/seminars. Quite a large elective component - in each course from 9 to 26 credits of elective disciplines.

The university is actively implementing distance learning technologies and simulation training for basic manipulations.

Teaching methods are quite traditional, a lot of attention is paid to the independent work of students, writing their essays, and completing mini-projects.

A lot of attention is paid to the development of practical skills. At a meeting with the students, it was noted that in the senior years, training in special communication skills was established, for example, "message of bad news", with the development of communication techniques with the patient. Unfortunately, such skills do not have a well-defined system for evaluating their assimilation.

The main scientific areas that are being developed at DSMU are cardiovascular diseases, traumatology and orthopedics, urology, oncology, pediatric surgery, obstetrics and gynecology, pediatrics, surgery, hygiene and ecology, skin and venereal diseases, psychiatry, social medicine, organization and health care management, nervous diseases. Students are quite actively involved in scientific work in specialty circles (Departments of Pharmacology and Clinical Pharmacology, Departments of Biochemistry and Medicinal Chemistry, Departments of Occupational Diseases and Clinical Immunology, Departments of Internal Medicine 1).

Writing publications, participating in scientific conferences, olympiads as part of research work, in particular, together with students, is a component of the educational process. A summary of the results of scientific research is published on the DSMU website. Over the past five years, 115 students have become winners of student scientific events, 15 of them are winners of the II stage of the All-Ukrainian subject Olympiads among higher educational institutions, 24 are winners of the All-Ukrainian competition of student scientific works.

The results of scientific research, clinical, scientific and practical developments are introduced into the educational process for EPP "Medicine". As an example, based on the defense of the dissertation, Ph.D. Yu. Byts (Genetic aspects of cataract development: the influence of allelic polymorphism of crystallin and proteasome genes) in the practical lesson "Uveitis. Cataracts" includes the questions "Genetic aspects of the development of cataracts" (discussed and approved at a meeting of the Department of Neurology and Ophthalmology, protocol dated March 15, 2019 No. 15.).

At the Department of Internal Medicine 1 in the discipline "Internal Medicine" in 2021-2022 academic year. in a lecture on the topic "Broncho-obstructive pathology: chronic obstructive pulmonary disease and bronchial asthma" the issues of new international recommendations (GINA-2020) for the management of patients with bronchial asthma were implemented (based on the report of Academician of the National Academy of Medical Sciences of Ukraine, Prof. T.

Pertseva "Modern view on bronchial asthma: in the focus of recommendations 2020" at the scientific and practical conference with international participation "Respiratory readings 2021", Dnipro, 2021 (minutes of the meeting of the department No. 1 dated 08/31/2021);

in 2022–2023 educational year in a practical lesson on the topic "Pneumonia: etiology, pathogenesis, pathomorphology, classification, clinic, diagnosis" the issues of new approaches to the management of patients with bacterial pneumonia against the background of coronavirus disease (COVID-19) were implemented (based on the report. E. Mironenko COVID -19 and bacterial co-infections: approaches to patient management at the scientific and practical conference COVID-school 2022, Dnipro, 2022 (protocol of department No. 1 meeting dated 08/31/2022).

The results of scientific research, designed in the form of scientific and educational literature of scientific and pedagogical workers, are introduced into the educational process as recommended literature in the programs of academic disciplines. For example, the results of the NTP "Surgical treatment of malformations and acquired diseases of the abdominal and thoracic organs" (2019–2024) by the Department of Pediatric Surgery, Orthopedics and Traumatology were also published in the textbooks Pediatric Surgery: textbook / V.A. Dihtiar, V.I. Sushko, D.Yu Kryvchenia et al.; edited by V.A. Dihtiar, V.I. Sushko, D.Yu Kryvchenia. - Kyiv: AUS Medicine Publishing, 2019. - 368 p. + 14p. color insert. ISBN 978-617-505-752-0 and Surgery. handbook. Under ed. of professor Oleksandr. B. Kutovyi, Dnipro, 2019, 180 p. These textbooks are included in the list of recommended literature in the program of the academic discipline "Pediatric Surgery".

STP "Improvement of personalized methods of systemic treatment of malignant tumors, taking into account their clinical and molecular genetic characteristics" (2017-2022) by the Department of Oncology and Medical Radiology is reflected in the NTP textbook "Improvement of personalized methods of systemic treatment of malignant tumors, taking into account their clinical and molecular genetic characteristics" (2017-2022) by the Department of Oncology and Medical Radiology is reflected in the textbook M. Bondarenko, A. V. Prokhach et al. - Lviv: Vidavets Marchenko T.V., 2021. - 480 p.; included in the list of recommended literature in the program of the academic discipline "Oncology and Radiation Medicine".

STP "Development of strategies for intensive and restorative treatment of children of all ages with somatic and neurological pathology" (2017-2021) by the Department of Pediatrics 3 and Neonatology is reflected in Emergency conditions in pediatrics / Yu.K. Bolbot and others - CMC SI"DMA" 2018. -82 p. Selected lectures on Pediatrics: for the 6-th year education foreign students / U.K. Bolbot, and E.A. Tolstikova, R.V. Kovtunencko, S.V. Alifanova, T.A. Bordii. - Dnipro, 2018. - 150 p. "SELECTED LECTURES ON PEDIATRICS" // U.K. Bolbot, E.A. Tolstikova are included in the list of recommended literature in the program of the academic discipline "Pediatrics".

DSMU has a system of rewards for students who take part in research work. In particular, in accordance with the [Regulations on the procedure for the formation of the rating of student performance for the appointment of an academic scholarship](#) the performance rating is determined on the basis of the results of a semester control from academic disciplines, taking into account participation in scientific activities (additional points are assigned).

When entering postgraduate studies for education at the third (educational-scientific) level, priority is given to applicants who have scientific publications that participated in olympiads, competitions, conferences.

Analytical part

The curriculum of the EP is very well thought out and is an example of horizontal and vertical integration. A large number of electives allows you to flexibly form individual educational trajectories for students.

However, the curriculum contains a small number of disciplines aimed at the formation of research competence: issues of organization and conduct of scientific research, issues of bioethics, evidence-based medicine, methods of statistical processing of biomedical data.

Also, in the educational program, little attention is paid to the formation of legal competence both in relation to the legal ethics of scientific research and issues of patient safety and observance of their rights. There are elements of training in medical law (Discipline (“Forensic Medicine. Medical Law of Ukraine”)), but these aspects are not reflected in the teaching strategy and assessment system in junior courses (before entering the clinic).

The university does not apply successfully tested and recommended methods of an effective educational strategy based on modern theories of adult learning: student-centered, patient-centered, using methods, forms of education with the active involvement of students in the learning process. As a result of a survey of teaching staff and students, as well as an analysis of the documents provided, an incomplete understanding of the essence and format of active learning methods (Team-based learning (TBL), Problem-based learning (PBL), Case-based learning (CBL) was established). training was understood as practical exercises and trainings, work at the patient's bedside, the use of interactive technologies.

The practical and seminar classes themselves are held using the frontal survey technique with elements of work in small groups, role-playing games, brainstorming, etc.

This does not allow the university to fully realize the relationship between assessment and learning within the framework of active learning methods as a tool for motivating and acquiring knowledge and skills, taking responsibility for one's own learning and the effectiveness of mastering knowledge and skills. As a result of using traditional teaching methods, the learning and assessment strategy does not include assessment of the behavior and attitudes of students in the process of obtaining new knowledge, the formation of team interaction within a group of students.

Despite the fact that the attention was drawn to the high motivation of students and an active desire to gain knowledge, their possession of the conceptual apparatus of the cognitive process and despite the wide opportunities to involve students in research projects, the university does not fully realize its potential and strong material and technical base for implementing the strategy of learning through research. To do this, it would be possible to make changes to the educational program in terms of expanding the skills of scientific research and even including students in the assessment of the results of research work.

Strengths/best practice:

No strengths were identified for this standard.

EEC recommendations:

1. For the successful implementation of the educational program, the leaders of the EP are recommended to implement a more widespread learning strategy based on active, student-centered teaching methods - Team-based learning (most effective in teaching fundamental disciplines), Problem-based learning (best contributes to the formation of clinical argumentation , differential diagnostics), Case-based learning (most effective in clinical training both in the lecture format - a lecture based on a clinical case, and in the form of a clinical analysis, is also suitable for the examination process).

Active teaching methods contribute to the involvement of students in the learning process, forms the skills of collective interaction, responsibility for their own learning process, the ability to actively search for information. Their application contributes to the high survival of knowledge, more effective mastering of skills (deadlines: preparation of a teaching plan for SWP - by April 2024, implementation of the first stage of implementation - by the end of the 2024/2025 academic year).

In order to develop the skills of scientific research, effective search and critical understanding of new facts, the ability to generate new knowledge, the leaders of the study program are recommended to introduce a project-based learning method with the implementation of a research project (deadline: before the start of the 2024/2025 academic year).

2 For effective training at national qualifications framework 7 - Master of Medicine, the leaders of the EP are recommended to introduce into the educational program (as a mandatory component) disciplines aimed at developing research competence - management (methodology) of scientific research, bioethics of research in medicine, medical jurisprudence, academic writing (academic writing), evidence-based medicine (deadline: before the start of the 2024/2025 academic year).

3. Heads of educational programs are recommended to introduce into the educational program (as a mandatory component) issues of medical law in terms of the rights and obligations of patients (including children), their legal representatives, as well as the rights and obligations of a doctor in the process of providing medical care (especially in emergency conditions).), preferably before or simultaneously with the start of training in clinics.

Conclusions of the EEC according to the criteria:

strong positions - 0,

satisfactory - 37,

suggest improvements -6,

unsatisfactory - 0.

6.3 Standard "Assessment of students"

Evidence

Assessment of educational achievements is carried out in the form of current assessment. The mark is set for each task performed by the student (testing, oral answers, patient's medical history, solution of a situational problem) in accordance with the criteria, as well as the performance of practical skills. The form of control is chosen by the teacher who conducts the lesson in accordance with the curriculum of the discipline.

The final control in the discipline is carried out mainly in the form of testing, it is possible to solve situational problems (shotcase).

The university practices the rector's examination as a tool for assessing students' readiness for external assessment and survival of knowledge.

The main form of certification of applicants for the EP "Medicine" is the USQE, which consists of the following stages:

- stage 1, the mandatory components of which are: an integrated test exam "KROK 1" using Multiple Choice Questions (MCQ) tests for understanding and applying knowledge, as well as an exam in English for professional purposes. Stage 1 students take in the third year of study. The purpose of the KROK 1 exam is to assess the level of mastering knowledge in fundamental disciplines (biology, normal anatomy, histology, normal physiology, biological chemistry, pathological physiology, pathological anatomy, microbiology, pharmacology); English of a professional orientation - to assess the level of professional competence in medical English.

- stage 2, the mandatory component of which is the integrated test exam "KROK 2" and OSP(K)E. Stage 2 students take in the sixth year of study. The purpose of the KROK 2 exam is to assess the level of practical training in specialized (clinical) disciplines (therapeutic, surgical, pediatric profiles, obstetrics and gynecology, hygiene, healthcare organization). OSP(C)E is an exam that assesses the readiness of a graduate to carry out professional activities in the format of a medical simulation with a standardized patient or on mannequin simulators.

Every year DSMU student passes KROK-1 and KROK-2 very successfully - their results are among the best among medical universities in Ukraine. This is achieved by intensive and systematic preparation for this exam, the rector's exam and the inclusion of KROK-1 tests in the final exams in disciplines. Also, tests of the testing center (CT) that have passed the primary, test and professional examination are widely used as control and measuring tools. Such tests are used for rector's control, final control in academic disciplines. Tests are reviewed by the most experienced and competent teachers.

The educational program defines a list of nosologies and clinical skills that a graduate of the program must possess. The development and assessment of these skills are scheduled for each discipline studied. Assessment of skills is carried out mainly in the form of passing the skill to the teacher during classes or practice. Conducting OSPE or OSCE is not provided for at the stages of intermediate certification, only for KROK 2.

Also, there is no assessment of behavior and attitude during the current, intermediate or final control, although attention is paid to the professional behavior of students

When interviewing employers, attention was drawn to the fact that there is an informal assessment of students, and this assessment is positive. Professional behavior and attitudes, in particular, occur during the development of practical skills at clinical sites, the passage of practical training. For such an assessment, a wide range of assessment methods and tools is used: observation of the student's work in the conditions of professional activity or close to real ones, practical demonstration of skills in performing professional activities, modeling. But this assessment does not have a clearly defined share in the final grade or rating of the student.

Since the learning process does not provide for a procedure for determining student learning styles, the exams mainly use the method of computer testing and / or problem solving, then the opportunity to evaluate the process of turning knowledge into clinical skills is missed. The University strives to expand the range of assessment tools, combining traditional (oral survey, patient examination, written assignments, etc.) and innovative assessment methods (computer testing with situational tasks, portfolio, case method, project assessment, portfolio).

Employers from practical health care are actively involved in examinations, mainly at the final controls and final exams. Experienced practitioners are invited as examiners. They take part in assessing students and assigning them the appropriate qualifications. Upon completion of the exam, a protocol is drawn up, which reflects the results of students, comments, suggestions for improving the training of specialists and organizing the educational process for the educational program. Comments, proposals and a plan for their implementation are discussed at a meeting of the council of the relevant faculty, CMC.

When interviewing teachers, it was revealed that the university does not widely use the methods of examination, ISM computer psychometric assessment (using special analytical programs that can calculate discrimination, test complexity, make distractor analysis, reveal hidden clues, etc.) for their relevance, representativeness, objectivity in order to improve the quality of control and measuring facilities. The university conducts a systematic analysis of the results of the examination and ISM examination. Student surveys are also conducted.

The university has an understanding that modern medical education should be student-centered. The transformation of a student into a real subject of educational activity is inextricably linked with an increase in his educational activity and the formation of knowledge about the methods of control and evaluation, with the ability to apply them to himself independently. Therefore, considerable attention is paid to the organization of student's independent work and the introduction of methods of self-assessment and self-control. Materials for self-training of students, control tasks and questions for self-examination are posted on the web pages of the departments, the Moodle learning platform.

To increase motivation and provide a connection between assessment and training, the university has a ranking system: the assessment of students' personal achievements is based on a rating system in terms of progress in disciplines and takes into account significant achievements

during training. The highest position in the ranking is occupied by a student who has a higher indicator of educational achievements, taking into account achievements in scientific activity.

The rating system contributes to the activation of educational activities, increasing the responsibility of students, motivation for independent study of the source material. It is very important that the rating includes an assessment for the student's research and volunteer work, his participation in the public life of the university and clinics.

Analytical part

A general description of the forms and methods of assessment from current to examinations is given. Important and interesting is the presence of an external assessment of educational achievements in the form of a Unified State Qualifying Exam with an integrated test exam KROK-1(3rd year) and KROK-2 and OSCE in the final year.

The assessment uses the whole range of written, oral, practical, control procedures.

The whole process of knowledge assessment is fully and clearly regulated by a series of documents, both external and internal, links to which are available in the submitted report.

It is very important that external experts from practical healthcare are involved in the assessment procedure, who are the future employers of students.

An appeal procedure is used, for which there is a separate Regulation.

The university analyzes the results of the assessment using a survey of students.

However, the university does not use a system that allows the use of the assessment method that is fully consistent with the formulated learning outcome for each specific discipline in the corresponding course of study in accordance with the Miller pyramid. OSCE are used only in the 6th year within the framework of KROK-2, in the lower years OSCE or OSPE are not used, while the assessment of the development of practical skills on simulators in a simulation environment is used quite widely.

That is, nothing prevents the introduction of OSPE and OSCE starting from the 2nd-3rd year, the introduction of a mini-clinical exam in senior years, medical simulations (including team ones) for emergency care skills. Also, methods for assessing the work of students in the clinic with an assessment of not only knowledge and skills, but also behavior and attitudes (for example, a 360° assessment) are not used.

All this makes it difficult to assess the impact of assessment on the learning process itself. Since TBL and PBL are not used in the educational process, there is no definition of learning styles according to Kolb, self-assessment, mutual assessment is not used or little used. Accordingly, there is no adaptation of the assessment system to learning styles using a variety of assessment methods in one exam to enable students to fully reveal their educational achievements and the degree of mastering the necessary knowledge and skills, clinical thinking. Team learning, mutual learning, as well as the formation of responsibility for one's own learning are also used to a small extent.

Strengths/best practice:

No strengths were identified for this standard.

EEC recommendations:

The EP managers are recommended to introduce into the assessment system (current assessment, midterm and final assessment) an assessment of communication skills, professional behavior and attitudes both at the level of basic (fundamental) disciplines and at the level of clinical disciplines using valid, objective assessment methods. For example, “360°assessment”, work-based assessment methods.

Implement a wider range of assessment methods, the choice of which is adequate to the learning outcomes being tested and the competencies being formed, should take into account the different cognitive abilities of students, their learning styles to ensure the fairness of assessment and their reliability (deadline: before the beginning of the 2024/2025 academic year). (Due date: before the start of the 2024/2025 academic year).

To improve the quality of processes and methods for evaluating control and measuring instruments using psychometric methods, it is recommended that EP managers use external expertise, including international (deadline: until the end of the 2024/2025 academic year).

Conclusions of the EEC according to the criteria:

strong positions - 0,

satisfactory - 13,

suggest improvements -2,

unsatisfactory - 0.

6.4 Standard "Students"

Evidence

Admission to study at the DSMU in the EP "Medicine" is determined annually by the [Admissions Committee Rules for admission to study for higher education](#). The training of specialists in the specialty 222 "Medicine" at the DSMU is funded through the state order and on the terms of the contract. Admission to training is carried out on a competitive basis, regardless of funding sources. Admission to study at the DSMU of foreigners and stateless persons is carried out in accordance with the legislation of Ukraine, as well as the relevant resolutions and orders of state bodies of Ukraine.

Features of the admission procedure for applicants with disabilities at the DSMU are provided for by the Development Strategy and other internal documents and are given in the Admission Rules (section 7.8). At the Faculty of Medicine, there is 1 applicant for education of the 3rd year with a disability. Since the beginning of her studies in 2017, an individual educational trajectory and safe learning conditions have been created for her (individual class schedule, individual lessons with teachers in all disciplines, a separate study room on the ground floor of building No. 5 and a reading room in hostel No. 4). The student was provided with a room on the 1st floor of the dormitory No. 7 for living.

The transfer and reinstatement of applicants for education at the DSMU is carried out in accordance with Art. 46 of the Law of Ukraine "On Higher Education", [Regulations on the procedure for expulsion, interruption of studies, restoration and transfer, granting academic leave to applicants for higher education, Regulations on the commission for the transfer and restoration to study of applicants for higher education](#), published on the official website. In particular, in the 2022–2023 academic year, 6 students from other medical universities in Ukraine were transferred to the DSMU. The issues of recognition of learning outcomes that a student received at a foreign university are regulated by the Regulations on the procedure for exercising the right to academic mobility.

The number of students accepted by the DSMU is determined by licenses confirmed by the state customer (MOH) with the volume of admission, taking into account the personnel, material, technical, organizational, educational, methodological and information support for the training of specialists, as well as the possibility of providing adequate living conditions for students. In 2022, the maximum volume of the state order of the DSMU was 271 places for the EPP "Medicine" (Order of the Ministry of Health dated August 11, 2022 No. 1453 "On the state order for the training of specialists, scientific, scientific and pedagogical personnel, advanced training and retraining of personnel in 2022").

The quota for certain categories of applicants is established by the Rules for admission to higher education. In DSMU, the volumes of quota-1 are set within 5% (in 2022 - 14), quota-2 - within 10% (in 2022 - 27) of the maximum volume of the state order for each open competitive proposal. Under the contract, 80 students will be admitted in 2022.

DSMU annually consults with stakeholders, in particular, with the Ministry of Health of Ukraine and SE "Inforesurs" and develops competitive proposals for the maximum volume of state orders (quota-1 and quota-2) in accordance with the Rules for admission to DSMU in the order established by the Ministry of Education and Science. The design indicators of the volume of admission and graduation under the state order are coordinated with the regional employment center, the local education authority, as well as the structural unit for health care of the regional state administration.

In the reports on the number of students enrolled in studies under the state order, DSMU also submits information about the places of the state order and the number of places according to the quota for preferential categories of applicants, including veterans, to the department of the Ministry of Veterans Affairs of Ukraine in the Dnipropetrovsk region.

The system of appeals of decisions on the admission of DSMU is determined by the [Regulations on the Admissions Committee](#) and the [Regulations on the Appeal Commission](#), published on the university website. The Appeal Commission is a structural subdivision of the Admissions Committee. The composition of the Appeal Commission of the DSMU is approved by the Chairman of the Admissions Committee no later than two months before the start of accepting applications and documents for training, the composition of the Appeal Commission is formed taking into account competitive subjects for which entrance examinations are conducted.

The rules for filing and considering an appeal are published on the information boards of the DSMU admission committee no later than 7 days before the start of the entrance examinations. Over the past 5 years, during the entrance examinations as part of the admission campaigns to the admissions committee of the DSMU, no appeals were received from applicants to consider the objectivity of assessing examination papers.

DSMU has a developed system of counseling and support for students, including social, psychological and financial support for students. Information about available forms of support is posted on the website and social networks of the university (<https://docs.dmu.edu.ua/%D1%81%D1%82%D0%B8%D0%BF%D0%B5%D0%BD%D0%B4%D1%96%D0%B0%D0%BB%D1%8C%D0%BD%D0%B5-%D0%B7%D0%B0%D0%B1%D0%B5%D0%B7%D0%BF%D0%B5%D1%87%D0%B5%D0%BD%D0%BD%D1%8F>, <https://dmu.edu.ua/ua/about/profspilkovij-komitet>), also distributed in during the work of student representation bodies, meetings with representatives of the dean's office and the rector personally.

In addition to academic and social scholarships for students studying at the expense of the state budget (in 2022, 499 students, 12 students - an increased scholarship), academic scholarships are awarded for special academic success (at the Faculty of Medicine in 2022, personal scholarships of the President of Ukraine were received by 7 students, VRU - 6 students, Dnepropetrovsk Regional State Administration - 10 applicants, City Council - 11 students Also 12 students with excellent results in their studies receive an increased scholarship DSMU also provides students with support to participate in congresses, symposiums, international projects, sports competitions, cultural events etc.

Confidential psychological support for students, assistance in adapting to learning, psychophysiological testing for the selection of candidates for medical specialties of the highest category of complexity (surgery, anesthesiology) is provided by the Psychophysiological Research Laboratory (<https://dmu.edu.ua/ua/pidrozdili/laboratoriya-pfd>). The institution of mentoring is actively operating with the participation of employees of dean's offices, CPD of departments, graduate students, clinical residents, representatives of student government, trade union

organizations of students, and foreign communities. For foreign students, assistance is provided on visa and social issues.

Consulting and planning a professional career for DSMU students is part of an individual educational trajectory and is carried out on the basis of the [Regulations on the procedure and conditions for choosing higher education](#) by applicants, posted on the DSMU website. In addition to the institute of curatorship, individual and group consultations are held, monitoring of the implementation of individual curricula at the level of the deputy dean of the medical faculty, with employers and specialized exhibitions.

The results of the surveys indicate that the respondents are satisfied with the student support policy implemented at the DSMU.

According to the documents provided by the university, students are included in all collegiate management bodies of the DSMU, working, advisory bodies and commissions, for example, in the scholarship committee. The academic council of the DSMU includes 12 students, which is 13%, the academic councils of the faculties responsible for the implementation of the EPP "Medicine": Faculty of Medicine (4 students - 11%), Faculty of Medicine and Pharmacy (5 students - 15%), International Faculty (5 students - 16%).

The participation of representatives of student government in the processes of planning conditions and internal quality assurance of the EP is determined by the Regulations on student government.

Analytical part

According to the documents provided and the results of the visit of the EIE, DSMU has a policy of admission and recruitment of students, including foreigners and stateless persons, as well as applicants with disabilities for training in the framework of the EP "Medicine", based on the Mission of the University. Education is possible both at the expense of the state budget, and on the terms of the contract.

There is a policy of transferring applicants for education from other universities based on the legislation of Ukraine and the relevant Regulations of the DSMU published on the website, this policy is being implemented in practice, which is confirmed by the data on transferred students for the 2022-2023 academic year.

Documents were provided confirming the existence of an appeals system for admission decisions, which are also published on the University website. However, no appeals have been filed in the last 5 years.

The implementation of the EP "Medicine" is carried out on the basis of the principle of equality, for the admission and training of students with disabilities at the DSMU, a special procedure is provided, reflected in internal documents and the Development Strategy. Currently, there is 1 applicant for education with a disability with an individual educational trajectory studying at the Faculty of Medicine.

As evidenced by the submitted documents and interview results, the number of accepted students corresponds to the material and technical capabilities of the university and national requirements, and is also regularly reviewed, taking into account consultations with stakeholders, including the Ministry of Health of Ukraine and SE Inforekurs.

DSMU has a system of counseling and support for students, which includes various forms of social, psychological and financial support, mentoring institute, counseling and planning of students' professional careers within the framework of an individual educational trajectory. Particular attention is paid to the psychological health of students, which is handled by the laboratory of psychophysiological research. Information about all forms of support is available on the website. The high satisfaction of students with the support provided by the University is also confirmed by the results of interviews and questionnaires conducted during the EEC visit.

Students are included in all collegiate management bodies of the DSMU, working, advisory bodies and commissions, which is confirmed by the documents provided and the results of the interview. Thus, DSMU students take an active part in making decisions regarding the training and management and implementation of the EP.

Thus, the processes implemented in the DSMU within the framework of the EP "Medicine" meet the criteria of the standard.

Strengths / best practice

There are no strengths in this standard.

EEC recommendations.

There are no recommendations for this standard.

Conclusions of the EEC according to the criteria: (strong/satisfactory/ suggest improvements/unsatisfactory)

strong - 0

satisfactory - 16

suggest improvements - 0

unsatisfactory - 0

6.5 Standard "Academic Staff/Teachers"

Evidence

The policy of selection and admission SPW to the DSMU is implemented in accordance with the legislation of Ukraine, the Statute and the [Regulations on the procedure for conducting competitive selection to fill vacant SPW positions](#) and concluding labor agreements (contracts) with them at DSMU. Qualification requirements for SPW are specified in the relevant National Classifier and the Professional Standard of Ukraine.

When concluding contracts with SPW, work experience, educational and professional qualifications, rating assessment of activities (in accordance with the Regulations on the rating assessment of the SPW activities the results are posted on the website), achievements in professional activities, results of advanced training, etc. are taken into consideration.

Nowadays, the educational process at the DSMU on EPP "Medicine" is provided by 474 full-time academic staff, among them 36 are heads of departments, 49 professors, 115 associate professors, 16 senior teachers, 258 teachers and assistants. 94 employees (19.8%) have a scientific degree of Doctor of Science, 287 (60.6%) - Candidates of Science, 2 Academicians of NAMS, 3 Corresponding Members of NAMS and 12 Honored Doctors of Ukraine. At the same time, 96.7% of the DSMU work at the DSMU at their main place of work and 3.3% are involved part-time (specialists from medical and sanitary institutions, healthcare institutions).

The procedure for the selection and appointment to the position of a research assistant is regulated by the Regulations on the procedure for competitive selection for filling vacant positions of research assistants and concluding labor agreements (contracts) with them. Recruitment for positions of scientific and pedagogical, scientific and pedagogical workers is carried out under a contract or a fixed-term employment contract concluded between employees and the rector of the DSMU. Assessment of the need and planning of the number of SPW takes place in accordance with the relevant resolution of the Cabinet of Ministers of Ukraine.

Dated 01.11.2022, the SPW staff providing the educational process in the EPP "Medicine" includes 297 women (62.7%) and 177 men (37.3%), which correlates with the corresponding national gender ratio. The ratio of the number of academic staff and students in the framework of the EP "Medicine" is about 1:5.2.

Financing of employees is carried out in accordance with national regulations, the Statute of the DSMU, the Collective Agreement between the rector and the primary trade union organization of employees, which determine the criteria for material incentives (bonuses, additional payments to the official salary, provision of material assistance, etc.). Remuneration of employees of the DSMU and their financial incentives are carried out taking into account the staffing table for the academic year.

When distributing the teaching load, achievements in professional activities, experience in teaching and/or practical work in the specialty, compliance with educational and professional qualifications, and the direction of scientific activity of the faculty are taken into account. Control over the implementation of the teaching load is carried out by the head of the department, the educational department. Bonuses for employees are carried out, in particular, based on the results of evaluation of the activities of the Research and Development Department in accordance with the indicators determined by the Regulations on the rating assessment of the activities of the Research and Development Department and departments.

The results of the SPW activities evaluation are taken into account when making decisions on determining the areas of professional development, staying in the position, etc.

The working time of the SPW includes the time of performing educational, methodological, medical, scientific, organizational work and other labor duties and is 36 hours per week (reduced working hours), with a maximum teaching load per one SPW rate of no more than 600 hours per academic year (from 450-500 hours for the head of the department up to 550-600 hours for an assistant).

The SPW responsibility for the process of continuous professional development is regulated by national legislation and at the University level, contract terms and job descriptions, which determine the process for monitoring the fulfillment of these responsibilities. In addition, in the field of improving the level of teaching at the DSMU, one can note the "School of the teacher" and mentoring support for young teachers. In general, the processes of advanced training are regulated by the [Regulations on the advanced SPW training](#).

The assessment of the main types of activities (educational, methodological, scientific, medical, organizational and educational, etc.) of each faculty member is carried out in accordance with the Regulations on the rating assessment of the activities of the faculty and departments with a discussion of the results at meetings of the department, academic councils and subsequent publication on the official university website.

One of the mechanisms for the professional advancement of employees is a competitive selection, which is carried out to fill vacant positions in the faculty on the basis of openness, transparency, legality, equality of applicants, independence, objectivity and validity of decisions, an impartial attitude towards candidates for the relevant positions.

Particular attention is paid to free teaching of the English language. From 09/01/2020, DSMU received a certificate from the University of Cambridge, which provides the opportunity to officially prepare for international Cambridge English Assessment exams. In 2021, 76 faculty members of the DSMU successfully passed the Cambridge English Assessment international exam after training.

The results of the survey and interviews during the visit of the EIE as a whole confirm the satisfaction of the CDP DSMU.

Analytical part

The University has developed and implemented a policy for the recruitment and admission of teaching staff, which determines the required experience, criteria for scientific, educational, pedagogical and clinical achievements, including the balance between teaching, scientific

activities, qualifications of a specialist, their responsibility, the duty of employees, which is confirmed by documents of the state and local levels: National classifier Ukraine, Professional standard, internal provisions of the DSMU.

In 2022, the teaching staff of the DSMU EP “Medicine” has 490 employees, among them 474 are full-time (96.7%).

The ratings of teaching staff annually compiled at the DSMU, which are publicly available on the website, are additional confirmation of these qualifications.

According to the documents provided and the results of interviews and questionnaires, the DSMU implements a policy of material and non-material incentives for employees (bonuses, additional payments to the official salary, provision of material assistance, etc.). in accordance with national regulatory documents, the Statute of the DSMU, the Collective Agreement between the rector and the primary trade union organization of employees, which determine the criteria for material incentives (allowances, additional payments to the official salary, the provision of material assistance, etc.).

The university provides teachers with free English language training, followed by the Cambridge English Assessment international exam.

Thus, the policy and practice of DSMU in relation to the academic staff meets the requirements of the standard.

Strengths/best practice

There are no strengths in this standard.

EEC recommendations

There are no recommendations for this standard.

Conclusions of the EEC according to the criteria: (strong/satisfactory/ suggest improvements/unsatisfactory)

strong - 0

satisfactory - 12

suggest improvements - 0

unsatisfactory - 0

6.6 Standard "Educational Environment and Resources"

Evidence

DSMU has a powerful material and technical base for the implementation of educational, scientific and innovative activities. The structure of the DSMU includes 7 educational buildings, Separate structural unit “DSMU University Clinic”, training center for simulation medicine , a scientific library, the Research Institute of biomedical problems, a vivarium, a museum, a canteen, a sports complex, a swimming pool, dormitories, a sanatorium and health camp " Здоровье ".

There are multidisciplinary large clinics in the city of Dnipro among the clinical bases of the university, where it is possible to provide students with clinical training and contacts with patients with a wide range of nosologies at all levels of medical care:

ME “Mechnikov Dnipropetrovsk Regional Clinical Hospital” DRC”; ME “Dnipropetrovsk Regional Clinical Center of Cardiology and Cardiac Surgery” DRC”; MNPE “ Clinical hospital of emergency medical care ” DCC” and others.

691 classrooms and laboratories have been equipped for training sessions. The simulation center for practical skills includes a sufficient number of classrooms (25), simulators and dummies, there are rooms for debriefing. In addition to the main simulation center, there are simulators for practicing skills in individual disciplines at clinical sites. The simulation center is equipped with the latest interactive simulators, primarily for practicing first aid skills.

The university provides students with a good and safe infrastructure: dormitories (8 dormitories with a total area of 48911.7 m²), canteens and buffets for 400 people.

[The scientific library](#) with a total area of 1408.3 m² is located in three educational buildings of DSMU and hostels. Students have the opportunity to use the services of 7 reading rooms for 208 seats. To provide access to online resources, reading rooms and departments of the scientific library are provided with communication facilities (Internet, Wi-Fi) and are equipped with 15 computers and servers.

The university has a university clinic, which has a license for medical practice for 17 medical specialties and a certified clinical diagnostic laboratory. The clinic is accredited for the highest category. The hospital bed capacity is 120 beds: therapeutic department - 40 beds, neurological department - 40 beds, endocrinology department - 40 beds. The capacity of the polyclinic is 170 visits per shift, including 70 visits in the dental department. On the basis of the clinic there are departments of endocrinology, neurology, surgical and orthopedic dentistry. The clinic has an office for endoscopy, echocardiography and ultrasound of peripheral vessels.

The university has a memorandum and is implementing a partnership with one of the leading universities in the UK - the University of Dundee - primarily in the field of development of simulation technologies for teaching and exams.

The University has its own AIS "Деканат" for monitoring and managing the educational process, providing feedback to students, registering students' educational achievements and informing them about these results.

To ensure the quality of education, the Moodle system is used to organize the information and educational environment, which is primarily focused on ensuring interactive interaction between participants in the educational process and helps to implement distance learning during the period of restrictive measures. The teaching staff of the university also uses the capabilities of Google meet and Zoom.

The DSMU library provides free access to electronic sources of information for students necessary for self-study: an electronic catalog, full-text documents of the electronic library "Educational and Methodological Literature", virtual exhibitions of periodicals, open access resources, a list of scientific periodicals, etc. All departments and structural subdivisions located in the buildings of the DSMU and clinical bases are connected to the Internet. Free access to Wi-Fi is provided in the public areas of the buildings.

The volume of the electronic catalog of the library is 199 thousand records, more than 381.8 thousand - scientific books of the Springer publishing house, access to which is provided by subscription to the Ministry of Education and Science, peer-reviewed journal articles and sections of books Science Direct, Bentham Science, etc. The library creates its own information resources. In addition to the above educational electronic library, a university repository has been created, including publications of employees. There are 7.8 thousand documents in open access, of which 6.6 thousand are articles by university teachers.

The University provides training and employees research work implementation using the Research Institute of Biomedical Problems, the Morphological Laboratory and the Laboratory of Electron Microscopy. The laboratory of psychophysiological research provides not only the learning process, but also psycho-emotional support for students.

Over the past 5 years, DSMU students have taken part in 11 scientific projects, 69 scientific conferences (including international ones).

In 2018–2022 115 students became prize-winners of student scientific forums, of which 15 are winners of the II stage of the All-Ukrainian Subject Olympiads among the ZVO, 24 are winners of the All-Ukrainian competition of student scientific works. In addition, foreign students are actively involved in scientific research.

Analytical part

The University has enough resources to provide an educational environment: its own University Clinic, academic buildings, laboratories, equipment, access to electronic resources and IT support, a simulation center, such as a training center for simulation medicine, a research institute for biomedical problems, a laboratory psychophysiological research, a morphological laboratory and an electron microscopy laboratory, the presence of numerous clinical bases, which are located in city state multidisciplinary hospitals and on the basis of the private sector.

The presence of its own clinic is a strength of the university, the university has the opportunity to expand and develop it.

Electronic learning resources are currently being used to provide online learning for foreign students and partly citizens of Ukraine in order to ensure security in a special situation. But the university has opportunities to expand the use of a wide range of special online resources designed for medical education to improve the knowledge and skills of students, including in clinical departments.

Students are provided with living conditions, food, access to medical care.

The university has sufficient financial resources for the development of the material and technical support of the educational process; a significant amount is spent annually for these purposes.

The educational process at the fundamental departments is provided with equipment and specialized laboratories. There is an interdepartmental morphological laboratory.

The educational process at the clinical departments is provided with sufficient quantity and specialization of clinical bases.

The safety of the learning process is ensured by modern infrastructure on campus, compliance with safety regulations and sanitary and epidemic requirements.

The University has AIS "Деканат" for organizing and monitoring the educational process. The distance learning system (MOODLE) is actively used, electronic educational resources, an extensive and well-stocked library with educational and scientific materials.

The university has a number of memorandums with universities in other countries, including the UK (University of Dundee), for the implementation of academic mobility programs. Foreign students do internships in their countries of origin, continuing distance learning at the departments of the university.

Strengths/best practice

Developed and rapidly developing material and technical base, which allows to ensure high-quality implementation and effective implementation of new teaching methods, as well as a safe environment for employees and students.

EEC recommendations

The leadership of the DSMU should allocate material and technical resources for the wider use of electronic educational resources in teaching, especially in clinical departments. For example, Elsevier medical education platforms: Clinical Key; Osmosis.org; Complete Anatomy; Clinical Key Student Up-To-Date, Lectorio Geeky Medics, AMBOSS, USMLE.com (duration: end of 2023/2024 academic year).

Conclusions of the EEC according to the criteria:

strong positions - 3,
satisfactory - 27,

suggest improvements -0,
unsatisfactory - 0.

6.7 Standard "Evaluation of the educational program"

Evidence

The University implements an integral system of external and internal evaluation of the Educational Program. For external evaluation, the university undergoes accreditation - national and international. The educational program has passed the international review procedure (in 2023, a review was received for the EP "Medicine" by a professor at the University of Palacký Olomouc, Czech Republic). Reviewing by employers occurs at each stage of updating the educational program. The OP goes through the peer review process.

When developing the EP for the master's level, reviews were received from: Bereznitsky V. Ya. - General Director of the medical center "Garvis"; Vlasov O. O. General Director of ME "Regional Medical Center of Family Health" DRC"; Dityatkovska E. M. - Doctor of Medical Sciences, Professor, Head of the Permanent Commission on Health and Social Protection of the Population, Dnipro City Council.

For internal evaluation of the educational program implementation, students, faculty and employers are surveyed.

Starting from 2018, annual anonymous surveys are conducted at the DSMU to determine the level of EPP satisfaction in accordance with the [Regulations on sociological research \(anonymous survey\)](#).

According to the results of the survey in 2022, the level of domestic (Ukrainian) students' satisfaction of remote classes was 80%. More than 75% of English-speaking foreign students of the 2nd-6th year answered that the quality of conducting practical classes in remote mode fully meets their expectations and the assessment of knowledge in practical classes takes place objectively. According to the results of the students focus group survey the visit of the EIE, high satisfaction with the quality of education at the DSMU was also revealed (fully satisfied - 60.8%; partially satisfied - 35.3%).

An important assessment tool is the analysis of the integrated test exams "KROK 1", "KROK 2" results. At least 85% of DSMU students pass this exam successfully on the first try. This is one of the highest rates in Ukraine.

The guarantor of the educational program initiates the process of a broad discussion of the analysis of the of external evaluation results; conducting rector's control and analysis of its results; the results analysis of the USQE components; analysis of personnel, material and technical, educational, methodological and information support; preparation of information on self-evaluation of the educational program; analysis of the needs and demand of society, the modern labor market. The monitoring results are the basis for the revision of the educational program. EPP "Medicine" has three editions of 2017, 2019, 2021.

The discussion process involves employers, representatives of student government, the council of young scientists, representatives of relevant public organizations and associations

Analytical part

The University has a system for monitoring the educational program. Monitoring includes a number of activities and analyzes, from surveys to the analysis of external evaluation of students' educational achievements. The results of monitoring underlie the revisions of the educational program (almost annually).

A very important monitoring tool is the rector's (diagnostic) control of the achievement of learning outcomes.

The university has AIS " Деканат ", which allows you to obtain data on: attendance at training sessions, grades in practical, seminars, grades for the implementation of current control activities, final control with ample opportunities for analytical monitoring.

Standard "Evaluation of the educational program"
Strengths have not been identified.

EEC recommendations
There are no recommendations for this standard.

EEC conclusions by criteria
strong positions - 0,
satisfactory - 24,
suggest improvements -0,
unsatisfactory - 0.

6.8 Standard "Management and administration"

Evidence

The management structure of DSMU corresponds to the mission, strategic goals enshrined in the Development Strategy and meets the requirements of the LU "On Higher Education". The direct management of the DSMU is carried out by the rector, who is elected by secret ballot for a period of five years in accordance with the procedure provided by the LU "On Higher Education", the Statute and the Resolution of the CMU dated December 05, 2014 No. 726 "Some Issues of Implementing of Article 42 of the LU "On Higher Education". The rights, duties and responsibilities of the rector are determined by the legislation and the Statute. Part of the powers is delegated by order of the rector to vice-rectors in areas of activity.

The highest collegiate body of public self-government of the DSMU is the Conference of the labor collective, which agrees on the Statute, evaluates the activities of the rector, approves the internal regulations and the collective agreement. Decisions on the strategy and development prospects and issues of internal quality assurance, approval of financial plans and reports, approval and organization of EP and curricula for each level of higher education and specialty, and other issues of the DSMU activities are carried out by the Academic Council, as well as academic councils of faculties.

Decisions on current issues of the activities of the DSMU are made by the working bodies - the rector's office, deans, the issues of strategy and directions for the implementation of the educational and scientific activities of the DSMU are dealt with the advisory and consultative (advisory) bodies - the CMC, subject commissions, the Scientific and Technical Council, problem commissions. The structural subdivisions of the DSMU according to the LU "On Higher Education" and the Statute are departments (46), faculties (5).

The highest collegiate body of public self-government of the DSMU is the Conference of the labor collective, which agrees on the Statute, evaluates the activities of the rector, approves the internal regulations and the collective agreement. Decisions on the strategy and prospects for development and issues of internal quality assurance, approval of financial plans and reports, approval and organization of educational programs and curricula for each level of higher education and specialty, and other issues of the DSMU activities are carried out by the Academic Council, as well as academic councils of faculties. The Academic Council also bears the main responsibility of the academic leadership in relation to the approval of the EP, while the CMC and subject commissions carry out coordination and advisory activities on the quality and improvement of the educational process, the introduction of innovative methods of teaching and control. For ensuring transparency of management, the relevant decisions are published on the website of the University.

At the same time, as the documents show, the academic council of the faculty includes at

least 75% of SPW of the faculty and at least 10% of students. The SPW is a member of the subject, problem commissions, the CMC, the Scientific and Technical Council, the administration. Student self-government is carried out by students directly and through student self-government bodies at the level of DSMU, faculties, hostels, on the basis of the Regulations on student self-government bodies. The active participation of representatives of practical healthcare in all the main governing bodies of the DSMU was also confirmed in interviews with employers

The assessment of the academic leadership regarding the mission of the DSMU and the final learning outcomes is carried out in a comprehensive manner in accordance with the requirements of the LU "On Higher Education", the Statute and the principles of the quality management system of the DSMU. Methods of external and internal audit, monitoring and self-assessment are also used.

DSMU has a clear structure for managing financial resources. In addition to budget funds for student training, the University receives additional income from educational, economic and other activities and the placement of temporarily free budget funds on deposits. DSMU autonomously determines the items of expenditure and the volume of use of its own funds. Financial statements are posted on the website of the university, passports of budget programs and reports on passports - on the official websites of the relevant ministries.

For the objectivity of the distribution of resources and taking into account the needs of society and the development of science, a rating system for evaluating the activities of departments is used, which is carried out in accordance with the [Regulations on the rating evaluation of the activities of scientific and pedagogical workers and departments](#).

One of the main characteristics of the activities of the DSMU is close interaction with the healthcare sector through the scientific and medical work of the teaching staff (SPW) of clinical departments, active participation in the work of expert groups created at the MH of Ukraine (5 people) and DH DRSA (24 people), are external experts of the National Health Service Ukraine, the city department of health care, city scientific and practical societies in various specialties. For 2022, 102 agreements on scientific and practical cooperation were signed between 36 clinical departments and medical institutions. In an interview during the EIE visit, employers - representatives of ME and health care authorities - confirmed their active participation in the collegiate bodies of the university, formal and informal cooperation in planning, improving and implementing of the EP "Medicine".

Analytical part

DSMU has a clear systemic management structure that corresponds to the mission, strategic goals in accordance with the University Development Strategy and the legislation of Ukraine. The composition of the collegial management and advisory bodies responsible for the creation, implementation and improvement of the accredited EP includes interested parties, including teaching staff (SPW), students and representatives of the healthcare system, which is proved by the documents provided and confirmed by the interviews conducted during the EIE visit.

Providing and evaluating academic leadership regarding the mission of the DSMU and the final learning outcomes also takes place in a comprehensive manner in accordance with the requirements of the LU, the university has developed its own documents defining the procedures and management of these processes and posted on the DSMU website.

The university has a transparent and efficient system of financial management, all reports and decisions in the field of financial and other resource management are available on the website or official pages of the relevant ministries.

The rating system for evaluating the activities of employees and departments based on the developed document is also used for making decisions on the rational distribution of resources at the university, individual faculties and departments.

The activities of DSMU are characterized by formal and informal cooperation with the healthcare sector through both the scientific and medical work of the teaching staff (SPW) of clinical departments and the active participation of employees in the work of expert groups of

various thematic areas at the level of national and city health care authorities, and the active involvement of representatives of practical medicine and healthcare management structures in the collegiate and advisory bodies of the university. This cooperation is confirmed by signed agreements on scientific and practical cooperation and the results of interviews with employers during the visit of the EEC.

Thus, the existing management system of the DSMU meets the requirements of the standard.

Strengths/best practice

Close formal and informal cooperation with the healthcare sector, including the active involvement of public and private healthcare in the implementation and improvement of the EP.

Recommendations

There are no recommendations for this standard.

Conclusions of the EEC according to the criteria: (strong/ satisfactory/ suggest improvements/ unsatisfactory)

strong - 1

satisfactory - 16

suggest improvements - 0

unsatisfactory – 0

6.9 Standard "Constant Update"

Evidence

According to the documents provided, DSMU regularly reviews and revises the content, results / competencies, evaluation of the EP and the educational environment. The main role in this process is played by the structures responsible for the quality of the EP implemented at the DSMU - departments, faculty councils, dean's offices, the educational department, the library, ESDITSKMQE, and other units that function in close cooperation with the guarantor of the EP "Medicine", stakeholders and management of the University.

In 2018, the University passed the certification procedure and received a certificate for the compliance of the education quality management system with the international standard ISO 9001:2015, in 2019 and 2021, according to the results of an independent external audit, the certificate of conformity was confirmed until 25.11.2024.

DSMU pays considerable attention to the development of resources for the continuous improvement of the quality of the EP "Medicine". As was demonstrated in the self-assessment report and during the visit of the EEC, in recent years, in particular, various equipment for conducting interactive practical classes was purchased, multimedia equipment and modern TCSM was equipped, about 200 new computerized workplaces were equipped; updated information and library collections (including literature in foreign languages), databases (national and international), etc. In 2018-2021 major repairs and modernization of educational buildings, hostels, libraries, lecture halls were carried out. Since 2019, the automated information system "Деканат" has been launched to manage student databases and monitor student progress and control the quality of teaching staff (SPW). Also in 2020, DSMU began using the electronic learning management system Moodle.

According to the information provided during the visit, the process of updating and restructuring the university and the corresponding revision of policy and practice in educational activities was facilitated by changing the type of university and renaming the state institution "Dnipropetrovsk Medical Academy of the Ministry of Health of Ukraine" to DSMU in accordance with the order of the MH №473 dated 16.03.2021 "On changing the type and renaming of the State Institution "Dnipropetrovsk Medical Academy of the Ministry of Health of Ukraine".

The adaptation of the mission of the DSMU and the final results of teaching the EP "Medicine" to the scientific, socio-economic and cultural development of society is reflected in the Development Strategy, developed and approved in 2022, taking into account the requirements of the regulatory documents of the relevant departments - the MES and the MH of Ukraine.

The adaptation of the mission of the DSMU and the final results of teaching the EP "Medicine" to the scientific, socio-economic and cultural development of society is reflected in the Development Strategy, developed and approved in 2022, taking into account the requirements of the regulatory documents of the relevant departments - the MES and the MH of Ukraine and in cooperation with stakeholders, which is confirmed by the interview during the EEC visit.

Constant renewal in scientific and pedagogical work is reflected in the development of international cooperation: in 2022, DSMU joined the Twinning initiative, and also signed a cooperation agreement with Dundee University (United Kingdom). Closer interaction with foreign authors is facilitated by the development of own publishing activities: since 2018, the journal "Медицинские перспективы", published at the university, has been accepted into the Core Collection Web of Science, and since 2021 it began to be indexed in SJR Scimago (Scopus), also since 2022 Scopus began indexing the journal «Здоровье ребенка». In 2020, DSMU was in the top 25 performing universities in two nominations in the international ranking U-Multirank.

The adaptation of the policy and processes of the DSMU, in particular, in connection with the increase in the number of foreign students, affects both the content and methods of assessing the EP, and the student admission system, for example, the creation of preparatory courses for entrance exams or an increase in the number of teachers who speak English: over the period from 2018 to 2021, the number of English-speaking teachers has tripled and makes up 54.6% of the total number of faculty members (SPW) of the DSMU. The criteria for the revision of educational programs are formulated both as a result of feedback from the faculty (SPW), students, graduates and employers, and as a result of forecasting the development of the industry and the needs of society in accordance with the internal regulations of the DSMU.

Analytical part

In accordance with the documents provided and the results of the EEC visit, DSMU pays significant attention to the continuous development and updating of its resources, processes, rules for the admission of students and the formation of an academic staff, content, evaluation, implementation and monitoring of educational programs, including the EP "Medicine". In particular, this is evidenced by the past processes of restructuring the university and the development of the quality management system by obtaining certification in accordance with the international quality standard ISO 9001:2015; development of material and technical base and educational resources.

Digitalization of management and monitoring of the educational process is being implemented (automated information system "Деканат") and the development of an electronic learning management system (Moodle).

All directions of continuous updating of the DSMU are reflected in the University Strategy, and also comply with the requirements of the relevant departments particularly the MESU and the MHU.

The development of international partnerships and the University's focus on increasing the representation of scientific and pedagogical activities of both the DSMU as a whole, and the students and academic staff of the DSMU to the international academic community, is confirmed by the signing of international cooperation agreements, indexing of two journals published by the DSMU, with the Scopus database, the inclusion of the University in top 25 in the international ranking U-Multirank.

Thus, the DSMU approach to continuous updating meets the requirements of the standard.

Strengths/best practice

Close formal and informal cooperation with the healthcare sector, including the active involvement of public and private healthcare in the implementation and improvement of the EP.

Recommendations

There are no recommendations for this standard.

Conclusions of the EEC according to the criteria: (strong/ satisfactory/ suggest

improvements/ unsatisfactory)

strong - 0

satisfactory - 14

suggest improvements - 0

unsatisfactory – 0

(VII) OVERVIEW OF STRENGTHS/BEST PRACTICE FOR EACH STANDARD

7.1 Standard "Mission and final learning outcomes "

No strengths were identified for this standard.

7.2 Standard "Educational programs"

No strengths were identified for this standard.

7.3 Standard "Student Assessment"

No strengths were identified for this standard.

7.4 Standard "Students"

No strengths were identified for this standard.

7.5 Standard « Academic Staff / Teachers»

No strengths were identified for this standard.

7.6. Standard «Educational Resources»

Developed and rapidly developing material and technical base, which allows to ensure high-quality implementation and effective implementation of new teaching methods, as well as a safe environment for employees and students.

7.7. Standard «Evaluation of the educational program»

No strengths were identified for this standard.

7.8 Standard «Management and administration»

Close formal and informal cooperation with the healthcare sector, including the active involvement of public and private healthcare in the implementation and improvement of the EP.

7.9 Standard «Constant update»

No strengths were identified for this standard.

(VIII) OVERVIEW RECOMMENDATIONS FOR IMPROVING QUALITY

8.1. Standard «Mission and final learning outcomes »

There are no recommendations for this standard.

8.2. Standard "Educational programs"

1. For the successful implementation of the educational program, the leaders of the EP are recommended to implement more widely a learning strategy based on active, student-centered teaching methods. – Team-based learning (most effective in teaching of fundamental disciplines), Problem-based learning (best contributes to the formation of clinical argumentation, differential diagnosis), Case-based learning (most effective in clinical teaching both in lecture format – a lecture based on a clinical case or in the form of a clinical discussion, it is also suitable for the examination process). Active teaching methods contribute to the involvement of students in the learning process, forms the skills of collective interaction, responsibility for the learning process,

and the ability to actively search for information. The application contributes to the high survival of knowledge, more effective mastering of skills (deadlines: preparation of a teaching plan for teaching staff (SPW) - by April 2024, realization of the first stage of implementation - by the end of the 2024/2025 academic year).

2. In order to form the skills of scientific research, effective search and critical understanding of new facts, the ability to generate new knowledge, the leaders of the EP are recommended to introduce a project-based learning method with the implementation of a research project (deadline: before the start of the 2024/2025 academic year).

3. For effective training at NQF 7 - Master of Medicine, the leaders of the EP are recommended to introduce into the educational program (as a mandatory component) disciplines aimed at the formation of research competence - management (methodology) of scientific research, bioethics of research in medicine, medical jurisprudence, academic writing, evidence-based medicine (deadline: before the start of the 2024/2025 academic year).

4. Heads of EP are recommended to introduce into the educational program (as a mandatory component) issues of medical law in the rights and obligations of patients (including children), their legal representatives, as well as the rights and obligations of a doctor in the process of providing medical care (especially in emergency conditions), preferably before or simultaneously with the start of training in clinics.

8.3. Standard "Student Assessment"

1. The leaders of EP are recommended to introduce into the assessment system (current assessment, midterm and final assessment) an assessment of communication skills, professional behavior and attitudes both at the level of basic (fundamental) disciplines and at the level of clinical disciplines using valid, objective assessment methods for example "360° Assessment", work-based assessment method. Implementation of a wider range of assessment methods adequate to the tested learning outcomes and the formed competencies, should take into account the different cognitive abilities of students, their learning styles to ensure the fairness of assessment and their reliability (deadline: before the beginning of the 2024/2025 academic year).

2. The leaders of EP are recommended to use external expertise, including the international one for improving the quality of processes and methods for evaluating control and measuring instruments using psychometric methods (deadlines: until the end of the 2024/2025 academic year).

8.4 Standard "Students"

There are no recommendations for this standard.

8.5. Standard « Academic Staff / Teachers»

There are no recommendations for this standard.

8.6. Standard «Educational Resources»

The Authority of the DSMU should allocate material and technical resources for the wider use of electronic educational resources in training, especially at clinical departments. For example, medical education platforms Elsevier: ClinicalKey; Osmosis.org; Complete Anatomy; ClinicalKey Student Up-To-Date, Lectorio, Geeky Medics, AMBOSS, USMLEcom (deadlines: until the end of the 2023/2024 academic year).

8.7. Standard «Evaluation of the educational program»

There are no recommendations for this standard.

8.8 Standard «Management and administration»

There are no recommendations for this standard.

8.9 Standard «Constant update»

There are no recommendations for this standard.

(IX) OVERVIEW OF RECOMMENDATIONS FOR THE DEVELOPMENT OF EDUCATIONAL ORGANIZATION

(X) RECOMMENDATION TO THE ACCREDITATION BOARD

The EEC members came to the unanimous opinion that the educational program 222 MEDICINE (second (master's) level of higher education)) of the Dnipro State Medical University should be recommended for accreditation for a period of 5 years.



Appendix 1. Evaluation table "Parameters of primary program accreditation"

Parameters of EP «222 Medicine»

№ S/N	№ S/N	№ criteria	CRITERIA FOR EVALUATION	Position of the educational organization			
				Strong	Satisfactory	Assumes improvement	Unsatisfactory
		1.	« Mission and final learning outcomes »				
		1.1	Mission Definition				
1	1	1.1.1	The medical educational organization must define its <i>mission</i> and the mission of the EP and bring it to the attention of stakeholders and the healthcare sector .		+		
			The mission statement should contain the goals and educational strategy to prepare a competent physician at the level of basic medical education :				
2	2	1.1.2	with an appropriate basis for a further career in any field of medicine, including all types of medical practice, administrative medicine and scientific research in medicine		+		
3	3	1.1.3	able to fulfill the role and functions of a doctor in accordance with the established requirements of the health sector		+		
4	4	1.1.4	prepared for postgraduate education		+		
5	5	1.1.5	with a commitment to lifelong learning, including professional responsibility to maintain the level of knowledge and skills through performance evaluation, audit, study of own practice and recognized activities in the CPD/CME.		+		
6	6	1.1.6	The medical educational organization should ensure that the mission includes advances in medical research in the biomedical, clinical, behavioral and social sciences.		+		
7	7	1.1.7	The medical education organization should ensure that the mission includes aspects of global health and reflects major international health problems.		+		
		1.2	Participation in the formulation of the mission				
8	8	1.2.1	The medical education organization must ensure that the <i>main stakeholders</i> are involved in the development of the mission of the EP.		+		
9	9	1.2.2	The medical education organization should ensure that the stated mission of the EP is based on the opinions/suggestions of other <i>relevant stakeholders</i> .		+		
		1.3	Institutional autonomy and academic freedom				
			The medical education organization should		+		

			have <i>institutional autonomy</i> to develop and implement policies for which the administration and faculty are responsible for:				
10	10	1.3.1	development and compilation of an educational program;		+		
11	11	1.3.2	use of allocated resources necessary for the implementation of the educational program.		+		
			The medical education organization should guarantee <i>academic freedom</i> to its staff and students:				
12	12	1.3.3	in relation to the <i>current educational program, which will be allowed to rely on different points of view in the description and analysis of issues in medicine;</i>		+		
12	12	1.3.4	in the possibility of using the results of new research to improve the study of specific disciplines / issues without expanding the educational program.		+		
		1.4	Final learning outcomes				
		1.4.1	The medical education organization must define the expected <i>final learning outcomes</i> that students should exhibit upon completion, regarding:				
13	13		their achievements at the basic level regarding knowledge, skills and abilities;		+		
14	14		an appropriate basis for a future career in any branch of medicine;		+		
15	15		their future roles in the health sector;		+		
16	16		their subsequent postgraduate training;		+		
17	17		their commitment to lifelong learning;		+		
18	18		health needs of the health of society, the needs of the health care system and other aspects of social responsibility.		+		
19	19	1.4.2	The medical educational organization must ensure that the student fulfills obligations to doctors, teachers, patients and their relatives in accordance with the proper standards of behaviour.		+		
20	20	1.4.3	The medical education organization should determine and coordinate the connection of the final learning outcomes with those required in postgraduate education		+		
21	21	1.4.4	The medical educational organization should determine the results of the involvement of students in research in medicine;		+		
22	22	1.4.5	The medical education organization should pay attention to global health outcomes;		+		
23	23	1.4.6	The medical educational organization should use the results of graduate competency assessment as a feedback tool to improve the educational program.		+		
			Total	0	23	0	0
		2	Educational program				
		2.1	Educational program model and teaching methods				
24	1	2.1.1	The medical educational organization should define an educational program that includes an integrated model based on		+		

			disciplines, organ systems, clinical problems and diseases, a model based on a modular or spiral design.				
25	2	2.1.2	The medical education organization must define <i>teaching and learning methods</i> that encourage, prepare and support students to take responsibility for their own learning process.			+	
26	3	2.1.3	The medical educational organization must ensure that the educational program develops students' abilities for lifelong learning.		+		
27	4	2.1.4	The medical education organization must ensure that the educational program is implemented in accordance with the principles of equality.		+		
28	5	2.1.5	The medical educational organization should use teaching and learning methods based on modern adult learning theory.			+	
		2.2	Scientific method				
		2.2.1	The medical educational organization must teach students during the entire program of training:				
29	6		principles of scientific methodology, including methods of analytical and critical thinking;			+	
30	7		scientific research methods in medicine;			+	
31	8		evidence-based medicine,		+		
32	9		which require <i>the appropriate competence of teachers and will be a mandatory part of the educational program.</i>			+	
33	10	2.2.2	The medical education organization should include <i>elements of scientific research</i> in the educational program for the formation of scientific thinking and the application of scientific research methods.		+		
34	11	2.2.3	The medical educational organization should promote the involvement of students in conducting or participating in research projects.		+		
			Basic Biomedical Sciences				
			The medical education organization must determine and include in the educational program:				
35	12	2.3.1	achievement of <i>basic biomedical sciences</i> , to form students' understanding of scientific knowledge;		+		
36	13	2.3.2	concepts and methods that are fundamental to the acquisition and application of clinical scientific knowledge.		+		
			The medical education organization should adjust and introduce new achievements of biomedical sciences in the educational program for:				
37	14	2.3.3	scientific, technological and clinical developments;		+		
38	15	2.3.4	current and expected needs of society and the health care system.		+		
		2.4	Behavioral and social sciences and medical ethics				
		2.4.1	The medical education organization must determine and include in the educational program the achievement of:				

39	16		<i>behavioral sciences;</i>		+		
40	17		<i>social sciences;</i>		+		
41	18		<i>medical ethics;</i>		+		
42	19		<i>medical jurisprudence, that will provide the knowledge, concepts, methods, skills and attitudes necessary to understand the socioeconomic, demographic and cultural contexts of the causes, distribution and consequences of medical health problems, as well as knowledge of the national health system and the rights of the patient, which will contribute to the analysis of public health problems , effective communication, clinical decision making and ethical practice.</i>			+	
		2.4.2	The medical educational organization should adjust and introduce new achievements in the <i>behavioral and social sciences</i> and also <i>medical ethics</i> in the educational program for:				
43	20		scientific, technological and clinical developments;		+		
44	21		current and expected needs of society and the health system;		+		
45	22		changing demographic and cultural conditions.		+		
		2.5	Clinical Sciences and Skills				
			The medical educational organization must identify and implement the achievements of the clinical sciences in the educational program and ensure that students:				
46	23	2.5.1	acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibilities, including activities related to health promotion, disease prevention and patient care;		+		
47	24	2.5.2	conduct a reasonable portion (one-third) of the program in planned contact with patients, including consideration of the purpose, the appropriate number and their sufficiency for training in appropriate clinical sites;		+		
48	25	2.5.3	work on health promotion and prevention.		+		
49	26	2.5.4	The medical educational organization should set a certain amount of time for teaching the main clinical disciplines, including internal medicine, surgery, psychiatry, general medical practice (family medicine), obstetrics and gynecology, pediatrics.		+		
50	27	2.5.5	The medical educational institution should organize clinical training with appropriate attention to patient safety, including observation of the actions performed by the student in the conditions of clinical sites.		+		
			The medical education organization should adjust and introduce new achievements of clinical sciences in the educational program for:				
51	28	2.5.6	scientific, technological and clinical developments;		+		
52	29	2.5.7	current and expected needs of society and the health care system.		+		
53	30	2.5.8	The medical educational institution should		+		

			ensure that each student has early contact with real patients, including his gradual participation in patient care, including responsibility for the examination and / or treatment of the patient under supervision, which is carried out in appropriate clinical sites.				
54	31	2.5.9	The medical educational organization should structure the various components of clinical skills training in accordance with the specific stage of the training program.		+		
		2.6	The structure of the educational program, content and duration				
55	32	2.6.1	The medical educational organization must describe the content, scope and sequence of courses and other elements of the educational program in order to ensure that an appropriate balance is maintained between the basic biomedical, behavioral, social and clinical disciplines.		+		
			The medical educational organization should in the educational program:				
56	33	2.6.2	ensure horizontal integration of related sciences and disciplines;		+		
57	34	2.6.3	ensure vertical integration of the clinical sciences with the core biomedical and behavioral and social sciences;		+		
58	35	2.6.4	provide an opportunity for elective content (electives) and determine the balance between the compulsory and elective part of the educational program, including a combination of compulsory elements and electives or special elective components;		+		
59	36	2.6.5	define the relationship with complementary medicine, including non-traditional, traditional or alternative practices.		+		
		2.7	Program management				
60	37	2.7.1	The medical educational organization must determine the structural unit responsible for educational programs, which, under the control of the academic management, is responsible and has the authority to plan and implement the educational program, including the allocation of resources for the planning and implementation of teaching and learning methods, student assessment and evaluation of the educational program and training courses to ensure that the learning outcomes are achieved.		+		
61	38	2.7.2	The medical educational organization must guarantee representation from teachers and students in the structural unit responsible for educational programs.		+		
62	39	2.7.3	The medical educational organization should plan and implement innovations in the educational program through the structural unit responsible for educational programs		+		
63	40	2.7.4	The medical educational organization should include representatives from <i>other relevant stakeholders</i> in the structural unit of		+		

			the medical educational organization responsible for educational programs, including other participants in the educational process, representatives from clinical bases, graduates of medical educational organizations, healthcare professionals involved in the learning process or other. teachers of university faculties.				
		2.8	Relationship with medical practice and healthcare system				
64	41	2.8.1	The medical educational organization must provide an operational link between the educational program and the subsequent stages of professional training (internship if available, specialization, CPD / CME) or practice, which the student will start upon graduation, including the definition of health problems and the definition of required learning outcomes, a clear definition and description of the elements of the educational program and their relationship at various stages of training and practice, with due regard to local, national, regional and global conditions, and also feedback to / from the health sector and the participation of teachers and students in the work of a team of specialists in the provision of medical help.		+		
			The medical educational organization should ensure that the structural unit responsible for the educational program:				
65	42	2.8.2	takes into account the peculiarities of the conditions of work of graduates and, accordingly, modify the educational program;		+		
66	43	2.8.3	considers the modification of the educational program based on feedback from the public and society as a whole.		+		
			Total	0	37	6	0
		3.	STUDENT ASSESSMENT				
		3.1	Assessment Methods				
			The medical educational organization must :				
67	1	3.1.1	define, approve and publish the principles, methods and practices used for student assessment, including the number of examinations and other tests, the balance between written and oral examinations, the use of assessment methods based on criteria and reasoning, and special examinations (OSCE or Mini Clinical exam), as well as to determine the criteria for establishing passing scores, grades and the number of allowed retakes;		+		
68	2	3.1.2	ensure that the assessment covers knowledge, skills and attitudes towards learning;			+	
69	3	3.1.3	use a wide range of assessment methods and formats depending on their "assessment of usefulness", which includes a combination of validity, reliability, impact on learning, acceptability and effectiveness of assessment methods and format;			+	

70	4	3.1.4	ensure that assessment methods and results avoid conflicts of interest;		+		
71	5	3.1.5	ensure that the evaluation process and methods are open (available) for review by external experts;		+		
72	6	3.1.6	use a system for appealing the results of the evaluation.		+		
			The higher medical institution should:				
73	7	3.1.7	<i>document and evaluate the reliability and validity of assessment methods, which requires an appropriate quality assurance process for existing assessment practices;</i>		+		
74	8	3.1.8	implement new assessment methods according to need;		+		
75	9	3.1.9	use the system to appeal the results of the evaluation.		+		
		3.2	Relationship between assessment and learning				
			The higher medical institution should use the principles, methods and practice of assessment, including the educational achievements of students and the assessment of knowledge, skills, professional values of relationships that:				
76	10	3.2.1	clearly comparable to the learning methods, teaching and learning outcomes;		+		
77	11	3.2.2	ensure that students achieve learning outcomes;		+		
78	12	3.2.3	promote student learning;				
79	13	3.2.4	provide an appropriate balance between formative and summative assessment in order to guide learning and <i>evaluate the student's academic progress, which requires the establishment of rules for assessing progress and their relationship to the assessment process.</i>		+		
			The higher medical institution should:				
80	14	3.2.5	<i>regulate the number and nature of reviews of various elements of the educational program in order to promote the acquisition of knowledge and integrated learning, and to avoid negative impact on the learning process and eliminate the need to study excessive amounts of information and overload the educational program;</i>		+		
81	15	3.2.6	ensure that timely, specific, constructive and fair feedback is provided to students based on assessment results.		+		
			Total	0	13	2	0
		4.	STUDENTS				
		4.1	Admission and selection policy				
			The higher medical institution should:				
82	1	4.1.1	define and implement an admissions policy, including a clearly defined policy on the student selection process;		+		
83	2	4.1.2	have a policy and implement the practice of admission students with disabilities in accordance with the laws and legislative base of the country;		+		
84	3	4.1.3	have a policy and implement the practice of transferring students from the other higher		+		

			medical institutions.				
			The higher medical institution should :				
85	4	4.1.4	to establish the relationship between the selection of students and the mission of the higher medical institution, the educational program and the desired quality of graduates;		+		
86	5	4.1.5	periodically review the admission policy, based on relevant database from the community and professionals, in order to meet <i>the health needs of the population and society as a whole, including consideration of student enrollment based on their gender, ethnicity and language, and the potential need for a special admissions policy for students from low-income families and national minorities</i> ;		+		
87	6	4.1.6	use the system to appeal admission decisions.		+		
		4.2	Admission of students				
88	7	4.2.1	The higher medical institution must determine the number of students admitted in accordance with the logistical capabilities at all stages of education and training, and making a decision on the admission of students, which implies the necessity to regulate national requirements for health care human resources, in the case when the higher medical institution do not control the number of recruited students, then it should demonstrate its obligations by explaining all the relationships, paying attention to the consequences of the decisions (imbalance between student recruitment and the logistical and academic potential of the university).		+		
89	8	4.2.2	The higher medical institution should periodically review the number and contingent of the enrolled students in consultation <i>with relevant stakeholders responsible for planning and development of human resources in the health care sector, as well as with experts and organizations on global aspects of human resources for health care (such as the insufficiency and uneven distribution of human resources for health care, migration of doctors, the opening of new medical universities)</i> and adjust in order to meet the needs of the health care of the population and society as a whole.		+		
		4.3	Student counseling and support				
			The higher medical institution should :				
90	1	4.3.1	have a system of <i>academic counseling</i> for their students, <i>which includes issues related to the choice of electives, preparation for postgraduate education, professional career planning, appointment of academic mentors for individual students or small groups of students</i> ;		+		
91	2	4.3.2	offer a student support program focused on <i>social, financial and personal needs, which includes support in connection with social and personal problems and events, health</i>		+		

			<i>problems and financial issues, the availability of medical care, immunization programs and health insurance, as well as financial assistance services in the form of financial aid, scholarships and loans;</i>				
92	3	4.3.3	allocate resources to support students;		+		
93	4	4.3.4	ensure confidentiality regarding counseling and support.		+		
			The higher medical institution should provide counseling which:				
94	5	4.3.5	is based on monitoring student progress and focused on the social and personal needs of students, including academic support, support in relation to personal problems and situations, health problems, financial issues;		+		
95	6	4.3.6	includes counseling and professional career planning.		+		
		4.4	Student Representation				
96	7	4.4.1	The higher medical institution must define and implement a <i>policy of student representation</i> and their <i>appropriate participation</i> in mission definition, development, management and evaluation of the educational program, and other matters relevant to students.		+		
97	8	4.4.2	The higher medical institution should provide <i>assistance and support to student activities</i> and student organizations, including <i>the provision of technical and financial support to student organizations</i> .		+		
			Total	0	16	0	0
		5.	ACADEMIC STAFF/TEACHERS				
		5.1	Selection and recruitment policy				
			The higher medical institution must determine and implement a staff selection and admission policy which:				
98	1	5.1.1	determines their category, responsibilities and <i>balance of academic staff/teachers</i> in basic biomedical sciences, behavioral and social sciences and clinical sciences for the adequate implementation of the educational program, including the proper balance between medical and non-medical teachers, full-time and part-time teachers, as well as the balance between academic and non-academic staff;		+		
99	2	5.1.2	contains criteria for scientific, pedagogical and clinical merit of applicants, including a proper balance between pedagogical, scientific and clinical qualifications;		+		
100	3	5.1.3	defines and monitors the responsibilities of academic staff/faculties in the basic biomedical sciences, behavioral and social sciences, and clinical sciences.		+		
			The higher medical institution should take into account criteria such as:				
101	4	5.1.4	attitude to their mission, <i>the significance of local conditions, including gender, nationality, religion, language and other conditions related to the higher medical</i>		+		

			<i>institution and the educational program;</i>				
102	5	5.1.5	<i>economic opportunities which take into account the institutional conditions for the financing of employees and the efficient use of resources.</i>		+		
		5.2	Development Policy and Employee Activities				
			The higher medical institution must determine and implement a policy for the activities and development of employees, which:				
104	6	5.2.1	<i>allows to maintain a balance between teaching, scientific and service functions, which includes setting the time for each type of activity, taking into account the needs of the higher medical institution and the professional qualifications of teachers;</i>		+		
105	7	5.2.2	<i>guarantees the recognition of merit in academic work, with an appropriate emphasis on teaching, research and clinical qualifications and is carried out in the form of awards, promotions and / or remuneration;</i>		+		
106	8	5.2.3	<i>ensures that clinical activities and research are used in teaching and learning;</i>		+		
107	9	5.2.4	<i>guarantees the sufficiency of knowledge by each employee of the educational program, which includes knowledge of teaching / learning methods and the general content of the educational program, and other disciplines and subject areas in order to stimulate cooperation and integration;</i>		+		
108	10	5.2.5	<i>includes training, development, support and evaluation of teachers, which involves all teachers, not only newly employed, but also teachers from hospitals and clinics.</i>		+		
			The higher medical institution should :				
109	11	5.2.6	<i>take into account the “teacher-student” ratio depending on the various components of the educational program;</i>		+		
110	12	5.2.7	<i>develop and implement employee promotion policies.</i>		+		
			Total	0	12	0	0
		6.	EDUCATIONAL RESOURCES				
		6.1	Material and technical base				
			The higher medical institution should :				
111	1	6.1.1	<i>have sufficient material and technical base for teachers and students to ensure adequate implementation of the educational program;</i>		+		
112	2	6.2.2	<i>provide a safe environment for employees, students, patients and those who care for them, including providing the necessary information and protection from harmful substances, microorganisms, observing safety rules in the laboratory and when using equipment.</i>		+		
113	3	6.1.3	The higher medical institution should improve the learning environment for students through regular renewal, expansion and strengthening of the material and technical base, which should correspond to		+		

			the development in teaching practice.				
		6.2	Clinical Training Resources				
			The higher medical institution must provide the necessary resources for students to acquire adequate clinical experience, including sufficient:				
114	4	6.2.1	the number and categories of patients;		+		
115	5	6.2.2	the number and categories of <i>clinical bases</i> , which include clinics, outpatient services (including PHC), primary health care facilities, health centers and other community health care settings, and clinical skills centers/laboratories that allow for clinical training using the facilities of clinical bases and provide rotation in major clinical disciplines;		+		
116	6	6.2.3	observation of clinical practice of students.		+		
117	7	6.2.4	The higher medical institution should study and evaluate , adapt and improve clinical training resources to meet the needs of the beneficiary population, which will include <i>relevance and quality for clinical training programs regarding clinical facilities, equipment, number and category of patients and clinical practice, supervision as a supervisor and administration.</i>		+		
		6.3	Information Technologies				
118	8	6.3.1	The higher medical institution must define and implement a policy that is aimed at <i>the effective use and evaluation of appropriate information and communication technologies in the educational program.</i>		+		
119	9	6.3.2	The higher medical institution must provide access to network or other electronic media		+		
			The higher medical institution should provide teachers and students with opportunities to use information and communication technologies:				
120	10	6.3.3	for self-study;		+		
121	11	6.3.4	access to information;		+		
122	12	6.3.5	patient management;		+		
123	13	6.3.6	work in the healthcare system.		+		
124	14	6.3.7	The higher medical institution should optimize student access to relevant patient data and health care information systems.		+		
		6.4	Medical research and scientific achievements				
			The higher medical institution must :				
125	15	6.4.1	have <i>research activities in the field of medicine and scientific achievements</i> as the basis for the educational program;		+		
126	16	6.4.2	define and implement policies that promote the relationship between research and education;		+		
127	17	6.4.3	provide information on the research base and priority areas in the field of scientific research of the higher medical institution ;		+		
128	18	6.4.4	use medical research as the basis for the curriculum		+		
			The higher medical institution should ensure that the relationship between research and education:		+		

129	19	6.4.5	taken into account in teaching;				
130	20	6.4.6	encourages and prepares students to participate in scientific research in the field of medicine and its development.		+		
		6.5	Expertise in the field of education				
			The higher medical institution must :				
131	21	6.5.1	have access to <i>educational expertise</i> , where appropriate, and conduct expertise that examines the processes, practice, and issues of medical education, and may involve physicians with experience in medical education research, psychologists and sociologists, or through the involvement of experts from other national and international institutions.		+		
			The higher medical institution must determine and implement a policy on the use of expertise in the field of education:				
132	22	6.5.2	in the development of an educational program;		+		
133	23	6.5.3	in the development of teaching methods and assessment of knowledge and skills		+		
			The higher medical institution should :				
134	24	6.5.4	provide evidence of the use of internal or external expertise in the field of medical education to develop the capacity of employees;		+		
135	25	6.5.5	give due attention to the development of <i>expertise in education assessment and research in medical education as a discipline that includes the study of theoretical, practical and social issues in medical education</i> ;		+		
136	26	6.5.6	to promote the aspiration and interests of employees in conducting research in medical education.		+		
		6.6	Exchange in the field of education				
			The higher medical institution must define and implement a policy for:				
137	27	6.6.1	cooperation at the national and international levels with <i>other medical universities</i> ;		+		
138	28	6.6.2	<i>transfer and offset of educational loans, which includes consideration of the limits of the volume of the educational program that can be transferred from other educational institutions and which may be facilitated by the conclusion of agreements on mutual recognition of elements of the educational program, and active coordination of programs between medical educational institutions and the use of a transparent system of credit units and flexible course requirements.</i>		+		
			The higher medical institution should :				
139	29	6.6.3	promote regional and international exchange of staff (academic, administrative and teaching staff) and students by providing appropriate resources;		+		
140	30	6.6.4	ensure that the exchange is organized in accordance with the objectives, taking into account the needs of staff, students, and respecting ethical principles.		+		

			Total	3	27	0	0
		7.	EVALUATION OF THE EDUCATIONAL PROGRAM				
		7.1	Monitoring and program evaluation mechanisms				
			The higher medical institution must :				
141	1	7.1.1	have a process and results monitoring program that includes the collection and analysis of data on key aspects of the educational program in order to ensure that the educational process is carried out in an appropriate way and to identify any areas requiring intervention, as well as data collection is part of the administrative procedures in connection with student admission, student assessment and completion of training.		+		
142	2	7.1.2	ensure that relevant assessment results influence the curriculum		+		
			A higher medical institution must establish and apply mechanisms for evaluating an educational program which:				
143	3	7.1.3	are aimed at the educational program and its <i>main components, including the model of the educational program, the structure, content and duration of the educational program, and the use of compulsory and elective parts;</i>		+		
144	4	7.1.4	focused on student progress;		+		
145	5	7.1.5	identify and consider <i>problems that include insufficient achievement of the expected learning outcomes</i> , and will assume that the information received on the learning outcomes, including identified shortcomings and problems, will be used as feedback for activities and corrective action plans, to improve the educational program and curricula of disciplines;		+		
			A higher medical institution should periodically conduct a comprehensive <i>assessment of the educational program</i> aimed at:				
146	6	7.1.6	<i>on the context of the educational process, which includes the organization and resources, the learning environment and the culture of the higher medical institution;</i>		+		
147	7	7.1.7	<i>on special components of the educational program, which include a description of the discipline and methods of teaching and learning, clinical rotations and assessment methods;</i>		+		
148	8	7.1.8	on <i>overall outcomes</i> as measured by national examination results, international examinations, career choices and postgraduate study results;		+		
149	9	7.1.9	A higher medical institution should rely on social responsibility/accountability.		+		
		7.2	Teacher and student feedback				
150	10	7.2.1	The higher medical institution must systematically collect, analyze and provide <i>feedback</i> to teachers and students, <i>which includes information about the process and</i>		+		

			<i>products of the educational program, and also includes information about bad practice or inappropriate behavior of teachers or students with and / or legal consequences.</i>				
151	11	7.2.2	The higher medical institution should use the results of the feedback to improve the educational program.		+		
		7.3	Academic achievements of students				
			The higher medical institution must analyze the educational achievements of students regarding:				
152	12	7.3.1	<i>its mission and final learning outcomes</i> of the educational program, which includes information on the average duration of study, academic scores, frequency of passing and failing exams, cases of successful completion and expulsion, student reports on the conditions of study in the courses taken, on the time spent studying areas of interest, including elective components, as well as interviews with students in repeated courses, and interviews with students who leave the study program;		+		
153	13	7.3.2	educational program;		+		
154	14	7.3.3.	provision of resources.		+		
			The higher medical institution should analyze <i>the educational achievements</i> of students regarding:				
155	15	7.3.4	<i>their previous experiences and conditions, including social, economic, cultural conditions;</i>		+		
156	16	7.3.5	the level of training at the time of admission to a higher medical institution .		+		
			A higher medical institution should use the analysis of students' educational achievements to provide feedback to structural units responsible for:				
157	17	7.3.6	selection of students;		+		
158	18	7.3.7	educational program planning;		+		
159	19	7.3.8	student counseling.		+		
		7.4	Stakeholder Engagement				
			The higher medical institution should , in its monitoring program and activities for the evaluation of the educational program, involve:				
160	20	7.4.1	teaching staff and students;		+		
161	21	7.4.2	its own administration and management.		+		
			The higher medical institution should for <i>other stakeholders</i> , including <i>other representatives of academic and administrative staff, members of the public, authorized bodies for education and health, professional organizations, as well as persons responsible for postgraduate education:</i>				
162	22	7.4.3	provide access to the results of the evaluation of the course and the educational program;		+		
163	23	7.4.4	collect and study feedback from them on the clinical practice of graduates;		+		
164	24	7.4.5	collect and study feedback from them on the educational program.		+		
			Total	0	24	0	0

		8.	MANAGEMENT AND ADMINISTRATION				
		8.1	Management				
165	1	8.1.1	The medical education organization must determine the management structures and functions, including their relationship with the university, if the medical education organization is part of or affiliated with the university.		+		
			A medical education organization should determine structural divisions in its management structures with the establishment of the responsibility of each structural division and include in their composition:				
166	2	8.1.2	representatives of academic staff;		+		
167	3	8.1.3	students;		+		
168	4	8.1.4	<i>other stakeholders, including representatives of the ministry of education and health, the health sector and the public.</i>		+		
169	5	8.1.5	The higher medical institution should ensure <i>the transparency</i> of the management system and the decisions made, which <i>are published in bulletins, posted on the website of the university, included in the protocols for review and execution.</i>		+		
		8.2	Academic authority				
170	6	8.2.1	The higher medical institution must clearly define the responsibility of the <i>academic authority</i> in relation to the development and management of the educational program.		+		
171	7	8.2.2	The higher medical institution should periodically evaluate the academic authority regarding the achievement of its mission and the final learning outcomes.		+		
		8.3	Training budget and resource allocation				
			The higher medical institution must:				
172	8	8.3.1	have clear terms of reference and authority to provide the educational program with resources, including a target budget for education;		+		
173	9	8.3.2	allocate resources necessary for the implementation of the educational program and distribute educational resources in accordance with their needs.		+		
174	10	8.3.3	The system of financing a higher medical institution should be based on the principles of efficiency, effectiveness, priority, transparency, responsibility, differentiation and independence of all levels of budgets.		+		
			The higher medical institution should:				
175	11	8.3.4	provide sufficient autonomy in the distribution of resources, including adequate remuneration of teachers in order to achieve the final learning outcomes;		+		
176	12	8.3.5	when allocating resources, take into account scientific advances in the field of medicine and public health problems and their needs.		+		
		8.4	Administrative staff and management				
			A higher medical institution must have <i>an appropriate administrative staff</i> , including				

			their <i>number and composition in accordance with qualifications</i> , in order to:				
177	13	8.4.1	ensure the implementation of the educational program and related activities;		+		
178	14	8.4.2	ensure proper management and allocation of resources.		+		
179	15	8.4.3	The higher medical institution should develop and implement an internal management quality assurance program, including consideration of needs for improvement, and conduct regular management review and analysis.		+		
		8.5	Engagement with the health care sector				
180	16	8.5.1	The higher medical institution should have a <i>constructive interaction</i> with the health care sector, with related sectors of the health care of society and government, <i>including the exchange of information, cooperation and initiatives of the organization, which contributes to the provision of qualified doctors in accordance with the needs of society.</i>	+			
181	17	8.5.2	The higher medical institution should be given <i>official status of cooperation</i> with partners in the health care sector, <i>which includes the conclusion of formal agreements defining the content and forms of cooperation and / or the conclusion of a joint contract and the creation of a coordinating committee, and holding joint events.</i>		+		
			Total	1	16	0	0
		9.	PERMANENT UPDATE				
			The higher medical institution should , as a dynamic and socially responsible institution:				
182	1	9.1.1	initiate procedures for regular review and revision of content, results/competence, assessment and learning environment, structure and function, document and eliminate deficiencies;		+		
183	2	9.1.2	allocate resources for continuous improvement.		+		
			The higher medical institution should :				
184	3	9.1.3	base the update process on prospective studies and analyzes and on the results of their own research, evaluation and literature on medical education;		+		
185	4	9.1.4	ensure that the process of renewal and restructuring results in a revision of its policies and practices in line with past experience, current activities and future prospects; guide the upgrade process to:		+		
186	5	9.1.5	Adaptation of the mission statement and final results to the scientific, socio-economic and cultural development of society.		+		
187	6	9.1.6	Modification of graduate learning outcomes in accordance with the documented needs of the postgraduate training environment, including clinical skills, training in public health issues and participation in the process of patient care in accordance with the responsibilities that are assigned to graduates after graduation from HMI (higher medical		+		

			institution)				
188	7	9.1.7	Adapting the curriculum model and methodological approaches to ensure that they are appropriate and relevant and take into account current theories in education, adult learning methodology, active learning principles.		+		
189	8	9.1.8	Adjustment of the elements of the educational program and their relationship in accordance with advances in the biomedical, behavioral, social and clinical sciences, with changes in demographic and health status/morbidity patterns of the population and socio-economic and cultural conditions, and the adjustment process will ensure the inclusion of new relevant knowledge, concepts and methods, and the exclusion of obsolete ones.		+		
190	9	9.1.9	Development of assessment principles, and methods for conducting and number of examinations in accordance with changes in learning outcomes and teaching and learning methods.		+		
191	10	9.1.10	Adapting student recruitment policies and student selection methods according to changing expectations and circumstances, staff needs, changes in the pre-university education system, and curriculum needs.		+		
192	11	9.1.11	Adaptation of the recruitment policy and the formation of the academic staff in accordance with changing needs.		+		
193	12	9.1.12	Updating educational resources in accordance with changing needs, such as student enrollment, number and profile of academic staff, educational program.		+		
194	13	9.1.13	Improving the process of monitoring and evaluation of the educational program.		+		
195	14	9.1.14	Improving the organizational structure and management principles to ensure effective operation in the face of changing circumstances and needs, and, in the long term, to meet the interests of various stakeholder groups.		+		
			Total	0	14	0	0
			TOTAL GENERALLY	4	183	8	0