



Addis Ababa, Ethiopia

November, 2023

Standards for Anesthesia Program Accreditation

Document Code: ETA/ACC/Ans/01
Edition: 1
Effective Date: Nov 10/2023



FdRE Education and Training Authority

ገቢዎች ለገቢዎች ለገቢዎች



Table of Contents

PREMABLEIV

ABBREVIATIONSVI

GLOSSARY OF TERMSVIII

1. INTRODUCTION1

1.1 Background1

1.2 Accreditation in Ethiopia2

1.3 Ethiopian Higher Education Quality Assurance System3

1.4 Mission, Vision and Objectives3

1.5 Principles and Core Values4

1.5.1 Principles of Quality Assurance in ETA4

1.5.2 Core Values of ETA5

2. ACCREDITATION PROCEDURE, APPROACH AND PRACTICE7

2.1 Overview of ETA Structure8

2.1.1 ETA Accreditation Structure8

2.1.2 Purpose of Accreditation10

2.1.3 Scope10

2.1.4 Benefits of Accreditation10

2.1.5 Confidentiality11

2.1.6 Roles and responsibilities of higher education institutions11

2.1.7 Roles and responsibilities of Team of Assessors12

2.2 Accreditation Process13

2.2.1 Re-assessment16

2.2.2 Reaccreditation16

2.2.3 Appeal17

3. ANESTHESIA PROGRAM ACCREDITATION STANDARDS18

1. PROGRAM OUTCOME19

1.1. Program Development19

1.2. Alignment with Institutional Mission, Vision and Goals20

2. CURRICULUM20

2.1. Design and Development20





9.1. Continual Quality Improvement System	30
9. CONTINUAL QUALITY IMPROVEMENT	30
8.2. Allocation of Resources	29
8.1. Leadership and Decision Making	29
8. PROGRAM MANAGEMENT	29
7.2. Community Engagement	28
7.1. Research	28
7. RESEARCH AND COMMUNITY ENGAGEMENT	28
6.3. Financial Resource	27
6.2. Practical/Clinical Training Site	27
6.1. Physical Facilities	26
6. EDUCATIONAL RESOURCES	26
5.4. Preceptor Selection, Preparation and Development	26
5.3. Staff Professional Development	25
5.2. Staff Support and Retention	25
5.1. Staff Recruitment and Selection	24
5. ACADEMIC STAFF	24
4.4. Alumni	24
4.3. Student Progression	24
4.2. Student Support and Counseling Service	23
4.1. Student Selection and Admission Policy	23
4. STUDENTS	23
3.3. Assessment Methods	22
3.2. Assessment Policy and System	22
3.1. Learning and Teaching	21
3. LEARNING, TEACHING AND ASSESSMENT	21
2.2. Curriculum Evaluation and Review Process	21



6	REFERENCES	41
5.2	Approval	40
5.1	VALIDATION WORKSHOPS	40
5.	REVIEW OF THE STANDARDS	39
4.2.	Rating Standard	39
4.1.	Process of Grading	37
2.3	Weighing for Categories of Programs and Standards	31
4.	GRADING SYSTEM	31
9.4.	Documentation and Dissemination	30
9.3.	Monitoring and Evaluation of Continual Quality Improvement	30
9.2.	Implementation of Continual Quality Improvement	30

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 Anesthesia 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 Anesthesia 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
SEF	Self-Evaluation Report
SSS	Student Satisfaction Survey
TOA	Team of Assessor
TOR	Terms of Reference
TVEET	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 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.



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





x

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.

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

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.

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

Program goals/outcomes 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.

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

Program 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.

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

program.

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

important role in contributing to the fairness of the test along with identifying content areas that may be problematic for students.

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 education. 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 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

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.





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 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

- 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.



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

a) Credibility

VI. Operational Values

FETA 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

FETA 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. FETA 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. FETA 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.

b) Professional Integrity:



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.

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 Anesthesia 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.

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.

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.

2. Accreditation Procedure, Approach and Practice

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

VII. Strategic Value

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.



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.

participate as deemed necessary.

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 authority is mandated to oversee and regulate the quality assurance issues of the education and training of the country.

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

2.2 ETA Accreditation Structure

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.

The structure of FDRPE 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.

2.1 Overview of ETA Structure

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.



- 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.

4) Accreditation CEO

- 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.

3) Accreditation and Standardization Deputy Director General

- 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.

2) Accreditation Council

- 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.

1) Director General



2.5 Benefits of Accreditation For Students

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 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.

2.3 Purpose of 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.



- h) Ensure timely payment of accreditation fees.
 - g) Apply for re-accreditation six months prior to expiry of accreditation.
 - f) Collaborate and support to the assessors during accreditation site visits.
 - e) Declare conflict of interest.
- directive.
- d) Conduct program Self-Evaluation Report (SER), Data Collection Tool (DCT) and Students Satisfaction Survey (SSS) for accreditation requests as per the guidelines and
 - c) Maintain required standards as outlined in this handbook.
- concerning accreditation.
- b) Comply with policies, directives, guidelines, and relevant standards set by ETA
 - a) Be committed to provide quality higher education.

The higher education institutions shall:

Roles and responsibilities of higher education institutions

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

Confidentiality

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

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

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

For the Higher Education Institutions

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



- 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

Assessors Team leader

- 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

The assessor shall:

Roles and responsibilities of Team of Assessors

agreed time frame.

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



a) Eligibility Status of the program for site visit

2) Document Review

- The HBI 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 Anesthesia accreditation and appropriate information and evidences that support and best illustrate their specific implementations.
- The documents provided by the HBI 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.

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.

1) Application for Program Accreditation

The major steps in accreditation process are as follows:

Accreditation Process

- 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.

secretary shall:

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

Team secretary



- 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.



- 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 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 year from the date of issuance of decision and in such case the evaluation of the accreditation standards.
- 3) **“Denial of Accreditation”** applies to a program that scores less than 70% of accreditation standards for five 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 accreditation standards for five years.

The accreditation decision for program accreditation is categorized in to:

- ETA shall issue the decision and disseminate the outcomes of accreditation to the MOE and public.

- Chairperson of the accreditation council shall notify the decision to the director general and the institution.
- Having examined the accreditation report submitted and presented, the accreditation council shall pass the accreditation decision.

- The team leader of the team of assessors presents the report to the Council on behalf of the team.
- status of 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.

4) Report Writing

- The team of assessors shall seek the signature of head of the institution on exit report.
- 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.



- 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

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:

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.

6. Follow up for quality improvement

- 4) The program must attain a score of 50% for each of the standard to be granted for accreditation.



- 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.

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.

1. Anesthesia Program Accreditation Standards

Anesthesia 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 Anesthesia program development and performance that can be assessed objectively. The Anesthesia 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 accredited 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





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

1.1. Program Development

1. PROGRAM OUTCOME

The narrative and description of the aforementioned Anesthesia program accreditation's pillar standards were delineated using sub-standards and indicators. Each standard is identified by a given standard number and name (e.g., Standard 1: Program Outcome...). Narration and description of each standard are articulated under sub-standards, with each sub-standard characterized by having two digits of a number prior to the given name (e.g., 1.1, 1.2...). Moreover, a set of indicators under sub-standards is identified by having three digits of a number prior to the narrated description (e.g., 1.1.1, 1.1.2...).

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

Anesthesia 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 Anaesthesia 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 program has co-curricular activities that will enrich students' experiences, and foster personal development responsibility.
- 2.1.4. The curriculum takes into account the indigenous knowledge that foster local potential.
- 2.1.5. The curriculum takes into account the appropriate professional and industry requirements as well as good practices in the field.

2.1. Design and Development

2. Curriculum

- 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).
- 1.2. Alignment between Institutional Mission, program educational objective, program outcome, and course learning outcome**
- 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).
- in addition to professional and legal requirements for practice and knowledge creation



- 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 learning-teaching activities encourage the active participation of students in their learning process.
- 3.1.4. The program uses educational resources, (including technology facilities) that are consistent with the learning outcomes.
- 3.1.5. The program provides special support to students with poor performance based on assessment results.
- 3.1.6. There is a systematic monitoring and review of teaching of the program to improve the quality of learning and teaching.

3.1. Learning and Teaching

3. LEARNING, TEACHING and ASSESSMENT

- 2.2.1. There is a functional curriculum committee with the capacity to oversee, monitor and evaluate the curriculum.
- 2.2.2. There is a clearly defined mechanism to regularly monitor and evaluate the curriculum.

2.2. Curriculum Evaluation and Review Process

- 2.1.6. The learning outcomes of the program clearly articulates the required learning domains (knowledge, skills, values, behaviors, and preparedness of learners) to become professionals and responsible citizens.
- 2.1.7. The curriculum is designed in such a way that there is a clear pathways and students are informed about the development of career pathways during their studies.
- 2.1.8. The curriculum maintains the coherence between learning and teaching activities, and the learning outcomes.



- 3.3.1. The program employs a variety of assessment methods and tools to assess learning outcomes and competencies.
- 3.3.2. The program's approach to overall assessment activities is systematically and regularly reviewed to ensure its effectiveness.
- 3.3.3. The program put in place a system of assessment that regularly offers students timely, specific, and actionable feedback that identifies their strengths and areas of improvement to enhance their learning.
- 3.3.4. The information on the program approach to assessment is clearly provided to students.
- 3.3.5. Administer at least three types of continuous professional and clinical skills summative assessment methods to determine the attainment of educational outcomes: structured short cases, objectively structured long case exams, objectively structured clinical/practical exam.
- 3.3.6. The program ensures alignment of educational learning outcomes with assessment methods and practices.

3.3. Assessment Methods

- 3.2.1. The program has an assessment policy or guideline that clearly describes assessment principles and practices (including methods, frequency, scoring, marking, remedial action and post-exam analysis procedures).
- 3.2.2. The program has a mechanism to ensure the validity and reliability of the student assessment system (including exam blue print, item analysis and exam bank).
- 3.2.3. The program has clearly regulated and fairly administered mechanisms for student's appeal and dispute resolution.
- 3.2.4. The academic security and integrity of assessment, confidentiality of assessment results and academic records are maintained in line with HET's policy.
- 3.2.5. The program has a system of assessment that measures course and program learning outcomes and informs students on progression and graduation.
- 3.2.6. The program maintains an appropriate balance between formative and summative assessment
- 3.2.7. The program has established a functional system to conduct item analysis and standard-setting and to use the results for decision-making.

3.2. Assessment Policy and System



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

4.2.2. The program has a comprehensive student handbook that indicates students support systems and make accessible to students.

4.2 Student Support and Counseling Service

4.1.1. Student selection and admission practices for the program are clear, explicit and fair, and in accordance with the HET'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 intake capacity in accordance with available resources to ensure effective implementation.

4.1.4. The program 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. Entry standards for the program are regularly reviewed based on student performance and other relevant internal and external reference points.

4.1.6. Promote diversity in admission, including gender mainstreaming, and consideration of disadvantaged groups and persons with disabilities, where applicable.

4.1. Student Selection and Admission Policy

4. STUDENTS

3.3.7. The program has a functional system to assure the quality of assessment, including the establishment of exam committee and exam bank.

3.3.8. Utilize the assessment data to evaluate and improve performance of academic staff, courses and the institution.

3.3.9. The program uses performance feedback from exit exam and national licensing exam to improve instruction and in-school assessment practices.



5.1.1. The program has 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

4.2.3. 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 effective mechanism for students to voice their grievances and seek resolution on academic and non-academic matters.
4.2.7. The program clearly defined and documented processes and procedures in handling student disciplinary cases.



- 5.3.1. The program has an effective academic staff development program and offers the professional development of its staff based on appropriate need assessment.
- 5.3.2. The program provides mentoring and formative guidance for new academic staff as part of its staff development program.
- 5.3.3. The program provides the academic staff with the necessary training, tools and technology for self-learning, access to information and for communication.
- 5.3.4. The program supports and encourages the research activities of its academic staff and ensures their academic freedom.

5.3 Staff Professional Development

- 5.2.1. The program has transparent staff appraisal system addressing the roles of the academic staff in teaching, research, community services and administrative functions.
- 5.2.2. 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. 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 full-time academic staff.
- 5.1.4. The staff to student ratio of the program is appropriate to the learning-teaching methods and complies with the program discipline standards.
- 5.1.5. The program has clearly defined roles and responsibilities for staff and has an academic code of conduct with efficient and fair procedures for discipline, complaints, and disputes resolution.
- 5.1.6. The program regularly reviews the effectiveness of its strategies and mechanisms of staff recruitment, promotion and retention to maintain conducive learning and teaching environment.



- 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 HBI 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 functional library accessible to students and staff with adequate capacity.

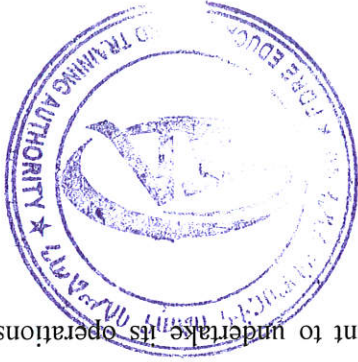
6.1. Physical Facilities

6. EDUCATIONAL RESOURCES

- 5.4.1 The program implements a written guideline/criteria for the selection of preceptors or clinical instructors who are licensed and proficient practitioners working at practice sites and providing service according to regulatory standards
- 5.4.2. The program develops and publicize a clear guideline describing the role and responsibilities of preceptors or clinical instructors for planning, preparing, teaching and assessing performance
- 5.4.3. The program establishes mechanism and procedure for motivation, continuous professional development and career advancement of the preceptors or clinical instructors with acceptable continuing education units according to regulatory standards
- 5.4.4. The program establishes a system to ensure each preceptor or clinical instructors received clinical teaching skills training and technical update training in the past 2 years in line with regulatory requirements

5.4. Preceptor Selection, Preparation and Development

- 5.3.5. The program has national and international linkages for enhancement of academic and professional development and scholarly activities.



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

6.3. Financial Resource

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

6.2. Practical/Clinical Training Site

- 6.1.6. The library has adequate resources and facilities (such as latest references, electronic resources, digital library, qualified staff and other facilities including appropriate information and communication technology mediated reference materials) to support academic programs and research activities..
- 6.1.7. The program has information and communication technology infrastructure appropriate to the program including computer laboratories that are required for the study programs.
- 6.1.8. The program regularly reviews resources to ensure they are appropriate and effectively support mechanism for learning and teaching.
- 6.1.9. The program has access to safe and adequate spaces for clinical skill demonstration, practice and discussion/debriefing for intended skill development.
- 6.1.10. The program has adequately equipped clinical skills labs with anatomic models, simulators, and mannequins with adequate supplies to learn essential competencies.
- 6.1.11. The program has clinical skills labs accessible/open for students' independent practice.

7. RESEARCH and COMMUNITY ENGAGEMENT

7.1. Research

- 7.1.1. The program has a policy and procedure that identifies the priorities, researcher recognition and commercialization of research outputs.
- 7.1.2. The program provides adequate budget and sufficient facilities and equipment for the research activities of its staffs and students 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 methodological standards comply with ethical standards and ensures that academic misconduct, and plagiarism, is prevented.
- 7.1.5. The program regularly reviews the effectiveness of its approach to research and community engagement planning and management.
- 7.1.6. The program has dedicated resource and budget for research and community engagement.
- 7.1.7. The program ensures research outcomes 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 HEl policies.
- 7.2.2. The program defines the community/communities it serves for assesses their 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 at large.
- 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 of its structures, functions, strategies and core activities 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, websites and social media for a smooth transition of academic leaders.

8.1.6. The program describes the representation and role of the academic staff, students and other stakeholders in committees and decision-making process at program level.

8.1.7. There is a periodic review of the program with consideration of the effectiveness of the program management.

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.

8.2. 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 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 of operations. The quality assurance activities provide feedbacks to support the program's goals.

9.2.3. The program's quality assurance activities focus on enhancement and quality culture development. The program ensures the active involvement of academic and support staff and students in the operational process of continual quality improvement.

9.2.4. Adapt to changing circumstances and needs over time including allocation of additional resources, to support quality assurance activities.

9.3. Monitoring and Evaluation of Continual Quality Improvement

9.3.1. The program has a mechanism to periodically gather and analyze 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 responsible for continual review of the program to ensure its currency.

9.3.3. The program periodically reviews its quality assurance system for its effectiveness.

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

Anesthesia 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.

Weighting 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	Weights
1. Program outcome	1.1. Program Development	5	1.2. Alignment with institutional mission/vision/goals	
2. Curriculum	2.1. Curriculum Design and Organization	9	2.2. Curriculum Evaluation and Review Process	
3. Learning, Teaching and Assessment	3.1. Learning and teaching	20	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			
Educational Resources	6.1. Physical facilities	20	6.2. Practical/clinical training site	
	6.3 Financial resources			
7. Research, and Community Engagement	7.1. Research	7	7.2. Community Engagement	
8. Program Management	8.1 Leadership and Decision Making	5	8.2 Allocation of Resources	
9. Continual Quality Improvement	9.1 Continual quality improvement system	7	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
1. Program outcome	1.1. Program Development 1.2. Alignment with institutional mission/vision/goals
2. Curriculum	2.1. Curriculum Design and Organization 2.2. Curriculum Evaluation and Review Process
3. Learning, Teaching and Assessment	3.1. Learning and teaching 3.2. Assessment policy and system 3.3. Assessment Methods
4. Students	4.1. Student Selection and Admission Policy 4.2. Student Counseling and Support Services 4.3. Students' Progression 4.4. Alumni
5. Academic Staff	5.1. Staff Recruitment and Selection 5.2. Staff Support and Retention 5.3. Staff professional development
6. Educational Resources	6.1. Physical facilities 6.2. Practical/clinical training site 6.3. Financial resources
7. Research, and Community Engagement	2.6 Research 2.7 Community Engagement
8. Program Management	8.1 Leadership and Decision Making 8.2 Allocation of Resources
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
Standards	Sub-standard
Weights	Weights
5	5
10	10
20	20
12	12
15	15
18	18
7	7
5	5
8	8



Standards		Sub-standard	Weights
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
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		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 3: Medicine and Health Sciences



Table 4: Agriculture		Standards	Sub-standard	Weights
		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, Community Engagement and	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



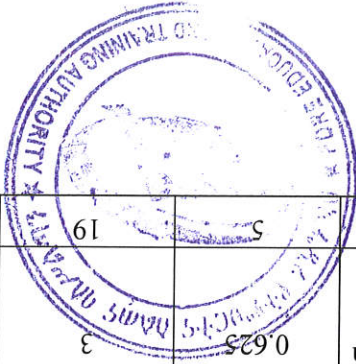
Standards		Sub-standard	Weights
1. Program outcome	1.1. Program Development	1.1. Alignment with institutional mission/vision/goals	7
2. Curriculum	2.1. Curriculum Design and Organization 2.2. Curriculum Evaluation and Review Process		12
3. Learning, Teaching and Assessment	3.1. Learning and teaching 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

Table 5: Business and Humanities

4.1. 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 Anesthesia 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 ff 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 Qualification Framework (EQF).	0.625	3	1.87
		5	11.865



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

Anesthesia 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.

4.2. Rating Standard

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

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. 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

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 FDRRE 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.



6 REFERENCES

- Commission for Academic Accreditation Ministry of Education United Arab Emirates. (2019). Procedural manual for Renewal of Program Accreditation, Commission for Academic Accreditation Ministry of Education United Arab Emirates, December 2019. United Arab Emirates
- CHEA. (June 2010). The value of accreditation, council for higher education accreditation .
- Council of ministers. (2022). Proclamation No 515/2022. Addis Ababa: Council of ministers.
- EQAA. (sep. 2018). Program accreditation of universities, European Quality Assurance Agency (EQAA). Retrieved from https://eqaa.eu/download.php?f=standards_university_institutional_accreditation_v2.pdf
- ETA. (March 2013,). Program Level Quality Audit Manual, ETA, ETA Publication Series 05, . Addis Ababa: ETA.
- Ethiopian standard agency. (2020). Educational origins-managementsystem for educational organizations -requirements with guidance with use, Ethiopian standard agency, ESIOS 21001.2020. Addis Ababa: Ethiopian standard agency.
- Higher education and training strategy. (2021). Higher education and training strategy in Ethiopia, ministry of science and higher education, September 2021. Addis Ababa: MOSHE.
- Initiative HAQAA. (2017). African Standards and Guidelines for Quality Assurance in Higher Education (ASG-QA). South Africa: HAQAA Initiative.
- Initiative, HAQAA. (2017). African Standards and Guidelines for Quality Assurance in Higher Education (ASG-QA) HAQAA Initiative: 2017. south Africa: HAQAA Initiative.
- Japan university association. (January 2020). Junior college standards and its rational, Japan university association. Japan: Japan university association



Jhpiego. (February 2012). Generic Performance Standards for Pre-Service Education in Health. Addis Ababa.

Liaison commission on medical education. (2019). Liaison commission on medical education (LCME), University of California, San Francisco Office of Medical Education meded.ucsf.edu Subscribe to our podcast, The Spark 533 Parnassus Avenue, U-80 I Campus Box 0710 I San Francisco, CA 94143-0710, September. California: LCME.

Materu, P. (August 2007). Higher education quality assurance in sub-Saharan Africa, The International Bank for Reconstruction and Development. Washington D.C: The World Bank .

Ministry of Education. (Dec 2019). Procedural manual for Renewal of Program Accreditation, Commission for Academic Accreditation Ministry of Education United Arab Emirates, December 2019. united Arab Emirates : Ministry of Education.

MOSHE. (2021). Higher education and training accreditation strategy. Addis Abeba: MOSHE.

MQA. (April 2018). Code of Practice for programme accreditation. Malaysia: MQA.

SAQA. (September 2012). Criteria for program accreditation, council on higher education (CHE), south African qualification authority (SAQA). pretoria : SAQA.

Turkish higher education quality council. (2021). Institutional external evaluation, accreditation and monitoring programs guide, Turkish higher education quality council. Turkish: Turkish higher education quality council.

WFME. (2020). Basic Medical Education WFME Global Standards for Quality Improvement. . University of Copenhagen, Denmark: WFME.

