

# **EVALUATION CRITERIA GUIDELINES**

## **INTERNATIONAL QUALITY LABEL**

**(Based in WFME MEDICINE standards)**  
**(version v2)**

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## 1. INTRODUCTION

The global pandemic resulting from the SARS-CoV-2 virus has demonstrated the importance of having good Public Health teams in all countries, with training based on standards that generate quality programmes, independent and free of commercial bias, such as: [Liaison Committee on Medical Education \(LCME\)](#), [World Federation for Medical Education \(WFME\)](#), [Association for Medical Education in Europe \(AMEE\)](#), [Accreditation Council for Continuing Medical Education \(ACCME\)](#) e [Institute for International Medical Education \(IIME\)](#). These include the World Federation for Medical Education (WFME) which stands out for its shared commitment with [World Health Organization \(WHO\)](#) to improving medical education, as well as the international associations: [United Nations Educational, Scientific and Cultural Organisation \(UNESCO\)](#) and the [Organisation for Economic Co-operation and Development \(OECD\)](#). All of the above recognise that countries place a high value on the national sovereignty of education as an area of responsibility for national and regional governments.

One of WHO-WFME's objectives is to facilitate the accreditation of medical education by providing instructions based on best practices in medical education. Among other factors, this has promoted the fact that, as of 2024, physicians applying for the certification [Educational Commission for Foreign Medical Graduates \(ECFMG\)](#) to work in the USA, will have to have graduated from a university medical school accredited according to globally accepted criteria, such as those of the [World Federation for Medical Education \(WFME\)](#). This is one of the reasons that has prompted the [National Agency for Quality Assessment and Accreditation \(ANECA\)](#) to ask WFME to evaluate it in order to become an agency authorised to grant its label for Medicine to all universities that voluntarily submit to the international accreditation process managed by ANECA within the [International Quality Labels Programme \(IQL\)](#).

Once the procedures have been initiated **by ANECA to become an agency assessed by the World Federation for Medical Education (WFME)** in order to be able to offer the evaluation of the international label of quality of official medical studies, the Agency has prepared the documentation that the universities chosen to participate in the 2021 call for applications (pilot project) will have to use throughout the whole process of international accreditation.

The authorisation of ANECA as a WFME evaluation agency will grant **international quality recognition** for graduates of the Faculties of Medicine of the universities that undergo this evaluation model and obtain a positive result once the evaluation has been completed.

In the context of the development of this new international and professional project, ANECA will sign a collaboration agreement with the [National Conference of Deans of Faculties of Medicine \(CNDFME\)](#) and the [General Council of Official Medical Colleges \(CGCOM\)](#).

This document contains the **evaluation criteria** for this label, which is more demanding than that of the national accreditations with regard to verifying that learning outcomes have

actually been acquired and taking into account specific aspects of Medicine from a global perspective, as well as in the items (requirements) required of the university's support for the centre being evaluated to achieve this international recognition.

The evaluation process is carried out at two levels: with a visiting expert panel and a label accreditation commission, and with the participation of national and international experts with academic, professional and student profiles, ensuring that the gender composition is balanced and that such persons are knowledgeable about aspects related to inclusion in university education in general, and in particular to that of people with functional diversity or disabilities.

The evaluation model of this new label is based on the application of the WFME standards, in addition to those already established in a general way in the accreditation process of the other labels managed by ANECA, such as: the ENPHI® Agency's own label® for distance and hybrid learning (applicable to all fields of knowledge) and the other professional labels, specific for each field, such as: EUR-ACE® for engineering, EURO-INF for IT and EURO-LABELS® for chemistry, which are periodically audited by the international associations ENQA, ENAEE, EQANIE and ECTN and internally through an annual meta-evaluation; and which are applied to the pilot call for the WFME label (2021) and subsequently to the following ones; in which all facets related to the inclusion of people with functional diversity will always be taken into account.

This new label may be applied for by the representatives of official training centres for Medicine **which have obtained the renewal of the previous accreditation before undergoing the label-specific assessment by an agency belonging to the Spanish Network of University Quality Agencies (REACU) or by a foreign agency that has subscribed a collaboration agreement with ANECA in the context of International Quality Labels (IQLs) Programmes.** The goal of the above is to ensure that, before assessing the two specific criteria posed by such labels, it is guaranteed that the training centre or programme complies with the criteria established for national accreditation (seven criteria in Spain).

The purpose of awarding these labels is to provide demonstrable added value to the previous accreditation of the assessed centre applying for said labels.

In order to for the previous accreditation to be renewed, it is necessary to demonstrate that **specific measures** which were scheduled to be implemented in the design of the verified Medical programmes are still in place **to address the needs of a diverse student body and, in particular, to ensure gender equality and attention to the needs of persons with functional diversity** in access to education.

These **measures** are as follows:

- In relation to **accessing training programmes:**

The criteria of universal accessibility and design for all must be observed, in accordance with the provisions of *Act 51/2003, of 2 December, on equal opportunities, non-discrimination and universal accessibility for people with disabilities*, as well challenging gender-based or any other stereotypes and prejudices in the choice of training programmes.

- Regarding the **skills to be acquired by students, once the training programme has been completed:**

The skills must be defined taking into account the fundamental rights and equal opportunities of men and women (in accordance with the provisions of *Act 3/2007, of 22 March, for the effective equality of women and men*), the principles of equal opportunities and universal accessibility for people with disabilities (included in *Act 51/2003, of 2 December, on equal opportunities, non-discrimination and universal accessibility for people with disabilities*) and the values of a culture of peace and democratic values (found in *Act 27/2005, of 30 November, on the promotion of education and the culture of peace*).

- On **Academic staff:**

Centres that have been awarded a label must have mechanisms in place to ensure gender equality and non-discrimination of persons with disabilities. The mechanisms available to the evaluated medicine programmes to ensure that the recruitment of teaching and support staff is carried out in accordance with the criteria of gender equality and non-discrimination must be made explicit.

- Regarding the **Teaching-learning process:**

A perspective of recognition and support for diversity (gender diversity and/or functional diversity) should be encouraged, both in the teaching-learning process and in mobility, internship and employability programmes, as well as adapting prevention and intervention tools to combat sexual harassment, on grounds of sex/gender or functional diversity, to virtual environments.

- In terms of **Material resources and services:**

The criteria of universal accessibility and design for all must be observed, in accordance with the provisions of *Act 51/2003, of 2 December, on equal opportunities, non-discrimination and universal accessibility for people with disabilities*, as well as the elaboration of statistical registers in which gender and functional diversity are analysed.

The two specific criteria of the international professional quality labels are broken down into guidelines, in which items (requirements) to be fulfilled in order to obtain a positive assessment in each guideline have been agreed upon by experts from different countries.

These criteria, guidelines and requirements to be fulfilled by the programmes or centres to be awarded these labels are set out below in this document.

Each criterion may be assessed on one of the following scales, listed in the first column of Table 1:

**Table 1. Relationship between the rating assessment of each guideline and the justification for this valuation.**

CRITERIA WILL BE RATED BASED ON:	JUSTIFICATION OF THE RATING
<b>A</b>	To be expressed in terms such as "excellent", "outstanding", etc., but always with <u>examples to justify this</u> , as is considered a good practice to be followed by other universities.
<b>B</b>	If a need for improvement is identified, but <u>not so urgently that it needs to be addressed in less than 3 years for a centre to maintain a label</u> , the opportunity for improvement will be identified in terms of a recommendation. <u>There should never be seven or more recommendations in one guideline if the rating is B.</u> If there are more than seven recommendations, then they should be moved to <b>prescriptions</b> and the guideline will be labelled <b>C</b> .
<b>C</b>	If a <u>weakness is detected in a sub-guideline that would need to be remedied in less than 3 years for an educational centre to maintain a label</u> , the criterion would be rated <b>C</b> , because in this case it would be partially fulfilled and the aspect(s) for improvement would be identified in terms of prescription. <u>There should never be seven or more recommendations in one guideline if the rating is C.</u> If there are more than seven recommendations, then they should be moved to <b>prescriptions</b> and the guideline will be <b>D</b> .
<b>D</b>	The justification shall be written in terms of what is <u>missing or does NOT exist or is NOT provided</u> , if evidence has been requested from the university during the evaluation and the university has not complied with the request made by the experts. It is mandatory evidence which should be given to ensure compliance with a given guideline or, even if it has been provided, does not justify compliance with the guideline to which it is associated or 7 or more weaknesses have been identified that need to be remedied in a period of less than 3 years.

The overall results and the time for awarding the label, depending on the ratings given to each guideline, may be as listed in column 1 of Table 2:

**Table 2. Relationship between overall results versus guideline rating scales versus time to award the label.**

POSSIBLE OVERALL RESULTS	POSSIBLE GUIDELINE RATING SCALES	CONCESSION TIME LABEL
<b>DENIAL</b>	There must be at least one guideline rated with <b>D</b> .	0 years.
<b>ATTAINMENT WITH PRESCRIPTIONS</b>	There will be at least one <b>C</b> .	3 years.
<b>ATTAINMENT WITH RECOMMENDATIONS</b>	All will be rated <b>B</b> .	6 years.
<b>ATTAINMENT</b>	All will be rated with <b>A</b> or <b>B</b> .	Idem

Likewise, university centres which, despite adequately satisfying the other requirements, are in significant breach of the applicable legislation in the field of inclusion, will not be eligible for these labels.

For the implementation of this label, it was necessary to carry out a previous study to analyse which *WFME* directives are already addressed (explicitly through recommendations or implicitly through questions included in the document *WFME Global Standards for Quality Improvement Basic Medical Education*) by mandatory national accreditation processes (*VERIFICA*), accreditation renovation (*ACREDITA*) and the voluntary audit (*AUDIT*) of the official Medicine programmes and their centres in Spain, developed in the context of the evaluations carried out by ANECA and others of the Spanish Network of University Quality Agencies (REACU). The aim of this analysis was to identify those standards that have to be incorporated in an extra evaluation, which awards the WFME Label to the centres that demonstrate that they comply with them, after undergoing a voluntary evaluation within ANECA's International Quality Labels Programme (IQL), following the general standards applied to the other labels already implemented in the Agency.

The standards set by WFME are grouped into the following blocks:

1. Mission and values
2. Study plan
3. Evaluation
4. Students
5. Academic staff
6. Educational resources
7. Quality assurance
8. Governance and administration

Section 2 of this document details the guidelines and recommendations established by WFME for each of these blocks.

Once a comparison has been made between the criteria that are not taken into account in the national processes of compulsory accreditation (*VERIFICA*) and renewal of accreditation (*ACREDITA*) and those that are, the ones included in the specific criteria of ANECA's International Quality label evaluation model are identified and adapted to WFME recommendations and the specificities within the scope of medicine.

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## **2. WFME STANDARDS**

### **1. MISSION AND VALUES**

1. The university has a public statement setting out its values, priorities and objectives.
2. The mission considers the role, audience and uses of the mission statement.
3. The mission statement briefly and concisely describes the centre's purpose, values, educational objectives, research functions and relationships with health services and communities.
4. The mission states the extent to which such statement has been developed, in consultation with the interested parties.
5. The mission describes how the university statement lays the grounds for both the syllabus and the quality assurance.

### **2. STUDY PLAN**

1. The study plan indicates entry requirements, duration and organisation, and the assessment system and methods of support for the student body.
2. The study plan guides teachers in what they need to do to deliver the content and support students in their personal and professional development.
3. The study plan helps the centre to establish appropriate assessments of student learning and to carry out relevant evaluations of educational provision.
4. The study plan reports to society on how the centre is executing its responsibility to train the next generation of medical professionals in an appropriate manner.
5. All planned teaching and learning from start to graduation is divided into different parts (e.g., disciplines, subjects, modules, stages, semesters, phases), depending on the structure of the study plan.
6. The study plan allows student achievement to be measured.
7. The study plan facilitates the review of the course development.
8. The study plan concerns the main educational functions of the school.
9. The structure, content and educational methods chosen are related to the centre's mission, expected outcomes and resources.
10. The centre defines the learning outcomes that students should have achieved by the time they graduate, as well as the expected learning outcomes for each part of the course.
11. The results describe what is intended to be learnt in terms of values, behaviours, skills, knowledge and preparation for becoming a doctor.
12. The defined results are in line with the mission of the university centre.
13. The centre reviews how the defined outcomes correspond to relevant national regulatory standards or government and employer requirements.
14. The centre checks whether the specified learning outcomes address the knowledge, skills and behaviours to be achieved by its students.



15. The centre uses the results as a basis for the design and delivery of content, as well as for the assessment of learning and the evaluation of the academic year.
16. The centre engages stakeholders in the development of learning outcomes.
17. The general organisation of the study plan, including the principles underlying the study plan model used and the relationships between its component disciplines.
18. The study plan is organised into content (knowledge and skills), disciplines, and experiences within the curriculum.
19. The choice of study plan design is related to the mission, expected outcomes, resources and context of the centre.
20. The centre includes content aspects of at least three main subject areas in the study plan (reporting during the accreditation process how they are chosen, the time allocated to them in the study plan and on what basis these times are applied).
  - ✓ Core Biomedical Sciences<sup>1</sup>.
  - ✓ Clinical Sciences and Skills<sup>2</sup>.
  - ✓ Social and Behavioural Sciences,<sup>3</sup>
 Other types of content may also be included:
  - ✓ Health systems sciences<sup>4</sup>,
  - ✓ Humanities and Arts<sup>5</sup>,
21. The centre reports (during accreditation) on how students become familiar with fields that receive little or no coverage.
22. The centre reports (during accreditation) on how the content of the study plan is modified in relation to developments in knowledge.
23. The study plan addresses the principles of the scientific method and medical research.
24. The centre reports (during accreditation) which optional fields are included and how it is decided which ones to include.
25. The centre reports (during accreditation) on how student learning is ensured in disciplines in which they do not have specific expertise.
26. Educational methods and experiences include teaching and learning techniques designed to achieve stated learning outcomes and to support students in their own learning<sup>6</sup>.
27. The centre reports (during accreditation) of the principles taken into account in distributing the educational methods and experiences chosen in the study plan.

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<sup>1</sup> Core subjects for the understanding and application of Clinical Science.

<sup>2</sup>This includes the knowledge and professional skills required for students to hold the appropriate responsibilities in patient care after graduating.

<sup>3</sup> These are relevant to the local context and culture, and include the principles of professional practice, including Ethics.

<sup>4</sup> They include population health and local health care delivery systems.

<sup>5</sup> These incorporate literature, theatre, philosophy, history, art and religious and spiritual disciplines.

<sup>6</sup> These experiences may be formal or informal, group or individual, and may be located within the medical school, in the community, or in secondary or tertiary care centres. The choice of educational experiences will be determined by the study plan and local cultural issues in education, as well as by the human and material resources available.

28. The educational methods and experiences offered to students are appropriate to the local context, resources and culture.
29. Virtual learning methods (digital, distance, distributed or *e-learning*) are considered, presented and advocated as an alternative or complementary educational approach in appropriate circumstances, including social emergencies.

### 3. ASSESSMENT

1. The centre has a method of assessment that ensures, drives, guides, creates and optimises learning and provides feedback.
2. The centre has a policy describing its assessment practices for each of the specified educational outcomes.
3. The centre has a centralised system to ensure that institutional policy is realised through multiple and coordinated assessments, which are aligned with study plan outcomes.
4. This institutional policy is shared by all involved parties.
5. The centre reports (during accreditation) how the number of assessments and their timing is decided.
6. The centre has an evaluation system that regularly provides students with practical feedback that identifies their strengths and weaknesses and helps them to consolidate their learning.
7. These formative assessments are linked to educational interventions that ensure that all students have the opportunity to reach their potential.
8. The centre has an evaluation system that reports on progression and graduation decisions.
9. The centre presents (during accreditation) the summative assessments it uses to measure the outcomes of the course.
10. The assessments are well designed and produce reliable and valid scores.
11. The centre reports (during accreditation) how outlines (content plans) for examinations are developed.
12. The centre shows (during accreditation) how standards (passing grades) are set in summative assessments.
13. The centre reports on the appeal mechanisms available to students at the school regarding the results of the assessments.
14. The centre presents (during accreditation) the information provided to students and other stakeholders on the content, style and quality of assessments.
15. The centre reports (during accreditation) on how the assessments are used to guide and determine student progression between the successive stages of the course.
16. The centre has mechanisms in place to ensure the quality of its assessments.
17. Assessment data are used to improve the performance of academic staff, courses and the university institution.
18. The centre identifies the person who plans and implements a quality assurance system for evaluation.
19. The centre presents (during accreditation) how quality assurance measures are planned and implemented.
20. The centre reports (during accreditation) on how feedback and experiences on evaluations are collected from students, faculty and other stakeholders.

21. The centre presents (during accreditation) how individual assessments are analysed for quality assurance.
22. The centre reports (during accreditation) how assessment data are used to monitor teaching and study plan in practice.
23. The centre presents (during accreditation) how assessment systems are regularly reviewed and revised.

#### 4. STUDENTS

1. The centre has appropriate admission and selection policies and student support systems for quality, management and learning outcomes, and student welfare.
2. The centre has a publicly available policy that sets out the objectives, principles, criteria and processes for the selection and admission of students.
3. The centre reports (during accreditation) on how the selection and admission procedures governed by national policy apply to local standards (where applicable).
4. The centre clarifies (during accreditation) the relationship between the centre's own policy and the selection and admission process, with the mission statement, relevant regulatory requirements and local context (where applicable).
5. The following admission issues are taken into account by the centre in the development of the policy:
  - ✓ the relationship between the student intake volume (including the intake of international students) and the resources, capacity and infrastructure available to train them adequately,
  - ✓ equality and diversity issues,
  - ✓ re-application, deferred entry and transfer policies from other centres or courses.
6. The centre considers the following issues for the selection process:
  - ✓ selection requirements,
  - ✓ stages of the selection process,
  - ✓ mechanisms for making offers,
  - ✓ mechanisms for submitting and accepting complaints.
7. The centre reports (during the accreditation process) how the alignment between the selection and admission policy and the mission of the centre is determined.
8. The centre shows (during the accreditation process) how the selection and admission policy is designed to be fair and equitable, within the local context.
9. The centre reports (during the accreditation process) how the selection and admission policy is made available for perusal.
10. The centre shows (during the accreditation process) how the selection and admission system is regularly reviewed and modified.
11. The centre offers students accessible and confidential academic, social, psychological and financial support services, as well as career guidance.
12. The centre has emergency support services in case of trauma or personal crisis.
13. The centre has a process in place to identify students in need of counselling and academic or personal support.
14. The centre reports (during the accreditation process) how these services are advertised, how they are offered and how they are accessed confidentially.
15. The centre demonstrates (during the accreditation process) how support services are developed in consultation with student representatives.

16. The centre reports (during the accreditation process) how the adequacy of these services is analysed from a procedural and cultural point of view.
17. The centre shows (during the accreditation process) how the viability of services is judged, in terms of human, financial and physical resources.
18. The centre presents (during the accreditation process) how services are regularly reviewed with student representatives to ensure relevance, accessibility and confidentiality.

## 5. ACADEMIC STAFF

1. The centre has an adequate number of appropriately qualified teaching staff to implement the school's study plan, depending on the number of students and the established teaching and learning style.
2. The centre presents (during the accreditation process) the teaching staff by degree and experience.
3. The centre reports (during the accreditation process) how the number and attributes of its academic staff are determined.
4. The centre has a clear statement identifying the responsibilities of academic staff in teaching, research and management.
5. The centre develops a code of academic conduct in relation to these responsibilities.
6. The centre displays (during the accreditation process) the information it offers to new and existing academic staff.
7. The centre reports (during the accreditation process) on the training offered to academic staff.
8. The centre identifies who is responsible for the performance and conduct of academic staff and reports (during the accreditation process) on how these responsibilities are carried out.
9. The centre develops and publishes a clear description of how it supports and manages the academic and professional development of each faculty member.
10. The centre reports (during the accreditation process) the information it provides to its teaching staff on the facilities for the provision of continuing professional development.
11. The centre reports (during the accreditation process) how it takes administrative responsibility for the implementation of the continuing professional development policy for its staff.
12. The centre has funds to support its academic staff in their continuing professional development.

## 6. EDUCATIONAL RESOURCES

1. The centre's physical facilities, spaces and equipment are sufficient to implement the study plan, depending on the number of students and academic staff.
2. The centre demonstrates (during the accreditation process) how it determines the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the study plan.

3. The centre reports (during the accreditation process) how it ensures that distance learning methods provide the appropriate level of education and training plans in line with those set out in the study plan.
4. The centre has sufficient and appropriate facilities to provide adequate training in clinical skills, and an appropriate range of experience in clinical practice settings to meet the clinical training requirements included in the study plan.
5. The centre demonstrates (during the accreditation process) the opportunities offered to students to acquire clinical skills.
6. The centre reports (during the accreditation process) on the use of laboratories and the planning of activities with simulated and real patients.
7. The centre has a policy on planning activities with simulated and real patients.
8. The centre reports (during the accreditation process) how it ensures that students have adequate access to clinical facilities, which provide adequate care in the required range of generalist and specialist practices.
9. The centre shows (during the accreditation process) what its combination of community and hospital practices is based on.
10. The centre reports (during the accreditation process) on how it engages with faculty and clinical supervisors in the required range of generalist and specialist practice settings.
11. The centre demonstrates (during the accreditation process) how it ensures the consistency of the study plan in clinical settings.
12. The centre provides access to information resources for students and academic staff, including physical and online library resources.
13. The centre evaluates these facilities in relation to its mission and study plan for learning, teaching and research.
14. The centre reports (during the accreditation process) about the information sources and resources needed by students, academics and researchers.
15. The centre shows (during the accreditation process) how the suitability of these is ensured and assessed.
16. The centre reports (during the accreditation process) how it ensures that all students and academic staff have access to the information necessary for the development of the learning process of the training programme.

## 7. QUALITY GUARANTEE

1. The centre (during the accreditation process) demonstrates the purpose, role, design and management of its quality assurance system, including what it considers to be appropriate quality in its planning and implementation practices.
2. The centre designs and implements a structure and process for decision-making and change management as part of quality assurance.
3. The centre has a written quality assurance system document.
4. The centre reports (during the accreditation process) how the purposes and methods of quality assurance and subsequent action at the educational centre are defined and described, and how they are made publicly available.
5. The centre shows (during the accreditation process) how responsibility for the implementation of the quality assurance system is allocated between administration, academic staff and educational support staff.

6. The centre reports (during the accreditation process) on how resources are allocated to quality assurance.
7. The centre shows (during the accreditation process) how it involves external stakeholders in the quality assurance system.
8. The centre reports (during the accreditation process) how it uses the quality assurance system to update the educational design and activities of the centre and thus ensure continuous renewal.

## **8. GOVERNMENT AND ADMINISTRATION**

1. The centre has a defined governance structure for teaching, learning, research and resource allocation, which is transparent and accessible to all stakeholders, aligned with the mission and functions of the centre and ensures its stability.
2. The centre has a leadership and decision-making model, as well as a committee structure, including membership, responsibilities and reporting lines.
3. The centre has a risk management procedure.
4. The centre reports (during the accreditation process) how the budget allocation is aligned with its mission.
5. The centre demonstrates (during the accreditation process) governance mechanisms in place to review their performance.
6. The centre counts on the participation from students and academic personnel in any activities of planning, execution or evaluation of students and the quality of the centre.
7. The centre defines the mechanisms for organising student and academic staff participation in governance and administration, as appropriate.
8. The centre reports the extent to which and how students and teaching staff are involved in decision-making and in the centre functioning.
9. The centre shows (during the accreditation process) its social or cultural limitations, when there are any, for participation of students in its governance.
10. The centre has a policy and revision procedure in order to guarantee administrative, staff and budgetary support which is appropriate and efficient for all its activities and operations.
11. The centre reports (during the accreditation process) how the administrative structure supports its function.
12. The centre shows (during the accreditation process) the support of the decision-making process for its functioning.
13. The centre reports (during the accreditation process) on the reporting structure of the administration in relation to teaching, learning and research.

### **3. IQL-WFME CRITERIA**

The standards that are checked for compliance in the mandatory national accreditation process VERIFICA and the accreditation renewal process ACREDITA and voluntary AUDIT (see ANNEX: TABLE 1. COMPARISON OF WFME STANDARDS AND ANECA NATIONAL ACCREDITATIONS), are compared with those that are not, as shown below, because they are integrated into the specific criteria of ANECA's International Quality Label evaluation model, adapted to the recommendations of WFME and the specificities of the field of Medicine from a global perspective, which the centres with this label must demonstrate that they comply with during the international accreditation process managed by the Agency.

Before being implemented, a training program must go through the evaluation of the VERIFICA Committee (<http://www.aneca.es/eng/Evaluation-and-reports/Programme-evaluation-procedure/VERIFICA>). The university presents a draft training program, based on nine criteria, including specific standards of Medicine. See: 1) Resolution of December 17, 2007, of the Secretary of State for Universities and Research, which publishes the Agreement of the Council of Ministers of December 14, 2007, which establishes the conditions to which the plans must adapt of studies leading to obtaining titles that qualify for the exercise of the regulated profession of Physician and 2) Order ECI/332/2008, of February 13, which strengthened the requirements for the verification of official university degrees that qualify for the exercise of the profession of Physician.

If the program is approved by the VERIFICA expert committee, made up of evaluators from the medical field (profiles similar to the SIC committees), the training program is implemented. Once the training program has been implemented, after 3 years this program is monitored by the MONITOR Committee (<http://www.aneca.es/eng/Evaluation-and-reports/Programme-evaluation-procedure/MONITOR>) and after 8 years, it is verified that the criteria established by the VERIFICA COMMITTEE continue to be met in the national accreditation phase (ACREDITA COMMITTEE) (<http://www.aneca.es/eng/Evaluation-and-reports/Programme-evaluation-procedure/ACREDITA>).

If they are met, the program can continue to be taught for another 8 years. Every 8 years they have to go through a new national accreditation. If in any of those evaluations, it were shown that these criteria were not met, the program would be terminated.

Once the evaluation of the VERIFICA COMMITTEE has been passed, then that of the MONITOR COMMITTEE and finally that of the ACCREDITED COMMITTEE, it is when the center can opt for SIC, where the program has to demonstrate specific criteria of Medicine from an international perspective.

These criteria are:

## DIMENSION. INTERNATIONAL QUALITY LABEL

### Criterion 8. LEARNING OUTCOMES OF THE INTERNATIONAL QUALITY LABEL

#### Standard:

Persons **having graduated from the evaluated centre have achieved** the type of learning outcome established by the international quality agency for label accreditation within the scope of the evaluated programme or centre from a global perspective.

Behavioural Sciences<sup>9</sup> and Medical Research from a global perspective, according to the guidelines established by the quality agency for the accreditation of the label at the level of the assessed centre.

In such a way as to ensure that students, on completion of the training programme, will acquire the ability to:

- function effectively in international contexts, individually and in teams.
- use different methods, protocols, tools, etc. established in different countries, identifying their similarities and differences, which will enable them to adapt them better to each case in the future.
- to learn about cutting-edge medical issues at the international level.
- explore the use of new research results at international level to illustrate specific topics without broadening the study plan.

*See document "Learning outcomes established by international agencies for the award of ANECA's International Professional Quality labels" which lists all types of learning outcomes required for centres to obtain this label and "Self-evaluation report template for the award of the International Professional Quality labels (IQL)", which sets forth the aspects to be evaluated with regard to these learning outcomes. Documents provided by ANECA to higher education centres, which express their interest in this international accreditation.*

### Criterion 9. INSTITUTIONAL SUPPORT FOR THE DEGREE

#### Standard:

The medical programme of the evaluated centre has **adequate institutional support** for its development to guarantee its sustainability over time.

**Guideline 9.1.** The goals of the education programme are consistent with the mission of the university and their achievement is ensured through adequate financial, human and

<sup>7</sup> Core subjects for the understanding and application of clinical science.

<sup>8</sup>This includes the knowledge and professional skills required for students to hold the appropriate responsibilities in patient care after graduating.

<sup>9</sup> These are relevant to the local context and culture, and include the principles of professional practice, including Ethics.



material support and an organisational structure that allows for appropriate allocation of responsibilities, effective decision-making and voluntary self-evaluation and self-improvement.

*See "Template of the Self-Evaluation Report for the award of the Professional International Quality Labels (IQL)" which states the evidence that a higher education institution has to submit in relation to each of the guidelines set out above, grouped in the two specific criteria of ANECA's International Quality Labels in order to demonstrate the necessary compliance that grants the award of this label to the evaluated centre.*

*If the assessed centre has the AUDIT implementation certification<sup>10</sup> and its evaluation report does not include any recommendations, this criterion should be automatically recognized.*

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<sup>10</sup> <http://www.aneca.es/Programas-de-evaluacion/Evaluacion-institucional/AUDIT/Fase-de-certificacion-de-la-implantacion-de-los-SAIC>

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## **ANNEX: TABLA 1. COMPARISON OF WFME STANDARDS AND ANECA NATIONAL ACCREDITATIONS**

<b>STANDARDS WFME</b>	<b>STANDARDS VERIFICA (compulsory evaluation)</b>	<b>STANDARDS ACCREDIT (compulsory assessment)</b>	<b>STANDARDS AUDIT (voluntary assessment)</b>
<b>1. MISSION AND VALUES</b>			
1) The university centre has a public statement setting out its values, priorities and objectives.	Criterion 2: Justification		Criterion 1. Quality goals and policy
2) The mission considers the role, audience and uses of the mission statement.	Criterion 2: Justification		Criterion 1. Quality goals and policy
3) The mission statement describes briefly and concisely the purpose, values, educational objectives, research functions and relationship of the centre with health services and communities.	Criterion 2: Justification and Criterion 3: Skills		Criterion 1. Quality goals and policy
4) The mission states the extent to which such statement has been developed, in consultation with the interested parties.			Criterion 1. Quality goals and policy
5) The mission describes how the university statements lays the grounds for both the syllabus and the quality assurance.			Criterion 1. Quality goals and policy
<b>2. STUDY PLAN</b>			
1) The syllabus indicates to the student body the entry requirements, duration and organisation, assessment system and methods of student support.	Criterion 4: Access and Admission and Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
2) The study plan guides teachers in what they need to do to deliver the content and support students in their personal and professional development.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
3) The study plan helps the centre to establish appropriate assessments of student learning and to carry out relevant evaluations of educational provision.	Criterion 5: Teaching planning and Criterion 6: Academic staff	Criterion 1. Design, organisation and development	

<p>4) The study plan reports society of how the centre is executing its responsibility to produce the next generation of medical professionals in an appropriate manner.</p>	<p>Criterion 2: Justification; Criterion 8: Expected results and Criterion 9: Internal Quality Control Standards</p>	<p>Criterion 2. Information and transparency</p>	
<p>5) All planned teaching and learning from start to graduation is divided into different parts (e.g., disciplines, subjects, modules, stages, semesters, phases), depending on the structure of the study plan.</p>	<p>Criterion 5: Programme planning</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>6) The study plan allows for the measurement of student achievement.</p>	<p>Criterion 5: Programme planning; Criterion 8: Expected results and Criterion 9: Internal Quality Control Standards</p>	<p>Criterion 6. Learning outcomes</p>	
<p>7) The study plan facilitates the review of the course development.</p>	<p>Criterion 5: Programme planning and Criterion 9: Internal Quality Control Standards</p>	<p>Criterion 3. Internal Quality Control Standards</p>	
<p>8) The study plan covers the core educational functions of the school.</p>	<p>Criterion 2: Justification</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>9) The structure, content and educational methods chosen are related to the school's mission, expected outcomes and resources.</p>	<p>Criterion 2: Justification; Criterion 5: Programme planning; Criterion 7: Material Resources and Services; Criterion 8: Expected results and Criterion 9: Internal Quality Control Standards</p>	<p>Criterion 1. Design, organisation and development</p>	

<p>10) The centre defines the learning outcomes that students should have achieved by graduation as well as the expected learning outcomes for each part of the course.</p>	<p>Criterion 3: Competences and Criterion 5: Programme planning</p>	<p>Criterion 6. Learning outcomes</p>	
<p>11) The outcomes describe what is intended to be taught in terms of values, behaviours, skills, knowledge and readiness to be a doctor.</p>	<p>Criterion 3. Skills</p>	<p>Criterion 6. Learning outcomes</p>	
<p>12) The defined outcomes are in line with the mission of the university centre.</p>	<p>Criterion 3: Competences and Criterion 8: Expected results and Criterion 9: Internal Quality Control Standards</p>	<p>Criterion 6. Learning outcomes</p>	
<p>13) The centre reviews how the defined outcomes correspond to relevant national regulatory standards or to the requirements of the government and of the employing persons or centres.</p>	<p>Criterion 8: Expected results.</p>	<p>Criterion 6. Learning outcomes</p>	
<p>14) The centre checks whether the specified learning outcomes address the knowledge, skills and behaviours to be achieved by its students.</p>	<p>Criterion 5: Teaching planning and Criterion 8: Expected results.</p>	<p>Criterion 6. Learning outcomes</p>	
<p>15) The centre uses the results as a basis for the design and delivery of content, as well as for the assessment of learning and the evaluation of academic courses.</p>	<p>Criterion 9: Internal Quality Control Standards</p>	<p>Criterion 3. Internal Quality Control Standards</p>	
<p>16) The centre engages stakeholders in the development of learning outcomes.</p>	<p>Criterion 9: Internal Quality Control Standards</p>	<p>Criterion 3. Internal Quality Control Standards</p>	
<p>17) The general organisation of the study plan includes the principles on which the study plan model used is based and the relationships between its component disciplines.</p>	<p>Criterion 5: Programme planning</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>18) The study plan is organised into content (knowledge and skills), disciplines and experiences within the curriculum.</p>	<p>Criterion 5: Programme planning</p>	<p>Criterion 1. Design, organisation and development</p>	

<p>19) The choice of study plan design is related to the mission, expected outcomes, resources and context of the centre.</p>	<p>Criterion 5: Programme planning; Criterion 6: Academic staff and Criterion 7: Material resources and services</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>20) The centre includes content aspects of at least three main areas in the study plan (Basic Biomedical Sciences; Clinical Sciences and Skills; Social and Behavioural Sciences. These may also include other types of content: Health systems sciences and Humanities and arts). The centre also reports during the accreditation process how they are chosen, how much time is allocated to them in the study plan and on what basis time is allocated.</p>	<p>Criterion 5: Programme planning</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>21) The centre reports (during accreditation) on how students become familiar with fields that receive little or no coverage.</p>	<p>Criterion 4: Access and Admission</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>22) The centre reports (during accreditation) on how the content of the study plan is modified in relation to developments in knowledge.</p>	<p>Criterion 5: Lesson planning and Criterion 9: Internal Quality Control Standards</p>	<p>Criterion 3. Internal Quality Control Standards</p>	
<p>23) The principles of the scientific method and medical research are addressed in the study plan.</p>	<p>Criterion 3: Competences and Criterion 5: Programme planning</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>24) The centre reports (during accreditation) which optional fields are included and how it is decided which ones to include.</p>	<p>Criterion 4: Access and Admission and Criterion 5: Programme planning</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>25) The centre reports (during accreditation) on how student learning is ensured in disciplines in which they have no previous specific experience.</p>	<p>Criterion 4: Access and Admission and Criterion 6: Academic staff</p>	<p>Criterion 1. Design, organisation and development</p>	



26) The centre reports (during accreditation) on the principles taken into account in distributing the educational methods and experiences chosen in the study plan.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
27) The educational methods and experiences offered to students are appropriate to the local context, resources and culture.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
28) Virtual learning methods (digital, distance, distributed or <i>e-learning</i> ) are considered, presented and advocated as an alternative or complementary educational approach in appropriate circumstances, including social emergencies.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
<b>3. ASSESSMENT</b>			
1) The centre has assessment that secures, drives, guides, creates and optimises learning and provides feedback.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
2) The school has a policy describing its assessment practices for each of the specified educational outcomes.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
3) The centre has a centralised system in place to ensure that institutional policy is realised through multiple and coordinated assessments, which are aligned with study plan outcomes.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
4) This institutional policy is shared by all involved parties.			Criterion 1. Quality goals and policy
5) The centre reports (during accreditation) how the number of assessments and their timing is decided.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
6) The school has an evaluation system that regularly provides students with practical feedback that identifies their strengths and weaknesses and helps them to consolidate their learning.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
7) Formative assessments are linked to educational interventions that ensure that all students have the opportunity to reach their potential.	Criterion 5: Lesson planning and Criterion 9: Internal Quality Control Standards	Criterion 1. Design, organisation and development	
8) The centre has an evaluation system that reports decisions on progression and graduation.	Criterion 5: Lesson planning and Criterion 9:	Criterion 1. Design, organisation	

	Internal Quality Control Standards	and development	
9) The centre presents (during accreditation) the summative assessments it uses to measure the outcomes of the course.	Criterion 5: Lesson planning and Criterion 9: Internal Quality Control Standards	Criterion 1. Design, organisation and development	
10) Assessments are well designed and produce reliable and valid scores.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
11) The centre reports (during accreditation) how the outlines (content plans) for the examinations are developed.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
12) The centre shows (during accreditation) how standards (passing grades) are set in summative assessments.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
13) The centre reports about the appeal mechanisms available to students at the school regarding the results of assessments.	Criterion 5: Lesson planning and Criterion 9: Internal Quality Control Standards	Criterion 1. Design, organisation and development	
14) The centre presents (during accreditation) the information provided to students and other stakeholders on the content, style and quality of assessments.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
15) The centre reports (during accreditation) on how the assessments are used to guide and determine student progression between the successive stages of the course.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
16) The centre has mechanisms in place to ensure the quality of its evaluations.	Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	
17) Assessment data are used to improve the performance of academic staff, courses and the university institution.	Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	

18) The centre identifies the person responsible for planning and implementing a quality assurance system for evaluation.	Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	
19) The centre presents (during accreditation) how quality assurance measures are planned and implemented.	Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	
20) The centre reports (during accreditation) on how feedback and experiences on evaluations are collected from students, faculty and other stakeholders.	Criterion 9: Internal Quality Control Standards	Criterion 7. Satisfaction and Performance Indicators	
21) The centre presents (during accreditation) how individual assessments are analysed for quality assurance.	Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	
22) The centre reports (during accreditation) how assessment data are used to evaluate teaching and study plan in practice.	Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	
23) The centre presents (during accreditation) how assessment systems are regularly reviewed and revised.	Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	
<b>4. STUDENTS</b>			
1) The centre has appropriate admission and selection policies and student support systems for quality, management and learning outcomes and student welfare.	Criterion 4: Access and Admission	Criterion 1. Design, organisation and development	
2) The school has a publicly available policy that sets out the objectives, principles, criteria and processes for the selection and admission of students.	Criterion 4: Access and Admission	Criterion 1. Design, organisation and development	
3) The centre reports (during accreditation) on how the selection and admission procedures governed by national policy apply to local standards (where applicable).	Criterion 4: Access and Admission	Criterion 1. Design, organisation and development	
4) The centre clarifies (during accreditation) the relationship between the centre's own policy and the selection and admission process, with the mission statement, relevant regulatory requirements and local context (where applicable).	Criterion 4: Access and Admission	Criterion 1. Design, organisation and development	

<p>5) The school considers the following admissions issues in the development of its policy: the relationship between the student intake volume (including any admission of international students) and the resources, capacity and infrastructure available to train them adequately; equality and diversity issues; and re-application, deferred entry and transfer from other schools or courses.</p>	<p>Criterion 4: Access and Admission</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>6) The centre considers the following issues for the selection process: requirements for selection, stages of the selection process, mechanisms for making offers and for submitting and accepting complaints.</p>	<p>Criterion 4: Access and Admission</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>7) The centre reports (during the accreditation process) how the alignment between the selection and admission policy and the mission of the centre is determined.</p>	<p>Criterion 4: Access and Admission</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>8) The centre shows (during the accreditation process) how the selection and admission policy is designed to be fair and equitable, within the local context.</p>	<p>Criterion 4: Access and Admission</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>9) The centre reports (during the accreditation process) how the selection and admission policy is made known.</p>	<p>Criterion 4: Access and Admission</p>	<p>Criterion 1. Design, organisation and development</p>	
<p>10) The centre shows (during the accreditation process) how the selection and admission system is regularly reviewed and modified.</p>	<p>Criterion 4: Access and Admission and Criterion 9: Internal Quality Control Standards</p>	<p>Criterion 3. Internal Quality Control Standards</p>	
<p>11) The centre provides students with accessible and confidential academic, social, psychological and financial support services, as well as career guidance.</p>	<p>Criterion 4: Access and Admission and Criterion 7: Material resources and services</p>	<p>Criterion 5. Support staff, material resources and services</p>	
<p>12) The centre has emergency support services in case of trauma or personal crisis.</p>	<p>Criterion 4: Access and Admission and Criterion 7: Material resources and services</p>	<p>Criterion 5. Support staff, material resources and services</p>	
<p>13) The centre has processes in place to identify students in need of academic or personal counselling and support.</p>	<p>Criterion 4: Access and Admission and Criterion 7: Material resources and services</p>	<p>Criterion 5. Support staff, material resources and services</p>	

14) The centre reports (during the accreditation process) how these services are made known, how they are offered and how they are accessed confidentially.	Criterion 4: Access and Admission and Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
15) The centre demonstrates (during the accreditation process) how support services are developed in consultation with student representatives.	Criterion 4: Access and Admission and Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
16) The centre reports (during the accreditation process) how the procedural and cultural appropriateness of these services is analysed.	Criterion 4: Access and Admission and Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
17) The centre shows (during the accreditation process) how the viability of services is judged, in terms of human, financial and physical resources.	Criterion 6: Academic staff and Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
18) The centre presents (during the accreditation process) how services are regularly reviewed with student representatives to ensure relevance, accessibility and confidentiality.	Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	
<b>5. ACADEMIC STAFF</b>			
1) The school has the appropriate number of appropriately qualified teaching staff to implement the school's study plan, depending on the number of students and the teaching and learning modality established.	Criterion 6: Academic staff	Criterion 4. Academic staff	
2) The centre presents (during the accreditation process) the teaching staff distributed by degree and experience.	Criterion 6: Academic staff	Criterion 4. Academic staff	
3) The centre reports (during the accreditation process) how the number and characteristics of its academic staff are determined.	Criterion 6: Academic staff	Criterion 4. Academic staff	
4) The centre has a clear statement identifying the responsibilities of academic staff in teaching, research and management.	Criterion 6: Academic staff	Criterion 4. Academic staff	
5) The school develops a code of academic conduct in relation to these responsibilities.	Criterion 6: Academic staff	Criterion 4. Academic staff	
6) The centre presents (during the accreditation process) the information it offers to new and existing academic staff.	Criterion 6: Academic staff	Criterion 4. Academic staff	
7) The centre reports (during the accreditation process) on the training offered to academic staff.	Criterion 6: Academic staff	Criterion 4. Academic staff	

8) The centre identifies who is responsible for the performance and conduct of academic staff and reports (during the accreditation process) on how these responsibilities are carried out.	Criterion 6: Academic staff	Criterion 4. Academic staff	
9) The centre develops and publishes a clear description of how it supports and manages the academic and professional development of each academic staff member.	Criterion 6: Academic staff	Criterion 4. Academic staff	
10) The centre displays (during the accreditation process) the information it provides to its members on the facilities and provision of continuing professional development.	Criterion 6: Academic staff	Criterion 4. Academic staff	
11) The centre reports (during the accreditation process) how it takes administrative responsibility for the implementation of the continuing professional development policy for its staff.	Criterion 6: Academic staff	Criterion 4. Academic staff	
12) The centre has funds to support its academic staff in continuing professional development.	Criterion 6: Academic staff and Criterion 7: Material resources and services	Criterion 4. Academic staff	
<b>6. EDUCATIONAL RESOURCES</b>			
1) The physical facilities of the centre are sufficient and include the physical spaces and equipment available to implement the planned study plan, depending on the given number of students and academic staff.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
2) The centre shows (during the accreditation process) how it determines the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the study plan.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
3) The centre reports (during the accreditation process) on how it ensures that the distance learning methods provide the level of education and training according to the syllabus.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
4) The centre has sufficient and appropriate facilities to provide adequate training in clinical skills, and an appropriate range of experience in clinical practice settings, to meet the clinical training requirements included in the study plan.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
5) The centre demonstrates (during the accreditation process) the opportunities offered to students to acquire clinical skills.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
6) The centre reports (during the accreditation process) on the use of laboratories and the planning of activities with simulated and real patients.	Criterion 7: Material resources and services	Criterion 5. Support staff, material	

		resources and services	
7) The centre has a policy on planning activities with simulated and real patients.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
8) The centre reports (during the accreditation process) how the centre ensures that students have adequate access to clinical facilities, which provide care in the required range of generalist and specialist practices.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
9) The centre shows (during the accreditation process) what its combination of community and hospital practices is based on.	Criterion 5: Lesson planning and Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
10) The centre reports (during the accreditation process) how it engages with faculty and clinical supervisors in the required range of generalist and specialist practice settings.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
11) The centre demonstrates (during the accreditation process) how the centre ensures the consistency of the study plan in clinical settings.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
12) The centre provides access to information resources for students and academic staff, including physical and online library resources.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
13) The centre evaluates these facilities in relation to the centre's mission and study plan for learning, teaching and research.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
14) The centre reports (during the accreditation process) about the sources and resources of information needed by students, academics and researchers.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
15) The centre shows (during the accreditation process) how this adequacy is provided and assessed.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	

16) The centre reports (during the accreditation process) how the centre ensures that all students and academic staff have access to the information necessary for the development of the learning process of the training programme.	Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
<b>7. QUALITY GUARANTEE</b>			
1) The centre (during the accreditation process) demonstrates the purposes, role, design and management of its quality assurance system, including what it considers to be appropriate quality in its planning and implementation practices.	Criterion 9. Quality Assurance System	Criterion 3. Internal quality control system	
2) The centre designs and implements a structure and process for decision-making and change management as part of quality assurance.	Criterion 9. Quality Assurance System	Criterion 3. Internal quality control system	
3) The centre has a written quality assurance system document.	Criterion 9. Quality Assurance System	Criterion 3. Internal quality control system	
4) The centre reports (during the accreditation process) how the purposes and methods of quality assurance and subsequent action at the educational centre are defined and described, and how they are made publicly available.	Criterion 9. Quality Assurance System	Criterion 3. Internal quality control system	
5) The centre shows (during the accreditation process) how responsibility for the implementation of the quality assurance system is allocated between administration, academic staff and educational support staff.	Criterion 9. Quality Assurance System	Criterion 3. Internal quality control system	
6) The centre reports (during the accreditation process) on how resources are allocated to quality assurance.	Criterion 9. Quality Assurance System	Criterion 3. Internal quality control system	
7) The centre shows (during the accreditation process) how the centre involves external stakeholders in the quality assurance system.	Criterion 9. Quality Assurance System	Criterion 3. Internal quality control system	
8) The centre reports (during the accreditation process) how it uses the quality assurance system to update the educational design and activities of the centre and thus ensure continuous renewal.	Criterion 9. Quality Assurance System	Criterion 3. Internal quality control system	
<b>8. GOVERNMENT AND ADMINISTRATION</b>			
1) The centre has a defined governance structure for teaching, learning, research and resource allocation that is transparent and accessible to all stakeholders, aligned with the mission and functions of the centre and ensures the stability of the institution.	Criterion 3. Skills		Criterion 1. Quality goals and policy
2) The centre has an institutional leadership and decision-making model and committee structure, including membership, responsibilities and reporting lines.	Criterion 9. Quality Assurance System		Criterion 1. Quality goals and policy



3) The centre has a risk management procedure.			Criterion 1. Quality goals and policy
4) The centre reports (during the accreditation process) how the budget allocation is aligned with its mission.			Criterion 1. Quality goals and policy
5) The centre demonstrates (during the accreditation process) governance mechanisms in place to review their performance.			Criterion 1. Quality goals and policy
6) The centre counts on the participation from students and academic personnel in any activities of planning, execution or evaluation of students and the quality of the centre.			Criterion 1. Quality goals and policy
7) The centre defines the mechanisms for organising student and academic staff participation in governance and administration, as appropriate.			Criterion 1. Quality goals and policy
8) The centre reports the extent to which and how students and teaching staff are involved in decision-making and in the centre functioning.			Criterion 1. Quality goals and policy
9) The centre shows (during the accreditation process) its social or cultural limitations, when there are any, for participation of students in its governance.			Criterion 1. Quality goals and policy
10) The centre has a policy and revision procedure in order to guarantee administrative, staff and budgetary support which is appropriate and efficient for all its activities and operations.			Criterion 1. Quality goals and policy
11) The centre reports (during the accreditation process) how the administrative structure supports its function.			Criterion 1. Quality goals and policy
12) The centre shows (during the accreditation process) the support of the decision-making process for its functioning.			Criterion 1. Quality goals and policy
13) The centre reports (during the accreditation process) on the reporting structure of the administration in relation to teaching, learning and research.			Criterion 1. Quality goals and policy