ASIIN Seal & AMSE Seal

Accreditation Report

Medical Doctor (MD)
Undergraduate Education Programme

David Tvildiani Medical University, Tbilisi

Version: 20 September 2019

Introduction

This pilot accreditation procedure conducted at the David Tvildiani Medical University, AIETI Medical School in Tbilisi, Georgia, from April 2nd to 3rd 2019 is one of altogether six pilot procedures in various European countries, organised in cooperation between The Association of Medical Schools in Europe (AMSE) and the internationally recognised German Accreditation Agency ASIIN in 2019.

AMSE und ASIIN in this context have entered into an agreement in the wake of a decision by the Education Commission for Foreign Medical Graduates (ECFMG) in the United States of America regarding the exercise of the medical doctor profession in the country. ECFMG therein stipulates that as of the year 2023, only those graduates emanating from international medical programs which have been accredited against the standards of the World Federation of Medical Education (WFME) for basic medical education are entitled to take the United States Medical Licencing Examination (USMLE). Only upon successful completion of this three-step examination, international doctors, who comprise 25% of all medical doctors in the U.S., are entitled to practice their profession within the U.S.

Against this background, ASIIN has been commissioned by AMSE to conduct this and another five pilot accreditation procedures in Europe, testing the WFME Standards in the process. WFME uses 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 standards” signalling best practice. The experts, who were jointly selected by AMSE and ASIIN, decide after the onsite visit whether and at which level these nine criteria (and their subsets) have been attained by the applicant Higher Education Institution (HEI). After completion of this procedure, ASIIN will hand over this accreditation report to AMSE. Its outcomes will be discussed by AMSE and a final decision reached, whether the basic and quality development standards of WFME have been met.

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A About the Accreditation Process

General Data

Website of the Medical School	www.dtmu.ge
Faculty/Department offering the Degree Programme	"AIETI" Medical School
Name of the degree programme (in original language	დიპლომირებული მედიკოსის საგანმანათლებლო პროგრამა
(Official) English translation of the name	MD Programme

Certification Subjects	
Submission of the final version of the self-assessment report: 19.02.2019 **Date of the onsite visit:** 02.-03.04.2019 **at:** David Tvildiani Medical University, 2/6 Ljubljana Street, Tbilisi 0159, Georgia	
Peer panel: Prof. emer. Dr. Gabor László Kovács, University of Pécs Dr. Özgür Onur, University of Cologne Prof. Dr. Thomas Reinheckel, Freiburg University Adrian Tudor Stan, University of Timișoara (Student Peer)	
Representative of the ASIIN headquarter: Dr. Holger Korthals	
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 Programme

a) Name	Final degree (original/English translation)	b) Areas of Specialisation	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
Medical Doctor (MD) Undergraduate Education Programme	MD Degree	Medicine	Level 7	Full time	--	12 semesters	360 ECTS	Each Semester (Autumn / Spring) Academic Year 1992/1993 – Autumn Semester

For the Undergraduate Education Programme Medical Doctor (MD) the university has presented the following profile on its website (www.dtmu.ge/upload/files/MD-PROGRAM-eng.pdf, retrieved on 18 July 2019) in a document "MD Educational Program of David Tvildiani Medical University":

"DTMU MD program has been functioning since 1992 […]. The program was created as an alternative for disciplinary teaching existing in Post-Soviet countries, including Georgia; its (DTMU MD program) educational methodology was based on the teaching, learning and assessment integrated around organ-systems.

Medical simulations were significant step in the development of curriculum; students were able to train in management of trauma, injections, life-saving basic methods, etc. in a "safe-to-patients" settings.

Participation of the university in TEMPUS (currently ERASMUS +) project (ePBLnet) since 2012 made possible implementation of Problem-Based Learning (PBL), which was a significant step for the development of the program, as well as for professional (pedagogical) development of its academic staff. […] This format of teaching and learning (as well as Journal Club delivered for training in science skills) also facilitates the students in acknowledgement of principles of evidence-based medicine, as it encourages students to ask questions, find the best existing scientific evidences, critically (in relation to the case) evaluate them.

Problem-Based Learning was later developed with "technique of learning in small groups – interviewing skills", which also means introducing clinical cases and clinical problems in

[1] EQF = The European Qualifications Framework for lifelong learning

small groups, interviewing standardised patient, history-taking, physical examination, preliminary diagnosis and developing the plan of further patient management. […]

The goal of the program is to prepare international level medical staff; with fundamental knowledge and acknowledgment, skills and values required for the practice of medical profession.

Objective of the program is – organizing content/volume of academic courses, as well as teaching and learning which will facilitate:

- Obtaining modern knowledge in Basic Medical and Clinical Sciences;
- Obtaining clinical skills necessary for corresponding level of study (I stage of medical study);
- Developing ethical values important for the profession;
- Readiness for continuous study and development during future professional activity."

C Analysis and Findings of Peers

1. Mission and Outcomes

Criterion 1.1 Statements of purpose and outcome

Evidence:

- Statutes of DTMU
- Strategic Plan (2017-2023)
- Curriculum of MD Educational Program
- Self Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:
David Tvildiani Medical University has defined a mission and goals for itself as a higher education institution as well as a goal and learning outcomes for its MD programme, and has made all of them accessible to the public on its website. The university's mission and goals are displayed on a webpage entitled "Mission" (http://www.dtmu.ge/index.php?Cat=1&sub=2&lang=1, retrieved on 18 July 2019). While the mission statement has been extracted from the Statutes of DTMU, the goals have been set up as part of the Strategic Plan 2017-2023, both documents also being available on the DTMU website.

According to the Statutes the mission of DTMU is "providing higher education basing on science and the best international experience". In order to fulfil that mission the university claims to follow five principles:

- Continuous improvement of teaching, learning, research and management quality;
- Realisation of students' and academic staff possibilities;
- Facilitation to the process of creating optimal environment for teaching and research;
- Increasing the role of the university in medical field at national, regional and international level;
- Making a contribution in creation of education based society.

The goals from the Strategic Plan are obviously derived from the mission and constitute a specification:

- Teaching quality: Development of educational programs and increase of integration quality;
- Research quality: Development of the university scientific environment through intellectual and material resources;
- Quality of human resources: Promote professional growth of existing academic staff; Attract new resources;
- Quality of leadership and management: Continuous improvement of leadership, management and administration;
- Collaboration: Maintaining and enhancing cooperation at national, European and international levels;
- Effective use of financial resources: Improving the quality of Medical Doctor's, purpose and rationality of directing financial resources;
- Infrastructure and environment: Improvement of the university academic environment; Development of educational, scientific, informational base;
- Students involvement / participation: Facilitate direct involvement of students in the life of the institution and their active participation;
- Internationalisation of experience: Supporting involvement in international cultural dialogue;
- Public relations. Service for people by increasing quality of life, cultural strength and intellectual capital;
- Establishing positions on national and international level: Obtain reputation of a high quality university at national and international level;
- Culture of Quality: Development of culture of quality should become the main goal: Expansion of quality assurance procedures, including in connection with formal strategic planning process of the higher education institution.

As for the MD programme, the goal and the learning outcomes have been published in the "Curriculum of MD Educational Program of DTMU", which is also available on the website of the university (http://www.dtmu.ge/index.php?Cat=2&sub=5&lang=1, retrieved on 18 July 2019). As already quoted above in section B, the university describes the goal of the programme as the preparation of "international level medical staff; with fundamental knowledge and acknowledgment, skills and values required for the practice of medical profession".

The outcomes of the programme have been defined as follows:

- To have knowledge – acknowledgment in sciences about medical practice, health and its facilitation, disorders, traumas and disabilities, as well as their prevention

and management. The graduates have mentioned knowledge relative to the individual, as well as in the context of their role in family and society.

- To demonstrate basic and clinical skills; collect information from patients systematically, with compassion and efficiency; to do patients physical examination, choose corresponding diagnostic procedures, interpret results of abovementioned examinations and rationalise choice of management plan; choose corresponding treatment for patients with specific conditions; acknowledge and manage life-threatening conditions.
- To have knowledge and show properties required for reaching highest standards in medical practice and patient care; including ethical and legal principles, personal honesty, principles of evidence-based patient care; realises effect of genetic, historical, social, environmental, political and behavioural factors on health, disease and illness.
- Acknowledges other healthcare professionals' work and demonstrates wish and possibility of inter-professional work and to study from other groups of professionals.
- Has potential of further training in any medical specialty or medical sciences.
- Acknowledges necessity of life-long learning, development and research.
- Has mastered following additional skills and experience:
    - Ability of analysis and synthesis: Critical evaluation of complex, incomplete and contradictory data, their independent analysis, clearly verbalise result of analysis and then use of them. Critical attitude to new information, analysis, summary, integration of different data, making conclusion, giving evidences and/or contradictory arguments during the analysis of received results.
    - Management of information: Searching for information from various sources, processing of large volume of information and its critical evaluation. An ability to use information obtained in professional practice.
    - Solving the problem/Making decision: Defining, formulating problems, determination of ways to solve them, analysis of predicted results and making final decision independently. Knowing additional resources in the framework of specialty and effective use in case of necessity.
    - Ability of communication, including in foreign language: An ability of observation, listening, asking questions, as well as non-verbal communication. Participation in meetings and expressing opinion verbally and in written manner. Leading negotiations in the context of profession and participation in settlement of conflicts.

- An ability of updating education/knowledge continually: Use of complete spectrum of educational-information resources, management of self-education process. Acknowledgement of necessity of continual updating of knowledge; an ability of objective assessment of self-knowledge and skills.
- An ability of adaptation to new environment: Team-working skills, ability of professional subordination/adaptation, mastering new technologies.
- Ability of independent work: An ability of time management, choosing priorities, meeting deadlines and coordinated work. Wise planning of resources associated with own activity. Responsibility for the performed work, its assessment and critics.
- Values: Has knowledge of ethical and legal principles in the context of medicine, is able to protect patient's rights, lead negotiations in the context of profession and participation in the settlement of conflict with any person despite his/her social, cultural, religious or ethnic belonging. In relationship with patients and colleagues considers justice, social and democracy values.

The peers approvingly recognise that DTMU has defined its institutional mission and, in detail, the outcomes of the MD programme, and made them known to the relevant stakeholders. Goals and learning outcomes encompass the basic competences of a medical doctor, the preparation for further (postgraduate) training – which is also offered by DTMU itself in a PhD programme –, the awareness for the necessity of life-long learning and aspects of social accountability. Although they think that the goals of creating a suitable environment for research and including research activities into the curriculum have not been fully achieved yet (cf. criterion 6.4), the peers also notice that a commitment to medical research is included in the mission of DTMU. In summary, the peers judge the learning outcomes of the degree programme appropriate for the intended level of academic qualification both with regard to the teaching of subject-specific skills and key qualifications.

Criterion 1.2 Participation in the formulation of mission and outcomes

Evidence:

- Statutes of DTMU
- Organisation Chart
- Analyses of surveys (employers, graduates)
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

As laid down in its statutes, David Tvildiani Medical University is governed by a number of bodies that debate academic issues like the mission of the university or the outcome of educational

programmes and decide on them. Those "governing and collegial bodies" are presented along with a description of their functions on the DTMU website (http://www.dtmu.ge/index.php?Cat=1&sub=4&lang=1, retrieved on 18 July 2019). While the Managing Group and the Rector's Board (cf. criterion 8.1) are mainly focused on administrative issues respectively link the administrative with the academic sphere, the Academic Council and the Faculty Council of AIETI Medical School primarily deal with the scientific and pedagogic activities of DTMU. The Academic Council discusses strategic plans and activities in the context of those plans, approves the educational programmes of the faculty, and participates in the process of electing and nominating professors. Among its members are all elected Professors and Associated Professors of DTMU and student representatives from the "Students' and Young Scientists' Scientific Association" (SYSSA). The Faculty Council, besides other tasks, monitors and evaluates the MD, PhD and residential educational programmes offered by the faculty. Like in the Academic Council, the students also participate in this body, with two representatives from the basic and two representatives from the clinical teaching courses.

Another body focusing solely on the educational programmes is the Curriculum Committee, which is chaired by the Vice Rector in Educational Affairs. It is composed of members representing academic staff and students as well as staff from the relevant administrative units. The Curriculum Committee deals with initiatives (by members of the academic community, the Medical Education Center, the Quality Assurance Service, etc.) to develop new programmes or to make changes to existing ones. While it needs the approval of the Academic Council for the setup of new programmes, it may take the final decision on changes to a programme and inform the Academic Council afterwards.

Apart from discussions in the self-governing bodies of the university, surveys and analyses performed by the DTMU Quality Assurance Service indirectly contribute to the formulation of the mission and the outcomes of the MD programme or its review. DTMU has developed a questionnaire for academic staff, graduates, students and employers on subject-specific competences and key qualifications required for MD programme graduates. By means of that questionnaire, the participants were asked for their opinion on the importance of different educational subjects and learning outcomes of the programme.

In recent years, the Quality Assurance Service additionally analysed and interpreted data of labour market research done by a state agency and checked the formal correspondence of goals and learning outcomes of the MD programme to the requirements of either national or international subject-specific documents. According to the Self-Assessment report, it turned out that the programme satisfies the enrolment requirements for residency and post-diploma programmes in the USA, the UK and other countries. From the perspective of the university, the competitiveness of the programme is also proven by the remarkably high employment rate of its graduates. Finally, the university made use of its participation in the EU TEMPUS project by discussing the learning outcomes of the MD programme on workshops of project

partner organisations, with the members of project working groups, and at the meeting of a medical specialists' association.

The peers acknowledge that, by means of analyses of surveys conducted at regular time intervals, the university involves employers and graduates in the process of formulating and revising missions, goals and learning outcomes on the level of the higher education institution as well as on the level of the educational programme. Considering the constant involvement of students and academic staff by participation in the governing bodies of the university and the faculty/medical school as well as the involvement of the government via the process of authorisation and accreditation by the national agency, the peers conclude that all relevant stakeholders take part in the formulation of the mission and the outcomes of the study programme. However, they could imagine that the university extends the direct participation of external stakeholders by representation in the governing bodies. To date, this direct involvement seems to be limited to the participation of representatives of the collaborating clinics as honourable and associated members in the Academic Council.

Criterion 1.3 Institutional autonomy and academic freedom

Evidence:

- Law of Georgia on Higher Education
- Law of Georgia on Education Quality Improvement
- Statutes of DTMU
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

As every higher education institution in Georgia, David Tvildiani Medical University is subject to the applicable national laws, particularly the "Law of Georgia on Higher Education" and the "Law of Georgia on Education Quality Improvement". The "Law of Georgia on Higher Education" guarantees academic freedom in teaching, learning and research as well as autonomy of higher education institutions, which is further defined as "the freedom of a higher education institution and its basic unit to independently plan and implement the academic, financial-economic and administrative activities". Nevertheless, the government also introduced mechanisms of quality assurance for educational institutions and programmes by the establishment of a National Center for Educational Quality Enhancement within the Ministry of Education and Science whose role is delineated in the "Law of Georgia on Education Quality Improvement". All institutions that intend to issue documents certifying education have to undergo procedures of authorisation in order to acquire the status of an educational institution and procedures of accreditation for their educational programmes.

While – apart from the limits set by the need for authorisation and accreditation by the National Center for Educational Quality Enhancement – institutional autonomy of the university is granted by the government, the Statutes of DTMU are the internal foundation of academic freedom at the university. Since DTMU is a legal body of private law, registered in the form of a limited liability company, its founder, owner and President Dimitri Tvildiani holds a strong position with regard to the management of the university. However, the Statutes of DTMU affirm in Article 7 that "University self-government is carried out by its academic society members directly or by academic self-government bodies." Article 1 includes a reference to the Magna Charta Universitatum of 1998 that is attached to the Statutes as an appendix. DTMU declares to adhere to the principles of the Charta, one of which calls freedom of research and teaching a fundamental requirement to which governments and universities have to provide respect. One reason why DTMU holds autonomy in high regard stems from its origins: When AIETI Medical School was founded in the first years since the independence of Georgia, its programme in medical education offered an alternative to disciplinary teaching in Post-Soviet countries and thus made the Medical School appear unique and autonomous from the entire Georgian university medicine community.

The peers acknowledge that DTMU holds institutional autonomy and academic freedom to formulate and implement policies, especially with regard to the design of the study programme and the utilisation of allocated resources.

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

As DTMU does not comment on this chapter of the report, the peers confirm their preliminary assessment without any changes.

They conclude that, with regard to criterion 1, the university surpasses the basic standard and partially fulfils the quality development standard.

2. Educational Programme

Criterion 2.1 Curriculum model and instructional methods

Evidence:

- Curriculum of MD Educational Program
- Module Descriptions
- Diploma Supplement
- Rules for Regulating the Educational Process at the University
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

DTMU offers its MD programme since 1992. From the beginning, the arrangement of the curriculum around organ systems (presently nine complex modules: Musculoskeletal System and Principles of Clinical Diagnosis, Hematopoietic System and Infection, Cardiovascular System, Respiratory System, Digestive System and Nutrition, Nervous System and Skin, Urinary System, Reproductive System, Endocrine System) has been a distinguishing feature of the programme within the Georgian system of medical education. The participation of DTMU in the TEMPUS/ERASMUS+ programme since 2012 enabled the university to reshape the educational methods by progressive implementation of Problem-Based Learning (PBL); this change has decreased the share of teacher-centered teaching and replaced it by student-centered learning.

In the "Curriculum of MD Educational Program", DTMU lists four "themes" that are represented in the modules and courses: Basic and Clinical Sciences, Clinical and Communication Skills, Public and Population Health and Personal and Professional development. Following a spiral structure, the themes recur and develop along the vertical axis of the curriculum. While Basic and Clinical Sciences contain knowledge about the regular functioning of the human body (from molecular and cellular structures to organ systems and the entire body), diseases, disorders and their treatment, Clinical and Communication Skills stands for training in communication with patients and colleagues, history taking and clinical examination. Public and Population Health encompasses social determinants of health and illness, effects of social, economic and environmental factors and strategies of society health improvement. Personal and Professional Development addresses issues like statistical data analysis, economics and quality of patient care, ethical behavior and life-long learning.

With a focus on PBL, the university claims to employ a variety of instructional methods. At DTMU, PBL means that students work in small groups with a tutor on a series of clinical problems. They meet three times a week, define learning objectives in the first session,

discuss collected information in the second and receive further information to finish working on the problem in a third and final session. Case-Based Learning (CBL) is used as an abbreviated format in contrast with PBL, focused on particular cases of patients. While lectures continue to be an important part of the curriculum and are supposed to include interactive components, other formats of teaching and learning are Competency-Based Learning, E-Learning, Practical Classes, Discussions (in large or small groups), other forms of Group Work, Presentations and Posters, Peer Tutoring and Role-Play. At the stage of clinical study, the students practice Portfolio-Based Learning: They fill logbooks with information related to the curated patients, acquired skills, discussed ethical issues, etc. Other formats employed at this stage are Training of Clinical Skills, Observation of Clinical Practice, Patient Oriented Learning and Clinical Experience under Supervision. All module descriptions (cf. criterion 2.6) inform about the specific instructional methods applied for the module or the courses in a section “Format of the Module”.

According to the “Curriculum of MD Educational Program”, the language of instruction is Georgian and English. The peers learn from the programme coordinators that the decision to teach in English emerged with the prevailing use of English textbooks. Nowadays, it is also a necessity because the share of international students has risen to more than 50% of all students (cf. criterion 4.2). However, for the Georgian students, the main language of instruction is Georgian. The international students take Georgian lessons in the first two years in order to have a basic understanding of the language when they enter the clinical stage and get into contact with Georgian patients. Bedside groups are usually mixed so that the Georgian students can provide translations for the international students. Written tests are held in English.

As fixed in the “Rules for Regulating the Educational Process at the University”, the graduates receive a Certificate of Qualification Exams, a University Diploma and a Diploma Supplement. The Diploma Supplement (in Georgian and English) includes information about the programme content and the acquired competences, the curriculum, the grades together with the grading scheme and a description of the higher education system of Georgia.

The peers notice that DTMU has defined a curriculum and suitable instructional and learning methods for its modules/courses. The curriculum prepares the students for lifelong learning while the instructional and learning methods – as the peers could experience in the discussion with the students – encourage them to take responsibility for their learning process. However, apart from a passage in the Career Development Center Statute about “special attention to facilitating employment for disabled students and other vulnerable groups”, the peers miss instructions on how to treat students with special needs in connection with the participation in the programme and in assessments. In order to ensure that

the curriculum is delivered in accordance with principles of equality they find that DTMU needs to include such instructions and guidelines into relevant documents like the “Rules for Regulating the Educational Process at the University”.

Criterion 2.2 Scientific method

Evidence:

- Curriculum of MD Educational Program
- Module Descriptions
- Research-Based Learning University Concept
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

The MD programme of DTMU includes research-based learning in two ways: mandatory for all students and as an optional track for those particularly interested in research.

Scientific skills are developed through five mandatory courses with altogether 10 ECTS credits: three courses on “Principles of Scientific Research”, which comprise 6 credits, and two further courses on Biostatistics and on Epidemiology, research topics that are dealt with at DTMU. The “Principles of Scientific Research” courses are organised in the “Journal Club” format.

The optional track starts with a project writing course (2 ECTS credits). If a student develops a project and submits a proposal and if that project is approved by the Research Unit, he or she obtains additional 8 ECTS credits. The student receives another 10 credits for successfully implementing the project and writing as well as defending a thesis on it. With the combination of mandatory courses and the optional research track, it is therefore possible to acquire a total of 30 credits.

The peers find that DTMU teaches the principles of scientific method, including analytical and critical thinking, medical research methods and evidence-based medicine throughout the curriculum. However, despite the recent efforts of the university to increase the scope of its research activities, the peers learn from the students that they feel unprepared for scientific work even at the final stages of their studies. They conclude that presently the curriculum does not include elements of original or advanced research to an extent that would match the WFME quality development standard.

Criterion 2.3 Basic Biomedical Sciences

Evidence:

- Curriculum of MD Educational Program
- Module Descriptions
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:
Particularly the first year of the MD programme is devoted to the study of basic biomedical sciences. Each of the two semesters mainly consists of three modules "Introduction to Medical Sciences", which combine courses on Human Anatomy, Histology and Embryology, Medical Physiology, Medical Biochemistry, Medical Pharmacology, Medical Microbiology, Immunology, Medical Genetics and Molecular Biology and, finally, Pathology.

The teaching of basic biomedical sciences, however, is not limited to those semesters. It continues as part of the modules focusing on sections of the human organ system in the semesters 3 to 5. According to the university, courses on basic biomedical sciences cover about 118 of 150 credits of the first five semesters – which are also referred to as "Course of Basic and Clinical Sciences". Even at the ensuing level "Course of Clinical Medicine" (semesters 6 to 10) and during the Clinical Clerkship some courses go back to concepts of basic sciences, and most of them encompass clinical use of basic sciences. The students make use of this knowledge for a variety of average clinical situations in conditions of ambulatory and hospital practice

The peers are convinced that the curriculum of the MD programme incorporates both the contributions of the basic biomedical sciences and concepts and methods fundamental to acquiring and applying clinical science. However, based on the inspection of the laboratories, the peers deem that the technology and equipment for molecular and physiological analyses is not sufficiently available to match the WFME quality development standard. In order to adjust and modify the contributions of the biomedical sciences to scientific, technological and clinical developments, DTMU should improve its laboratory facilities.

Criterion 2.4 Behavioural and social sciences and medical ethics

Evidence:

- Curriculum of MD Educational Program
- Module Descriptions
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:
As the peers notice, modules and courses like Biomedical Ethics, Behavioural Sciences, Biostatistics, Legal Aspects of Medical Activity, Public Health and Epidemiology, and Preventive Medicine are part of the curriculum of the MD programme at DTMU. Those subjects are administered by the Social and Behavioural Science Department, which is one of the seven educational departments of the faculty.

According to the Self-Assessment Report, topics of public and population health remain present at different stages within the vertical organisation of the curriculum. The students have the opportunity to discuss such topics at basic and clinical stages in patient-centred context in the PBL classes. Important issues are also raised in the format of lectures and seminars through discussion of cases at the stage of Clinical Medicine. Furthermore, behavioural sciences, social sciences and medical ethics are included in the framework of courses on psychiatry, obstetrics and gynaecology, paediatrics and family medicine.

The peers recognise that the curriculum of the MD programme encompasses subjects from the fields of behavioural sciences, social sciences, medical ethics and medical jurisprudence. From their perspective, the establishment of PBL and CBL as teaching methods can be regarded as a step towards the adjustment of the contributions of medical ethics, behavioural and social sciences to scientific, technological and clinical developments as well as the needs of the society and the health care system.

Criterion 2.5 Clinical sciences and skills

Evidence:

- Curriculum of MD Educational Program
- Module Descriptions
- Guidelines for External Clerkship
- List of DTMU Clinical Settings
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:
The MD programme puts great emphasis on the acquisition of clinical skills, although it is one of the particular features of DTMU to be a medical university without an own university hospital. However, the teaching of clinical sciences and skills is secured by agreements with 31 clinical settings. As can be seen by the list of those hospitals and clinics, which DTMU provides as an annex to the “Curriculum of MD Educational Program”, the cooperation mostly focuses on one particular discipline, altogether comprehensively covering the subjects of the curriculum. Medical doctors from the cooperation partners are additionally

employed as professors for the MD programme and teach the students in their respective fields of expertise. While inspecting the David Gagua Maternity Clinic during the on-site visit, the peers encounter a class of DTMU students in a lecture hall inside the clinic with an instructor from the clinic's staff.

The teaching of clinical sciences already starts at the first of the three stages of the curriculum, the "Basic Medical and Clinical Sciences": A course "Principles of Clinical Diagnosis with Clinical Assessment" is part of each of the nine organ-based modules. Students have the possibility to work in small groups in PBL or in the form of role-play with standardised patient cases. The peers learn from the programme coordinators that, respecting ethical aspects, the cooperating hospitals provide real cases from their databases and prepare them for the use in the study programme.

From the sixth semester on, at the stage of "Clinical Medicine", the courses start to include clinical experience with bedside training and communication with real patients. As the peers learn from the programme coordinators, the students are mainly observers in the third year of the programme, the participation and the responsibility in contact with patients increases from the fourth year on.

At the third stage, "Clinical Clerkship", clinical practice is the dominant component while theoretic classes are reduced to a minimum. The students fulfil physicians' tasks under supervision of the teachers or department doctors, stay on duties, etc. DTMU has defined rules for this part of the programme in a document "Guidelines for External Clerkship". It is possible to spend the clinical clerkship at a partner hospital in another country, an opportunity that many students make use of.

In summary, the peers recognise that the MD programme allows the students to acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation and enables them to spend a reasonable part of the programme in relevant clinical settings. From their point of view, the clinical training also covers aspects like health promotion, preventive medicine and patient safety. The design of the curriculum facilitates contact with patients at an early stage and gradually increasing participation in patient care. The different components of clinical skills training are structured according to the stage of the study programme.

As a possible adjustment of the programme to clinical developments, the peers point to the growing relevance of neurological disorders and the changes that this development brings about for the healthcare system as a whole.

Criterion 2.6 Curriculum structure composition and duration

Evidence:

- Curriculum of MD Educational Program
- Module Descriptions
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

The MD programme of DTMU has a duration of six years. The total number of 360 ECTS credits is evenly distributed over the curriculum; every completed semester is awarded with 30 credits. One credit consistently equals 30 hours of student workload, divided into 16 contact hours and 14 hours designated for self-study. An academic year consists of 40 instructional weeks, 20 in the fall and 20 in the spring semester. The learning process is performed 6 days a week, 4 hours a day. A curriculum plan describes the sequence of the modules and courses along the 12 semesters.

The syllabi of the modules or courses follow a harmonised pattern and contain information on the status of the module (compulsory or elective), the workload (in total and divided into different teaching formats and time for self-study), the number of ECTS credits, the content, the learning objectives and outcomes, the methods of teaching, the assessment, the teaching staff, compulsory and recommended literature. As the students confirm during the discussion, the curriculum plan and the syllabi are easily accessible to them, and the teachers regularly explain the content of the syllabus at the beginning of each course.

The design of the curriculum follows a spiral structure with three stages: The first stage, “Course of Basic and Clinical Sciences”, comprises the semesters 1 to 5; the second, “Course of Clinical Medicine”, stretches from semester 6 to semester 10. The final stage of the programme (semesters 11 and 12) is the “Clinical Clerkship”. Accompanied by a number of courses not included in the nine modules that focus on different organ systems (Musculoskeletal System and Principles of Clinical Diagnosis, Hematopoietic System and Infection, Cardiovascular System, Respiratory System, Digestive System and Nutrition, Nervous System and Skin, Urinary System, Reproductive System, Endocrine System), those core modules shape the spiral in the way that each of them starts with an introductory section on the first stage and is deepened by a second section in a clinical environment on the second stage. On the third stage, the students consolidate their knowledge and skills and prepare for future clinical practice like the residency programme.

The peers regard the structure and composition of the study programme to be adequate to reach the intended qualification objectives. The spiral structure of the curriculum promotes both the horizontal integration of sciences, disciplines and subjects and the vertical integration of the clinical sciences with the basic biomedical and the behavioural and social sciences. Despite this basically positive evaluation, the peers also recognise that 95% of the curriculum items are obligatory while they learn from the discussion during the on-site visit that the students would appreciate if the curriculum offered more optional (elective) content.

Criterion 2.7 Programme management

Evidence:

- Statutes of DTMU
- Organisation Chart of DTMU
- Procedures of Development, Approval, Changes and Cancelling of the Educational Program
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

As already indicated with regard to criterion 1.2, DTMU has established a curriculum committee with the responsibility and authority to plan and implement the curriculum. The Curriculum Committee of DTMU gathers regularly (twice per semester) and also discusses and decides about innovations in the curriculum. It is chaired by the Vice Rector in Educational Affairs and includes representatives of the academic staff and the students as well as from the relevant administrative units. Committee members are appointed by the decision of the Rector's Council for three years, student members for one year. The committee deals with initiatives (by members of the academic community, the Medical Education Center, the Quality Assurance Service, etc.) to develop new programmes or to make changes to existing ones. As a guideline for such procedures, the university has laid down "Procedures of Development, Approval, Changes and Cancelling of the Educational Program", which it also provides on its website (www.dtmu.ge/index.php?Cat=1&sub=24&lang=1, retrieved on 18 July 2019).

Although they acknowledge that students as well as staff members are represented in the curriculum committee, the peers criticise that the student representatives in the governing bodies of the university have been asked to participate by the academic leadership of the faculty (cf. criterion 4.4). From their perspective, it is necessary that student representation in the governing bodies of the university and the faculty be based on the vote of the students in democratic elections. Concerning the representation of relevant stakeholders, the

peers suggest making representatives of the partner clinics participate more in the curriculum committee. To them, this seems appropriate since the entire clinical education is outsourced – at least to date, as long as the plans for the establishment of a university hospital (cf. criterion 6.2) have not been realised.

Criterion 2.8 Linkage with medical practice and the health sector

Evidence:

- List of DTMU Clinical Settings
- Analyses of surveys (employers)
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

As pointed out above with regard to criterion 2.5, DTMU is closely connected with medical practice and the health sector through the collaboration with 31 clinical settings in Georgia and abroad, where DTMU students receive their clinical training and spend the clinical clerkship. During the meeting with partners from the health sector, the peers learn that the representatives of the partner institutions see DTMU as a positive benchmark that is important for bringing innovations into the Georgian Healthcare System. For the partners, the incentive for collaboration lies in the opportunity to recruit DTMU graduates as staff members. Apart from its relations to employers, DTMU also cooperates with the Georgian Association of Medical Specialists and the Georgian International Medical and Public Health Association.

In the Self-Assessment Report, the university argues that the introduction of PBL as a central element of the teaching methodology partly originated from the relations with employers and other actors of the healthcare system including international networks. Surveys, which are regularly conducted by the Quality Assurance Service of DTMU among employers, had shown that they stressed a need for graduates' skills like constant update of knowledge, use of knowledge in practice, problem setting and solving. The university identified PBL as the most corresponding educational resource for the development of such skills and participated in the TEMPUS/ERASMUS+ project "Establishment of the Supra-Regional Network of the National Centers in Medical Education, focused on PBL and Virtual Patients". Within the framework of this project financed by the EU, DTMU could launch its own project "ePBLnet", set up an MD ePBL study programme and introduce PBL to the already established MD programme.

Considering the number of cooperations between DTMU and local hospitals/clinics for the inclusion of clinical training into the study programme as well as further links with employers and actors of the public health sector, the peers have no doubt that the educational programme is sufficiently linked with the subsequent stages of training or practice after graduation. From their point of view, particularly the evolution of its teaching methodology (implementation of PBL) shows that the Quality Assurance Service and the Curriculum Committee of DTMU carefully observe the environment in which graduates are supposed to find employment, and modify the programme in response to changing demands of employers and the society in general.

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

In its reply to the preliminary report, DTMU comments on the peers' finding that the university has not developed instructions on how to treat students with physical disabilities or other special needs in connection with the participation in the programme and in assessments. DTMU expresses its willingness to ensure that the curriculum is delivered in accordance with principles of equality but argues that currently Georgia has little experience with procedures for the compensation of disadvantages, particularly with regard to medical education students. The university proposes to handle this issue in a project with an experienced consultant (Johnny Baltzersen) and to make it a part of its 2020-2023 action plan. The peers appreciate this effort. They sustain the requirement but would deem it as fulfilled if the university conducted that project and, in the meantime, added an application process for the compensation of disadvantages to its regulatory documents.

Regarding the introduction of more elements of original or advanced research in the curriculum and the improvement of laboratory facilities, DTMU claims that classes including elements of original research are already piloting in the curriculum: practical classes for microbiology, EEG, physiology, biochemistry; a practical training in pathology is about to follow soon. DTMU states that it has already increased the funding allocated for research projects – including those involving students – and approved a plan on laboratory resource development. The university intends to continue the implementation of its Research-Based Learning strategy and expects that a closer cooperation with affiliated clinical and research bases will allow for step-by-step development in this direction. As the process will require some time, the peers think that its results should be evaluated at the end of the accreditation period and maintain the recommendations to increase research activities and to include more elements of research in the curriculum as well as to improve the laboratory facilities for the biomedical sciences with regard to space and equipment.

Furthermore, DTMU replies to the suggestion made by the peers in connection with criterion 2.5 concerning the growing relevance of neurological disorders. The university states that currently courses with an equivalent of 10 ECTS points in the study years 4 and 6 are dedicated to that subject. The university is already planning to increase the course "Principles of Clinical Diagnosis" in the Neurology module offered in study year 2. Neurology-relevant content will also be part of the newly introduced Geriatrics module at the stage of clinical training (study year 6).

Concerning the issue of elective content, DTMU mentions that four new elective courses have been approved by the Curriculum Committee after the on-site visit of the peers. The courses "Basics of Electroencephalography", "Human and the 'Cosmic Weather'", "Clinical Immunology, Serology and Immunotherapy" and "Laboratory Medicine" will be offered from the beginning of the autumn semester 2019/2020. However, the expansion of the number of elective courses does not go along with a reduction of the obligatory content to the benefit of elective content. For the students, participating more in elective courses presently means investing additional time and obtaining additional credits for it. Since the peers did not intend to increase the workload of the students, they welcome the introduction of further elective content but stick to their recommendation to increase the *share* of elective content.

The peers conclude that, with regard to criterion 2.1, the university currently misses the basic standard because it has not defined how the curriculum can be delivered for students with physical disabilities or other special needs in accordance with principles of equality. Apart from this shortcoming, DTMU meets the basic standard and partially also fulfils the quality development standard.

3. Assessment of Students

Criterion 3.1 Assessment methods

Evidence:

- Curriculum of MD Educational Program
- Module descriptions
- Rules for Regulating the Educational Process at the University
- Statistical data on the progress of students
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

DTMU has defined rules for conducting assessments and grading exams. As part of the "Curriculum of MD Educational Program", it informs about the key principles and the methods of assessment. The "Rules for Regulating the Educational Process at the University" provide further information on the organisation of exams and on the system of grading. The section "Assessment" of each syllabus defines the particular methods of assessment for the course or the different subjects of a complex module.

As outlined in the "Curriculum of MD Educational Program" and explained in detail in the syllabi, final assessment results of courses/modules are a combination of formative and summative assessment. The ratio between the contribution of formative and summative assessment to the final grade is 60 to 40 percent/points. Students are admitted to the summative assessment if they have obtained at least 31 points from the formative assessments; otherwise they are regarded as having failed the course and need to repeat it. While that summative assessment is usually a computer-based quiz, the formative assessments differ from subject to subject but always include a certain share for attendance and activity in class. Apart from their contribution to the final score, the formative assessments also serve as feedback for the students (and the teaching staff) about the progress of the students. In addition to the assessment of the modules, the three stages of the programme are also concluded with comprehensive summative assessments (stage exams), the first of which, after the first five semesters of "Basic and Clinical Sciences", is infamous among the students as "the filter".

DTMU uses a variety of assessment methods. The "Curriculum of MD Educational Program" lists multiple choice questions, mini-cases, questions of problem analysis, objectively structured clinical exams (OSCE); mini-clinical evaluation exercises (Mini-CEX), direct observation on procedural skills, case-based discussions (CBD), portfolios, reports, oral presentations or posters, critical evaluations of journal articles, interpretation of patient data, use

of electronic recipe system and, finally, scientific research projects (cf. criterion 2.2). A special form of assessment mainly intended for giving feedback to the students is the participation in the international progress test delivered by EBMA.

For all courses and modules of the programme, students receive scores and grades at the end of the semester. In case of successful re-examinations after failed attempts, the score of the re-examination replaces the previous score. The schedule for both exams and re-exams is determined and announced before the beginning of each semester.

As the peers learn in the discussion with the students, students' criticism moved the university administration to offer them a possibility to check the results of their exams and the corrections made. According to the Self-Assessment Report, the students may also appeal against the exam results. They may repeat the exam in any failed subject once during the semester; between the exam and the re-exam there has to be a period of not less than ten days in order to give enough time for preparation. If a student also fails on second attempt, it is necessary to take the course once again, which is tantamount to repeating one academic year. Failing an exam for the third time leads to termination of study.

The peers come to the conclusion that DTMU has defined and almost completely published the principles, methods and practices used for the assessment of its students and that a wide range of assessment formats is used in accordance with the intended learning outcomes. They acknowledge that the university frequently evaluates the validity of the assessment methods and is responsive to the implementation of new methods. However, they could find neither the regulations for the number of possible repetitions of failed exams nor the regulations concerning the appeal against exam results fixed in the relevant documents. They deem it necessary that DTMU records the respective practice in documents like the "Rules for Regulating the Educational Process at the University". Furthermore, the peers take the view that the university could come closer to the quality development standard if it continuously monitored the assessment results and thus established a full-scale academic controlling.

Criterion 3.2 Relation between assessment and learning

Evidence:

- Curriculum of MD Educational Program
- Module descriptions
- Rules for Regulating the Educational Process at the University
- Statistical data on the progress of students
- Examples of exams, theses and student logbooks
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

Concerning the relation between assessment and learning, DTMU points out that it secures the success of the students by its combination of course and module exams and the stage exams, which are the precondition for advancement from one of the three stages of the programme to another. From the perspective of the programme coordinators, the varying forms of course/module exams that students have to pass during the first stage of "Basic and Clinical Sciences" and the competences they have to show (group activity and communication skills, discussion and decision-making, analysis and synthesis) facilitate feedback and recommendations from teachers on the progress in medical knowledge and clinical skills. On the advanced level of the second stage, "Clinical Medicine", this process is repeated, with some additional assessment formats like analysis of portfolio and assessment at patients' bedside. By passing the second stage exam and entering the final stage of "Clinical Clerkship", the students are prepared for controlled self-study, which is the guiding education principle on that level. As a proof for the quality and appropriateness of its assessment methods, the university claims that half of its graduates who try to pass the residency exams in the United States already succeed on first attempt.

On request of the peers during the on-site visit, DTMU provides statistical data on the progress of the students, the results of the stage exams from 2015 to 2018 and the failure rates in the first and second semesters since 2017. The data show that, following a remarkable increase in admission numbers since 2012, the number of terminations of the study programme has risen either. Most of the terminations occur during the first and second year, even before the first stage exam that the students describe as a "filter". Programme coordinators and students agree that a number of students enter the programme without the necessary preparation despite being formally qualified by having passed the national examination at the end of secondary school education in Georgia or other countries. The programme coordinators estimate that currently between 40 and 50 percent of the students drop out before finishing the study programme. At close look, the impact of the stage exams is not as significant as it seemed in the discussion with the students. Approximately 30 percent of the students fail the summative first stage exam on first attempt but almost all of them succeed in the re-exam.

The peers learn that the students judge the programme as demanding but worth the effort. The grading and scoring system is largely viewed as fair. It has happened that certain questions in the exams have provoked criticism by the students, and some inappropriate questions have been changed as a consequence. By the perusal of exams, theses and student logbooks, the peers gain the impression that the level of performance is above average.

In summary, the peers find that the assessment principles and methods of DTMU ensure that the intended educational outcomes are met by the students and promote student

learning. From their perspective, the balance of formative and summative assessment is appropriate, and students receive constructive and fair feedback on their assessment results.

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

Together with its reply to the preliminary report, DTMU hands in two additional documents in order to show that it has completely described the process of repeating failed exams and fixed the regulations for the appeal procedure either. It points to a passage in the "Rules for Regulating the Educational Process at the University" that grants students the right to pass the final exam of a module twice during a semester. If a student fails on both attempts, he or she has to retake the whole semester. The gap that the peers noticed with regard to the possible number of re-examinations is filled by the document "Additional Semester, Additional Credit, Their Definition, Procedural Rules and Conditions". It includes the stipulation that a student will not get an opportunity to repeat a semester more than two times.

The second additional document, "Testing Regulations & Rules of Conduct on the Quiz/ Summarizing Exam" describes the appeal procedure against exam results in the section "Results of the Quiz / Summarizing Exam". If students doubt about their scores they can address the Vice-Rector of Educational Affairs with a written application in which they have to indicate the specific questions/items they would like to contest.

Based on this additional information, the peers reconsider their provisional judgement and withdraw their plan to impose a requirement. However, they maintain their recommendation to develop a full-scale academic controlling of student assessments.

The peers conclude that, with regard to criterion 3, the university surpasses the basic standard and comes close to the quality development standard.

4. Students

Criterion 4.1 Admission policy and selection

Evidence:

- Rule on student status acquiring, academic leave, status termination, restoration, mobility and recognition of education obtained during the education period
- Rules for Regulating the Educational Process at the University
- Rules and Conditions on Registration
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

DTMU has fixed rules for the admission to the programme and the process of registration and enrolment in a set of three regulatory documents: the "Rule on student status acquiring, academic leave, status termination, restoration, mobility and recognition of education obtained during the education period", the "Rules for Regulating the Educational Process at the University" and the "Rules and Conditions on Registration".

The admission policy of the university is in accordance with Georgian legislation. Applicants can obtain student status if they successfully passed the National Unified Exams. Obligatory subjects for admission are either biology, chemistry, physics or mathematics, an appropriate level of English language is mandatory. This is the usual way of access for the Georgian students. The international students are required to have their school education recognised by the Georgian National Center for Educational Quality Enhancement. As they tell the peers in the discussion during the on-site visit, they also need a recommendation and have to pass an interview with the international affairs manager of the university.

Equally in accordance with Georgian legislation, DTMU offers students from other programmes and institutions the possibility to join its MD programme. By reviewing the information provided by the applicants, checking the concordance of the educational programmes, evaluating the previous academic performance and – by way of an interview – the motivation of the student, the university determines whether the applicant can be enrolled in a higher semester or has to start from the beginning.

The admission requirements and procedures of DTMU are periodically reviewed. Annually, the university defines priorities for profile subjects and the necessary level of knowledge in specific subjects and sends this information to the National Assessment and Examinations Center (NAEC). The last modification was made in 2018 and has become valid with the student intake for the academic year 2019/2020. The changes resulted from an analysis covering the previous two years, which had been conducted by the Quality Assurance Service.

The peers are convinced that DTMU has formulated and implemented an admission policy based on principles of objectivity. It has described the process of selection and set up regulations with regard to the transfer of students from other programmes and institutions. The peers also notice that the university periodically reviews its admission policy. However, in order to match the WFME quality development standard the university should make the admission criteria for international applicants more transparent. The peers recommend that, in the entrance interviews, the university focus more on skills in relevant subjects apart from the English language skills.

Criterion 4.2 Student intake

Evidence:

- Mechanism for Student Contingent Planning
- Rules for Regulating the Educational Process at the University
- Rules and Conditions on Registration
- Statistical data on the development of student intake since 1992
- Self-Assessment Report

Preliminary assessment and analysis of the peers:

As DTMU states in the Self-Assessment Report and the programme coordinators explain during the on-site visit, the quota for the annual student intake is set by the National Center for Educational Quality Enhancement in connection with the authorisation of the university and the accreditation of the programme. The allowed intake quota depends on the numbers of teaching and administrative staff, facilities, computers, etc. Based on this external stipulation, the university itself analyses its resources and defines the admission numbers for the different programmes. The last revision for the MD programme dates back to 2016. DTMU has fixed the principles of its internal calculation in a document “Mechanism for Student Contingent Planning”.

Statistical data on the development of student intake since 1992 show that AIETI Medical School started with admission numbers of about 50 students per year for the MD programme and that those numbers remained more or less stable for more than a decade. Particularly around the time of the Russo-Georgian War of 2008, the student intake declined (only 17 new enrolments for the academic year 2008/2009). Since 2012, the admission numbers have markedly increased. In recent years, the annual intake reached a number of around 130 to 150 first year students. As a consequence, the total number of students studying at DTMU, including PhD students, has exceeded the number of 900 persons. An important determinant in this process is the great demand by international students. For the MD programme, the numbers of international students (436 in spring semester 2019) have surpassed the numbers of Georgian students (349 in spring semester 2019).

The majority of the international students come from India and Nigeria. In the discussion with the peers, they explain their choice with the quality of the programme in connection with the lower costs compared with a reputable programme in their home countries.

Against this background, the peers ascertain that DTMU defines the size of student intake in accordance with its capacity and external requirements set by the government.

Criterion 4.3 Student counselling and support

Evidence:

- Rules for Regulating the Educational Process at the University
- Career Development Center Statute
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:
According to the Self-Assessment Report the provision of counselling and assistance for the students has been a guiding principle of the university since the foundation of AIETI Medical School. However, with the development of DTMU the procedures have become more formalised, for example by including such supportive activities into the calculation of the pedagogical workload of the academic staff.

The central point of contact for the students is the Dean's Office with its units Students' Registry Service and Coordinators' Service. The Dean's Office supports students with a number of services concerning documentations for different purposes, deals with visas and insurance-related issues of the international students and offers communication and advice to students who struggle with educational matters or personal problems. Students can also apply for individual or group assistance with regard to additional trainings in order to eliminate academic shortcomings. For the students' career guidance, the Medical School has established a separate organisational unit, the Career Development Center; that unit is also responsible for collaboration with the alumni who play an important role in the assistance for graduates.

The first person whom students usually address is the coordinator for the relevant study year. The coordinators either provide counselling themselves or refer to other employees of the Dean's Office. On the other hand, the coordinators also monitor the performance of the students, identify students who are at risk of negative assessments and address them with an offer of assistance. Regardless of the efforts of the coordinators, the students affirm that also the Dean of the Medical School is easily approachable.

With regard to the social-economic conditions of the students but also in order to honour students' achievements and activities, DTMU awards a number of scholarships or offers deductions from tuition fees. The David Tvildiani Scholarship is awarded to five students per year. It is a monthly scholarship for which the university has created rules of application and a commission that decides about the candidates. While the students can also apply for scholarships offered exclusively for DTMU by some partner organisations and clinics, the best graduate is honoured with a Rector's Scholarship. The system of deductions for excellent students is tripartite; the tuition fee for the following year of study can be reduced by 25, 50 or 100 percent. Finally, the university also offers the possibility to finance the participation in the US Medical Certificate Exams. All "forms of encouragement" are listed in the "Rules for Regulating the Educational Process at the University". In the discussion with the students, the peers learn that almost all of those present have at least benefitted from a deduction once during their studies.

The peers therefore confirm that DTMU has established a system for academic counselling and a programme of financial support for its students, for which it allocates resources. They acknowledge that the academic counselling is connected with the monitoring of student progress and that it includes career guidance and planning. However, since they did not find much information outside the Self-Assessment Report, e.g. in the programme descriptions and regulations that are available to the students, the peers recommend to advertise the counselling opportunities more.

Criterion 4.4 Student representation

Evidence:

- Statutes of DTMU
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

According to the university (and laid down for certain bodies and committees in the Statutes of DTMU), it makes students participate in curriculum planning, management and evaluation processes via representation in all relevant governing bodies and working groups: the Rector's Council, the Faculty Council, the Curriculum Committee and the Quality Assessment's Self-Assessment Group. In the Disciplinary Committee that deals with violations of the student code of conduct, half of the members are students. DTMU claims that it tries to secure students' representation in any working group that discusses issues of academic practice, programme evaluation and development, students' support, etc. Self-governance of the students is performed by the Students' and Young Scientists Scientific Association (SYSSA).

As the university states in its Self-Assessment Report, it also supports student interest groups and various forms of extracurricular student activities. For instance, students are encouraged to take part in the Antwerp University Summer School in Vaccines, the Annual Symposium of Molecular Biology in Cologne or other international student and professional conferences. An example for the support of an extracurricular student initiative is the Basic Surgical Skill Interest Group (SIGA). It has been founded by students who are planning for a career as surgeons and has about 45 members. To assist that group, the university developed a peer course and trained a number of student tutors. For the two other initiatives, Gynaecology Interest Group (GIGA) and Neurology Interest Group (SIGN), the university equally offers support and assistance.

As already indicated with regard to criterion 2.7, the peers recognise that DTMU ensures participation of student representatives in the governing bodies of the university and the medical school, and that the student representatives are involved in the design, management and evaluation of the curriculum as well as other matters relevant to students. However, as becomes obvious in the discussion with the students, several student representatives have been asked by the academic leadership of the university to participate in one of the councils. In this practice, the peers see a risk that preferably docile students become student representatives. They urge the university to make sure that student representation be based on elections. Because of the large share of international students, the peers also suggest to consider a special representation for this group although they understand the argument of the university that this would require either that the representatives of the international students are fluent in Georgian or that the council meetings are held in English. Apart from that, the peers also notice that DTMU facilitates and encourages student organisations and student activities beyond the curriculum.

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

In its reply to the preliminary report, DTMU promises to establish an election process for the student representatives in the university's governing bodies starting with the academic year 2019/2020 in late September 2019. According to the university, the dean has already discussed this issue with the students of the basic and the clinical stage in two meetings following the on-site visit of the peers. It has been agreed that representation of students will be based on a democratic election system that is already operated by the SYSSA for the students' self-governance. The peers welcome this move but maintain their proposal for a requirement since the decision about the accreditation will be taken before elections are conducted for the first time.

Concerning two other suggestions made by the peers with regard to criterion 4.1 and 4.3, DTMU basically agrees with them and is willing to follow their recommendations. For the interviews with international applicants, the university plans to introduce a format of Multiple Mini Interviews based on the experience of the University of Dundee Medical School, designed to measure interpersonal skills, communication, empathy, logical reasoning and critical thinking, motivation and personal integrity. The university also admits that, so far, it has not prominently informed about the career guidance and planning opportunities. It commits itself to advertising the counseling opportunities more. Since those measures will take some time to be implemented and evaluated, the peers cling to their respective recommendations.

The peers conclude that, with regard to criterion 4, the university currently misses the basic standard due to the organisation of student representation by appointment rather than election. By conducting the elections as promised, it will achieve compliance with the basic standard. If this happens, DTMU also fulfils some quality development standards.

5. Academic Staff/Faculty

Criterion 5.1 Recruitment and selection policy

Evidence:

- Statistical data on staff numbers
- CVs of academic staff participating in the programme
- Procedure for Staff Recruitment
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

At the time of the on-site visit, the academic staff of David Tvildiani Medical University numbered 70 persons: 19 professors, 39 associated professors, 10 assistant professors and 2 assistants. The number of invited staff involved in the teaching process was 155. A further 103 persons were employed as administrative and support staff. CVs of all academic staff members were provided by DTMU, thus proving that the academic staff is appropriately qualified for teaching on the level of the MD programme.

DTMU has compiled rules for the recruitment and selection of academic staff, invited staff, PBL tutors and administrative staff in a "Procedure for Staff Recruitment". In accordance with the "Law of Georgia on Higher Education", the university conducts the recruitment of academic personnel based on open and public competition, respecting the principles of transparency, equality and fair competition. The document describes the obligations of the different categories of academic personnel and the corresponding requirements for obtaining a position in each category.

While the educational departments estimate the demand for academic staff in their respective fields of study and define the qualifications for positions that need to be filled in order to cover the curriculum, the Rector's Council determines the members of a selection committee and the terms of the competition. When evaluating the applications, the selection committee considers pedagogical experience, the scientific/academic degree, scientific papers and publications in the field corresponding to the position, participation in scientific research, supervision of dissertation papers and doctoral examinations, membership in dissertation councils, participation in international scientific conference forums and membership in international scientific organisations. The selection committee finally makes a recommendation that has to be presented to the Rector's Council and be approved by Rector's decree.

The applications of invited lecturers and PBL tutors are evaluated by the respective educational departments in collaboration with the professors who lead the courses for which the teacher is needed. Selected candidates are presented to and approved by the Rector's Council.

The peers conclude that DTMU has formulated and implemented a staff recruitment and selection policy, which outlines the type, responsibility and balance of the academic staff required to deliver the curriculum adequately, and which addresses criteria for scientific, educational and clinical merit. With regard to the plan to expand its research activities, however, DTMU should place more emphasis on research achievements of the candidates in the medium run.

Criterion 5.2 Staff activity and development policy

Evidence:

- Regulation on Academic Workload of Academic Staff at DTMU
- Fundamentals of teaching activities (Guide for DTMU teaching staff)
- Concept of DTMU in Development of Human Resource Management
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:
In order to define the different tasks of the teaching staff and to calculate the workload of teaching activities, DTMU has set up a “Regulation on Academic Workload of Academic Staff”. For the different categories of teaching staff members, the annual workload is fixed as follows:

- Professors: between 300 and 650 hours
- Associate Professors: between 400 and 750 hours
- Assistant Professors: between 500 and 850 hours
- Assistants: between 220 and 350 hours

Within that range for the respective groups, the individual workload is defined by the employment contract. The total workload is composed of teaching activities and a number of other preparatory, research or organisational activities.

Teaching activities encompass work “in the classroom” (e.g. lectures, seminars, practical trainings) and “outside the classroom” (e.g. consultations, observation of students’ clinical practice with report on evaluation), furthermore all types of formative and summative assessments and supervision of students’ essays and scientific projects. Some other teaching

tasks can add to the workload if the staff member is involved in the PhD or the Continuous Education / Residency programme.

Other activities within the academic workload that are listed in the "Regulation on Academic Workload of Academic Staff" include "academic-methodic work" (e.g. preparation for lectures, practical and laboratory classes, adaptation of new academic and revised courses/modules, design of cases and project topics, development of materials for assessments, revision of textbooks and education videos and qualification upgrade), "scientific work (e.g. publication of textbooks and scientific articles, recension of scientific materials, work on research projects) and "organisational-methodic work" (occupation of an administrative position, participation in councils and committees, active participation in professional societies). For those teachers who mainly work as clinicians for one of the partner institutions, "medical activity" is counted as part of the workload.

In the discussion with the teaching staff (with attendants employed by DTMU as well as by the cooperating clinical settings) the peers learn that the actual workload for most of them is higher than the theoretical 40 hours per week. Nevertheless, they are highly motivated to contribute to the educational programme.

For pedagogical development, the DTMU Medical Education Center is preparing and providing the academic staff with courses/trainings in medical education. As indicated above, "qualification upgrade" can be a part of the individual workload. According to the "Regulation on Academic Workload of Academic Staff", this includes learning about new academic-methodical materials, programme retraining and obtaining additional qualifications, obtaining advance experience in medical education and attendance of the lectures of course coordinators or other teachers with further discussion.

The Medical Education Center (MEC) of the university has been established in 2012 in the framework of the TEMPUS Project "ePBLnet". Among others, its main foci are the development of human resources in the field of medical education in terms of professional as well as personal skills, the updating of existing curricula and the development of new ones. For the pedagogical training in medical education, the MEC offers a number of courses, which currently comprise an "Instructional Course for Academic Staff" particularly designed for new staff members who are teaching for the first time, "Principles of Teaching in Medical Education", "Development of Modern Medical Curriculum", "Running and Facilitation of Problem-Based Learning Sessions", "Writing of Clinical Problem-Based Cases", "Basic Principles of Higher Education Institution`s Management" and "Training of Trainers (ToT) for Running Scientific Seminars in the format of Journal Club". In the discussion with representatives of the partner institutions, the peers learn that doctors from the clinical partners actually took didactical training sessions before teaching in the programme. As a written

guideline, the university has issued “Fundamentals of teaching activities (Guide for DTMU teaching staff)”.

The peers acknowledge that DTMU has formulated and implemented a staff activity and development policy, which considers teaching and research as well as service functions. Since the establishment of its Medical Education Center, teacher training, development and support has become one of the particular strengths of the university.

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

As DTMU does not comment on this chapter of the report, the peers confirm their preliminary assessment without any changes.

They conclude that, with regard to criterion 5, the university goes beyond the basic standard and partially fulfils the quality development standard.

6. Educational Resources

Criterion 6.1 Physical facilities

Evidence:

- Results from internal surveys and evaluations with respect to physical facilities
- Self-Assessment Report
- Inspection of the facilities during the on-site visit

Preliminary assessment and analysis of the peers:

According to the Self-Assessment report, DTMU uses two facilities for educational purposes and additionally owns a student dormitory that can host up to 369 students. The main educational facility, which is also the seat of the university administration, is located in a district where a number of hospitals can be found in the immediate vicinity, including the Tbilisi Central Hospital. The DTMU building itself is part of a former hospital. It has been renovated and presently offers classrooms either for medium-size classes or for smaller groups working on tasks in the context of PBL. As the peers notice during the inspection of the facility, the classrooms are furnished with modern IT equipment. The peers agree with the claim of the university that the available classroom space is sufficient with respect to the student numbers.

The analysis of a "Survey on Material and Technical resources of DTMU" (2018) shows that the students are generally satisfied with the material resources, particularly with the PBL rooms and the rooms at the newly equipped, second educational facility. The survey also reveals that students and teachers both identify the labs as one of the few weaknesses.

Two other surveys focusing on the university library (Daphne Hare Medical Library) come to similar results. While particularly the library staff receives a positive evaluation, the students name the lack of space (e.g. size of the reading room and lack of individual workplaces) as the main critical aspect. Presently, Daphne Hare Medical Library offers the students a book storage area with about 5,500 books and 1,700 periodicals, a reading room, an IT space and a group working space. In recent years, the amount of electronic sources has quickly expanded. The library's electronic catalogue and databases can be accessed from the university's website.

Based on the impressions from the inspection of the main educational facility (classrooms, offices, laboratories, library), the peers confirm that the university has sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately. However, there is only limited space for laboratory practice at the educational facility, and the technical equipment of the labs is average. The peers suggest that the university spends more of its financial resources on improving the labs. Furthermore, they would welcome

the realisation of the university's plans to establish its own clinic (cf. criterion 6.2) since this could be another opportunity to increase the space for labs in connection with allocating more space for research purposes in general.

Criterion 6.2 Clinical training resources

Evidence:

- List of DTMU Clinical Settings
- Self-Assessment Report
- Inspection of two partner clinics during the on-site visit

Preliminary assessment and analysis of the peers:

As explained with regard to criterion 2.5, DTMU does not have its own clinical training resources but relies on the resources of 31 hospitals and other clinical settings with which it has concluded agreements of partnership. The cooperation mostly focuses on one particular discipline. Altogether the specialisations of the clinical settings, the amount of patient beds, etc. match with the student numbers of DTMU and the educational requirements of the MD programme. Through this approach, DTMU students have access to patients of various age groups and can obtain knowledge to manage urgent cases as well as to deal with chronic patients. During the on-site visit, the peers inspect the cooperating partners David Gagua Maternity Clinic and MediClub Georgia; according to their impression, both hospitals are on a high quality level.

In the meeting with the academic leadership, the peers learn that the university finally intends to build its own hospital in the near future. The plan for this project has been outlined and approved by the university bodies, and DTMU has found business partners for the realisation of the construction.

Due to the large number of partnerships with clinical settings – general hospitals as well as clinics specializing in particular medical disciplines – and based on their impressions from the inspection of two collaborating institutions, the peers acknowledge DTMU to dispose of the necessary resources for giving the students adequate clinical experience, including sufficient numbers and categories of patients, well-equipped clinical training facilities and supervision of their clinical practice. By way of contrast, this concept of a "teaching university" with outsourced clinical training also means that adaption and improvement of the clinical facilities lies beyond DTMU's authority. By realizing the plans to build its own university hospital, DTMU could gain this opportunity to match the WFME quality development standards.

Criterion 6.3 Information technology

Evidence:

- Self-Assessment Report
- Inspection of the facilities during the on-site visit

Preliminary assessment and analysis of the peers:

As the peers notice during the on-site visit, DTMU has a well-organised information technology infrastructure with regard to hardware and communication/network equipment. The university makes extensive use of information technology both for teaching and for student administration purposes. For assessments in the form of computer-based tests, teachers can use the university exam center equipped with 61 computer units.

Through the DTMU server, students can access resources like OpenLabyrinth 3, an electronic platform, which allows them to work on cases involving virtual patients in the PBL format. Furthermore, the university uses interactive electronic patient simulation, the so-called Body Interactive Cases, in its study process. Electronic resources for academic work also include ANATOMY.TV, by which users can explore human anatomy in detail and in three dimensions, and the education platform Moodle.

For the student administration, DTMU has set up its own internal platform (lms.aieti.ge) where student data like attendance, activity and oral exam marks are stored and grades are written in electronic journals. Students can check their assessments via a student portal db.dtmu.ge, and the university also uses that portal as a channel for communication with the students.

The peers gain the impression that DTMU effectively uses information and communication technology for the support of the educational programme. They appreciate that the IT resources enable students to use them for accessing information, for learning independently and – within the framework of simulations – for managing patients.

Criterion 6.4 Medical research and scholarship

Evidence:

- University's Development Strategy, as an Institution of Research Activities
- Information Regarding DTMU Academic and Scientific Personnel Scientific Activities
- Research-Based Learning University Concept
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:
As DTMU claims in its Self-Assessment Report, the university has a vision of long-term development in the direction of research, which considers both research project development and performance and active involvement in international organisation frameworks. Another important aspect is the enhancement of research skills training in the undergraduate education and the residency programmes of the university. For this purpose, DTMU has formulated a development strategy and a concept for research based learning (RBL). A central research laboratory has been installed in order to support the process and periodically use it in educational programmes.

At the present stage, DTMU focuses on research in three particular fields:

- normal and pathological processes with the subcategories modern use and future perspectives of biomarkers and human organism molecular and cellular response to pathologic processes
- factors defining aetiology, clinics and treatment, also prevention, screening and epidemiology of diseases and
- leadership in medical education.

The University offers support for research development and innovation, for example for the participation of academic staff and students in international forums. For the field of medical education, DTMU has recently established a scientific conference “Improvement of Standards in Education” (ISE), which has been held two times.

As first steps towards RBL, DTMU has strengthened the role of academic writing skills in the MD programme as well as the awareness for academic integrity. Topics as “scientific language”, “research writing styles”, “writing of research work and its types”, “research as an intellectual property”, “copyright and plagiarism” and “research ethics” have been integrated in relevant modules. Furthermore, the university developed and introduced courses on “Principles of Scientific Research” (cf. criterion 2.2) in a “Journal Club” format.

The peers confront the academic leadership with their finding that only a very limited number of entries in PubMed document research activities of the university. DTMU presents them an “Information Regarding DTMU Academic and Scientific Personnel Scientific Activities”, in which it claims that during five years between 2013 and 2017 the 68 professors of the university published 268 scientific articles. 183 articles were published in referred journals (some of them with a high impact factor) and 105 of them registered in PubMed. Apart from that, academic staff members have also published 10 monographs or textbooks either as authors or co-authors in the respective period. The peers conclude that the university

needs to take care for a better visibility of the research activities by urging its teaching staff to refer to their affiliation with DTMU in their publications.

Although the peers continue to deem that, currently, research is still the weakest part of the university and the MD programme, they admit that the teaching staff is more engaged in research than is visible by checking the relevant international databases. The peers thus concede that DTMU uses medical research as a basis for the educational curriculum to a sufficient extent. Particularly, the university has formulated a policy that fosters the relationship between medical research and education, and it also encourages students to engage in medical research and development. In order to make the research achievements more visible, the peers strongly suggest that the university induces all of its teaching staff to make sure that DTMU is named among the affiliations in database entries for their research publications.

Criterion 6.5 Educational expertise

Evidence:

- Fundamentals of teaching activities (Guide for DTMU teaching staff)
- Results from internal surveys and evaluations with respect to educational expertise
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

As explained with regard to criterion 5.2, DTMU has established an organisational unit that focuses on providing educational expertise for its academic staff. Since 2012, the Medical Education Centre (MEC) organises and delivers internal courses and trainings like PBL tutoring, Journal Club tutoring, case-writing, etc. for the purpose of educational staff development. Apart from the development of human resources in the field of medical education, the MEC also plays an important role in the revision of existing curricula and the development of new ones. Further objectives of the center are the dissemination of information regarding modernised and newly developed curricula achievements and evaluation methods, the development and implementation of new educational technologies and systems, including online assessment systems, and the participation in networks of international cooperation in the field of medical education.

DTMU regularly carries out course evaluations with the help of standardised questionnaires. The university has been using the DREEM questionnaire for years as a tool for the measurement of the educational environment and the quality of teaching. The evaluation of the teaching staff is performed continuously in every academic year or on special occasions, for instance after changes of the educational course format. From the perspective of

the DTMU Quality Assurance Service, the comparison of evaluation results from ten years ago with recent results shows a clear tendency of improvement. The average score has reached a level that corresponds to “ideal teachers”. However, some issues remain to be addressed: For many students, the teaching staff still behaves too authoritarian and has difficulties with giving students adequate feedback and reacting on students’ criticism.

In contrast to the judgement for the previous criterion, the peers consider the educational expertise to be one of the strongest points of DTMU. Particularly since the establishment of the Medical Education Center, the university pursues a policy on the use of educational expertise for curriculum development as well as for the development of teaching and assessment methods. Through the activities of the Medical Education Center, DTMU demonstrates evidence of the use of in-house educational expertise in staff development and engages in research in the discipline of medical education.

Criterion 6.6 Educational exchanges

Evidence:

- Internationalisation policy
- Statistical data about students going abroad for the clinical clerkship.
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:
International exchange and cooperation is an integral part of the self-conception of DTMU. The university argues that already its foundation was based on the idea of bringing more internationalisation, especially in the field of medicine, to Georgia. The university’s curriculum was influenced by progressive international concepts and required to study with English textbooks. From the beginning, Georgian and English were jointly defined as study languages. Today, the most obvious element of internationalisation is the high number of international students that also fosters intercultural understanding, dialogue and collaboration.

DTMU has drawn up an internationalisation policy that describes the participation of the university in international professional associations and networks but also lists measures for internationalisation at the level of individual support. Those measures include the support of joint participation of Georgian and international students in DTMU student organisations, groups of interest, student conferences and workshops, the establishment of the compulsory course of Georgian language for the international students, the provision of the Maastricht Progress Test for DTMU students and the educational and research collab-

oration with DTMU alumni working abroad. Both university teachers and students can receive support for the participation in international scientific conferences and the collaboration with European educational and research organisations.

During the stage of the Clinical Clerkship, students often use the opportunities for external mobility. In the academic year 2016/2017 30 out of 32 students spent their clerkship year abroad; in 2017/2018 and 2018/2019 the numbers were smaller but still 16 out of 43 and 17 out of 37 respectively went to other countries. One of the main destinations is Klaipeda University in Lithuania, with which DTMU has a contractual relationship. Equally based on a signed agreement is the cooperation with a Clinical Center for Metabolism and Hormones in Mainz (Germany), which two or three students per year choose as their destination. Finally, many students head for clinics in the USA. With the help of DTMU graduates working in the USA, the Department for Career Development and Collaboration with Alumni has implemented a project that makes it possible for up to 20 sixth-year students to gain practical experience in different clinics. DTMU has implemented a guideline for recognizing education received in courses abroad. According to the students, the recognition works well with regard to the clinical clerkship whereas it becomes difficult if a student wants to participate in international exchange at an earlier stage.

Another possibility to go abroad is provided by the exchange programme of the International Federation of Medical Students' Associations (IFMSA). In 2018/2019 five DTMU students participated in this programme while five students from other countries spent the exchange season at DTMU.

The peers acknowledge that DTMU has formulated and implemented a policy for international collaboration with other educational institutions and academic networks. For the stage of Clinical Clerkship, it has established rules for the transfer of educational credits. The peers take the view that DTMU facilitates international exchange of students by providing appropriate resources and ensures that the exchange is purposefully organised. However, they also notice that staff mobility lags behind in comparison with student mobility. The peers suggest that, for instance, more lecturers from other countries could be invited to teach as visiting lecturers in the programme.

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

In its reply to the preliminary report, DTMU comments on the issue of original research and the improvement of facilities for research in connection with criterion 2.

Concerning criteria 6.4 and 6.6, the peers confirm their preliminary assessment. They advise the university to make sure that all teaching staff refers to their affiliation with DTMU

in scientific publications and respective database entries, and they recommend to increase the (international) mobility of the teaching staff.

The peers conclude that, with regard to criterion 6, the university meets the basic standard but falls short of the quality development standard, particularly with regard to the documentation of research activities and its facilities for research.

7. Programme Evaluation

Criterion 7.1 Mechanisms for programme monitoring and evaluation

Evidence:

- Important Characteristics and Important Principles of Development of Quality Assurance of DTMU
- Self-Evaluation Report 2018 for the National Center for Educational Quality Enhancement
- Procedures of Development, Approval, Changes and Cancelling of the Educational Program
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

The Quality Assurance Service of DTMU plays a central role in the monitoring and evaluation of the programme. The university has established the Quality Assurance Service as an independent structural unit. It deals with the evaluation of research as well as institutional management, develops guidelines and closely cooperates with external quality control agencies. Representatives of the academic staff and students are involved in the self-assessment group that prepares the annual self-assessment report. The Quality Assurance Service cooperates with the governing bodies of the university and provides them with information required for the setup of strategic plans. Particularly the Curriculum Committee and the Medical Information Center use the findings of the Quality Assurance Service for the further development of the MD programme.

As the main elements for internal quality assurance, the university has identified

- the definition of programme aims and learning outcomes;
- the selection and development of teaching methods;
- the selection of literature and other educational materials and
- the relation between the methods of assessment and the evaluation regarding the achievement of the learning outcomes.

For the assessment of the programme quality, DTMU performs inquiries of the most relevant stakeholders (students, teachers, employers, graduates) and analyses students' academic achievements, the development of the material-technical base and the integration of survey results in the academic process. A relatively new opportunity to assess the programme has emerged from the collaboration with the European Board of Medical Assessors (EBMA) and the participation of DTMU students in the online progress-test provided

by Maastricht University. Besides giving the students feedback about their individual achievements, the results also helped the university to identify weaknesses of the curriculum.

As an example for changes that have been implemented due to student feedback on the programme design, the university refers to the course “Clinical Skills 5” that received very positive ratings from students in surveys between 2014 and 2016. Since the students had expressed a desire to shift this course from the clinical to the pre-clinical stage, the Quality Assurance Service elaborated recommendations how to adapt this course for pre-clinical stage modules, so that it is nowadays included in the organ-based modules during the semesters 3 to 5.

In summary, the peers recognise that DTMU has developed mechanisms for programme evaluation and regularly applies them. The evaluation process addresses the curriculum and the student progress and serves to identify concerns. Relevant results of the evaluation are used for reforms of the curriculum. The evaluation criteria also consider the context of the educational process and the overall outcomes of the programme.

Criterion 7.2 Teacher and student feedback

Evidence:

- Important Characteristics and Important Principles of Development of Quality Assurance of DTMU
- Results from internal surveys and evaluations with respect to programme quality
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:
According to the Self-Assessment Report, DTMU collects feedback with regard to issues of teaching and learning from all relevant stakeholders, including students, teachers and administrative staff. The questionnaires used for programme evaluations cover a broad range of aspects. They also encompass university mission and faculty objectives as well as working environment and support. The participation of the students in the quality assurance process is not limited to giving feedback via surveys. More active forms of student participation are the involvement of students in the team that prepares the self-assessment reports (for the national authorisation and accreditation procedures) and the involvement in university governance and management. The university claims to regard the students as equal partners in the development of the quality assurance and improvement and to make them realise their own responsibility for education quality.

In addition, the university stresses the importance of feedback from its graduates for programme improvement, since they can evaluate best the influence of specific features of the programme on their career achievements. DTMU therefore tries to stay in contact with its alumni through the organisation of meetings and joint activities and by creating opportunities for continuous professional development.

The peers acknowledge that DTMU seeks, analyses and responds to teacher and student feedback and uses the feedback results for programme development. However, based on the evaluation surveys and analyses presented by the university, they are not quite sure whether the evaluation is conducted regularly and systematically. Therefore, they recommend to develop a regular automated mechanism of feedback collection and evaluation analysis.

Criterion 7.3 Performance of students and graduates

Evidence:

- Statistical data on the progress of students
- Analysis of the first-year students' academic performance in the context of Unified National Examinations (Academic Year 2017-2018)
- Survey “Graduates of David Tvildiani Medical University and their career development” 2018
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

As DTMU proves by presenting statistical data and a number of surveys and analyses carried out in previous years, the Quality Assurance Service of the university monitors and analyses the achievements of the students and graduates. By making use of its continuously updated data and information system, DTMU stores data about students’ progression from semester to semester, teacher-student ratio, number of graduates per year, etc.

An important evaluation project that also regarded the entrance qualification of the students was performed in the academic years 2016/2017 and 2017/2018. In the framework of this study, the university tried to measure the academic success of the first year students against the background of their results in the National Unified Exams. The findings of the study led to practical recommendations for the definition of the future admission numbers and admission requirements. As a consequence, the university changed the admission criteria that it notifies to the National Assessment and Examinations Center.

The peers are convinced that DTMU conducts analyses of the performance of students and graduates in relation to the intended educational outcomes of the MD programme, partly

also with regard to the entrance qualifications. Furthermore, the results of such analyses are reported to the committees responsible for student selection and curriculum planning, and have been considered for revisions of the curriculum or the admission policy.

Criterion 7.4 Involvement of stakeholders

Evidence:

- Analyses of surveys among employers and alumni
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:
DTMU makes sure that academic staff and students take part in the self-assessment team of the Quality Assurance Service. As mentioned before, both groups are also represented in the councils and committees that are responsible for planning, implementation, management and governing of educational programmes like the Rector's Council, the Curriculum Committee and the Faculty Council. They are equally involved in working groups that discuss revisions of the curriculum.

By surveys and analyses, the Quality Assurance Service of DTMU asks alumni and employers for their opinion on the quality of the MD programme. In order to facilitate direct feedback on the programme and an exchange about learning outcomes and other important issues, DTMU ensures that employers are invited to faculty events including career days, students' conferences or meetings for joint initiatives. The participation of employers in lectures and seminars is seen as another opportunity to keep employers informed about the programme and obtain useful feedback from them.

The peers confirm that DTMU involves academic staff, students and the university management in its monitoring and evaluation activities. The university also seeks the feedback of external stakeholders on the curriculum and on the performance of graduates. From the perspective of the peers, however, the involvement of the cooperating hospitals could still be improved.

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

In its reply to the preliminary report, DTMU comments on the assessment of the peers with regard to criteria 7.2 and 7.4. Concerning the collection and analysis of teacher and student feedback, the university affirms that the Quality Assurance Service conducts course evaluations annually while the DREEM survey (cf. criterion 6.5), which serves to measure the

overall satisfaction of the students with the study conditions, is conducted biannually. The Quality Assurance Service reports about its findings and analyses every year.

Regarding the involvement of cooperating hospitals in monitoring and evaluation activities, DTMU states that, following the discussions during the on-site visit, its governing bodies have decided to involve those hospitals in Academic Council meetings starting from September 2019 as well as in the Quality Assurance working groups. The university claims that some of the hospitals have already agreed to send representatives.

The peers welcome the decision concerning the involvement of the cooperating hospitals as important stakeholders but provisionally stick to their recommendation since the implementation cannot be proven before the decision about the accreditation. However, they are satisfied with the explanation of the university regarding criterion 7.2 and abstain from a recommendation.

The peers conclude that, with regard to criterion 7, the university goes beyond the basic standard and comes close to the quality development standard.

8. Governance and Administration

Criterion 8.1 Governance

Evidence:

- Statutes of DTMU
- Organisation Chart
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:
David Tvildiani Medical University (DTMU) has outlined the structure of its governance and administration, functions and responsibilities in its statutes. The main governing bodies of the university are the Managing Group, the Rector's Council and the Academic Council.

The Managing Group consists of the founder and President of the university, the Rector, the Vice-Rectors and the Chancellor. It elaborates long-term strategic plans and short-term action plans as well as the annual budget plan.

The Rector's Council is the highest self-governing body of administrative management, in which academic society members (teachers, students) and the heads of relevant administrative units are represented. It discusses and approves internal regulations, budget plans, other documents, reports and applications dependent on the decision of the Rector, issues of establishing organisational units and annual reports presented by the Dean of the Medical School.

The Academic Council is the primary body in terms of scientific and academic activities. It considers the strategic plan and approves the curricula of faculty educational programmes. Representatives of the students' self-governance (Students and Young Scientists' Scientific Association) are members of the Academic Council.

The AIETI Medical School or Faculty of Medicine acts as an independent part within the university but does not dispose of an independent budget. It is responsible for the implementation of strategic goals and plans of the university, particularly with regard to the development of the educational programmes, as well as for the organisation of scientific and research activities.

For the peers, it is obvious that DTMU has defined appropriate governance structures and functions for the university. Governance is exercised and controlled by several bodies in the form of committees both on the level of the university and on the level of the faculty/medical school. Academic staff and students are represented in all relevant governing bodies, and the work of governance and its decisions are largely transparent. As mentioned

before with regard to other criteria, the peers criticise the way in which students are appointed as members of the committees and suggest extending the participation of other stakeholders.

Criterion 8.2 Academic leadership

Evidence:

- Statutes of DTMU
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

The Statutes of DTMU describe the roles and responsibilities of the university's academic leadership. They define the positions of the Rector, the different Vice-Rectors, the Chancellor and the Dean of the Medical School/Faculty. As mentioned before, Rector, Vice-Rectors, Chancellor and the President/Founder of the university form the Managing Group.

The Rector is the executive head of the university. As a professor, he is at the same time a member of the university's academic community. Being appointed by the President, he approves and issues orders and acts on decisions made by the Academic Council or other self-governing bodies of the university, plans the budget according to the strategic plan and presents it to the managing group, which has to approve it. Furthermore, he is responsible for the conclusion of contracts on behalf of the university. The Rector has three Vice Rectors in the fields of Educational Affairs, Strategic Management and Development, and Research. The Chancellor is the highest-ranking administrative manager in the field of economic, material and human resources (administrative and technical personnel). Within the scope of his authority, he represents the university in financial and economic relations. Like the Vice-Rectors, he is appointed by the Rector.

The Dean of the Medical School/Faculty is responsible for maintaining the standards in teaching, research and professional practice, promoting educational development, building research capacity, developing external relationships of the faculty, supervising academic administration and the Medical Educational Center, dealing with quality assurance and accreditation and managing human resources.

The peers find that DTMU has appropriately described the responsibilities of its academic leadership for the definition and management of the MD programme. In the context of reports for the National Center for Educational Quality Enhancement, the university periodically evaluates its academic leadership in relation to achievement of the university's mission and goals.

Criterion 8.3 Educational budget and resource allocation

Evidence:

- Statutes of DTMU
- Budget Plan for 2019
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

The main mechanisms of managerial accountability, financial management and control are laid down in a section "Economic Issues" of the university's statutes. As the owner of the limited liability company, the President has the full managerial power but delegates it by appointing the Rector. However, he remains involved in the control of budgeting and execution as a member of the Managing Group. The Financial Department under supervision of the Rector is responsible for the reporting and accounting within the framework of the approved budget.

According to the Self-Assessment Report, the financial state of the university is stable and improving further. The budget ensures the realisation of activities outlined in the strategic plan. For 2019, the university expects a surplus of about seven percent of the turnover. Almost 89 percent of the university's income is made up of students' tuition fees, a further 9 percent comes from students' payments for dormitory and catering. Salaries account for more than 40 percent of the expenses, "increase of non-financial assets" (including investment in buildings, computer hardware, machinery and equipment) for another 20 percent. Other expenses encompass office expenses, purchased goods and services, travel expenses, expenses for student and scientific activities, interests and taxes.

The Academic Leadership of the university regularly defines budget priorities. For the year 2018, those were the following:

- Development of educational and informational resources
- Intensification of relationships with leading European universities (exchange programmes, official missions, conferences, etc.)
- Scientific-research activities
- Implementation of infrastructural projects (e.g. renovation of the building)
- Improvement of the learning environment
- Improvement of staff qualification
- Support for initiatives (individual scholarships, staff encouragement, students' initiatives, etc.)

The peers recognise that DTMU has clearly defined responsibilities and authorities for resourcing its educational programmes and distributes the resources in relation to educational needs. As a private university, it has full autonomy to direct resources, including teaching staff remunerations.

Criterion 8.4 Administrative staff and management

Evidence:

- Organisation Chart
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

As mentioned with regard to criterion 3.1, 103 of the university's employees belong to the administrative staff that supports the educational activities of DTMU. On its website, the university displays an organisation chart that shows the structure of the administrative units and the responsibilities of the academic leadership (http://www.dtmu.ge/index.php?Cat=1&sub=3&lang=1, retrieved on 18 July 2019).

While the Quality Assurance Service is independent of any direct governance, all other administrative units are subordinated to one of the members of the Managing Group or to the Dean of the Medical School. The Rector governs the Legal Department and the Financial Department and also supervises the Daphne Hare Medical Library, the Medical Education Center and the Dean of the Medical School.

The Vice-Rector in Strategic Management and Development is responsible for the Department of Foreign Relations, The Department of Documentation and Human Resources and the Department of Public Relations and Marketing. The Vice-Rector in Science supervises the Central Scientific-Research Laboratory. The Vice Rector in Educational Affairs governs the Department of Educational Methodology (which administers the functioning of the learning process: planning, organisation, control and analysis) and the Center for eLearning and Computer-Based Assessment. The Chancellor's Administration includes the IT Department, the Logistics Office, The Security Office and the Students' Dormitory.

The Dean is responsible for administrative units on the level of the Medical School. Those units include the Dean's Office with the Dean's Assistant, the Students' Registry Service and the Coordinators' Service but also the Department for Career Development and Collaboration with Alumni, the Scientific Research Department and the Center for Postgraduate Education and Continuous Professional Development (which administers the university's residency programmes "Family Medicine" and "Internal Medicine"). The Dean also supervises the seven Educational Departments that are no administrative units in the strict sense but

formed by the collaboration of the academic staff: Human Morphology and Pathology Department, Department of Molecular and Cellular Bases of Human Normal and Pathologic Processes, Internal Medicine Department, Surgery Department, Social and Behavioural Science Department, Scientific-Research Department and Clinical Skills Department.

The peers ascertain that DTMU has an administrative staff that is appropriate to support implementation of the MD education programme and related activities and that ensures good management and resource deployment. However, although the university claims in the Self-Assessment Report that the Quality Assurance Service performs internal audits for managerial work, they could not find evidence for an internal programme for quality assurance of the administrative units.

Criterion 8.5 Interaction with health sector

Evidence:

- List of DTMU Clinical Settings
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

Following the goal of contributing to a knowledge-based society, DTMU collaborates with governmental and non-governmental organisations, professional associations, other universities and academic groups. Apart from participating in events organised by such partners, DTMU also organises a conference on “Improving Standards of Education (ISE)”. AIETI Medical School provides two residency programs of Family Medicine and Internal Medicine.

At the core of DTMU’s interaction with the health sector are the official contracts with 31 clinical settings in order to ensure the implementation of the MD programme on its clinical stages. Additionally, scientific research projects have been and are conducted in cooperation with 37 clinical settings and 13 research organisations. Relying on the expertise of its Medical Education Center, DTMU collaborates with other universities in terms of setting up new educational programs and providing training courses about new teaching methods.

DTMU encourages its students to participate in extracurricular activities addressing issues of public health and prevention. Examples for events that were organised and conducted by DTMU students in recent years (some of them annually) are first aid trainings at the university and at schools, training courses for nurses, information activities with stands, flyers and theatrical play on the World Heart Day and the International Day of Diabetes, and volunteering (providing aid for the victims) after a flooding in the Vere Gorge. In the

same way, DTMU teachers and PhD candidates perform free of charge medical examinations for underprivileged groups and organise consultation seminars about healthy lifestyle and preventive medicine at secondary schools.

The peers acknowledge DTMU's constructive interaction with the health and health related sectors of society and government. As for the cooperation with hospital/clinic partners in Georgia and abroad concerning the realisation of the clinical education and clinical clerkship for DTMU students, they also affirm that this collaboration is based on formal agreements.

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

In its reply to the preliminary report, DTMU refers to the document "Important Characteristics and Important Principles of Development of Quality Assurance of David Tvildiani Medical University" and points to a list of functions of the Quality Assurance Service on page 3, which includes as one item "Monitoring the quality of activities of the services and gathering information, for example, for the strategic management purposes". The university mentions a number of reports and surveys that have focused on the quality development of administrative services in recent years: "Personnel Performance and Satisfaction Research Findings and Report of its Use" (2018), "Medical Education Center Activity Report for the 2018-2019 Education Year", "DTMU School of Public Health Activity Report and 2019-2020 Action Plan" and "Administrative Staff Satisfaction Survey" (2019). Particularly the document "Personnel Performance and Satisfaction Research Findings and Report of its Use" that the university provides together with the statement demonstrates how analyses of the performance of the administrative staff have led to proposals for changes in the structure of administrative units and job descriptions, for the employment of additional staff or for specific training measures for certain units.

Based on this additional information, the peers are convinced that quality assurance at DTMU is also applied to administrative units and processes. They reconsider their provisional judgement concerning criterion 8.4 and abstain from a recommendation.

The peers conclude that, with regard to criterion 8, the university goes beyond the basic standard and partially fulfils the quality development standard.

9. Continuous Renewal

Evidence:

- Statutes of DTMU
- Strategic Plan (2017-2023)
- Action Plan (2017-2019)
- Self-Evaluation Report 2018 for the National Center for Educational Quality Enhancement
- Self-Assessment Report
- Discussions during the on-site visit

Preliminary assessment and analysis of the peers:

This final criterion of the WFME standard has been dealt with as an integral part of the analysis of the first eight criteria in this report. The peers perceive that continuous monitoring and renewal of curricular contents, educational resources and the overall structure of the degree programme is an integral part of the university's policy. It is anchored in the Statutes of DTMU, one section of which includes rules concerning strategic plans, annual reports and evaluation of activities. Taking into consideration the data from annual reports as well as evaluations and surveys conducted by the Quality Assurance Service, the university regularly sets up strategic plans for a duration of five or more years and action plans with detailed measures for a duration of three years. Both the current Strategic Plan (2017-2023) and the Action Plan (2017-2019) are accessible on the university's website (www.dtmu.ge/index.php?Cat=1&sub=2&lang=1, retrieved on 18 July 2019).

Furthermore, the quality assurance procedures for higher education institutions defined by the "Law of Georgia on Education Quality Improvement" oblige the university to regular submission of self-evaluation reports to the National Center for Educational Quality Enhancement. Such reports, which are necessary for the renewal of the authorisation of the university and the national accreditation of the programmes, include reflexions about the strengths of the institution and the programmes but also about the areas for improvement. The process of national accreditation thus contributes to a culture of continuous renewal.

As the peers learn from the Self-Assessment Report and the discussions with programme coordinators, teachers and students, the MD programme already underwent significant changes during the last decade by the introduction of medical simulations, problem-based learning and case-based teaching/study. The most recent step towards quality improvement is the development of a scientific component, accompanied by the implementation of new teaching formats aimed at fostering the students' scientific skills. While such measures demonstrate a commitment to the use of new knowledge, concepts and methods for the adjustment of curricular elements, the plans to establish their own university

hospital could be regarded, at least partly, as an adaptation of the educational resources to changing needs.

Overall, the peers gain the impression that the university has not only initiated procedures for regularly reviewing and updating its structure and functions but practices a continuous revision of its policies and practices with regard to all criteria considered in this report.

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

As DTMU does not comment on this chapter of the report, the peers confirm their preliminary assessment without any changes.

They conclude that, with regard to criterion 9, the university goes beyond the basic standard and partially fulfils the quality development standard.

D Additional Documents

All additional documents requested by the peers have already been provided by the Higher Education Institution either during or after the on-site visit.

E Comment of the Higher Education Institution (23.08.2019)

The institution provided a detailed statement as well as the following additional documents:

- Additional Semester, Additional Credit, Their Definition, Procedural Rules and Conditions
- Testing Regulations & Rules of Conduct on the Quiz / Summarizing Exam
- Personnel Performance and Satisfaction Research Findings and Report of its Use

F Summary: Peer recommendations (27.08.2019)

Taking into account the additional information and the comments given by David Tvilidiani Medical University the peers summarise their analysis and **final assessment** for the award of the seals as follows:

Degree Programme	ASIIN seal	Subject-specific label	Maximum duration of accreditation
Medical Doctor (MD) Undergraduate Education Programme	With requirements for one year	AMSE	30.09.2024

Requirements

A 1. (WFME 2.1) Define guidelines for the treatment of students with special needs with regard to the participation in the programme and in assessments in order to deliver the curriculum in accordance with principles of equality.

A 2. (WFME 4.4, 8.1) Ensure that student representation in governing bodies is based on democratic elections.

Recommendations

E 1. (WFME 1.2, 2.7, 7.4, 8.1) It is recommended to strengthen the representation of the cooperating institutions in governing bodies of the university, particularly in the Curriculum Committee.

E 2. (WFME 2.2) It is recommended to increase research activities and to include more elements of research in the curriculum.

E 3. (WFME 2.2, 6.1) It is recommended to improve the laboratory facilities for the biomedical sciences with regard to space and equipment.

E 4. (WFME 2.6) It is recommended to increase the share of elective content in the curriculum.

E 5. (WFME 3.1) It is recommended to develop a full-scale academic controlling of student assessments.

E 6. (WFME 4.1) It is recommended to make the admission criteria for international applicants more transparent.

E 7. (WFME 4.1) It is recommended to focus more on skills in relevant subjects apart from the English language skills in entrance interviews with international applicants.

E 8. (WFME 4.3) It is recommended to advertise the counselling opportunities more.

E 9. (WFME 4.4) It is recommended to consider a special representation for the international students in the relevant governing bodies of the university.

E 10. (WFME 6.4) It is recommended to make sure that all teaching staff refers to their affiliation with DTMU in scientific publications and respective database entries.

E 11. (WFME 6.6) It is recommended to increase the mobility of teaching staff.

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
Medical Doctor (MD) Undergraduate Education Programme	With requirements for one year	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 notices that, according to the ASIIN criteria and the WFME standards, the Higher Education Institution is obliged to ensure students' representation in its governing bodies. However, the standards do not prescribe that the selection of students' representatives needs to be based on democratic elections. Therefore, the Technical Committee suggests to change the wording of requirement No. 2. Apart from that, the Committee agrees with the proposals of the peers.

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

Degree Programme	ASIIN seal	Subject-specific label	Maximum duration of accreditation
Medical Doctor (MD) Undergraduate Education Programme	With requirements for one year	AMSE	30.09.2024

Requirements

A 1. (WFME 2.1) Define guidelines for the treatment of students with special needs with regard to the participation in the programme and in assessments in order to deliver the curriculum in accordance with principles of equality.

A 2. (WFME 4.4) Ensure that students' representatives participate in the design, management and evaluation of the curriculum, and in other matters relevant to students.

Recommendations

E 1. (WFME 1.2, 2.7, 7.4, 8.1) It is recommended to strengthen the representation of the cooperating institutions in governing bodies of the university, particularly in the Curriculum Committee.

E 2. (WFME 2.2) It is recommended to increase research activities and to include more elements of research in the curriculum.

E 3. (WFME 2.2, 6.1) It is recommended to improve the laboratory facilities for the biomedical sciences with regard to space and equipment.

E 4. (WFME 2.6) It is recommended to increase the share of elective content in the curriculum.

E 5. (WFME 3.1) It is recommended to develop a full-scale academic controlling of student assessments.

E 6. (WFME 4.1) It is recommended to make the admission criteria for international applicants more transparent.

E 7. (WFME 4.1) It is recommended to focus more on skills in relevant subjects apart from the English language skills in entrance interviews with international applicants.

E 8. (WFME 4.3) It is recommended to advertise the counselling opportunities more.

E 9. (WFME 4.4) It is recommended to consider a special representation for the international students in the relevant governing bodies of the university.

E 10. (WFME 6.4) It is recommended to make sure that all teaching staff refers to their affiliation with DTMU in scientific publications and respective database entries.

E 11. (WFME 6.6) It is recommended to increase the mobility of teaching staff.

I Decision of the Accreditation Commission (20.09.2019)

Assessment and analysis for the award of the ASIIN seal:

The Accreditation Committee discusses the procedure and largely agrees with the assessment of the peers. Concerning the requirement A 2, the Commission endorses the position of the Technical Committee that the WFME standards do not support the peers' request that student representation in the governing bodies of the university should be based on democratic elections. However, the way in which the Technical Committee proposes to change the wording makes that requirement dispensable. According to the report, the university already makes students' representatives participate in the design, management and evaluation of the curriculum and in other matters relevant to them. Therefore, the Accreditation Committee decides to remove the requirement A 2.

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

Degree Programme	ASIIN seal	Subject-specific label	Maximum duration of accreditation
Medical Doctor (MD) Undergraduate Education Programme	With requirements for one year	AMSE	30.09.2024

Requirement

A 1. (WFME 2.1) Define guidelines for the treatment of students with special needs with regard to the participation in the programme and in assessments in order to deliver the curriculum in accordance with principles of equality.

Recommendations

E 1. (WFME 1.2, 2.7, 7.4, 8.1) It is recommended to strengthen the representation of the cooperating institutions in governing bodies of the university, particularly in the Curriculum Committee.

E 2. (WFME 2.2) It is recommended to increase research activities and to include more elements of research in the curriculum.

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E 10. (WFME 6.4) It is recommended to make sure that all teaching staff refers to their affiliation with DTMU in scientific publications and respective database entries.

E 11. (WFME 6.6) It is recommended to increase the mobility of teaching staff.