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PREAMBLE

This manual serves as a guide for the accreditation process of medical education programs. Accreditation plays a crucial role in ensuring that medical programs meet the highest standards of quality and produce competent physicians who are well-prepared to serve and lead in the healthcare field.

The purpose of this manual is to provide clear guidelines and procedures for the accreditation of medicine programs, fostering consistency and accountability across different higher education institutions providing medical education in Ethiopia. It is designed to be a valuable resource for program administrators, academic staff members, accreditation bodies and program assessors involved in the evaluation and assessment of medical education.

This manual included detailed information on the accreditation criteria, evaluation methodologies, and the documentation required for the accreditation process. These guidelines have been meticulously developed to encompass key areas such as program outcome, curriculum design, academic staff qualifications, student assessment, educational resources, clinical training, patient safety, and program evaluation.

The accreditation process outlined in this manual is guided by principles of excellence, patient-centered care, and continuous improvement. It recognizes the unique challenges and complexities of medical education, encouraging programs to embrace innovative pedagogical approaches while upholding the highest standards of medical practice.

Accreditation is a collaborative effort, involving the active engagement of program stakeholders including academic staff, students, clinical partners, and accrediting bodies. It fosters a culture of self-reflection, evidence-based decision-making, and professional development, promoting the highest quality education for future physicians.

While specific requirements for accreditation may vary depending on the accrediting body (ETA) and regional regulations, this manual provides a comprehensive framework that programs can adapt to suit their unique circumstances. It serves as a roadmap, guiding programs through the stages of self-assessment, external evaluation, and continuous improvement, with the ultimate goal of producing competent, compassionate, and ethical physicians.

We trust that this Medicine Program Accreditation Manual will prove to be an invaluable tool in your accreditation journey. By embracing the guidelines outlined within, programs can enhance their educational offerings, ensure the highest standards of medical training, and contribute to the overall improvement of healthcare systems.

Thank you for your commitment to medical education and for partnering with us in this vital endeavor. Together, let us embark on this accreditation journey, promoting excellence in medical education and ultimately improving patient care.

ABBREVIATIONS

AB	Accreditation Body
ASDDG	Accreditation and Standardization Deputy Director General
CEO	Chief Executive Officer
CQI	Continuous Quality Improvement
DCT	Data Collection Tool
EQF	Ethiopian Qualification Framework
ETA	Education and Training Authority
ETP	Education and Training Policy
GE	General Education
HE	Higher education
HEI	Higher Education Institute
HERQA	Higher Education Relevance and Quality Agency
ICT	Information Communication Technology
IQA	Internal Quality Assurance
MoE	Ministry of Education
MoSHE	Ministry of Science and Higher Education
NAB	National accreditation body
SAR	Self-Assessment Report
SSS	Student Satisfaction Survey
ToA	Team of Assessor
ToR	Terms of Reference
TVET	Technical and Vocational Education and Training

GLOSSARY OF TERMS

Academic Staff refers to personnel engaged by higher education providers who are involved in teaching, research and community service, training and supervision.

Adequate refers to satisfactory or acceptable in quality or quantity.

Alumni refers to graduates of a Higher Education Provider.

Assessment is a systematic mechanism to measure a student's attainment of learning outcomes.

Academic leadership refers to the positions and persons within the governance and management structures being responsible for decisions on academic matters. This includes teaching, researching, and giving service for community and the structure might contain dean, deputy dean, vice deans, provost, heads of departments, course leaders, directors of research institutes and centers, as well as chairs of standing committees.

Accreditation is the quality assurance process under which services and operations of educational and training institutions are evaluated and verified by an external body to determine if applicable and recognized standards are met.

Accrediting body legal entities that develop a set of standards and accredit programs and/or institutions meeting predefined quality standards.

Admission policy refers to the set of rules, regulations and criteria that institutions of higher education use to select and admit students into their programs. This policy outlines the requirements and qualifications that applicants must meet to be considered for admission.

Blueprint is a clear, written recipe for an exam that ensures all content (KSA) is covered fairly and the test is a balanced sample of all the learning objectives that students are expected to master it.

Curriculum is a document of academic programs that encompasses all aspects of teaching-learning and assessment delivered by programs towards the attainment of learning outcomes and the acquisition of graduate attributes.

Co-curricular Activities is an activity conducted outside the classroom that may or may not form part of the credits

Community Engagement refers to the active involvement and participation of HEIs and programs with the communities they serve. It is the role of HEIs incorporating community needs, concerns, and aspirations into the teaching and research of the institution to deepen relationship and trust between HEIs and community.

Conducive refers to a favorable surrounding or condition or environment with a positive effect on the students – can determine how and what the person is learning.

Competency refers to a student’s knowledge, skills and abilities which enable the student to successfully and meaningfully complete a given task or role.

Ethiopian Qualification Framework refers to an instrument that classifies qualifications based on a set of criteria that are approved nationally and benchmarked against international best practices.

Formative Assessment is referring to an assessment used to improve student learning and performance by giving feedback continuously.

Governance means the act and/or the structure governing of the program. Governance is primarily concerned with policy making, the processes of establishing general institutional and program policies, and also with control of the implementation of the policies.

Good practice refers to a set of internationally accepted norms which is expected to be fulfilled to maintain high quality.

Higher Education Institution (HEI) University, college, or other organization that delivers higher education.

Item analysis refers to a statistical technique that helps instructors identify the effectiveness of their test items. In the development of quality assessment item analysis plays an important role in contributing to the fairness of the test along with identifying content areas that may be problematic for students.

Learning outcomes are measurable achievements that the learner will be able to understand after the learning is complete. They are statements that describe the specific

knowledge, skill, and attitude that a learner demonstrates after the completion of program.

Principal stakeholders include the students, faculty, Ministry of Education, professional associations, education strategic center, and the public.

Program is an arrangement of courses/ subjects/ modules that is structured for a specified duration and learning volume to achieve the stated learning outcomes, which usually leads to an award of a qualification.

Program Accreditation is external evaluation of educational programs that meet predefined standards by recognized accrediting body.

Program goals/outcomes are general statements of what the program intends to accomplish; they describe learning outcomes and concepts in general terms. They should also be consistent with the mission of the program and institution.

Quality enhancement is process where steps are taken to bring about continual improvement in quality.

Summative assessment is a formal method to evaluate students learning at the end of an instructional unit and designed to both assess the effectiveness of the program and the learning of the participant which is used to decide if the student has to move to the next stage of learning.

Support staff refers to non- academic personnel engaged by higher education providers.

Self-Assessment Report refers to a self-assessment report submitted by a Higher Education Provider to demonstrate whether it has achieved the quality standards for purposes of accreditation exercise or not. Scholarly activities are activities that apply systematic approaches to the development of knowledge through intellectual inquiry and scholarly communication (e.g., learning and teaching, research, publications and creative and innovative products).

1 INTRODUCTION

1.1 Background

Higher education is the source of scientific and technological advancement and economic growth of a country. Mindful of these and other benefits, the Ethiopian government embarked on the development and expansion of higher education since 1991. These and other necessitated the need to regulate and assure the quality of higher education and training. As a result, the Federal Government of Ethiopia established Higher Education Relevance and Quality Agency (HERQA) in 2003 through Higher Education Proclamation no. 351/2003 as an autonomous legal body, accountable to the Ministry of Education, to supervise the relevance and quality of higher education institutions. The Agency employed a number of mechanisms to maintain and improve good quality in institutions of higher educations. It was, however, not able to deliver what was expected of it successfully due to various factors. Because of this, a number of criticisms have been presented from different bodies. One of the criticisms was not able to treat governmental and non-governmental higher education institutions in the same way. Further, it was employing shallow/not adequately stringent accreditation standards that allowed the existence of poor-quality education programs in both public and privately-owned higher education institutions. As a result, in 2022, the Council of Ministers issued a decree to re-establish HERQA as Education and Training Authority (ETA) with a new set of duties and responsibilities (Council of Ministers, No 515/2022). One of the duties of ETA is to launch a more effective accreditation system which covers both public and private higher education and training providers in the country.

Hence, ETA, having examined, bench marked and mapped quality assurance systems and accreditation developed and employed by other equivalent agencies in different parts of the world, developed these accreditation standards in the national and international context to introduce a new accreditation system in Ethiopia.

Therefore, ETA believes that the actors in the quality assurance system (both internal and external) can easily use it in their respective quality assurance activities.

1.2 Accreditation in Ethiopia

The history of Ethiopian education and training goes back to the beginning of 1930s. Though it has relatively counted long years, as indicated by the World Bank (2003), the relevance and

quality of the education and research activities are not up to expected standards and levels. Yet, it is possible to understand that the Ethiopian government has given special attention to the quality and relevance of higher education and training. The Ethiopian Education and Training Policy (1994:8) states that the Ethiopian education and training shall have the objective of promoting ‘relevant and appropriate education and training through formal and non-formal programs’ to citizens. The policy further emphasizes that the ‘curriculum and learning materials need to be prepared based on sound pedagogical and psychological principles and are up to the national standard’ (ETP 1994:13).

As indicated in the ETP (1994) and the recent Education and Training Policy study document (2018), the issue of quality of higher education has internationally become one of the prime agenda considering the prevailing national, international, and global dynamics. The policy documents, prevails that the government of Ethiopia gave due attention for HE quality in 2003. This has been practically shown by ratifying the Higher Education Proclamation and establishing the agency in charge of higher education relevance and quality agency, HERQA.

In so doing, HERQA was established through the Higher Education Proclamation (351/2003, Article 78). It has been proclaimed also as an autonomous legal body, accountable to the Ministry of Education, to supervise the relevance and quality of HE offered by any institution.

The issue of accreditation is given due attention in various policy documents, among which the revised Proclamation of Higher Education (1152/2018) given specifically due attention to accreditation as a means of verification for quality provision at higher education institutions. In this proclamation **Articles 72** (requirements for accreditation), **73** (application for accreditation), **74** (issuance and rejection of accreditation), **75** (validity of accreditation), **76** (application for renewal of accreditation), **77** (decision on application for renewal of accreditation), **78** (renewal of accreditation), **79** (revocation of accreditation) **80** (appeal), **81** (issuance of substitute accreditation certificate), and **82** (returning accreditation certificate) address the issue of accreditation in detail.

However, these exercises/practicalities were not a real accreditation rather they were simply licensing for providers to enter to the business and renewal of license to stay operational. In other words, the focus was given only to private providers. It is, therefore, understanding and differentiating what real accreditations and licensing have been cleared out.

Cognizant to this, ETA within its mandate recognized the importance of implementing accreditation and licensing in its respective real sense and objectives. In the case of institution and program levels, ETA currently is expected to develop appropriate documents for the implementation of accreditation and also identify relevant bodies to work with ETA in the accreditation process.

1.3 Ethiopian Higher Education Quality Assurance System

It is imperative to clarify the concept of quality in higher education as it is used to establish a system which assures quality. In literature, there are diversified concepts of quality in higher education. HERQA (2005), accepted and used the concept of ‘fitness for purpose’ to assure relevance and quality of education provision in all higher education institutions in Ethiopia. With this, it is envisaged that provision of quality education is assured provided every program launched at institutions has a set of defined purposes that meet the specific needs of industry in particular. Not only industries but it is also expected to satisfy the nation’s development agenda in general.

In order to assure quality in Ethiopian Higher Education Institutions, it requires to establish an internal quality assurance system and make periodic self-assessment. Then, there should be a platform for HEI’s to submit the document within a given time interval to the authority. This enables to conduct external assessments through accreditation and quality audit to validate the self-evaluation and make recommendations for further improvement and grant accreditation status when the requirements are fulfilled as indicated in this guideline.

1.4 Mission, Vision and Objectives

ETA’s vision is:

To be globally recognized and competent education and training quality assuring body by 2032.

ETA’s Mission Statement

ETA's mission has been formulated on the basis of the relevant articles in the Proclamation and regulation.

ETA’s mission is, generally, to ensure a high quality and relevant education and training by:

- Developing national quality assurance standards and assure its proper implementation.
- Ensuring that education and training institutions established vibrant internal quality assurance system that can be improved continuously.
- Ensuring that graduates of educations and training institutions acquire the necessary knowledge, skill and attitude that can facilitate the country's development and growth.

ETA's Objectives

ETA's operational objectives have been derived from its mission statement.

The objectives are:

- Assessing the relevance and quality of education and training offered by institutions;
- Ensuring that the education and training curriculum supports the country's development needs;
- Providing an efficient and transparent quality audit and accreditation system;
- Disseminating information regarding standards and programs offered by both Ethiopian and foreign education and training institutions;

1.5 Principles and Core Values

1.5.1 Principles of Quality Assurance in ETA

- 1) Assuring and achieving quality in higher education is the primary responsibility of higher education institutions and their staff.
- 2) Students must always obtain high quality of education by pursuing necessary learning outcomes.
- 3) One of the qualities of higher education is to what extent it meets and satisfies the needs of society, develops public confidence and sustains public trust.
- 4) Governments have a crucial role in encouraging and supporting quality higher education.
- 5) It is the responsibility of higher education providers and quality assurance and accreditation bodies to sustain a strong commitment to accountability and provide regular evidence of quality.

- 6) ETA works with higher education institutions and their leadership, staff and students and responsible for the implementation of processes, tools, benchmarks and it also measures learning outcomes to create a shared understanding of quality.
- 7) Quality higher education needs to be flexible, creative and innovative and it develops and evolves to meet students' needs to justify the confidence of society and to maintain diversity.

1.5.2 Core Values of ETA

ETA accreditation has committed itself to the following values to support its functions. The three core values embraced by the staff of ETA to accomplish the duties and responsibilities vested on ETA by society and the government are the following:

I. Public Accountability

ETA, cognizant of its societal role, will remain committed to serve the society with a full sense of responsibility.

II. Professionalism

ETA with its staff will provide an expert, professional service informed by knowledge of methods and models of quality assurance for assessing the quality of institution and program of education and training institutions and reach a decision responsibly to accredit them.

III. Transparent and Impartial Service Delivery

The staff of ETA shall pursue and have a mindset based on the ideals of impartiality and equality of treatment and will have transparent and democratic dealings with stakeholders in everything they do.

The following additional values have also been adopted by ETA.

IV. Individual Values

a) Competence:

All staff of ETA shall fully discharge their responsibilities with the highest possible diligence, standards and demonstration of professional ability.

b) Professional Integrity:

All staff of ETA will operate with utmost honesty and social responsibility. They shall be professional through technical performance and rigor, ethical through exemplary and fair behavior and shall be responsible in the undertaking of duties and responsibilities.

c) Self-initiation:

Taking initiative to carry out individual and organizational responsibilities is crucial for achieving the goals, objectives and tasks of ETA. Therefore, ETA staff will be willing to move beyond a narrow definition of responsibilities and be flexible and wholehearted in seeking solutions.

V. Organizational Values

a) Trusted partnership

All relationships with stakeholders and individuals shall be with trust and confidence and on the basis of mutual respect and benefit. ETA shall respect confidentiality and carefully minimize possible conflicts of interest.

b) Participatory team work

ETA strives to develop internal synergies and the integration of diversified competencies to promote teamwork and participatory democratic relationships as its powerful instruments to accomplish its roles and responsibilities. ETA will promote consultation and discussions on a regular basis at every level.

c) Client Satisfaction

ETA commits itself to give proactive, relevant and quality services to the highest standards ensuring the satisfaction and fulfillment of the expectations of its stakeholders.

VI. Operational Values

a) Credibility

ETA is bound to the principle of demonstrating trust, public satisfaction and acceptance in all its undertakings.

b) Efficiency and Effectiveness

ETA is committed to maximize its efficiency and effectiveness so that the quality and the outcome of education could be reflected in the social, economic and technological development of the country.

VII. Strategic Value

Commitment to excellence: Commitment to excellence in the performance of ETA is a key to deliver a quality service to the stakeholders and the society at large

2 Accreditation Procedure, Approach and Practice

Accreditation is the quality assurance process under which services and operations of educational and training institutions are evaluated and verified by ETA to determine if applicable and recognized standards are met. Higher Education institutions and/or programs undergo accreditation process to conform that they meet a strict and recognized set of operational standards.

Moreover, accreditation is aimed to enhance the quality of higher education in the country, promote accountability, and encourage a sustained culture of excellence in higher education. It is a continuous process that supports HEI to examine their institutional mission and standards, performances, and identify strategies to improve educational effectiveness.

ETA is mandated to accredit the Ethiopian higher education institutions based on rigorous and comprehensive standards.

The accreditation procedures outlined in this handbook are applied for medicine program accreditation. The procedures will guide the Accreditation Department at ETA, Higher Education Institutions and team of assessors in carrying out the accreditation processes and activities.

The two approaches of accreditation are Institutional and Program accreditation. Higher education institutions can request institutional and program accreditation. The request shall be campus based for both institutional and program accreditation.

The accreditation process is based on a thorough and independent evaluation carried out by a team of assessors. Accreditation process starts with application and ends with accreditation decision.

2.1 Overview of ETA Structure

The structure of FDRE Education and Training Authority consists of nine core departments. These are Internal Quality Assurance office, Accreditation Department, Standardization and Qualification Department, Higher Education (HE) Licensing Department, Technical & Vocational Education and Training (TVET) and General Education (GE) Licensing Department, Quality Audit Department, Education Credentials Authentication and Equivalence Department, General Education Inspection and Control Department, HE and TVET Inspection and Control Department.

In ETA structure, a strong integrated activities and aligned work flow is expected between these quality assurance entities. Accreditation process considers licensing as a prerequisite before accreditation request. Thus, if institutions and programs do not obtain license, they won't be eligible for accreditation. And likewise, a program accreditation is required to come after institutional accreditation. The Accreditation Office which is one of the entities in the quality assurance system of ETA is a newly introduced approach in the system.

2.1.1 ETA Accreditation Structure

Accreditation is a newly introduced approach in the Ethiopian higher education quality assurance system. ETA is a governmental organization established by proclamation 1263/2021 and Council of Ministers decree No 515/2022 as a national accreditation body. The authority is mandated to oversee and regulate the quality assurance issues of the education and training of the country.

ETA being the major accountable body for accrediting education and training institutions can delegate some of its roles and responsibilities to other actors in the implementation of accreditation. In this process, HEI's, professional associations and other relevant bodies can participate as deemed necessary.

The structure of accreditation consists of six responsible bodies.

These are Director General, Accreditation council, Accreditation and Standardization Deputy Director General, Accreditation CEO, accreditation desk heads and accreditation experts.

1) Director General

- a) Establish the accreditation council, appeal committee and other structure as required.

- b) Ensure that the accreditation results and other pertinent information have been accessed to the institutions and the public.
- c) Entertain and approve appeals associated with accreditation results coming from the higher educational institutions.
- d) Direct financial and material support for accreditation process and related issues.
- e) Provide overall direction related to accreditation.

2) Accreditation Council

- a) Examine and approve the accreditation decision forwarded by the team of assessors.
- b) Notify the accreditation decision to the director general and the HEI's.

3) Accreditation and Standardization Deputy Director General

1. Chair the accreditation council.
2. Coordinate and control the accreditation process.
3. Support and coordinate the overall quality assurance and the continual quality improvement processes of the HEI's.
4. Review periodically the accreditation of HEI's and their programs and take remedial action as necessary.
5. Provide accreditation certificate for the accredited programs and institutions.

4) Accreditation CEO

- a) Leads the accreditation process.
- b) Continuously reviews standards, policies, procedures.
- c) Administers the process of accreditation.
- d) Consults institutions, associations, accrediting bodies, other federal and regional bodies, regarding accreditation.
- e) Conducts appropriate research and investigates complaints against accredited institutions and programs and any relevant body related to accreditation.
- f) Collaborate with the accreditation council and during the recognition or accreditation process. Also provides administrative support to the institutional or program accreditation council.
- g) Collect the annual quality improvement and follow up report from HE institutions.

2.2 Purpose of Accreditation

Accreditation is a quality assurance process that HEIs or programs undergo to confirm whether they meet a strict and recognized set of services and operational standards.

Accreditation by the ETA serves two specific purposes:

- 1) To determine if an education and training institutions are in compliance with accreditation standards and associated indicators.
- 2) To promote institutional and program improvement.

Therefore, accreditation serves the following purposes:

- Creates a set of quality standards for all education and training institutions and their programs (disciplines);
- Maintains institutions confidence;
- Ensure accountability of education and training institutions and programs which boosts public trust and confidence;
- When an institution or program is properly accredited, it is able to gauge its overall quality without having to conduct a detailed analysis on its own;
- Ensure that set standards are met by all HEI and their programs;
- Ensure accountability and gain public trust and confidence in the quality and standards of higher education;
- Encourage and support HEI and their programs to strive for continuous quality improvement;
- Provide assurance of quality to the government, stakeholders and employers;

2.3 Scope

Accreditation is applied to all higher education institutions and their programs. It shall also apply to all actors, who directly and indirectly participate in the accreditation process.

2.4 Benefits of Accreditation

For Students

- Help students to make informed decisions about choice of HEI/ programs within the country.
- Enable quality learning.
- Enhance student/staff mobility.

- Facilitate credit transfer.

For the Higher Education Institutions

- Gain public confidence and trust.
- Promote professionalism and seeks continuous quality enhancement.
- Earn international recognition of the awards.

For the Government

- Provide information to the government for informed decisions on funding and the overall health of higher education system in the country.

For Stakeholders

- Facilitate in deciding on the choice of HEI for their education.
- Help in identifying quality graduates for employment.

2.5 Confidentiality

Any information on accreditation that is considered confidential in nature shall be protected.

2.6 Roles and Responsibilities of Higher Education Institutions

The higher education institutions shall:

- a) Be committed to provide quality higher education.
- b) Comply with policies, directives, guidelines, and relevant standards set by ETA concerning accreditation.
- c) Maintain required standards as outlined in this handbook.
- d) Conduct program Self-Evaluation Report (SER), Data Collection Tool (DCT) and Students Satisfaction Survey (SSS) for accreditation requests as per the guidelines and directive.
- e) Declare conflict of interest.
- f) Collaborate and support to the assessors during accreditation site visits.
- g) Apply for re-accreditation six months prior to expiry of accreditation.
- h) Ensure timely payment of accreditation fees.
- i) Inform the authority any substantive changes in the HEI along with supporting documents.
- j) Institutionalize internal quality assurance (IQA) mechanism.
- k) Submit Continuous Quality Improvement Reports (ACQIR) annually.

- 1) Implement the areas of improvements identified in the accreditation report within the agreed time frame.

2.7 Roles and Responsibilities of Team of Assessors

The assessor shall:

- Declare conflict of interest.
- Conduct other appropriate actions as considered necessary to ensure professionalism.
- Study the SER, DCT and SSS submitted by HEI, prepare site visit report, grade and list the required evidences provide statements for areas of improvement in the site visit report.
- Develop action plan for the program accreditation site visit (4 days) and share with the relevant Desk head.
- Validate the evidences during the site visit.
- Ensure comprehensive and diligent evaluation of the program against standards outlined in this handbook.
- Finalize and present exit report at the exit meeting for the evaluated HEI
- Produce accreditation report and submit to the desk head and CEO in both hard and soft copies within one month of the site visit.
- Complete assigned tasks as per the agreement including appeal, if any.
- Strictly follow the detail guideline for assessors

2.7.1 Team leader

Besides the roles and responsibilities of the assessors outlined in section 2.7, the team leader shall conduct the followings:

- Lead the team of assessors during the entire accreditation process and activities.
- Chair all meetings during accreditation site visits.
- Present the accreditation report to the Council and other concerned bodies.

2.7.2 Team Secretary

In addition to the roles and responsibilities of the assessors outlined in section 2.7, the secretary shall:

- Conduct desk review (preliminary)
- Compile site visit report

- Write minute of team of assessors.
- Present to and review site visit report with the desk head.

2.8 Accreditation Process

The major steps in accreditation process are as follows:

1) Application for Program Accreditation

Any HEIs and its program that has license to operate in higher education should be able to demonstrate the potential to develop and achieve the standards outlined in this handbook. Upon fulfilling the minimum requirements for accreditation, the HEIs shall begin the application of accreditation process.

- The HEI is expected to conduct, prepare and submit SER, DCT and SSS reports with the necessary and provided application letter.
- The SER, DCT and SSS reports preparation needs to be based on standards set for the purpose of medicine accreditation and appropriate information and evidences that support and best illustrate their specific implementations.
- The documents provided by the HEI for accreditation request should be recent, brief and concise and follow the self-study guide provided by ETA.
- The application form is prepared by the authority and contains general information about the higher education and detail about the program information.
- The SER preparation should be based on the SSG guideline.
- The CEO of Accreditation will forward the application to the desk head within five days after receiving the application.

2) Document Review

a) Eligibility Status of the Program for Site Visit

- The accreditation desk head and the experts undergo primary screening of the application to verify the submitted documents fulfill the necessary requirements and information which are provided in the documents.
- The accreditation desk heads either accept the application if the necessary information and documents are fulfilled for the application (eligible) or reject the incomplete application and give feedback to the HEI.

b) Appointment of team of assessors

- The desk heads select and assign team of assessors as per assessors' composition, selection and assigning criteria (three from the authority's accreditation experts and one from the HEI and one from industry/medical association).
- Communicating the assigned team of assessors to declare if they have conflict of interest.
- Communicating the HEIs the assigned team of assessors to disclose conflict of interest.
- The desk heads provide the necessary documents (Application letter, DCT, SSS and SER reports) of the HEI for the assigned team of assessors.

c) Document Study

- The team of assessor prepares pre-site visit and site visit schedule in line with accreditation site visit template and notify to the desk head and HEI.
- The team of assessor study or review the DCT, SER and SSS reports thoroughly.
- The team of assessors rate each indicator against the rubrics and notify the preliminary/pre-site visit report to desk head.
- The document study will take 15 days to verify the eligibility status of the program for accreditation.

3) Site Visit

- The team of assessors visits the program and verify the claims in the SER, DCT and SSS reports against the standards and indicators.
- Decide marks to be awarded for each indicator in the rubrics and prepare the grade sheet based on observation and evidence verified.
- Conduct exit meeting with HEI presidents and department head to finalize the site visit where a presentation shall be made on the overall analysis of the program.
- The team of assessors shall seek the signature of head of the institution on exit report.

4) Report Writing

- The assessors shall produce report based on the SER, DCT and SSS reports evaluation and site visits findings using the report writing template and guide.
- The team of assessors review the report with the desk head and submit the reviewed report to the accreditation CEO within one month after site visit.

5) Accreditation Decision and Endorsement

- Within three weeks after receiving the report, the chairperson of the council shall organize Accreditation Council Meeting for review and decide on the status of accreditation.
- The team leader of the team of assessors presents the report to the Council on behalf of the team.
- Having examined the accreditation report submitted and presented, the accreditation council shall pass the accreditation decision.
- Chairperson of the accreditation council shall notify the decision to the director general and the institution.
- ETA shall issue the decision and disseminate the outcomes of accreditation to the MOE and public.

The accreditation decision for program accreditation is categorized in to:

- 1) **“Full accreditation”** is granted to a program that fulfills 80-100% of the accreditation standards for five years.
- 2) **“Accreditation with condition”** is granted to a program that fulfills 70-79.99% for three years.
- 3) **“Denial of Accreditation”** applies to a program that scores less than 70% of accreditation standards. The denied program may reapply for assessment after one year from the date of issuance of decision and in such case the evaluation of the request process shall consider as new applicant.
- 4) The program must attain a score of 50% for each of the standard to be granted for accreditation.

6. Follow up for quality improvement

- The accredited medical program shall submit annual reports for the areas of improvement identified by the team of assessors during the field visit and to show that the program works on continual quality improvement activities as well.
- The authority shall follow up the program based on the report, and it shall conduct special field assessment when deemed necessary.

2.9 Re-assessment

Re-assessment for accreditation shall be made if the following conditions happen:

- a) Where a program fails to get the minimum required grade; it shall apply for reassessment within twelve months.
- b) The program accredited with condition shall apply six months prior to the expiry date of the accreditation.
- c) The evaluation shall be limited to the areas of improvements stated in the accreditation report.
- d) The accreditation decision is based on the maintenance of previous achievement and the limited evaluation findings.
- e) If the areas of improvements are resolved, the authority shall grant full accreditation.
- f) If the areas of improvements are not resolved, the accreditation with condition shall expire and the program may submit a new application for accreditation after one year of date issuance of decision.

2.10 Reaccreditation

- Reaccreditation shall mean subsequent cycle of accreditation that happens after the expiry of validity of the previous accreditation.
- The program shall apply for reaccreditation six months prior to the expiry of the validity of the previous accreditation certificate.
- The fee structure of the reaccreditation will be as per the authority approval.
- The procedure and the standards for reaccreditation shall be as per the existing program accreditation.

The re-accreditation decision for program accreditation is categorized in to:

- “Reaccreditation for five Years” is granted to a program that fulfills 80-100% of the accreditation standards.
- “Denial of Reaccreditation” applies to a program that scores less than 80% of accreditation standards. The denied program may reapply for assessment after one year from the date of issuance and in such case the evaluation of the request process shall consider as new applicant.
- The program must attain a score of 50% for each of the standard to be granted for Reaccreditation.

2.11 Appeal

The right to appeal is granted to HEI/Program as an opportunity to question either the process or outcome of the assessment or decision of the Council on the accreditation. HEI/program may appeal under the following circumstances:

- Not satisfied with the accreditation decision.
- Not satisfied with the accreditation process.
- The HEI/program intending to appeal may apply to the Director General of the authority using the prescribed form within fifteen (15) working days from the receipt of the accreditation council decision letter or certificate/letter of regret along with adequate justification.
- The application must be submitted along with receipt of non-refundable appeal fee.
- The Director General may direct the appeal to the appeal committee of the authority to investigate the appeal.
- The appeal shall be treated and address according to the procedure indicated for appeal process.
- Finally, the HEI/program concerned shall be updated on the status of the appeal decision within one month of appeal request.

3 Standards of Medicine Program Accreditation

Medicine program accreditation is a systematic and thorough process of assessing the performance of the program in accordance with the standards in this guideline and enabling it to provide quality higher education. It looks at critical areas of medicine program development and performance that can be assessed objectively. The medicine program accreditation process as outlined in this handbook will assess the program based on a set of

nine standards which are formulated through wide stakeholder consultations, research and international best practice.

Each Standard has sub-standards and Indicators that are significant, relevant, measurable and achievable.

The following procedures are used to develop the standards:

- The accreditation department has trained ETA accreditation experts at various times by local and international accreditation experienced experts on how to develop standards and guidelines.
- Identification of countries with best accreditation experience.
- Review of various countries' accreditation standards.
- ETA program accreditation standards were developed.
- The standards were reviewed by various experts from universities and professional associations.
- The standards were mapped with various international and national standards (ETA program quality audit standards).
- The standards were commented by accreditation experts both inside and outside the country and their comments were included.
- Presented to ETA management and the management provided their remarks.
- The ETA management comments are incorporated and finalized
- Endorsed to be presented to relevant stakeholders.
- Stakeholders` remarks are taken into account and finally, the standards are approved by ETA board

The developed standards for medicine program accreditation:

- Meet minimum criteria.
- Appropriate with purpose of accreditation.
- Helps to evaluate adequate resources.
- Demonstrate accomplishment of program goals, and
- Meet international requirements and address national/local issue.

Medicine program accreditation has the following nine standards:

1. Program Outcome
2. Curriculum
3. Learning, Teaching and Assessment
4. Students
5. Academic Staff
6. Educational Resources
7. Research and Community Engagement
8. Program Management
9. Continual Quality Improvement

The narration and description of aforementioned medicine program accreditation's pillar standards were described using sub-standard and indicators. Each standard, identified by given standard number and name (e.g. standard 1: Program Outcome... and etc). Narration and description of each standard deployed under sub standards. The sub-standards are also characterized by having two digits of number prior to given name (e.g. 1.1, 1.2... and etc); Moreover, set of indicators under sub standards are identified by having three digits of number prior to narrated description (e.g. 1.1.1, 1.1.2... and etc).

1. Program outcome

1.1. Program Development

- 1.1.1. The program has policies, procedures, and processes for introducing new program and periodically reviewing existing program.
- 1.1.2. The program identifies and addresses the national priorities, needs of the society, and present and emerging role of the learner, which is consistent with international

standards in addition to professional and legal requirements for practice and knowledge creation.

- 1.1.3. The program learning outcomes are clearly expressed and communicated to staff and students; ensure principal stakeholders have reasonably participated in formulating and reviewing processes.
- 1.1.4. Considering the stated learning outcomes, the program indicates the career and further studies options available to students upon program completion.
- 1.1.5. There is a systematic approach in place to obtain feedback from stakeholders to improve the delivery of the study program and attainment of the program outcomes and update the program accordingly in line with the current practice.
- 1.1.6. The program is approved by appropriate governing body.

1.2. Alignment between Institutional Mission, program educational objective, program outcome, and course learning outcome

- 1.2.1. The program has clearly defined educational objectives, program outcome and course learning outcome that are aligned with institutional mission
- 1.2.2. The program learning outcomes conform to academic requirements of the study program and Ethiopian Qualification Framework (EQF).

2. Curriculum

2.1. Design and Organization

- 2.1.1. The curriculum design is based on national and international expectations of the academic discipline/field of study.
- 2.1.2. The curriculum incorporates core content of the discipline that are essential for understanding the concepts, principles and methods that support the program outcomes.
- 2.1.3. The curriculum takes into account the appropriate professional and industry requirements as well as good practices in the field.
- 2.1.4. The learning outcomes are competency based and clearly articulate the required knowledge, skills, values, behavior and preparedness to become a professional healthcare provider that is socially accountable

- 2.1.5. The curriculum is designed in such a way that there are clear career pathways and students are informed about the development of career pathways during their studies.
- 2.1.6. The curriculum has a coherence that ensures learning and teaching activities are appropriately designed to achieve the learning outcomes.
- 2.1.7. The learning and teaching activities encourage the active participation of students in their learning process.
- 2.1.8. The total duration of the training, credit hours per semester and duration are clearly defined and consistent with the national standards.
- 2.1.9. The curriculum specifies outcomes related to engagement of the students in research and community service
- 2.1.10. The Program communicates the learning outcomes to students, staff and stakeholders.
- 2.1.11. The program ensures the content, extent, sequence, duration of courses/modules, and other curricular elements are appropriate, integrated and have appropriate coordination between basic biomedical, behavioral, and social, public health and clinical subjects.

2.2. Curriculum Evaluation and Review Process

- 2.2.1. There is a functional curriculum committee where students are represented with the capacity to oversee, monitor and evaluate the curriculum to achieve the intended learning outcomes.
- 2.2.2. There is a clearly defined process and mechanism, to regularly monitor and evaluate and review/update the curriculum through data collection including student and stakeholder feedback and use the results to improve.

3. Learning, Teaching and Assessment

3.1. Learning and Teaching

- 3.1.1. The learning and teaching activities are consistent with the curriculum and ensure that there are varieties of learning-teaching methods aligned with learning outcomes to help students take responsibility for their own learning.
- 3.1.2. The learning and teaching activities are appropriately designed to ensure that learning outcomes are achieved.

- 3.1.3. The curriculum ensures that instructors provide a standardized syllabus for the course and effectively plan and prepare for teaching, through regular use of session plans including clinical practicum.
- 3.1.4. Students of the study program are provided with sufficient learning resources, including facilities, libraries, IT infrastructure and support, and academic guidance. The study program takes place in an appropriate learning environment, including in particular counseling and other support services.
- 3.1.5. The program has in place co-curricular activities that will enrich students' experiences, and foster personal development and responsibility.
- 3.1.6. There is a systematic monitoring and review of teaching of the program to improve the quality of teaching and learning. This monitoring and review include the use of student feedback on teaching quality, along with other evaluation mechanisms.

3.2. Assessment Policy and System

- 3.2.1. The program has an assessment policy/ guideline/exam blueprint that clearly describes assessment practices and principles including methods, frequency, scoring, marking, remedial action and post-exam analysis procedures.
- 3.2.2. The program put in place mechanisms to ensure the validity and reliability of the student assessment system.
- 3.2.3. The program has clear mechanisms for student appeal and dispute resolution are regulated and fairly administered. The academic security and integrity of assessment, confidentiality of assessment results and academic records are maintained in line with HEI's policy.
- 3.2.4. The program has a system of assessment that measures course and program learning outcomes and informs on progression and graduation.
- 3.2.5. The program has a functional system to conduct item analysis and standard-setting and use the results for decision-making.

3.3. Assessment Method

- 3.3.1. The program employs a variety of assessment methods and tools to assess learning outcomes and competencies covering knowledge, skills and attitude.
- 3.3.2. The program's approach to overall assessment activities are systematically and regularly reviewed to ensure its effectiveness.

- 3.3.3. The program has in place a system of assessment that regularly offers students timely, specific, and actionable feedback that identifies their strengths and areas of improvement and helps them to consolidate their learning.
- 3.3.4. Information on the program's approach to assessment is clearly provided to students. The assessments within the study program are adequate to judge the achievement of the learning outcomes and designed so that students are fairly assessed.
- 3.3.5. The program provides special support to students with poor performance based on assessment results.
- 3.3.6. Use performance feedback from external exams and national licensing exams to improve instruction and in-school assessment practices

4. Students

4.1. Student Selection and Admission Policy

- 4.1.1. Student selection and admission practices for the program are clear, efficient, explicit and fair, and in accordance with the HEI's policies and regulations.
- 4.1.2. The criteria and processes of student selection and admission are published, disseminated and publicly accessible.
- 4.1.3. The program defines and periodically reviews the size and route of entry (direct entry vs graduate entry) of student intake in line with available resources to ensure effective implementation of the program.
- 4.1.4. The program has established well-defined policies and mechanisms to facilitate student mobility which may include student transfer within and between institutions nationally and internationally.
- 4.1.5. Promote diversity in admission, including gender mainstreaming, and consideration of disadvantaged groups and persons with disabilities, where applicable
- 4.1.6. Entry standards for the program are regularly reviewed based on student performance and other relevant internal and external reference points.

4.2. Student Counseling and Support Service

- 4.2.1. There are appropriate and adequate student support services such as physical, social and financial support, recreational and online facilities, academic, non-academic and career counseling, and health services.

- 4.2.2. The program has a comprehensive student handbook that indicates student`s support systems and makes it accessible to students.
- 4.2.3. There is an effective induction program to new students about the program and the available support mechanisms. Academic, non-academic and career counseling are provided by adequate and qualified staff.
- 4.2.4. The program has effective mechanisms to identify and support students with special needs including those who are at risk of not progressing academically.
- 4.2.5. The program evaluates student support services regularly to ensure their adequacy, effectiveness and safety.
- 4.2.6. There is an active mechanism for students to voice their grievances and seek resolution on academic and non-academic matters. The program has clearly defined and documented processes and procedures for handling student disciplinary cases.

4.3. Student Progression

- 4.3.1. The program has appropriate strategies to improve the retention, progression and completion rates of students in the program
- 4.3.2. The program ensures that more than 50% of the graduates pass the exit exam.
- 4.3.3. The program regularly reviews the effectiveness of its strategies and mechanisms to ensure appropriate student attrition, retention, progression and completion rates are maintained.

4.4. Alumni

- 4.4.1. There is an active mechanism to trace employability and satisfaction of graduates and employers and use the findings to improve the educational program.
- 4.4.2. There is an effective use of formal system and process for managing and maintaining relationships with its alumni database

5. Academic Staff

5.1. Staff Recruitment and Selection

- 5.1.1. The program has clearly stated and well-defined system in place for the appointment and promotion of staff with appropriate qualifications, competences and skills guided by considerations, which are in line with institutional, national policy and international best practices.

- 5.1.2. The program implements a strategic approach to the planning and management of human resources, which is aligned to its mission and strategic objectives. The recruitment strategy seeks a balance between senior and junior academic staff, between academic and non-academic staff, between academic staff with multidisciplinary backgrounds and specializations
- 5.1.3. The program has an adequate number of qualified full-time academic staff for each study program.
- 5.1.4. The staff to student ratio of the program is appropriate to the teaching-learning methods and comply with the program discipline standards.
- 5.1.5. The program develops and publicize a code of academic conduct for faculty.
- 5.1.6. The program has efficient and fair procedures for discipline, complaints, and disputes resolution
- 5.1.7. The program regularly reviews the effectiveness of its strategies and mechanisms of staff recruitment, promotion and retention to maintain conducive learning and teaching environment.

5.2. Staff Support and Retention

- 5.2.1. The program utilizes the appraisal data to provide timely and constructive feedback, improve the performance of staff, and inform decisions, benefits and awards.
- 5.2.2. The program has transparent staff appraisal system addressing the roles of the academic staff in teaching, research, community services and administrative functions and leading to action.

5.3. Staff Professional Development

- 5.3.1. Have mechanisms in place for the promotion of staff to leadership positions and academic ranks
- 5.3.2. The program has an effective academic staff development program and offers professional development of its staff based on appropriate needs assessment.
- 5.3.3. The program provides mentoring and formative guidance for new academic staff as part of its staff development program.
- 5.3.4. The program provides the academic staff with the necessary training, tools and technology for self-learning, technical update training in the field of instruction and access to information and for communication.

- 5.3.5. The program supports and encourages the research activities of its academic staff and ensures their academic freedom.
- 5.3.6. The program has national and international linkages for enhancement of academic and professional development and scholarly activities.

6. Educational Resources

6.1. Physical Facilities

- 6.1.1. The program has clearly stated and well-defined system in place for procuring and utilization of educational resources in line with the HEI policy.
- 6.1.2. The program has sufficient and appropriate resources, including equipment and facilities for training, to ensure effective delivery of the curriculum. Educational resources are distributed according to the educational needs of the study program, and are well maintained.
- 6.1.3. The program ensures that learning and teaching resources and facilities are appropriate and adequate to meet the needs of its study programs.
- 6.1.4. The physical facilities comply with the relevant laws, and with health and safety regulations including accessibility to people with disabilities.
- 6.1.5. The program has a risk management strategy and conducts risk assessment of its educational resources and teaching facilities.
- 6.1.6. The program has a functional library accessible to students and staff with adequate capacity.
- 6.1.7. The library has adequate and appropriate current references, electronic resources and databases, qualified staff and other facilities including appropriate information and communication technology mediated reference materials, to support academic programs and research activities.
- 6.1.8. The program has information and communication technology infrastructure appropriate to the program that are required for the study programs.
- 6.1.9. The program regularly reviews resources to ensure they are appropriate and effectively support mechanism for learning and teaching.

6.2. Practical/Clinical Training Site

- 6.2.1. The program has access to various clinical and community attachment (training) sites to provide adequate clinical and community learning experiences for students.

- 6.2.2. The program has practical sites that are accessible with adequate patient number and mix per the core competencies
- 6.2.3. The program provides educational resources including national service delivery guidelines, personal protective equipment, learning tools (checklists, log book, SOP) and other essential equipment
- 6.2.4. The program has a dedicated coordinator for facilitating community/clinical training
- 6.2.5. The program engages adequate instructors and supervisors in the required range of clinical and community settings

6.3. Financial Resource

- 6.3.1. The program has financial resources sufficient to undertake its operations and implement the strategic objectives.

7. Research and Community Engagement

7.1. Research

- 7.1.1. The program has a policy and procedure that identifies the priorities and researcher's recognition of research outputs.
- 7.1.2. The program provides adequate budget and sufficient facilities and equipment for the research activities of its staff in line with its strategies to promote research activities.
- 7.1.3. The program encourages national and international research collaboration and cooperation.
- 7.1.4. The program ensures that its research activities conform to internationally accepted quality standards. The program ensures that misconduct, including plagiarism, is prevented and complied with ethical standards.
- 7.1.5. The program regularly reviews the effectiveness of its approach to research and community engagement planning and management in order to ensure quality research outputs and outcomes are achieved.
- 7.1.6. The program has dedicated resource and budget for research and community engagement.
- 7.1.7. The program ensures that the outcomes of research are appropriately integrated into the learning and teaching activities and community engagements.

7.2. Community Engagement

- 7.2.1. The program has a system and process for planning, implementing, monitoring and evaluating community engagement in line with HEI policies.
- 7.2.2. The program defines the community it serves, assesses its needs and requirements and takes these in to consideration for its activities.
- 7.2.3. The program has a well-defined, coordinated approach to the identification of, and engagement with, industry, employers, professions and the community.
- 7.2.4. The program encourages and supports staff and students to engage in industry and community engagement activities that lead to productive relationship.
- 7.2.5. There is an effective industry linkage for program delivery and periodically reviewing the effectiveness of the linkage.

8. Program Management

8.1. Leadership and decision making

- 8.1.1. The program has administrative structure and adequate staff that are qualified to support the implementation of the educational program
- 8.1.2. The program has policies, procedures and mechanisms for regular reviewing and updating its, functions, strategies core activities and resources to ensure continual quality improvement.
- 8.1.3. The program has a transparent governance structure that aligns with the program goals to realize teaching learning, research and community engagement.
- 8.1.4. The program has effective regular reporting procedures about teaching-learning, research, community engagement.
- 8.1.5. The program ensures creating institutional memory through the use of proper archives, institutional emails, for a smooth transition of academic leaders.
- 8.1.6. The program describes the representation and role of the academic staff, students and other principal stakeholders in committees and decision making at program level.
- 8.1.7. There is a periodic review of the program which includes consideration of the effectiveness of the management arrangements for the program.
- 8.1.8. The governing body of the program is an effective decision-making body with an adequate degree of autonomy.
- 8.1.9. The program provides accurate, relevant and timely information about the program. Which are easily and publicly accessible, especially to prospective students.

- 8.1.10. The program has a risk management strategy and ensures risk assessment
- 8.1.11. Have clear policies, guidelines and strategies to prevent and manage sexual harassment and gender-based violence (GBV)

8.2. Allocation of Resources

- 8.2.1. The program ensures a balanced and transparent budget and educational resource allocation for the core functions.
- 8.2.2. The program ensures resources are sufficient, utilized efficiently and responsibly to achieve the objectives of the program.

9. Continual Quality Improvement

9.1. Continual Quality Improvement System

- 9.1.1. The program has a system for monitoring, evaluating and reviewing the effectiveness of the governance structure.
- 9.1.2. The program has a publicly available quality assurance policy and procedure including adequate staffing and support, regular reviewing and updating of its internal quality assurance activities to ensure continuous quality improvement.

9.2. Implementation of Continual Quality Improvement

- 9.2.1. The program has a mechanism for continuous and need-based staff capacity building.
- 9.2.2. The program's continual quality improvement covers all units and areas of operations
- 9.2.3. The quality assurance activities provide relevant information and data to support the institution in its management and development and linked with the achievement of the institutional goals.
- 9.2.4. The program places the focus of its quality assurance activities on the enhancement of quality and the development of a quality culture. The program ensures the active involvement of academic and support staff and students in the operational process of continual quality improvement.
- 9.2.5. The program has a mechanism to evaluate educational outcomes using a variety of outcome data (graduation and attrition rates, feedback from clients, tracer study, employment rates, pass rates, mean scores and performance breakdown on national licensure exam)

9.3. Monitoring and Evaluation of Continual Quality Improvement

- 9.3.1. The program has a mechanism to periodically gather and analyze a variety of data including feedback from students, instructors and other stakeholders, and use results for program improvement.
- 9.3.2. The program has an internal program monitoring and review committee with a designated head responsible for continuous review of the program to ensure its currency and relevancy.
- 9.3.3. The program periodically reviews its quality assurance system for its effectiveness and impact.

9.4. Documentation and Dissemination

- 9.4.1. The program has a mechanism to identify and disseminate good practices to the stakeholders and wider community.

4 Grading System

Medicine program accreditation grading is the main outcome of the standard assessment and accreditation process. The certificate of the program accreditation carries a grade assigned to the program which is the status of accreditation. The grading system is based strictly on the principles of objectivity and accuracy in the accreditation process. Grading is expected to contribute to the continuous improvement of the program and the motivation and strategies it requires for sustained efforts to improve quality. The grading system has been designed based on a sound understanding of local contexts and international best practices.

The process of assessing and grading program takes into account the weighted mean value of all grade scores obtained for each of the nine standards, sub standards and indicators considered in the accreditation activities. Each of the standard has different weightings according to their relative importance and contribution to the quality of the program envisaged.

4.1. Weighing for Categories of Programs and Standards

The assignments of weightings for standards are different for different categories of programs. The programs existed at present in higher education institutions are categorized in to five categories. The divisions are made based on the similarities in focus areas, requirement of resources to run the programs, as well as the ministry of education category of programs into bands with minor modification. Accordingly, the categories of the programs are as follows.

- a) Engineering and Technology
- b) Natural and Computational Sciences
- c) Medicine and Health Sciences
- d) Business and Humanities
- e) Agriculture

The weightings for each standard according to the different category are indicated in Tables 1 to 5 below as follows:

Table 1: Engineering and Technology		
Standards	Sub-standard	Weightings
1. Program Outcome	1.1. Program Development 1.2. Alignment with institutional mission/vision/goals	5
2. Curriculum	2.1. Curriculum Design and Organization 2.2. Curriculum Evaluation and Review Process	9
2. Learning, Teaching and Assessment	3.1. Learning and teaching 3.2. Assessment policy and system 3.3. Assessment Methods	20
4. Students	4.1 Student Selection and Admission Policy 4.2 Student Counseling and Support Services 4.3 Students' Progression 4.4 Alumni	12
5. Academic Staff	5.1 Staff Recruitment and Selection 5.2 Staff Support and Retention 5.3 Staff professional development	15
6. Educational Resources	6.1. Physical facilities 6.2 Practical/clinical training site 6.3 Financial resources	20
7. Research and Community Engagement	7.1. Research 7.2. Community Engagement	7
8. Program Management	8.1 Leadership and Decision Making 8.2 Allocation of Resources	5
9. Continual Quality Improvement	9.1 Continual quality improvement system 9.2 Implementation Continual quality improvement 9.3 Monitoring and Evaluation of Continual quality improvement 9.4 Documentation and Dissemination	7

Table 2: Natural and Computational Sciences		
Standards	Sub-standard	Weightings
1. Program Outcome	1.1. Program Development 1.2. Alignment with institutional mission/vision/goals	5
2. Curriculum	2.1. Curriculum Design and Organization 2.2. Curriculum Evaluation and Review Process	10
3. Learning, Teaching and Assessment	3.1. Learning and teaching 3.2. Assessment policy and system 3.3. Assessment Methods	20
4. Students	4.1. Student Selection and Admission Policy 4.2. Student Counseling and Support Services 4.3. Students' Progression 4.4. Alumni	12
5. Academic Staff	5.1. Staff Recruitment and Selection 5.2. Staff Support and Retention 5.3. Staff professional development	15
6. Educational Resources	6.1. Physical facilities 6.2. Practical/clinical training site 6.3. Financial resources	18
7. Research, and Community Engagement	7.1 Research 7.2 Community Engagement	7
8. Program Management	8.1 Leadership and Decision Making 8.2 Allocation of Resources	5
9. Continual Quality Improvement	9.1 Continual quality improvement system 9.2 Implementation Continual quality improvement 9.3 Monitoring and Evaluation of Continual quality improvement 9.4 Documentation and Dissemination	8

Table 3: Medicine and Health Sciences		
Standards	Sub-standard	Weightings
1. Program Outcome	1.1. Program Development 1.2. Alignment with institutional mission/vision/goals	11
2. Curriculum	2.1. Curriculum Design and Organization 2.2. Curriculum Evaluation and Review Process	9
3. Learning, Teaching and Assessment	3.1. Learning and teaching 3.2. Assessment policy and system 3.3. Assessment Methods	18
4. Students	4.1 Student Selection and Admission Policy 4.2 Student Counseling and Support Services 4.3 Students' Progression 4.4 Alumni	12
5. Academic Staff	5.1 Staff Recruitment and Selection 5.2 Staff Support and Retention 5.3 Staff professional development	15
6. Educational Resources	6.1. Physical facilities 6.2. Practical/clinical training site 6.3. Financial resources	18
7. Research, and Community Engagement	7.1 Research 7.2 Community Engagement	5
8. Program Management	8.1 Leadership and Decision Making 8.2 Allocation of Resources	5
9. Continual Quality Improvement	9.1 Continual quality improvement system 9.2 Implementation Continual quality improvement	7

	9.3 Monitoring and Evaluation of Continual quality improvement 9.4 Documentation and Dissemination	
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Table 4: Agriculture		
Standards	Sub-standard	Weightings
1. Program Outcome	1.1. Program Development 1.2. Alignment with institutional mission/vision/goals	5
2. Curriculum	2.1. Curriculum Design and Organization 2.2. Curriculum Evaluation and Review Process	10
3. Learning, Teaching and Assessment	3.1. Learning and teaching 3.2. Assessment policy and system 3.3. Assessment Methods	20
4. Students	4.1 Student Selection and Admission Policy 4.2 Student Counseling and Support Services 4.3 Students' Progression 4.4 Alumni	12
5. Academic Staff	5.1 Staff Recruitment and Selection 5.2 Staff Support and Retention 5.3 Staff professional development	15
6. Educational Resources	6.1. Physical facilities 6.2. Practical/clinical training site 6.3. Financial resources	18
7. Research, and Community Engagement	7.1 Research 7.2 Community Engagement	7
8. Program Management	8.1 Leadership and Decision Making 8.2 Allocation of Resources	5
9. Continual Quality Improvement	9.1 Continual quality improvement system 9.2 Implementation Continual quality improvement 9.3 Monitoring and Evaluation of Continual quality improvement 9.4 Documentation and Dissemination	8

Table 5: Business and Humanities		
Standards	Sub-standard	Weightings
1. Program Outcome	1.1. Program Development 1.2. Alignment with institutional mission/vision/goals	7
2. Curriculum	2.1. Curriculum Design and Organization 2.2. Curriculum Evaluation and Review Process	12
3. Learning, Teaching and Assessment	3.1. Learning and teaching 3.2. Assessment policy and system 3.3. Assessment Methods	20
4. Students	4.1 Student Selection and Admission Policy 4.2 Student Counseling and Support Services 4.3 Students' Progression 4.4 Alumni	12
5. Academic Staff	5.1 Staff Recruitment and Selection 5.2 Staff Support and Retention 5.3 Staff professional development	15
6. Educational Resources	6.1. Physical facilities 6.2. Practical/clinical training site 6.3. Financial resources	10
7. Research, and Community Engagement	7.1 Research 7.2 Community Engagement	7
8. Program Management	8.1 Leadership and Decision Making 8.2 Allocation of Resources	7
9. Continual Quality Improvement	9.1 Continual quality improvement system 9.2 Implementation Continual quality improvement 9.3 Monitoring and Evaluation of Continual quality improvement 9.4 Documentation and Dissemination	10

4.2 Process of Grading

The team of assessors uses mainly documentary evidence, discussions, consultations, observations and collective judgment as a method during site visit to collect data for final rating of the medicine program. For each indicator, Rubric System of scaling is assigned to evaluate each indicator objectively and the rubric is developed for each indicator is annexed to this handbook. For ease of grading, five point's rubrics scales shall be used to work out the weighted score. The five points are 5(Excellent), 4(Very Good), 3(Good), 2(Satisfactory), and 1(Unsatisfactory). An appropriate point shall be awarded for each indicator based on the HEI's program DCT, SSS, SER, observations, and evidence from the site visit using the rubric.

Example Standard 1: program Outcome (This is an example Of Rubrics Scoring)			
Criteria	Maximum Score	Points (1-5) Example	Weighted Score
1. The program has policies, procedures, and processes for introducing new program and periodically reviewing existing program.	0.625	3	1.875
2. The program Identify and address the national priorities, needs of the society, and present and emerging role of the learner which is consistent with international standards in addition to professional and legal requirements for practice and knowledge creation.	0.625	2	1.25
3. The program learning outcomes are clearly expressed and communicated to staff and students; ensure principal stakeholders have reasonably participated in formulating and reviewing processes.	0.625	1	0.625
4. Considering the stated learning outcomes, the program indicates the career and further studies options available to students upon program completion.	0.625	1	0.625
5. There is a systematic approach in place to obtain feedback from stakeholders to improve the delivery of the study program and attainment of the program outcomes and update the program accordingly in line with the current practice.	0.625	3	1.87
6. The program is approved by appropriate governing body.	0.625	4	2.5
7. The outcomes of the program align with the HEI's Mission, Vision and strategy.	0.625	2	1.25
8. The program learning outcomes conform to academic requirements of the study program and Ethiopian	0.625	3	1.87

Qualification Framework (EQF).			
	5	19	11.865

The total weighted score for this standard 1 above is 5. To find the weighted average score of each indicator, the total weighted score of this standard shall be divided by the number of each indicators which gives 0.625 ($5 \div 8 = 0.625$). To find the weighted average score for this particular standard, the total weighted score shall be divided by the maximum possible point i.e. 5, which gives the total score of 2.37 ($11.865 \div 5 = 2.37$) for that standard. The weighted average score for the rest of the standards shall be obtained in the same way and added to get the final total score.

Decision of accreditation is made based on the range of scores obtained as shown in the table below:

Range of Total Weighted Average Score	Accreditation status	Duration of Accreditation
80-100	Full Accredited	For Five years
70-79.99	Accredited with condition	For Three years
Less than 70%	Not Accredited	Denied
80-100%	Re-accredited	For Five years
Less than 80%	Not re-accredited	Denied

Medicine program must score a minimum of 50% in each standard to get accredited. The accreditation certificate shall be printed on a special paper prepared for this purpose.

4.3 Rating Standard

Medicine program evaluation processes are carried out with nine standards and 120 indicators. The basic tool used in evaluation processes is the criteria Rubric. The Rubric is a style of assessment tool used in the internal evaluation works of higher education institutions and in writing institutional Self-evaluation Reports as well as being used in external

evaluation processes. It has been developed to increase clarity, objectivity, comprehensibility, consistency and transparency levels in institutional evaluation or decision-making processes.

5 Review of the Standards

The standards of program accreditation will be reviewed at every two years of interval after the first year of review to ensure whether it is relevant and address current aspects of quality, students, stakeholders, community and policy. ETA will involve Stakeholders from industries, professional associations and HEIs in the standard review process. The standard review should be based on the impact assessment results and the feedback obtained from various stakeholders such as policy makers, employers, alumni, students, and staff members.

5.1 Validation Workshops

The standard of program accreditation has been reviewed through a validation workshop. The management of ETA reviewed the standards and their comments are incorporated. ETA has also organized a validation workshop and various stakeholders from HEIs, relevant industries, relevant professional associations, the Ministry of Education and other interested stakeholders were participated on the workshop (endorsement workshop). The feedbacks obtained from these workshops were used to improve the standard.

- In-house validation: validated by FDRE Education and Training Authority management and their comments are incorporated.
- Open validation: All higher education institutions (both public and private HEIs), and representatives of target industries, representatives of target professional associations, the Ministry of Education and other interested stakeholders were participated on the endorsement workshop.

5.2 Approval

The standard is approved by ETA's Board.

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