

**Standard Criteria for Medical Education
(Basic Medical Education, Undergraduate Level)
B.E. 2564 (2021)
(Translated version)**

Standard Criteria for Medical Education (Basic Medical Education, Undergraduate Level) for establishment/improvement of medical education programs and accreditation of medical schools, the 2021 Revision, are developed from the 2017 Revision by integrating Basic Medical Education WFME Global Standards for Quality Improvement, the Draft 2020 Revision. This set of standards has been reviewed by a group of experts from Medical Schools, Consortium of Thai Medical Schools and Thai Medical Council.

The Standard Criteria for Medical Education (Basic Medical Education, Undergraduate Level) are structured according to nine (9) areas with 35 sub-areas.

AREAS are defined as broad components in the structure, process, and outcomes of medical education which cover:

1. Missions
2. Medical education program(s)
3. Assessment of students
4. Students
5. Academic staff/ faculty
6. Educationnal resources
7. Program evaluation
8. Organization and administration
9. Quality assurance and continuous renewal

SUB-AREAS are defined as specific aspects of an area, corresponding to performance indicators.

STANDARDS are specified for each sub-area using two levels of attainment as follows:

Basic standard (in numerical order starting with a B). This means the standards that every medical institute must achieve and must be ready to exhibit during the assessment.

Basic standards are expressed by a "**must**".

Standard for quality development (in numerical order starting with a Q) This means that the standard is in accordance with the international consensus about best practice(s) for medical schools and basic medical education. Fulfillment of- or initiatives to fulfil- some or all of such standards will vary with stages of development, available resources, and educational policy of each medical school.

Even the most advanced school might not comply with all the standards.

Standards for quality development are expressed by a "**should**".

Under this 'Standard', "schools" means "medical schools".

In this B.E. 2564 (2021) revision, there are 186 criteria (117 basic standards, and 69 standards for quality development).

1. MISSIONS

1.1 MISSIONS

Basic standards:

The medical school **must**

- state its missions, vision and strategies. (B 1.1.1)
- consider that the missions, vision, and strategies encompass the health needs of the community, the needs of the health care system and other aspects of social accountability. (B 1.1.2)
- make it known to the public. (B 1.1.3)
- outline the educational strategy relevant to the Thailand Qualifications Framework (Medicine), Standard Criteria for Medical Profession of Thai Medical Council and medical school missions. (B 1.1.4)

Quality development standards:

The medical school **should** ensure that the missions, vision and strategies encompass

- medical research attainment. (Q 1.1.1)
- aspects of global health. (Q 1.1.2)
- In its process of renewal, the medical school should adapt its mission and vision to the scientific, socio-economic and cultural development of the society. (Q 1.1.3)

1.2 INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM

Basic standards:

The medical school **must** have institutional autonomy to

- formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding
 - design of the curriculum. (B 1.2.1)
 - use of the allocated resources necessary for implementation of the curriculum. (B 1.2.2)

Quality development standards:

The medical school **should** ensure academic freedom for its faculty/academic staff and students

- in addressing the actual curriculum. (Q 1.2.1)
- in exploring the use of new research results to illustrate specific subjects without the need to expand the curriculum. (Q 1.2.2)

1.3 PARTICIPATION IN FORMULATION OF MISSIONS?

Basic standard:

The medical school **must**

- ensure that its principal stakeholders (medical school board, medical program administration committee, faculty and staff) participate in formulating the educational missions. (B 1.3.1)

Quality development standard:

The medical school **should**

- ensure that the formulation of its missions is based also on inputs from other stakeholders. (Q 1.3.1)

2 EDUCATIONAL PROGRAM

2.1 EDUCATIONAL OUTCOMES

Basic standards:

The medical school **must**

- define the intended educational outcomes and educational strategies that students should exhibit upon graduation in relation to
 - their achievements at a basic level regarding knowledge, skills, and attitudes according to the Standard Criteria for Medical Profession of Thai Medical council. (B 2.1.1)
 - appropriate foundation for future career in any branch of medicine and their future roles in the health sector. (B 2.1.2)
 - their subsequent postgraduate training. (B 2.1.3)
 - their commitment to and skills in life-long learning. (B 2.1.4)
 - the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 2.1.5)
- ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives. (B 2.1.6)
- make the intended educational outcomes publicly known. (B 2.1.7)

Quality development standards:

The medical school **should**

- specify and co-ordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training or study. (Q 2.1.1)
- specify intended educational outcomes of student engagement in medical research. (Q 2.1.2)
- draw attention to global health related intended outcomes. (Q 2.1.3)
- specify the intended educational outcomes of the graduating students in accordance with documented needs of the environment they will enter. The modification might include clinical skills, public health training, and involvement in patient care appropriate to responsibilities encountered upon graduation. (Q 2.1.4)

2.2 FRAMEWORK OF THE PROGRAM AND TEACHING METHODS

Basic standards:

The medical school **must**

- define the overall curriculum. (B 2.2.1)
- use a curriculum and instructional/learning methods that stimulate, prepare and support students to take responsibility for their learning process. (B 2.2.2)
- ensure that the curriculum is delivered in accordance with principles of equality. (B 2.2.3)
- equip the students with life-long learning skills (B 2.2.4)

2.3 SCIENTIFIC METHODS

Basic standards:

Throughout the curriculum, the medical school **must** ensure that its educational delivery includes contents relating to

- the principles of scientific method, including analytical and critical thinking. (B 2.3.1)
- medical research methods. (B 2.3.2)
- evidence-based medicine. (B 2.3.3)

Quality development standard:

In the curriculum, the medical school *should*

- include elements of original or advanced (individual) research. (Q 2.3.1)

2.4 BASIC BIOMEDICAL SCIENCES**Basic standards:**

In the curriculum, the medical school *must*

- identify and incorporate the contributions of the basic biomedical sciences to create understanding and developing concepts of scientific knowledge fundamental to acquiring and applying clinical science. (B 2.4.1)

Quality development standards:

In the curriculum, the medical school *should* adjust and modify biomedical sciences contents to keep up with

- scientific, technological and clinical developments. (Q 2.4.1)
- current and future anticipated needs of the society and the health care system. (Q 2.4.2)

2.5 BEHAVIORAL AND SOCIAL SCIENCES, MEDICAL ETHICS AND JURISPRUDENCE**Basic standards:**

In the curriculum, the medical school *must* identify and incorporate contents of the following:

- behavioral sciences. (B 2.5.1)
- social sciences. (B 2.5.2)
- medical ethics. (B 2.5.3)
- medical jurisprudence. (B 2.5.4)

Quality development standards:

In the curriculum, the medical school *should* adjust and modify contents of the behavioral and social sciences as well as medical ethics and medical jurisprudence to keep up with

- scientific, technological and clinical developments. (Q 2.5.1)
- current and anticipated needs of the society and the health care system. (Q 2.5.2)
- changing demographic and cultural contexts. (Q 2.5.3)

2.6 CLINICAL SCIENCES AND SKILLS**Basic standards:**

In the curriculum, the medical school *must* identify and incorporate contents of the clinical sciences in the Thai context to ensure that students will

- acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation. (B 2.6.1)
- spend a reasonable part of the program (about one-third of the program) in planned contact with patients under relevant clinical settings. (B 2.6.2)
- experience health promotion and preventive medicine. (B 2.6.3)
- specify the amount of time spent in training in major clinical disciplines. (B 2.6.4)
- organize clinical training with appropriate attention to patient safety. (B 2.6.5)

The medical schools *must*

- organize for the students to have early patient contact gradually including participation in patient care. (B 2.6.6)
- in the program, organize structure, mechanism and resources for clinical skills training according to the stage of study program. (B 2.6.7)

Quality development standards:

In the curriculum, the medical school *should* adjust and modify contents of the clinical sciences to keep up with

- scientific, technological and clinical developments. (Q 2.6.1)
- current and anticipated needs of the society and the health care system. (Q 2.6.2)

2.7 PROGRAM STRUCTURE, COMPOSITION AND DURATION

Basic standard:

The medical school *must*

- describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioral and social and clinical subjects. (B 2.7.1)
- manage horizontal integration of associated sciences, disciplines and subjects. (B 2.7.2)
- organize vertical integration of the clinical sciences with the basic biomedical and the behavioral and social sciences. (B 2.7.3)
- carry out courses in specific vocational group(s) to promote competencies that are in focus of the institution or promote capabilities of students according to their interests, not less than 12 credits and define the balance between the core and optional content as part of the educational program. (B 2.7.4)
- describe the interface with complementary medicine. (B 2.7.5)

2.8 PROGRAM MANAGEMENT

Basic standards:

The medical school *must*

- have a curriculum committee, which under the governance of the academic leadership (the dean) has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes. (B 2.8.1)
- ensure, in its curriculum committee, representation of staff and students. (B 2.8.2)

Quality development standards:

Under its curriculum committee, the medical school *should*

- plan and implement innovations in the curriculum. (Q 2.8.1)
- include representatives of other stakeholders. (Q 2.8.2)

2.9 LINKAGE WITH MEDICAL PRACTICE AND THE HEALTH SECTOR

Basic standard:

The medical school *must*

- ensure operational linkage between the educational program and the subsequent stages of education or practice after graduation. (B 2.9.1)

Quality development standards:

The medical school *should* ensure that the curriculum committee

- seeks inputs from working environments in which graduates are expected to work, and modifies the program accordingly. (Q 2.9.1)
- considers program modification in response to opinions of the community and society. (Q 2.9.2)

3 ASSESSMENT OF STUDENTS

3.1 ASSESSMENT METHODS

Basic standards:

The medical school **must**

- define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes. (B 3.1.1)
- ensure that assessments cover knowledge, skills and attitudes. (B 3.1.2)
- use a wide range of assessment methods and formats according to their “assessment utility”. (B 3.1.3)
- ensure that methods and results of assessments have avoided conflicts of interest. (B 3.1.4)
- ensure that assessments are open to scrutiny by external expertise. (B 3.1.5)
- use a system of appeal of assessment results. (B 3.1.6)

Quality development standards:

The medical school **should**

- evaluate and document the reliability and validity of assessment methods. (Q 3.1.1)
- incorporate new assessment methods where appropriate. (Q 3.1.2)
- encourage the use of external examiners. (Q 3.1.3)
- implement external audit of assessment system. (Q 3.1.4)

3.2 RELATION BETWEEN ASSESSMENT AND LEARNING

Basic standards:

The medical school **must** use assessment principles, methods and practices that

- are clearly compatible with intended educational outcomes and instructional methods. (B 3.2.1)
- ensure that the intended educational outcomes are met by the students. (B 3.2.2)
- promote student learning. (B 3.2.3)
- provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress. (B 3.2.4)

Quality development standards:

The medical school **should**

- adjust the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning. (Q 3.2.1)
- ensure timely, specific, constructive and fair feedback to students on the basis of assessment results. (Q 3.2.2)

The medical school **should**, in its process of renewal, address the following:

- development of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructional methods. (Q 3.2.3)

4 STUDENTS

4.1 ADMISSION POLICY AND SELECTION

Basic standards:

The medical school **must** formulate and implement the policies on:

- an admission based on principles of objectivity, including a clear statement on the process of selection of students. (B 4.1.1)
- a practice for admission of disabled students. (B 4.1.2)
- a practice for transfer of students from other national or international programs and institutions. (B 4.1.3)

Quality development standards:

The medical school **should**

- state the relationship between selection and the missions? of the school, the educational program and desired qualities of graduates. (Q 4.1.1)
- use a system for appeal of admission decisions. (Q 4.1.2)
- review periodically the admission policy, including selection methods and student intake to changing expectations and circumstances, human resource needs, changes in the premedical education system and the requirements of the educational program. (Q 4.1.3)

4.2 STUDENT INTAKE

Basic standard:

The medical school **must**

- define the size of student intake and relate it to its capacity at all stages of the program that is permitted by Thai Medical Council. (B 4.2.1)

Quality development standard:

The medical school **should**

- periodically review the size and nature of student intake in consultation with other stakeholders and regulate it to meet the health needs of the community and society. (Q 4.2.1)

4.3 STUDENT COUNSELLING AND SUPPORT

Basic standards:

The medical school and/or the university **must**

- have a system for academic counselling of its student population. (B 4.3.1)
- monitor the academic progression of students corresponding to all stages of learning outcomes and provide appropriate individual counselling. (B 4.3.2)
- provide academic counselling that includes career guidance and planning. (B 4.3.3)
- offer a program of student support, addressing social, financial and personal needs. (B 4.3.4)
- allocate resources for student support. (B 4.3.5)
- ensure confidentiality in relation to counselling and support. (B 4.3.6)

4.4 STUDENT REPRESENTATION/STUDENT ORGANIZATION

Basic standards:

The medical school **must** formulate and implement a policy on student representation and appropriate participation in

- mission statement. (B 4.4.1)
- design of the program. (B 4.4.2)
- management of the program. (B 4.4.3)
- evaluation of the program. (B 4.4.4)
- other matters relevant to students. (B 4.4.5)

The medical school ***must***

- encourage and facilitate student activities and student organizations. (B 4.4.6)

5. ACADEMIC STAFF/FACULTY

5.1 RECRUITMENT AND SELECTION POLICY

Basic standards:

The medical school **must** formulate and implement a staff recruitment and selection policy which

- outline the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioral and social sciences, and the clinical sciences required to deliver the curriculum adequately; including the balance between medical and non-medical academic staff between full-time, part-time academic staff and adjunct lecturers, and between academic and non-academic staff. (Academic staff includes academic staff, adjunct lecturers who regularly teach in the program, and who might or might not be on the tenure-track faculty.) (B 5.1.1)
- address criteria for scientific, educational and clinical merit, including the balance between teaching, research, and service functions. (B 5.1.2)
- specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioral and social sciences, and the clinical sciences. (B 5.1.3)

Quality development standards:

Under its policy for staff recruitment and selection, the medical school **should** take into account such criteria as

- relationship to its mission, including significant local issues. (Important issues include gender, ethnics, religious beliefs, languages/dialects, and other related issues.) (Q 5.1.1)
- economic considerations. (Q 5.1.2)

The medical school **should** review and improve faculty development process consistently by taking into account:

- adjustment of academic staff recruitment policy according to changing needs. (Q 5.1.3)

5.2 FAULTY TASKS AND FACULTY DEVELOPMENT/

Basic standards:

The medical school **must** formulate and implement a policy on faculty tasks and faculty development which ensures the following:

- a balance of capacity between teaching, research, and service functions. (B 5.2.1)
- recognition of meritorious academic activities, with appropriate emphasis on teaching, research, and service qualifications. (B 5.2.2)
- clinical service functions and research used in teaching and learning. (B 5.2.3)
- sufficient knowledge by individual staff members of the total curriculum. (B 5.2.4)
- teacher training, development, support, and appraisal. (B 5.2.5)
- teacher-student ratios relevant to the various curricular components. (B 5.2.6)

The medical school must

- design and implement a faculty recognition policy. (B 5.2.7)

Quality development standards:

The medical school **should**

- support and promote favorable intended behavior of the faculty members according to the faculty ethics especially in advising and interacting with the students. (Q 5.2.1)

The medical school **should** review and improve faculty development process consistently by taking into account:

- adjustment of academic staff development policy according to changing needs. (Q 5.2.2)

6. EDUCATIONAL RESOURCES

6.1 PHYSICAL FACILITIES

Basic standards:

The medical school **must**

- have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately. (B 6.1.1)
- ensure a learning environment, which is safe for staff, students, patients and their relatives. (B 6.1.2)

Quality development standard:

The medical school **should**

- improve the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices. (Q 6.1.1)

6.2 CLINICAL TRAINING RESOURCES

Basic standards:

The medical school **must** ensure necessary resources for giving the students adequacy of clinical experience, including number and categories of patients. (B 6.2.1)

- clinical training facilities. (B 6.2.2)
- supervision of their clinical practice. (B 6.2.3)
- In case the clinical training, either fully or partially with its affiliated institution, the medical school must
- adhere to a formal agreement which is signed by authorized parties. The agreement must enable the medical school to jointly and effectively supervise education delivery/training with the affiliated institution. (B 6.2.4)

Quality development standard:

The medical school **should**

- evaluate, adapt, and improve the facilities for clinical training to meet the needs of the population it serves. (Q 6.2.1)

6.3 INFORMATION TECHNOLOGY

Basic standards:

The medical school **must**

- formulate and implement a policy which addresses effective and legal and ethical use and evaluation of appropriate information and communication technology. (B 6.3.1)
- ensure access to web-based or other electronic media for independent/self-directed learning. (B 6.3.2.)
- enable the students to access relevant patient data for appropriate patient management. (B 6.3.3)

Quality development standards:

The medical school **should** enable teachers and students to use existing and exploit appropriate information and communication technology for

- working in health care delivery systems. (Q 6.3.1)

The medical school **should** review and develop its process consistently, by taking into consideration the following:

- managing educational resources according to changing needs, e.g. the student intake, size and profile of academic staff, and the educational program. (Q 6.3.2)

6.4 MEDICAL RESEARCH AND SCHOLARSHIP

Basic standards:

The medical school **must**

- formulate and implement a policy that fosters the relationship between medical research and education. (B 6.4.1)
- use medical research and scholarship within the medical school and affiliated institutes as a basis for the educational curriculum. (B 6.4.2)
- identify research resources and facilities of the institution. (B 6.4.3)

Quality development standards:

The medical school **should** ensure that medical research and education are closely related to

- influence current teaching. (Q 6.4.1)
- encourage and prepare students to engage in medical research and development. (Q 6.4.2)

The medical school should

- describe the research directions and priorities of the institution. (Q 6.4.3)

6.5 EDUCATIONAL EXPERTISE

Basic standards:

The medical school **must**

- have access to educational expertise wherever required. (B 6.5.1)
- have a representative from medical council in the curriculum development. (B 6.5.2)
- formulate and implement a policy on the use of educational expertise in development of curriculum, teaching and assessment methods. (B 6.5.3)

Quality development standards:

The medical school **should**

- demonstrate evidence of the use of in-house or external educational expertise in faculty and support staff development. (Q 6.5.1)
- pay attention to current expertise in educational evaluation and in research in the discipline of medical education. A unit responsible specifically for medical education might be set up for this purpose. (Q 6.5.2)
- offer opportunities for staff to pursue their educational research interest. (Q 6.5.3)

6.6 EDUCATIONAL EXCHANGES

Basic standards:

The medical school **must** formulate and implement a policy for

- national and international collaboration with other educational institutions, including faculty and student exchange programs. (B 6.6.1)
- credit transfer. (B 6.6.2)

Quality development standards:

The medical school **should**

- facilitate regional and international exchanges of faculty, non-academic staff and students by providing appropriate resources. (Q 6.6.1)
- ensure that exchange is purposefully organized on ethical principles, taking into account the needs of faculty, non-academic staff and students. (Q 6.6.2)

7. PROGRAM EVALUATION

7.1 MECHANISMS FOR PROGRAM MONITORING AND EVALUATION

Basic standards:

The medical school **must**

- have a program of regular curriculum monitoring of processes and outcomes. (B 7.1.1)

The medical school **must** establish and apply a mechanism for program evaluation that

- addresses the curriculum and its main components comprising structure, content, course duration including compulsory and elective courses. (B 7.1.2)
- stresses student progress. (B 7.1.3)
- identifies issues of concerns that will lead to an improvement plan. (B 7.1.4)

The medical school **must**

- ensure that relevant results of evaluation significantly influence the curriculum. (B 7.1.5)

Quality development standards:

The medical school **should** periodically evaluate the program by comprehensively addressing

- the context of the educational process. (Q 7.1.1)
- the specific components of the curriculum comprising course description, learning experiences and assessment. (Q 7.1.2)
- the long-term acquired outcomes. (Q 7.1.3)
- its social accountability. (Q 7.1.4)

The medical school **should review and develop** its process consistently, by taking into consideration the following:

- refinement and improvement of the process of program monitoring and evaluation. (Q 7.1.5)

7.2 TEACHER AND STUDENT FEEDBACK

Basic standard:

The medical school **must**

- systematically seek, analyze and respond to teacher and student feedback. (B 7.2.1)

Quality development standard:

The medical school **should**

- use feedback results for program development. (Q 7.2.1)

7.3 PERFORMANCE OF STUDENTS AND GRADUATES

Basic standards:

The medical school **must** analyze performance of cohorts of students and graduates in relation to

- objectives of the curriculum and intended educational outcomes. (B 7.3.1)
- provision of resources. (B 7.3.2)

Quality development standards:

The medical school **should** analyze performance of cohorts of students and graduates in relation to

- background and conditions of students. (Q 7.3.1)
- eligibility of applicants. (Q 7.3.2)

The medical school **should** use the analysis of student performance to provide feedback to the committees responsible for

- student selection. (Q 7.3.3)
- curriculum planning, management or development. (Q 7.3.4)
- student counselling. (Q 7.3.5)

7.4 INVOLVEMENT OF STAKEHOLDERS

Basic standard:

In its program monitoring and evaluation activities, the medical school **must**

- organize system and mechanism for its principal stakeholders to be involved in curriculum monitoring, curriculum evaluation, and development of teaching and learning and education resources. (B 7.4.1)

Quality development standards:

The medical school **should**

- allow other stakeholders to access results of program evaluation. (Q 7.4.1)
- seek feedback on the performance of graduates from other stakeholders. (Q 7.4.2)
- get feedback on the curriculum from other stakeholders. (Q 7.4.3)

8. ORGANIZATION AND ADMINISTRATION

8.1 ORGANIZATION

Basic standard:

The medical school *must*

- design its overall management structure and organizational leadership, including relationships within the university, composition of standing committee that cover roles, duties, responsibilities and reporting relationship. (B 8.1.1)
- formulate policy with implementation for faculty members to be engaged in institutional administration. (B 8.1.2)
- ensure transparency of the work of governance and its decisions. (B 8.1.3)
- evaluate key leaders of each level in relation to achievement of its missions? and intended educational outcomes at the specified period. (B 8.1.4)

Quality development standards:

The medical school *should*

- determine standing committee structure that also sees representatives from other stakeholders. (Q 8.1.1)

The medical school *should* review and develop its process consistently, by taking into consideration the following:

- revision of the organizational structure and administration for increased effectiveness to keep up with changing circumstances and needs while accommodating the interests of different groups of stakeholders in tune with future trends. (Q 8.1.2)

8.2 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION

Basic standards:

The medical school *must*

- have a clear line of responsibility and authority to allocate resources, including budget. (B 8.2.1)
- show that it has available financial sources for necessary allocation and distribution of resources for the implementation of the program, sufficient for instructions, academic staff/faculty development. Resources supported by its parent university/institution need to be seen as well. (B 8.2.2)

Quality development standards:

The medical school *should*

- have autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended educational outcomes. (Q 8.2.1)
- allocate resources for the development in medical sciences and the health needs of the society. (Q 8.2.2)

8.3 ADMINISTRATION AND MANAGEMENT

Basic standards:

The medical school *must* have professional staff to support teaching and learning that is appropriate to

- support implementation of its educational program and related activities. (B 8.3.1)
- ensure good management and resource deployment. (B 8.3.2)

The medical school ***must***

- organize support staff development according to their responsibilities at least 10 hours per year. (B 8.3.3)
- state policy and implementation of staff promotion/recognition (B 8.3.4)

8.4 INTERACTIONS WITH HEALTH SECTOR

Basic standard:

The medical school ***must***

- have constructive interactions with the health and health related sectors of society and government. (B 8.4.1)

Quality development standard:

The medical school ***should***

- formalize its collaboration, including engagement of staff and students, with partners in the health sector. (Q 8.4.1)

9. QUALITY ASSURANCE AND CONTINUOUS QUALITY IMPROVEMENT

Basic standards:

As a dynamic and socially accountable institution, the medical school *must*

- implement organizational quality development employing Education Criteria for Performance Excellence. (B 9.0.1)
- allocate sufficient resources for reviewing and continuous quality improvement. (B 9.0.2)
- correct areas for improvement as identified from assessment exercises with evidence provided. (B 9.0.3)