

Accreditation Agency in Health and Social Sciences



Handbook for the Accreditation of Medical Education Programs

according to the “Standards and Guidelines for Quality Assurance in the European Higher Education Area“ in consideration of the “Basic Medical Education WFME Global Standards for Quality Improvement”

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Introduction

The Accreditation Agency in Health and Social Sciences (AHPGS) is an interdisciplinary, multi-professional organization, whose mission is to enhance the quality of teaching and learning in higher education in modern European and international contexts. Its work focuses on the fields of health and social sciences, as well as other related fields such as medical care or nursing. By implementing quality assurance procedures, it aims to share, disperse and promote values and good practices.

The AHPGS carries out the external evaluation and accreditation of Bachelor and Master study programs at German and foreign higher education institutions (HEI) and thus contributes to their continuous development in terms of quality assurance management. For that, the AHPGS implements the analyses of the existing internal quality review system, determines its advantages and deficiencies, verifies the applicability of its results, and, finally, proposes new methods of efficient quality control. We help study programs expand their international recognition and increase their competitive power in academic accomplishments, research activities and teaching performance. Furthermore, the AHPGS assists study programs with the social and medical relevance of their profile and employability potential of their graduates.

The AHPGS is a member of international associations and networks: the "European Association for Quality Assurance in Higher Education" (ENQA), the "European Consortium for Accreditation in Higher Education" (ECA), the "Network of Central and Eastern European Quality Assurance Agencies in Higher Education" (CEENQA) and the "International Network for Quality Assurance Agencies in Higher Education" (INQAAHE). Furthermore, the AHPGS is listed in the "European Quality Assurance Register" (EQAR).

As an organization, the AHPGS is an independent body.

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The Accreditation Procedure

The main focus of the accreditation of medical education programs is the compliance of the study program with the “Standards and Guidelines for Quality Assurance in the European Higher Education Area“ (ESG) in consideration of the internationally-acknowledged “Basic Medical Education WFME Global Standards for Quality Improvement” (BME WFME 2020). The revised standards will be used as of publication. All universities submitting the application as of the effective date will be reviewed using the most current standards.

Currently, for the ESG, the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015) are used. Regarding the WFME Standards, the WFME Global Standards for Quality Improvement: Basic Medical Education (BME Standards 2020) are used.

The accreditation procedure of medical education study programs runs generally along three consecutive steps described below.

1. The HEI submits the application of the medical education study program for accreditation (Self-Evaluation Report and accompanying documents/annexes) to the AHPGS, requesting initiation of the external quality assurance process. The application documents should clearly and explicitly formulate the objectives and learning outcomes of the study program. The HEI can also forward the AHPGS additional documentation in order to support the application. The AHPGS reviews the sufficiency and relevance of the forwarded documents. If necessary, it can request additional information in the form of open questions, which are to be answered by the HEI. Based on the submitted application documents and the answers to open questions, the AHPGS produces a report that includes the WFME Standards and assigns the medical education program to the relevant criteria. At the same time, the Accreditation Commission of the AHPGS nominates an expert group and informs the HEI about the members of the expert group. The experts are then provided with the application documents (the Self-Evaluation Report its annexes) and the report of the study program. Upon the approval of the report by the HEI, the AHPGS makes it available to the members of the experts group.
2. The expert group, accompanied by the representatives of the AHPGS, carries out an on-site visit of the HEI. In the course of the visit, the experts hold discussions with different members of the HEI including institution, faculty and department management, the study program management, teaching staff and students. The function of the expert group is to verify and evaluate the objectives and learning outcomes of the study program, its structure, teaching staff, material resources, course of studies and methods of assessment (selection of students, assessment of achievements, students' support, etc.) and the

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program management (program administration and external assurance of study quality).

Following the visit, the expert group issues an Expert Report based on the results of the visit and the documents submitted by the HEI. The Expert Report is then made available to the HEI. When necessary, the HEI might issue and forward its response opinion regarding the Expert Report to the AHPGS to be taken into consideration. The Expert Report, the response opinion of the HEI (if provided) and the application documents are then forwarded to the Accreditation Commission of the AHPGS.

3. The Accreditation Commission of the AHPGS examines the provided documentation, namely the application (the Self-Evaluation Report and its annexes), the report comprised by the AHPGS, the Expert Report and the response opinion of the HEI. These documents lay basis for the decision of the Accreditation Commission of the AHPGS regarding the accreditation of the study program or recommendation for accreditation.

The decision of the Accreditation Commission of the AHPGS can be formulated in three following forms:

- The study program is accredited (without any conditions)
- The study program is accredited with conditions
- The study program is denied an accreditation

The Accreditation Commission of the AHPGS makes a holistic judgement on the HEI's compliance with the aforementioned criteria as a whole, based on the external review panel's findings, analyses of and conclusions on the HEI's compliance with the relevant criteria. Should the Accreditation Commission not consider the panel's conclusion with regard to a specific criterion, this is explained in the Commission's decision. If a specific criterion is not addressed in the decision it is implied that the Commission largely concurred with the review panel's analysis and conclusion without further comments. If there are one or several criteria with which the HEI does not comply this is considered in the Commission's holistic judgement, which might be positive or negative depending on the amount and significance of the respective areas. However, there are no numerical rules for arriving at a judgement. A conclusion of no compliance for any one criterion does not prevent accreditation per se. The Accreditation Commission bears in mind the specific legislative, political and socio-economic context of each HEI.

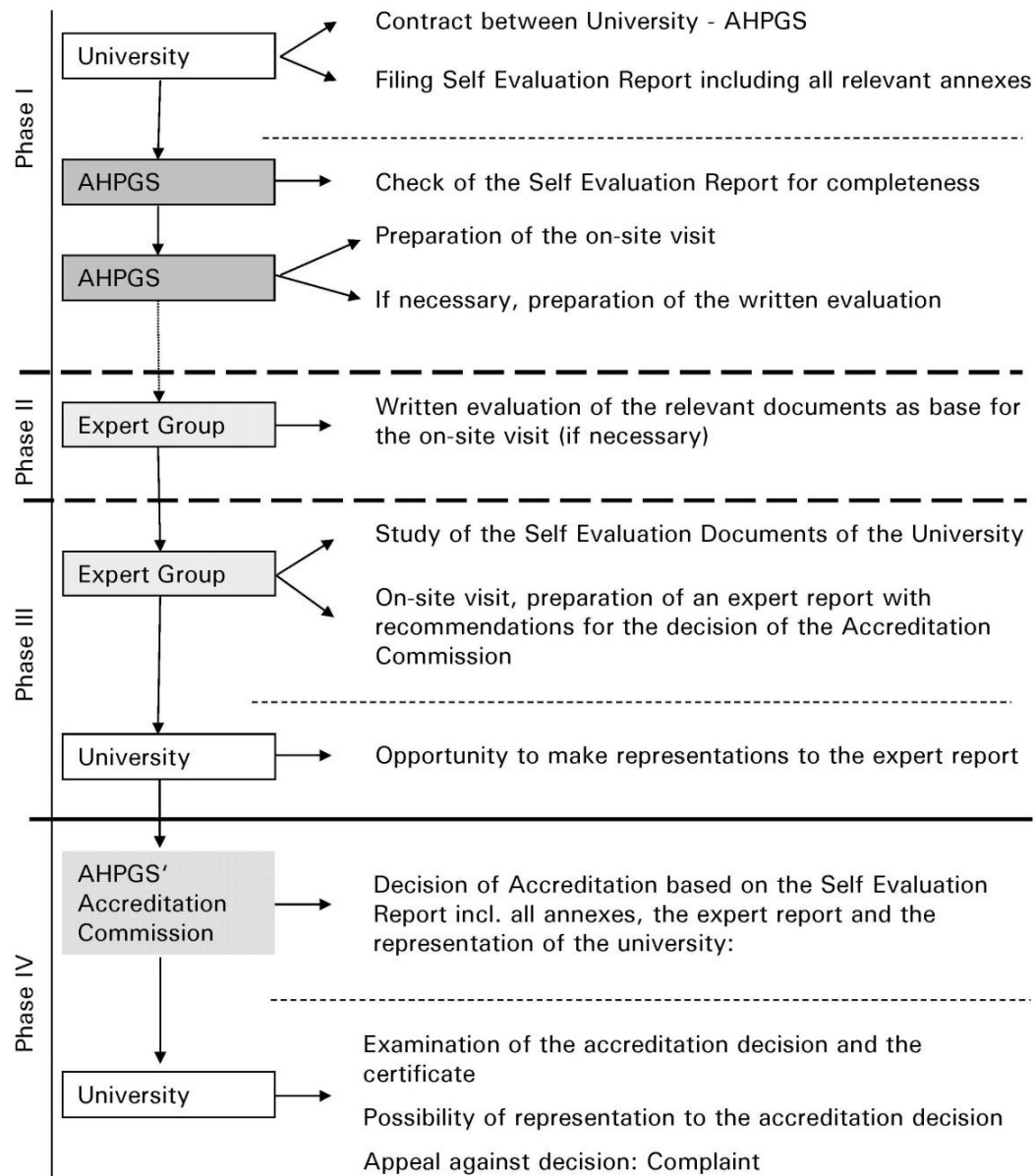
The AHPGS publishes the final report about the accreditation of the study program on its website.

The accreditation or reaccreditation is limited to a period of five years. The period begins on the day the accreditation decision becomes effective. The period shall be extended to the end of the last academic year concerned.

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4. After 24 months since the decision was issued by the Accreditation Commission, AHPGS will ask the HEI for a written update describing how the proposed recommendations and/or conditions were taken up by the HEI.

Graphical Overview of the Procedural Steps



Standards for the Assessment and Accreditation of Medical Education Programs

The standards address the elements of the medical education program which encompasses the totality of all processes and activities that are implemented to facilitate student learning, wellbeing and achievement.

The ESG were underpinned and supplemented using the WFME Standards (BME WFME 2020).

The Standards are presented in eight areas:

- 1) Mission & Public Information
- 2) Curriculum and Learning Outcomes
- 3) Student-centred Learning, Teaching & Assessment
- 4) Student Admission, Progression, Recognition & Certification
- 5) Academic Staff
- 6) Learning Resources and Student Support
- 7) Quality Assurance
- 8) Governance and Administration

1. Mission & Public Information

ESG 1.8: Institutions should publish information about their activities, including programs, which is clear, accurate, objective, up-to date and readily accessible.

WFME 1.1: The institution has a public statement that sets out its values, priorities, and goals.

2. Curriculum and Learning Outcomes

ESG 1.2: Institutions should have processes for the design and approval of their programs. The programs should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a program should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and consequently to the Framework for Qualifications of the European Higher Education Area.

WFME 2.1: The institution 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.

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WFME 2.2: The institution has documented the overall organisation of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines.

WFME 2.3: a) The institution 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.

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

WFME 2.4: The institution employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum.

3. Student-centred Learning, Teaching and Assessment

ESG 1.3: Institutions should ensure that the programs are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.

WFME 3.1: Assessment policy and system

a) The institution has a policy that describes its assessment practices.

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

c) The policy is shared with all stakeholders.

WFME 3.2: Assessment in support of learning

a) The institution 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.

b) These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential.

WFME 3.3: Assessment in support of decision-making

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

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

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

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WFME 3.4: Quality control

- a) The institution has mechanisms in place to assure the quality of its assessments.
- b) Assessment data are used to improve the performance of academic staff, courses, and the institution.

4. Student Admission, Progression, Recognition and Certification

ESG 1.4: 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.

WFME 4.1: The institution has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.

5. Academic Staff

ESG 1.5: Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.

WFME 5.1: The institution has the number and range of qualified academic staff required to put the institution’s curriculum into practice, given the number of students and style of teaching and learning.

WFME 5.2: The institution has specified and communicated its expectations for the performance and conduct of academic staff.

WFME 5.3: The institution implements a stated policy on the continuing professional development of its academic staff.

6. Learning Resources and Student Support

ESG 1.6: Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

WFME 6.1: The institution has sufficient physical facilities to ensure that the curriculum is delivered adequately.

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WFME 6.2: The institution has appropriate and sufficient resources to ensure that students receive the required clinical training.

WFME 6.3: The institution provides adequate access to virtual and physical information resources to support the institution's mission and curriculum.

WFME 4.2: The institution provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

7. Quality Assurance

ESG 1.1: Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

ESG 1.7: Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programs and other activities.

ESG 1.9: Institutions should monitor and periodically review their programs 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 program. Any action planned or taken as a result should be communicated to all these concerned.

ESG 1.10: Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.

WFME 7.1 The institution has implemented a quality assurance system that addresses the educational, administrative, and research components of the institution's work.

8. Governance and Administration

WFME 8.1: The institution 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 institution's mission and functions, and ensures stability of the institution.

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WFME 8.2: The institution has policies and procedures for involving or consulting students and academic staff in key aspects of the institution's management and educational activities and processes.

WFME 8.3: The institution has appropriate and sufficient administrative support to achieve its goals in teaching, learning, and research.

The Self-Evaluation Report

General

The Self-Evaluation Report (SER) and its annexes are to be submitted in the electronic format (please hand them in as pdf. files). The Self-Evaluation Report should not exceed 50 pages (not including its annexes). Furthermore, the following documents should be attached to the Self-Evaluation Report (each as a separate pdf file):

- module guide/module descriptions (see Sample on homepage, the module descriptions should be sent in one coherent pdf. document),
- module overview (a graphical overview of the study program, showing courses arranged by semester on one DIN A4 page, insofar as possible),
- study plan (a table of all courses in the program, containing course names, numbers, types, and credits, on one DIN A4 page, insofar as possible),
- institutional regulations (study, exam and work placement regulations, etc.)
- national legal requirements and standards regulating the education process, examinations and awarding of academic degrees in the respective field,
- a brief CV for each lecturer (see sample on homepage, the CVs should be sent in one coherent pdf. document),
- a diploma supplement in English language (Please use the latest version, which can be found in <https://www.hrk.de/mitglieder/arbeitsmaterialien/diploma-supplement/>)
- a formal declaration by the university administration guaranteeing the facilities, furnishings and equipment for the study program,
- an assessment report/expert opinion on the previous accreditation, if applicable.

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Re-Accreditation

The re-accreditation procedure is different from the initial accreditation procedure in that the study program to be accredited has already been realized over a certain period of time.

In addition to the above-mentioned documents, the following issues are given special significance during the re-accreditation and are to be documented accordingly when filing the Self-Evaluation Report:

- evaluation of the success of the study program (e.g. using graduate surveys and follow-up studies),
- review of the student workload in the individual modules,
- assessment of the evaluation results,
- evaluation of statistical data regarding capacity utilization, drop-out rate, numbers of new enrolments,
- implementation of the requirements and recommendations from the previous accreditations as well as documentation of all of the changes and developments that have taken place regarding the study program (with specification of the reasons for them) since the previous accreditation.