



ASIIN Seal & AMSE Seal Accreditation Report

MEDICINE STUDY PROGRAMME

**Faculty of Medicine, “Iuliu Hațieganu” University of
Medicine and Pharmacy, Cluj-Napoca**

Version: 20 September 2019

Introduction

This pilot accreditation procedure conducted at the Faculty of Medicine at the "Iuliu Hațieganu" University of Medicine and Pharmacy in Cluj on May 07-08th is one of altogether 6 pilot procedures in various European countries, organized in cooperation between the Association of Medical Schools in Europe (AMSE) and the internationally recognized German Accreditation Agency ASIIN in the period January -June 2019.

The purpose of this common ASIIN-AMSE procedure is to ensure a consistent high quality standard (based on the WFME standard) for Medical Schools and Medical Education in WHO-Europe. This also ensures a good uniform cross-border practice by medical doctors and guarantees a high level of patient safety. In the US, a similar initiative was launched, which differs in that WFME recognizes accreditation agencies that are accredited by Medical Schools according to the WFME criteria. From 2023 on, only graduates in the US can apply for ECFMG certification and practice in the US if they have been trained in a Medical School accredited by such a recognized accreditation agency.

It is in this context that ASIIN has been commissioned by AMSE to conduct this and another five European pilot accreditation procedures, testing the WFME Standards in the process. WFME is using altogether nine criteria in its standards for basic medical education. The rubrics of fulfilment of these criteria foresee so-called "basic standards" as a minimum requirement as well as more challenging "quality development standard" signalling best practice. The experts, who were jointly selected by AMSE and ASIIN have come to a conclusion after the onsite visit whether and at which level these nine criteria (and their subsets) have been attained by the applicant programme. After completion of this procedure, ASIIN will hand over this accreditation report to AMSE. Its outcomes will be discussed by the AMSE executive commission and a final decision reached, whether the basic and quality development standards of WFME have been met.

It is furthermore subsequently envisaged, that ASIIN in the near future will establish its own Field Committee for medical study programmes in which AMSE and other important stakeholders in the medical field will be represented. It is planned that the Standards of WFME at this moment are formally endorsed and used by ASIIN/AMSE audit teams in the future and that an ASIIN label would be delivered in conjunction with the AMSE certificate. This would form a prerequisite to also list accredited medical programmes in the "European database of external quality assurance results" (DEQAR).

Table of content

| | |
|--|-----------|
| A About the Accreditation Procedure..... | 4 |
| B Characteristics of the Degree Program..... | 5 |
| C Self-Assessment..... | 7 |
| 1. Mission and Outcomes..... | 7 |
| 2. Educational Programme..... | 13 |
| 3. Assessment of Students | 23 |
| 4. Students..... | 26 |
| 5. Academic Staff/Faculty | 31 |
| 6. Educational Resources | 36 |
| 7. Program Evaluation..... | 43 |
| 8. Governance and Administration..... | 47 |
| 9. Continuous Renewal | 53 |
| D Additional Documents | 56 |
| E Comment of the Higher Education Institution (08.06.2019) | 57 |
| F Summary: Peer recommendations (24.07.2019)..... | 58 |
| G Decision of the AMSE Executive Committee (27.08.2019) | 59 |
| H Comment of the Technical Committee 14- Medicine (03.09.2019)..... | 60 |
| I Decision of the Accreditation Committee (20.09.2019) | 61 |

A About the Accreditation Procedure

General Data

| | |
|--|---|
| Website of the Medical School | http://www.medicina.umfcluj.ro/ |
| Faculty/Department offering the Degree Programme | Faculty of Medicine |
| Name of the degree programme (in original language) | Medicină |
| (Official) English translation of the name | Medicine |

Submission of the final version of the self-assessment report: 05.04.2019

Date of the onsite visit: 07-08 May 2019

at: Faculty of Medicine, "Iuliu Hațieganu" University of Medicine and Pharmacy, Cluj-Napoca

Prof. Dr. Hans-Joachim Wagner, University of Tübingen

Prof. Dr. Valerie Wass, Keele University

PD. Dr. Georg Breuer, Klinikum Coburg GmbH

Adrian Stan, PhD student, 'Victor Babes' University of Medicine and Pharmacy, Timisoara

Representative of the ASIIN headquarter: Dr. Martin Foerster

Responsible decision-making committee: AMSE Executive Committee

Criteria used:

European Standards and Guidelines as of 15.05.2015

WFME Global Standards for Quality Improvement: Basic Medical Education 2015

B Characteristics of the Degree Program

| a) Name | Final degree (original/English translation) | b) Areas of Specialization | c) Corresponding level of the EQF ¹ | d) Mode of Study | e) Double/Joint Degree | f) Duration | g) Credit points/unit | h) Intake rhythm & First time of offer |
|----------|---|----------------------------|--|------------------|------------------------|-------------|-----------------------|--|
| Medicine | Doctor-medic B.Sc./M.Sc. | | 7 | Full time | No | 12 Semester | 360 ECTS | Once per year (offered as MD since 1919) |

For the Medicine Program at the University of Medicine and Pharmacy Cluj (UMF), the Faculty of Medicine has presented the following profile on its website (accessed 09 May 2019: <http://www.medicina.umfcluj.ro/en/facmed-uk/decanat-mg-uk/cuvdec-mg-uk>):

“For more than 140 years, the Faculty of Medicine of Cluj-Napoca has been instrumental in improving healthcare, generating countless devoted and highly qualified physicians.

Our name has become a symbol of this city. This perception results from the acknowledgement of the commitment of our teaching staff, alumni and students to the medical profession.

As a modern and dynamic faculty, we are pleased to present an attractive educational offer, consisting of four undergraduate programs, thirteen master degree programs, a doctoral programme and a large variety of residency programs. Moreover, our Faculty of Medicine is among the few educational institutions that offer specialised training in three languages: Romanian, English and French.

Owing to the mobility of our alumni, the adjustment of educational strategies to modern healthcare requirements has become an ever growing concern. In a global society, where competition imposes higher professional standards, our teaching activity is directed towards the improvement of both the professional expertise and the communication skills.

We are aware of the continuous medical progress and of the competition that reigns between modern medical faculties. This awareness will hopefully allow us to maintain our

¹ EQF = The European Qualifications Framework for lifelong learning

leading position on the national stage and to aim for a relevant place among Central-Eastern European universities.”

C Self-Assessment

1. Mission and Outcomes

Criterion 1.1 Statements of purpose and outcome

The mission of the degree program is described in a brief and concise way. It is well anchored, binding and easily accessible to the public, i.e. to students, teaching staff and anyone else interested. The medical school defines its mission and makes it known to its constituency and the health sector. The mission encompasses the health needs of the community, the needs of the health care system, and other aspects of social accountability. It should take medical research and aspects of global health into account.

The mission statement outlines the aims and the educational strategy resulting in a medical doctor who is competent at a basic level, has an appropriate foundation for a future career in any branch of medicine, is prepared and ready for postgraduate medical training, and committed to lifelong learning.

Evidence

- Mission and Vision Statement in the self-assessment report linked on the Faculty website for public access (accessed 09 May 2019: http://www.medicina.umfcluj.ro/images/fisiere/med_docs/2019/raport_amse/RAPORT_AMSE%20en.pdf)
- Presentation brochure UMF

Preliminary Assessment and analysis of peers

The Faculty of Medicine in the UMF Cluj is a state institution with a long tradition in education, research, clinical practice and public health. It is ranked highest among the Romanian medical faculties celebrating its 100th anniversary later this year (2019). There are mission statements defined for the University as a whole as well as for the Faculty of Medicine.

The **Mission Statement of the Faculty of Medicine** reads as follows:

“The Faculty of Medicine wishes to become an excellence center in education, in the formation of specialists, in research and medical care. Its mission is to promote education and academic performance in the formation of competitive graduates, who can integrate the labor market in the health systems. In addition to this, reaching a high level of research activity that would generate knowledge and increase the international visibility of the Faculty is, without

any doubt, highly desired and its achievement shall allow the validation of the proposed vision.”

Thus, the mission is generally aligned with the University goals described in its information brochure. Accordingly, the University follows the named principles:

- To provide high quality medical education
- To promote academic integrity
- To gain European recognition for our educational, research, medical and community services
- To develop an organizational culture based on quality and defined by adaptability, co-operation, creativity, excellence and flexibility
- To promote and support top-notch scientific research
- To produce knowledgeable and professionally sound medical professionals

With regard to its **Mission statement**, the faculty further defines a set of objectives in order to accomplish the stated mission. Thus, the faculty envisages:

- An attractive educational offer and ways of carrying out medical studies constantly adapted to the demand, in order to form graduates and specialists that are competitive within the European countries and overall, easy to integrate on the labour market represented by the health systems
- Scientific research with a multi/interdisciplinary feature, focused on national and European strategy priority, in order to actually produce knowledge to be used for individual or collective health
- Top professionalism and irreproachable deontology in medical care, active contribution in the reform process of the national health system
- International insertion developed through perseverance and active presence in the European networks which represent the leadership in the medical education and scientific research
- Selection and development of an academic body that is valuable and righteous, as well as the promotion of an efficient management, of entrepreneurship type
- Propagation of the durable humanism and ethics, by participating in the social and cultural life of the society.
- Service delivery programs that best respond to health challenges and needs in society and have a positive impact on health.
- Strengthening the contribution of our faculty to the development of the Cluj community, returning to the community the values developed by the faculty. The Faculty of Medicine creates value in the community and for the community.

After their discussions and interviews during the on-site visit, the experts concurred that the mission and vision statements have been formulated with the input of principal and other stakeholders and offer a fair account of the status and aspirations of the faculty.

They agreed that the mission described does not only include the basic requirements of medical education and social responsibility but also clearly encompasses the dedication to medical research on an advanced level and the position of the medical faculty within an international context. Consequently, the peers concurred that the quality development standard of WFME is also fulfilled.

Criterion 1.2 Participation in the formulation of mission and outcomes

The relevant stakeholders were included in the process of formulating and further developing the mission and learning outcomes.

Guiding Questions

- How have the objectives and learning outcomes been developed (regarding launch of the process, procedure, participants)?
- Have the learning outcomes of the degree programme been verified within the last few years? If so, for what reasons were adjustments made?

Evidence

- Self-assessment report
- Presentation brochure UMF
- Diploma Supplement with curriculum and the description of learning outcomes
- Module Descriptions within the Study guide provided to all students
- Practical Skills workbook
- Standards from National Accreditation of ARACIS

Preliminary Assessment and analysis of peers

The Faculty of Medicine has – in addition to the above cited mission and vision statement - also developed a comprehensive list of learning outcomes that are presented in the Study Guide that is provided to all students and interested stakeholders. These learning outcomes have been discussed and endorsed by the Committee for learning outcomes with the participation of all disciplines that form part of the curriculum as well as industry and student representatives. After the original development of the learning outcomes, the curriculum and content are constantly being reviewed through a clearly defined process. Every year the departments' councils meet to discuss the respective learning outcomes and required modifications.

Their perceptions are passed on to the Faculty curriculum council that also takes into consideration feedback from the student evaluations as well as from graduate and employer surveys. All state clinics in the area of Cluj as well as one private clinic cooperate closely with the Faculty accepting students for practical internships as well as sending employees as lecturers in the process. Thus, mechanisms are in place to alert the Faculty administration as well as the respective disciplines to the changing needs and challenges of the national health care system. Based on this information it is decided if new content or learning outcomes have to be introduced or existing ones have to be revised. Apart from the internal quality management process regarding the programme learning outcomes the Faculty has a long tradition of external reviews and feedback processes. Recently there have been external evaluations carried out by the Medical University of Vienna/University of Szeged in 2012, the Conference Internationale des Doyens et des Facultés de Médecine d'Expression Française CIDMEF in 2013 and, of course, the national Agency for Higher Education Quality Assurance (ARACIS) in 2009 and 2014.

Concerning the current competence profile of a UMF graduate, he is capable of:

“Clinical examination – With various patients (adult, pediatric, neonates, pregnant, emergency, mental state examination)

Clinical procedures – 2 categories: some to be performed and explained to patients, some to be observed, described and explained to patients

Basic laboratory tests - some to be performed, interpreted and explained to patients, some to have knowledge of, to be interpreted and explained to patients, and some on which a written report to be made

Communication – written language, verbal and nonverbal communication skills, effective listening and understanding, receiving and providing effective feedback, sensitivity to aggressiveness, disability, religious beliefs, socio-economical, cultural or racial diversity

Clinical judgement and decision-making, including differentiation between important and irrelevant information, emergency situation and chronic illnesses, identification of situation that require further specialized consultation and investigation, first aid and resuscitation in major medical emergencies, therapeutic prescription

First aid and resuscitation – recognition and assessment of main acute medical emergencies, according to national emergency trial protocol, providing first aid in major medical and surgical emergencies, providing basic life support according to European guidelines (CNRR/ERC/ILCOR), providing trauma care according to European guides (ATSL)

Therapeutical prescription – correct elaboration of therapeutic prescription (respecting legislation in force), evaluation of risks and benefits ratio, selection of optimal route of administration, recognition of adverse drug reactions, critical assessment of medication therapy (trials, reviews, promotional presentations), treatment of pain and suffering

Management skills – critical evaluates diagnostic and screening test, identifies the objectives and therapeutic priorities for various stages of the patient's progress; discusses the diagnosis, treatment plan, response to treatment, evolution of the disease and prognosis with the patient, family and other concerned individuals, where appropriate; identifies and effectively uses the contribution and expertise of other health care professionals, social workers and support groups; selects appropriate multidisciplinary teams for the optimal care of patients; takes decisions and makes informed choices related to profession and career.

Disease prevention and health promotion – recognizes its own health needs and ensures that they do not interfere with professional responsibilities; provides medical care which minimizes the risk of harm to patients; applies general and specific measures to prevent the occurrence and spread of infection; introduces preventive measures into their management strategies; discusses the risk factors and the way they can be influenced with the patient, the patient's family and other interested parties; considers and correctly recommends programs for disease prevention or screening for major illnesses.

Critical appraisal (Evidence-based medicine) – critically evaluates medical evidence in both clinical and academic situation; critically evaluates data found in literature in order to assess the benefits and risks of current and proposed methods of investigation, treatment and prevention of illness; demonstrates knowledge of computer use for appropriate data recording, data retrieval and communication; correctly integrates the socio-economic conditions, implications and consequences of medical care within the specific socio-economic context; integrates the principles of cost containment, cost-benefit analysis and cost effectiveness.

Laws and ethics – understands and integrates the principle of law, biomedical ethics and other social aspects related to common practice solutions: maintains confidentiality, certifies death, requests autopsy; applies ethical principles and analysis to clinical care; applies national and European law to clinical care; respects and conforms with professional regulations and the criteria for certification of competence and professional accreditation.”

The experts took note of these intended learning outcomes for the programme and saw them in line with the WFME criteria. They approved of the detailed review process that is regularly updating the curriculum and its learning outcomes as well as the Faculty's openness to external evaluations and input. From the discussion with all stakeholders it became apparent that a variety of thoughtful modifications have actually been implemented within the past ten years and that feedback from students, clinics and international experts have well been taken

into account. Exemplarily was discussed the recent strengthening of geriatrics within the curricular content since Romania as many other countries is facing a challenge of an increasingly older population. The peers found an institution closely intertwined with the national medical associations as well as all regional clinics and appreciate that a constant open communication between those stakeholders leads to the integration of new topics and challenges into the defined learning outcomes.

Criterion 1.3 Institutional autonomy and academic freedom

The medical school has institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding the design of the curriculum and the use of the allocated resources necessary for implementation of the curriculum.

Guiding Questions

- How does the medical school ensure academic freedom for its staff and students?
- In what way is it possible to incorporate new research results into the curriculum?

Evidence

- Self-assessment report
- Regulation for Drafting, Approval, Monitoring and Periodical Evaluation for Programmes of Study based on Legea Educației Naționale nr. 1/2011
- University Charta

Preliminary Assessment and analysis of peers

The Self-Assessment Report states that the Medical Faculty at the UMF Cluj “has institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding design of the curriculum and use of the allocated resources necessary for implementation of the curriculum.”

During the on-site visit the peers checked whether the Faculty and the involved teaching staff truly have the full autonomy as stated in the self-assessment report. As has been outlined in the previous chapter they concluded that the Faculty not only has full autonomy in formulating its policies, designing its curriculum and allocating the required financial resources, but also ensures a high degree of academic freedom for its staff and students. All curriculum modifications are primarily initiated based on the professional expertise and autonomous assessment of the teaching staff in the respective fields. Further, the students enjoy a particularly great influence in all legislating academic committees with a representation of 25%. Staff and

students alike are constantly encouraged through means of financial and infrastructural support to develop and pursue research projects within or outside the existing curriculum. The peers were highly impressed by the dynamics of intra- and extra-curricular activity unfolded by staff and students, mostly through the dedication of the student subject-specific societies such as the Romanian Chirurgical Student Society. As an outstanding asset the University administration awards special scholarships not only to staff but also to students enabling them to work on individual projects out of their own dynamic and interest. Thus, the peers confirmed that the basic standard as well as the Quality development standard as formulated by the WFME regarding Institutional Autonomy and Academic Freedom are fulfilled.

Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 1:

The peers consider criterion 1 to be completely fulfilled.

2. Educational Programme

Criterion 2.1 Curriculum model and instructional methods

The medical school has defined a study plan and the instructional and learning methods employed. The curriculum ensures that students are prepared for lifelong learning. It is delivered in accordance with principles of equality.

Guiding Questions

- Where is the curriculum published?
- How can students and stakeholders access the module descriptions?
- What didactical instruments and methods does the teaching staff use? Are the instructional methods suitable for achieving the intended learning outcomes of the degree programme?
- How does the curriculum and instructional/learning methods stimulate, prepare, and support students to take responsibility for their learning process?

Evidence

- Module Descriptions within the Study guide provided to all students
- Schedules and the Study guide are also accessible online for all interested stakeholders: <http://www.medicina.umfcluj.ro/en/educatie-med-uk/studenti-mg-uk/orar-med-uk>
- Practical Skills workbook
- Diploma Supplement with curriculum and the description of learning outcomes

Preliminary Assessment and analysis of peers

The structure of the curriculum, the modules, distribution of ECTS-credits, examination forms and organization as well applied teaching methods are fully described in the detailed "Study Guide" that is provided to all students at the beginning of the programme. The Workbooks of Practical Skills further outline the curriculum as well as practical learning outcomes that have to be achieved by the students. The Workbook, that has been the outcome of a joint project with the Vienna Medical University, is also handed out to students at the beginning of the first semester and guides them through the clinical courses.

The peers considered the provided documents to be very helpful for the students. They agreed that students thus receive all relevant information in a concise and easily understandable way. As the programme is offered in three different language tracks (Romanian, English and French) the faculty ascertains that all of these documents are made available in each language. During the on-site visit of classrooms and laboratories they could see that students were actively working with the Workbook where respective learning achievement at different stages of the curriculum have to be written down by the students and signed by the teaching staff. Thus, a continuous learning effort is ensured and all material required for a process of life-long learning is provided.

As to the instructional and learning methods employed, the peers could convince themselves of an exemplary use of different didactical approaches. Besides theoretical lectures the curriculum guarantees a constant problem-based education where students can apply the previously gained theoretical knowledge through hands-on procedures. During the site visit, the peers witnessed several classes taught in the newly built Centre for Practical Skills and Simulation in Medicine where students are taught in small groups of 8-12 via simulations, role-play exercises or web-based instruction. The teaching facilities were up-to date and even exceeding average European standards according to the peers' assessment. While practical learning is already of outstanding quality, the peers understood that approaches of eLearning and blended learning are still under development. They appreciate that the Faculty is aware of the challenges of modern, online-based teaching and learning approaches and they encourage them to further expand their offers to this regard, despite some legal limitations. So far they understand that the Romanian law does not allow Medical teaching of a course to be completely virtual; nevertheless, innovative approaches of blended learning may include digital elements and contribute to a further improvement of the didactical quality.

The didactical skills of the teaching staff are assessed every semester through an intense 360° evaluation system. Feedback on the teaching quality of the staff is obtained through student surveys, self-assessment of the teacher, peer review by teaching colleagues as well as external evaluations. All results are collected and centrally analysed on University level by the Centre for Quality Management and later communicated to the Faculty dean and the respective teacher. If deficiencies are detected the dean contacts the teacher and discusses options to improve the didactical skills. In order to achieve this the University offers a wide range of training courses, some of them conducted by international experts in the field. Concerning the

language competencies teaching staff must provide a language certificate either in French or English. In case such a certificate is not provided, language certificate courses are paid for by the University. Although the peers considered the Faculty focus on didactical skills and teacher development already to be very good they understood that the deanship would try to obtain even greater support for the staff members. Currently, the special focus of the University administration lies on research. As a consequence, the funds provided to support research activities have strongly increased and now significantly exceeded those provided for didactical training. But since the Medical Faculty is dedicated to high quality teaching on international top-level as well, the peers found it understandable that a balanced increase in financial means for the development of teaching skills was requested by the programme administrators and teaching staff.

The peers were convinced that the curriculum is delivered in accordance with principles of equality and had no doubt that it also prepares the students for lifelong learning. The teaching methods are up-to-date and include a great variety of didactical approaches. Slight improvements may be achieved in the field of eLearning notwithstanding the legal restriction to this area. As a conclusion, the peers considered this criterion to be largely fulfilled.

Criterion 2.2 Scientific method

The curriculum includes principles of scientific method, promote analytical and critical thinking, introduce medical research methods, and encompass evidence-based medicine.

Guiding Questions

- In what way are scientific methods and evidence-based medicine represented in the curriculum?
- Is a research project part of the curriculum? What scope does it have? How are the results presented?

Evidence

- Module Descriptions within the Study guide provided to all students
- Schedules and the Study guide are also accessible online for all interested stakeholders: <http://www.medicina.umfcluj.ro/en/educatie-med-uk/studenti-mg-uk/orar-med-uk>
- Practical Skills workbook
- Diploma Supplement with curriculum and the description of learning outcomes

Preliminary Assessment and analysis of peers

In line with the findings in 2.1 the peers acknowledged that the curriculum familiarizes the students with the principles of scientific methods and instils analytical and critical thinking capabilities. New research findings are integrated in the educational programme by approval

of the curriculum committee, several examples to that regard were presented during the discussions and the site visit.

The Faculty of Medicine at UMF puts a strong emphasis on the conveyance of scientific research methods with two modules dedicated solely to this purpose (Medical Informatics and Biostatistics (first semester, 4 ECTS) and Medical Research Methodology (fourth semesters, 3 ECTS). The peers considered this to be very positive. In addition, all students prepare a short but qualitatively adequate individual research work called "license thesis". This work is accompanied by two regularly elected courses (Methodological guide on how to prepare the license thesis (5th year) and Critical lecture of scientific literature (6th year)). In addition, a staff member has developed a written guideline for the preparation of the license thesis outlining not only the pre-defined formal requirements but also basic standards of academic research. The manual was reviewed by the peers and highly appreciated.

As has been outlined before, the University and Faculty very much support the students' research activities, an outstanding part of this support being the student research scholarships that are awarded for the pursuit of individual projects. During the discussion with the students of the programme it became apparent that they felt very much supported in this direction; one of the participants had recently gained the mentioned scholarship and could describe the general procedure. The peers commended the Faculty on this initiative.

In summary, the experts found that students are actively engaged in research projects, and research-based education is implemented in the faculty. Students are familiarized with the basis for scientific work not only during their regular courses but also in the described electives and handbooks. A self-directed research project is mandatory for all students and therefore an inclusion of original and advanced research elements is ensured. In consequence, the peers considered this sub-standard of WFME to be completely fulfilled.

Criterion 2.3 – 2.5 Structure of the Curriculum

The curriculum incorporates the contributions of the basic biomedical sciences to create understanding of scientific knowledge and introduce concepts and methods fundamental to acquiring and applying clinical science. In addition, scientific, technological, and clinical developments in the area of biomedical sciences as well as the current and anticipated needs of the society and the health care system are taken into account.

Students acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation. They spend a reasonable part of the programme in planned contact with patients in relevant clinical settings and gain experience in health promotion and preventive medicine.

The curriculum specifies the amount of time spent in training in major clinical disciplines and includes organised clinical training with appropriate attention to patient safety.

Contributions of the clinical sciences to the scientific, technological and clinical developments and the current and anticipated needs of the society and the health care system should be taken into account. In addition, the curriculum ensures that every student has early patient contact gradually including participation in patient care and that the different components of clinical skills training are structured according to the stage of the study programme.

Guiding Questions

- What courses deal with biomedical sciences, behavioural and social sciences and medical ethics as well as clinical sciences and skills?
- In what way are new developments in these areas taken into account?
- How are concepts and methods of the clinical sciences introduced?
- How are the practicals organized?

Evidence

- Module Descriptions within the Study guide provided to all students
- Schedules and the Study guide are also accessible online for all interested stakeholders: <http://www.medicina.umfcluj.ro/en/educatie-med-uk/studenti-mg-uk/orar-med-uk>
- Practical Skills workbook

Preliminary Assessment and analysis of peers

The Medical programme at UMF is divided into theoretical studies in the first three years of study and clinical studies commencing after the third year. Students cannot proceed to the fourth year and engage in clinical studies as long as they have not completed all required 180 ECTS credits of the first three study years. The content of the programme is subdivided into three categories: Basic Biomedical Sciences (30% of the credits), Clinical Sciences and skills (56% of the credits) and behavioural and social sciences and medical ethics (14% of the credits).

Basic Biomedical Sciences: The vast majority of the modules forming part of this study section concentrates in the first to sixth semester including General Anatomy and Embryology, Biochemistry, Physiology, Histology, Microbiology, Pharmacology, Immunology and Hygiene. Only the subjects Epidemiology and Public Health are taught in the 11th semester. In addition, students may choose throughout the curriculum from a limited number of elective courses. Among these are subjects that have been newly introduced to the curriculum in order to make students acquainted with the newest or even controversial topics. Among the elective courses that have been frequently

chosen within the past five years are offers such as Drugs and Addiction, Medical Aesthetics or Use of stem cells in cellular and tissue engineering therapies.

Behavioural and social sciences and medical ethics: An important element of the social sciences classes at Cluj is the language education since about half of the students has an international background. While all students may choose courses in modern languages (not their native languages), all non-Romanian students have to pass six semesters of learning Romanian language. These language courses are designed especially to enable the students to communicate with patients in the clinical part of the programme. Besides language courses, this section includes modules distributed throughout the twelve semesters including the newly introduced Bioethics, Medical Psychology or Applied Medical Ethics. A special emphasis is put on professional communication, taught in the modules Basis of Medical Communication, Advanced communication skills and Communication with the Oncologic Patient. The peers welcomed this initiative as they agreed that communication skills are of increasing importance and demand in the medical profession.

Clinical sciences and skills: The largest part of the curriculum is dedicated to the conveyance of clinical skills. Although the largest part of the courses only start after the completion of the third study year, the peers liked very much the approach to bring students into direct contact with practical aspects starting already from the second semester (First Aid) and Specialty Medical Practice (SMP) in a volume of 120 hours every year. In addition, students spend one week during the third study year in the new-built Centre for Practical Skills and Simulation in Medicine where they are taught in five consecutive stations. The above average equipment and refined didactical concept of this Simulation Centre has been emphasized already elsewhere in this report. In total students receive credits for 2239 hours spent in practical training during six years, of which the largest proportion is dedicated to SMP (600 hours), Medical Disciplines (Semiology, Internal Medicine, Nephrology, Diabetes and Nutrition Related Diseases, Cardiology, Gastroenterology, Pneumology and Respiratory Medicine, Haematology, Endocrinology, Medical Oncology) (506 hours) and Surgical disciplines (315 hours).

The experts saw a well-rounded curriculum containing all required components of a modern medical study programme. New developments in the field are regularly introduced into the curriculum. There is a marked focus on ethical questions and communication skills and a tight connection between theoretical and practical contents. Apart from the general adequacy of the curriculum content the peers were convinced that the students are made acquainted with international medical standards as well as the requirements of the national healthcare system (for example in Malpractice

and jurisprudence in the medical practice or Ethics and non-discrimination of vulnerable populations in the health system). In conclusion, the peers considered these sub-standards of WFME to be completely fulfilled.

Criterion 2.6 Curriculum structure composition and duration

The medical school has designed a study plan, which describes the content, extent and sequencing of courses and other curricular elements. It ensures appropriate coordination between basic biomedical, behavioural, social, and clinical subjects. In addition, the curriculum should ensure horizontal integration of associated sciences, disciplines, and subjects as well as vertical integration of the clinical sciences with the basic biomedical and the behavioural and social sciences. Furthermore, the curriculum allows for optional (elective) content, defines the balance between the core and optional content, and describes the interface with complementary medicine.

The curriculum includes an introduction to behavioural sciences, social sciences, medical ethics, and medical jurisprudence. It is also reflected in the curriculum, how these areas contribute to scientific, technological and clinical developments, to changing demographic and cultural contexts, and to current and anticipated needs of the society and the health care system.

Guiding Questions

- Is the curriculum structured in such a way as to allow students to complete the degree without exceeding the regular duration?
- In what way have the courses been adapted to the requirements of the study programme?
- How is the mission supported by the courses' learning outcomes?
- Does the curriculum include electives? To what extent?

Evidence

- Self-assessment report
- Module Descriptions within the Study guide provided to all students
- Schedules and the Study guide are also accessible online for all interested stakeholders: <http://www.medicina.umfcluj.ro/en/educatie-med-uk/studenti-mg-uk/orar-med-uk>
- Institutional Report on study success and insertion into the labour market (Raport instituțional privind rezultatele studiului de monitorizare a inserției pe piața muncii a absolvenților din învățământul superior)

Preliminary Assessment and analysis of peers

The Medical degree programme at UMF, submitted for this pilot accreditation, consists of 12 semesters with 360 ECTS workload total. The six-year programme comprises altogether 5672 hours of theoretical and practical studies and has been benchmarked against international subject benchmark statements. Every year there are approximately 100 elective courses available for all the study years; of all these, a certain number of courses is allocated for a specific year. In total, students have to take at least five elective modules amounting to 10 ECTS credits. Study success of the programme is remarkable with a dropout of students ranging between 5-10%; similarly, about 95% of the students usually complete the programme within the envisaged 12 semesters. The highest dropout and study delay happens during the first three years of study with near to no students failing during the clinical phase of the programme. The high number of successful students is explained with the demanding admission process and the comparatively high costs, at least for the international students. Consequently, students have a high motivation to complete the degree successfully and in time.

The experts confirmed that the medical school has designed a study plan, which describes the content, and sequencing of courses and other curricular elements. It ensures appropriate coordination between basic biomedical, behavioural, social, and clinical subjects as has also been discussed in the previous chapter. In the discussion, the students confirmed that the study programme is organized in a way that successful completion within the given time is unquestionably possible. Further, the workload indicated in the schedules and module descriptions in general meets the reality of student life. However, during the review of the documents the peers noticed sometimes a discrepancy between the number of ECTS credits outlined in the curriculum and the number of working hours detailed in the module descriptions. Discussion with the programme coordinators revealed that this is partly due to the legal restrictions as working hours for students in Romania may not exceed 29 hours per week while the required number of 30 ECTS credits per semester with a value of about 25 hours per credit necessarily exceeds this number. In trying to meet both requirements, apparently some mistakes in the calculation have been made. Although the peers agreed that the issue is not a serious one they recommended to review the module descriptions with a view to the calculation of ECTS credits and workload and to homogenize the information. Apart from this minor aspect the peers concluded that this standard has been completely fulfilled.

Criterion 2.7 Program management

A curriculum committee is in place with the responsibility and authority for planning and implementing the curriculum and to secure its intended educational outcomes. It also plans and implements innovations in the curriculum. Under the governance of the academic leadership

(the dean), the curriculum committee includes staff members, students and possibly representatives of other relevant stakeholders.

Guiding Questions

- How does the curriculum committee verify the effectiveness of the curriculum?
- Who are the members of the curriculum committee? How are they appointed or selected?
- How often does the curriculum committee meet?

Evidence

- Self-assessment report
- Regulation for Drafting, Approval, Monitoring and Periodical Evaluation for Programmes of Study based on Legea Educației Naționale nr. 1/2011
- University Organizational chart
- University Charta

Preliminary Assessment and analysis of peers

There is a comprehensive system of instruments and bodies in place to continuously monitor and further develop the programme under review as has already been outlined in detail under criterion 1.2. The curriculum control is effectuated on three levels, mainly the assessment of the programme itself (workload, critical assessment of mandated literature), the quality control of the curriculum performance (control of teaching activity and methods) and the control of students' achieved learning outcomes.

As to the instruments to verify the effectiveness of the curriculum, the Faculty relies on regularly conducted self-assessment through questionnaires filled by students as well as teaching staff, regular visits during teaching by other colleagues, regular reviewing and control of each subject documents by the respective department. For the extensive review process established the Faculty has phrased the word of 360° evaluation, outlining that all stakeholders are constantly involved in the assessment process and that the feedback loops concerning the development policy are closed. In all, the quality development process on faculty level is controlled by four committees (Curricular Development and Assessment, Quality Assurance, Academic Development and Resource Management, and Foreign Language Programmes); in all of these committees teaching staff, students and industry partners are included. Propositions of the Committee for Curricular Development have officially to be approved by the Medical Faculty Council and the University Senate.

After reviewing the documents and the on-site discussions the peers saw that a clear curricular administration and development process has been established at UMF including all relevant

stakeholders and ensuring through various feedback mechanisms that the curriculum is regularly updated to reviewed. Thus, they considered this criterion to be completely fulfilled.

Criterion 2.8 Linkage with medical practise and the health sector

The medical school ensures operational linkage between the degree programme and the subsequent stages of training or practice after graduation. The curriculum committee should seek input from the environment in which graduates are expected to work, modify the programme accordingly, and consider program modification in response to opinions in the community and society.

Guiding Questions

- How are external stakeholders involved in designing and further developing the curriculum?
- In what way has the curriculum been adjusted according to the input from community and society?
- What are the linkages between the degree program and subsequent medical training?

Evidence

- Self-assessment report
- Regulation for Drafting, Approval, Monitoring and Periodical Evaluation for Programmes of Study based on Legea Educației Naționale nr. 1/2011
- University Organizational chart
- University Charta

Preliminary Assessment and analysis of peers

As mentioned above, external stakeholders have been involved in designing the curriculum under review and are represented in each of the four Faculty committees. Since many clinicians of non-university hospitals in Cluj also participate in the programme as teaching staff a close and intertwined connection between Faculty and medical practice is at all times ensured. Consequently, the peers considered this criterion to be completely fulfilled.

Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 2:

The peers consider criterion 2 to be mostly fulfilled.

3. Assessment of Students

Criterion 3.1 Assessment methods

The medical school defines, states, and publishes the principles, methods, and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes.

It needs to be ensured that assessments cover knowledge, skills, and attitudes by using a wide range of suitable assessment methods and formats. In addition, methods and results of assessments avoid conflicts of interest and assessments are open to scrutiny by external expertise.

The reliability and validity of assessment methods are documented and evaluated. There is the possibility to incorporate new assessment methods where appropriate and a system for appeal of assessment results is in use.

Guiding Questions

- What assessment methods does the teaching staff use?
- Has a form of assessment (including suitable alternatives) been defined for each course? Describe the used forms of assessment.
- How are students informed in time about the assessment methods and the criteria for passing a course?
- What rules for re-sits and appeals have been defined?
- What mechanisms are in place, which ensure that exams marked by different examiners are comparable?

Evidence

- Self-assessment report
- Module Descriptions within the Study guide provided to all students
- Schedules and the Study guide are also accessible online for all interested stakeholders: <http://www.medicina.umfcluj.ro/en/educatie-med-uk/studenti-mg-uk/orar-med-uk>
- Regulation of the Organization and Course of Undergraduate Academic Studies (accessed 10.05.2019): <http://www.medicina.umfcluj.ro/images/fisiere/regulamente/Regulament%20didactic%20RO%20EN%20FR.pdf>
- Regulations for taking the Bachelor degree (accessed 10.05.2019): <http://www.umfcluj.ro/informatii-ro/reg-m-ro>

There is a comprehensive assessment system in place at the Faculty of Medicine. For each of the courses, a set of exams is designed which is in alignment with the expected learning outcomes and competencies. The general rules applying for this procedure are laid down in the "Study Guide" that also includes the module descriptions and the regulations for the equivalence of studies. More detailed information is made accessible online to all stakeholders in the form of the "Regulation of the Organization and Course of Undergraduate Academic Studies".

Detailed information about assessment methods, calculation of grades, and expected learning outcomes are outlined in the respective module descriptions in the Study Guide. At the beginning of each course the students have to be informed about the examination schedules and types. Exams are graded from 1-10 with 10 being the highest mark. In order to pass the exam at least a grade of 5 needs to be achieved. If a student fails an exam he is given two opportunities to repeat the exam at the latest within two years; however, students have to earn within one academic year at least 45 out of 60 possible ECTS credits in order to advance into the next study year. If 45 ECTS credits are not achieved a supplementary year consisting of the missing courses has to be passed. The students confirmed during the discussion that they feel well informed about the exam regulation and consider them to be fair and transparent.

Since most disciplines comprise theoretical as well as practical elements these are examined in a summative way through a theoretical and practical exam. During a process of reform the theoretical exams have now all been switched to a complex Multiple Choice system, the quality of which was considered adequate by the reviewing peers. The programme coordinators and teaching staff outlined that the faculty has undergone and is still undergoing a transformation process regarding the assessment methods and structure. It has been targeted to standardize all written theoretical exams in each discipline thus avoiding differences between parallel courses, especially with a view to the three different language tracks. This process was completed three years ago for all basic disciplines and meanwhile also for the clinical subjects. The current development concerns the standardization and centralization of the practical exams in the form of OSCEs (Objective structured clinical examination). This has been started in the Surgery courses already and is now going to be successively introduced with the other disciplines as well.

The peers approved of the faculty-wide system of exam organization that has led to a significant homogenization of the learning process. The rules and regulations for student examinations are published, reliable and transparent and the examination types are adequately assessing the respectively defined learning outcomes of the disciplines. Consequently, the peers considered the criterion to be completely fulfilled.

Criterion 3.2 Relation between assessment and learning

Assessment principles, methods, and practices are clearly compatible with intended educational outcomes and instructional methods. The used assessment methods ensure that the intended educational outcomes are met by the students and promote student learning. There is an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress.

The medical school adjusts the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning. In addition, there is a timely, specific, constructive and fair feedback to students on basis of assessment results.

Guiding Questions

- How are the used methods of examination suited to verify the achieved learning outcomes?
- In what way do the used methods of examination offer students' a continuous feedback on their progress in developing competences?
- How does the amount and distribution of exams ensure that both the exam load and preparation times are adequate?
- Are all exams are organised in a way, which avoids delays to student progression caused by deadlines or exam correction times? How is it verified?

Evidence

- Self-assessment report
- Module Descriptions within the Study guide provided to all students
- Regulation of the Organization and Course of Undergraduate Academic Studies (accessed 10.05.2019): <http://www.medicina.umfcluj.ro/images/fisiere/regulamente/Regulament%20didactic%20RO%20EN%20FR.pdf>

Preliminary Assessment and analysis of peers

As has been outlined in the previous section it has been, and still is, a major target of the Faculty of Medicine to centralize the examination methods in the respective disciplines in the form of Multiple Choice Questionnaires and OSCEs in the clinical subjects. The peers agreed that the applied methods are suitable to ensure that all students have acquired the defined learning outcomes no matter what language track they follow or which professor teaches the course. In order to provide and ensure continuous feedback on the learning progress of the students the faculty has recently introduced the Workbook for Practical Skills which was developed as part of an international project. In the workbook students are informed about the

expected learning outcomes regarding the elements of Clinical Examination, Procedures, Diagnosis, Effective Communication, Treatment and Management and have to document their lessons learnt and classes attended. The peers welcomed this innovative and concise instrument that documents the learning progress apart from general examinations.

The organization of exams is managed by the Faculty Board after regular discussions with the student representatives. The exam schedule is further posted on the faculty website and results have to be communicated to the students within seven days. In total, the degree programme includes 61 examinations and 29 tests that are carried out during the semester meaning an average of 5 exams plus tests per semester. The students agreed that the exam load is suitable and that accumulations of exams within few days can usually be avoided.

In conclusion, the peers were convinced that the assessment methods at UMF are adequate to supervise the learning progress of the students and that a continuous assessment is ensured through innovative measures such as the Workbook for Practical Skills. The organization of exams is performed in close cooperation with the student representatives and the exam load allows for a successful continuation of studies within the envisaged study duration. Hence, they perceived the criterion to be fulfilled.

Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 3:

The peers consider criterion 3 to be completely fulfilled.

4. Students

Criterion 4.1 Admission policy and selection

The medical school formulates and implements an admission policy based on principles of objectivity, including a clear statement on the process of selection of students. There is an implemented policy for admitting disabled students and for transfer students from other programmes and institutions.

There is a relationship between student selection, mission of the school, the educational programme, and desired qualities of graduates. The medical school periodically reviews the admission policy, based on relevant societal and professional data, to comply with the health needs of the community and society. A system for appeal of admission decisions is in place.

Guiding Questions

- Where are the admission regulations defined? Are they published?

- Are the admission requirements and procedures binding, transparent, and equal for all applicants?
- In what way are the admission requirements suitable for supporting the students in achieving the learning outcomes?

Evidence

- Self-Assessment Report
- Admission regulations on the website (accessed 13 May 2019):
<http://www.umfcluj.ro/en/educatie-uk/admitere-uk/licenta-uk/item/3242-adm-2019-en>

Preliminary Assessment and analysis of peers

The UMF has clearly prescribed enrolment procedures for the Medical programme. All relevant information on the conditions and deadlines for enrolment can be checked on the website of the Faculty.

As to the admission requirements, there are different procedures for applicants in the foreign-language tracks and the “national” Romanian track. For the Romanian admission, all candidates have to take an admission exam after having completed the national Bacalaureat or an internationally comparable High School degree. The results of the entrance exam are ranked according to the achieved score and the best candidates are admitted. The UMF admission exam is considered nationwide to be very demanding and thus ensuring that only the best applicants succeed. Two to three months before the exam the University organizes a preparation course and also a simulation of the entrance exam to give applicants the opportunity to better prepare for the test. Admission to UMF is solely based on the academic qualification level, aspects of ethnicity are only considered insofar as there is a certain contingent of places theoretically reserved for applicants of the Roma minority in Romania. However, the peers learned during the discussions that this quota is usually not filled because of lack of candidates. For the English and French track an admission examination does not seem to be feasible. Consequently, the admission is mostly based on the average Bacalaureat grade of the applicants who nevertheless do not have significantly higher drop-out rates compared to the Romanian students. Overall, the peers learned that demand for the study places is extremely high; in both the international and the national tracks the number of applicants exceeds the available places by up to 5:1.

For the Romanian track, the Romanian government each year defines a quantity of scholarships taking over the annual student fees of about 2.400 EUR per student. Nevertheless, more students are being admitted according to the examination ranking but those students have to

pay the fee on their own. All international students have to pay a higher student fee of 6.000 EUR annually but may also apply for a variety of scholarships offered by the University. For economic reasons international students may also apply to change into the Romanian track which is possible if their language skills are adequate.

In conclusion, the peers agreed that the admission policy for the Medical programme is clearly defined, binding and published. The qualification-based entrance exam guarantees that only suitable candidates are admitted which may also partly explain why so few students fail courses or completely drop out of the programme. By reserving a quota for Roma applicants the UMF further contributes to social equality and equal opportunities which is explicitly commended by the peers. Consequently, they saw this criterion to be completely fulfilled.

Criterion 4.2 Student intake

The medical school defines the size of student intake and relates it to its capacity at all stages of the programme. In addition, size and nature of student intake are reviewed periodically in consultation with other relevant stakeholders and regulated to meet the health needs of the community and society.

Guiding Questions

- Who defines the number of possible intakes? Have there been changes in the recent years?
- How high is the demand? Where do the applicants come from?

Evidence

- Self-Assessment Report
- Admission regulations on the website (accessed 13 May 2019):
<http://www.umfcluj.ro/en/educatie-uk/admitere-uk/licenta-uk/item/3242-adm-2019-en>
- Dean's report 2012-2015

Preliminary Assessment and analysis of peers

As has been outlined previously the number of potential student intake for any degree programme in Romania is defined by the national accreditation agency ARACIS and based on the capacity of rooms, laboratories and teaching staff. In the case of the Medical programme at UMF, this capacity has just been raised after the previous accreditation in 2014. However, the Faculty has decided to remain with the maximum intake of 350 students for the Romanian track as well as for the two international tracks in order not to tamper with the level of teach-

ing quality. Additionally, it is a self-defined Faculty rule that the number of international students should not exceed the Romanian-speaking students despite the fact that the University can charge international students significantly higher student fees. The peers saw this as a laudable commitment to equal teaching and learning opportunities and dedication to the care for the patient.

Thus, they concluded that the intake regulations are clearly defined, communicated and in line with the capacities of the Faculty and saw this criterion to be fulfilled.

Criterion 4.3 Student counselling and support

There is a system for academic counselling of students in place. It offers support with respect to social, financial, and personal needs. Enough resources for student support and counselling are available and confidentiality is ensured. The students receive academic counselling that is based on monitoring academic achievements and includes career guidance and planning.

Guiding Questions

- What resources are available to provide individual assistance, advice and support for all students?
- How effective are the existing advice and support offers? What offers are missed by students?

Evidence

- Self-assessment report
- Tutors list 2018-2019
- Website with student support offers (access 17 May 2019): <http://www.medicina.umfcluj.ro/en/educatie-med-uk/studenti-mg-uk>

Preliminary Assessment and analysis of peers

The experts during the on-site visit learned that there is a comprehensive system of student counselling and support in place. Students are not assigned a personal advisor but every “series” of students – units of a limited size of students of the same cohort – have a tutor who not only takes care of academic issues but serves as a contact person regarding cultural and social aspects of student life. Especially the international touch of the Faculty of Medicine is being promoted and supported with a variety of support measures open to all international as well as national students. Discussions with students on site revealed that the Faculty really takes care of offering all students a home and friendly environment throughout their studies as well as beyond through an extensive alumni network. Apart from the tutors, students are

being supported and involved on an administrative level throughout the Faculty. The dean as well as the vice-deans are always approachable and student representatives take a quarter of the seats in each Faculty committee. Teaching staff is reported to be open for any questions and can be approached in official contact hours on site but also via email and phone at any time. The peers were impressed by the considerable commitment of the members of the teaching staff. On the central administrative level, students may also address the Centre for Career Guidance and Psychological Counselling that offers support on any career questions on the one hand but also professional support for any issues of psychology; two experienced psychologists are available speaking Romanian, French and English. Special support is dedicated to the support of students in the first year; at the beginning of each study cycle the Faculty offers introductory workshops in close cooperation with the Organization of Medical Students but also with the participation of English and French official representatives such as the local ambassadors in order to offer the students the best guidance possible.

Aspects of financial support have already been outlined before; the University offers a broad variety of support and information initiatives for students of all nationalities. An outstanding element of this support was considered by the peers to be the research scholarship worth 8.000 EUR annually.

In conclusion, the peers saw that the Faculty and the University offer an excellent support for students in any kind of personal or professional situation. The official addressing of student issues and problems related to academic affair is ensured through direct contact hours, personal evaluations of teachers and courses and an overall strong student representation in all Faculty committees. Consequently, they deemed this criterion to be fulfilled.

Criterion 4.4 Student representation

The medical school has formulated and implemented a policy ensuring participation of student representatives and appropriate participation in the design, management, and evaluation of the curriculum, and in other matters relevant to students. In addition, student activities should be encouraged and facilitated and student organisations promoted.

Guiding Questions

- What are the tasks and rights of the student council?
- Are there student members represented in the different panels of the medical school?
- How does the medical school support extra-curricular activities?

Evidence

- Self-assessment report

- Regulation for Drafting, Approval, Monitoring and Periodical Evaluation for Programmes of Study based on Legea Educației Naționale nr. 1/2011
- University Charta

Preliminary Assessment and analysis of peers

It has been emphasized on several occasions before that the participation of students in the Faculty administration, the programme development as well the research activities is of great importance to all stakeholders. A quarter of all seats in Faculty Commissions is reserved for representatives of the student union and students' input is actively sought by the administration in the form of group meetings and surveys ranging from questionnaires to new students, course evaluations and graduate surveys.

Most actively perceived was the general cooperation of students and academia in the form of subject-related student associations that are supported ideationally, financially and with infrastructure. For example, the peers were more than impressed witnessing a practical course in micro-surgery, initiated by a student organization, supervised by a professor and performed by students' peer teaching.

In conclusion, the peers confirmed a close and productive association of staff and students both administratively and academically. Students are supported and participate within the curriculum and the learning process but also outside of it in the form of the outlined extra-curricular activities. Hence, the criterion is fulfilled.

Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 4:

The peers consider criterion 4 to be completely fulfilled.

5. Academic Staff/Faculty

Criterion 5.1 Recruitment and selection policy

The medical school has formulated and implemented a staff recruitment and selection policy, which outlines the type, responsibilities, and balance of the academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences, and the clinical sciences required to adequately delivering the curriculum.

This includes a balance between medical and non-medical, full-time and part-time, academic and non-academic, internal and external staff.

The staff recruitment and selection policy addresses criteria for scientific, educational and clinical merit, including a balance between teaching, research, and service activities. It also should take into account criteria such as relationship to its mission, including significant local issues, and economic considerations. In addition, the medical school specifies and monitors the responsibilities of its staff.

Guiding Questions

- What is the policy on staff recruitment and selection described?
- Who is responsible for staff recruitment and selection?
- In what way is the composition, scientific orientation and qualification of the staff adequate?
- Are the available resources for teaching, supervision, and administration sufficient?
Are there any bottlenecks?

Evidence

- Self-assessment Report
- Organizational Chart
- University Charta

Preliminary Assessment and analysis of peers

Currently, the UMF disposes of 1059 teaching positions, out of which 643 are filled. Among the occupied positions, 58 are full professors, 80 associate professors, 238 lecturers and 267 assistants. In addition, the teaching staff is complemented by a larger number of professional doctors of the Cluj area, offering individual courses, practical exercises or electives within the programme.

The most important question that was discussed at large was the fact, that only about 61% of the official positions are currently filled. In order to explain this issue more intimate knowledge of the situation was provided by the programme coordinators: Generally, within Romania it is calculated that an employment of about 70% is absolutely adequate to manage a programme of any kind. Thus, the UMF is not much below what is expected. An employment of 100% would lead to a serious problem of over-staffing if student numbers dropped or if the Government increased the average teaching load of professors (what may happen from time to time). Consequently, 70% is what is basically needed. Next, the percentage is calculated along the maximum hours of teaching load for professors. Here, the law allows for a range between 7 and 12 for full professors. Since UMF has decided to remain with the lowest amount of teaching for full professors the "occupation" rate is significantly lower. The reasons why the teach-

ing load is kept low are related to two main factors. First, the University puts a special emphasis on research leaving more time for research in a 40-hour working week if the teaching load is kept at seven hours per week. But most importantly, the Romanian government has passed a law in 2018 that triples the salary of any publicly employed doctor in the country. While this measure aims at preventing graduates from moving to Western European countries (“brain drain”) it leaves the medical schools in a most difficult situation. Since the University salaries did not increase likewise, finding qualified teaching staff is becoming increasingly difficult. In order to offer the staff more attractive salaries, the UMF thus offers the staff to voluntarily increase their teaching load by two hours per week for additional payment as well as further incentives for research and good evaluation results. Altogether, this is a measure to close the gap to doctors’ payments but it will certainly not prevent the drainage initiated by the named law. In any case, this does explain in the eyes of the peers why the percentage of employment appears to be so low at first glance. Nevertheless, the experts would like to emphasize that the discussed increase of medical salaries without increasing academic payment will, in the long run, significantly hinder the University’s work, and that without qualified teaching staff the produced medical doctors will not have the same practical quality as they currently have.

Once this context was explained and understood by the peers they agreed that the available teaching staff was adequate for the performance of the programme; further, they commended the qualification of the teachers, their dedication to teaching, and the University support for research, leading to a dynamic context of medical studies at Cluj. Concerning the employment process, the selection of teaching staff is primarily in the hands of the faculty although the University senate has to approve any decision. Need for teaching staff is basically determined by the departments that evaluate the current needs through their annual quality management process. Requests for more staff are passed on to the faculty level and are jointly discussed at the end of each academic year. As defined by national law all positions above the assistant at Romanian Universities have to be occupied by PhD-holders or aspirants. In the case of aspirants they receive limited contracts for five years in order to complete the PhD degree during employment. Since internationalization plays such a vital role at UMF, teaching staff offering lectures in English and French have to be holders of a language certificate. In case such a certificate cannot be produced the University offers certified language courses for candidates.

In conclusion, the peers agreed that the staff available was highly qualified and sufficient to ensure the performance of the offered programme. Intensive cooperation with local clinics further ensures that special topics and modern aspects can be taught by external experts if required. Romanian legal and University standards ensure that the teaching staff is well qualified and trained and even the teaching in foreign languages was guaranteed by the staff without any restrictions. The major issue detected by the peers is not in the hands of the University but depends on Romanian legislation. However, the peers again emphasized that through the

significant increase of salaries the government has produced an imbalance between clinical staff and University staff that will cause major havoc within the years if no countermeasures are being taken.

Criterion 5.2 Staff activity and development policy

The medical school has formulated and implemented a staff activity and development policy, which allows a balance between teaching, research and service activities. It also ensures recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications. Clinical service functions and research are used in teaching and learning, while taking into account teacher-student ratios relevant to the various curricular components. Teacher training, development, support, and appraisal are part of the policy; a staff promotion policy should be formulated and implemented.

Guiding Questions

- What offers and support mechanisms are available for staff members who wish to further develop their professional and teaching skills?
- Who is responsible for staff development?
- How do the responsible persons recognize that professional development measures are wanted or necessary?

Evidence

- Self-Assessment Report
- Dean's Report 2011-2015
- Annex 11: Mobilités financées par l'Agence universitaire de la Francophonie (AUF)
- Annex 7: Erasmus+ incoming Teaching Staff mobility
- Annex 4: Erasmus+ outgoing Teaching assignments and training mobility Medical Faculty

Preliminary Assessment and analysis of peers

The Self-Assessment Report informed the experts that UMF has formulated and implemented a staff activity and development policy which allows a balance between teaching, research and service activities. First of all, the peers understood from the on-site discussions that the medical schools in Romania have to be contemplated as separate units from the public clinic and health care system. Although many members of the teaching staff do work practically in clinics and in spite of the fact that there is a strong connection and cooperation with the UMF and the local hospitals, the primary task of the UMF staff is dedicated to teaching and research, not the care for patients. The peers generally approved of this clear separation because it leaves sufficient energy and time for the staff members to take care of the actual

teaching work and instruction without the pressing necessity of caring for the patient at the same time. Hence, teaching - and along with it the didactical skills of the staff members - is a clear priority and the continuous development of the staff is taken seriously. The Faculty administration ensures that the hired staff is fluent in the respective teaching language, meaning in the case of French or English that candidates have to provide a language certificate. In order to take such a certificate or just to continuously improve the language level the staff members are offered language courses frequently, the good results of which could be confirmed by the peers during the interviews. Then, regular courses on the development of didactical and pedagogical skills are being offered on University level. Every year the University organizes trainings with international experts regarding teaching skills where participation is voluntary. Further, a very much appreciated asset by the teachers are the opportunities provided through Erasmus+ and other international exchange and research programmes. Apart from Erasmus+, the programme Mobilités financées par l'Agence universitaire de la Francophonie (AUF) is also open to the staff members of the French study track. Furthermore, a cooperation with the Southampton University Medical School and Brighton and Sussex Medical School in the context of "Partnerships in International Medical Education" (PIME) resulted between 2009 and 2015 in the annual postgraduate course „Modern teaching and assessment methods for students of medical education”.

While all these offers are basically voluntary they also form part of the regulated quality management process. Thus, if the course evaluation of a teaching staff member reveals certain deficiencies regarding the didactical skills the dean will contact the respective teacher and guide him towards participation in an adequate support programme. The discussion with the teaching staff outlined that this was a lived practice and that several attendants had already profited from this process that is openly communicated throughout the faculty.

It has already been outlined elsewhere in this report that research activities are strongly supported by the University. Scholarships for research can be obtained, research leaves can be applied for and researchers receive financial support for attending conferences. Most importantly, staff members also receive certain financial incentives for publications over the academic year.

While the peers appreciated this approach and agreed with the importance of research for an active teaching environment, they also agreed with the assessment of the programme coordinators and teachers that the emphasis laid on research meanwhile outweighs the financial support for the didactical development. In order to comply with both these tasks the University is entrusted with, the peers recommended that the balance between research and didactics support should be carefully maintained. Especially when it comes to inviting international

experts on the field of didactics this can be cost-intensive and resources should be made available to keep up with this laudable tradition. Apart from this aspect, the peers agreed that the criterion was fulfilled.

Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 5:

The peers consider criterion 5 to be completely fulfilled.

6. Educational Resources

Criterion 6.1 Physical facilities

There are sufficient physical facilities for staff and students available to ensure that the curriculum can be delivered adequately. The learning environment is safe for staff, students, patients, and their caretakers.

The medical school improves the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices.

Guiding Questions

- In what way are the available physical resources sufficient for adequately teaching the students?
- Who decides on the allocation of physical resources and funds?
- Are students and staff satisfied with the available physical facilities? Are there any bottlenecks?

Evidence

- Self-Assessment Report
- Dean's Report 2011-2015
- On-site visit of the facilities

Preliminary Assessment and analysis of peers

The Faculty of Medicine at UMF occupies 48 lecture halls, 1470 laboratory rooms, a Centre for Experimental Medicine and Practical Skills, two centres of excellence, seven research centres, two libraries as well as a sports hall. It has already been detailed that the peers were impressed by the quite recently built Centre for Practical Skills and Simulation in Medicine providing experimental equipment for student use. In addition, the medFUTURE – Research Centre for Advanced Medicine provides research opportunities and technology on a high level, in many

aspects supported through significant grants from the European Union.

An exception from this positive impression of the physical facilities of the Cluj Medical Faculty was the Institute of Anatomy. The historic building houses equipment for the dissection course which seem not to have changed since its original state about 100 years ago. The same is true for the collection of anatomical specimens. These correspond in no way to the modern standards in this discipline. The peers have learned that legal problems about the ownership of this building have precluded an effective improvement of this sorry situation. Since an agreement of the legal dispute seems to have been reached earlier this year the University and the Faculty of Medicine have signalled their commitment to bring the building as well as the equipment of the Institute of Anatomy to the same level of excellence that the peers have observed in the rest of the disciplines. This is an essential prerequisite for achieving international requirements.

Based on the provided documents and the tour during the on-site visit, the peers came to the conclusion that the physical resources – with the exception of the Institute of Anatomy - of the Faculty are sufficient to carry out the programme under review according to international standards. The situation in anatomy should be improved without delay as announced during the discussions with the UMF management.

Criterion 6.2 Clinical training resources

Sufficient resources for giving the students adequate clinical experience are available. This includes sufficient numbers and categories of patients, clinical training facilities, and supervision of students' clinical practice.

The facilities for clinical training are regularly evaluated, adapted, and improved to meet the needs of the community.

Guiding Questions

- In what way are the available clinical training resources sufficient for adequately teaching the students?
- Are students and staff satisfied with the available clinical training resources? Are there any bottlenecks?

Evidence

- List of Clinical facilities in the Self-Assessment Report

Preliminary Assessment and analysis of peers

The curriculum of the medical programme at UMF includes a total of 2239 hours (56,2%) for clinical training. This is partly performed in the already described Centre for Practical Skills and Simulation in Medicine and partly within public hospitals in Cluj. The UMF has signed cooperation contracts with all public clinics and one private clinic in the region in order to ensure best practical training conditions for the students.² All clinical activities are supervised by teachers of the Faculty. In clinical disciplines, a student group, supervised by one teacher, consists of 7-8 students. In family Medicine, 2-3 students are assigned to one general practitioner office. In each discipline the practical exam is a prerequisite to access the theoretical one. The peers were ascertained that facilities for clinical training are regularly evaluated, adapted, and improved. Every year each department provides an investment plan to the dean outlining the requested budget including costs for equipment.

In conclusion, the peers agreed that the clinical training sources are in place and adequate for the medicine programme.

Criterion 6.3 Information technology

The medical school has formulated and implemented a policy, which addresses effective use and evaluation of appropriate information and communication technology in the educational program. This enables students and staff to use existing and exploit appropriate new information and communication technology for independent learning, accessing information, managing patients, and working in health care delivery systems.

Guiding Questions

- Is there an electronic learning platform? How does it work?
- How are students and staff making use of the electronic platform?
- Are there courses on using e-learning elements in teaching?

Evidence

- Self-Assessment Report

Preliminary Assessment and analysis of peers

² Namely the Emergency County Hospital Cluj, "Octavian Fodor"- Gastroenterology and Hepatology Regional Institute, Rehabilitation Clinical Hospital, Infectious Diseases Clinical Hospital, Municipal Clinic Hospital, Railways Clinic Hospital, Pneumo- phtysiology Clinic Hospital "Leon Daniello", Children Emergency Clinic Hospital, Oncological Institute "Prof.dr. I. Chiricuța", Heart Institute "Niculae Stăncioiu", Urology and Renal Transplant Institute. Starting last academic year, in order to match physical facilities with the number of students, new contracts have been concluded with the Military Hospital in Cluj, possessing clinical sections of Cardiology, Dermatology, Ophthalmology, Neurology, Radiology etc. For the Speciality Medical Practice (SMP) contracts are signed with hospital units all around the country.

The Medical Faculty at UMF disposes of a variety of Information Technology means to be used in the teaching and learning process. Most importantly for the teaching process, the Faculty has implemented a Moodle platform where students can access information about the respective courses, literature, exercises, etc. The library offers a broad variety of eJournals and eBooks that can be easily accessed by the students and teaching staff via VPN from home as well as on the premises of the Faculty. While treating sensible personal data of students and patients, the University strictly ensures the respect of the GDPR legislation and a Data Protection Officer has been employed on University level.

In the eyes of the peers, the use of Information technology in the medical programme was generally adequate; nonetheless, discussions revealed that in the area of eLearning there may still be room for development in the years to come. The peers understood that offering complete eLearning-based courses is not allowed by Romanian laws in medical programmes, but they agreed with the internal assessment that elements of eLearning and eAssessment such as Flipped Classrooms will be a necessity for future development. Therefore, they encouraged the Faculty to take on this challenge in continuously developing such technologies where they may facilitate or contribute to the traditional classroom teaching process.

The experts found the IT equipment to be satisfactory. With the exception of the outlined room for improvement regarding the offers in eLearning they considered this criterion to be largely fulfilled.

Criterion 6.4 Medical research and scholarship

The medical school uses medical research and science as a basis for delivering the educational curriculum. A policy fostering the relationship between medical research and education has been formulated and implemented. This includes a description of research projects and priorities at the medical school. In addition, there is interaction between medical research and education by influencing current teaching and encouraging and preparing students to engage in medical research activities.

Guiding Questions

- What courses promote the students' independent scientific work?
- Are research activities in line with the mission?
- How does current research influence the delivery of the programme?
- How become students familiarised with the principles of scientific work and writing?

Evidence

- Self-Assessment Report

- Dean's Report 2011-2015
- University Charta

Preliminary Assessment and analysis of peers

The experts, after conducting the interviews and visiting the facilities, were convinced that at the Faculty of Medicine and the University as a whole, medical research and science form a basis for delivering the educational curriculum. They understood that especially during the past ten years the University has developed a strong focus on research as a fundament of good teaching, thus proceeding from the traditional role of medical Faculties in Romania which used to be seen as mere teaching facilities.

It has been emphasized at different parts of this report that the University and the Faculty award several scholarships that encourage teachers as well as students to proceed in their research, to publish results and to contribute to national as well as international conferences. It has also been outlined, that this very strong emphasis has in parts led to an overrepresentation of research in comparison with the development of didactical skills and financial means. Nonetheless, the peers showed themselves impressed by the great dynamic unfolded by all stakeholders of the medical programme and they welcomed the close cooperation between the Faculty and all local public hospitals. This way, a constant re-flow of practical experiences and research in hospitals into the University is likewise ensured. Research also plays an important role in the educational process, in the opinion of the peers even more than in most Western European medical schools. As has been described before, all students have to take at least two courses on scientific research and writing as well as completing a graduation project. Further, they can apply for a research scholarship from the University or profit from the cooperation between the Faculty and the student organizations.

The experts commended the Faculty especially on their proactive approach in encouraging students to engage in research work and considered the criterion to be fulfilled.

Criterion 6.5 Educational expertise

The medical school has access to educational expertise, has formulated and implemented a policy on the use of educational expertise in curriculum development and in development of teaching and assessment methods.

In-house or external educational expertise are used in staff development, while paying attention to educational evaluation and medical education. Staff is encouraged to pursue educational research interests.

Guiding Questions

- Are students satisfied with the staff's educational expertise? How is it verified?
- In what way can staff members attend courses for further developing their educational expertise?

Evidence

- Self-Assessment Report
- Dean's Report 2011-2015

Preliminary Assessment and analysis of peers

Under criterion 5.2 it has been outlined that the professional development of the teaching staff in the form of education expertise is of great importance for the Faculty of Medicine. International experts are invited on a regular basis and offer courses on the improvement of didactical skills. These offers have to be seen in close connection with the Faculty's quality assurance cycle. Based on evaluation and survey results, teaching staff with deficiencies in didactical skills or the foreign teaching language are contacted, discuss the matter with the dean and are recommended to participate in the respective development courses. The teaching staff as well as the students confirmed that this quality management cycle is in place and working.

As a consequence, the peers consented that the Faculty continuously evaluates the teaching skills of the staff members, provides development options on a regular basis and generally encourages the teaching staff to participate in professional development on a voluntary basis. Hence, the criterion was considered to be fulfilled.

Criterion 6.6 Educational exchanges

The medical school has formulated and implemented a policy for establishing national and international collaboration with other educational institutions and regulations for the transfer of educational credits.

Regional and international exchange of staff and students are facilitated by providing appropriate resources. In addition, the medical school should ensure that exchange is purposefully organised, taking into account the needs of staff and students, and respecting ethical principles.

Guiding Questions

- What international exchange programmes and windows of mobility exist?

- How many students spend some time abroad? Are there incoming international students?
- What are the rules for recognising achievements and competences acquired outside the medical school?
- In what way can staff members spent time abroad e.g. for participating at research activities or attending workshops and conferences?

Evidence

- Self-Assessment Report
- Dean's Report 2011-2015
- Annex 11: Mobilités financées par l'Agence universitaire de la Francophonie (AUF)
- Annex 7: Erasmus+ incoming Teaching Staff mobility
- Annex 4: Erasmus+ outgoing Teaching assignments and training mobility Medical Faculty
- University Charta

Preliminary Assessment and analysis of peers

As outlined in detail under criterion 5.2 the University and Faculty are actively participating in international cooperation networks such as Erasmus+ offering teaching staff as well as students the opportunity to spend time at foreign institutions. The procedure of transfer of credits is based on the Law of National Education no.1/2011, on the University Charta and on the Code of rights and duties of the students in the "Iuliu Hatieganu" University. The International Relations Department of the University supports incoming as well as outgoing students in every stage of the exchange process, enabling students to easily study at one of the currently 78 Erasmus inter-institutional agreements with European and non-European institutions. Between 2010 and 2015 (the previous period of internal assessment) each year about 50 students made use of the offered opportunities.

Of course, the international character of the programme underlines the strong dedication of the Faculty to the internationalization process. About half of the students have an international background and discussions with international students during the on-site visit confirmed that they felt well supported and taken care of. In summary, the peers commended the university on the high degree of internationalization actively lived by the Faculty and the well-established support systems that are in place in order to promote international mobility. Thus, the criterion is fulfilled based on the assessment of the peers.

Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 6:

The peers consider criterion 6 to be mostly fulfilled.

7. Program Evaluation

Criterion 7.1 Mechanisms for program monitoring and evaluation

There is a programme of routine curriculum monitoring of processes and outcomes and an established and implemented mechanism for program evaluation. These mechanisms address the curriculum and its main components, students' progress and concerns, and ensure that relevant results of evaluation influence the curriculum.

The program is evaluated periodically by comprehensively addressing the context of the educational process, the specific components of the curriculum, the overall outcomes, and its social accountability.

Guiding Questions

- In what way is the programme subject to regular internal quality assessment procedures aiming at continuous improvement?
- Are binding responsibilities and mechanisms defined for the purposes of continued development? Where are they defined?
- What measures for the improvement of the quality of the degree programs have been taken within the last few years?
- Which elements of the internal quality assessment have been especially useful for the continuous improvement of the degree programs?

Evidence

- Self-Assessment Report
- Dean's Report 2011-2015
- University Charta
- Student questionnaires
- Declaration of the Rector concerning Quality Management
- Regulation for Drafting, Approval, Monitoring and Periodical Evaluation for Programmes of Study based on Legea Educației Naționale nr. 1/2011

Preliminary Assessment and analysis of peers

At UMF and the Faculty of Medicine in particular, there is a well-established system of quality assurance implemented that on a regular basis evaluates the quality of teaching and learning as well as the satisfaction of all relevant stakeholders with the programme.

As has been described earlier in this report, each department within the Faculty produces an annual report concerning the envisaged changes within its respective courses as well as required new equipment and general budget. The Curriculum Committee of the Faculty discusses these plans together with the dean taking into consideration the results of a variety of

surveys carried out each semester or at least every year such as course evaluations, evaluation by external accreditation agencies, graduates' surveys and employer surveys. Based on this vast data and under active participation of student representatives in the committees curriculum modifications are being defined and eventually have to be confirmed by the University senate.

The peers got a clear impression of an organized quality assurance cycle combining subject-specific units as well as Faculty and University level. Thus, a constant revision of the curriculum is ensured, procedures are defined and regulated and all relevant stakeholders participate in the process. Consequently, the criterion is considered as completely fulfilled.

Criterion 7.2 Teacher and student feedback

There is an established and implemented system for systematically seeking, analysing, and responding to teachers and students feedback. The feedback results are used for programme development.

Guiding Questions

- Are there teacher, students and alumni surveys?
- How do students, teachers, and alumni evaluate the quality and development of their degree programme?

Evidence

- Self-Assessment Report
- Dean's Report 2011-2015
- University Charta
- Student questionnaires
- Declaration of the Rector concerning Quality Management
- REGULATION FOR DRAFTING, APPROVAL, MONITORING AND PERIODICAL, EVALUATION FOR PROGRAMS OF STUDY based on Legea Educației Naționale nr. 1/2011

Preliminary Assessment and analysis of peers

The feedback and quality management cycles at UMF have already been described at length. In the evaluation of the courses and teaching skills of the staff the University follows a so-called 360° concept. Each year different complementary kinds of evaluations are performed in order to assess the quality of learning units, comprising student course evaluation, a teacher self-evaluation and external evaluation by other members of the teaching staff. Evaluation results are centrally gathered and analysed by the University's Quality Assurance Department and summarized results are being discussed and acted upon on Faculty level.

In conclusion, the established mechanism for the evaluation of teaching and learning at the Faculty of Medicine at UMF completely fulfil the reviewed criterion.

Criterion 7.3 Performance of students and graduates

The medical school analyses the performance of cohorts of students and graduates in relation to its mission and intended educational outcomes, the curriculum, background and condition, entrance qualifications, and provision of resources.

The analysis of student performance is used to provide feedback to the committees responsible for student selection, curriculum planning, and student counselling.

Guiding Questions

- Are there teacher, students and alumni surveys? Who is responsible for them?
- How do students, teachers, and alumni evaluate the quality and development of their degree programme?
- How does the medical school monitor the performance of its students and graduates?

Evidence

- Self-Assessment Report
- Dean's Report 2011-2015
- University Charta
- Student questionnaires
- Declaration of the Rector concerning Quality Management
- Regulation for Drafting, Approval, Monitoring and Periodical Evaluation for Programmes of Study based on Legea Educației Naționale nr. 1/2011
- Institutional Report concerning insertion of graduates into the labour market

Preliminary Assessment and analysis of peers

The medical school analyses the performance of cohorts of students and graduates in relation to its mission and intended educational outcomes, the curriculum, background and condition, entrance qualifications, and provision of resources. The analysis of student performance is used to provide feedback to the committees responsible for student selection, curriculum planning, and student counselling. The central responsibility for the Quality Assurance process lies on University level with the Department of Quality Assurance that is mirrored by a respective committee on Faculty level. The evaluation of student and teacher performance has been positively described at length in the previous sections. Concerning the feedback from employers and the success of graduates in the labour market additional surveys are being carried out.

Due to the particular situation of the Faculty with about half of the students having an international background and usually returning to their native country after completion of the programme a full analysis of graduates' employment results is difficult.

On the other hand, the Faculty puts special emphasis on the upholding of an alumni network. International alumni are characterized as the Faculty's best marketing asset and the high estimation of UMF graduates on a European level which could be confirmed by first-hand experience from the international peers testified to the validity of this assessment. Consequently, the peers agreed that the criterion is fulfilled.

Criterion 7.4 Involvement of stakeholders

The academic staff and students are involved in programme monitoring, governance and management, and evaluation activities.

All relevant stakeholders have access to results of course and programme evaluation. They are able to give feedback on the curriculum and performance of graduates.

The analysis of student performance is used to provide feedback to the committees responsible for student selection, curriculum planning, and student counselling.

Guiding Questions

- How are external stakeholders involved in the quality management processes?
- How are evaluation results accessible to all stakeholders?
- Are there regular meetings with employers and alumni? What is discussed there?

Evidence

- Self-Assessment Report
- Dean's Report 2011-2015
- University Charta
- Student questionnaires
- Regulation for Drafting, Approval, Monitoring and Periodical Evaluation for Programmes of Study based on Legea Educației Naționale nr. 1/2011

Preliminary Assessment and analysis of peers

The strong involvement of students in the quality management cycles has been confirmed throughout several chapters. By regulation, each Faculty committee includes 25% student members. In addition, the Dean and Vice-Deans meet with student representations on a regular basis to discuss current topics as well as to inform about recent development and measures taken on the ground of evaluation results. The students confirmed during the discussion that they felt as an active part of the whole Faculty and programme and that their

remarks and criticism can always be articulated and are reacted upon. The peers considered the mutual participation in the further development of the programme and the administration to be exemplary and thus the criterion to be fulfilled.

Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 7:

The peers consider criterion 7 to be completely fulfilled.

8. Governance and Administration

Criterion 8.1 Governance

The medical school has defined its governance structures and functions including their relationships within the University. The governance structures describe the committee structure and reflect representation from academic staff, students, and other relevant stakeholders. The transparency of the work of governance and its decisions is ensured.

Guiding Questions

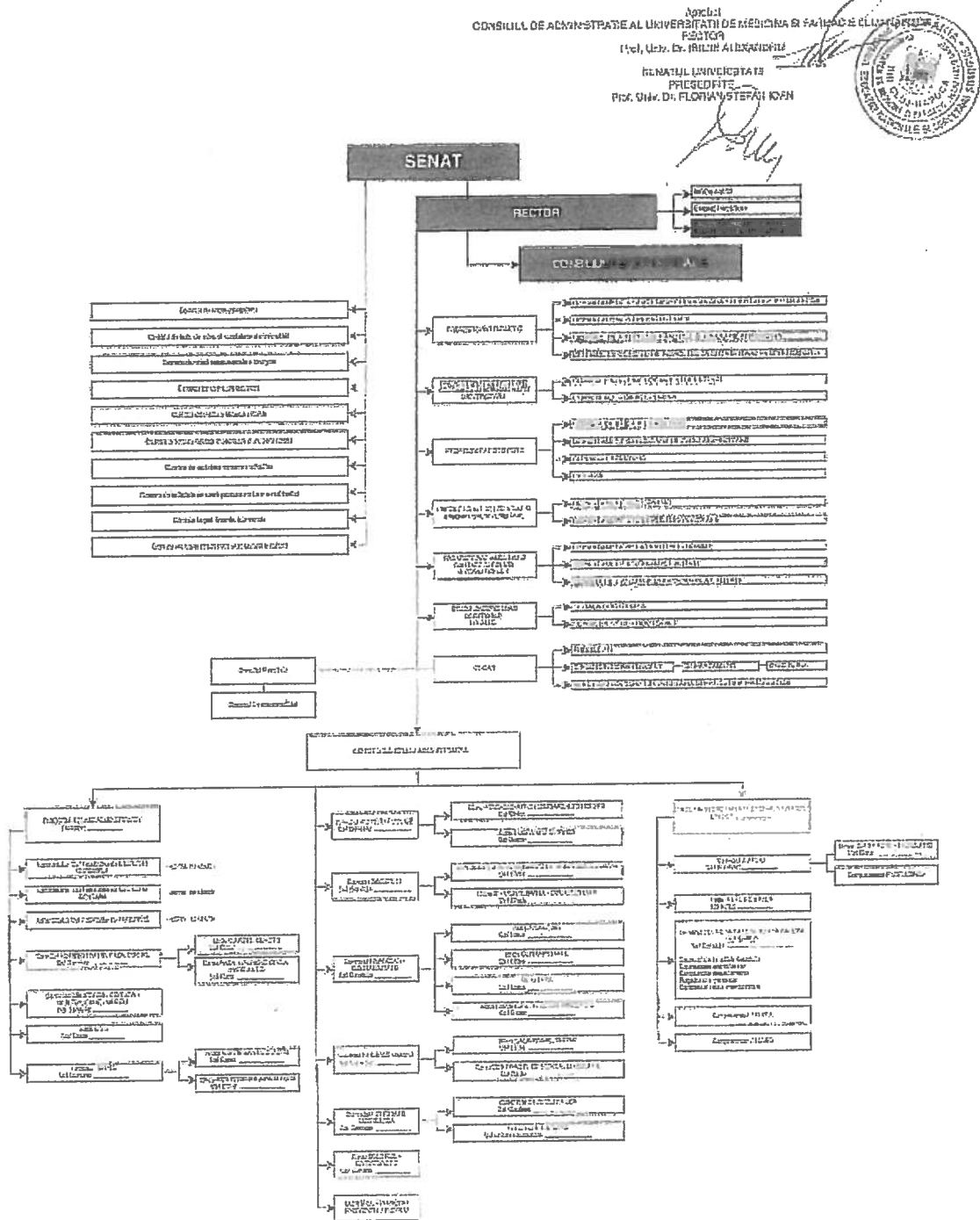
- Where is the governance structure and its functions described?
- How are the relevant stakeholders involved?

Evidence

- Self-Assessment Report
- University Charta
- Organizational Chart

Preliminary Assessment and analysis of peers

In order to describe the governance and administration system operating at UMF, the following graph has been presented outlining the existing organizational units:



NOTA
 1. Serviciile de laborator de diagnostic sunt: Departamentul de Anatomie și Departamentul de Fiziologie și Patologie.
 2. Serviciile de laborator de diagnostic sunt: Departamentul de Anatomie și Departamentul de Fiziologie și Patologie.
 3. Serviciile de laborator de diagnostic sunt: Departamentul de Anatomie și Departamentul de Fiziologie și Patologie.
 4. Toate serviciile de laborator de diagnostic sunt: Departamentul de Anatomie și Departamentul de Fiziologie și Patologie.

The working relationship between the units and administrative processes is further regulated within the University Charta. Thus, the final decision-making body of the UMF is the University Senate that officially confirms all aspects of curriculum design, budget and staff management. However, the Faculty represented through the Dean and the Council of the Faculty is making propositions concerning all internal developments which are eventually decided on by the Senate. The Faculty of Medicine itself is divided into 12 departments, each consisting of different disciplines. Department Council and a Department Director again manage every department. The Faculty Council consists of a total of 41 members, 25% of which are student representatives. All the tenure-teaching professionals of the faculty elect the rest of the Council members while the Rector who in turn is elected by vote of all University members appoints the Dean.

The peers approved of the democratic and competence-oriented election of University key positions as well as the transparent presentation of the University and Faculty administration. Through the strong student representation it is made certain that all stakeholders are equally represented and thus, the criterion of governance is fulfilled in the eyes of the peers.

Criterion 8.2 Academic leadership

The medical school has described the responsibilities of its academic leadership for defining and managing the medical educational programme.

The academic leadership is periodically evaluated with respect to achieving its mission and intended educational outcomes.

Guiding Questions

- Where are the responsibilities of the academic leadership described?
- How is the academic leadership evaluated?

Evidence

- Self-Assessment Report
- University Charta
- Organizational Chart
- Dean's Report 2011-2015

Preliminary Assessment and analysis of peers

The teaching, administrative and research activities are conducted in accordance with the regulations specified in the University Charter, which are elaborated in accordance with the national and international law and communicated to the members of the academic community.

The Dean of the Faculty is in charge of the strategic development in which he is supported by five vice-deans (for education, research, quality assurance, management and academic development, foreign students). These are working in cooperation with the respective Department Committees described in the previous chapter.

The activities of the Vice-Deans and Heads of Departments are evaluated annually by the Dean who is in turn evaluated by the University Rector. Each year the Dean elaborates an annual report that is presented to the Council of the Faculty regarding the state of the Faculty. The annual report is also posted on the University and Faculty website. At the end of his mandate, every 4 years, the Dean presents a Report of activity in front of the academic community that is also posted on the faculty website.

The peers considered this to be a transparent procedure. Responsibilities of the administration are pre-defined and regularly evaluated. Thus, the criterion is fulfilled.

Criterion 8.3 Educational budget and resource allocation

The medical school has a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget. There are sufficient educational resources for the implementation of the curriculum and they are distributed in relation to educational needs.

The medical school has autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended educational outcomes. The distribution of resources takes into account the developments in medical sciences and the health needs of the society.

Guiding Questions

- Who is responsible for allocating the educational resources?
- What are the rules and guidelines on using the available resources, increasing their efficiency and avoiding misuse or waste?
- Is the educational budget planned according to the needs?

Evidence

- Self-Assessment Report
- University Charta
- Dean's Report 2011-2015

Preliminary Assessment and analysis of peers

From the documents presented and the discussions on-site the peers understood that the institution has an annual budget of revenues and expenditures in accordance with the financial policy of the University. The revenues and the expenditures are consistent with the non-profit nature of the institution. The funding of the institution is based partly on Government funding and to a large degree on tuition fees coming from international students. Depending on the assessment of the National Accreditation Agency ARACIS the government provides a certain number of scholarships for national students in the Romanian track, covering 2.400 EUR per student per year. Additional national students may be accepted but have to pay this amount out of their own budget. International students pay an annual tuition fee of 6.000 EUR. The international student fees are equally made use of to substitute the costs for the education of national students. This procedure is considered fair and transparent in the eyes of the peers. The annual budget execution of the University is made public on the University's website, and the financial situation of the University is communicated to the academic community by the Rector's report. The structuring of the budget per sources and destinations is the responsibility of the Senate of the University. The Faculty of Medicine has its own budget for teaching activities expenses, allocated every year by Decision of the Administration Council. Its allocation is made by the Dean's Office, upon the proposal of the Department, with the approval of the Faculty Council and the Faculty Committee in charge with the material resources of the faculty. The entire fund allocated by the Council of Administration is managed in such a way as to ensure the material resources required for the organization and development of the educational process, in relation to educational needs.

While the funding of the programme and the University was seen as transparent and fair by the expert panel the issue of state-defined salaries has already been touched upon. The government defines the minimum-maximum teaching load of teaching staff as well as the salaries that have to be paid. Institutions may add on to this salary only in the form of additional incentives for research activities and extra teaching up to 25% of the basic salary. Although the University is already taking advantage of this small range of flexibility to the maximum degree, the University salaries can in no way compete with the recently tripled salaries of state-employed doctors in Romanian hospitals. The peers want to use this opportunity to again outline that such a discrepancy will drain the medical faculties in the country of the well-qualified staff if no alternative payment structures are to be introduced. Despite this issue about which the University cannot do anything the peers consider the criterion to be fulfilled.

Criterion 8.4 Administrative staff and management

There is an administrative and professional staff, which is appropriate to support implementing the educational programme and related activities. Good management and efficient resource deployment is ensured.

The medical school formulates and implements an internal programme for quality assurance of the management including regular reviews.

Guiding Questions

- How is the efficient allocation of resources managed and reviewed? Who is involved in these processes?
- What are the mechanisms for preventing inefficient use of resources?

Evidence

- Self-Assessment Report
- University Charta

Preliminary Assessment and analysis of peers

The administration system of “Iuliu Hațieganu” UMF Cluj-Napoca consists of the University Senate, Board of Directors, Faculty Councils, Council Offices of the Faculties and Departments Councils (compare Organization Chart). The student representation in the administration structures is organized by the Rules of procedure, the Election Regulation and the Code of students’ rights and responsibilities.

The General Administrative Director (GAD) is responsible for the effective functioning of the administrative departments, in order to implement the University policy and strategy and, at the same time, he must ensure the connection between these departments and their activity in order to accomplish their duties. He also ensures the effective use of human and material resources to fulfil the strategic and operational plans of the University, observing the legislation in force regarding the protection, hygiene and safety, fire prevention and fire-fighting, the rights and responsibilities of employees, the working and resting time.

In order to ensure that the administrative staff is able to adequately deal with Romanian as well international students, all registrars have undergone a language test in English or French. After this examination individual training offers for language skills improvement have been offered.

The peers consented that the staff available is sufficient and adequately qualified, supervised and trained to ensure the functioning of the University and Faculty as well as the performance of the programme and the support of the students.

Criterion 8.5 Interaction with health sector

There is constructive interaction between the medical school and the health and health re-

lated sectors of society and government. The medical school formalises its collaboration, including engagement of staff and students, with partners in the health sector.

Guiding Questions

- How does the staff communicate with the health sector?
- Do the cooperations work successfully? What could be improved?

Preliminary Assessment and analysis of peers

The Faculty of Medicine has signed agreements with all local hospitals in order to cooperate in the clinical training of the students. In addition, all teachers in clinical disciplines are working in the health sector and most chiefs of hospitals and hospital sections are at the same time teachers of the faculty. Interaction between hospitals and University is further guaranteed through the delegation of one University teacher in each administration council of every hospital.

For the peers it was made certain that a strong relation and interaction between medical programme and public health sector is established and that a working cooperation between Faculty and clinics is ensured.

Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 8:

The peers consider criterion 8 to be completely fulfilled.

9. Continuous Renewal

As a dynamic and socially accountable institution, the medical school has to initiate procedures for regularly reviewing and updating its structure and functions, to rectify documented deficiencies, and to allocate resources for continuous renewal.

The medical school bases the process of renewal on prospective studies and analyses and on results of local evaluations and the medical education literature.

It ensures that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experience, present activities, and future perspectives. In addition, the following issues are addressed in its process of renewal:

- Adaptation of mission statement and outcomes to the scientific, socio- economic and cultural development of the society. (see 1.1)
- Modification of the intended educational outcomes of the graduating students in accordance with documented needs of the environment they will enter. The modification

might include clinical skills, public health training and involvement in patient care appropriate to responsibilities encountered upon graduation. (see 1.4)

- Adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant. (see 2.1)
- Adjustment of curricular elements and their relationships in keeping with developments in the basic biomedical, clinical, behavioural and social sciences, changes in the demographic profile and health/disease pattern of the population, and socioeconomic and cultural conditions. The adjustment would ensure that new relevant knowledge, concepts and methods are included and outdated ones discarded. (see 2.2 - 2.6)
- Development of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructional methods. (see 3.1 and 3.2)
- Adaptation of student recruitment policy, selection methods and student intake to changing expectations and circumstances, human resource needs, changes in the pre-medical education system and the requirements of the educational programme. (see 4.1 and 4.2)
- Adaptation of academic staff recruitment and development policy according to changing needs. (see 5.1 and 5.2)
- Updating of educational resources according to changing needs, i.e. the student intake, size and profile of academic staff, and the educational programme. (see 6.1 - 6.3)
- Refinement of the process of programme monitoring and evaluation. (see 7.1 – 7.3)
- Development of the organisational structure and of governance and management to cope with changing circumstances and needs and, over time, accommodating the interests of the different groups of stakeholders. (see 8.1 – 8.5)

Preliminary Assessment and analysis of peers

Quality Assurance of the Program

This criterion of the WFME standard has been dealt with as an integral part of the analysis for the first eight criteria in this report. As an overall judgement, the peers generally find that continuous monitoring and renewal is indeed taking place and the quality assurance loops in all instances are closed. There is a formal body in place which is in charge to conduct an internal evaluation process and regular external evaluations are an established practice on Faculty level.

As a result, the programme is adapted if needed. Several examples could be provided during

the on-site visit in how far the programme had been adapted in recent years to modern developments in medicine as well changes in the social and environmental needs of the country.

In conclusion, the peers found an excellently working quality management system with active participation and involvement of all relevant stakeholders. Development and management processes are made transparent and are frequently communicated to all those interested in the programme.

Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 9:

The peers consider criterion 9 to be fulfilled.

D Additional Documents

No additional documents are needed.

E Comment of the Higher Education Institution (08.06.2019)

The HEI fully agrees with the peers' assessment and does not further comment on the report.

F Summary: Peer recommendations (24.07.2019)

Taking into account the additional information and the comments given by Faculty of Medicine, "Iuliu Hațieganu" University of Medicine and Pharmacy, Cluj-Napoca, the peers summarize their analysis and final assessment for the award of the seals as follows:

| Degree Programme | ASIIN seal | Subject-specific labels | Maximum duration of accreditation |
|--------------------------|----------------------|-------------------------|-----------------------------------|
| Medicine Study Programme | Without requirements | AMSE | 30.09.2024 |

Recommendations

- E 1. (WFME 6.1) It is recommended to constantly develop and modernize the anatomy section.
- E 2. (WFME 2.6) It is recommended to present the workload and working hours of all modules in a consistent way.
- E 3. (WFME 2.1) It is recommended to enhance the area of eLearning and to support teaching staff in introducing eLearning elements.
- E 4. (WFME 5.2) It is recommended to enhance the funding for didactical trainings for the faculty.

G Decision of the AMSE Executive Committee (27.08.2019)

The AMSE Executive Committee decides to award the following seals:

| Degree Programme | AMSE seal | Maximum duration of accreditation |
|--------------------------|----------------------|--|
| Medicine Study Programme | Without requirements | 30.09.2024 |

H Comment of the Technical Committee 14- Medicine (03.09.2019)

Assessment and analysis for the award of the ASIIN seal:

The Technical Committee discusses the procedure and completely agrees with the positive assessment of the peers.

The Technical Committee 14 – Medicine recommends the award of the seals as follows:

| Degree Programme | ASIIN seal | Subject-specific labels | Maximum duration of accreditation |
|--------------------------|----------------------|-------------------------|-----------------------------------|
| Medicine Study Programme | Without requirements | AMSE | 30.09.2024 |

Recommendations

- E 1. (WFME 6.1) It is recommended to constantly develop and modernize the anatomy section.
- E 2. (WFME 2.6) It is recommended to present the workload and working hours of all modules in a consistent way.
- E 3. (WFME 2.1) It is recommended to enhance the area of eLearning and to support teaching staff in introducing eLearning elements.
- E 4. (WFME 5.2) It is recommended to enhance the funding for didactical trainings for the faculty.

I Decision of the Accreditation Committee (20.09.2019)

Assessment and analysis for the award of the subject-specific ASIIN seal:

The Accreditation Committee discusses the procedures and agrees with the assessment of the peers and the Technical Committee.

The Accreditation Commission for Degree Programmes decides to award the following seals:

| Degree Programme | ASIIN seal | Subject-specific labels | Maximum duration of accreditation |
|--------------------------|----------------------|-------------------------|-----------------------------------|
| Medicine Study Programme | Without requirements | AMSE | 30.09.2024 |

Recommendations

- E 1. (WFME 6.1) It is recommended to constantly develop and modernize the anatomy section.
- E 2. (WFME 2.6) It is recommended to present the workload and working hours of all modules in a consistent way.
- E 3. (WFME 2.1) It is recommended to enhance the area of eLearning and to support teaching staff in introducing eLearning elements.
- E 4. (WFME 5.2) It is recommended to enhance the funding for didactical trainings for the faculty.