



GUIDE TO THE ACCREDITATION OF MEDICAL STUDY PROGRAMMES ACCORDING TO THE AQU CATALUNYA STANDARDS AND THE WFME GLOBAL STANDARDS FOR QUALITY IMPROVEMENT: BASIC MEDICAL EDUCATION

This document details the standards and criteria for the international accreditation of medical study programmes as set by AQU Catalunya and the WFME for Basic Medical Education. Its objective is to guide medical schools through the internal self-assessment process and through the evaluation by external experts, ensuring that the standards are met.



AQU CATALUNYA

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INTRODUCTION

Accreditation aims and principles

The objective of accreditation is to ensure that the study programmes meet the legal requirements established by higher education authorities and that the training level achieved by graduates is in keeping with the level certified by the institution. To this end, the accreditation process will verify that the following aspects have been met:

- > The study programme meets the legal requirements established by the education authorities (name, number of ECTS credits, structure of the curriculum, access requirements and criteria, etc.).
- > The learning outcomes (LO) are aligned with those established in the relevant qualifications framework according to the education level of the programme ('Bachelor's degree, 'Master's degree and doctoral education). In Catalonia they must be aligned with the Spanish Higher Education Qualifications Framework (MECES)¹ and the Catalan Higher Education Qualifications Framework (CHE-QF).²
- > The appropriate and necessary resources have been used for the delivery of the curriculum: teaching staff, learning support services, infrastructure, and physical resources.
- > The certifications and awards issued adhere to relevant and adequate procedures for assessing student learning outcomes.
- > Graduates' progress, graduation and employability indicators are equivalent to other study programmes within the same academic and professional fields.
- > The study programme has internal quality assurance mechanisms that ensure regular analysis of curriculum delivery aimed at the continuous improvement of student training.

The accreditation model proposed in this guide is part of the AQU Catalunya Framework for Validation, Monitoring, Modification, and Accreditation of Official Degrees (Marc VSMA),³ which promotes a culture of quality assurance – i.e., continuous improvement through analysis and assessment – and accountability. To achieve the above objectives, compliance with the following areas is assumed:

¹ Ministerio de Educación, Real Decreto 1027/2011, de 15 de julio, por el que se establece el Marco Español de Cualificaciones para la Educación Superior. Boletín Oficial del Estado, 185, pp. 87912-87918, BOE-A-2011-13317 (2011).

² Gemma Rauret Dalmau et al., *Catalan Higher Education Qualifications Framework (CHE-QF)*, 1st edition (Barcelona: AQU Catalunya, 2019).

³ Agència per a la Qualitat del Sistema Universitari de Catalunya, *Framework for the Validation, Monitoring, Modification and Accreditation of Recognised University Degrees (MVSMA)*, 2nd edition (Barcelona: AQU Catalunya, 2016).

- > **International equivalence.** As an agency recognised and integrated into European quality assurance organisations (ENQA, EQAR), AQU Catalunya must adopt assessment criteria and guidelines in accordance with this status (ESG).⁴
- > **Self-assessment.** Internal analysis of the study programme delivery, or self-assessment, is a key part of the process. The improvement plan that forms the backbone of and sets the schedule for the actions to be carried out stems from demonstrable quantitative and qualitative information, generated by the internal quality assurance system.
- > **Accountability and continuous improvement.** Integration as a means of incorporating internal and external requirements.
- > Special attention to **student learning outcome achievement**, as foundational evidence of the quality of the study programme.
- > **Recognition of study programme progress, best practices and outstanding quality** for promoting continuous improvement.
- > **Transparency and publicity of processes and results to ensure the institution maintains its credibility.**

AQU Catalunya and WFME standards

In 2021, the World Federation for Medical Education (WFME) recognised AQU Catalunya as an accrediting agency for medical study programmes in accordance with the WFME standards for Basic Medical Education (BME). The 2015 BME standards were used in the recognition process.

Since then, with increasing recognition of the importance of context in medical education, the WFME has improved its standards for basic medical education and included a new approach that makes their use and implementation easier and applicable in all cultures and circumstances. The amendment to the WFME BME standards moves away from prescriptive, process-based requirements towards a principles-based approach² which allows each agency or institution to draw up its own version of the basic standards which is contextually appropriate. These local standards would then address the design, delivery, management, and quality assurance of education and training but in a manner tailored to context.

The WFME invites institutions and organisations that wish to use the 2020 standards to interpret them for their own culture, resources, aspirations, and values, while still addressing the specified areas of performance. In this respect, AQU Catalunya has adopted the structure and content of the 2020 BME standards and has incorporated those aspects which, in accordance with the **Standards and Criteria for the Quality Assessment of University Bachelor's and Master's Degrees**,⁵ it is

⁴ European Association for Quality Assurance in Higher Education *et al.*, *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)* (Brussels: ENQA, ESU, EUA, EURASHE, 2015).

⁵ Agència per a la Qualitat del Sistema Universitari de Catalunya, *Standards and Criteria for the Quality Assessment of University Bachelor's and Master's Degrees*, 1st edition (Barcelona: AQU Catalunya, 2022).

mandatory to include and/or are required by Catalan and Spanish legal regulations.

Reference framework and regulations

AQU Catalunya and the study programmes delivered by Catalan universities are subject to the reference framework of the European Higher Education Area (EHEA) and the European Standards and Guidelines approved by the Ministers of Education of the EHEA (ESG). They must also comply with the Catalan and Spanish legal regulations on universities. The main references that have been considered when preparing this guide are the following:

- > **Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG).**⁴ This is the quality assurance reference framework for institutions and agencies. Table 1 shows the relationship between the ESGs, the WFME standards, and the AQU Catalunya standards.
- > **Framework for the verification, monitoring, modification, and accreditation of official qualifications (Marc VSMA, in Catalan).**³ The framework establishes the position of AQU Catalunya with respect to the quality assurance of official degrees. It establishes the rules for the ex ante and ex post accreditations, monitoring, and modification of study programmes.
- > **Standards and Criteria for the Quality Assessment of University Bachelor's and Master's Degrees.**⁵ This document establishes the standards and criteria that AQU Catalunya applies in the quality assessment of study programmes for all current quality assurance processes (accreditation, monitoring, and curriculum modification).
- > **Guide to the Institutional Accreditation of University Centres.**⁶ This document sets out the standards and criteria for the institutional accreditation of university centres. Its aim is to guide universities through the internal institutional accreditation process and the external committees and commissions that assess whether the standards and criteria have been met.

The main legal requirements are set by:

- > **Royal Decree 822/2021, of September 28, establishing the organisation of university study programmes and the procedure for ensuring their quality.**⁷ It redefines the organisation and structure of official university education. In this regard, it is established that “university centres that are not institutionally accredited will have to renew the accreditation of official university degrees in accordance with the procedure that each autonomous community establishes for the universities in its area of authority.”

⁶ Agència per a la Qualitat del Sistema Universitari de Catalunya, *Guide to the Institutional Accreditation of University Centres*, 1st edition (Barcelona: AQU Catalunya, 2021).

⁷ Ministerio de Universidades, *Real Decreto 822/2021, de 28 de septiembre, por el que se establece la organización de las enseñanzas universitarias y del procedimiento de aseguramiento de su calidad*, Boletín Oficial del Estado, 233, pp. 119537-119578, BOE-A-2021-15781 (2021).

- > **Royal Decree 640/2021, of July 27, on the creation, recognition, and authorisation of universities and university centres, and institutional accreditation of university centres.**⁸ In particular, for the assessment of teacher profiles.

Finally, the curriculum will have to take into account democratic principles and values as a reference and be aligned with the United Nations Sustainable Development Goals (SDGs),⁹ contributing to the achievement of the objectives of the 2030 Agenda. In this respect:

- > Institutions must guarantee respect for human rights and other fundamental rights, democratic values, freedom of thought, academic freedom, tolerance, recognition and respect for diversity, equity for all citizens, inclusion, the eradication of any discriminatory content or practice, and a culture of peace, among others.
- > They must also ensure the introduction of the gender perspective in a cross-disciplinary way in teaching in accordance with article 28 of Act 17/2015.¹⁰ Furthermore, they must include specific training content on gender-based violence, especially in study programmes related to the aforementioned act, in accordance with Article 17 of Act 5/2008, of April 21, on the right of women to eradicate gender-based violence, amended by Act 17/2020, of December 22.¹¹
- > They must put in place measures to ensure a universally accessible curriculum and guarantee the rights of people with disabilities, in accordance with the provisions of the consolidated text of the General Act on the rights of people with disabilities and their social inclusion, approved by the Royal Legislative Decree 1/2013, of November 29.¹²
- > Finally, the study programmes must put in place teaching and learning activities related to climate change, in accordance with the provisions of article 35.2 of Act 7/2021, of May 20, on climate change and energy transition.¹³

Guide structure

As explained above, this guide adopts the structure of the WFME Global Standards for Basic

⁸ Ministerio de Universidades, Real Decreto 640/2021, de 27 de julio, de creación, reconocimiento y autorización de universidades y centros universitarios, y acreditación institucional de centros universitarios, Boletín Oficial del Estado, 179, pp. 90776-90800. BOE-A-2021-12613 (2021).

⁹ United Nations. Sustainable Development Goals (2015).

¹⁰ Presidència de la Generalitat de Catalunya, Llei 17/2015, del 21 de juliol, d'igualtat efectiva de dones i homes, Diari Oficial de la Generalitat de Catalunya, 6919, CVE-DOGC-A-15202111-2015. (2015).

¹¹ Presidència de la Generalitat de Catalunya, Llei 5/2008, de 24 d'abril, del dret de les dones a eradicar la violència masclista. Diari Oficial de la Generalitat de Catalunya, 5123, CVE-DOGC-A- 08115106-2008, (2008). Modificada per la Llei 17/2020, del 22 de desembre, de modificació de la Llei 5/2008, del dret de les dones a erradicar la violència masclista, Diari Oficial de la Generalitat de Catalunya, 8303, CVE-DOGC-A-20357121-2020 (2020).

¹² Ministerio de Sanidad, Servicios Sociales e Igualdad, Real Decreto Legislativo 1/2013, de 29 de noviembre, por el que se aprueba el Texto Refundido de la Ley General de derechos de las personas con discapacidad y de su inclusión social, Boletín Oficial del Estado, 289, pp. 95635-95673, BOE-A-2013-12632 (2013).

¹³ Jefatura del Estado, Ley 7/2021, de 20 de mayo, de cambio climático y transición energética, Boletín Oficial del Estado, 121, pp. 62009-62052, BOE-A-2021-8447 (2021).

Medical Education from 2020, and it incorporates those standards at Catalan, Spanish, and European level that are not included in the WFME standards. Consequently, this assures that there is an equivalence between accreditations of medical study programmes based on this guide, on the one hand, with accreditations carried out by other agencies under the BME standards and indeed with accreditations of the remaining Catalan, Spanish, and European degrees, on the other.

This guide is structured according to the eight dimensions into which the BME standards are organised:

- > 1. Mission and values
- > 2. Curriculum
- > 3. Assessment and results
- > 4. Students
- > 5. Academic staff
- > 6. Educational resources
- > 7. Quality assurance and public information
- > 8. Governance and administration

Each dimension is organised into subdimensions with the following structure:

- > **The WFME BME and AQU standards and substandards** to be achieved.
- > **Guidance** on how AQU Catalunya is going to assess the level of compliance with that standard.
- > **Rubrics** which allow both external assessors and study programmes leaders to assess the level of compliance with the standard.
- > **Evidence** that the school may present to demonstrate that the standard is met.
- > **Indicators**, both quantitative and qualitative, that the medical school may present to demonstrate that the standard is met.

The evidence and indicators have been selected from the list of evidence, indicators and data included in the document *Guide to the Institutional Accreditation of University Centres*⁶ cited above, using the same coding. Not all the evidence proposed has the same weight when checking or deciding whether the standard is reached. Additionally, and depending on the nature, history and processes implemented, the evidence may differ from the aspects suggested. However, the evidence presented by the centre must allow the degree of achievement of the standards to be determined.

As far as possible, the evidence should cover the entire period between accreditations. Degree programme leaders should not expressly produce evidence and indicators for the accreditation process; on the contrary, they should make available to AQU Catalunya the documentation and indicators that it uses and generates in its daily activity. Along these lines, links to public sites or access to applications in which this information is stored may be provided as evidence.

All indicators related to people must always be presented segregated by sex and the resulting analysis must incorporate the gender perspective.

In addition, two annexes are included. The first one contains two summary tables that set out the evidence and the indicators that may be used in each subdimension. The second one offers a detailed presentation of the evidence used to assess the achievement of student learning outcomes.

Table 1. Relationship between the WFME BME standards (2020), the AQU Catalunya standards (2022) and the ESGs (2015)

WFME BME standards	AQU Catalunya standards	ESGs 2015
1.1 Stating the mission		—
2.1 Intended curriculum outcomes	2.3. Training objectives and graduation profile (S2e) 2.4 Learning outcomes (S2d)	1.2 Design and approval of programmes
2.2 Curriculum organisation and structure	2.1 Title and characteristics of the qualification (S2a, S2b, S2c) 2.5 Structure of the study plan (S2c, S2e) 2.7 Rollout (S2f)	
2.3 Curriculum content	2.2. Rationale for the degree programme (S2b) 2.6 Approval (S2c)	
2.4 Educational methods and experiences	5.1 Teaching methods and training activities (S5a, S5b)	1.3 Student-centred learning, teaching, and assessment
3.1 Assessment policy and system	5.2 Assessment (S3f)	
3.2 Assessment in support of learning	5.2 Assessment (S3f) 6.2 Learning support services and resources (S6c)	
3.3 Assessment in support of decision-making	5.2 Assessment (S5c, S5d)	
3.4 Quality control	7.2 IQA and information management (S7b)	1.7 Information management
—	7.1 Outcomes of the training programme (S7c, S7d)	
4.1 Selection and admission policy	3.1 Access and admission (S3a, S3b, S3c)	1.4 Student admission, progression, recognition, and certification
4.2 Student counselling and support	3.2 Progression (S3d) 6.2 Learning support services and resources (S6c)	1.4 Student admission, progression, recognition, and certification 1.6 Learning resources and student support
—	3.3 Recognition and transfer of credits and prior learning (S3e)	1.4 Student admission, progression, recognition, and certification
—	3.4 Certification (S3g, S3h, S3i)	

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WFME BME standards	AQU Catalunya standards	ESGs 2015
5.1 Academic staff establishment policy	4.1 [Teaching staff] Profile (S4a, S4b) 4.2 Staff sufficiency (S4c)	1.5 Teaching staff
5.2 Academic staff performance and conduct	—	
5.3 Continuing professional development for academic staff	4.3 [Teaching staff] Training (S4d)	
6.1 Physical facilities for teaching and learning	6.1 Facilities and infrastructure (S6a)	1.6 Learning resources and student support
6.2 Clinical training resources	6.1 Facilities and infrastructure (S6a)	
6.3 Information resources	6.2 Learning support services and resources (S6b)	
7.1 The quality assurance system	7.2 IQA and information management (S7a, S7b) 9. Ongoing monitoring and periodic review of the programme (S9)	1.1 Policy for quality assurance 1.7 Information management 1.9 On-going monitoring and periodic review of the programme
—	8.1 Quality of [public] information (S8a) 8.2 Content of [public] information (S8b)	1.8 Public information
8.1 Governance	1.1 Degree programme governance (S1a, S1b, S1c, S1d, S1e)	—
8.2 Student and academic staff representation	—	—
8.3 Administration	—	—

1. MISSION AND VALUES

This dimension assesses the mission and values of the medical school and the reference framework that characterises it and according to which all its activities are oriented.

1.1 Stating the mission

The school has a public statement that sets out its values, priorities, and goals (BME 1.1).

This BME WFME standard is developed by the following AQU Catalunya substandards:

- > The mission is publicly available.
- > The mission outlines the educational strategy resulting in a medical doctor.
- > The mission outlines the health needs of the community and of the healthcare delivery system, as well as other aspects of social accountability in keeping with the UN Sustainable Development Goals (SDGs).
- > The mission has been formulated based on input from key stakeholders.

Guidance

The mission provides the overarching framework to which all other aspects of the educational institution and its programme have to be related. The mission statement would include general and specific issues relevant to institutional, national, regional, and global policies and needs. The mission in this document includes the institution's vision in terms of education in medicine.

When establishing the mission, the medical school should take into account its purpose, values, educational goals, research functions, and relationships with the healthcare service and communities.

AQU Catalunya will also want to check whether the mission guides planning of activity, the curriculum, quality assurance procedures, and management at the school. This must be clearly stated and established, taking into account the opinion of the main stakeholders.

The mission must be publicly available and periodically reviewed.

Rubrics

Progressing towards excellence

The study programme has a formally established mission in medical education which has been prepared with the engagement of key stakeholders.

The mission is highly relevant to the nature of the study programme, and objectives and actions are derived from it which are regularly analysed and reviewed.

Compliant

The study programme has a formally established mission in medical education which has been prepared with the engagement of key stakeholders.

The mission is relevant to the nature of the study programme, and objectives and actions are derived from it which are analysed and reviewed.

Compliant with conditions

The study programme has a formally established mission in medical education although it has been prepared without the engagement of key stakeholders.

The mission is not suitably relevant to the nature of the study programme, and/or no objectives and actions are derived from it which are analysed and reviewed.

Non-compliant

The study programme has no formally established mission in medical education.

The mission is not relevant to the nature of the study programme.

Evidence

The medical school may use the following evidence to demonstrate that the standard is met:

- > E01. Strategic plan or similar
- > E02. Dashboard or similar
- > E79. Mission statement document.
- > E80. Intended learning outcomes

Indicators

No indicators are proposed for the evaluation of this standard.

2. CURRICULUM

The curriculum responds adequately to the discipline(s) and training objectives of the study programme. The learning outcomes correspond to the level of the medical study programme, in accordance with the Catalan Higher Education Qualifications Framework (MCQES). The rollout schedule, allocation of ECTS credits to subjects, and teaching staff assigned are appropriate and acceptable (AQU S2).

As indicated in the ESGs, study programmes are at the core of higher education institutions' teaching missions. They provide students with both academic knowledge and skills, including those that are transferable, which may influence their personal development and which can be applied in their future careers (ESG 1.2. Design and approval of programmes).

The medical school must have a process for designing and approving the curriculum that clearly establishes responsibilities and takes current regulations into account. The design of the programme may be structurally defined as the content, duration, and sequencing of the elements (subjects/courses). The design, however, also includes other aspects of paramount importance, such as the nature of the content, the intended learning outcomes (LO), and their sequence of achievement and assessment.

According to the BME, four aspects must be taken into account when assessing the quality of the medical curriculum: intended outcomes, organisation and structure, content, and educational methods and experiences.

2.1 Intended curriculum outcomes

The school has defined the learning outcomes that students should have achieved by graduation, as well as the intended learning outcomes for each part of the course (BME 2.1).

This BME WFME standard is developed by the following AQU Catalunya substandard:

- > The learning outcomes correspond to those established by the national qualifications framework (MCQES) for the educational level of the degree programme. (AQU S2d).

Guidance

The medical school must specify both the expected learning outcomes at programme level and in the different subjects, and how their achievement will be certified. The defined learning outcomes must be:

- > Aligned with the medical school mission and consistent with the learning objectives of the medical study programme.
- > Relevant within the disciplinary field.
- > Consistent with relevant national regulatory standards or government and employer requirements.^{14, 15}
- > In accordance with the corresponding national qualifications framework (the MCQES in Catalonia).
- > In accordance with those collected in national and international medical education networks — i.e., the Global Minimum Essential Requirements in medical education (GMER), established by the Institute for International Medical Education — or entities — i.e., the professional competences of graduates of medical schools in Catalonia established by the AQU Disseny project.¹⁶
- > In accordance with the subject benchmark statement for basic medical studies (if available).

Outcomes can be set out in any manner that clearly describes what is intended in terms of skills, knowledge, competence, values, behaviours, and preparedness for being a doctor.¹⁷

LOs must include all types of learning: knowledge, understanding, application, analysis, assessment, and creation.

LOs have to be assessable and achievable by the medical students given the resources and time available. AQU Catalunya will check whether the intended learning outcomes are inclusive and based on a universal design for learning that offers all students an equal opportunity to succeed, and whether the gender perspective is incorporated.

¹⁴ Ministerio de Educación y Ciencia, Resolución de 17 de diciembre de 2007, de la Secretaría de Estado de Universidades e Investigación, por la que se publica el Acuerdo de Consejo de Ministros de 14 de diciembre de 2007, por el que se establecen las condiciones a las que deberán adecuarse los planes de estudios conducentes a la obtención de títulos que habiliten para el ejercicio de la profesión regulada de Médico. Boletín Oficial del Estado (305), December 21, 2007, pp. 52849-52850. BOE-A-2007-22015.

¹⁵ Ministerio de Educación y Ciencia, Orden ECI/332/2008, de 13 de febrero, por la que se establecen los requisitos para la verificación de los títulos universitarios oficiales que habiliten para el ejercicio de la profesión de Médico. Boletín Oficial del Estado (40), February 15, 2008, pp. 8351-8355. BOE-A-2008-2674.

¹⁶ Joan Prat et al., *Professional competences of graduates of medical schools in Catalonia*, 1st edition (Barcelona: AQU Catalunya, 2004).

¹⁷ Agència per a la Qualitat del Sistema Universitari de Catalunya, “El perfil de les titulacions: objectius de formació, perfil de graduació i resultats de l’aprenentatge” (AQU Catalunya, February 2022) [In Catalan].

Rubrics

Progressing towards excellence

The medical school has defined the learning outcomes that students should have achieved by graduation. They are fully compliant with the national qualifications framework for the educational level of the study programme and the other relevant regulatory requirements.

Compliant

The medical school has defined the learning outcomes that students should have achieved by graduation. They are compliant with the national qualifications framework for the educational level of the study programme and the other relevant regulatory requirements.

Compliant with conditions

The medical school has defined the learning outcomes that students should have achieved by graduation. They are partially compliant with the national qualifications framework for the educational level of the study programme and the other relevant regulatory requirements.

Non-compliant

The medical school either has not defined the intended learning outcomes or they do not correspond to the national qualifications framework for the educational level of the study programme or the other relevant regulatory requirements.

Evidence

The medical school may use the following evidence to demonstrate that the standard is met:

- > E16. Medical school and study programme monitoring reports
- > E46. Study programme handbook
- > E47. Ex ante study programme accreditation report (AQU)
- > E48. Centre and study programme monitoring reports (AQU)
- > E49. Ex post study programme accreditation reports (AQU)

Indicators

No indicators are proposed for the assessment of this standard.

2.2 Curriculum organisation and structure

The school has documented the overall organisation of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines (BME 2.2).

This BME WFME standard is developed by the following AQU substandards:

- > The name and training objectives of the degree correspond to its content and are consistent with the discipline and with the corresponding level in the national qualifications framework (MCQES in Catalonia) (AQU S2a).
- > The name respects the regulations in force and does not give rise to errors as regards its academic effects, nor to confusion about its content and its professional value (AQU S2b).
- > The medical study programme has been designed taking into account stakeholder feedback, is academically and professionally justified and internationally recognised (AQU S2c).
- > The deployment of the curriculum is consistent and appropriate in terms of timing, teaching load, coordination, and supervision (AQU S2f).

Guidance

According to WFME, this standard refers to the way in which content (knowledge and skills), disciplines, and experiences are organised within the curriculum. There are many options and variants, ranging from different models of integration to traditional pre-clinical and clinical phases, involving varying degrees of clinical experience and contextualisation. The choice of curriculum design is related to the mission, intended outcomes, resources, and context of the school.

AQU Catalunya will assess whether the legal regulations are correctly applied. The medical school must have a study programme document (in Catalonia a verification handbook) where the main characteristics and principles behind the curriculum design must be stated: registration details, rationale, learning objectives and outcomes, curriculum structure, student workload, teaching methods, and assessment approaches. AQU Catalunya will verify that the organisation and structure of the curriculum are clearly set, as well as checking the relationships between the different disciplines that the curriculum encompasses.

The name and structure of the medical programme must respect the national regulatory requirements. The name must not give rise to errors regarding its academic effects or to confusion regarding its content and professional effect.

A good study programme design must be the result of the participation of both internal stakeholders (especially teachers and students) and external stakeholders (government, professional bodies, and other social agents). The design must allow students to achieve the expected learning outcomes progressively and consistently, regardless of the teaching methodology and, thus, the expected student workload has to be reasonable, realistic, and appropriate. Moreover, the curriculum should be flexible and allow students to follow different curricular paths, provided that national regulations allow them.

The teaching staff assigned, the coordination mechanisms, and the quality of external placement centres must all be appropriate. In the case of combined degree programmes (offered simultaneously) it must be ensured that students achieve all the learning outcomes of the training programs involved.

The medical school may wish to advance credible national or international comparators in support of the study programme design.

AQU Catalunya will need to be satisfied that the design of the study programme enables students to have equivalent opportunities to achieve the expected learning outcomes irrespective of their mode of participation: face-to-face, blended or solely online.

Rubrics

Progressing towards excellence

The school has documented the overall organisation of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines.

The curriculum respects the regulations in force.

The deployment of the curriculum is totally consistent and very appropriate in terms of timing, teaching load, coordination, and supervision.

Compliant

The school has documented the overall organisation of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines.

The curriculum respects the regulations in force.

The deployment of the curriculum is consistent and appropriate in terms of timing, teaching load, coordination, and supervision.

Compliant with conditions

The school has partially documented the overall organisation of the curriculum, the principles underlying the curriculum model employed, and the relationships among the component disciplines.

Some regulations in force are not fully respected.

The deployment of the curriculum presents mismatches in terms of timing, teaching load, coordination, or supervision.

Non-compliant

The school has not documented the overall organisation of the curriculum, the principles underlying the curriculum model employed, and the relationships among the component disciplines.

The regulations in force are not respected.

The deployment of the curriculum with respect to timing, teaching load, coordination, and supervision is not adequate.

Evidence

The medical school may use the following evidence to demonstrate that the standard is met:

- > E46. Study programme handbook
- > E47. Ex ante study programme accreditation report (AQU)
- > E12. Minutes of sessions of governing bodies and commissions and other documents (especially those of teaching coordination)
- > E20. Related IQAS processes and procedures (in particular, deployment of degrees and management of external academic placements and selection of centres)
- > E31. Subject syllabi
- > E50. Teaching staff assignment to subjects (most recent academic year)
- > E51. Study programme timetable (most recent academic year)
- > E52. Final-year project student guide
- > E53. Regulations and criteria for credit recognition
- > E54. Sequencing of simultaneous study programme offers (with credit recognition table)
- > E77. Registry of student credit recognition (with specification of the criteria adopted: study programme of origin, previous professional experience, or any other that is applicable)

Indicators

No indicators are proposed for the evaluation of this standard.

2.3 Curriculum content

The school can justify inclusion in the curriculum of the content needed to prepare students for their role as competent junior doctors and for their subsequent further training (BME 2.3.a).

Content in at least three principal domains is described: basic biomedical sciences, clinical sciences and skills, and relevant behavioural and social sciences (BME 2.3.b).

These BME WFME standards are developed by the following AQU Catalunya substandard:

- > The curriculum is consistent with its discipline(s), learning objectives, and learning outcomes; and it respects the regulations in force (AQU S2e).

Guidance

AQU Catalunya requires the medical school to be able to demonstrate that the content of the medical study programme is of a sufficiently advanced level and otherwise appropriate to higher education, and is consistent with the discipline(s) and the level of qualification involved. It must be internationally comparable. The curriculum must be of academic, scientific, professional, and social interest.

The learning objectives and the graduation profile must be well defined, clear, and consistent with the disciplines of the medical study programme.

The curriculum content in all spheres should be sufficient to enable the student to achieve the intended learning outcomes and to progress securely to the next stage of training or practice after graduation. Moreover, the curriculum must be respectful with the gender perspective.

AQU Catalunya will verify that, at least, three principal spheres are included:

- > Basic biomedical sciences, which are fundamental to the understanding and application of clinical science.
- > Clinical sciences and skills, including the knowledge and related professional skills required for the student to assume appropriate responsibility for patient care after graduation.
- > Behavioural and social sciences, which are relevant to the local context and culture, and include principles of professional practice such as ethics.

According to Spanish regulations, those three spheres are specified within 5 module areas:¹⁵

- > Morphology, structure, and function of the human body

- > Social medicine, communication skills, and introduction to research
- > Human clinical training
- > Diagnostic and therapeutic procedures
- > Supervised placements and final-year project

Other content may also be included, such as health systems science that includes population health and local healthcare delivery systems, humanities, etc. The medical school must ensure that the content of the subjects is up to date with the latest knowledge and research in the disciplines of the medical study programme and that the LOs are sufficiently differentiated. Also, no overlaps should be present.

It is necessary for the type, content, and learning outcomes of the final-year projects and the external placements to be consistent with the disciplines of the medical study programme and the level of the qualification.

Rubrics

Progressing towards excellence

The curriculum content fully and adequately responds to the disciplines of the study programme and the intended learning outcomes. It is relevant to prepare students for their role as competent junior doctors and for their subsequent further training.

Compliant

The curriculum content responds to basic biomedical sciences, clinical sciences and skills, and relevant behavioural and social sciences, and to the intended learning outcomes. It makes it possible to prepare students for their role as competent junior doctors and for their subsequent further training.

Compliant with conditions

The curriculum content presents some discrepancies between the basic biomedical sciences, clinical sciences and skills, the behavioural and social sciences, and the intended learning outcomes. It does not fully make it possible to prepare students for their role as competent junior doctors and for their subsequent further training.

Non-compliant

The school has not documented the overall organisation of the curriculum, the principles underlying the curriculum model employed, and the relationships among the component disciplines.

The deployment of the study programme with respect to timing, teaching load, coordination and supervision is not adequate.

Note:

Given that in Catalonia and Spain both the structure and the curricular content must be accredited in an ex ante process prior to the authorisation of the study programme, both standard 2.2 and standard 2.3 are considered to have been achieved. Only when deviations are observed between what was authorised and what was put in place will it be considered that the medical school does not meet the standards corresponding to points 2.2 and 2.3.

Evidence

The medical school may use the following evidence to demonstrate that the standard is met:

- > E16. Medical school and study programme monitoring reports
- > E46. Study programme handbook
- > E47. Ex ante study programme accreditation report (AQU)
- > E48. Centre and study programme monitoring reports (AQU)
- > E49. Ex post study programme accreditation reports (AQU)

Indicators

No indicators are proposed for the evaluation of this standard.

2.4 Educational methods and experiences

The school employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum (BME 2.4).

The study programme encourages students to take an active role in the learning process. This approach is reflected in the teaching method and activities, and in the student assessment (AQU S5).

These BME WFME and AQU standards are developed by the following AQU Catalunya substandards:

- > The teaching methods and activities are satisfactorily aligned with learning outcomes (AQU S5a).
- > The teaching-learning process respects and caters for students' diversity and needs, allowing for flexible learning paths, fostering their autonomy, and promoting mutual respect in the teacher-student relationship (AQU S5b).

Guidance

Student-centred learning and teaching play an important role in stimulating student motivation, self-reflection, and involvement in the learning process. This means careful consideration of the design and delivery of study programmes, and the assessment of results **(ESG 1.3. Student-centred learning, teaching, and assessment)**.

Student-centred learning and teaching bring about a paradigm shift in which the needs of students, as a group and as individuals, are addressed and they are encouraged to participate constantly in the learning process. Teachers facilitate this active participation inside and outside the classroom. The learning and teaching strategy for the medical study programme should be framed within the school's – or university's – strategy and shared and known by teaching staff and students.

According to the WFME, educational methods and experiences include techniques for teaching and learning designed to deliver the stated learning outcomes and to support students in their own learning. Those experiences might be formal or informal, group-based or individual, and may unfold inside the medical school, in the community, or in secondary or tertiary care institutions. The choice of educational experiences will be determined by the curriculum and local cultural issues in education, and by the available human and material resources.

Teaching and learning activities must be organised to promote appropriate intellectual reflection according to the level of the subject/course, and to encourage progressive and

consistent achievement of expected learning outcomes.

The medical school must ensure that the learning activities are up to date with the latest knowledge and research in the discipline in question. The teaching and learning activities must encourage student autonomy and promote mutual respect in the teacher-student relationship.

When different teaching delivery methods are in place, they must be designed to guarantee equivalent learning outcomes for all students, regardless of the teaching format adopted.

The implementation of student-centred learning and teaching respects and addresses the diversity of students and their needs, promotes effective gender equality, respects student diversity – origin, race, sex, sexual identity, religion, opinion, or any other personal, social, or cultural considerations – and allows for flexible learning pathways.

The centre's teaching staff are expected to use different teaching methods flexibly. These methods must allow students to develop their academic, personal, and professional potential. Student autonomy should be encouraged within a framework of mutual respect.

Finally, appropriate information has to be compiled and analysed to ensure the continued effectiveness of the teaching method approach.

Clinical placements and student mobility

Teaching and learning activities in clinical placements must unfold under the same characteristics mentioned above. These placements must be undertaken in settings that are appropriate for the training goals to be achieved. The medical school must have an adequate number of institutional agreements with healthcare training centres, whilst implementing suitable mechanisms for monitoring the adequacy and quality of placement centres. The safety of both students and patients must be assured.

The school must have regulations in place for student mobility. Mobility measures must be adequate and consistent with the learning objectives and outcomes of the medical study programme. Appropriate planning, monitoring, and assessment mechanisms for student mobility must be in place.

Rubrics

Progressing towards excellence

The educational methods and experiences used by the medical school are fully pertinent to ensure that students achieve the intended outcomes of the curriculum.

The teaching methods and activities are appropriate to encourage students to take an active role in the learning process.

Compliant

The medical school employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum.

The teaching methods and activities encourage students to take an active role in the learning process.

Compliant with conditions

The educational methods and experiences employed by the medical school do not always ensure that students achieve the intended outcomes of the curriculum.

The teaching methods and activities do not sufficiently encourage students to take an active role in the learning process.

Non-compliant

The educational methods and experiences employed by the medical school do not ensure that students achieve the intended outcomes of the curriculum.

The teaching methods and activities do not encourage students to take an active role in the learning process.

Evidence

The medical school may use the following evidence to demonstrate that the standard is met:

- > E16. Medical school and study programme monitoring reports
- > E46. Study programme handbook
- > E47. Ex ante study programme accreditation report (AQU)
- > E48. Centre and study programme monitoring reports (AQU)
- > E49. Ex post study programme accreditation reports (AQU)
- > E68. Medical school or university educational model

Indicators

No indicators are proposed for the evaluation of this standard.

3 ASSESSMENT AND RESULTS

Assessment systems and criteria are varied, promote student participation and are relevant to certifying and distinguishing learning outcomes (AQU S5c).

Study programme final-year projects and external work placements are monitored and assessed with relevant and appropriate criteria (AQU S5d).

Assessment assures, drives, guides, creates, and optimises learning while providing feedback. In the context of a medical school, a system of assessment must exist which incorporates multiple assessments that achieve the purposes of the school and its stakeholders.

According to the WFME, four aspects must be considered when assessing the quality of the assessment policy and methods implemented in the medical school for BME: assessment policy and system; assessment in support of learning; assessment in support of decision-making; and quality control of the assessment. To comply with the AQU Catalunya *Standards and Criteria for the Quality Assessment of University Bachelor's and Master's Degrees*,⁵ academic outcomes have been added as a fifth aspect to be assessed in this dimension.

3.1 Assessment policy and system

The school has a policy that describes its assessment practices (BME 3.1.a).

It has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with its curriculum outcomes (BME 3.1.b).

The policy is shared with all stakeholders (BME 3.1.c).

This BME WFME standard is developed by the following AQU substandard:

- > The degree has adequate procedures for the assessment of student learning outcomes (AQU S3f).

Guidance

AQU Catalunya will verify the existence of an assessment policy that should guide and support the use of multiple summative and formative methods that lead to acquisition of

the learning outcomes needed to be a practitioner. The policy and the system must be responsive to the mission of the school, the intended learning outcomes, the resources available, and the context of the medical school. AQU Catalunya calls for the assessment regulations and processes to be explicit, transparent, and accessible to all stakeholders.

AQU Catalunya will review the medical school's policies and procedures intended to uphold the academic and research integrity of the study programme, and will verify the institutional policies and procedures in place to address allegations of misconduct. Thus, it is important for the medical study programme leaders to make an appropriate use of the procedures implemented in the school to check the identity of students in face-to-face and, especially, in online assessment activities.

Rubrics

Progressing towards excellence

The medical school has a long-running policy that describes its assessment practices and it is totally appropriate to medical education. The policy is school-controlled in order to ensure coordinated assessments that are relevant to measure the achievement of the intended learning outcomes. The school has discussed the assessment policy with its main stakeholders (students, the professional sector).

Compliant

The medical school has a policy that describes its assessment practices. It has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with the intended learning outcomes.
The policy is shared with all stakeholders.

Compliant with conditions

The medical school has a policy that loosely describes its assessment practices. It does not have a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with the intended learning outcomes.
The policy has not been shared with all the main stakeholders of the medical school.

Non-compliant

The medical school does not have a policy that describes its assessment practices. The assessments are neither coordinated nor aligned with the intended learning outcomes.
The policy has not been shared with all the main stakeholders of the medical school.

Evidence

- > E68. Medical school or university educational model
- > E81. Policy on student assessment

Indicators

No indicators are proposed for the evaluation of this standard.

3.2 Assessment in support of learning

The school has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses and helps them to consolidate their learning (BME 3.2.a). These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential (BME 3.2.b).

Guidance

With regard to assessment and considering its importance for students' progression and professional future, the assessment methods and grading criteria need to be published in advance. AQU Catalunya will check the established teaching staff feedback on their students' progress and its relevance to increasing students' chances of success. In this respect, students must receive timely information on assessment of their work, an analysis of the level attained, and suggestions for improvement to guide them in their academic progression.

Students need to be assessed early and regularly in courses and clinical placements for the purposes of providing feedback that guides their learning. This includes early identification of underperforming students and the offer of remediation.

The assessment activities must be adapted to the type of student, especially those with disabilities or other special educational needs. AQU Catalunya will verify that assessment practices do not discriminate between students and are geared to preventing detriment to any individual or group. The use of a sufficiently wide range of assessment methods will ensure that biases do not occur due to different abilities when facing a specific assessment test or method.

Rubrics

Progressing towards excellence

The school has in place a very appropriate system of assessment that regularly offers students actionable feedback that is always given on a regular basis. It identifies students' strengths and weaknesses, and helps them to consolidate their learning.

The assessments are aligned to educational interventions aimed at ensuring equal opportunities to achieve the intended learning outcomes.

Compliant

The school has in place a system of assessment that offers students actionable feedback that identifies their strengths and weaknesses, and helps them to consolidate their learning.

The assessments are tied to educational interventions aimed at ensuring equal opportunities to achieve the intended learning outcomes.

Compliant with conditions

The school has in place a system of assessment that does not always offer students actionable feedback or does not correctly identify their strengths and weaknesses, or fails to help them to consolidate their learning.

The assessments are loosely tied to educational interventions and bear certain shortcomings in ensuring equal opportunities to achieve the intended learning outcomes.

Non-compliant

The medical school does not have a system for student feedback from assessment results, or the one in place is inappropriate.

The assessments do not ensure equal opportunities to all students to achieve the intended learning outcomes.

Evidence

- > E31. Subject syllabi
- > E68. Medical school or university educational model
- > E79. Policy on student assessment

The following evidence may also be used:

- > E07. Improvement plan(s)

Indicators

- > I50. Student satisfaction
- > I57. Teacher satisfaction

3.3 Assessment in support of decision-making

The school has in place a system of assessment that informs decisions on progression and graduation (BME 3.3.a).

These summative assessments are appropriate to measuring course outcomes (BME 3.3.b).

Assessments are well-designed, producing reliable and valid scores (BME 3.3.c).

This BME standard is developed by the following AQU Catalunya substandards:

- > Assessment systems and criteria are varied, promote student participation, and are relevant to certifying and distinguishing learning outcomes (AQU S5c).
- > Study programme final-year projects and external work placements are monitored and assessed with relevant and appropriate criteria (AQU S5d).

Guidance

Teachers should apply the most appropriate methods for the assessment of learning in their discipline. AQU Catalunya requires assessment practices to allow students to demonstrate, and to enable staff to verify, the extent to which expected learning outcomes have been achieved whether at subject level or at study-programme level – e.g., via a capstone assessment of the final-year projects, an objective structured clinical examination (OSCE), etc. AQU Catalunya will verify that any assessment in force is valid, reliable, fair, and authentic, among other characteristics.

The assessment methods and criteria must be consistent with the learning outcomes being evaluated; they may confirm that all specified learning outcomes have been achieved by students, and they may demonstrate that the grades awarded reflect the different levels of student achievement.

The centre must keep, monitor, and act on data and indicators related to student progress according to access, type of study, dedication, and sex.

Rubrics

Progressing towards excellence

The medical school has in place a very suitable system of assessment that informs decisions on progression and graduation on a regular basis.

The assessment methods and criteria are varied, innovative, and pertinent to certify and distinguish the achievement of the intended learning outcomes in the whole range of subjects, including final-year projects and clinical placements.

Compliant

The medical school has in place a system of assessment that informs decisions on progression and graduation.

The assessment methods and criteria are adequate to certify and distinguish the achievement of the intended learning outcomes in the whole range of subjects, including final-year projects and clinical placements.

Compliant with conditions

The medical school has in place a system of assessment that presents some inadequacies when it comes to informing decisions on progression and graduation on a regular basis.

The assessment methods and criteria present some shortcomings that do not make it possible in all cases to certify and distinguish the achievement of the intended learning outcomes in the whole range of subjects, including final-year projects and clinical placements.

Non-compliant

The medical school does not have in place a system of assessment that informs decisions on progression and graduation or the system in place is not appropriate. The assessment methods and criteria are not adequate to certify and distinguish the achievement of the intended learning outcomes in the whole range of subjects, including final-year projects and clinical placements.

Evidence

- > E31. Subject syllabi
- > E68. Medical school or university educational model
- > E69. Student assessment tasks (representative of curriculum subjects)
- > E79. Policy on student assessment

The following evidence may also be used:

- > E07. Improvement plan(s)

Indicators

No indicators are proposed for the evaluation of this standard.

3.4 Quality control

The school has mechanisms in place to assure the quality of its assessments (BME 3.4.a).

Assessment data are used to improve the performance of academic staff, courses, and the institution (BME 3.4.b).

Guidance

Once assessment tasks have been designed and implemented to measure the achievement of learning outcomes throughout the study programme, data should be collected on an ongoing basis and the results of its analysis used for the improvement of the assessment methods and the study programme. The medical school must review its individual assessments regularly, as well as the whole assessment system.

Rubrics

Progressing towards excellence

The mechanisms in place to assure the quality of the assessment are specific and very appropriate for a medical school.

Assessment data are used on a regular basis to improve the performance of academic staff, courses, and the institution. The medical school has an improvement plan as a result of the data analysis.

Compliant

The medical school has mechanisms in place to assure the quality of its assessments.

Assessment data are used to improve the performance of academic staff, courses, and the institution.

Compliant with conditions

The mechanisms implemented by the medical school to guarantee the quality of the assessments present some shortcomings.

The use of data to improve the performance of academic staff, courses, and the institution is not systematic.

Non-compliant

There are no mechanisms in place to guarantee the quality of the assessments.

The medical school does not use data to improve the performance of academic staff, courses and the institution.

Evidence

- > E07. Improvement plan(s)
- > E16. Medical school and study programme monitoring reports
- > E20. Related IQAS processes and procedures
- > E70. Policy on student assessment
- > E73. IQAS review reports

Indicators

No indicators are proposed for the evaluation of this standard.

3.5 Academic results

The results of the training programme are adequate both with regard to the achievement of the learning outcomes and the indicators of academic performance, satisfaction, and employability (AQU S7).

This AQU Catalunya standard is developed by the following substandards:

- > Students achieve the intended learning outcomes (AQU S7c).
- > The academic results, and satisfaction and employability indicators for the medical study programme are adequate and consistent with those obtained for similar programmes (AQU S7d).

Guidance

AQU Catalunya will expect the medical school to demonstrate that graduates have achieved the intended learning outcomes.

It is essential that data and indicators are collected on the performance, profile, evolution, success, and dropout of students. It is also essential to periodically survey students on their satisfaction with the educational experience – teaching and learning methods, teachers, assessment methods, educational infrastructure, educational resources and services, employability, etc. – as well as gauging teachers' satisfaction on the delivery of the medical programme. The information can be collected using different methods and accessibility, cost, and significance of the results obtained must be taken into account. It is important that this information is compared to the results obtained by similar study programmes.

AQU Catalunya will assess whether the academic performance indicators, including those on satisfaction, are consistent with the types of students and that they are on a par with other national or international medical study programmes. The indicators must be appropriately segmented according to the form of access, student profile, gender, country of origin, and cohort. The trend in the performance indicators must be regularly monitored.

AQU Catalunya will verify that job placement indicators are consistent with the types of students and equivalent qualifications.

Rubrics

Progressing towards excellence

The time series for the academic indicators is consistent with the types of students and equivalent to similar medical and health sciences study programmes; also, it clearly shows a continuous enhancement of the programme.

There is evidence that graduates have fully achieved the intended learning outcomes to a high level.

Compliant

The time series for the academic indicators shows that most of them are consistent with the types of students and equivalent to similar medical and health sciences study programmes.

There is evidence that graduates have achieved the intended learning outcomes.

Compliant with conditions

There is some mismatch in the time series for the academic indicators in relation to the types of students and equivalence to similar medical and health sciences study programmes; also, it does not show continuous programme enhancement.

There is evidence that some graduates have not fully achieved the intended learning outcomes.

Non-compliant

There is a significant, serious mismatch in the time series for the academic indicators in relation to the types of students and equivalence to similar medical and health sciences programmes; also, there is no sign of continuous programme enhancement.

There is evidence that most graduates have not achieved the intended learning outcomes.

Evidence

- > E07. Improvement plan(s)
- > E16. Centre and study programme monitoring reports
- > E69. Student assignments (assessment tasks from compulsory subjects, placements, and final-year projects)
- > E75. Learning outcome assessment document

Indicators

- > I46. Dropout rate
- > I47. Student progression rate
- > I48. Graduation rate
- > I49. Average time to complete de programme
- > I50. Student satisfaction
- > I57. Teacher satisfaction
- > I62. First-year dropout rate
- > I63. Study programme efficiency rate
- > I64. Employment rate (AQU Catalunya survey)
- > I65. Work to study programme suitability rate (AQU Catalunya survey)
- > I66. Graduate satisfaction

4 STUDENTS

The centre has processes in place for fair, reliable, equitable and public student access and admission. The procedures implemented make it possible to reliably certify students' progression and the achievement of learning outcomes and to recognise previously achieved learning outcomes (AQU S3).

In accordance with the Standards and Guidelines for Quality Assurance in the European Higher Education Area, institutions should consistently apply pre-defined and published regulations covering all phases of the student "life cycle", e.g., student admission, progression, recognition, and certification (**ESG 1.4. Student admission, progression, recognition and certification**).

According to the WFME, two aspects must be considered: selection and admission policy, and student counselling and support. To comply with AQU Catalunya's *Standards and Criteria for the Quality Assessment of University Bachelor's and Master's Degrees*,⁵ student progression has been added to "student counselling and support" as well as two additional aspects: recognition and transfer of credits and prior learning, and certification.

4.1 Selection and admission policy

The medical school has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students (BME 4.1).

This BME WFME standard is developed by the following AQU Catalunya substandards:

- > The processes implemented for student access and admission ensure fairness, reliability, and non-discrimination on the grounds of birth, race, sex, sexual orientation, religion, opinion, or any other personal or social condition or circumstance (AQU S3a).
- > The criteria and requirements for access and admission are clear and public (AQU S3b).
- > All students admitted have the appropriate profile to achieve the learning outcomes of the degree and their number is consistent with the number of places offered (AQU S3c).

Guidance

The experience of higher education students begins with the admission process, and it is vital for them to be familiar with and be able to trust the application of the criteria established for selection. For this reason, the school or university shall have implemented the admission procedures and the criteria to be applied consistently and transparently. Responsibility for student admission must be well defined and in accordance with the regulations.

Prior to enrolment, it is mandatory for the medical school to guarantee that students are informed of the criteria for admission, their rights, and their obligations. If necessary, it should have in place counselling services that help students understand the requirements and guide them in obtaining the documentation they must provide. It is important to provide an induction to the university, the school, and the programme.

The admission process must ensure that the profile of the students admitted is that intended by the centre so that the achievement of learning outcomes and, therefore, the progression and graduation of the students can be maximised. Thus, AQU Catalunya will verify that the admission criteria have been designed and implemented to guarantee that the students admitted have the expected academic profile, and to ensure equal opportunities, non-discrimination, and universal accessibility for people with disabilities. The admission procedure and criteria must be aligned with the medical school mission, be suitable, and be relevant to the qualification level and the intended learning outcomes.

The places offered must correspond to those authorised/planned in the study programme handbook. AQU Catalunya will assess whether there is consistency between the size of student intake and the resources, capacity, and infrastructure available to educate them adequately. In any case, the total intake must include all admitted students regardless of the teaching methods, access pathways – including deferred entry and transfers from other schools or programmes, and foreign students – and students enrolled on combined degree programmes, etc.

Rubrics

Progressing towards excellence

The processes implemented for student access and admission ensure fairness, reliability, and non-discrimination on the grounds of birth, race, sex, sexual orientation, religion, opinion, or any other personal or social condition or circumstance.

The criteria and requirements for access and admission are clear and public.

All enrolled students have the appropriate entry profile to achieve the intended learning outcomes and their number is consistent with the places offered.

Compliant

The processes implemented for student access and admission ensure fairness, reliability, and non-discrimination on the grounds of birth, race, sex, sexual orientation, religion, opinion, or any other personal or social condition or circumstance.

The criteria and requirements for access and admission are clear and public.

Most of the enrolled students have the appropriate entry profile to achieve the intended learning outcomes and their number is consistent with the places offered.

Compliant with conditions

The processes implemented for student access and admission ensure fairness, reliability, and non-discrimination on the grounds of birth, race, sex, sexual orientation, religion, opinion, or any other personal or social condition or circumstance.

The criteria and requirements for access and admission are not clear enough or are not easily accessible.

Just some of the enrolled students have the appropriate entry profile to achieve the intended learning outcomes and their number is not entirely consistent with the places offered.

Non-compliant

The processes implemented for student access and admission do not ensure fairness, reliability, and non-discrimination on the grounds of birth, race, sex, sexual orientation, religion, opinion, or any other personal or social condition or circumstance.

The criteria and requirements for access and admission are not clear or are not public.

Most of the enrolled students do not have the appropriate entry profile to achieve the intended learning outcomes and their number is inconsistent with the places offered.

Evidence

- > E20. Related processes and procedures (selection and admission)
- > E36. Student selection and admission criteria
- > E55. Website and other public information
- > E56. Registry of student admission results (for private medical schools)
- > E57. First-year student transition into HE plans

The following evidence may also be used:

- > E07. Improvement plan(s)

Indicators

- > I40. Demand as first option/places offered ratio
- > I41. Enrolled students/places offered ratio
- > I42. Profile of first-year students (by access pathway and cut off marks)
- > I44. Percentage of students working and studying at the same time
- > I45. Percentage of foreign students

4.2 Progression, student counselling, and support

The degree programme has or has access to adequate and effective guidance services and resources for student learning (AQU S6).

The medical school provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance (BME 4.2).

The above BME WFME and AQU Catalunya standards are developed by the following AQU Catalunya substandards:

- > The centre has implemented appropriate and efficient procedures for monitoring the progress of students and guiding them academically and personally (AQU S3b).
- > The academic guidance services provide adequate support for the learning process, and the professional guidance services facilitate entry into the labour market and/or professional development (AQU S6c).

Guidance

Once students have been admitted, it is essential for the medical school to have tools to track, supervise, and intervene when it comes to their progress. AQU Catalunya will oversee the effectiveness of academic counselling plans and other guidance programmes implemented to ensure the progression of students who are enrolled.

The medical school or the study programme must have schemes for academic guidance and employability that are effective and appropriate to the disciplines and teaching format.

AQU Catalunya expects the medical school to demonstrate it has an effective system to track and analyse the performance of identified student cohorts. The system implemented should provide an adequate evidence base in order to diagnose, address, and prevent issues with particular students and cohorts.

AQU Catalunya will check that the medical school is acting responsibly and proactively to create an environment of wellbeing and safety for all students. The involvement of the governing team is essential. There must be policies and procedures established to foster and maintain wellbeing and safety. This should also include students whose progression is impeded by disabilities and health issues, for example, including mental health issues requiring access to counselling. All such policies and procedures must include all students irrespective of the curriculum delivery format – face-to-face, campus, online, or blended teaching modes – and they must encompass students who are enrolled on clinical placements.

AQU Catalunya expects the medical school to demonstrate that the procedures and practices in place intended to support students are able to respond to emergency incidents such as personal trauma or crisis adequately and in a timely fashion. In this regard, it is best practice to benefit from preventive actions being implemented resulting from an adequate risk analysis.

The medical school should consider reviewing the effectiveness of such services and procedures with the help of students to ensure relevance, accessibility, and confidentiality. For this reason, student opinion surveys must be carried out and their results analysed to improve services and programmes.

AQU Catalunya expects the institution to deliver those services, programmes, and activities in a confidential manner through sufficient qualified staff.

Rubrics

Progressing towards excellence

The medical school has implemented appropriate and efficient procedures for monitoring the progress of students and guiding them academically and personally, always with confidentiality. The procedures are periodically reviewed and adapted to students' needs.

The medical school has an action plan to facilitate integration into society and the labour market, and the activities carried out (type, duration, dissemination, support staff, etc.) are very adequate.

The level of both student and teaching staff satisfaction with the academic and professional guidance service is high.

Compliant

The medical school has implemented procedures for monitoring the progress of students and guiding them academically and personally. The procedures are reviewed and respond to students' needs.

The professional guidance is suitable, considering the available evidence and the suitability of the activities carried out (type, duration, dissemination, performing agents, etc.). Students and teaching staff are satisfied with the academic and professional guidance services.

Compliant with conditions

The implemented procedures for monitoring the progress of students and guiding them academically and personally are partially efficient.

Professional guidance shows shortcomings.

Students and teaching staff are partially satisfied with the academic and professional guidance services.

Non-compliant

The implemented procedures for monitoring the progress of students and guiding them academically and personally are not efficient.

Professional guidance is insufficient and the activities carried out (type, duration, dissemination, performing agents, etc.) are inadequate.

Students and teaching staff are not satisfied with the academic and professional guidance services.

Evidence

- > E20. Related processes and procedures (monitoring of students' progress, detection of students' specific needs)
- > E35. Support actions for students with disabilities
- > E37. Student counselling and support plan
- > E38. Student counselling and support service charter
- > E55. Website and other public information
- > E57. First-year student transition into HE plans
- > E59. Progression regulations
- > E72. Career guidance plan or actions

The following evidence may also be used:

- > E07. Improvement plan(s)

Indicators

- > I46. Dropout rate
- > I47. Student progression rate
- > I48. Graduation rate
- > I49. Average time to complete the programme
- > I50. Student satisfaction (with the TAP)
- > I51. Number of students with specific needs

4.3 Recognition and transfer of credits; prior learning

The medical study programme has relevant regulations for the recognition of students' prior learning and these are properly applied (AQU S3e).

Guidance

In accordance with the CHE-QF,² it is necessary to ensure a smooth and appropriate transition of students through the different educational levels. For this reason, the medical school must implement mechanisms that allow for the recognition of prior learning. These mechanisms are essential components to ensure the progression of students in their study programmes, while facilitating mobility. The school must also have processes and criteria for the recognition of foreign qualifications obtained by students who want to access the course, as well as processes and criteria for the transfer of students from other national or international programmes. Recognition of previous qualifications must comply with the guidelines of the Lisbon Convention.¹⁸

Rubrics

Progressing towards excellence

The criteria for the recognition of students' prior learning are clear, relevant for a medical study programme, and known by the students. They are properly applied and no significant student complaints have been reported.

Compliant

The medical study programme has relevant regulations for the recognition of students' prior learning and these are properly applied.

Compliant with conditions

The medical study programme has regulations for the recognition of students' prior learning. Some shortcomings have been detected in their application.

Non-compliant

The medical study programme does not have any regulations for the recognition of students' prior learning and/or they have not been correctly applied correctly.

¹⁸ Council of Europe, *Convention on the Recognition of Qualifications Concerning Higher Education in the European Region*, ETS 165, February 1, 1999.

Evidence

- > E53. Regulations and criteria for credit recognition
- > E54. Combined study programmes timetable
- > E77. Student credit recognition registry (with specification of the criteria adopted: degree of origin, previous professional experience, or any other that is applicable)

Indicators

- > I69. Percentage of students with prior recognised professional experience

4.4 Certification

The degree has a procedure to check that the students' graduation profile corresponds to the expected profile (AQU S3g).

The certification of students' learning achievements and the passing of credits for the award of the degree is appropriate and complies with current regulations (AQU S3h).

The degree makes appropriate use of the European Diploma Supplement (AQU S3i).

Guidance

Certification is the formal act by which the acquisition of the student's learning outcomes is ensured, either those corresponding to the subject or those at programme level through the issuance of the corresponding academic degree certificate. AQU Catalunya will check that the procedures in place comply with the national and the specific university regulations and shall ensure that the students' graduation profile correspond to the expected profile.

Students should receive documentation explaining the qualification gained (European Diploma Supplement and academic transcript), including achieved learning outcomes and the context, level, content, and status of the study modules pursued and successfully completed.

Rubrics

Progressing towards excellence

The medical study programme has a relevant procedure to check that the students' graduation profile corresponds to the expected profile. The graduation profile is analysed on a regular basis and the procedure reviewed in consequence.

The certification of students' learning achievements for the award of the degree is appropriate and complies with current regulations.

The study programme makes appropriate use of the European Diploma Supplement.

Compliant

The medical study programme has a procedure to check that the students' graduation profile corresponds to the expected profile.

The certification of students' learning achievements and the passing of credits for the award of the degree is appropriate and complies with current regulations.

The study programme makes appropriate use of the European Diploma Supplement.

Compliant with conditions

The medical study programme procedure for checking the students' graduation profile is not appropriate and/or is not properly applied.

The certification of students' learning achievements and the passing of credits for the award of the degree presents some shortcomings.

Some problems have been observed in the application of the European Diploma Supplement.

Non-compliant

The medical study programme does not have any procedure to check that the students' graduation profile corresponds to the expected profile.

The certification of students' learning achievements and the passing of credits for the award of the degree is not appropriate.

The medical school does not use the European Diploma Supplement or its application is not appropriate.

Evidence

- > E61. Regulation of learning outcomes (LO) certification and registry
- > E62. Examination review procedure
- > E63. Degree award regulations

Indicators

No indicators are proposed for the evaluation of this standard.

5. ACADEMIC STAFF

There are enough teaching staff for the training programme, and they are competent, suitable and have opportunities for personal and professional development (AQU S4).

The teacher's role is essential in creating a high-quality student experience and enabling the acquisition of knowledge, competences, and skills. The diversifying student population and stronger focus on learning outcomes require student-centred learning and teaching, and the role of the teacher is therefore also changing. According to the ESGs, institutions must ensure that their teaching staff are competent. They should apply fair and transparent processes for the recruitment and development of the staff (**ESG 1.5. Teaching staff**).

Education institutions must provide teachers with an environment that allows them to carry out their work effectively. For this purpose and in accordance with the ESGs, institutions must:

- > Recognise the importance of teaching and monitor its quality;
- > Offer teachers opportunities for professional development and promote them;
- > Stimulate academic activity to strengthen the link between education and research; and
- > Encourage innovation in teaching methods and the use of new technologies.

Those responsible for training programmes should ensure that the teaching staff for each subject or course are appropriate to the nature, discipline, and academic level of said course.

AQU Catalunya will ensure that the teaching staff meet the legal requirements for the study programme level. Teachers must have sufficient and valued teaching, research and, where appropriate, clinical experience.

According to the WFME, three aspects must be considered when assessing the quality of teaching staff for the BME: academic staff establishment policy; academic staff performance and conduct; and continuing professional development for academic staff.

5.1 Academic staff establishment policy

The school has the number and range of qualified academic staff required to put the school's curriculum into practice, given the number of students and style of teaching and learning (BME 5.1).

This BME WFME standard is developed by the following AQU Catalunya substandards:

- > The academic credentials of the teaching staff are suitable for the teaching required by the training programme (AQU S4a).
- > The teaching staff have the necessary accreditation established by regulations (AQU S4b).
- > Enough teaching staff are allocated to handle the roll-out of the degree programme (AQU S4c).

Guidance

AQU Catalunya will verify that the level and profile of staff for all subjects of the curriculum meet the legal requirements. They must have recognised teaching and research experience. The suitability of teaching staff must be assessed in relation to their knowledge, teaching skills, qualifications, and accreditations as relevant to the particular subject and the assignment of said staff should be determined by the learning outcomes of that particular subject. Their profile must be consistent with the nature, disciplines, and educational level of the medical study programme and the set of subjects in the curriculum.

An ideal structure for teaching staff should include a core number of teachers with permanent full-time dedication in which the fundamental disciplines of the study programme are represented, particularly in the case of those teachers in charge of subjects and programme design. In addition, in Catalonia and Spain they must hold a PhD and be accredited by a quality assurance agency.

The participation of non-permanent or external teaching staff at the university is especially relevant in a medical study programme. These teachers must have recognised professional experience in the disciplines of their assigned subjects.

In Catalonia and Spain, teaching staff at private universities and at private colleges associated with universities cannot be civil servants from a public university as established by Royal Decree 640/2021.⁸

AQU Catalunya will assess whether teachers have knowledge of contemporary developments in the discipline or field they are teaching, and whether they have skills in contemporary teaching methods appropriate to their role, especially when dealing with blended or online subjects and study programmes.

AQU Catalunya will assess the actions implemented to balance the presence of both sexes in all disciplines. It should be recalled that all indicators relating to people must always be segregated by sex, and the resulting analysis must incorporate the gender perspective.

AQU Catalunya will focus particularly on:

- > The teaching staff assigned to first-year subjects due to the implications that the first

year has in ensuring a successful transition from upper secondary school to university (retention, dropping out of first year, academic integration, etc.).

- > Teaching staff assigned to final-year projects and other capstone assignments.
- > The alignment of the style of teaching and learning with the characteristics of students, the teaching context, and the institutional goals.

Rubrics

Progressing towards excellence

The structure of the body of teaching staff and the number of teachers are ideal for delivery of the programme and attending the students.

The teaching staff have the relevant academic qualifications and external recognitions, and suitable experience to provide quality medical teaching.

The medical school has established suitable criteria for the assignment of teaching, ensuring the best teachers in all cases.

The medical school reviews the alignment of style of teaching and learning with students' characteristics, the teaching context, and the institutional goals, and it takes actions to improve teachers' performance. Students are highly satisfied with the teaching competence of the teaching staff.

Compliant

The structure of the body of teaching staff and the number of teachers are sufficient for delivery of the programme and attending the students.

The teaching staff have the necessary qualifications and external recognitions, as well as suitable experience.

The medical school has established criteria for the assignment of teaching.

Students are satisfied with the teaching competence of the teaching staff.

Compliant with conditions

The structure of the body of teaching staff and the number of teachers are insufficient for delivery of the programme and attending the students.

Some of the teaching staff have the necessary academic qualifications and external recognitions and/or not all of them have suitable experience for the delivery of the training entrusted to them.

The school of medicine has not established suitable criteria for the assignment of teaching.

Students are partially satisfied with the teaching competence of the teaching staff.

Non-compliant

There are serious shortcomings in the structure of the body of teaching staff and the number of teachers for delivery of the programme and attending the students.

Only a minority of the teaching staff have the necessary academic qualifications and external recognitions, as well as suitable experience for the delivery of the training entrusted to them.

The school of medicine has not established criteria for the assignment of teaching.

Most of the students are dissatisfied with the teaching competence of the teaching staff.

Evidence

- > E07. Improvement plan(s)
- > E19. Human resources policy

- > E20. Related processes and procedures (management of teachers and learning support staff)
- > E21. Structure and staffing of the medical school (including contract and salary levels for affiliated and private centres)
- > E22. Criteria for teaching staff recruitment
- > E23. Criteria for teaching support staff recruitment
- > E24. Teacher and support staff assessment reports
- > E64. Teaching staff competitive research projects
- > E65. Teaching staff professional experience
- > E82. Teaching staff participation in the teaching assessment process

The following evidence may also be provided:

- > E25. List of teaching posts
- > E66. Identification of new staff hiring needs
- > E01. Strategic plan (SP) or similar
- > E02. Dashboard or similar
- > E03. Monitoring reports on SP developments
- > E13. Risk management plan(s)
- > E12. Minutes of sessions of governing bodies and commissions and other documents
- > E83. Teacher self-assessment reports within the framework of teaching assessment processes (DOCENTIA)

Indicators

- > I10. Percentage of credits taught by doctoral and accredited teaching staff on all study programmes
- > I11. Percentage of credits taught by non-accredited doctoral teaching staff on all degree programmes
- > I12. Percentage of credits taught by non-doctoral teaching staff on all degree programmes
- > I13. Percentage of credits taught by tenured teaching staff on all degree programmes
- > I53. Percentage of credits taught by teaching staff with accredited research activity
- > I54. Percentage of credits taught by teaching staff on an active five-year DOCENTIA period (public universities) or with a positive DOCENTIA assessment (private universities)
- > I55. Ratio of full-time equivalent (FTE) students to FTE teaching staff
- > I70. Percentage of teachers with a distinction out of all teachers participating in the DOCENTIA programme

5.2 Academic staff performance and conduct

The school has specified and communicated its expectations for the performance and conduct of academic staff (BME 5.2).

Guidance

The university must have procedures in place for the assessment of teaching staff in terms of teaching quality in order to detect and remedy possible weaknesses through appropriate training.

According to the WFME Standards for Basic Medical Education, the institution should develop a clear statement describing the responsibilities of academic staff for teaching, research, and service.

Academic integrity is central to trust and confidence in higher education. It is a vast concept that should be embedded in higher education policies with a view to ensuring an awareness across different stakeholders (i.e., teaching staff, managers, students), which is founded on ethical principles and transparency. A code of academic conduct in relation to teaching staff responsibilities is an example of a best practice.

Rubrics

Progressing towards excellence

The school has specified its relevant expectations for the performance and conduct of academic staff. These are communicated on a regular basis.

The school promotes a commitment to principles and values such as honesty, trust, fairness, respect, and responsibility in learning, teaching, and research. The school measures, analyses, and implements actions to improve the performance and conduct of academic staff.

Compliant

The school has specified and communicated its expectations for the performance and conduct of academic staff.

The school promotes a commitment to principles and values such as honesty, trust, fairness, respect, and responsibility in learning, teaching, and research. The school measures the performance and conduct of academic staff.

Compliant with conditions

The school's expectations for the performance and conduct of academic staff are not fully relevant and/or they are not properly communicated.

Non-compliant

The school has not specified its expectations for the performance and conduct of academic staff.

Evidence

- > E20. Related processes and procedures (management of teachers and learning support staff)
- > E84. School policy and measures promoting academic integrity

Indicators

- > I54. Percentage of credits taught by teaching staff on an active five-year DOCENTIA period (public universities) or with a positive DOCENTIA assessment (private universities)
- > I50. Student satisfaction (with teaching staff)
- > I70. Percentage of teachers with a distinction out of all teachers participating in the DOCENTIA program

5.3 Continuing professional development for academic staff

The school implements a stated policy on the continuing professional development of its academic staff (BME 5.3).

This BME standard is developed by the following AQU Catalunya substandard:

- > The training needs of teachers are assessed and the activities scheduled are easily accessible (AQU S4d).

Guidance

Teachers must have access to and participate in general and discipline-specific training activities that allow them to remain up to date and competent in their roles. Training activities should combine continuing scholarship, research, and advanced practice.

The institution must support teaching staff in the performance of their functions and for the improvement of the quality of their teaching and research activities. In this respect, it must have a continuous training plan for teachers which, among other issues, addresses aspects related to the particularities of online teaching, the pedagogical model, and teaching innovation.

In order to improve teaching quality, teachers must have access to students' opinions on the quality of their teaching and must be enabled opportunities to improve.

According to the WFME Standards for Basic Medical Education, the medical school should develop and publish a clear description of how it supports and manages the academic and professional development of each member of staff. For instance, this might be done through a health profession education (HPE) Master's degree programme, an existing faculty development strategy, or training activities run by the medical education department of the school).

Rubrics

Progressing towards excellence

The medical school implements a stated policy on the continuing professional development of its academic staff.

Teaching staff receive considerable institutional support for carrying out their duties and for the quality enhancement of teaching and research activities.

Compliant

The medical school implements a stated policy on the continuing professional development of its academic staff.

Teaching staff receive institutional support for carrying out their duties and for the quality enhancement of teaching and research activities.

Compliant with conditions

The implementation of the stated policy on the continuing professional development of academic staff presents some shortcomings.

Teaching staff receive little institutional support for carrying out their duties and for the quality enhancement of teaching and research activities.

Non-compliant

The medical school does not have a policy on the continuing professional development of its academic staff. Teaching staff receive no institutional support for carrying out their duties or for the quality enhancement of teaching and research activities.

Evidence

- > E20. Related processes and procedures (teacher training)
- > E67. Assessment of the staff training plan (which must include the list of training activities in which the centre's teaching staff have participated)

The following evidence may also be used:

- > E07. Improvement plan(s)

Indicators

- > I56. Percentage of teaching staff who have taken part in academic training activities

6. EDUCATIONAL RESOURCES

The degree programme has or has access to adequate and effective guidance services and resources for student learning (AQU S6).

According to the ESGs, institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning and student support resources are provided (**ESG 1.6. Learning and student support resources**).

The medical study programme is expected to have a sufficient range of educational resources that contribute to student learning. The types of resources are very varied: teaching infrastructure (classrooms, laboratories, equipment, skills lab, clinical settings and training resources, dissection hall, changing rooms, etc.), libraries, study areas, computer infrastructure, documentation, residential life, sporting activities, etc. These facilities must be fit for purpose and accommodate the educational activities of students and staff.

The resources offered must take into account the needs of a diverse student population, as well as the shift towards student-centred learning and flexible learning and teaching formats. In this regard, access to learning resources should not entail unexpected barriers, costs, or technology requirements for students, including those with special needs.

When learning resources are part of an e-learning management system, all users must have timely access to the system and will need to be properly trained.

Student support resources should be consistent with the learning objectives and intended learning outcomes. They must also guarantee quality, accessibility, and information for students.

According to the WFME, three aspects must be considered when assessing the quality of the educational resources for basic medical education: physical facilities for teaching and learning; clinical training resources; and information resources.

6.1 Physical facilities for teaching and learning

The school has sufficient physical facilities to ensure that the curriculum is delivered adequately (BME 6.1).

This BME WFME standard is developed by the following AQU Catalunya substandard:

- > The material resources available are adequate for the number of students, the characteristics of the degree programme and its educational format (AQU S6a).

Guidance

In assessing the educational resources, AQU Catalunya will check their quality, sufficiency, and accessibility. They must be relevant to the expected learning outcomes, appropriate to the level of the medical study programme, authoritative, and up to date.

The facilities and other educational infrastructure available for the medical study programme – owned by the medical school or provided by collaborating entities – must be sufficient with respect to the number of students and also pertinent to deliver the programme's training activities.

The necessary technological equipment, especially the virtual campus and the specific software required to carry out the planned training activities, must be adequate. This infrastructure must be sized to support the entire student body, it must be permanently accessible, and it must allow adequate interaction between students and teachers. Appropriate mechanisms must be in place to ensure the security of the whole system.

If blended or online teaching is in place, the technological infrastructure shall allow for the delivery of virtual or blended teaching models. There must be mechanisms to safeguard the identity of the student body and to ensure academic integrity.

The facilities must be adapted to the characteristics and needs of the students and their diversity, especially those with disabilities. Equal access must be ensured. The student body must be satisfied with the resources and facilities provided to study the degree.

Evidence may also be requested on processes to manage and review the provision of learning resources and on how a provider ensures that these are appropriate.

AQU Catalunya expects students and staff to be satisfied with the functioning, adequacy, and quality of the facilities and other teaching infrastructures.

Rubrics

Progressing towards excellence

The physical infrastructure is excellent for the delivery of the curriculum, facilitating motivation and enriching students' learning (equipment is sufficient in number and quality, and is up to date).

Compliant

The physical infrastructure responds suitably to students' learning needs (pertinent and sufficient equipment, and suitable facilities).

Compliant with conditions

The physical infrastructure shows shortcomings with respect to the number of places, safety, and shortage and/or unsuitability of equipment.

Non-compliant

The physical infrastructure does not suitably respond to students' learning needs over the course of their study programme.

Evidence

- > E13. Risk management plan(s)
- > E14. Contingency plan(s)
- > E20. Related processes and procedures (management of educational facilities and infrastructure)
- > E70. Educational facilities and infrastructure
- > E71. Detection of new facilities and infrastructure needs

The following evidence may also be used:

- > E07. Improvement plan(s)

Indicators

- > I50. Student satisfaction
- > I57. Teacher satisfaction
- > I58. Number of security incidents involving the educational infrastructure

6.2 Clinical training resources

The school has appropriate and sufficient resources to ensure that students receive the required clinical training (BME 6.2).

This BME WFME standard is developed by the following AQU Catalunya substandard:

- > The material resources available are adequate for the number of students, the characteristics of the degree programme, and its educational format (AQU S6a).

Guidance

The medical study programme leaders are required to provide adequate training resources to allow students to achieve the learning outcomes related to clinical knowledge, skills, and competences. AQU Catalunya will ensure there is an appropriate range of clinical practice settings to fulfil the clinical training requirements of the curriculum.

As with other physical facilities, AQU Catalunya will check the quality, adequacy, and accessibility of clinical settings. They must be relevant to the expected learning outcomes, appropriate to the level of the medical study programme, authoritative, and up to date.

Clinical practice settings must have suitable tutoring personnel to carry out the functions of supervision and assessment of students under their responsibility.

AQU Catalunya expects students and staff to be satisfied with the functioning, adequacy, and quality of the clinical settings.

Rubrics

Progressing towards excellence
Clinical training resources are excellent for motivating, facilitating, and enriching students' learning (equipment is sufficient in number and quality, and is up to date).
Compliant
Clinical training resources respond suitably to students' learning needs (pertinent and sufficient equipment, and suitable facilities).
Compliant with conditions
Clinical training resources show shortcomings with respect to the number of places, safety, and shortage and/or unsuitability of equipment.
Non-compliant
Clinical training resources do not suitably respond to students' learning needs over the course of their study programme.

Evidence

- > E20. Related processes and procedures (management of educational facilities and infrastructure)
- > E70. Educational facilities and infrastructure
- > E71. Detection of new facilities and infrastructure needs
- > E13. Risk management plan(s)
- > E14. Contingency plan(s)

The following evidence may also be used:

- > E07. Improvement plan(s)

Indicators

- > I50. Student satisfaction
- > I57. Teacher satisfaction
- > I58. Number of security incidents involving the educational infrastructure

6.3 Information resources

The school provides adequate access to virtual and physical information resources to support the school's mission and curriculum (BME 6.3).

This BME WFME standard is developed by the following AQU Catalunya substandard:

- > The available teaching and learning support infrastructures respond appropriately to students' learning needs (AQU S6b).

Guidance

AQU Catalunya will assess the adequacy of information resources overall as well as their adequacy for each subject. AQU Catalunya will verify the availability and accessibility of online and physical library resources so students and academic staff can readily access all the materials to which they are referred by their lecturers, either physically or online.

Rubrics

<p>Progressing towards excellence</p> <p>The medical school provides easy access to excellent virtual and physical information resources to support the school's mission and curriculum.</p>
<p>Compliant</p> <p>The medical school provides adequate access to virtual and physical information resources to support the school's mission and curriculum.</p>
<p>Compliant with conditions</p> <p>The access to virtual and physical information resources to support the school's mission and curriculum and/or their quality presents shortcomings.</p>
<p>Non-compliant</p> <p>The school does not provide appropriate access to virtual and physical information resources to support the school's mission and curriculum and/or their quality is very poor.</p>

Evidence

- > E13. Risk management plan(s)
- > E14. Contingency plan(s)
- > E20. Related processes and procedures (management of educational facilities and infrastructure)
- > E70. Educational facilities and infrastructure
- > E71. Detection of new facilities and infrastructure needs

The following evidence may also be used:

- > E07. Improvement plan(s)

Indicators

- > I50. Student satisfaction
- > I57. Teacher satisfaction
- > I58. Number of security incidents involving the educational infrastructure

7. QUALITY ASSURANCE AND PUBLIC INFORMATION

The medical study programme collects information for the analysis and improvement of its training activities and the processes of its IQA system (AQU S7).

The medical study programme is reviewed and improved periodically. The review leads to an improvement plan that is kept up to date. The planned actions are communicated to all stakeholders (AQU S9).

The study programme suitably informs all stakeholders about the characteristics of the medical education provided (AQU S8).

Regular reviews of the activities of the medical school, supported by a system of school-level quality assurance, will ensure that said activities are appropriate and compliant with the mission statement and curriculum.

According to the ESGs, institutions should ensure that they collect, analyse, and use relevant information for the effective management of their programmes and other activities (**ESG 1.7. Information management**).

Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned (**ESG 1.9. On-going monitoring and periodic review of programmes**).

Finally, institutions should publish information about their activities, including programmes, which should be clear, accurate, objective, up to date, and readily accessible (**ESG 1.8. Public information**).

Information on the activities of institutions is useful for prospective and current students, as well as for graduates, other stakeholders, and the public. Therefore, institutions need to provide information about their activities (including the programmes they offer and the selection criteria for them); the intended learning outcomes of these programmes; the qualifications they award; the teaching, learning, and assessment procedures used; the pass rates; the learning opportunities available to their students; and graduate employment information.

To comply with AQU Catalunya's *Standards and Criteria for the Quality Assessment of University Bachelor's and Master's Degrees*,⁵ public information has been added to this dimension.

7.1 The quality assurance system

The school has implemented a quality assurance system that addresses the educational, administrative, and research components of the school's work (BME 7.1).

This BME WFME standard is developed by the following AQU Catalunya substandards:

- > The degree has an IQAS or processes for quality assurance which are implemented and are continuously reviewed and improved (E7a).
- > The processes are adequate and efficient and allow appropriate monitoring and improvement of their activities (E7b).
- > The medical study programme is reviewed and improved periodically. The review leads to an improvement plan that is kept up to date. The planned actions are communicated to all stakeholders (AQU S9).

Guidance

The activity of the training programme must be linked to the quality assurance strategy and policies of the medical school and university. The implemented IQAS must have processes that guarantee the design, approval, monitoring, and accreditation of the medical study programme. The institution must be able to demonstrate the degree of implementation of these processes and show that the study programme has been approved internally according to those processes.

The training programme must be periodically monitored and reviewed to ensure that it is achieving the intended training objectives and that it responds to the needs of students and society. These reviews must be carried out according to the processes defined in the IQAS and must incorporate a programme improvement plan. Finally, the processes must be able to respond adequately to the need for accreditation of the medical study programme.

Reliable data is crucial for informed decision-making and for knowing what is working well and what needs attention. Effective processes to collect and analyse information about study programmes and other activities feed into the internal quality assurance system. The information gathered depends, to some extent, on the type of institution and its mission. The following aspects are of interest:

- > Key performance indicators
- > The profile of the student population
- > Student progression, success, and dropout rates
- > Student satisfaction with their programmes

- > Learning resources and student support available
- > Career paths of graduates

It is important for students and staff to be involved in providing and analysing information and in planning follow-up activities.

Internal stakeholders must take responsibility for quality and show an appropriate commitment to the institutional quality culture. To achieve this goal, they must develop and implement a strategy for continuous quality improvement. The strategy, policy, and procedures must have a formal status and must be publicly available.

Rubrics

Progressing towards excellence

The medical school has an IQAS or processes for quality assurance which are implemented and are continuously reviewed and improved.

The processes are very adequate and efficient and allow appropriate monitoring and improvement of the institution's activities.

The medical study programme is reviewed and improved periodically. The review leads to an improvement plan that is kept up to date. The planned actions are communicated to all stakeholders.

Compliant

The medical school has an IQAS or processes for quality assurance which are implemented and are continuously reviewed and improved.

The processes are adequate and efficient and allow appropriate monitoring and improvement of the institution's activities.

The medical study programme is reviewed and improved periodically. The review leads to an improvement plan. The planned actions are communicated to the main stakeholders.

Compliant with conditions

The medical school has an IQAS or processes for quality assurance which are partially implemented and/or are not reviewed and improved on a regular basis.

The processes present shortcomings and do not always allow appropriate monitoring and improvement of the institution's activities.

The medical study programme is not reviewed and improved periodically and the improvement plan is incomplete. The planned actions are poorly communicated to stakeholders.

Non-compliant

The medical school does not have an IQAS or processes for quality assurance.

The medical study programme is not reviewed and improved periodically.

Evidence

- > E02. Dashboard or similar
- > E07. Improvement plan(s)
- > E16. Centre and programme monitoring reports
- > E20. IQAS processes and procedures

- > E73. IQAS review reports
- > E74. Document management tools

Indicators

- > I60. Percentage of improvement actions not implemented
- > I61. Percentage of dashboard indicator objectives achieved

7.2 Public information

The degree programme suitably informs all stakeholders about the characteristics of the training provided (AQU S8).

This AQU Catalunya standard is developed by the following substandards:

- > The degree programme publishes accurate, complete, up to date, and accessible information on the characteristics of the training programme and its delivery (AQU S8a).
- > The degree programme publishes information on academic results and on student and teacher satisfaction, as well as on the results of internal and external assessment processes (AQU S8b).

Guidance

Transparency of information is repeatedly mentioned in communiqués from European education ministries, for example in the Bergen Communiqué (May 2005) in which ministers state that they wish to “establish a European Higher Education Area based on the principles of quality and transparency.” The importance of transparency is reflected throughout the European standards and guidelines. The ESGs therefore state that “Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up to date, and readily accessible” (**ESG 1.7. Information management**).

The guidelines in this standard state that “Information on institutions’ activities is useful for prospective and current students as well as for graduates, other stakeholders, and the public.” Therefore, medical schools must provide information about their activities, including the syllabus, the student selection criteria, the intended learning outcomes, the qualifications they award, the teaching, learning and assessment procedures used, the pass rates, and the learning opportunities available to their students, as well as graduate employment information. Information on the clinical settings allocation and level, including university teaching hospital(s), primary health centres, rural settings and/or other associate specialised healthcare training institutions must be publicly offered.

The degree programme must also inform prospective and current students about the cost of ECTS credits and other costs associated with enrolment, the accreditation status of the programme, the process, and channels for complaints and suggestions.

Rubrics

<p>Progressing towards excellence</p> <p>Up-to-date, exhaustive, accurate, and pertinent public information is offered on the characteristics of the study programme, its delivery, and both graduates' academic and satisfaction results.</p> <p>The information is very clear, legible, aggregated, and accessible to all stakeholders.</p>
<p>Compliant</p> <p>Pertinent public information is offered on the characteristics of the study programme, its delivery, and both graduates' academic and satisfaction results.</p> <p>The information is clear, legible, aggregated, and accessible to all stakeholders.</p>
<p>Compliant with conditions</p> <p>Partial public information is offered on the characteristics of the study programme, its delivery, and academic and satisfaction indicators.</p> <p>The published information shows certain shortcomings with respect to clarity, legibility, aggregation, and accessibility.</p>
<p>Non-compliant</p> <p>No or inadequate public information on the programme's characteristics, delivery, and results is offered by the school.</p> <p>The published information shows serious shortcomings with respect to clarity, legibility, aggregation, and accessibility.</p>

Evidence

- > E07. Improvement plan(s)
- > E16. Centre and programme monitoring reports
- > E20. Related processes and procedures (public information)
- > E55. Website and other public information

The following evidence may also be used:

- > E76. Accessibility audit on public information

Indicators

- > I50. Student satisfaction (with public information)
- > I57. Teacher satisfaction (with public information)
- > I66. Graduate satisfaction (with public information)

8. GOVERNANCE AND ADMINISTRATION

The activity of the training programme is integrated into the institution's quality assurance strategy and policies. The chain of responsibility is well established and effective, and key stakeholders are involved in decision-making (AQU S1).

Policies and processes are the main pillars of a coherent institutional quality assurance system that involves a cycle of continuous improvement and contributes to the accountability of the institution. These policies promote the development of a culture of quality in which all internal stakeholders take responsibility for quality and are committed to ensuring it in all areas of the institution. To facilitate this, these policies have a formal status and are publicly accessible (**ESG 1.1. Policy for quality assurance**).

Quality assurance policies are normally established at institutional or university level and are therefore an essential part of institutional accreditation.¹⁹ Only when the institution offers a single university Bachelor's or Master's degree may the quality assurance policies of the institution and the degree programme be the same. Thus, the assessment of the quality assurance policies of training programmes will focus on aspects of responsibility, the implementation of the degree programme, and the application of the institution's quality assurance policies and strategies to the degree programme.

8.1 Governance

The school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and accessible to all stakeholders, aligns with the school's mission and functions, and ensures stability of the institution (BME 8.1).

This BME WFME standard is developed by the following AQU Catalunya substandards:

- > The activity of the training programme is integrated into the institution's quality assurance strategy and policies (AQU S1a).
- > The chain of responsibility and the parties responsible are clearly identified in the decision-making process (AQU S1b).

¹⁹ Agència per a la Qualitat del Sistema Universitari de Catalunya, *Standards and criteria for the institutional accreditation of university centres* (Barcelona: AQU Catalunya, 2020).

- > Stakeholders are involved in decision-making (AQU S1c).
- > The training programme management team is accountable for the results of its activity (AQU S1d).
- > Risks to the training programme have been identified and preventive measures have been foreseen (AQU S1e).

Guidance

The responsibilities for the correct implementation of the medical study programme must be clearly established and must be adequate to guarantee the quality of the training. The chain of responsibilities established in the degree programme must allow for appropriate and effective decision-making.

The team responsible for the study programme must guarantee the correct application of the regulations in force and be accountable for its own performance and for the results of the implementation of the training programme.

There must be effective mechanisms for coordination between the subjects and courses on the curriculum and between subject groups, as well as among the clinical training settings.

The participation of stakeholders in the decision-making process for the degree programme is of paramount importance. For this reason, appropriate mechanisms must be in place to enable their participation, especially in the case of students and teachers.

An example of a best practice is to ensure a risk management plan is implemented.

Rubrics

Progressing towards excellence

The medical school governance structure is very adequate for the leadership and management of the teaching, learning, research, and resource allocation processes.

That structure is transparent and accessible to all stakeholders, it aligns with the school's mission and functions, and it ensures the stability of the institution.

Compliant

The medical school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and accessible to its main stakeholders, aligns with the medical school's mission and functions, and ensures the stability of the institution.

Compliant with conditions

The medical school governance structure presents some inadequacies for the leadership and management of the teaching, learning, research, and resource allocation processes.

That structure is partially transparent and/or accessible to some stakeholders, and it is not fully aligned with the medical school's mission and functions.

Non-compliant

The medical school governance structure in relation to leadership and management of the teaching, learning, research, and resource allocation processes is inadequate.

That structure is neither transparent nor accessible to stakeholders, and/or is not aligned with the medical school's mission and functions.

Evidence

- > E01. Strategic plan (SP) or similar
- > E02. Dashboard or similar
- > E07. Improvement plan(s)
- > E08. Centre organisation chart
- > E09. Regulations of the governing bodies and committees (including composition)
- > E10. Management tools and registers for suggestions and complaints
- > E11. Financial reports and internal and external audit reports, audited company financial statements or other documentation showing the financial viability of the centre (private and affiliated centres)

The following evidence can also be provided:

- > E12. Minutes of sessions of governing bodies and commissions and other documents
- > E13. Risk management plan(s) (mitigation)
- > E14. Contingency plan(s)

Indicators

No indicators are proposed for the evaluation of this standard.

8.2 Student and academic staff representation

The school has policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes (BME 8.2).

Guidance

AQU Catalunya will verify the adequacy of student and academic staff participation mechanisms. Both these internal stakeholders must participate in the school planning, implementation, student assessment, and quality evaluation activities, or indeed should provide comments on them.

Rubrics

Progressing towards excellence
The medical school policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes are very appropriate.
Compliant
The medical school has policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes.
Compliant with conditions
The medical school policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes present shortcomings.
Non-compliant
The medical school does not have any policies or procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes.

Evidence

- > E09. Regulations of the governing bodies and committees (including composition)

Indicators

No indicators are proposed for the evaluation of this standard.

8.3 Administration

The school has appropriate and sufficient administrative support to achieve its goals in teaching, learning, and research (BME 8.3).

Guidance

The medical school or the university must develop a policy and review process to ensure adequate and efficient administrative, staff, and budgetary support for all school activities and operations.

The administrative staff must be sufficient, be qualified to carry out their tasks, and have training opportunities. The institution must foresee the needs of human resources for support in terms of services and infrastructure at the medical school but also at clinical training settings: teaching infrastructure (classrooms, laboratories, clinical facilities, lecture theatres, seminar rooms, anatomy study areas, clinical skills laboratories, etc.), libraries, study areas, IT infrastructure, tutoring services, guidance for students with disabilities, financial aid counselling, career guidance and placement, residential life, sporting activities, etc.

The institution must have mechanisms to coordinate those activities that depend on central units with those activities that are managed in a decentralised manner closer to the degrees.

Rubrics

Progressing towards excellence

The administrative and technical staff are highly adequate and suited to enabling effective implementation of the educational programme and to support the school to achieve its goals in teaching, learning, and research.

Compliant

The administrative and technical staff enable correct implementation of the educational programme and support the school to achieve its goals in teaching, learning, and research.

Compliant with conditions

The administrative and technical staff exhibit shortcomings and deficiencies in enabling correct implementation of the educational programme and/or in supporting the school to achieve its goals in teaching, learning, and research.

Non-compliant

The administrative and technical staff are not suitable for correct implementation of the educational programme and do not adequately support the school to achieve its goals in teaching, learning, and research.

Evidence

- > E20. Related processes and procedures (PAS training)
- > E23. Criteria for teaching support staff recruitment
- > E24. Support staff assessment reports
- > E67. Assessment of the staff training plan (must include the list of training activities in which the centre's teaching support staff have participated)

Indicators

- > I67. Percentage of support staff who have carried out at least one training activity to promote their skills development
- > I68. Satisfaction of administration and services staff (with training activities)

ANNEX 1. EVIDENCE AND INDICATOR TABLES

Below is a list of the evidence (Table 1) and indicators (Table 2) that have been identified throughout this guide and which the school may make available to AQU Catalunya to demonstrate compliance with the standards for the accreditation of the medical programme. The list is indicative. It may not be complete depending on the history, nature, and operation of the school; therefore, the school may provide additional indicators. It may also be possible that some of the evidence proposed here serves to demonstrate the achievement of the standards in other dimensions that are not indicated in this guide.

Guide to the accreditation of medical study programmes

TABLE 1. EVIDENCE	Subdimensions / WFME BME standards																											
	1.1	2.1	2.2	2.3	2.4	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	4.4	5.1	5.2	5.3	6.1	6.2	6.3	7.1	7.2	8.1	8.2	8.3			
E01. Strategic plan (SP) or similar																												
E02. Dashboard or similar																												
E03. Monitoring reports on SP development																												
E07. Improvement plan(s)																												
E08. Medical school organisation chart																												
E09. Regulations of the governing bodies																												
E10. Management tools for suggestions and complaints																												
E11. Financial reports (private and affiliated centres)																												
E12. Minutes of sessions of governing bodies and commissions																												
E13. Risk management plan(s)																												
E14. Contingency plan(s)																												
E16. Centre and programme monitoring reports																												
E19. Human resources policy																												
E20. IQAS processes and procedures																												
E21. Structure and staffing of the medical school																												
E22. Criteria for teaching staff recruitment																												
E23. Criteria for teaching support staff recruitment																												
E24. Teaching and support staff assessment reports																												
E25. List of teaching posts																												
E31. Subject syllabi																												
E32. Implemented SDG-related actions																												
E33. Plan(s) on gender equality and its/their results																												
E34. Protocol on harassment (sexual, gender, etc.)																												
E35. Support actions for students with disabilities																												
E36. Student selection and admission criteria																												
E37. Student counselling and support plan																												
E38. Student counselling and support service charter																												
E46. Medical study programme handbook																												
E47. Ex ante programme accreditation report (AQU)																												
E48. Centre and programme monitoring reports (AQU)																												
E49. Ex post programme accreditation reports (AQU)																												
E50. Teaching staff assignment to subjects																												
E51. Study programme timetable																												
E52. Final-year project guide																												
E53. Regulations and criteria for credit recognition																												
E54. Combined study programmes timetable																												
E55. Website and other public information																												

Guide to the accreditation of medical study programmes

TABLE 1. EVIDENCE	Subdimensions / WFME BME standards																								
	1.1	2.1	2.2	2.3	2.4	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	4.4	5.1	5.2	5.3	6.1	6.2	6.3	7.1	7.2	8.1	8.2	8.3
E56. Registry of student admission results																									
E57. First-year student transition into HE plans																									
E59. Progression regulations																									
E61. Regulation of LO certification and registry																									
E62. Examination review procedure																									
E63. Degree award regulations																									
E64. Teaching staff competitive research projects																									
E65. Teaching staff professional experience																									
E66. Detection of hiring needs of new staff																									
E67. Assessment of the staff training plan																									
E68. Medical school or university educational model																									
E69. Student assessment tasks																									
E70. Educational facilities and infrastructure																									
E71. Detection of new facilities and infrastructure needs																									
E72. Career guidance plan or actions																									
E73. IQAS review reports																									
E74. Document management tools																									
E75. Learning outcome assessment document																									
E76. Accessibility audit on public information																									
E77. Student credit recognition registry																									
E79. Mission statement document																									
E80. Intended learning outcomes																									
E81. Policy on student assessment																									
E82. Teaching staff participation in the teaching assessment process																									
E83. Teacher self-assessment reports within the framework of teaching assessment processes (DOCENTIA)																									
E84. School policy and measures promoting academic integrity																									

Guide to the accreditation of medical study programmes

TABLE 2. INDICATORS	Subdimensions / WFME BME standards																										
	1.1	2.1	2.2	2.3	2.4	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	4.4	5.1	5.2	5.3	6.1	6.2	6.3	7.1	7.2	8.1	8.2	8.3		
I10. Credits taught by doctoral and accredited teaching staff (%)																											
I11. Credits taught by non-accredited doctoral teaching staff (%)																											
I12. Credits taught by non-doctoral teaching staff (%)																											
I13. Credits taught by tenured teaching staff (%)																											
I40. Demand as first option/places offered ratio																											
I41. Enrolled students/places offered ratio																											
I42. Profile of first-year students (by access pathway and cut off marks)																											
I44. Percentage of students working and studying at the same time																											
I45. Percentage of foreign students																											
I46. Dropout rate																											
I47. Student progression rate																											
I48. Graduation rate																											
I49. Average time to complete the programme																											
I50. Student satisfaction																											
I51. Number of students with specific needs																											
I53. Credits taught by teaching staff with accredited research activity (%)																											
I54. Credits taught by teaching staff with DOCENTIA accreditation																											
I55. Ratio of full-time equivalent (FTE) students to FTE teaching staff																											
I56. Percentage of teaching staff who have taken part in academic training activity																											
I57. Teacher satisfaction																											
I58. Number of security incidents involving the educational infrastructure																											
I60. Percentage of improvement actions not implemented																											
I61. Percentage of dashboard indicator objectives achieved																											
I62. First year dropout rate																											
I63. Degree programme efficiency rate																											
I64. Employment rate (AQU survey)																											
I65. Work to study programme suitability (AQU survey)																											

Guide to the accreditation of medical study programmes

TABLE 2. INDICATORS	Subdimensions / WFME BME standards																							
	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
I66. Graduate satisfaction																								
I67. Percentage of support staff who have carried out at least one training activity to promote their skills development																								
I68. Satisfaction of administration and services staff (with training activities).																								
I69. Percentage of students with prior recognised professional experience																								
I70. Percentage of teachers with a distinction out of all teachers participating in the DOCENTIA programme																								

ANNEX 2. EVIDENCE TO ASSESS THE ACHIEVEMENT OF LEARNING OUTCOMES

For the assessment of the relevance of assessment methods to certify the achievement of intended learning outcomes the school must provide delivery information on the following subject types:

- > Four compulsory subjects. They must be representative of the major areas of the curriculum and of the different academic years. The subject type must consist of both disciplines with scientific foundations and those of a more technical/applied or procedural nature. At least one of them must be taught in the first academic year.
- > If there are mentions, a compulsory subject for each mention.
- > Clinical placements.
- > Study-programme final-year projects.

For each selected subject, it will be necessary to provide the following three types of evidence:

1. Subject syllabi containing:

- > Content
- > Intended learning outcomes
- > Assessment methods (at the medical school and at clinical placements settings)
- > Main learning activities and their assessment methods
- > For clinical placements:
 - Centre types and maximum number of students per centre
 - Volume of learning taking place in hospitals, clinics, and in the community
- > Types of study programme final-year projects and assessment methods

2. Subject academic staff

- > Summarised CV (teaching profile, main lines of research and recent publications, and professional profile)
- > For the study programme final-year projects, profile of the supervising teaching staff (summarised CV including main lines of research and recent publications, especially for teaching staff responsible for the Master's degree final-year project)
- > Profile of clinical teachers and tutors

3. Sample of student assessment tasks

- > List of all the study programme final-year projects defended and a selection of the projects with their corresponding assessments and marks, representative of all the qualifications awarded
- > A selection of assessment tasks in clinical placements. The medical school may provide a sample blueprint of (a) a written examination, and (b) a clinical assessment which demonstrates the link between assessment and learning outcomes. It will be necessary to explain how the medical school assesses clinical attachments (i.e., logbooks), achievement of professional competences by medical students (i.e., miniCEX, OSCE), and professionalism. Information related to common assessment methods in clinical settings may include programmes and activities for:
 - Teaching and assessing clinical and procedural skills
 - Promoting critical thinking and problem-solving skills
 - Fostering communication and teamwork
 - Developing patient safety, healthcare systems, and/or cultural awareness
 - Exploring healthcare systems science and practice
- > Regarding the subjects, a selection of written tests, reports, and other assessment tasks in such a way that the spectrum of qualifications is covered (failed, passed, good, and excellent). Those tasks must, at least, account for 50% of the final grades for that particular subject
- > In the case of continuous assessment, the school must provide a description of its main characteristics including the weight assigned to each task
- > If the subject uses rubrics to assist assessment, the school must provide them if they are not included in the subject syllabus.

Agència per a la Qualitat del Sistema Universitari de Catalunya

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