

## Decision on the Substantive Change Report by National Agency for the Quality Assessment and Accreditation of Spain (ANECA)

Register Committee

Ref. RC/C100

Ver. 1.0

Date 2023-11-21

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Decision of:	2023-11-23
Result:	Take a note
Report received on:	2023-05-18
Agency registered since:	2012-11-01
Last external review report:	2022-12-16
Registration until:	2027-10-31
Absented themselves from decision-making:	None
Attachments:	<ol style="list-style-type: none"> <li>1. <a href="#">Substantive Change Report, 2023-05-18</a></li> <li>2. <a href="#">Minuted clarification of 2023-11-15</a></li> <li>3. <a href="#">ANECA SIC-WFME Procedures</a></li> <li>4. <a href="#">Specific Guide of the WFME label based on WFME Standards</a></li> </ol>

1. The Register Committee considered the Substantive Change Report of 2023-05-18.
2. The Register Committee took note that ANECA has since its last review (of 2022-12-16) introduced the following changes in its activities:
  - A) International Quality Labels
    - World Federation of Medical Education (WFME) label
    - ENPHI Label of Distance and Hybrid Teaching
  - B) International AUDIT (merger of AUDIT and AUDIT International)

### A) International Quality Labels

3. The Register Committee noted that ANECA introduced two new forms of external quality assurance activities i.e, one addressing the accreditation of medical higher education institutions based on the World Federation of Medical Education (WFME) standards and another one based on the ENPHI Label of Distance and Hybrid Teaching.

### A1) World Federation of Medical Education (WFME) label

4. The Register Committee sought further clarification by ANECA i.e, how has the agency adapted its current processes and procedures following the WFME label requirements.
5. In its clarification ANECA elaborated (see [Minuted clarification of 2023-11-15](#)) that in order to align its procedures with the WFME label requirements, ANECA has revised the current evaluation procedure for international quality labels (SIC) in order to align it with the WFME requirements (see [ANECA SIC-WFME Procedures](#)). ANACA further informed that it has prepared a specific guide for the WFME label, where besides introducing the WFME label and Standard it had made a mapping of the WFME Standards against ANECA's standards for different procedures (i.e., VERIFICA, ACREDITA, AUDIT) (see [Specific Guide of the WFME label based on WFME Standards](#)).
6. Based on the additional clarification and documentation provided by ANECA, the Register Committee has no prima facie concerns that the ESG are complied with.

#### **A2) ENPHI Label of Distance and Hybrid Teaching**

7. The Register Committee noted that this activity has been built on the basis of the evaluation of the other labels i.e, International Quality Labels (SIC), and are following the same procedure.
8. Based on the information provided in the Substantive Change Report, the Register Committee has no prima facie concerns that the ESG are complied with.

#### **B) International AUDIT (merger of AUDIT and AUDIT International)**

9. The Register Committee noted that in June 2022, ANECA merged two existing activities, AUDIT and AUDIT International, into one activity retaining the name AUDIT International.
10. The Register Committee noted that the activity mirrors exactly the AUDIT and AUDIT International procedure being now a single activity for both the Spanish and foreign higher education institutions.
11. The Committee however remained unclear on whether ANECA addressed the earlier concerns concerning its compliance with ESG 2.4 in particular as International AUDIT is based on an earlier activity (i.e., AUDIT INTERNATIONAL) where the agency did not include a student in the majority of reviews (see [Renewal Decision of 023-03-03](#)). This issue should be further considered in the next review of ANECA.
12. The Register Committee took note of this change.
13. Given that ANECA ceased to carry out the AUDIT activity, this external QA activity shall be removed from the profile of the agency in the EQAR register.
14. **The Register Committee expects that the new activities A) and B) will be analysed in full against ESG 2.1 -2.7 as part of the next renewal of registration of ANECA.**

#### **Register Committee**

**Ref.** RC/C100

**Ver.** 1.0

**Date** 2023-11-21

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## EQAR Substantive Change Report

Agency #1	National Agency for the Quality Assessment and Accreditation of Spain
Agency acronym	ANECA
Expiry date #1	31/10/2027
Contact #1	Esther Balboa García
Phone #1	+34 91 417 82 31
Email #1	<a href="mailto:ENQA2022@aneca.es">ENQA2022@aneca.es</a>
Other organisations?	No
A. Has the organisational identity of the registered agency changed?	No
B. Has the organisational structure changed?	No
C. Changes in EQA activities	<ul style="list-style-type: none"><li>• 1. One or several new external QA activities were introduced</li><li>• 2. Substantive changes carried out to one or several existing external QA activities (e.g. changes to their methodology, criteria or procedures)</li></ul>
Description new/changed	<p>INTERNATIONAL AUDIT</p> <p>In June 2022, the AUDIT national and AUDIT international programs merged to create a single program that retains the name AUDIT International, being now a single program for both Spanish and foreign universities.</p> <p>The justification for this merger is due to the following reasons:</p> <ul style="list-style-type: none"><li>- The new Model unifies a series of more complete quality assurance requirements, both</li></ul>

for Spanish universities and universities in other countries, in accordance with the university's commitments: teaching, research and transfer, and links with the environment.

- The need to align the Model's quality standards with current Spanish legislation and, in particular, to provide a methodological basis to support the important role that the SAICs implementation certificate plays in processes such as institutional accreditation.

- The opportunity to incorporate to criterion 7 of Linkage with the environment, a set of guidelines that allow participating HEIs to collect a substantial part of the SDGs (Sustainable Development Goals) contemplated in the 2030 Agenda for Sustainable Development, of the United Nations.

Thus, the new Model that ANECA presents under the name of AUDIT International, maintains the most relevant elements of the two previous models (national AUDIT and AUDIT International), integrating them with the quality assurance procedures of university degrees, without losing what is considered core.

## INTERNATIONAL QUALITY LABELS

New labels have been implemented: the WFME Label of Medicine and the ENPHI Label of...

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... Distance and Hybrid Teaching.

They were built on the basis of the other labels previously implemented and audited by ENQA in the last evaluation.

In the evaluation model of these new labels,

ANECA's experience was used in the evaluation of the other labels, already previously audited by ENQA.

These ANECA International Quality labels, in addition to being periodically audited by ENQA, are also audited by the international associations that own them: European Network for Accreditation of Engineering Education (ENAE), European Quality Assurance Network for Informatics Education (EQANIE) and the European Chemistry Thematic Network Association (ECTN), and internally through an annual meta-evaluation at ANECA.

The International Quality label for remote and hybrid teaching-learning (its acronym in Spanish, ENPHI) was designed by experts from different countries with experience in remote teaching, with the aim of being applied by users of blended or remote training programs, as a tool that allows them to measure the level of confidence about the optimal development of the remote teaching-learning process.

In the evaluation of obtaining this label, a level of demand has been established that is higher than that of national accreditations, in terms of verifying the acquisition of learning results, taking into account specific aspects in the remote modality in the international scope, as well as in the items (requirements) required regarding the support of the university to this type of modality in the evaluated program.

This...

... label was designed and implemented to meet the demand of universities that needed

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benchmarks in this type of teaching modality, when the pandemic derived from COVID-19 emerged, which forced many universities to change their teaching modality.

Regarding WFME, the statement by the Educational Commission for Foreign Medical (ECFMG), in which it was reported that as of 2024, medical personnel who apply for certification to work in the United States and Canada would have to have graduated from an accredited medical university, according to globally accepted criteria, such as those of the World Federation for Medical Education (WFME), generated significant interest from higher education institutions, to achieve this WFME label in the coming years.

Reason why several quality assurance agencies offer a second voluntary accreditation to university centers that are interested in obtaining international recognition complementary to the renewal of the national accreditation, with the aim of establishing a link, based on the quality, among all the training centers that obtain these labels, that improves mobility and compatibility between higher education institutions worldwide.

#### 1. New EQA activity:

1	WFME of Medicine
2	ENPHI Label of Distance and Hybrid Teaching.
Focus	study programmes or higher education institutions
ESG 2.1	<p>INTERNATIONAL QUALITY LABELS</p> <p>This criterion is included in the assessment model of the International Quality Labels. This criterion analyses whether the teaching staff</p>

involved in the teaching is sufficient and appropriate according to the characteristics of the programme and the number of students.

Criterion 1.6. Learning resources and support for learners: Institutions must be adequately funded to carry out teaching and learning activities and ensure that sufficient and easily accessible learning support and resources are provided for learners.

This criterion is included in the evaluation model of the International Quality Labels. Experts are asked to assess whether the support staff, physical resources and facilities available for programme delivery are adequate in relation to the nature and type of programme, the number of students enrolled and the intended learning outcomes. The experts are also asked to assess whether the programme receives adequate support from the institution for its implementation, which ensures its sustainability over time.

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

This criterion is incorporated in the evaluation model of the International Quality Labels. Experts are asked to assess whether the SGIC in place facilitates the monitoring, modification and accreditation processes of the degree programme and ensures continuous improvement based on objective and verifiable data analysis. The experts are also asked to assess whether the...

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... results of the indicators for the educational programme are consistent with the design, management and resources available for the programme and meet the social demands of the institution.

## ESG 2.2

All the Agency's programmes feature participation by stakeholders in their design, implementation, review and enhancement. In the design, attention is paid to the current laws, the ESG established by ENQA and other agents, as well as other European references.

Lastly, the management of Aneca awards its final approval. In the case of legally regulated evaluation activities whose application is mandatorily nationwide (compulsory programmes), the Spanish Network for Quality Assurance Agencies in Higher Education acts to coordinate the activities of quality assurance agencies in the various territories throughout the country.

## ESG 2.3

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<https://www.aneca.es/en/documentation-sic>

## ESG 2.3

### INTERNATIONAL QUALITY LABELS

For both labels, a technical commission was created with experts in the field of each label and from different countries and profiles: academic, professional and student, who participated in the design of each label.

Once the pilot project for each label was implemented, a meta-evaluation was developed based on the results obtained in a satisfaction survey, which was carried out at the universities and the evaluators who participated in the pilot project.

In this meta-evaluation, strengths and weaknesses were identified. The weaknesses

were presented to the technical commissions and developed into opportunities for improvement, which have been implemented in the ordinary call that begins this year. In addition, the procedure and criteria of the WFME label managed by ANECA was externally audited by 4 WFME experts in April 2022. These experts analyzed the self-assessment report drawn up by ANECA and the evidence that was prepared at the Agency to demonstrate that ANECA complies with the WFME standards in the evaluation of this label and that, at the same time, it complied with the ENQA standards, considering this compliance an endorsement for WFME. The WFME experts also spent a week at ANECA, interviewing the people involved in the management and evaluation of this label and observing how ANECA evaluated this label at 3 universities in a pilot project. After this audit, ANECA received the status of evaluation agency of the WFME label until the year 2032.

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#### ESG 2.4

#### INTERNATIONAL QUALITY LABELS

No, ANECA follows the same procedure in the the review team composition, selection, appointment and training of reviewers of all its labels

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#### ESG 2.5

#### INTERNATIONAL QUALITY LABELS

All the stakeholders participate in the design of each label.

Once each label implemented, prior to the evaluation, the technical documentation that was maintained during the evaluation is published and the universities can resolve doubts by mail, telephone, and virtual meetings.

Also, seminars and conferences are given in

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which the procedure and criteria are shown and doubts are resolved.

Simultaneously, training for evaluators and questions sessions are carried out, which can also be resolved by mail and by phone.

Once the evaluation is finished, a meta-evaluation is developed, in which the results obtained in the surveys carried out to universities and evaluators are taken into account.

The results are published in publications and on the ANECA website.

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## ESG 2.6

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<https://www.aneca.es/en/reports-on-resolutions-of-programmes-with-recognition>

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## ESG 2.7

### INTERNATIONAL QUALITY LABEL

Responsible for analysing the visit report drafted by the external assessment panel and, where applicable, the submissions made.

<https://www.aneca.es/en/expert-committees-and-panels>

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## ESG 3.4/ESG 3.6

Criteria 3.4 and 3.6 are managed in the same way for all agency activities.

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## 2. Changed EQA activity

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### INTERNATIONAL AUDIT

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## ESG 2.1

### INTERNATIONAL AUDIT

A correspondence table (attached) has been developed to ensure that all ESG part 1 criteria are met.

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## ESG 2.2

All the Agency's programmes feature participation by stakeholders in their design, implementation, review and enhancement. In the design, attention is paid to the current laws, the ESG established by ENQA and other agents, as

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well as other European references.

Lastly, the management of Aneca awards its final approval. In the case of legally regulated evaluation activities whose application is mandatorily nationwide (compulsory programmes), the Spanish Network for Quality Assurance Agencies in Higher Education acts to coordinate the activities of quality assurance agencies in the various territories throughout the country.

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### ESG 2.3

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<https://www.aneca.es/documents/20123/68562/Gu%C3%ADa-AUDIT-NIPO.pdf/a3facd4d-26f2-23be-9219-62db88e68ad2?t=1672840034589>

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### ESG 2.4

#### INTERNATIONAL AUDIT

No such changes have been made to the new programme. For AUDIT INTERNATIONAL, the selection of evaluators continues to be carried out through the call for evaluators that the Agency has published on its website:

<https://www.aneca.es/en/the-selection-process-for-experts>

All evaluators participating in these programmes sign a code of ethics (<http://www.aneca.es/ANECA/Responsabilidad-Social/Calidad-interna/Codigo-Etico>) before starting their engagement with the agency. This code is inspired by ANECA's Mission, Vision and Values, and sets a reference framework for all the collaborators and people who make up the agency, establishing the basic guidelines for the exercise of their activity, good practices and rules of conduct in the interest of the university community. In addition, they must undergo a training process before carrying out any evaluation for the Agency.

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## ESG 2.5

### INTERNATIONAL AUDIT

ANECA ensures that all information is accessible and transparent to all stakeholders by making programme documentation publicly available.

- AUDIT INTERNATIONAL Programme:
- <https://www.aneca.es/en/internal-quality-assurance-systems-for-institutions>

In the case of all institutional evaluation programmes, the information published is: the applicable legal documentation (if applicable); links to the computer applications of each of the programmes (if applicable); calls for applications; evaluation bodies; list of frequently asked questions, guides and documents.

For each of the programmes, there is an e-mail account to resolve any doubts that may arise for users of each programme.

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## ESG 2.6

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<https://www.aneca.es/en/internal-quality-assurance-systems-for-institutions>

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**D. Activity outside the scope of the ESG**

No

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**File #1**

[Correspondencia\\_criterios\\_AUDIT\\_Inter.\\_con\\_los\\_ESG\\_ingles.pdf \(346 KB\)](#)

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**Submit form?**

I am ready to submit the change report form

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# Substantive Change Report by National Agency for the Quality Assessment and Accreditation of Spain ( ANECA)

## Minutes of Online Conversation

Register Committee

Ref. C100  
Date 2023-11-16  
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<b>Date of the conversation:</b>	2023-11-15
<b>Representative of ANECA:</b>	Esther Balboa Garcia, Anabel Bonilla, Elvira Juarez
<b>Representative of EQAR:</b>	Blazhe Todorovski, Melinda Szabo

- [1.] ANECA has made a Substantive Change Report on 2023-05-18. In order to prepare the deliberations of the Register Committee on the report, EQAR contacted ANECA via telephone to clarify the matters below.
- [2.] ANECA agreed to clarify the matters by means of an online conversation.
- [3.] EQAR Secretariat requested ANECA to elaborate on how it adapted its own processes and procedures in order to align them with the WFME label requirements. The Secretariat further asked whether ANECA has done a mapping of its own standards against the WFME standards.
- [4.] ANECA representatives presented how the evaluation procedure for ANECA's international quality labels (SIC) has been adapted in order to cover the WFME label procedure. ANECA informed that it had also prepared a specific guide for the WFME label introducing the WFME standards and the specific WFME criteria. ANECA representatives also informed on the mapping of the WFME Standards against all ANECA's standards for different procedures (VERIFICA, ACREDITA, AUDIT). ANECA has also submitted these additional documentation to EQAR Secretariat prior to the online conversation.
- 1.[5.] EQAR Secretariat thanked ANECA representatives for the clear clarification and the additional documentation. The Secretariat also encouraged ANECA that in future such documentation should be submitted at the same time with the change report.



# **EVALUATION CRITERIA GUIDELINES**

## **PROFESSIONAL INTERNATIONAL QUALITY LABELS (IQLs)**

***EUR-ACE®, EURO-INF, EUR-LABELS®, WFME***

**(Version 06)**

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## 1. INTRODUCTION

The National Agency for Quality Assessment and Accreditation (ANECA), with the goal of **taking another step forward in terms of national accreditation**, offers the possibility of obtaining a highly prestigious International Quality Label (IQLs) within ANECA's International Quality Label Programme (from October 2017 onwards), which also integrates the former ACREDITA PLUS Programme (created in 2013).

This document contains the **evaluation criteria** of the professional labels that ANECA manages in the context of this programme, in which the evaluation for obtaining these labels establishes a higher level of demand than the national accreditations, regarding the verification that learning outcomes have actually been acquired, taking into account specific aspects of the fields of each professional label from a global perspective, as well as in the items (requirements) demanded on the support of the higher education institution (university) to the programme or centre evaluated to achieve this international recognition.

The evaluation process is carried out at two levels: expert panel and label accreditation commission, 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.

These evaluation teams are composed of experts proposed by ANECA and by the **professional institutions<sup>1</sup> and international quality assurance agencies<sup>2</sup>** with which ANECA has signed a collaboration agreement in the context of the International Quality Assurance Programme. ANECA is responsible for appointing them, training them and organising and monitoring that their work meets all the standards set out in these assessments.

The evaluation model of these labels is based on the application of the specific standards of the agency that owns each label<sup>3</sup>, in addition to those general standards already established in the accreditation process of the other labels managed by ANECA, such as: the ENPHI® Agency's own label for Remote and Hybrid Learning (applicable to all fields of knowledge), which are periodically audited by the international associations that own the labels and by ENQA<sup>4</sup> and internally through an annual meta-evaluation, in which aspects regarding the inclusion of persons with functional diversity shall be considered at all times.

Such labels may be required by the representatives of faculties or official training centres within the label's scope **which have obtained a national certification before undergoing the label-specific assessment in the context of the Spanish Network of University Quality Agencies (REACU) or in the specific context of ANECA or that of a**

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<sup>1</sup>IIE (<https://www.iies.es/>), CCII (<https://www.cci.es/>), CONCITI (<https://www.conciti.org/>), RESQ (<https://rseq.org/>).

<sup>2</sup> CACEI (<http://cacei.org.mx>), CONAIC (<https://www.conaic.net>), CIEES (<https://www.ciees.edu.mx>).

<sup>3</sup> ENAEE for Engineering (<https://www.enaee.eu/>), EQANIE for Computer Science (<https://eqanie.webs.upv.es/>), ECTN for Chemistry (<http://ectn.eu/>) and WFME for Medicine(<https://wfme.org/>).

<sup>4</sup> ENQA (<https://enqa.eu/>).

**foreign agency that has subscribed a collaboration agreement 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 in those for national accreditation (in Spain, seven criteria) (see Annex: A. National Accreditation Criteria).

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

In the previous national accreditation, it is necessary to have demonstrated that ***specific measures*** 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, which were scheduled to be implemented in the design of the assessed programmes.

These **measures** are as follows:

- In relation to **access to 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 as supporting the overcoming of gender-based or other stereotypes and prejudices in the choice of training programmes.

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

The competences must be defined taking into account the fundamental rights and equal opportunities between 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 (included in *Act 27/2005, of 30 November, on the promotion of education and the culture of peace*).

- On **academic staff:**

Centres/programmes 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 programmes or centres evaluated to ensure that the recruitment of teaching and support staff is carried out in accordance with the criteria of equality between men and women and non-discrimination of people with disabilities or abilities should be made explicit.

- Regarding the **teaching-learning process:**

Application of 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 the instruments for prevention and intervention against 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>	It shall be expressed in terms such as "excellent", "outstanding", etc., but always with examples to justify this, as is considered a good practice to be followed by other higher education institutions (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 3-4<sup>5</sup> years for a programme/institution 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 3-4 years for a programme/educational institution 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 also mandatory that evidence be given to ensure compliance with a given guideline or, even if it has been provided, it does not justify compliance with the guideline to which it is associated, or 7 or more weaknesses have been identified that need to be

<sup>5</sup> 3 years for ENAEE Label in Engineering, EQANIE Label in Computer Engineering and ECTN Label in Chemistry. 4 years for the WFME Medical Label

	remedied in a period of less than 3-4 years.
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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>GRANTING WITH PRESCRIPTIONS</b>	There will be at least one <b>C</b> .	3-4 years.
<b>GRANTING WITH RECOMMENDATIONS</b>	All will be rated <b>B</b> .	6-8 <sup>6</sup> years
<b>GRANTING</b>	All will be rated with <b>A</b> or <b>B</b> .	Idem

Likewise, university programmes or 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 these labels, it has been necessary to carry out a previous study in which an assessment on previous compliance with requirements established by each of the associations that own the international professional quality labels by the mandatory ([VERIFICA](#)), renewal ([ACREDITA](#)) and voluntary ([AUDIT INTERNATIONAL](#)) national accreditation processes of the official programmes and their centres in Spain in the areas covered by these labels has been carried out, developed in the context of the evaluations performed by ANECA and others of the Spanish Network of University Quality Agencies ([REACU](#)), in order to identify those standards that have to be incorporated in an additional evaluation, which grants the award of these labels to the programmes or centres that demonstrate that they comply with them, after undergoing a voluntary evaluation within ANECA's International Quality labels Programme (IQL).

The standards set by the associations that own the labels can be grouped into the following criteria:

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

These in turn fall under the following headings:

<sup>6</sup> 6 years for ENAEE Label in Engineering, EQANIE Label in Computer Engineering and ECTN Label in Chemistry. 8 years for the WFME Medical Label

1. Needs, objectives and results: includes the consideration of the implied needs of the agents, educational objectives and student learning outcomes.
2. Educational process: includes the evaluation of the study plan, its implementation and evaluation methods.
3. Resources: integrates the evaluation of academic and administrative staff, the facilities, financial resources, and agreements and partnerships with other institutions.
4. Evaluation of the educational process: includes the evaluation of entry requirements and admission and certain ratios of both students and graduates.
5. Management system: consider the organisation processes and decision making and the established internal system of quality control.

For each of these five aspects, a series of requirements have been defined which must have been fulfilled by the programmes or centres obtaining these labels. Some of them in an assessment prior to the evaluation of the labels and others in the accreditation process itself.

In order to prevent a training programme or centre from undergoing a similar evaluation to the one it has already completed over a short period of time, at the beginning of the implementation of the management of a new label in ANECA, a comparison is made between the criteria established by the association owning each label and the criteria required by other accreditations developed in the specific context of ANECA or REACU or other international agencies collaborating with the Agency; so that standards already evaluated previously must be certified (with a favourable result), as a requirement to apply for the new label assessment, and thus during the evaluation of the label only those criteria which have not been proven to be fulfilled in previous accreditations and which are specific to each label will be evaluated.

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, those that are included in the specific criteria of ANECA's International Quality label (IQL) evaluation model are identified, adapted to the guidelines of each international association that owns each label and the specificities of the scope of each one of them.

The quality assurance associations that have authorised<sup>7</sup> to ANECA to evaluate the award of International Quality labels (**EUR-ACE® for Engineering, EURO-INF for IT and IT-Business, EURO-LABEL® for Chemistry and WFME for Medicine**), in collaboration with national and international professional associations, establish a series of accreditation criteria and procedures that ANECA must follow in each of the evaluations of these labels in order to maintain this authorisation. This authorisation must be periodically renewed through a process of evaluation of ANECA's IQL Programme by a panel of experts appointed by each of the associations that own these labels, which ANECA offers to evaluate in the Spanish university context and in other countries.

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<sup>7</sup> In the process of authorisation evaluation at WFME.

## 2. EXAMINATION CRITERIA

After making the comparison between the standards of which the compliance of the programmes evaluated in the national processes of compulsory accreditation VERIFICA and renewal of accreditation ACREDITA and voluntary AUDIT INTERNATIONAL is checked against those that are not, shown below, because they are integrated in the specific criteria of the evaluation model of ANECA's International Quality labels, adapted to the guidelines of each international association owning the labels and the specificities of their scope from a global perspective, which the programmes or centres with this label must demonstrate that they comply with during the international accreditation process managed by ANECA.

See a list of these episodes below:

### DIMENSION. INTERNATIONAL QUALITY LABEL

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

##### Standard:

Persons **having graduated from the evaluated centre or programme 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.

**Guideline 8.1.** The learning outcomes defined in the syllabus used as a sample in the evaluation procedure **include** those established by the international quality agency for the accreditation of the label in the field of the degree being assessed and are **acquired** by all graduates.

*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 programmes or 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 institutions, which express their interest in this international accreditation.*

**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 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 these labels to the programmes or centres evaluated.*

*If the evaluated centre had the INTERNATIONAL AUDIT implementation certification<sup>8</sup> and its evaluation report does not include any recommendations, this criterion should be automatically recognized.*

*All the International Quality Label evaluation criteria integrate the criteria and guidelines established by ENQA (See ANNEX B. IQL vs. ENQA criteria).*

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<sup>8</sup> <http://www.aneca.es/Programas-de-evaluacion/Evaluacion-institucional/AUDIT/Fase-de-certificacion-de-la-implantacion-de-los-SAIC>

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## 4. ANNEXES

### ANNEX. A. NATIONAL ACCREDITATION CRITERIA

#### DIMENSION 1. DESIGN, ORGANISATION AND DEVELOPMENT OF TRAINING

##### Criterion 1. DESIGN, ORGANISATION AND DEVELOPMENT OF TRAINING

Standard:

The training programme (degree) constitutes a **training proposal** that is relevant in its context and consistent with the needs of the labour market and social demands, **its design** contemplates the learning outcomes established by the relevant accreditation bodies and has been **implemented in** accordance with the conditions established in the **training design** and, where appropriate, subsequent updates.

**Guideline 1.1.** The degree has appropriate **references**, and its implementation is **relevant** within the context of the higher education institution that delivers it, from an academic, research and/or professional point of view.

**Guideline 1.2.** The **objectives of the degree** are consistent with the mission of the higher education institution and have been defined with the aim that students achieve a consistent **graduate profile**, which allows them to respond to the needs of the labour market and society in general.

**Guideline 1.3.** The **degree planning** in terms of training units, nature, credit allocation, content, timetable, teaching-learning methodologies and assessment systems is consistent with the acquisition of the defined graduate profile.

**Guideline 1.4. Academic coordination** of the degree allows for an adequate time planning of the student's workload, focused on the acquisition of the learning outcomes provided for in the graduate profile.

**Guideline 1.5.** The applied **admission criteria** ensure that students have the appropriate admission profile to these studies and the number of places established in the design of the syllabus is respected in their application.

**Guideline 1.6.** The application of the different **academic regulations** is carried out in an appropriate manner and allows for an improvement in the values of the academic performance indicators.

## Criterion 2. INFORMATION AND TRANSPARENCY

### Standard:

The institution has implemented a system to adequately communicate to all stakeholders the characteristics of the programme and the processes implemented to assure its quality.

**Guideline 2.1.** The institution has implemented a system to **adequately communicate** to all stakeholders the characteristics of the programme and the processes that assure its quality.

**Guideline 2.2.** Those **responsible for the degree programme publish adequate and up-to-date information** on the characteristics of the programme, as well as on its development and its results, including information on the monitoring and accreditation processes.

**Guideline 2.3.** Students enrolled in the degree have access to relevant information about the **curriculum** and the **intended learning outcomes** in a **timely** manner.

## Criterion 3. INTERNAL QUALITY ASSURANCE SYSTEM (IQAS)

### Standard:

The institution has a **formally established and implemented** an internal quality assurance system that effectively assures the quality and the continuous improvement of the degree.

**Guideline 3.1.** The implemented and regularly reviewed IQAS ensures the **continuous collection and analysis of information and results relevant to the effective management of the degree**; in particular, its learning outcomes and stakeholder satisfaction.

**Guideline 3.2.** The implemented IQAS **facilitates** the process of monitoring, modification and accreditation of the degree and guarantees its continuous improvement based on the **analysis** of objective and verifiable data.

**Guideline 3.3.** The IQAS implemented has procedures that facilitate the **evaluation** and **improvement of the quality of the teaching-learning process**.

## DIMENSION 2. RESOURCES

### Criterion 4. ACADEMIC STAFF

#### Standard:

The number of academic staff teaching is **sufficient** and **appropriate**, in accordance with the characteristics of the degree and the number of students.

**Guideline 4.1.** The academic staff of the degree meets the level of **academic qualification** required for the degree and has the appropriate **teaching and research experience and quality**.

**Guideline 4.2.** The number of academic staff is **sufficient** and **adequately dedicated** to carry out their duties and attend to students.

**Guideline 4.3.** The teaching staff is updated so that they can approach the **teaching-learning** process in accordance with the characteristics of the degree

**Guideline 4.4.** (Where applicable) The university has made effective the **commitments** established in the design and possible updating of the degree, together with the **recommendations** arising from its monitoring, relating to the recruitment and improvement of the teaching and research qualifications of the teaching staff.

### Criterion 5. SUPPORT STAFF, MATERIAL RESOURCES AND SERVICES

#### Standard:

The support staff, material resources and services made available for the development of the degree are adequate for the nature and modality of the degree, the number of students enrolled and the competences to be acquired by them.

**Guideline 5.1.** The **support staff** involved in training activities is **sufficient** and **adequately supports the teaching activity** of the academic staff linked to the degree.

**Guideline 5.2.** The **material resources** (classrooms with their equipment, work and study spaces, laboratories, workshops and experimental spaces, libraries, etc.) are adapted to the number of students and to the training activities programmed in the degree.

**Guideline 5.3.** In the case of **distance/ blended learning** degrees, the technological infrastructures and teaching materials associated with them enable the development of training activities and the acquisition of the degree's competences.

**Guideline 5.4.** The **academic, professional and mobility support and guidance services** made available to students are in line with the competences and modality of the degree and facilitate the teaching-learning process.

**Guideline 5.5.** In the event that the degree programme includes **external placements**, these have been planned as planned and are appropriate for the acquisition of the degree competences.

**Guideline 5.6.** The university has made effective the **commitments** established in the design and eventual updating of the degree, together with the **recommendations** derived from its monitoring, regarding the support staff involved in the training activities, the material resources and the support services of the degree.

### DIMENSION 3. RESULTS

#### Criterion 6. LEARNING OUTCOMES

**Standard:**

The learning outcomes achieved by graduates are consistent with the graduate profile and adhere to the MECES framework (Spanish Qualifications Framework for Higher Education) of the degree (for Spanish degrees) or the ISCED (International Standard Classification of Education) level of the degree (for degrees not taught in Spain).

**Guideline 6.1.** The **training activities**, their **teaching methodologies** and the **assessment systems** used are adequate and reasonably adjusted to the objective of acquiring the expected learning outcomes.

**Guideline 6.2.** The **learning outcomes achieved** comply with the goals of the training programme and are in line with its MECES or CINE level<sup>9</sup>.

#### Criterion 7. SATISFACTION AND PERFORMANCE INDICATORS

**Standard:**

The **results of the programme's indicators** are consistent with the design, management and resources made available to the degree and meet the social demands of its environment.

**Guideline 7.1.** The **evolution of the main data and indicators of the degree** (number of new students per academic year, graduation rate, drop-out rate, efficiency rate, performance rate and success rate) is adequate, in accordance with its subject area and the environment in which the degree is inserted and is consistent with the characteristics of the new students.

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<sup>9</sup> <http://unesdoc.unesco.org/images/0022/002207/220782s.pdf>

**Guideline 7.2.** The **satisfaction** of students, teachers, graduates and other stakeholders is adequate.

**Guideline 7.3.** The values of the graduate **labour market insertion indicators** are appropriate to the scientific, socio-economic and professional context of the degree.

## ANNEX. B. COMPARISON OF ANECA VS ENQA CRITERIA

The relationship between the **Criteria and Guidelines for Quality Assurance in the European Higher Education Area** established by the *European Association for Quality Assurance in Higher Education* (ENQA) in cooperation with the *European Student's Union* (ESU), the *European Association of Institutions in Higher Education* (EURASHE) and the *European University Association* (EUA) and the evaluation criteria set out in the IQL Programme is summarized below:

**Criterion 1.1. Quality assurance policy:** *Institutions should have a public policy on quality assurance as part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, involving external stakeholders.*

This criterion is assessed by the experts in the evaluation of International Quality Assurance Labels, who analyse whether the higher education institution has a formal internal quality assurance system in place to ensure the continuous improvement of the programme. Three specific guidelines are included in the evaluation of the institutions' Internal Quality Assurance System (IQAS). Experts are asked to verify that the IQAS is regularly reviewed and facilitates continuous improvement based on the analysis of objective data and whether it includes processes for quality assurance and improvement of the teaching-learning process.

**Criterion 1.2. Programme design and approval:** *Institutions should have implemented processes for the design and approval of their study programmes. Programmes should be designed in such a way that they meet the goals set for them, including the expected learning outcomes. The qualification of a programme should be clearly specified and publicly available and should refer to the exact level of the national higher education qualifications framework and thus to the Qualifications Framework of the European Higher Education Area.*

This criterion is included in the International Quality label evaluation model. Experts should analyse whether each educational programme is updated and has been implemented in accordance with the conditions set forth in the educational objectives of the programme and subsequent modifications. On the other hand, there are two specific guidelines within this assessment that require the experts to analyse, on the one hand, whether the profile defined for graduates (as described in the corresponding curriculum) is still relevant and updated according to academic, scientific and professional requirements. And, on the other hand, whether the implementation of the curriculum and the organisation of the programme are consistent with the graduate profile and educational objectives of the programme as described in the programme specification.

In this assessment model, experts also check whether the learning outcomes acquired by graduates are consistent with the graduate profile and correspond to the level of the programme in the Qualifications Framework in Spain (QF-EHEA / MECES) (Spanish degrees), as well as whether these include all those established by the international quality agencies awarding the labels (for all degrees assessed).

**Criterion 1.3. Student-centred teaching, learning and assessment:** *Institutions should ensure that programmes are taught in such a way that encourages students to actively participate in the creation of the learning process and that the corresponding assessment and evaluation reflect this student-focused approach.*

This criterion is included in the evaluation model of the International Quality Labels. Experts are asked to verify whether the learning activities, teaching methods and assessment systems used are appropriate and adequately correspond to the target learning outcomes acquired by learners.

**Criterion 1.4. Admission, development, recognition and certification of students:** *Institutions should consistently apply pre-established and public standards covering all phases of the students' "life cycle", e.g., admission, progression, recognition and certification of students.*

This criterion is included in the evaluation model of the International Quality Labels. There are guidelines within this criterion that require the experts to analyse whether the admission requirements of the degree ensure that students have the right entry profile for the degree, whether the number of places offered in the verified report and the different academic regulations to improve the values of the academic performance indicators are applied.

**Criterion 1.5. Teaching staff:** *Institutions must ensure the competence of their teachers. Furthermore, fair and transparent processes for the contracting and development of personnel.*

This criterion is included in the evaluation model of the International Quality Labels. This criterion analyses whether the teaching staff involved in teaching is sufficient and appropriate in terms of the characteristics of the programme and the number of students.

**Criterion 1.6. Learning and learning supporting materials:** *Institutions must be adequately funded to carry out their corresponding teaching and learning activities and ensure that sufficient and easily accessible learning support and resources are provided to students.*

This criterion is included in the evaluation model of the International Quality Labels. Experts should analyse whether the support staff, physical resources and facilities available for delivering the programme are adequate in relation to the nature and type of programme, the number of learners enrolled and the intended learning outcomes. The experts are also asked to assess whether the programme receives adequate support from the institution for its implementation, which ensures its sustainability over time.

**Criterion 1.7. Information Management:** *Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.*

This criterion is incorporated in the evaluation model of the International Quality Labels. The experts must analyse whether the IQAS in place facilitates the processes of monitoring,

modification and accreditation of the degree and guarantees continuous improvement based on objective and verifiable data analysis. The experts are also asked to assess whether the results of the indicators for the educational programme are consistent with the design, management and resources available for the programme and meet the social demands of the institution.

**Criterion 1.8. Public information:** *Institutions should publish clear, accurate, objective, up-to-date and easily accessible information on their activities and programmes.*

This criterion is included in the evaluation model of the International Quality Labels. This criterion is used to analyse whether the institution has mechanisms in place to adequately communicate to all stakeholders the characteristics of the programme and the processes that guarantee its quality. Specifically, the experts are asked to verify whether:

- ✓ The academic coordinators of the programme publish adequate and up-to-date information on the characteristics of the educational programme, its implementation and its results, both in terms of monitoring and accreditation.
- ✓ Students enrolled in the degree have timely access to relevant information on the syllabus and the intended learning outcomes.

**Criterion 1.9. Continuous monitoring and regular evaluation of the programmes:** *Institutions should regularly monitor and evaluate their programmes to ensure that they achieve their objectives and respond to the needs of learners and society. Such evaluations should lead to continuous improvement of the programme. As a consequence of the above, any measures envisaged or adopted must be communicated to all stakeholders.*

This criterion is incorporated in the evaluation model of the International Quality Labels. The criterion asks experts to verify whether the defined graduate profile (and its implementation in the programme) remains relevant and is updated as required in each academic, scientific or professional environment. Also, the experts have to analyse whether the current IQAS actually streamlines the processes of monitoring, modification and periodic review of the degree.

**Criterion 1.10. Cyclical external quality assurance:** *Institutions must undergo an external quality assurance process of a cyclical nature and in line with ENQA criteria.*

The evaluation model set out in this section establishes the period of validity of this accreditation at 6-8<sup>10</sup> years for Degree and Master's Degree programmes, thus ensuring cyclical external quality assurance.

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<sup>10</sup> 6 for the Engineering, Computer Engineering and Chemistry Labels; 8 for the Medicine Label.

# **EVALUATION CRITERIA GUIDELINES** **INTERNATIONAL QUALITY LABEL**

**(WFME MEDICINE)**

**(Pilot call for applications 2020/21)**  
**(version v1)**

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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 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 as 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.

## **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>.

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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.

27. The centre reports (during accreditation) of the principles taken into account in distributing the educational methods and experiences chosen in the study plan.
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.

See a list of these criteria below:

#### 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.

**Guideline 8.1.** The learning outcomes described in the study plan **include** learning outcomes related to: Basic Biomedical Sciences<sup>7</sup>; Clinical Sciences and Skills<sup>8</sup>; Social and 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*

<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.

*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 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	

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.	Criterion 2: Justification; Criterion 8: Expected results and Criterion 9: Internal Quality Control Standards	Criterion 2. Information and transparency	
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.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
6) The study plan allows for the measurement of student achievement.	Criterion 5: Programme planning; Criterion 8: Expected results and Criterion 9: Internal Quality Control Standards	Criterion 6. Learning outcomes	
7) The study plan facilitates the review of the course development.	Criterion 5: Programme planning and Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	
8) The study plan covers the core educational functions of the school.	Criterion 2: Justification	Criterion 1. Design, organisation and development	
9) The structure, content and educational methods chosen are related to the school's mission, expected outcomes and resources.	Criterion 2: Justification; Criterion 5: Programme planning; Criterion 7: Material Resources and Services; Criterion 8: Expected results and Criterion 9: Internal Quality Control Standards	Criterion 1. Design, organisation and development	

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.	Criterion 3: Competences and Criterion 5: Programme planning	Criterion 6. Learning outcomes	
11) The outcomes describe what is intended to be taught in terms of values, behaviours, skills, knowledge and readiness to be a doctor.	Criterion 3. Skills	Criterion 6. Learning outcomes	
12) The defined outcomes are in line with the mission of the university centre.	Criterion 3: Competences and Criterion 8: Expected results and Criterion 9: Internal Quality Control Standards	Criterion 6. Learning outcomes	
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.	Criterion 8: Expected results.	Criterion 6. Learning outcomes	
14) The centre checks whether the specified learning outcomes address the knowledge, skills and behaviours to be achieved by its students.	Criterion 5: Teaching planning and Criterion 8: Expected results.	Criterion 6. Learning outcomes	
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.	Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	
16) The centre engages stakeholders in the development of learning outcomes.	Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	
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.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
18) The study plan is organised into content (knowledge and skills), disciplines and experiences within the curriculum.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	

19) The choice of study plan design is related to the mission, expected outcomes, resources and context of the centre.	Criterion 5: Programme planning; Criterion 6: Academic staff and Criterion 7: Material resources and services	Criterion 1. Design, organisation and development	
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.	Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
21) The centre reports (during accreditation) on how students become familiar with fields that receive little or no coverage.	Criterion 4: Access and Admission	Criterion 1. Design, organisation and development	
22) The centre reports (during accreditation) on how the content of the study plan is modified in relation to developments in knowledge.	Criterion 5: Lesson planning and Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	
23) The principles of the scientific method and medical research are addressed in the study plan.	Criterion 3: Competences and Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
24) The centre reports (during accreditation) which optional fields are included and how it is decided which ones to include.	Criterion 4: Access and Admission and Criterion 5: Programme planning	Criterion 1. Design, organisation and development	
25) The centre reports (during accreditation) on how student learning is ensured in disciplines in which they have no previous specific experience.	Criterion 4: Access and Admission and Criterion 6: Academic staff	Criterion 1. Design, organisation and development	

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: Internal Quality Control	Criterion 1. Design, organisation and development	

	Standards		
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	
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.	Criterion 4: Access and Admission	Criterion 1. Design, organisation and development	
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.	Criterion 4: Access and Admission	Criterion 1. Design, organisation and development	

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.	Criterion 4: Access and Admission	Criterion 1. Design, organisation and development	
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.	Criterion 4: Access and Admission	Criterion 1. Design, organisation and development	
9) The centre reports (during the accreditation process) how the selection and admission policy is made known.	Criterion 4: Access and Admission	Criterion 1. Design, organisation and development	
10) The centre shows (during the accreditation process) how the selection and admission system is regularly reviewed and modified.	Criterion 4: Access and Admission and Criterion 9: Internal Quality Control Standards	Criterion 3. Internal Quality Control Standards	
11) The centre provides students with accessible and confidential academic, social, psychological and financial support services, as well as career guidance.	Criterion 4: Access and Admission and Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
12) The centre has emergency support services in case of trauma or personal crisis.	Criterion 4: Access and Admission and Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
13) The centre has processes in place to identify students in need of academic or personal counselling and support.	Criterion 4: Access and Admission and Criterion 7: Material resources and services	Criterion 5. Support staff, material resources and services	
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