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Standards for Medicine Program Accreditation

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FDRE Education and Training Authority



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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).





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 areas that may be problematic for students.

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 higher education.

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

fulfilled to maintain high quality.

Good practice refers to a set of internationally accepted norms which is expected to be policies.

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, 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 accredited 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.



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 |





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.





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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

1.2 Accreditation in Ethiopia

external) can easily use it in their respective quality assurance activities. 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. 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.

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

1.1 Background

1 INTRODUCTION



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

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.

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.

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).



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

and regulation.

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

ETA's Mission Statement

2032.

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

ETA's vision is:

1.4 Mission, Vision and Objectives

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 HEIs 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.

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.

1.3 Ethiopian Higher Education Quality Assurance System

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) 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.

1.5.1 Principles of Quality Assurance in ETA

1.5 Principles and Core Values

- 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;

The objectives are:

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

ETA's Objectives

- 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.



b) Professional Integrity:

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

a) Competence:

IV. Individual Values

The following additional values have also been adopted by ETA.

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.

III. Transparent and Impartial Service Delivery

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.

II. Professionalism

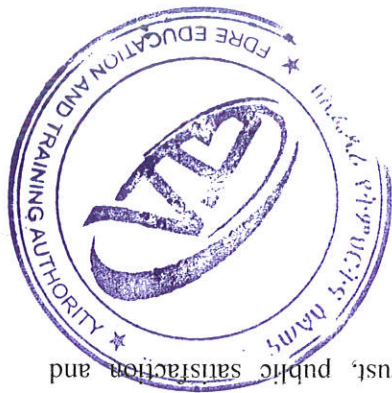
ETA, cognizant of its societal role, will remain committed to serve the society with a full sense of responsibility.

I. Public Accountability

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:

1.5.2 Core Values of ETA

- 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.



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

a) Credibility

VI. Operational Values

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.

c) Client Satisfaction

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

b) Participatory team work

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.

a) Trusted partnership

V. Organizational Values

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.

c) Self-initiation:

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.



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.

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 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.

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

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

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

2 Accreditation Procedure, Approach and Practice

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

VII. Strategic Value

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.

b) Efficiency and Effectiveness



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

4) Accreditation CEO

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

3) Accreditation and Standardization Deputy Director General

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

2) Accreditation Council

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



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

For Students

2.4 Benefits of Accreditation

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.

2.3 Scope

- 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;

Therefore, accreditation serves the following 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.

Accreditation by the ETA serves two specific purposes:

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.

2.2 Purpose of Accreditation



- 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.

The higher education institutions shall:

2.6 Roles and Responsibilities of Higher Education Institutions

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

2.5 Confidentiality

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

For Stakeholders

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

For the Government

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

For the Higher Education Institutions

- Facilitate credit transfer.



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

secretary shall:

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

2.7.2 Team Secretary

- 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.

shall conduct the followings:

Besides the roles and responsibilities of the assessors outlined in section 2.7, the team leader

2.7.1 Team leader

- Declare conflict of interest.
- Conduct other appropriate actions as considered necessary to ensure professionalism.
- Study the SER, DCT and SSS submitted by HEL, 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

The assessor shall:

2.7 Roles and Responsibilities of Team of Assessors

agreed time frame.

- 1) Implement the areas of improvements identified in the accreditation report within the



- 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.

a) Eligibility Status of the Program for Site Visit

2) Document Review

- 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.

1) Application for Program Accreditation

The major steps in accreditation process are as follows:

2.8 Accreditation Process

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



4) Report Writing

- 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.

3) Site Visit

- 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.

c) Document Study

- 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.

b) Appointment of team of assessors



6. Follow up for quality improvement

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

The accreditation decision for program accreditation is categorized in to:

- MOE and public.
- ETA shall issue the decision and disseminate the outcomes of accreditation to the general and the institution.
- Chairperson of the accreditation council shall notify the decision to the director accreditation council shall pass the accreditation decision.
- Having examined the accreditation report submitted and presented, the team leader of the team of assessors presents the report to the Council on behalf of the team.
- The team leader of the team of assessors presents the report to the Council on accreditation.
- 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.

5) Accreditation Decision and Endorsement

- 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.
- 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 re-accreditation decision for program accreditation is categorized into:

- 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.

2.10 Reaccreditation

- 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.

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

2.9 Re-assessment

- 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.



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

3 Standards of Medicine Program Accreditation

- 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.

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:

2.11 Appeal

- "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 accredited 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.

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





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 periodically reviewing existing program.

1.1.1. The program has policies, procedures, and processes for introducing new program and

1.1. Program Development

1. Program outcome

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
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

Medicine program accreditation has the following nine standards:

- 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.

The developed standards for medicine program accreditation:



- 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. Curriculum Design and Organization

2. Curriculum

- 1.2.1 The program has clearly defined program 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).

1.2 Alignment between Institutional Mission, Medicine Program Educational Objectives(PEO), Program Outcomes(PO), and Course Learning Outcomes(CLO)

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



3.1.2. The learning and teaching activities are appropriately designed to ensure that learning outcomes are achieved.

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. Learning and Teaching

3. Learning, Teaching and Assessment

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.

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. Curriculum Evaluation and Review Process

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.

2.1.10. The Program communicates the learning outcomes to students, staff and stakeholders.

2.1.9. The curriculum specifies outcomes related to engagement of the students in research and community service

2.1.8. The total duration of the training, credit hours per semester and duration are clearly defined and consistent with the national standards.

2.1.7. The learning and teaching activities encourage the active participation of students in their learning process.

2.1.6. The curriculum has a coherence that ensures learning and teaching activities are appropriately designed to achieve the learning outcomes.

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.



3.3.2. The program's approach to overall assessment activities are systematically and regularly reviewed to ensure its effectiveness.

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. Assessment Method

and use the results for decision-making.

3.2.5. The program has a functional system to conduct item analysis and standard-setting outcomes and informs on progression and graduation.

3.2.4. The program has a system of assessment that measures course and program learning

HET's policy.

confidentiality of assessment results and academic records are maintained in line with

regulated and fairly administered. The academic security and integrity of assessment,

3.2.3. The program has clear mechanisms for student appeal and dispute resolution are

student assessment system.

3.2.2. The program put in place mechanisms to ensure the validity and reliability of the

marking, remedial action and post-exam analysis procedures.

describes assessment practices and principles including methods, frequency, scoring,

3.2.1. The program has an assessment policy/ guideline/exam blueprint that clearly

3.2. Assessment Policy and System

student feedback on teaching quality, along with other evaluation mechanisms.

the quality of teaching and learning. This monitoring and review include the use of

3.1.6. There is a systematic monitoring and review of teaching of the program to improve

experiences, and foster personal development and responsibility.

3.1.5. The program has in place co-curricular activities that will enrich students'

particular counseling and other support services.

The study program takes place in an appropriate learning environment, including in

including facilities, libraries, IT infrastructure and support, and academic guidance.

3.1.4. Students of the study program are provided with sufficient learning resources,

including clinical practicum.

and effectively plan and prepare for teaching, through regular use of session plans

3.1.3. The curriculum ensures that instructors provide a standardized syllabus for the course



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. Student Counseling and Support Service

- 4.1.6. Entry standards for the program are regularly reviewed based on student performance and other relevant internal and external reference points.
- 4.1.5. Promote diversity in admission, including gender mainstreaming, and consideration of disadvantaged groups and persons with disabilities, where applicable
- 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.
- 4.1.3. 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.
- 4.1.2. The criteria and processes of student selection and admission are published, disseminated and publicly accessible.
- 4.1.1. Student selection and admission practices for the program are clear, efficient, explicit and fair, and in accordance with the HET's policies and regulations.

4.1. Student Selection and Admission Policy

4. Students

- 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



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. Staff Recruitment and Selection

5. Academic Staff

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.

4.4. Alumni

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.

4.3. Student Progression

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.



- 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. Staff Professional Development

- 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.

5.2. Staff Support and Retention

- 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.

- 5.3.5. 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.





- the learning and teaching activities and community engagements.
- 7.1.7. The program ensures that the outcomes of research are appropriately integrated into engagement.
- 7.1.6. The program has dedicated resource and budget for research and community outputs and outcomes are achieved.
- 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 prevented and complied with ethical standards.
- 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.
- 7.1.3. The program encourages national and international research collaboration and cooperation.
- 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.
- 7.1.1. The program has a policy and procedure that identifies the priorities and researcher's recognition of research outputs.

7.1. Research

7. Research and Community Engagement

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

6.3. Financial Resource

- 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



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

8.1. Leadership and decision making

8. Program Management

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

7.2. Community Engagement



- 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)



- 9.3.1. 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.
- 9.3. Monitoring and Evaluation of Continual Quality Improvement**



to 5 below as follows:

The weightings for each standard according to the different category are indicated in Tables 1

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

are as follows.

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

4.1. Weighing for Categories of Programs and Standards

envisaged.

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.

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.

4 Grading System



| Table I : Engineering and Technology | | Standards | Sub-standard | Weights |
|--------------------------------------|-----------------------------------|--|--------------|---------|
| 1. | Program Outcome | 1.1. Program Development | 14 | |
| | | 1.2. Alignment with institutional mission/vision/goals | | |
| 2. | Curriculum | 2.1. Curriculum Design and Organization | 9 | |
| | | 2.2. Curriculum Evaluation and Review Process | | |
| 2. | Learning, Teaching and Assessment | 3.1. Learning and teaching | 16 | |
| | | 3.2. Assessment policy and system | | |
| | | 3.3. Assessment Methods | | |
| 4. | Students | 4.1 Student Selection and Admission Policy | 12 | |
| | | 4.2 Student Counseling and Support Services | | |
| | | 4.3 Students' Progression | | |
| | | 4.4 Alumni | | |
| 5. | Academic Staff | 5.1 Staff Recruitment and Selection | 15 | |
| | | 5.2 Staff Support and Retention | | |
| | | 5.3 Staff professional development | | |
| 6. | Educational Resources | 6.1. Physical facilities | 16 | |
| | | 6.2. Practical/clinical training site | | |
| | | 6.3 Financial resources | | |
| 7. | Research and Community Engagement | 7.1. Research | 6 | |
| | | 7.2. Community Engagement | | |
| 8. | Program Management | 8.1 Leadership and Decision Making | 7 | |
| | | 8.2 Allocation of Resources | | |
| 9. | Continual Quality Improvement | 9.1 Continual quality improvement system | 5 | |
| | | 9.2 Implementation Continual quality improvement | | |
| | | 9.3 Monitoring and Evaluation of Continual quality improvement | | |
| | | 9.4 Documentation and Dissemination | | |



| Table 2: Natural and Computational Sciences | | |
|---|---|---------|
| Standards | Sub-standard | Weights |
| 1. Program Outcome | 1.1. Program Development 1.2. Alignment with institutional mission/vision/goals | 14 |
| 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 | 16 |
| 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 | 16 |
| 7. Research, and Community Engagement | 7.1 Research 7.2 Community Engagement | 6 |
| 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 | 5 |



| Table 3: Medicine and Health Sciences | | |
|---------------------------------------|---|---------|
| Standards | Sub-standard | Weights |
| 1. Program Outcome | 1.1. Program Development 1.2. Alignment with institutional mission/vision/goals | 15 |
| 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 | 16 |
| 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 | 16 |
| 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 9.3 Monitoring and Evaluation of Continual quality improvement 9.4 Documentation and Dissemination | 7 |



| Table 4: Agriculture | | Standards | Sub-standard | Weights |
|----------------------|--|---------------------------------------|---|---------|
| | | 1. Program Outcome | 1.1. Program Development 1.2. Alignment with institutional mission/vision/goals | 14 |
| | | 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 | 16 |
| | | 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 | 16 |
| | | 7. Research, Community Engagement and | 7.1 Research 7.2 Community Engagement | 6 |
| | | 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 | 5 |



| Table 5: Business and Humanities | | |
|---------------------------------------|---|---------|
| Standards | Sub-standard | Weights |
| 1. Program Outcome | 1.1. Program Development 1.2. Alignment with institutional mission/vision/goals | 14 |
| 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 | 16 |
| 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 | 7 |

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.





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

| Example Standard 1: program Outcome (THIS IS EXAMPLE OF RUBRICS scoring) | | | | | | |
|---|---------------|----------------|---|-------|---|-------|
| Criteria | Maximum Score | Weighted Score | Example | | | |
| | Points (1-5) | | | | | |
| | | | The program has policies, procedures, and processes for introducing new program and periodically reviewing existing program. | 1.875 | 3 | 5.625 |
| | | | 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. | 1.875 | 2 | 3.75 |
| | | | The program learning outcomes are clearly expressed and communicated to staff and students; ensure principal stakeholders have reasonably participated in formulating and reviewing processes. | 1.875 | 1 | 1.875 |
| | | | Considering the stated learning outcomes, the program indicates the career and further studies available to students upon program completion. | 1.875 | 1 | 1.875 |
| | | | 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. | 1.875 | 3 | 5.625 |
| | | | The program is approved by appropriate governing body. | 1.875 | 4 | 7.5 |
| | | | The outcomes of the program align with the HEI's Mission, Vision and strategy. | 1.875 | 2 | 3.75 |
| | | | The program learning outcomes conform to academic requirements of the study program and Ethiopian Qualification Framework (EQF). | 1.875 | 3 | 5.625 |



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

5 Review of the Standards

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.

4.3 Rating Standard

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.

| 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 |

below:

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

the final total score.

average score for the rest of the standards shall be obtained in the same way and added to get i.e. 5, which gives the total score of 2.37 (11.865 ÷ 5 = 2.37) for that standard. The weighted

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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