NATIONAL CENTER FOR
PROFESSIONAL EDUCATION
QUALITY ASSURANCE FOUNDATION

ACCREDITATION COMMITTEE

ANQA-2025/139

DECISION No. 139

July 11, 2025

ON ACCREDITATION OF INSTITUTIONAL CAPACITIES OF MEDICAL COLLEGE AFTER MEHRABYAN

General Information about the Institution

Full name of the Institution:	Medical College after Mehrabyan (SNPO)
Official Address:	1 Sundukyan St., Apt. 55, 21 Hrachya Kochari St., 51 Komitas Ave., Yerevan, RA
Previous Accreditation decision and date:	**Institutional accreditation for a period of four years, Decision No. 44, May 5, 2021**

Guided by the Statute on State Accreditation of Tertiary Level Institutions and their Academic Programmes approved by the RA Government Decree No. 978-N as of June 30, 2011, the RA Government Decree No. 959-N as of June 30, 2011 on the Approval of Accreditation Criteria for Tertiary Education of RA, the Procedure on the Formation and Operation of the Accreditation Committee of the "National Center for Professional Education Quality Assurance" foundation (hereinafter referred to as "ANQA") as well as by the Regulation on the Formation of ANQA's Expert Panel, ANQA's Accreditation Committee (hereinafter referred to as the Committee) discussed the issue on accreditation of institutional capacities of the Medical College after Mehrabyan (hereinafter referred to as "TLI") in the session of the Accreditation Committee held on April 18, 2025.

The main phases of the accreditation process were carried out within the following periods:

Submission of application:	July 26, 2024
Submission of the self-evaluation:	January 16, 2025
Site visit by the expert panel:	March 12-14, 2025

Submission of the expert panel report: June 17, 2025

Submission of the preliminary follow-up plan January 17, 2025

The external review of the TLI's institutional capacities was carried out by the following expert panel:

- **Gagik Ktryan**, teacher at the European University of Armenia, Candidate of Physical and Mathematical Sciences, chair of the expert panel.
- **Naira Arshakyan,** teacher at the Department of Pharmacognosy of the Yerevan State Medical University after Mkhitar Heratsi.
- **Asya Hakobyan,** teacher of Anatomy and Pathology and head of the Internship Division at the Yerevan State Basic Medical College.
- **Areg Khalapyan,** student at the Armenian Medical Institute.

The evaluation was conducted according to the 10 criteria of institutional accreditation approved by the RA Government Decree No. 959-N as of June 30, 2011. Evaluation against accreditation criteria:

Evaluation	Conclusion
1. Mission and Purpose	Satisfactory
2. Governance and Administration	Unsatisfactory
3. Academic Programmes	Satisfactory
4. Students	Satisfactory
5. Faculty and Staff	Satisfactory
6. Research and Development	Satisfactory
7. Infrastructure and Resources	Satisfactory
8. Societal Responsibility	Satisfactory
9. External Relations and Internationalization	Satisfactory
10. Internal Quality Assurance System	Unsatisfactory

Having examined the institution's self-evaluation of institutional capacities and comments on the preliminary version of the expert panel report, the expert panel report, the preliminary follow-up plan; having heard the conclusions on the expert panel evaluation, which were made by the two members selected by the Chair of the Accreditation Committee and were formed as a result of the

meetings with the expert panel members and the institution's representatives; as well the comments and suggestions made by the Accreditation Committee members, the Committee stated the following:

1. The institution ensures the credible award of qualifications.

The institution's academic programmes (APs) are developed in accordance with state academic standards. Given the specific nature of medical professions, the practical component of professional modules has been expanded and different types of internships have been introduced, most of which are conducted at employers' facilities. However, the APs do not include elective courses. Their alignment with employers' requirements is not yet carried out systematically. The monitoring and benchmarking findings are not sufficiently used to inform the AP revision. It is recommended that the institution increase the flexibility of its APs through the introduction of elective courses and regular AP revisions, drawing on the analyses of employer requirements, graduate feedback and benchmarking. The teaching staff predominantly consists of experienced specialists, including employers. However, the relatively high average age of the teaching staff, coupled with limited opportunities to attract younger teachers, requires continuous attention. It is recommended that the institution develop a continuous professional development strategy for its teaching staff, including the systematic planning of sector-specific training and the introduction of mentoring mechanisms for novice teachers. The institution is generally equipped with the resources necessary to support the educational process. However, some resources are not utilised for their intended purposes. Certain buildings still require renovation. Further attention is needed to advance digitalisation and update library resources. It is recommended that the institution adopt a planned and strategic approach to resource management, incorporating mechanisms for the purposeful distribution of educational spaces, the implementation of digitalisation initiatives, the expansion of the library's electronic resources and the systematic utilisation of partner resources.

2. Strategic management and the quality assurance system are still in the development stage. There are enhancement areas to ensure results-based governance.

The institution has established basic governance structures and demonstrated efforts towards strategic planning. However, further enhancements are needed to establish a results-based governance system that ensures sustainability, a clear distribution of responsibilities and active

stakeholder engagement. Decision-making remains largely centralised around the director. It is recommended that the institution revise its decision-making mechanisms to enhance participation at all levels of governance and establish clear criteria for the evaluation of the director's performance. The staff's excessive workload indicates an uneven distribution of functions and responsibilities. It is recommended that the institution review the functions of its structural units, clearly defining their responsibilities and ensuring the availability of adequate resources, including human resources. It is also recommended that the institution revise its strategy through the introduction of KPIs and systematic monitoring mechanisms to support accountability and enable an effective evaluation of progress towards the achievement of strategic objectives. The QA system has been established. However, its practical implementation and impact remain limited. Surveys and reports are generally not accompanied by sufficient analysis, and their findings are not systematically used to inform enhancement processes. It is recommended that the institution develop a unified methodology, ensure the involvement of various stakeholders, particularly students and employers, and promote the purposeful use of quality monitoring results.

3. Internationalisation and research/creative activities have development trends and contribute to the credible award of qualifications.

The institution cooperates with various medical and educational organisations through exchange visits, conferences and internships. It is recommended that the institution develop an internationalisation strategy with well-defined objectives, designated responsible persons and evaluation mechanisms. The research environment is still in the development stage. Students are engaged in thematic projects, individual works and, in certain professions, graduation papers. The institution also publishes a periodical "Scientific Bulletin". However, these activities are predominantly individual in nature, and methodological guidelines and assessment criteria have not yet been established. It is recommended that the institution introduce clear structural and content requirements for independent student assignments, align research topics with challenges identified by employers and practical experiences gained through internships to foster students' research skills and professional analytical thinking, evaluate the outcomes of the introduction of graduation papers and extend this practice to other APs.

4. The follow-up plan should give urgent solution to the issues identified in Points *1, 2* and *3,* ensuring relevant mechanisms for the prevention and management of potential risks.

Taking into consideration the above mentioned, as a result of an open voting, the Accreditation Committee:

DECIDED

1. **To award institutional accreditation to the Medical College after Mehrabyan for 4 /four/ years.**
2. After the publication of the decision on accreditation award, to submit a revised follow-up plan based on the expert panel report and respective time schedule to ANQA within two months. The plan should be approved by the institution's Governing Council.
3. Organise a self-audit of all APs prior to the next accreditation.
4. In accordance with the requirements set by point 12 of the Statute on State Accreditation of Tertiary Level Institutions and their Academic Programmes, every 2 /two/ years to submit a written report to the ANQA on the results of carried out activities by ensuring the evaluation of enhancement of the TLI's activity, innovations and achievements. The evaluation results should be discussed at the institution's Governing Council.
5. To assign the ANQA to carry out mandatory monitoring of the effectiveness of the TLI's activities in accordance with the KPIs.

Chair of the Accreditation Committee: **V. Gabrielyan**

July 11, 2025

Yerevan