

**NATIONAL CENTER FOR PROFESSIONAL EDUCATION QUALITY ASSURANCE,
FOUNDATION**



REPORT

**ON PILOT INSTITUTIONAL ACCREDITATION CARRIED OUT AT YEREVAN STATE
MEDICAL UNIVERSITY**

YEREVAN - 2013

Foreword

The pilot institutional accreditation procedure conducted at Yerevan State Medical University was made possible through the grant projects under the auspices of the World Bank and implemented by the Ministry of Education and Science of Armenia, Project Implementation Unit. Two projects – *ARQATA* under the coordination of the Dutch-Flemish Accreditation Organisation (NVAO) and *Pilot Accreditations* under the coordination of the National Centre for Professional Education Quality Assurance, Foundation (ANQA) – have contributed to its implementation.

The current pilot is implemented as a joint procedure with expert panel members coming both from the Netherlands, Flanders and Armenia.

The pilot was not only instituted as external quality assurance but also as a review aiming at continuous improvement of the educational quality of the educational programmes. Therefore, experts from Europe and Armenia have been asked to perform two tasks:

- a pilot accreditation process;
- and a peer review on the basis of international standards.

The universities and programmes having participated in the pilots are:

- 1 Yerevan State Medical University (YSMU): institutional audit;
- 2 Bachelor and Master in General Medicine, YSMU: programme assessment;
- 3 Yerevan State University (YSU): institutional audit;
- 4 Bachelor in Biology and Master in Genetics, YSU: programme assessment.

Four panels chaired by NVAO experts performed two tasks: (1) a pilot audit at institutional level and a pilot assessment at programme level according to ANQA criteria, and (2) a peer review according to international standards as a result of the ambition of the universities to be partners in the European Higher Education Area. The ARQATA pilots on institutional and programme accreditation are meant to support Armenian stakeholders to implement an effective quality assurance system. The pilot procedures are similar to the formal accreditation procedures, but there are also differences. First of all it was meant and executed as a pilot with formative elements. The duration of the site visit was shorter (two to three days). During the site visit panel members at the same time operated as ‘critical friends’ in a peer review. In the end, the pilots will therefore result in panel reports of a partial accreditation procedure. Hence, these reports cannot be used as a basis for a formal accreditation decision.

This particular report covers the pilot institutional audit of Yerevan State Medical University on the basis of the ANQA framework and the peer review on the basis of international standards. The ANQA criteria and procedures used are approved by the Armenian Government on the 30th of June, 2011. The peer review of the institutional assessment was based on *The Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)* and on the expertise of the panel experts on the state of the art in medical education.

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I. EXECUTIVE SUMMARY

The panel is very positive about Yerevan State Medical University (YSMU) participating in this external and independent quality assurance procedure. The university has clearly invested in internal quality assurance by establishing a quality assurance committee and supporting its activities, and by working closely together with ANQA¹ and NVAO² in the ARQATA³ project. As a result, this quality committee has done a good job making it possible for the university to undergo this audit.

Pilot Institutional Accreditation

Having scrutinized the evidence presented and after the interviews with the university's representatives the panel comes to the conclusion that YSMU meets most of the ten ANQA criteria except for two. The criteria related to research and internationalisation are not met yet.

Strengths

- 1 YSMU is a well-structured **organisation** with a clear and well-articulated **mission** and with very motivated and dedicated teachers. The panel has experienced that staff works closely together, and that they discuss issues in a collegial manner.
- 2 A committed **teaching staff**, involved in the organisation of the curriculum and guidance of the students.
- 3 Especially the **students' involvement** at all levels is something to cherish. Students are heard, and have an influence on the decision making.
- 4 The **programmes** have a well-detailed and very structured curriculum based on disciplines. For all programmes intended learning outcomes have been defined.
- 5 The **teaching and learning method** is traditional, and thus complies with the traditional discipline and teacher based curriculum.
- 6 Also the students' **assessment** is rather traditional, and as such in alignment with the curriculum.
- 7 Within the limited budget the university was able to build a **study landscape** including a library and IT-facilities. These are sufficient given the present situation.

Weaknesses

- 1 **Research** activities are too limited both in terms of output and in the number of staff and students involved in research. Also less than 5% of the **budget** is allocated to research.
- 2 The university lacks a clear **educational concept**.
- 3 The relation between the intended learning outcomes and the **assessment** is not made explicit. Especially the assessment of clinical skills needs further attention.
- 4 Only a limited number of students participate in international activities. All students for example should go abroad for at least 3 to 6 months. The same observation can be made for the staff. Not all staff is engaged in **internationalisation**. Clinicians are at an advantage here compared to the science teachers. So more international mobility of both staff and students is needed.
- 5 The panel has seen no evidence of international **benchmarking**. Some chairs are involved in benchmarking but it is not done at institutional level.
- 6 Limited **IT system** for staff and students.
- 7 The influence of **external stakeholders** is limited.

¹ National Centre for Professional Education Quality Assurance, Foundation

² Dutch-Flemish Accreditation Agency Organization

³ Armenia Quality Assurance Technical Assistance

- 8 The university's **focus** is mainly on the MD programmes, while it offers other programmes of equal importance.

Recommendations

- 1 In general the university needs to **open up to the world**: there is need for more international benchmarking, more influence of external stakeholders, more international mobility of both staff and students, more staff members from outside the university.
- 2 The panel recommends strengthening the relation between **research** and education.
- 3 The university should also look at the financial means and reconsider the allocation of the **budget** for research and education. One should try to avoid fragmentation of resources and to aim at integration across faculties and programmes. It should also be possible to raise the university's earning power by investing in research.
- 4 The university is encouraged to ensure there is sufficient **management data** and preferably in an integrated digital system.

Peer Review on the Basis of International Standards

As critical friends the panel also conducted a peer review according to international standards resulting in a number of observations and recommendations related to the ambition of YSMU to be a partner in the European Higher Education Area.

Observations

- 1 The university is clearly in a phase of **transition**. The panel has seen a discrepancy between the university's strategy and the actual situation.
- 2 The **programmes** are traditional in the sense that they are discipline-based and teacher-based. The emphasis is also more on the theoretical knowledge than on the clinical skills and professional behaviour. Aiming at modernizing the programmes one would expect a more multi-disciplinary and student-centred approach.
- 3 The mechanism for **data collection** is there but is not yet fully developed, not yet fully integrated.
- 4 As such the internal **structure** of providing information on the quality of programmes is rather complicated.

Recommendations

The panel's recommendations relate to issues as a result of the university's ambition to implement change following Bologna. These issues concern amongst others: change management, a professional educational office, the modernizing of the educational concept, an increase of efforts in research, and further investment in internationalisation.

The chair of the expert panel and the coordinator declare that this report reflects the opinion and judgements of the panel. The panel has analysed the report and agrees with the judgments included in the report. The panel members confirm that the evaluation was conducted in accordance with the requirements of the principle of independence.

10.10.2013

Prof. Ben Van Camp,
chair

Anna Karapetyan,
secretary to the panel

II. EXPERT PANEL COMPOSITION

The external evaluation of the YSMU self-evaluation, the implementation of the educational and quality assurance processes was conducted by the following expert panel⁴:

1. Prof. Dr. Ben Van Camp, PhD, em. Professor in Haematology, Past Rector Vrije Universiteit Brussel, Former Dean of the Medical School, President of the Board of Governors of the University Hospital (UZ Brussels); (chair);
2. Prof. Dr. Harry Hillen, PhD, em. professor of Internal Medicine and dean emeritus, Faculty of Health, Medicine and Life Sciences, Maastricht University, Netherlands;
3. Prof. Dr. Samvel Pipoyan. PhD, professor at the Chair of Biology of the Armenian State Pedagogical University, the cofounder and board member of the NGO, Reforms in Professional Education, and Life-Long Learning Armenian League;
4. Prof. Dr. Levon Yepiskoposyan, PhD in Biology, Anthropology, Head of the Laboratory of Ethnogenomics of Institute of Molecular Biology, National Academy of Sciences, Member of European Anthropological Association (EAA), Armenian Association for Molecular and Cellular Biology;
5. Anna Margaryan, graduate student at Armenian State University of Economics, Education Management Department; got the Bachelor's degree in Linguistics from the Yerevan State Linguistic University after V. Brusov.

The composition of the panel was agreed upon with the university and appointed by the decree of ANQA Director.

The panel activities were coordinated by junior coordinator Anna Karapetyan under the supervision of ANQA senior coordinator Anushavan Makaryan, from the Armenian part and Michèle Wera and Frank Wamelink, both senior policy advisors, from NVAO.

The minutes were taken by Arpine Mkrtchyan.

The translation was provided by Anush Mkrtchyan.

All panel members and the secretary signed a statement of independence and confidentiality.

⁴ APPENDIX 1. Curricula vitae of the panel members

III. EXPERT PANEL WORK DESCRIPTION

The application for state accreditation

YSMU applied for pilot institutional accreditation by submitting to ANQA the application form, the copies of the license and respective appendices on 1st of March 2012.

The ANQA Secretariat checked the application package against the ANQA requirements: the data presented in the application form, the appendices and the ANQA electronic questionnaire completed by the university.

According to the decision on accepting the application request made on the 26th of March 2012, a tripartite agreement was signed between ANQA, the Centre for Education Projects (Ministry of Education and Science PIU) and Yerevan State Medical University.

The timetable of activities was prepared and approved, respectively.

The self-assessment implementation team, formed by the decree of the management of the YSMU undertook the self-assessment process from 31st of December 2012 to 1st of April 2013.

The English and Armenian versions of the self-evaluation report (SER) were submitted to ANQA on the 2nd of April 2013.

The ANQA junior coordinator conducted a technical review against the ANQA requirements. On the 8th of April 2013 the SER was sent to the expert panel for desk-review. The desk review lasted from 8th of April 2013 to 7th of June 2013 and the output was the preliminary report, including the list of issues to be further explored during the site-visit, as well as the target groups to be met.

The intake procedure

On 10th of October 2012, the representatives from YSMU participating in the pilot institutional accreditation attended a two-day training session on internal quality assurance. The training covered the understanding of the framework, starting the process of writing the self-evaluation report and actually writing it, organising the actual audit, and developing a handbook for external quality assurance (EQA).

On 19th of December 2012, the representatives of YSMU and the ANQA coordinator responsible for the pilot participated in a final one-day training on EQA. Feedback was given on the first draft of the self-evaluation report on institutional level. A panel of NVAO staff scrutinized the draft report and commented on the outline and the text covering the first criteria of the framework. Their written comments were discussed in more detail.

From November 2012 to March 2013, NVAO offered technical assistance and guidance to YSMU in writing SER on the institutional level. This technical assistance was basically offered on line with the exception of one feedback session in December 2012.

In stage 1 (December 2012) of 'Taking writing SERs to the final step', it still seemed that little had been done with the feedback given when discussing the draft SER.

In stage 2 (February 2013), YSMU seemed to have taken the earlier comments on board. In general, the text was more relevant, better selected and above all, better matched with criteria and standards under review. Obviously, there was room for improvement but overall progress had been made.

Stage 3 (March 2013) showed that although the quality of the text had improved, the gap between the current state of affairs and the high ambitions of the criteria remained visible.

The ANQA coordinator followed the feedback sessions on the SER, both via mail and during the final training session in December 2012. The ANQA coordinator was also responsible for organizing the pilot following the ANQA manual, starting with the contract and the composition of the panel.

On 13th of February 2013, in The Hague, the international panel members met to discuss the draft SER and some organisational issues concerning the site visit. The outcomes of this meeting were shared with ANQA, YSMU and the Armenian panel members.

On 10th of May 2013, the ANQA coordinator prepared the first panel meeting by analysing and commenting on the SER. The analysis was submitted to the panel.

On 16th of May 2013, the international peers met again in order to discuss the final SER and the final programme for the site visit. ANQA organized several meetings with the Armenian panel members in order to discuss the SER and the issues for the site visit. The panel received the compiled list of issues and comments on 30th of May 2013.

The preparatory visit

On the 7th of June 2013 the ANQA junior coordinator together with the senior coordinator and one of the panel members paid a visit to the university to finalize the site-visit agenda⁵.

Arrangements were made about the facilities for the visit, including the provision of the simultaneous translation.

The site visit

The site-visit lasted from 9th to 12th of June 2013.

The day prior to the actual visit to the university all the panel members convened at ANQA. The expert panel exchanged with their initial impression and discussed the list of the issues as well as target groups for the sessions. Further, the discussion among the expert panel members elaborated on the evaluation framework, which revolves around two-level evaluation scale: (1) does not meet the criterion, (2) meets the criterion.

Overall, the panel considered the critical reflection in the SER to be a useful document to start discussions with YSMU. However, some aspects of the document were not sufficiently precise and required further clarification during different interview sessions.

⁵ APPENDIX 2. Site-visit agenda

The expert panel visited YSMU from 10 to 12th of June 2013.

The site visit started and ended with meetings, held with the university top level management. The rest of the meetings were held with the governing board representatives, deans, chair holders, teaching staff and students. The panel members selected all the target groups to have meetings with on a random basis, except the staff of the QA department, all the members of which participated in the meeting. According to the agenda, an open meeting was organized and the university staff for research participated in the discussions.

The expert panel discussed and confirmed the agenda. The meetings of the agenda were very well prepared and organized by the faculty staff. Therefore, the panel could keep the strict time schedule of the site visit. Apart from the meetings with different target groups, during the site visit the panel conducted document review⁶ and visited the educational facilities⁷.

The information obtained during the different interview sessions and the major findings from the document review and observations were summarized during the closed meeting at the end of the site visit. During the final closed session the panel discussed the integral findings and reached consensus about the criteria and standards for the pilot accreditation.

The panel appreciated the open discussions with all representatives and as usual especially the sessions with the students were very informative. Also the visits to the clinics and the opportunity given to the panel to speak with staff and students on site were very fruitful.

The accreditation report

After the site visit, the coordinator prepared the initial accreditation report, and sent it to the experts. All panel members gave feedback and their comments were taken into consideration when finalizing the report. The accreditation report revolves around the major findings, consideration, judgment and recommendations. The initial report endorsed by all panel members has been submitted to the university on the 18th of September. A feedback session via Skype was organised on 26 September 2013 with the chair. The session allowed YSMU to ask for clarification about issues raised in the reports that needed further elaboration.

The report includes both the outcomes of the pilot accreditation process of the university and of the peer review on the basis of international standards.

Comments of YSMU were received on 09.10.2013 and the report was amended accordingly. The final version of the report was endorsed by the panel on 10.10.2013. The final report was sent to the university on 21.10.2013.

⁶ APPENDIX 3. List of documents reviewed

⁷ APPENDIX 4. List of educational facilities

IV. GENERAL INFORMATION ON YEREVAN STATE MEDICAL UNIVERSITY

Yerevan State Medical University is a state higher education and scientific institution aimed at organizing pharmacological, sociological, humanitarian, basic scientific research and educational activities in intermediate, higher and postgraduate levels, pursuant to the set procedure and educational programmes.

The mission of YSMU underpins to educate and train qualified specialists for healthcare system, conduct research in this specific field to serve the society needs. In 2006, in accordance with the law of RA on Higher and Postgraduate Professional Education, two-cycle education system was approved in YSMU within higher education. This transition in the field of medicine was based on reallocating the academic programmes so that the graduates holding the bachelor's degree are able to fill up the pre-medical service of the medical care system with more qualified staff. All the educational programmes of Bachelor's and Master's degrees have been revised and approved since 2006 to align with the two-cycle requirements.

The regulated procedure of decision-making is ensured through the governance system of the university. The collegial body of governance is the university's Council composed of 32 members. The Academic Council of the university chaired by the rector is the regulatory and coordinating governing body of the educational, academic, scientific and technical executions comprised of at least 25% of students, and the representatives of the teaching staff making up the majority. The structural units of the university are scientific centres, faculties, military medicine department, clinical institutions, departments, college, chairs, academic library, publishing house, educational databases and other subdivisions.

Currently, there are about 5.500 students enrolled in the studies at seven faculties of the university, 1140 of them coming from different countries of the world. There are over 100 academic departments in the university structure, where academic and scientific activities are conducted. There are 1100 staff members involved in teaching, scientific and clinical activities, of which 162 DR.SC and 80 Professors in Medicine.

From 2006 to 2011, the Department for Institutional Reforms and Integration Policies has been operating in the university. In May 2011, the Centre for Education Quality Assessment and Assurance as well as the Standing Committee and respective Faculty Commissions were established. The policy and strategy of the Centre were developed; regulations and procedures were established aimed at assessing the quality of activities conducted across various institutional sectors.

V. PILOT INSTITUTIONAL ACCREDITATION

CRITERION I. MISSION AND PURPOSE

The institution's mission and purpose are in accordance with the relevant reference levels and are consistent with the policies and practices that guide its operations.

FINDINGS

1.1 YSMU has a clearly defined mission that reflects its ambitions, goals and objectives. In 2006, the two-cycle higher education system was established in YSMU, and the academic programmes were redesigned giving bachelor programme graduates an opportunity to operate in the health sphere within the frames of pre-medical service. At present, the bachelor medicine programme has been approved by the State Government as discipline specific standard. The approval of the master programme is in the final phase. Further attention is needed to making all programmes in compliance with the ANQF. YSMU's educational and methodical committees are currently in a process of making an analysis targeted to improve academic programmes. To organize the educational process, the syllabi have been reviewed and horizontal and vertical integration elements have been used.

1.2 The strategic plan of the university is developed initially discussed in relevant subdivisions and committees' sessions. The strategic plan is then introduced to the Governing Board and Scientific Council for consideration and approval. The mentioned councils comprise internal /administration, heads of chairs, teaching staff, students, clinic staff/ as well as external /health system, government and parliament representatives/ stakeholders.

With the aim to reveal the needs of internal and external stakeholders, the university is currently elaborating new feedback mechanisms to ensure more comprehensive and efficient involvement of stakeholders.

1.3 The Governing Board and Scientific Council, as well as administrative and education subdivisions⁸ function in compliance with the stated regulations. The university's relevant committees make attempts to evaluate the outcomes of the mission and goals through newly developed mechanisms and procedures.

The university's Centre for Quality Assessment and Assurance which was established in 2011 regularly conducts surveys with the aim to evaluate and analyse the efficiency of different subdivisions' performance.

The university's subdivisions (chairs, central and cyclic-methodical committees, scientific councils of faculties, deans' offices, scientific-coordinating council, expert committees, committee on ethics, Students' parliament, students' dean offices) take part in the development and evaluation of the university's mission and goals, as well as the improvement activities.

CONSIDERATION

The mission and vision of YSMU described in the university's strategy are clear and realistic. In the next five years, the university wants to implement a transition towards a membership of the European Higher Education Area (EHEA). There exists compliance between the university's mission and performance, however not yet comprehensively ensured. The university made the academic

⁸ APPENDIX 5. Administrative structure of YSMU

programmes in compliance with ANQF. The panel has seen evidence of programmes following the Dublin and the ANQF descriptors although this is not expressed in Dublin descriptor levels. Application for state approval of all programmes is work in progress.

From the SER it is not clear how the labour market demands have been actually taken into consideration in the design of the programmes. YSMU attaches importance to conducting further research on evaluating learning outcomes and new academic programmes aimed at ensuring comparability of the academic programmes within the Bologna process, as well as aligning learning outcomes with the labour market demands, especially at the bachelor level.

YSMU is well aware of the need to study the needs of the labour market so as to improve the link with the programmes. The panel though is conscious of the problem of employability at present and this situation makes it all the more difficult for YSMU – and all Armenian institutions of higher education – to meet the demands of that same labour market. Even so extra efforts are needed to involve employers and alumni.

YSMU is obviously in a transition phase. As a result, of to the self-assessment process, the university identified that it still lacks a regulated procedural approach for the evaluation of its mission and goals, although relevant developments are in process. The panel is confident therefore that YSMU will be able to complete the goals of the mission in the next strategic period (Strategy Plan YSMU 2011-2017).

Conclusion: Overall, the panel finds that YSMU is a well-structured organization with a clear and well-articulated mission. The panel has seen sufficient evidence about the involvement of internal stakeholders but the participation of relevant external stakeholders seems to be limited to the various committees. The communication with external relations is mostly informal. Therefore, the input of external stakeholders is somehow lacking.

JUDGEMENT

YSMU meets the requirements of criterion 1.

RECOMMENDATIONS

It is recommended:

- To ensure compliance among the university's stated ambitions, policy and performance taking into account the current strategy which is directed towards the integration into the European Higher Education Area;
- To pay attention to the establishment of effective cooperation with external organizations with the aim to ensure compliance between the intended learning outcomes of the programmes and the labour market demands;
- To develop mechanisms for efficient involvement of stakeholders in the education processes;
- To expand opportunities for external stakeholders' involvement and impact;
- To define a more structural approach to the evaluation of the university's mission and goals, to identify indicators and to appoint staff members responsible for the evaluation and follow-up.

CRITERION II. GOVERNANCE AND ADMINISTRATION

The institution's system of governance ensures ethical decision-making and efficient provision of human, material and financial resources to effectively accomplish its mission, educational and other purposes.

FINDINGS

2.1 The governance system of the university is carried out in compliance with the RA legislation and YSMU charter and is self-governed through unilateral management and collegial principles, as well as implementation of coordinated functions carried out by the university's Council, the Scientific Council and the Rectorate.

The university's Council comprises teaching staff, students, founder and 8 representatives per authorized body and has an approved regulation. The university's Scientific Council, with the Rector as the President, is the governing and coordinating body of educational, scientific and scientific-technical activities. At least 25 percent of its members are students.

The university is governed by the Rector within the frames of its authority and in accordance with YSMU charter. The faculty governing bodies are the Faculty Council and the Dean.

Based on the university's traditions, collegial atmosphere and culture of cooperation the management system was established in YSMU. Decisions are made in accordance with coordinated processes but no separate ethical norms of management are defined.

YSMU has limited resources to meet all educational, scientific, organization and management needs. No analyses have been made to raise the efficiency of implementation of separate academic programmes. The SER is too much centered on the Medical Programme, and leaves out the description of the structure for other programmes offered (Farmacy, Stomatology, Social Health).

2.2 The participation of teachers and students in decision-making processes is ensured first by the representation of relevant stakeholders in all governing bodies.

The structure that protects students' rights and interests is the Students' Parliament. It ensures students' participation in the institution's governing bodies and discusses students-related issues. The head of the Parliament is a member of the Rectorate and the Scientific Council.

2.3 The university developed a 2011-2017 Strategic Plan and operates in accordance with its long-term planning. The preparation of short-term and mid-term plans as well as their monitoring is carried out by the head of the university, as well as by heads of the relevant subdivisions and committees. The monitoring is carried out through:

- class observations of lectures and practical courses,
- attestations of teachers,
- annual reports and their analyses, presented by heads of the chairs and subdivisions,
- conducting surveys among external and internal stakeholders and respective analyses,
- conducting meetings and focus groups.

The results of the monitoring are used to raise the efficiency of process implementation and improve the planning.

2.4 YSMU administration, the heads of subdivisions and the Centre for Quality Assessment and Assurance regularly study the factors that have an impact on the university's performance, however it does not yet include the information on external factors or the feedback of external stakeholders.

YSMU analyses the factors influencing the university's performance based on:

- annual reports of the Rector, heads of subdivisions, particularly relating to the students' academic progress,
- results of monitoring carried out by subdivisions,
- surveys conducted among external and internal stakeholders,
- the administration's (Rector, Vice-rector) regular contacts with students and teachers through the university website,
- regular meetings with the administration (Rector, Vice-rector) and teaching staff, students and external stakeholders, as a rule, once a week.

Conducting surveys in the university is a new process and there is not sufficient evidence on the feedback mechanisms yet. The university has not yet an integrated data collection which could permit to extract sufficient indicators to follow up on the progress of the university's performance.

2.5 The recently induced application of mechanisms based on quality management principles to implement the policy and procedure administration is a new process, thus the mechanisms do not fully function as yet. The establishment of the Centre for Quality Assessment and Assurance proves however that a system has been formulated though it is too early to record any definite results. No assessment of the effectiveness of the previous strategic plan development has been made. As a result it could not be taking into account when developing the new plan. The PDCA cycle of quality assurance can therefore not yet be complete.

2.6 Before the establishment of the Centre for Quality Assessment and Assurance in 2011, the information collection and analysis on academic programmes and other processes were carried out by methodical departments, as well as by the Department for Reforms and Integration which used different information sources, such as:

- reports of the Rector and those of the heads of relevant subdivisions,
- students' academic performance summary,
- results of subdivision audits,
- analyses of the survey results conducted among external and internal stakeholders,
- analyses of issues raised during the meetings of the university administration with students, teachers and external stakeholders,
- analyses of printed and electronic publications related to the university activities.

Currently there are various mechanisms of information collection on the different activities of the university. The aim is to develop an integrated system of data collection.

2.7 The assessments of publications on the quality of the university's academic programmes and qualifications are made by those responsible for public relations based on the analyses of publications in printed and electronic press. No analyses on the institutional level have been made in regard with external benchmarking. It is carried out on the chairs' level.

CONSIDERATION

The multilevel governance system of the university ensures a regulated decision-making process but the efficiency of the process is not clear. The organizational structure is quite complicated with some overlap of topics dealt with in the many committees. Even so the panel has seen evidence that a link has been established between management and quality assurance. This link obviously needs further strengthening but the first results are promising.

There are no precise mechanisms to allocate material and financial resources necessary for the implementation of the different programmes. The accounting and allocation of the necessary resources are carried out based on requirements and needs of the deans and the heads of departments.

The governance system of the university gives an opportunity to teachers and students to get involved in different governing councils, but the efficiency of internal stakeholders' participation is not evaluated on a regular basis.

The governance structure of the university is multilayer in which the collection of information on academic programmes and other processes is not yet coordinated at institutional level. Also the analyses of information and mechanisms assessing its application can be improved. However, it is worth stating that some subdivisions function efficiently enough to make the necessary changes during the university's current transitional phase.

Conclusion: Considering all the evidence the panel finds that criterion 2 meets the requirements but the panel also has certain comments:

1. Especially the students' involvement at all levels is something to cherish. Students are heard, and have an influence on the decision-making. The staff is also very much involved at all levels of decision-making. The relation with internal stakeholders (both staff and students) is sufficient therefore, but as mentioned before there are shortcomings in the relation with external stakeholders (patients, professional field, alumni).
2. The mechanism for data collection is in place but it is not yet fully developed and as a result the data are not yet fully integrated.
3. As such, the internal structure of providing information on the quality of programmes is rather complicated. There are many committees and councils involved and the panel would encourage a more effective and direct organisation.

JUDGEMENT

YSMU meets the requirements of criterion 2.

RECOMMENDATIONS

It is recommended:

- To clarify the structure of the university, upgrade the efficiency of the management system through set mechanisms;
- To elaborate or improve the mechanisms for short-term and mid-term planning and monitoring in accordance with the university's mission and goals;
- To develop indicators which permit the "diagnosis" and follow up of the factors that impact all the spheres of the university's performance, actively involving external stakeholders and relying on their feedback in decision-making processes;
- To apply the principle of quality management in the development of mechanisms for policy and procedure management;
- To improve the mechanisms for assessing data collection on the effectiveness of the university's academic programmes and other processes, their analyses and application, using integrated digital system.

CRITERION III. PROFESSIONAL EDUCATIONAL PROGRAMMES

The programmes are in concord with the institution's mission, from part of institutional planning and resources allocation, are intellectually credible and promote mobility and internationalization

FINDINGS

3.1 The academic programmes are in concord with the mission and the intended learning outcomes are defined based on the university's traditional teaching practice as well as other programmes developed abroad.

The curricula and course guides of the programmes reflect the combination of theoretical knowledge and practical skills. As such they are traditional curricula.

3.2 The university performs according to traditional approach of teaching /teacher-centred/ and examination process that ensures the compliance between these processes. The policy to develop programmes and identify teaching and learning methods that are compatible with the expected outcomes does not promote the establishment of a comprehensive student-centred education system yet. Surveys conducted among students and graduates play a certain role in the selection of effective teaching methods.

3.3 The issues on effectiveness of academic programmes, impartiality and transparency of student assessment process are analysed by the deans of faculties, vice-rector on educational affairs and the Centre for Quality Assessment and Assurance. The results are discussed and reported in the Scientific and Faculty Councils. The mentioned issues are involved in surveys and discussions with external and internal stakeholders. The improvement of policy and procedures on student assessment is fulfilled on the basis of the results and it is directed to ensure academic honesty.

The academic impartiality is ensured through:

- term written and test exams,
- monitoring of the examination process carried out through distance observation and video system. The appeal procedures of examination results are carried out with the participation of a representative from Students' Parliament fostering academic honesty,
- the 1st year students pass computer based exams which is considered to be a pilot project,
- final assessment of students carried out through final oral examinations in accordance with the regulation approved by the government.
- according to the decision of the YSMU Scientific Council, the MA 1st year students also having oral examinations in 2012-2013 academic year.

3.4 The desk review and site-visit have indicated that the content of the programmes is in line with those of similar programmes in the former Soviet Union. However, the evidences promoting students and teachers' mobility and internationalization are still missing at the university as far as no appropriate mechanisms have been set yet.

Many curricula and syllabi are translated in English and Russian and the teaching process is carried out in three languages for the MD programmes. YSMU has a policy to select teachers taking into account the threshold level of their knowledge of the foreign language. YSMU takes part in international projects and programmes (DIUSAS, PIQA, TEMPUS, Erasmus-Mundus) which promote the internationalisation of the university.

3.5 In 2011, the Centre for Quality Assessment and Assurance implemented the annual monitoring procedure of the programmes. There are subdivisions responsible for the implementation, assessment

and improvement of the programmes. There are also some mechanisms (chair sessions – cyclic methodical committee – central methodical committee –YSMU Scientific Council) through which the programmes are monitored and reviewed. The following tools are used for the mentioned purpose: surveys conducted among external and internal stakeholders, professional and scientific conferences, evaluation of learning outcomes related to the established learning goals.

Based on the evaluation of learning outcomes which are reflected in reports of the faculty dean, vice-rector on educational affairs and final attestation commission, scientific councils of faculties make decisions on the improvement of academic programmes. As a result some subjects can be added or removed from the curricula.

CONSIDERATION

The YSMU programmes are traditional with well-structured and detailed learning goals.

The programmes can be characterized as traditional in the sense that they are mono-disciplinary and teacher based. Lectures are the main teaching instruments. The present teaching and learning process is based on a teacher-centred approach which is in line with the university's mission. The university certainly endorses a more modern teaching concept but it does not have a clearly defined policy yet on implementing modern teaching and learning methods promoting student-centred learning.

The student assessment is summative, focused at testing of theoretical knowledge. The assessment procedures are traditional, well described and transparent. Students are informed about the testing programme.

Few YSMU students and teachers participate in exchange programmes. In fact, the level of mobility and internationalisation of students and teachers is considered low.

Respective subdivisions are responsible for the design, assessment and improvement of programmes, but a policy on assessing the efficiency and the way they interact with other subdivisions are not precise yet.

Conclusion: According to the panel, all faculties offer programmes with well-detailed and very structured curricula based on disciplines. Intended learning outcomes have been defined for all programmes. The teaching and learning method is traditional, and thus complies with the traditional, discipline and teacher based curriculum.

JUDGEMENT

YSMU meets the requirements of criterion 3.

RECOMMENDATIONS

It is recommended:

- To consider a multidisciplinary thematic approach for the programmes;
- To implement a clearly defined policy on the selection of teaching and learning methods promoting student-centred learning taking into account the importance of students' interactive participation and learning in small groups;
- To improve the policy on the assessment of programme effectiveness;
- To strengthen the link between education and research.

CRITERION IV. STUDENTS

The institution has student advising and support services which provide for productive and learning environment.

FINDINGS

4.1 The selection of students is carried out in accordance with the regulation stated by the RA government. According to the stated regulation, the applicant may choose to take 2 from 3 specialized examinations on physics, chemistry, biology; the examination is conducted in a unified form. The overall outputs of these examinations are taken into account when the applicant participates in the admission competition organized by the State Admission Committee.

Each year, the total average number of students matriculated in university studies free of charge (state-funded education) constitutes 95, and the number of those studying on a paid basis – 490.

However, since YSMU has adopted the policy of facilitating the admission in recent 5 years, the university primarily applies to the Ministry of Education and Science for obtaining permission to matriculate 150 additional applicants on average.

Even though the admission is facilitated resulting in a greater number of 1st year students, the number of university graduates, however, has not been increased, since the number of students, not maintaining good academic standing, failing in respective examinations and, thus, disqualifying for further studies, has increased almost by 1.5.

The university has autonomy in the selection of students from abroad, as compared with local students (e.g. the selection of students from India is made by the correspondent committee of the university.)

4.2 Student surveys on satisfaction about educational resources and their efficacy, the expediency of current grading system as well as recently established methods of assessment of the efficiency of teaching process and programs are conducted to find out their viewpoints. The problems put forward during meetings with students, deans and heads of chairs are being discussed within practical consultations every semester and subsequently some solutions are given to them.

YSMU website contains a discussion forum which assures the link between the rector and students. It is also a domain where a number of issues, suggestions and solutions are raised by different levels of the university's administration.

4.3 There are a number of regulations and ways to organize extracurricular activities for students and consultancy of teachers. The schedule of the organized extracurricular classes as well as the extra schedule for omitted classes is approved by the rector prior to the beginning of the given term. There are schedules of duties in all chairs according to which the teacher carries out consultations with students on issues proposed by the students during the whole semester and the exam period. The schedules are posted. Students consult with teachers while choosing elective courses or before entering clinical residency in case of which they need to choose 4 of the given 8 elective subjects within the area of their chosen specialization.

4.4 YSMU has established a schedule for the students to refer to the administrative staff, thus keeping them informed and ensuring assistance and guidance. The rector also has meetings with students and addresses their questions once or twice during the semester. The deans organize consultations in all departments once or twice per semester and heads of chairs and/or other representatives are also involved in the process. The Student Dean's Office has been established within

every Faculty Board. The Student Dean's Office brings issues raised by students to the University administration for consideration.

4.5 The mechanisms promoting students' career are not yet fully developed. YSMU takes this issue for further consideration and solution.

To strengthen the link between the alumni and labour market, annual meetings with graduating students are organized with the participation of head physicians of major regional Armenian clinics and regional governors.

In 2008-2011 the surveys within the frames of scientific research, conducted among employers and graduates, contributed to find out challenging issues in the academic programmes and the educational process which hinder students' easy access to labour market. Relevant proposals were developed on the basis of the survey results. In compliance with the policy approved by YSMU, alumni showing best academic results are offered jobs at the University academic departments and clinics. YSMU participates in exchange programmes and international projects such as "Tempus" and "Erasmus Mundus" which comprise career promoting elements.

4.6 The number of students involved in research activities conducted by most of the chairs is low. Those students become co-authors of papers published in local and international journals. A larger number of students is enrolled in activities of scientific research groups and they mainly present research papers. Students' research activities are coordinated by the Student Scientific Union. The involvement of students in research largely depends on their own motivation and abilities.

4.7 The Student Parliament of the university is committed to ensure student autonomy and student self-governance across the entire student body, to protect rights and interests of students, foster the development of their social, scientific, intellectual, creative and cultural, as well as moral and psychological aspects.

The Parliament is structured through the principle of representative elections. Each course having up to 125 students has one member in the Parliament, and courses where the number of students exceeds 125 – 2 members, respectively. The candidate who has the highest number of students' voices is elected as a member.

The Student Parliament consists of the following commissions: Academic-Methodical Commission, Commission on Media and Information, Commission on Cultural Affairs, Commission of Student Scientific Union, Faculty Commissions (General Medicine, Stomatology, Faculty of International Students' Educational Affairs), Internship and Clinical Residency. In certain cases the University Law Department, Dean's Offices and other respective subdivisions are involved, if needed, in issues on the protection of students' rights.

Regarding the protection of students' rights, since 2010 the members of Academic-Methodical Commission have been participating in the appeal process of assessment.

4.8 The university intends to ensure processes directed to the quality assurance of services through the Centre for Education Quality Assessment and Assurance.

Till 2006, there have been no relevant institutional bodies and regulations aimed at assuring the quality of services delivered to students and assessing the effectiveness of on-going institutional procedures and activities of existing subdivisions. Certain procedures referring to the quality assurance of services delivered to students were included in the authorities of the Department for Reforms and Integration established in 2006.

Last year over 1800 students were involved in surveys on internal quality assurance and assessment of quality of educational services. As a result, an action plan was developed which was approved in the Scientific Council session in April, 2013.

CONSIDERATION

The active participation of students in the evaluation and improvement of the teaching programmes is a strong point of this university. Students are well informed and involved in the organization of the university. The admission of students is State regulated. The university's role in the selection of foreign students is clearly much greater compared with its role in the selection of local students. No analysis have been yet of the advantages and disadvantages of the state regulation on students' unified admission procedures.

YSMU is developing plans for a student centre for career planning. This should strengthen the link with the labour market.

The mechanisms to assure and assess the quality of educational, consultancy and other academic services have been implemented recently but it is too early to evaluate the use of these tools and the overall efficiency of the services provided for students. These evaluation procedures are currently in the development phase.

Conclusion: The panel concludes that students are successfully organised in letting themselves be heard throughout the governance of the university. Their participation in the organization and committees is very well structured over the past few years. The students' assessment is rather traditional, and as such in alignment with the curriculum. The admission criteria for Armenian students are defined by law, and do not measure the motivation and abilities of applying students. This contrasts with the selection procedure for foreign students. At present, YSMU is working on developing a career centre to improve the link with the labour market.

JUDGEMENT

YSMU meets the requirements of criterion 4.

RECOMMENDATIONS

It is recommended:

- To establish a career centre which will strengthen the link between the labour market and the programmes, and will help the students to find their way after graduating;
- To further develop the mechanisms and tools for quality assurance, so as to evaluate and improve the efficiency of student advising and support services.
- To focus more on research and research activities in all programmes (see more specifically criterion 6);
- To drastically increase efforts in internationalisation for students.

CRITERION V. TEACHING AND SUPPORT STAFF

The institution provides for a high quality faculty and staff to achieve the set goals for academic programmes and institution's mission.

FINDINGS

5.1 To select and promote a high-quality staff the university has (1) recruited teaching staff with young teachers, (2) has established clearly defined requirements referring to the professional

qualifications of the teaching staff, (3) has set well-established mechanisms and procedures for their evaluation and selection and (4) has improved the institutional plan for teachers' professional development ensuring the staff's necessary enrolment. Since 2011, the selection of the teaching staff has been conducted on a competitive basis in accordance with the stated procedure. Currently, the required thresholds for different ranks of the teaching staff (professor, associate professor, assistant) both for general and specific fields of activities (methodological, scientific, clinical, etc.) are in process of elaboration. This will enable the university to evaluate current procedures and the policy of teaching staff recruitment and evaluation through monitoring.

5.2 There are clearly set requirements for professional qualities of the teaching staff for each subject but they are not defined for separate academic programmes. Currently, functions and job descriptions for the teaching staff ranks (professor, associate professor, assistant, teacher/lecturer) are clearly defined according to procedure on teaching staff recruitment. The teaching staff job descriptions are set in the same order: i.e. on what educational levels and with what curricula the teacher is eligible to teach.

5.3 The university makes attempts to regularly assess the teaching staff through standardised policy and procedures. The evaluation of teachers is organized regularly in 1-5 years depending on the set duration of working activity stated in the contract. Till 2010, the assessment of the teaching staff was organized in each semester through surveys – "Students' Viewpoints on Teachers". The survey outcomes were considered while resigning contracts with teachers. The evaluation of the quality of the teaching staff was regularly carried out by teachers from chairs through class observations. The results of the class observations were discussed in chair sessions. Since 2011, in line with the re-establishment of the regulation on teaching staff recruitment on a competitive basis, the policy of qualification assessment of teachers has been set as a ground for the teaching staff recruitment. According to the mentioned policy and through the developed system, all items of the teacher's activity (educational-methodological, scientific, postgraduate and continuing education, clinical, administrative and social) are evaluated within a 5-year period. The evaluation by students is taken into consideration as well.

5.4 Until 2007, the activity of the department on "Teachers' qualification improvement" was to organize professional development courses and trainings for teachers. The teaching staff participated in the trainings once in 5 years.

As a result of the survey in 2007, this type of training was discontinued. In 2008 another survey was conducted as to establish what kind of qualifications teachers needed. Most participants valued the training courses, and expressed the need to develop more professional skills and to acquire new knowledge and teaching methods.

In 2012, a new department for Teaching staff qualification improvement was established. It has taken the initiative and responsibility for teachers' pedagogical, psychological and professional development, trainings and requalification.

5.6 In the reporting period, according to the goals mentioned in the strategic plan, the teaching staff was recruited; during the last 5 years 34 people have entered the targeted postgraduate school and 22 of them have continued their teaching activity at the university. Several times within a year, the University employees receive rewards, financial incentives etc. However, the evaluation of teachers' professional development needs further attention. Also the level of employees' satisfaction is not yet evaluated.

5.7 Currently 508 employees work in different subdivisions of the university, 246 of them in administration and 262 are supporting staff which meets the licensing requirements of the university. For this period YSMU needs to make changes in the regulation on Subdivision Types and Position

Ranks taking into account the peculiarities of chairs and results of on-going research, serving a basis for the distribution of support staff vacancies.

CONSIDERATION

The university has a policy and several procedures on the selection of teaching and supporting staff taking into account the necessary qualifications for the implementation of the programmes. Requirements for professional teaching qualities of the staff for the various programmes are available. YSMU also has a clear policy and procedures for the systematic evaluation of teachers. At the same time, YSMU aims at making better use of the results of the internal quality assurance for the improvement of its teaching staff. At present, not all analyses are yet available. Also internationalisation and professional development need further attention. And obviously the staff's involvement in research and research activities is a weak point; this issue will be dealt with in more detail when assessing criterion 6.

Conclusion: The panel met with a very motivated and dedicated staff. The panel has experienced that staff works closely together, and that they discuss issues in a collegial manner. This is crucial as the quality of the staff determines the quality of education. However, more staff members from outside the university need to be employed and further professionalization of the teaching staff is required.

JUDGEMENT

YSMU meets the requirements of criterion 5.

RECOMMENDATIONS

It is recommended:

- To ensure active participation of the teaching staff in research activities;
- To develop a clearly defined policy and procedures for the professional development of the teaching staff, and to identify the specific needs for further improvement;
- To organize professional training for young teachers;
- To engage teachers from abroad;
- To give the teaching staff an opportunity to implement training outside YSMU.

CRITERION VI. RESEARCH AND DEVELOPMENT

The institution promotes its research objectives, projects and expected outcomes. There is a research ethos and culture, and mechanisms for the validating research outcomes.

FINDINGS

6.1 The university's Science Coordination Department is responsible for coordinating research and scientific activities. According to its regulation, the Department has the following functions:

- approval of departmental scientific priorities and assistance in implementation arrangements;
- basic and thematic funding for scientific projects on a competitive basis (funding is allocated from the RA state budget);
- research staff planning and ensuring their relevant education;

- formation of scientific passport on scientific-publication activity.

The scientific unit of the university has taken the initiative to implement a policy on quality assurance with regard to research activities and studies, as well as benchmarking of procedures. These will serve as a basis for reviewing the current policy.

6.2 In 2006-2011, long-term programmes of 5 key scientific priorities have been implemented at the university which were selected on the basis of the following principle: the leading specialist of the field presented a relevant scientific project which was discussed and reviewed by experts commissions and was presented to the Science Coordination Council for final approval.

As far as a number of chairs, laboratories and clinics act within the frames of the same scientific priority, mid-term programmes of scientific directions have been set for each of them with a three-year duration, and some of them are aimed at the implementation of the long-term programmes. The mid-term plans serve a ground for annual short-term planning which are individual scientific topics, realized through researcher's doctoral and postdoctoral stages. These topics, in line with scientific-research activities, ensure change and modernization of scientific capacity in terms of human resources. The use and allocation of financial resources for scientific priorities is not always clear. Some research activities cannot take place due to lack of resources.

6.3 YSMU scientific research activities are implemented on the basis of relevant procedures and regulations in the RA, approved by the university. There are 3 units that carry out the scientific-organizational activity of the university: Science Coordination Council, the scientific-organizational body and scientific research centre which act in line with the adopted policy but the efficiency and quality of their activity has not been evaluated. The exchange of good practice is not yet institutionalised.

6.4 The internationalisation of research activities is highlighted in YSMU's strategy. At the same time, some medical science areas are missing in the programmes which hampers international cooperation and internationalization of research.

The university finds that its official website plays a role in internationalization of its scientific activities. It contributes to the awareness of students from abroad, giving information about its international events and promoting their participation. The website allows to present researches carried out in medical science, as well as to compare them with international data and to enrich educational, practical and scientific processes with up-to-date knowledge.

The young researchers, namely doctoral researchers and postdoctoral fellows, who are granted the opportunity to undertake research abroad achieved through individual invitations, scholarship programs or research grants, have the obligation to return to the homeland upon completion of their research programme and to work at the University at least for 3 years.

Teacher staff and researchers' publications in significant scientific journals published abroad are highly valued. In certain cases the institution is providing financial assistance for published research works of significant scientific value.

6.5 According to its strategy, the university tries to strengthen the link between research and educational activities. Even so not all students are involved in research activities. Moreover, most students' research activities are limited to making brief summaries which do not allow them to gain scientific and practical skills and knowledge.

There are student scientific research groups which ensure the involvement of some students in research activities. The members of the groups actively participate in funded research projects and other scientific activities of chairs and scientific laboratories, sometimes resulting in co-authorship of publications.

CONSIDERATION

There are vital shortcomings in the research aims of YSMU in terms of formulation of scientific strategy and short- and long-term planning. YSMU presents short-, mid- and long-term planning as its scientific priorities. These documents, however, are not concrete but rather guiding documents that try to embed the existing medical research. The central role of research within the University is not sustained by adequate resources, since less than 5% of the budget is allocated to research.

The current financial resources do not contribute to the development and investment of new research areas of medical science at the university. The level of international cooperation of the university is rather low and it does not foster the internationalization of research activities. In terms of internationalization of its scientific activities, YSMU mainly pays attention to delivery of information but active collaboration is not emphasised. The policy and procedures to integrate research, or scientific thinking, within the methodology of the educational programme are not consistently elaborated. Although important and introduced in the educational programmes in YSMU, it is not enough to explain and implement research outcome within educational subjects, nor to apply new investigational methods in clinical medicine for diagnosis and treatment or to enhance practical skills of students by applying novel medical technologies. The efficiency of this way of introduction to scientific thinking or dealing with research within the educational programmes is not evaluated, and the mechanisms and tools to link research and educational process do not show proper effectiveness.

Conclusion: The panel concludes that research strategy is not properly addressed in order to become a research driven university, and that the research activities are too limited both in terms of output and in the number of staff and students involved in research. Research is not structurally integrated in the curriculum. The panel assesses this criterion therefore as negative.

JUDGEMENT

YSMU does not meet the requirements of criterion 6.

RECOMMENDATION

It is recommended:

- To redevelop the policy that reflects the university's interests and ambitions in research; teachers and students should be actively involved in research and leaders in research programmes need to adhere to international standards;
- To focus on specific research areas in accordance with the university's strategy;
- To give research a more central role and structure in the organisation and the programmes;
- To ensure more active contribution of the teaching staff in terms of internationalization of scientific activity and to evaluate the effectiveness of those activities;
- To clarify more the mechanisms for linking research and educational process by evaluating their efficiency;
- To promote international cooperation and actively establish scientific relations with leading foreign medical centres and universities;
- To reconsider the budget allocated for research and deploy strategies to attract external financial resources for research programmes.

CRITERION VII. INFRASTRUCTURE AND RESOURCES

The TLI has its own property and resources, which effectively support the implementation of its stated mission and objectives and create a learning environment.

FINDINGS

7.1 The strategic plan refers to the importance of the infrastructure including lecture-rooms, building conditions, logistics base, reconstruction and re-equipment of clinics, library and other components of the learning environment. Currently, the territory of the university constitutes 88226 sq. metres, the main building consists of 4 separate facilities where most of the theory chairs perform. The clinical professorial chairs are in 29 clinics and in 3 university clinics. The lectures of theoretical subjects are provided in 12 lecture-rooms of the main building, where 1125 students may study. The lectures of clinical subjects are conducted at clinics. The university also has laboratories, library, reading hall, gyms, swimming pool, medical assistance room, public canteens, guest house as well as facilities for videoconferences etc.

The surveys conducted among teachers have shown that the learning environment, lecture-rooms and laboratories are sufficient to organize the teaching process.

7.2 The proportion of educational direct expenses (salary of lecturers and working staff, professional literature, expenses for acquisition of logistics, furnishing and reconstruction of classrooms and other educational purposes), under the total volume of costs, has constituted 88% (for the last three years). In 2007-2008 the salaries of lecturers were increased by 15-20%, and in 2012 – additional 25-30%. The distribution of salaries of the teaching staff is carried out in accordance with the staff ranks, positions of the chairs, educational workload and the regulation on remuneration. Until so far no evaluation of the needs of the various subdivisions was at the basis of the allocation of funds.

7.3 The student grants and scholarships, funds from trainings of doctors and nurses, thematic scientific funding as well as the funds for the medical service constitute the main part of state budgetary entries. The extra-budgetary entries are mainly generated from educational fees of paid education (over 90% of extra-budgetary entries). The financial resources received from different national and international grants constitute 1.6% of the budget, in average.

All the subdivisions of the university submit an application for the necessary logistics, technical means, scientific educational researches and educational-methodical materials by indicating the relevant technical descriptions. As such the subdivisions of the university participate in the process of acquisition of resources; also some of the students and teachers take part in the process.

7.4 YSMU has taken actions aimed at enhancing the quality of its infrastructure and bringing it in line with the educational programmes. The library has been included in the Armenian Libraries Consortium within which it has its webpage of electronic base of literature. This has facilitated the process of searching books, their contents and authors. However, the university's investments in the acquisition of literature and assurance of library services need to be improved.

Since the 2010-2011 academic year, ten internet access points /Wi-Fi/ available for the students are installed across the major part of the University. The effectiveness of the infrastructure and resources is not yet evaluated in a systematic way although the panel has seen evidence of major improvements in different areas.

7.5 The information and documentation processes of YSMU are managed by the internal disciplinary regulations of the university, the RA Code and other legal acts.

The information management at the university is regulated by the General Department, the external information is arranged by the Department for Public Relations which keeps under control the information published on website, in newspapers, journals and bulletins.

There are two ways of information flow at the University; top-down, from administrative unions to professorial chairs and bottom-up, from professorial chairs to the rector. The information through top-down is communicated through ordinances and decisions and it ensures the contacts between the Governing Board, methodical commissions, Educational-Methodical Department, Dean's Offices and chairs. The information through bottom-up approach is mainly provided in the form of reports. There is no integrated data management system yet at institutional level in order to assure the link between different subdivisions. Currently the University is intensively working in this direction.

7.6 YSMU provides services for healthcare and security but it is not clear to what extent these processes are effective. The security of the University is ensured through the checkpoints and round-watch service in accordance with YSMU Internal Disciplinary Regulation. The interests of the students with special needs are not always taken into account: not all the buildings of the University are provided with elevators and the entrances are not furnished with ramps designed for wheelchairs.

7.7 With the limited finances the university has been able to create a satisfying learning environment including a library and IT resources. Within the framework of the DIUS programme the Educational Quality Assessment and Assurance Centre established in 2011 has developed tools for the evaluation of educational resources and consultancy services. The actual evaluation has not yet taken place.

CONSIDERATION

Some equipment in the clinics is state-of-the-art. At the same time, some basic equipment is missing or out-dated. Cooperation with other clinics, universities and even commercial enterprises can ensure sharing high-technological and therefore expensive machines, devices etc.

The university yet lacks sufficient financing for the provision of necessary resources and equipment to implement its mission and goals: library service - 0.2% of the total budget, informational systems - 0.1% , and laboratories - 0.25%. The needs assessment of different subdivisions does not serve as a basis for the policy on planning and distribution of financial resources and it is mainly carried out without active participation of students and staff. The effectiveness of YSMU infrastructure and resources is not yet evaluated in a systematic way. The relevant procedures are yet to be set.

Students with special needs are not always offered adequate facilities. Obviously the general setting of the medical campus hinders improvement given the limited budget for major renovations.

Conclusion: The panel states that within the limited budget the university was able to build a study landscape including a library and IT-facilities. These are sufficient given the present situation except for students with special needs. To fulfil its strategic plan and mission the university needs to find means to increase its financial resources and develop an internal allocation model.

JUDGEMENT:

YSMU meets the requirements of criterion 7.

RECOMMENDATIONS

It is recommended:

- To increase the financial resources for acquiring necessary resources and equipment;
- To consider investing in IT-facilities;
- To take the evaluation of the needs of subdivisions as a basis for the allocation of financial resources;
- To develop procedures, tools and schedule for the assessment of efficiency, applicability and availability of educational resources;
- To implement an integrated IT-system and clarify the policy on information and documentation process management.
- To improve the facilities for students with special needs.

CRITERION VIII. SOCIAL RESPONSIBILITY

The institution is accountable to the government, employers and society at large for the education it offers and the resources it uses to meet these objectives.

FINDINGS

8.1 YSMU has developed regulation for accountability which is based on the creation of unified management information with data of individual fields. The following main sources are considered as the tools for accountability: website of the university, regular reports by different units, social, journals and magazines on educational-methodical and scientific activities that are published by the university, questionnaires, debate clubs and media materials directed to the public feedback.

8.2 The university's website ensures the transparency and accessibility of information on different processes of the university. The publication of annual reports is considered to be one of the mechanisms for ensuring the transparency of YSMU's procedures and processes.

8.3 The university tries to ensure the implementation of PR mechanisms in electronic, oral and written forms. There are "Feedback" and "Question and Answer" windows in the university's website that are in constant use. Certain days are set in a week for the appointments with the rector and vice-rectors of the university. Formal feedback mechanisms for external stakeholders (employers and alumni) are being developed.

8.4 YSMU's main tools to provide information to the public are the university website (www.ysmu.am) and the two bulletins, "Future Doctor" and "Medicus". The university regularly carries out professional informative activities for different target groups of society. One of them is the project "Health Lifestyle" which was launched with the initiative of the Student Parliament. Various medical experts are regularly invited to participate in healthcare television and radio programmes, providing professional information to the general public. At present, these activities are primarily undertaken by individual YSMU staff members without an underlying policy.

CONSIDERATION

A set of tools (website, bulletins, projects etc.) is present for ensuring YSMU's accountability to the government, employers and society at large. The university has developed and uses a regulation for accountability based on YSMU management information with data of individual fields. The university

is in the process of developing feedback mechanisms for ensuring the relations with employers and alumni.

Conclusion: The panel concludes that YSMU's accountability is ensured internally and externally through a set of tools. YSMU confirms that the evaluation of these tools need further attention. It is worth noting that the university emphasizes the importance of having formal feedback mechanisms from external stakeholders.

JUDGEMENT

YSMU meets the requirements of criterion 8.

RECOMMENDATIONS

It is recommended:

- To develop more diverse tools to ensure the accountability of YSMU's processes and procedures;
- To develop formal procedures of getting feedback as well as mechanisms to evaluate the efficiency of these procedures.

CRITERION IX. FOREIGN RELATIONS AND INTERNATIONALIZATION

The institution promotes experience exchange and enhancement through its sound external relations practices, thus promoting internationalization of the institution.

FINDINGS

9.1 The comprehensive development of foreign relations and the internationalization of activities of the University are considered the priority directions of YSMU. The University has established relations with a number of international medical organizations/institutions in the spheres of medical education and healthcare. However, the processes for the encouragement of foreign relations are not sufficiently carried out from the perspective of participating in exchange programmes and inviting foreign teachers from abroad.

9.2 The YSMU Office for International Affairs coordinates foreign relations and internationalization. The annual planning of the activity of the Office is one of the constituent parts of YSMU mid-term planning. It is carried out by the Rector and the Vice-rector responsible for internationalization. The involvement of (foreign) students and staff in this planning process is unclear though.

9.3 YSMU cooperates with twenty clinics. It has established contacts with medical universities and healthcare institutions of different countries, as well as international organisations in the areas of medical education and healthcare. It has signed and updated various cooperation agreements with medical universities in The Commonwealth of Independent States (CIS), Europe, Central Asia and the US which are mainly on the memorandum level. YSMU is also involved in different international scientific educational projects such as DIUSAS, PIQA, Erasmus-Mundus and in the World Bank projects.

9.4 YSMU offers the opportunity to students and teachers to improve their foreign language skills. At least 30% of YSMU students follow educational programmes in a foreign language. Despite the efforts of all concerned, the overall level of foreign language knowledge is still a major obstacle for internationalisation.

CONSIDERATION

The further investment in external relations and internationalisation at large is amongst the priorities of the university. However, a clear policy promoting external relations is missing. The Office of International Affairs coordinates the relevant activities and together with other units many international activities are organised. YSMU has also established close relations with medical universities and healthcare institutions in various countries. The university has invested in improving the skills of foreign language of both students and teachers but these efforts are not always sufficient to reach the appropriate competences.

Only a limited number of students participate in international activities. All students for example should go abroad for at least 3 to 6 months. The same observation can be made for the staff. Few staff members are engaged in internationalisation. Clinicians might be at an advantage compared to the science teachers because of the international medical conferences and support of the pharmaceutical companies. Overall, more international mobility of both staff and students is needed.

The panel has seen no evidence of international benchmarking. Some chairs are involved in benchmarking but it is not done at institutional level. Previously the panel already noticed that the influence of external stakeholders is limited.

Conclusion: Although the university is well aware of the importance and need to be involved in an international setting, the panel did not find enough proof of a real implementation of an internationalisation policy.

JUDGEMENT

YSMU does not meet the requirements of criterion 9.

RECOMMENDATIONS

It is recommended:

- To set up a clear policy and regulations fostering a structured international relations programme;
- To put more emphasis on international benchmarking;
- To localise and make use of international best practices for research and education;
- To develop standards and mechanisms to assess the performance effectiveness in regard with foreign relations and internationalization;
- To enlarge the opportunities for foreign language teaching.

CRITERION X. INTERNAL QUALITY ASSURANCE SYSTEM

The institution has a set infrastructure for internal quality assurance, which promotes establishment of a quality culture and continual development of the institutions.

FINDINGS

10.1 In 2006, the Department for Institutional Reforms and Policies was established. Departmental activities were coordinated by the university vice-rector, who was also the head of this department. The department was also responsible for the issues on quality of education but the activity was not coordinated. In 2011 the Centre for Quality Assessment and Assurance was established after which the policy on quality assessment and assurance, strategy, regulations and procedures on the assessment of different aspects and activities of the university were elaborated. The methodical manual of education quality assessment and assurance is in the process of development.

10.2 Besides the Centre for Quality Assessment and Assurance, other units responsible for quality assurance were established in 2011, namely Standing Committee on University Education Quality Assessment and Assurance and respective Faculty Commissions. Currently the staff of the Centre comprises 5 officers. There are 5 members in Faculty Commissions and 11- in the Standing Central Committee. Two renovated and furnished rooms have been arranged in order to organize the Centre's working activities. There are sufficient building blocks, logistics and human resources for the Centre to function. As a result of the necessary resource provision for the Centre the short-term strategic plan on quality assurance has been developed.

10.3 Within 2006-2010 period, the external stakeholders were not involved in quality assurance processes and the involvement of internal stakeholders was not coordinated. During those years annual meetings with the participation of the alumni and employers from RA regions were organized during which labour market demands, employers' satisfaction from YSMU alumni and other issues were discussed about. Both internal (lecturers/teachers, students) and external (clinical residents, physicians, heads of divisions, etc.) take part in surveys conducted by the Commissions on Educational Quality. The Policy of the Centre for Quality Assurance highlights the importance of stakeholders' involvement in quality assurance processes. According to the policy, it is necessary to ensure the engagement of students, alumni and employers in different cycles of management and to assess satisfaction rates. Since 2011, teachers, field specialists and students have being engaged in the Institutional Standing Committee and Faculty Commissions for Quality Assessment and Assurance.

10.4 The analysis of the effectiveness of the activity carried out by the Department for Institutional Reforms and Integration Policies was made only once; at the end of 2010 and the assessment of efficiency of the activity carried out by the Centre for Quality Assurance, established in 2011, was made after its establishment. The Charter and working plans of the Centre were elaborated in 2011 and respectively the responsibilities and functions were distributed upon officers, and the Centre's internal organogram was set up.

Surveys which have been elaborated to assess the grading system are means to assess the existing system. A number of suggestions have been put forward in regard to making possible changes in the grading system. Besides, some other surveys have been conducted among employers, teachers and clinical residents to assess the efficiency of currently existing academic system, curricula, its separate components, grading system, as well as procedures for improving faculty qualification.

A set of tools and procedures have been developed on the assessment of the students' knowledge, the assurance of the quality of the teaching staff, transparency of information, educational resources and

supporting services and the enhancement of efficiency of informative systems. The identification card system which has been elaborated and is currently in a process will allow the university to study the availability and efficiency of supporting services.

10.5 Until 2010 there were no sufficient grounds for external evaluation. However, the self-analysis which was conducted at the university for the first time will give that opportunity. For the purpose to draft the self-analysis report a commission has been established by the university Rector's Order.

10.6 There is a separate web-page within the official web-site of the university which is designed to publicize the Centre's policy and strategies, outputs of studies conducted by the Centre and brief summaries of reports. Twice or three times a year, meetings with students and the teaching staff are held during which the working activities of the Centre, current issues and possible solutions for them are discussed.

CONSIDERATION

The internal quality assurance system is newly established at the university and is in the process of development. The panel is confident in the development of the Centre at YSMU. Staff members involved in the process of internal quality assurance showed competence and motivation. The processes for quality assurance and transparency are a new culture and still need further consideration and development. From this perspective, it is still early to speak about the effectiveness and efficiency of the current activities. It is good work in progress.

Conclusion: The panel concludes that the university's attempt to involve different stakeholders in quality assurance processes is a good basis for establishing a quality culture. In this transition phase, the initiation of staff capacity building in quality assurance is necessary for the further development of the system.

JUDGEMENT

Following the overall description of criterion 10, the panel assesses it as positive, accepting the fact that the IQA policy was only recently introduced and geared by very dedicated staff members.

RECOMMENDATIONS

It is recommended:

- To ensure that formal quality assurance procedures are put into practice;
- To continue to invest in the actual involvement of especially the teaching staff so as to further develop the quality culture;
- To enlarge the human, material and financial resources aimed at raising the efficiency of management of internal quality assurance processes, involving more stakeholders;
- To regularly carry out self-evaluation processes and to ensure the existence and applicability of feedback mechanisms;
- To strengthen the link between management and quality assurance (also see criterion 2).

OVERVIEW OF THE ASSESSMENTS

CRITERION	DECISION
<i>1. Mission and purpose</i>	YES
<i>2. Governance and administration</i>	YES
<i>3. Academic programmes</i>	YES
<i>4. Students</i>	YES
<i>5. Faculty and staff</i>	YES
<i>6. Research and development</i>	NO
<i>7. Infrastructure and resources</i>	YES
<i>8. Social responsibility</i>	YES
<i>9. External relations and internationalization</i>	NO
<i>10. Internal quality assurance</i>	YES

VI. PEER REVIEW ON THE BASIS OF INTERNATIONAL STANDARDS

As critical friends, the panel also conducted a peer review according to international standards following the ambition of the universities to be partners in the European Higher Education Area. This review resulted in a number of observations and recommendations related to the ambition of YSMU to be a partner in the European Higher Education Area.

Observations

- 1 The university is clearly in a phase of **transition**. The panel has seen a discrepancy between the university's strategy and the actual situation. Wanting to be a partner in the European Higher Education Area has several consequences. Not everybody seems to realise that. And change needs time, but at one point decisions have to be made so as to move forwards and implement the changes.
- 2 The **programmes** are rather traditional in the sense that they are discipline-based and teacher-based. The emphasis is also more on the theoretical knowledge than on the clinical skills and professional behaviour. Aiming at modernizing the programmes one would expect a more multi-disciplinary and student-centred approach.
- 3 **Research** activities are very limited both in terms of output and in the number of staff and students involved in research.
- 4 Only a limited number of students participate in international activities. Also not all staff in engaged in **internationalisation**.
- 5 The panel has seen no evidence of international **benchmarking**. Some chairs are involved in benchmarking but it is not done at institutional level.
- 6 The mechanism for **data collection** is there but is not yet fully developed, not yet fully integrated.
- 7 As such the internal **structure** of providing information on the quality of programmes is rather complicated. There are many committees and councils involved and one can wonder that is the most effective way to organise things.
- 8 The panel has seen sufficient evidence about the involvement of internal stakeholders but the representation of **external stakeholders** seems to be limited to the various committees. Also the communication with external relations is mostly informal. So the input of external stakeholders is somehow lacking.
- 9 More than 90% of the **budget** is allocated to the educational process leaving less than 10% for research and overhead.

Recommendations

The panel's recommendations relate to issues as a result of the university's ambition to implement change following Bologna. These issues concern amongst others: change management, a professional educational office, the modernizing of the educational concept, an increase of efforts in research, and further investment in internationalisation.

- 1 Given the present situation of a rather traditional university and the fact that the university has a strategy to modernize and to direct it towards the European Higher Education Area, there is a discrepancy the university should plan to overcome. Also the university should further discuss and clarify the meaning and consequences of Bologna. The panel recommends defining a **project for change management** including a timetable with clear set aims and objectives for the next 5 years.

- 2 The university should try to make its internal structure less complicated and more effective. A good start might be to reconsider the function of all committees, and to reduce their number. In the end, the university might want to opt for a **lean organisational structure**.
- 3 Wanting to reform the educational process the panel advises to further support a **professional educational office** for modernizing teaching and learning environment. This central office with educational experts well acquainted with the latest international developments can support staff in all educational matters such as curriculum design, assessment and student support. It is essential to have a clear educational concept based on the latest international insights and made fit for purpose. An educational office of professionals can take the lead in developing this concept involving all internal stakeholders. Also good use can be made of good practice present in the university (cf. Public Health).
- 4 A special concern regards the **composition of staff and the policy of recruitment**. The university needs to invest in attracting staff from abroad. Also the number of visiting professors and the exchange of staff members need to be increased. The university should also stimulate and facilitate its Armenian staff members to go abroad and do part of their training outside their own university. And the university needs to invest in professional educational training of young staff. There are plans to start a centre for training, and that is a positive development.
- 5 Also related to staff but also students: make sure that all teachers and students are actively involved in **research**. In essence, it is necessary to rethink the strategy for research and to give research a more central role in the university and its programmes. Leaders in research programmes need to adhere to international standards. Research should be an obligation for all students and staff members, and should be structurally integrated in the curriculum meaning that ECTS points needs to be allocated to their research activities. Educators in a university should also be researchers. The panel also wants to advise to focus on a selected number of areas in alignment with the university's strategy rather than every professor concentrating on his own research subject. Creating centres of excellence is certainly something to consider. Also the position of the present research centre needs to be clarified and as mentioned before, reconsider the budget allocated for research.
- 6 As far as the **facilities** are concerned, the panel recommends implementing an integrated IT-system for students. The university should consider investing in IT-facilities such as an e-library and computers instead of in paper books and journals. Some equipment in the clinics is state-of-the-art. At the same time, some basic equipment is missing or out-dated. Cooperation with other clinics, universities and even commercial enterprises should be considered so that high-technological and therefore expensive machines, devices etc. can be shared. Also the facilities for students with special needs should be improved.

APPENDIX 1. CURRICULA VITAE OF THE PANEL MEMBERS

Prof. dr. Ben Van Camp MD (1971), Specialist Internal Medicine, Haematology (1976), PhD (1980)

Actual position

President of the Board of Governors of the University Hospital (UZ Brussels) and steering committee of the University Medical Centre-Brussels project.

Member of the “OECD Programme on Institutional Management in Higher Education (IMHE)”, as delegate for the Flemish Interuniversity Council (VLIR) since 2011.

Full Professor in Haematology (since 1988)

Past positions

Rector of the Vrije Universiteit Brussel (2000-2008) and Dean of the Faculty of Medicine (1994-2000).

In both capacities he adapted the Academic and administrative Organisation of the University and led the implementation of the “Bologna” changes with emphasis on curriculum changes and quality assurance in all aspects of the academic mission (research, education and services to society).

As an active member (2007-2011) of the Steering Comité of UNICA (Network of the Universities of the Capitals of Europe), he took part in the evaluation processes of member universities and initiated efforts for joint International Master and PhD programmes.

Head Division of Clinical Haematology (UZ Brussels) (1985-2012).

Panel member NVAO institutional audit Erasmus Universiteit Rotterdam (2012).

Honorary titles

Belgian Franqui Chair University of Antwerp (2001); Member of the Royal Flemish Academy of Medicine (2002); King Albert II of Belgium has honoured him with the peerage of Baron (2007)

Prof. dr. H.F.P. (Harry) Hillen (1943) was trained as internist and specialist in hemato-oncology. In 1993 he was appointed as professor of Internal Medicine and Medical Oncology at Maastricht University. In 1996 he became head of the Department of Internal Medicine and director of the Internist specialty training at the Academic Hospital Maastricht. He has published over 100 scientific papers in the research domains of oncology and general internal medicine.

In 2003 he was nominated as dean of the Faculty of Medicine at Maastricht University and in 2007 as dean of the Faculty of Health Medicine and Life Sciences (FHML).

He was vice-president of the board of Maastricht University Medical Centre +.

Medical training and education were fields of special interest during his academic career.

Internationally, he was board member of the European Federation of Internal Medicine, and editor of the “European Journal of Internal Medicine”. Since 2001 he is Fellow of the American College of Medicine.

After his retirement at 65, he is working now as adviser to the Board of Maastricht University with assignments in international medical education and in international university ranking. In 2008 and 2011/12 he was the chairman of the accreditation committee for the undergraduate medical training programmes in the Netherlands. Chair initial accreditation of four off-shore medical schools (NVAO procedure).

Samvel Pipoyan: In 1987, became a diploma specialist in biology. In 1993, got PhD degree in biological sciences. In 2010, he got his doctor’s degree. His scientific researches include the fields of the zoology, vocational education and trainings. In 1991- 2008 he was the head of the “Vocational education and trainings” department in the MoES. In 2008-2010 he was the founder of the National Centre for Vocational Education and Training development. From 2010 till now he is the head of the staff department in The National Security Council. Since 2012, he is a professor in the biological chair of the Armenian State Pedagogical University. He has more than 85 scientific articles in the field of the biology, 1 monograph, 1 learning manual, in the field of the professional education he has more than

15 articles, one learning manual, 4 scientific researches. He is a cofounder and a board member of the “Reforms in the professional education” NGO, one of the founders and board member of Life-long learning Armenian league, the president of the committee of the agricultural field, board member of CIC adult- learners educational base, cofounder of the “adult-learners and life-long learning” NGO, management board member of the Meghri state college, management board member of the Armenian State Pedagogical university. He participated in more than 20 scientific conferences in the field of professional education.

Levon Yepiskoposyan: In 1974 graduated from Moscow State University, major - Biology, Anthropology. He got PhD (Biology, Anthropology): "Thyroid activity and physical development of children and adolescents", Moscow State University in 1977. In 1989, he became DSc (Biology, Genetics): "Genetics of growth processes in human ontogeny", Institute of General Genetics, Russian Academy of Sciences. The research areas include Human population genetics (Genetic history of the Armenians and other indigenous peoples of south-west Asia), Palaeoanthropology (Lesser Caucasus as a transient corridor for ancient human migrations), Medical Genetics (Population genetics of familial Mediterranean fever in different geographic groups of Armenians), Health Statistics (The factors of infant mortality in Armenia). In 1978-1991, he was Senior Researcher in Yerevan State Medical University. Since 1991, Director of "Institute of Man" LLC. In 1995-1996 he was the Rector of Artsakh State University; in 2000-2002 - Head of Health Policy Department at the Ministry of Health of Armenia; in 2002-2005 – Director of Centre of Medical Information, MoH, Armenia. He has been Head of the Laboratory of Ethnogenomics of Institute of Molecular Biology, National Academy of Sciences since 2007. He is also Lecturer at Yerevan State University since 1981 and Professor at Russian-Armenian (Slavonic) University since 2009. He is member of European Anthropological Association (EAA) since 1992; Armenian Association for Molecular and Cellular Biology since 2012, and member of a scientific council at the Institute of Molecular Biology, NAS RA since 2007. He participated in EAA Congresses (1994, 1996, 1998, 2000), conferences on human population genetics (2002-2012) as well as on Economics and Human Biology (2004, 2006). He holds Soros Foundation Award for Scientific Achievements, 1993, got Royal Society (UK) extra-quota scholarship for short-term academic visit to UK, 1999 and EU "Erasmus Mundus" scholarship in “Quaternary and Prehistory” to third-country scholars, 2009.

Anna Margaryan: Graduated from the Yerevan State Linguistic University after V. Brusov holding the bachelor degree in Linguistics. Currently she is student at Armenian State University of Economics, Chair of Education Management. She was working in “LX Production” (2010) and in “S & V TRANS” (2011) as a manager. In 2011 she worked at School N105 as an English teacher, and now working at the Department of State Property Management by the Government of RA as an assistant of the Deputy Head of Department.

APPENDIX 2. SITE-VISIT AGENDA



Pilot YSMU: 9 – 15 June 2013

Pilot Institutional Audit YSMU – June 2013

- Sunday 9 June – panel meeting institutional audit (*morning/lunch*)
- Monday 10 June – interviews institutional audit
- Tuesday 11 June – interviews institutional audit
- Wednesday 12 June – panel meeting (*morning/lunch*)

Chair: prof. dr. Ben Van Camp (Brussels, Belgium)

Sunday 9 June – panel meeting institutional audit (*morning/lunch: 09:00-14:00*)

1. 09:00 – 09:15 University's welcome to the panel
2. 09:15 – 13:15 Closed panel meeting including consulting documents on display (acquaintance, discussion of self-assessment report, preparation of interviews, reading of documents, assessment achieved learning outcomes)
< including lunch >

Monday 10 June – interviews institutional audit (*full day: 08:30-18:00*)

1. 08:30 – 10:00 Meeting with rector and 3 vice-rectors
2. 10:00 – 11:00 Meeting with educational management (deans)
3. 11:00 – 12:00 Meeting with educational management (heads of chairs)
4. 12:15 – 13:15 Visit of facilities (1): library and IT facilities
< Lunch and closed panel meeting >
5. 14:15 – 15:00 Meeting with student council and student scientific organization
6. 15:15 – 16:00 Meeting with academic council
7. 16:00 – 17.30 Closed panel meeting including consulting documents on display
8. 17:45 – 18:00 Meeting with rector

Tuesday 11 June – interviews institutional audit (*full day: 08:30-18:00*)

1. 08:30 – 09:30 Meeting with teaching staff
2. 09:45 – 10:45 Meeting with quality assurance staff and other members of staff
3. 11:00 – 12:00 Open meeting/ consultation session;
4. 12:00 – 13:00 Visit of facilities: student services, visit to the clinic
< Lunch and closed panel meeting >
5. 14:15 – 15:00 Meeting 1 with subdivision A: Stomatology⁹
6. 15:15 – 16:00 Meeting 2 with subdivision B: Pharmacy

⁹ Dean, 3 representatives Faculty Council, 2 students (6 in total per subdivision; time 45')

7. 16:15 – 17:00 Meeting 3 with subdivision C: Military Medicine
8. 17:15 – 18:00 Meeting 4 with subdivision D: Public Health

Wednesday 12 June – panel meeting (*morning: 09:00-12:00*)

1. 08:30 – 12:00 Closed panel meeting, including quick lunch (sandwiches)
2. 13:00 – 14:00 Meeting with the Governing Board

Saturday 15 June – feedback session institutional audit (*morning: 09:30 – 10.30*)

1. Presentation of initial findings by panel

APPENDIX 3. LIST OF DOCUMENTS REVIEWED

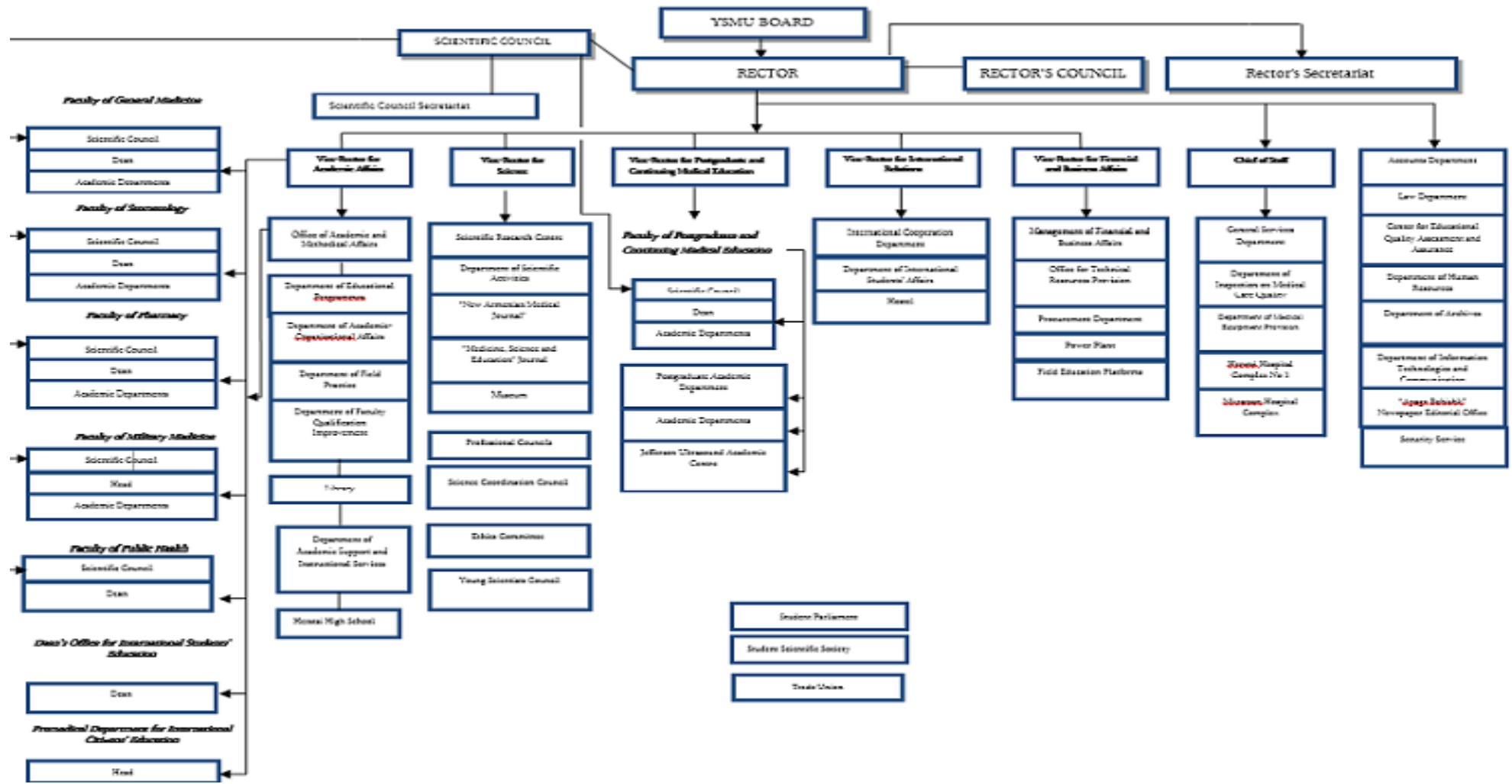
N	Name of the document	Criterion
1	RA Law on Higher and Post-Graduate Professional Education	1
2	RA Law on State Non-Commercial Organizations	1
3	The Order 15.08.2006 N671-N of RA Minister of Science and Education on Getting Second Profession in RA Higher Education Institutions	1
4	RA Government Decree 31.03.2011 N 332-N on Approving RA National Education Qualifications Framework	1
5	RA Government Decree 22.12.2005 N 2307-N on Introducing Credit System in RA Higher Education	1
6	RA Government Decree 30.08.2007 N1038-N on Approving the List of Professions of RA Higher Education	1, 3
7	The Order 17.11.2011 N1242-N of RA Minister of Science and Education on Approving the Regulation on Expulsion and Reinstatement of Students at RA Higher Education Institutions	1
8	Charter of YSMU State Non-Commercial Organization	1
9	Strategy plan of YSMU 2006-2010	1
10	Strategy plan of YSMU 2011-1015	1
11	Structure of YSMU State Non-Commercial Organization	2
12	Regulation of Scientific Council of YSMU State Non-Commercial Organization	2
13	Regulation of Educational-Methodological Department	2
14	Procedure on electing heads of the chairs	2
15	Records of YSMU Scientific Council	2
16	Action plan of the General Medicine Faculty (2012-2013)	2
17	Curricula of YSMU academic programmes	3
18	Procedure for annual monitoring of YSMU academic programmes	3
19	Regulation of YSMU academic depts completion	3
20	Regulation on Organizing and Holding YSMU Bachelor and Master Graduates' Summative Certification	3
21	Regulation on YSMU oral examinations procedure	3
22	Procedure for final exams of Bachelors and Masters	4
23	Charter of YSMU Students' Parliament	4, 2
24	Procedure for the evaluation of students' knowledge assessment system	4
25	Procedure on Student Transfer, Orders of Education-Methodological Department about Transfers	4
26	Teaching staff selection procedure in YSMU	5
27	Department Staff, Lecturers' Ranks, Academic Load and Remuneration Regulation	5
28	Regulation on faculty of chairs, teaching staff classes and academic workload at YSMU	5
29	Questionnaires for the evaluation of teaching staff qualifications	5
30	List of publication in YSMU	6
31	Procedure of QA of learning resources and student support services	7
32	Financial incomes/expenses of YSMU	7
33	Quality assurance policy of YSMU State Non-Commercial Organization	10
34	Regulation of Centre for Quality Assurance and Evaluation at YSMU State Non-Commercial Organization	10
35	Institutional self-evaluation procedure of YSMU State Non-Commercial Organization	10

36	YSMU Quality assurance concerns (Annual report of Quality Assurance and Assessment Center)	10
37	Tools Evaluating Educational Resources of YSMU Centre for Quality Evaluation and Assurance	10
38	Results of surveys of teaching and learning process evaluation conducted among students and teachers/lecturers	10
39	Results of surveys conducted among alumni and employers	10

APPENDIX 4. LIST OF EDUCATIONAL FACILITIES

- Library
- Reading hall
- IT hall
- Visit to “Heratsi” N1 university hospital
 - ✓ Clinic of ophthalmology – study rooms for clinical learning, room for treatment through computer equipment, room for electrophysiological studies, consultation room, orthoptic treatment room, pleoptic treatment room, functional diagnostic room, children’s sight protection room
 - ✓ Clinical diagnostic laboratory - computer tomography, magnetic resonance imaging, angiography, study room
 - ✓ Clinic of general and invasive cardiology – examination room
 - ✓ Clinic of general endovascular neurosurgery

APPENDIX 5. ADMINISTRATIVE STRUCTURE OF YEREVAN STATE MEDICAL UNIVERSITY



APPENDIX 6. LIST OF THE ABBREVIATIONS

1. **ANQA**-National Centre for Professional Education Quality Assurance, Foundation
2. **ANQF**- Armenian National Qualification Framework
3. **ARQATA**- Armenia Quality Assurance Technical Assistance
4. **ECTS**-European Credit Transfer System
5. **ESG**_ Standards and guidelines for Quality Assurance in European Higher Education Area
6. **NVAO**-Dutch-Flemish Accreditation Organization
7. **PDCA**- Plan Do Check Act
8. **RA**- Republic of Armenia
9. **SER**-Self-evaluation report
10. **YSMU**- Yerevan State Medical University