

**"NATIONAL CENTER FOR PROFESSIONAL EDUCATION QUALITY ASSURANCE"
FOUNDATION**



**EXPERT PANEL REPORT
INSTITUTIONAL ACCREDITATION OF GYUMRI STATE MEDICAL COLLEGE**

Yerevan – 2023

INTRODUCTION

The institutional accreditation of the Gyumri State Medical College (hereinafter referred to as GSMC, TLI, College) was carried out based on the application submitted by the institution. The process of institutional accreditation is organised and coordinated by "National Center for Professional Education Quality Assurance" foundation (hereinafter referred to as ANQA), guided by the Statute on State Accreditation of Tertiary Level Institutions and their Academic Programmes in the Republic of Armenia approved by the RA Government Decree N 978-N of June 30, 2011 and by the RA Government Decree N 959 on the Approval of the Accreditation Criteria for Tertiary Education of June 30, 2011.

The external review was carried out by the independent expert panel consisting of four local experts, formed in accordance with the requirements set by the Regulation on the Formation of the Expert Panel of "National Center for Professional Education Quality Assurance" foundation.

The accreditation process was funded by the RA Ministry of Education, Science, Culture and Sports (hereinafter referred to as the "ESCS Ministry").

The institutional accreditation is aimed not only at external evaluation of quality assurance but also at continuous enhancement of the management quality and academic programmes of the institution. Special emphasis was placed on the cooperation between the institution and employers and its impact on the implementation of the education process.

The herby report comprises the results of the evaluation of the institutional capacities of the TLI according to the State Accreditation Criteria and Standards.

SUMMARY OF EVALUATION
EXPERT PANEL EVALUATION OF INSTITUTIONAL CAPACITIES ACCORDING TO THE RA
ACCREDITATION CRITERIA

The external review of the Gyumri State Medical College was carried out by an independent expert panel formed in accordance with the requirements set forth in the Regulation on the Formation of the Expert Panel. The evaluation was conducted according to the 10 criteria of institutional accreditation approved by the RA Government Decree N 959-N of June 30, 2011.

While carrying out the evaluation, the expert panel took into consideration that GSMC has a mission to transfer and disseminate knowledge, as well as form a classic model of nurses, midwives, pharmacists and dental technicians meeting the requirements of the modern labour market. The GSMC's development policy aims to prepare alumni "providing patient care and high-quality primary healthcare services for the population". It is praiseworthy that the core strategic issues outlined in the strategic plan include the entire scope of the GSMC's activities, particularly improvement of building and technical infrastructure, enhancement of academic programmes (hereinafter referred to as "Aps") and the internal quality assurance system, increase in management effectiveness, and etc. The expert panel positively views that these are visible to stakeholders, all implemented processes follow a logical sequence, and the mission and the conducted policies are in harmony. It is praiseworthy that the director and subdivisions have incorporated actions outlined in the strategic plan into the work plans. The outcomes are partially presented in the relevant annual reports. Meanwhile, the expert panel expresses its concern over the fact that the strategic plan's KPIs are missing. Therefore the strategic plan cannot be evaluated.

The GSMC implements four secondary vocational APs in medicine that align with the regional needs of the labour market. It should be noted that the GSMC applied to the state authorized body for the introduction of the AP "Medical Cosmetology". Taking into consideration the institution's building conditions and material-technical resources, the ESCS Ministry did not issue a license for the profession. The expert panel is concerned that without enhancements in building conditions and resources, the GSMC will not have the opportunity to introduce new academic programmes and increase professional attractiveness in the near future. It is welcoming that the GSMC uses interactive and student-centered teaching methods aimed at team-based, problem-based and outcome-based learning, also attaching importance to the acquisition of practical skills and capacities. Regarding the evaluation policy, various teachers use diverse methods to evaluate the outcomes. These are aimed at outcome achievement. However, the expert panel finds that the introduction of a unified evaluation policy can significantly improve the assessment system.

The expert panel points out that the majority of practical classes, some lectures and all internships as part of the three APs under review, are carried out in leading medical institutions of the region. This highlights the importance of applied skills and the implementation of work-based learning. Additionally, the expert panel appreciates the ensurance of creative/research component of the provided assignments and individual works, as it has fostered the development of students' research skills. In the given context, it should be noted that there has been an increase in the allocation of practical hours conducted at employers in recent years. This gives students the opportunity to ground their education in real-world case studies, work with patients and develop clinical skills.

One of the strengths of the GSMC lies in the fact that about half of the academic staff are doctors who also impart practical skills to students at their workplaces. This strengthens effective institution-employer

cooperation. It is positive that teachers with scientific degrees work at the GSMC. The institution has adopted a policy for gradual rejuvenation of the staff, leading to a direct positive impact on the effectiveness of educational processes. The expert panel believes that the organization of professional training sessions for teachers will enhance their professional skills.

It is problematic that the general technical condition of the GSMC's building is assessed as inadequate. There is a problem of increasing the seismicity of the building, resulting in a high-risk assessment of the learning environment's safety. According to the expert panel, the activities towards the building safety are extremely urgent and it is more than clear that the GSMC cannot overcome the challenge without the support from the state, private sector or donor organizations. However, the expert panel highly appreciates the GSMC's efforts to replenish the resources and improve the building conditions at the expense of the limited extra budget. It is positive that revenue from tuition fees has increased due to the rise in the number of students in the paid system. However, GSMC's budget is mainly allocated to current expenses in the form of the salary fund, resulted in a lack of funds directed to the institution's development. Meanwhile, it should be noted that the GSMC has been aiming at the diversification of financial sources. This led to the institution's success in the Erasmus+ programme.

The expert panel evaluated the criterion Governance and Administration as part of the new strategic plan, considering the new director's term of office. According to the results of the external review, the GSMC's management system has ensured effectiveness within a short period of time. Particularly, the documentation of the management processes has been regulated, and representatives from regional medical service organizations interested in hiring the alumni, have been included in the Governing Council. Strategic management tools have been put into practice as well. Planning and execution processes are aligned. Also, authorizations and responsibilities are distributed among different levels of management, with job functions clearly outlined through position passports and work regulations. In this context, the expert panel identifies the necessity to enhance the implementation of long and short-term plans, incorporating qualitative analyses, to define KPIs, measure the achieved outcome and improve the toolset for the evaluation of the PDCA cycle. According to the expert panel, an important prerequisite for the implementation of these processes involves strengthening the quality assurance culture and the enhancing tools for quality assurance. Within this scope, the GSMC still needs to undertake fundamental and diligent activities. It is particularly concerning that internal stakeholders do not fully understand their role in quality assurance processes and do not clearly differentiate quality assurance mechanisms due to the lack of experience in using them. In addition, students possess insufficient awareness of the work undertaken by the group responsible for quality assurance and have not actively engaged in these processes. It is right that the GSMC has introduced a survey process which helped identify stakeholder needs and address specific issues. However, the surveys lack qualitative analysis summaries and the issues to be enhanced are not systematically organized. The enhancements are not grounded in the collected data and priorities. The elements of the solution are not included in next year's planning. Therefore, according to the the expert panel, the dissemination and development of the QA culture is jeopardized. The expert panel positively evaluates the quality assurance manager's efforts in the formation and dissemination of the quality culture. However the manager's heavy workload poses risks for the effective implementation of the QA processes.

It is praiseworthy that the GSMC has tools to ensure accountability to stakeholders and the educational environment is accessible and open to the organizations and people interested in its activities. The expert panel highlights that the GSMC has established a stable, cooperative and participatory educational environment with the regional leading medical institutions. Steps are taken to develop the

partnership network. The range of cooperation with organizations, educational institutions, businesses and public entities has been expanded. Practical studies and internships are carried out at partners' premises. Doctors are involved in the academic staff. The multi-disciplinary and effective collaborations have empowered the GSMC to direct the vector of education towards the achievement of practical outcomes.

The strengths of the institution:

1. The only state medical college in the region.
2. The presence of doctors in the academic staff.
3. The joint use of employer resources.
4. The close cooperation with employers, presence of stable feedback mechanisms.
5. The effective APs.
6. The use of interactive and student-centered teaching methods.
7. The interrelationship between research and educational processes.
8. The assignments that form practical, analytical and research skills.

The weaknesses of the institution:

1. The poor building conditions.
2. The inadequate and outdated laboratory resources.
3. The absence of KPIs.
4. The shortcomings of quality assurance tools.
5. The incomplete understanding of quality assurance culture.
6. The insufficient level of foreign language among teachers and students.
7. The absence of an analytical component in the reports.

Main Recommendations

Mission and Purpose

1. Introduce schedules for the implementation of the strategic plan, strategic plan performances.
2. Develop and implement a toolset for monitoring and evaluating the strategic plan performance.
3. Expand the communication platform with stakeholders, coordinate the process of raising their needs.

Governance and Administration

4. Improve the implementation of long and short-term plans, include qualitative analyses.
5. Define the KPIs and measure the achieved outcome.
6. Contribute to boosting the participation of teachers and students in decision-making process related to them.
7. Improve the toolset for the evaluation of the PDCA cycle.
8. Find new formats for financing.

Academic Programmes

9. Clarify and align the outcomes of academic programmes and modular programmes.

10. Improve and put into practice the assessment policy, specifying the assessment criteria for each module.
11. Develop and implement mechanisms for monitoring and evaluating the effectiveness of the APs, carry out benchmarking.
12. Target the acquisition of contemporary medical skills in the APs outcomes.

Students

13. Include students from every profession in the student council.
14. Strengthen the cooperation between the student council and the quality assurance centre.
15. Increase students' awareness of student council and quality assurance processes.
16. Summarize and coordinate the evaluation of student services, identifying key areas for enhancement.

Faculty and Staff

17. Provide professional and pedagogical training for teachers, ensuring its periodicity.
18. Develop and implement a regulation for ranking teachers based on clear and multifaceted components.
19. Introduce incentive mechanisms for teachers.

Research and Development

20. Clarify the institution's research directions and integrate them into long and short-term plans.
21. Enhance and add assignments with a research component.
22. Provide the laboratory resources with medical supplies necessary for research activities.

Infrastructure and Resources

23. Develop a clear policy for the improvement of building conditions, involving partner organizations.
24. Take steps to identify new financing sources.
25. Upgrade the resources with modern equipment and medical supplies.
26. Develop new formats for joint use of resources with partner organizations.

Societal Responsibility

27. Develop a unified reporting format, incorporating a qualitative analysis component and a requirement to identify areas for enhancement.
28. Classify reports by internal and external user categories.
29. Develop mechanisms for providing feedback and transferring knowledge to society.

External Relations and Internationalization

30. Develop multi-profile and grant collaborations.
31. Conduct benchmarking with comparable education institutions.
32. Increase the proficiency in English and other foreign languages of teachers and students.

Internal Quality Assurance System

33. Regulate the quality assurance processes and tools.
34. Develop and implement effective mechanisms for the dissemination of quality culture.
35. Increase the awareness of the internal stakeholders of the quality assurance processes, carry out internal trainings, involve them in the quality assurance processes.
36. Expand the participation of employers and alumni in quality assurance processes.
37. Ensure the implementation of the PDCA cycle in the work regulations of all subdivisions.
38. Clarify the workload and primary duties of the quality assurance manager, evaluate the effectiveness of the manager's activities

December 1, 2023

Armenuhi Mheryan

Chair of the expert panel

SUMMARY OF EVALUATION

COMPOSITION OF EXPERT PANEL

The external evaluation of the institutional capacities of the Gyumri State Medical College was carried out by the following members of the expert panel:

1. **Armenuhi Mheryan**, chair of the expert panel, head of the Finance Chair of the European University of Armenia, PhD in Economics, Associate Professor, chair of the expert panel.
2. **Anna Sukiasyan**, scientific researcher at the Department of the Biochemistry of Neurohormones of the Institute of Biochemistry after H. Buniatyan, NAS RA, dean at the Faculty of Medicine of "Mkhitar Gosh" Armenian-Russian International University, teacher at the Eurasia International University, Candidate of Biological Sciences, Associate Professor, Armenia, member of the expert panel.
3. **Izabella Mirzoyan**, a teacher at the Chair of Internal Diseases of Armenian Medical Institute, member of the expert panel.
4. **Areg Khalapyan**, a student at Yerevan State Basic Medical College, student member of the expert panel.

The composition of the expert panel was agreed upon with the institution.

The coordinator of the expert panel was **Anahit Utmazyan**, head of ANQA's Secretariat.

The minutes were taken by **Edita Kasinyan**.

All the members of the expert panel and the coordinator have signed agreements of independence and confidentiality.

PROCESS OF THE EXTERNAL REVIEW

On January 13, 2023, the GSMC applied for state institutional accreditation, submitting to ANQA the filled application form, copies of the license and its appendices.

The ANQA's Secretariat studied the data presented in the application form and the documents attached. After the decision on the acceptance of the application (January 27, 2023), ANQA and the institution signed an agreement. The schedule of activities was prepared and approved.

Self-evaluation

Considering that the institution is undergoing institutional accreditation for the first time and is in the initial stage of the formation of the quality assurance culture, ANQA has conducted online workshops with the institutions in the accreditation process. During the workshops, the interpretations of the institutional accreditation criteria and standards, the electronic questionnaire for the accreditation application, and the peculiarities of self-evaluation and SWOT analysis were presented. The institution carried out a SWOT analysis, which was discussed with ANQA's specialists.

During the implementation of the SWOT analysis, ANQA organised discussions to address the arising issues.

On June 6, 2023, the institution submitted the revised self-evaluation of the institutional capacities. The self-evaluation was carried out by the working group formed under the director's order. The self-evaluation process involved representatives from the institution's administrative, teaching and supporting staffs. ANQA's coordinator studied the the self-evaluation in terms of its compliance with the requirements presented by ANQA.

Based on the conclusion of the coordinator, a decision was made to accept the revised self-evaluation. Then the institution's self-evaluation, document package and the electronic questionnaire were provided to the expert panel.

Preparatory Phase

To prepare the expert panel members and ensure the effectiveness of the activities, ANQA held discussions with the experts on the RA Accreditation Statute, accreditation criteria and standards, the main functions of the the expert panel's members, the preliminary evaluation as a stage of the preparation of the expert panel report, the main requirements for the report, the holding meetings and doing inquiries.

Having reviewed the self-evaluation report and documents attached, the expert panel conducted the preliminary evaluation according to the format, preparing the lists of questions and objectives for different departments and target groups, as well as additional documents for further study. Then the expert panel summarized the results of the preliminary evaluation and set the schedule for the site visit.

Following ANQA's Manual for External Review, the schedule included intended close and open meetings with all the target groups, study of document, parallel meetings, etc.

Preparatory Visit

On September 20, an online meeting took place with the institution's management staff. During the meeting, the site visit schedule was discussed and agreed upon, as well as the list of additional documents for study was presented. Additionally, mutually agreed decisions were reached on the technical, organisational, and informational aspects of the site visit, along with the conduct and ethical norms of the meeting participants. The conditions for the focus group meetings and the work of the expert panel were also discussed.

Site Visit

The site visit took place on September 25-28, 2023. The site visit was attended by the expert panel, the coordinator and the coordinator's assistant. During the site visit, the expert panel carried out observation of resources and infrastructure. Then the experts and the coordinator had a close meeting. The meeting aimed to bring out the strengths and weaknesses of the institution based on the criteria, clarify questions for the target groups, discuss the meeting procedures and further steps.

The site visit started and ended with meetings with the institution's management staff. To clarify the issues, the focus group meetings took place. The participants, including teachers, students and alumni, were selected from a pre-provided list, based on the principle of representativeness. During the visit, the expert panel also studied documents, visited base clinics, and conducted class observations.

At the end of each working day, the expert panel held close meetings to discuss the results of the expert evaluation. At the end of the site visit, the main results were summarized and a general agreement was reached on the accreditation criteria and the fulfillment of those criteria.

The expert panel reached conclusions on the criteria through discussions and analyses of all members, applying the principle of consensus.

The expert panel evaluation was carried out according to the State Accreditation Criteria and Standards.

Expert Panel Report

The expert panel prepared the preliminary version of the expert panel report based on the institution's self-evaluation, the study of the attached, and expert observations as a result of regularly organised discussions. Based on the observations made after the discussions, the expert panel's chair, with the support of ANQA's coordinator, prepared the preliminary report.

The institution did not submit any observations on the preliminary report.

The expert panel prepared the final version of the report, which was approved by the panel members on December, 2023.

December 1, 2023



Anahit Utmazyan

Coordinator of the expert panel

EVALUATION ACCORDING TO ACCREDITATION CRITERIA

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

December 1, 2023

Armenuhi Mheryan
Chair of the expert panel