

PERIODIC ACCREDITATION MODEL OF UNIVERSITIES AND THEIR STUDY PROGRAMMES

Medicine and Surgery (LM-41)

with Notes



REQUIREMENTS FOR MD STUDY PROGRAMMES IN MEDICINE AND SURGERY

| EVALUATION DOMAIN CODE | EVALUATION DOMAIN | SUB-DOMAIN CODE | SUB-DOMAIN | CODE | POINT OF ATTENTION |
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| D.CDS | Quality Assurance in university study programmes | D.CDS.1 | Quality Assurance in study programme design | D.CDS.1.1 | Study programme design and stakeholder consultation |
| | | | | D.CDS.1.2 | Definition of programme character, teaching objectives and output profiles |
| | | | | D.CDS.1.3 | Study offer and educational pathways |
| | | | | D.CDS.1.4 | Course syllabi and assessment techniques |
| | | | | D.CDS.1.5 | Programme courses planning and organisation |
| | | D.CDS.2 | Quality Assurance in study programme delivery | D.CDS.2.1 | Orientation and tutoring |
| | | | | D.CDS.2.2 | Initial required knowledge and knowledge gap recovery |
| | | | | D.CDS.2.3 | Teaching methods and flexibility |
| | | | | D.CDS.2.4 | Internationalisation of teaching activities |
| | | | | D.CDS.2.5 | Planning and monitoring of learning assessments |
| | | D.CDS.3 | Resource management in the study programme | D.CDS.3.1 | Endowment and qualification of teaching staff and tutors |
| | | | | D.CDS.3.2 | Human resources, facilities and support services |
| | | D.CDS.4 | Review and improvement of the study programme | D.CDS.4.1 | Contribution of professors, students and stakeholders to the review and improvement of the study programme |
| | | | | D.CDS.4.2 | Review of the design and teaching methods of the study programme |

D.CDS.1 Quality Assurance in Study Programme design

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| D.CDS.1.1 | Study programme design and stakeholder consultation | D.CDS.1.1.1 | During the study programme design phase (initial planning and revision of the study offer also after re-examination activities), the needs, the potential for development and updating of educational profiles and the acquisition of soft skills are examined in depth, also in relation to the higher degree programmes (including PhD programmes and Specialisation Schools) and the employment prospects of graduates. | For the study programme design reference should be made to the ANVUR Guidelines for the quality design of new university study programmes (A.I. Cds). The degree programmes that follow on from the study programme under consideration (PhD programmes and Specialisation Schools in Medicine, Training Course in General Medicine) and that belong to the same university are, to all intents and purposes, stakeholders insofar as they receive as incoming students the outgoing students of the study programme under consideration; those responsible for the subsequent degree programmes must therefore be systematically involved. |
| | | D.CDS.1.1.2 | The main stakeholders interested in the study programme's educational profiles are identified and directly or indirectly involved (also through sector studies where available) programme design (initial planning and revision of the study offer also after re-examination activities), with a focus on the employment opportunities for graduates or the continuation of their studies in higher degree programmes. The outcomes of the stakeholder consultations are considered in setting the programmes' objectives and educational profiles. | The stakeholders to be involved should be singled out consistently with the characteristics of the study programme, its context and the university's strategic planning. The stakeholders of study programmes in Medicine and Surgery include students, including those in Specialisation Schools and PhD programmes in the medical area, professors, scientific and professional organisations (including patient associations), representatives of the world of culture, production, institutions and facilities providing health services, also at international level. |
| | | [All aspects to be considered in this point of attention also serve as feedback for the assessment of the requirement for the university D.2]. | | |
| D.CDS.1.2 | Definition of programme character, teaching objectives and output profiles | D.CDS.1.2.1 | The character of the study programme (in its cultural, scientific and professional aspects), its educational objectives (general and specific) and the output profiles are consistent with each other and are clearly explained. | The outgoing profile is the professional figure that the study programme intends to train, in any case compliant with Directive 75/363/EEC. |
| | | D.CDS.1.2.2 | The specific educational objectives and the expected learning outcomes (both disciplinary and cross-discipline) of the educational pathways are consistent with the output cultural, scientific and | The pathway may take on different names depending on the teaching and organisational model adopted by the study programme (curriculum , course of study, etc.), while respecting the achievement of the educational objectives required for the professional qualification. |

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| | | | professional profiles and are clearly broken down by learning areas . | |
| | | [All aspects to be considered in this point of attention also serve as feedback for the assessment of the requirement for the university D.2]. | | |
| D.CDS.1.3 | Study offer and educational pathways | D.CDS.1.3.1 | The educational project is clearly described and is consistent, also in terms of disciplinary content and methodological aspects, with the educational objectives, with the cultural/professional output profiles and with the knowledge and skills (both disciplinary and cross-disciplinary) associated with them. The educational project is ensured adequate visibility on the university's web site. | <p>The educational project is the set of educational objectives (both general and specific), outgoing profiles, pathways, methodologies, teaching activities, etc.</p> <p>The educational project must also highlight the completeness and clarity of the curricular requirements and of the final examination, that guarantee the qualifying value of the degree.</p> <p>The analysis of the educational project shall show the consistency between the teaching system and the teaching regulations (by highlighting how the courses provided for in the teaching regulations enable the achievement of the educational objectives set out in the system). The arrangement of the teaching regulations also makes it possible to understand how many curricula are offered and their actual sustainability and consistency with the characteristics of the educational system and the professors involved in the study programme. The characteristics of the proposed study plan(s) make it possible to understand what kind of detailed arrangement the programme allows at the level of the student's career.</p> <p>The study programme ensures coherence between scientific content and practical experience in clinical contexts by defining a system of training internships to be carried out in diagnostic, healthcare, and prevention facilities, in hospital and outpatient as well as in local contexts, so as to guarantee the student an adequate development of specific professional skills.</p> |
| | | D.CDS.1.3.2 | The structure of the study programme and the distribution in hours/university (training) credits (<i>Crediti Formativi Universitari</i> = CFU) of frontal teaching (<i>Didattica Erogativa</i> = DE), interactive teaching (<i>Didattica Interattiva</i> = DI) and self-learning activities are adequately specified. | This aspect to be considered does not necessarily refer only to the full/partial Distance Learning programmes of telematic universities; the distinction between DE, DI and self-learning could rather be present in any programme. |

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| | | | | By “frontal teaching” one may refer to both lectures delivered in presence and lectures delivered remotely (TEL-DE) using telematic environments and systems. By “interactive teaching” can refer to interactive and collaborative activities carried out in presence and/or interactive and collaborative activities carried out remotely (TEL-DI) delivered in the form of e-activities. |
| | | D.CDS.1.3.3 | The study programme provides a broad, trans- and multi-disciplinary range of courses (at least in relation to the free-choice university (training) credits [CFUs]) and encourages the acquisition of soft skills and transversal knowledge also through the CFUs allocated to “other educational activities”. | |
| | | D.CDS.1.3.4 | The basic biomedical science elements, the number of specific university (training) credits (CFU) and the learning time are defined. | Study programme organisation table (disciplinary areas and CFUs allocated), SUA-CdS (field A4.b) and Study Plan (semesters, total hours and lectures schedule). |
| | | D.CDS.1.3.5 | The clinical disciplines and related learning times, through which students are expected to gain practical experience, are defined. | Study programme organisation table (disciplinary areas and CFUs allocated), SUA-CdS (field A4.b) and Study Plan (semesters, total hours and lectures schedule), planning of professionalisation activities. |
| | | D.CDS.1.3.6 | Methods for teaching students how to make clinical assessments in line with the best available evidence are defined. | Use of interactive teaching, teaching in small groups and clinical simulation experiences in the didactic delivery for clinical disciplines, enhancing literature updates and Evidence-Based Medical (EBM). |
| | | D.CDS.1.3.7 | Elements of Public Health and Health Management, the number of specific university (training) credits (CFU) and learning time are defined. | Study programme organisation table (disciplinary areas and CFUs allocated), SUA-CdS (field A4.b) and Study Plan (semesters, total hours and lectures schedule). |
| | | D.CDS.1.3.8 | Elements of behavioural and social sciences (humanities applied to medicine and soft skills) and related learning times are defined. | Study programme organisation table (disciplinary areas and CFUs allocated), SUA-CdS (field A4.b) and Study Plan (semesters, total hours and lectures schedule interactive and simulation teaching for the doctor-patient relationship is to be considered. |
| | | D.CDS.1.3.9 | Modern principles of the scientific method and medical research (including translational research) are defined. | Consideration of the educational objectives detailed in the SUA-CdS (field A4.b) and enhancement of the use of the scientific method in the thesis work for the final examination. |

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| | | [All aspects to be considered in this point of attention also serve as feedback for the assessment of the requirement for the university D.2]. | | |
| D.CDS.1.4 | Course syllabi and assessment techniques | D.CDS.1.4.1 | Course Syllabi are designed according to the learning objectives of the study programme to which they pertain; they are clearly described in the course outlines and are given adequate and timely visibility on the study programme web pages. | The general and specific educational objectives of the study programme, of the educational pathways and of the relevant courses are defined during the initial planning phase, in which all professors involved in the programme can take part. In the phase following the initial planning, professors who take over teaching duties exercise their freedom to teach in compliance with the educational objectives stated in the teaching regulations , possibly contributing to the redesigning of the study programme if the need arises. Changes in the educational objectives and in course contents must be agreed upon at the programme planning level. |
| | | D.CDS.1.4.2 | The procedures for carrying out the examinations within the individual courses are clearly described in the course outlines, are consistent with the individual learning objectives and are adequate for ascertaining the achievement of the expected learning outcomes. The examination procedures are communicated and explained to the students. | The examination procedures for the individual courses also include the criteria adopted for awarding grades. The examination modalities are communicated and explained to the students both in the course outlines and by the professor at the beginning of the course. The teaching methods used and the assessment modalities must be consistent with the intended learning outcomes. It is good practice for students' examinations within joint courses to take place in a single, concurrent test. |
| | | D.CDS.1.4.3 | The procedures for the final examination are clearly defined and explained to the students. | Among the modalities of the final examination, the procedures adopted for the awarding of the final grade must also be verified. |
| | | D.CDS.1.4.4 | The modalities for testing clinical skills and medical know-how are adequately described and communicated to the students. | Skills testing may be included in the regular examinations of joint courses (where the professionalisation activity is an integral part) or in separate tests related to the attainment of traineeship. |
| D.CDS.1.5 | Programme courses planning and organisation | D.CDS.1.5.1 | The design and delivery of teaching activities are planned in such a way as to facilitate the study organisation, as well as the active participation and learning on the part of the students. | Teaching planning is to be understood as the distribution of courses and professionalisation activities (traineeships and laboratories) over the years of the programme and the timespan of their delivery during the year. It also includes the choice of teaching venues and healthcare facilities, timetables, etc. |
| | | D.CDS.1.5.2 | Professors, tutors, and professional figures , where required, meet to plan, coordinate and, if necessary, modify the educational objectives, the content, | The coordination activities of the Medicine and Surgery study programmes should also involve Tutors, including: (1) career tutor, i.e. faculty member to whom the student is institutionally entrusted for career counselling (could also be a senior student); (2) teaching |

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| | | | methods and timing of course delivery and students' examination. | tutor, who provides support for the development of disciplinary and/or professional skills (professors, trained senior students or other selected and trained staff can serve as teaching tutor); (3) internship tutor (or clinical tutor): a professional with the task of supervising, during working hours, students in their clinical activities at each internship centre, determined on the basis of the programme teaching schedule. |

D.CDS.2 Quality Assurance in Study Programme Delivery

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| D.CDS.2.1 | Orientation and tutoring | D.CDS.2.1.1 | Incoming and ongoing orientation activities foster students' awareness of their choices. | Incoming and ongoing orientation activities can be carried out in different ways both at university level and at individual programme level, with appropriate dissemination on the university's web pages. Furthermore, the provisions of Ministerial Decree no. 583 of 24.06.2022, confirmed by Ministerial Decree no. 1107 of 24.09.2022, should be taken into account: “[...] <i>free information and tools will be provided [...], made available by the various universities as support for incoming orientation and for the improvement of candidates' initial preparation</i> ”. |
| | | D.CDS.2.1.2 | Tutoring helps students in their career development and in making informed choices, also taking into account the outcomes of career monitoring. | Tutoring activities can be carried out in different ways depending on the university's tutoring policies and the initiatives consequently adopted at both the university and individual programme levels. |
| | | D.CDS.2.1.3 | Initiatives to introduce or support students into the job's world take into account the results of the monitoring of employment outcomes and prospects. | Activities to support students in entering the world of work can be carried out in different ways depending on the university's policies for this kind of activities and the initiatives consequently adopted at both the university and individual programme levels. When monitoring employment outcomes, it is good practice to also consider the success rate of recent graduates in selection procedures for admission to the Specialisation Schools in Medicine and possibly also to General Medical Practitioner training courses. |
| | | [All aspects to be considered in this point of attention also serve as feedback for the assessment of the requirement for the university D.3]. | | |
| D.CDS.2.2 | Initial required knowledge and knowledge gap recovery | D.CDS.2.2.1 | The base knowledge required or recommended for attending the study programme is clearly indicated, described, and communicated. | For example, either through the study programme Regulations or through the drafting of a syllabus . |
| | | D.CDS.2.2.2 | Possession of the base knowledge required for attending the three-year and single-cycle MD study programmes is effectively verified through appropriately designed procedures. | |
| | | D.CDS.2.2.3 | In the three-year and single-cycle MD study programmes, any shortcomings are duly detected and communicated to the students with reference to the various areas of base knowledge verified. | In the event of a negative outcome to the assessment of the knowledge required for admission, the study programme assigns the student specific Additional learning requirements (<i>Obblighi Formativi Aggiuntivi</i> = OFA) to be fulfilled within the first year of the |

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| | | | Targeted initiatives are then implemented to make students comply with the additional learning requirements . | programme. Such additional learning requirements are also assigned to students on degree programmes with limited admission who have been admitted with a threshold below a pre-set minimum (art. 6 of Ministerial Decree no. 270/2004). Moreover, when selection tests for admission to nationally-planned study programmes are also used to verify the possession of initial knowledge, minimum thresholds of correct answers for each test area must be established and made known to the students. |
| | | D.CDS.2.2.4 | The selection and admission procedures are clear, public and consistent with the regulatory requirements defined by the Ministry, also as regards the alignment of the base knowledge required for the study programme. | The procedures for the selection of students to be admitted to the programme must envisage the passing of specific tests, as provided for by art. 4, paragraph 1 of Law no. 264 of 2 August 1999 (also for non-state universities). Transparent and merit-based criteria and procedures must be provided for admissions to later years. |
| | | D.CDS.2.2.5 | Selection and admission policies are consistent with estimated needs at local and national levels. | For the definition of the educational capacity, regional and national needs are also taken into account. For programmes with special features (HT courses, courses in English) specific needs should be considered; for the admission of foreign (non-EU) students the existence of a corresponding demand should be documented (also simply on the basis of previous cases). |
| | | [All aspects to be considered in this point of attention also serve as feedback for the assessment of the requirement for the university D.3]. | | |
| D.CDS.2.3 | Teaching methods and flexibility | D.CDS.2.3.1 | The teaching organisation of the study programme creates the prerequisites for student autonomy and skills acquisition and provides appropriate guidance and support from professors and tutors. | Student autonomy concerns choices, critical learning, and study organisation. The effective use of career and learning tutors shall be evaluated. |
| | | D.CDS.2.3.2 | Curricular and support activities use flexible teaching methods and tools, tailored to the specific needs of different types of students. | The use of discussion/analysis of clinical cases, interactive teaching, flipped classroom and other forms of active and/or experiential teaching activities shall be considered. |
| | | D.CDS.2.3.3 | Initiatives devoted to students with special needs are in place. | E.g., non-resident students, foreigners, workers, sportspeople, students with young children, etc., provided that the constraints imposed by compulsory in person attendance and EU regulations are respected. |
| | | D.CDS.2.3.4 | The study programme promotes accessibility for all students to learning facilities and materials, particularly those with disabilities, specific learning | Student autonomy concerns choices, critical learning, and study organisation. |

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| | | | disorders (SLD) and special educational needs (SEN). | |
| | | [All aspects to be considered in this point of attention also serve as feedback for the assessment of the requirement for the university D.3]. | | |
| D.CDS.2.4 | Internationalisation of teaching activities | D.CDS.2.4.1 | The study programme promotes the enhancement of student mobility, through initiatives to support study and training periods abroad. | |
| | | D.CDS.2.4.2 | As regards international programmes in particular, the study programme fosters the international dimension of teaching, encouraging the presence of foreign professors and/or students and/or providing for the awarding of double, multiple, or joint degrees in agreement with foreign universities. | |
| | | [All aspects to be considered in this point of attention also serve as feedback for the assessment of the requirement for the university D.1]. | | |
| D.CDS.2.5 | Planning and monitoring of learning assessments | D.CDS.2.5.1 | The study programme implements the planning and monitoring of learning assessments and final examinations. | <p>By planning of learning assessments is meant the adequately anticipated scheduling of the examination dates of the various courses within the programme, so as to allow for a proper study planning by students and to avoid overlapping of dates and interference with the delivery of frontal lectures and professionalisation activities.</p> <p>The study programme monitors the dates of the examination sessions to detect any time misalignments between the planning and running of the learning assessments.</p> <p>The study programme monitors the results of the learning assessments within the courses for the continuous improvement of the evaluation methods and the entire educational process.</p> |

D.CDS.3 Resource management within the Study Programme

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| D.CDS.3.1 | Endowment and qualification of teaching staff and tutors | D.CDS.3.1.1 | Professors and professionals are adequate, in terms of number and qualifications, to fulfil the teaching requirements of the study programme (content and organisation also of professional training activities and internships), taking into account both the cultural and scientific content and the teaching organisation and delivery methods. If the number is lower than the reference value, the programme notifies the Department/university of the shortcomings found, requesting corrective action . | The evaluation of this aspect refers to the quantity, organisation and qualification of the entire teaching staff, taking it for granted that the relevant legal requirements regarding teaching staff are met. For the assessment of this aspect, a quota of tenured professors belonging to basic or characterising subject areas (<i>Settori scientifico-disciplinari</i> = SSD) equal to 2/3 of the total is considered as a quality indicator for all programmes, as well as compliance with the constraints set out in art. 1, paragraph 9, of the Ministerial Decree of 16 March 2007 (Determination of master degree programmes). The tenured professors and professionals with teaching assignments related to inpatient and/or outpatient and territorial areas/activities are adequate in number, qualification and background to support the planned teaching requirements for the achievement of the educational objectives. |
| | | D.CDS.3.1.2 | Tutors are adequate in number, qualification, background, and type of activity to fulfil the teaching requirements of the study programme (content and organisation), considering the cultural and scientific content, delivery methods and teaching organisation. If the number is lower than the reference value, the programme notifies the Department/university of the shortcomings found, requesting corrective action. | Particular attention must be paid to ensuring that the clinical tutors responsible for supervising students during clinical activities receive specific and appropriate training. |
| | | D.CDS.3.1.3 | Great importance is given to the connection between the scientific expertise of professors and the educational objectives of the courses when assigning the latter. | Responsibility for course assignment may lie with the study programme and/or the Department, depending on the organisational model adopted by the university. The connection between the scientific expertise of the professors and the educational objectives of the courses is ascertained through the monitoring of the professor's research and assistantship activities in the relevant subject areas and his/her curriculum. |

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| | | D.CDS.3.1.4 | <p>The study programme promotes, encourages, and monitors the participation of professors and/or tutors in initiatives for training, improvement and updating of scientific, methodological and didactic skills to support the quality and innovation, including technological innovation, of the educational activities carried out in presence and remotely, while respecting disciplinary diversity.</p> <p>[This aspect to be considered also serve as feedback for the assessment of the requirement for the university B.1.1.4].</p> | <p>Training and refresher courses for professors and tutors can be organised by the university, the Department, and the study programme itself, according to the organisational model adopted by the university. Specific activities in the field of medical pedagogy are promoted.</p> |
| D.CDS.3.2 | Human resources, facilities, and support services | D.CDS.3.2.1 | <p>Adequate facilities, equipment and teaching support resources are available.</p> <p>[This aspect to be considered also serve as feedback for the assessment of the requirements for the university B.3.2, B.4.1 e B.4.2].</p> | <p>This aspect also applies to external facilities. Classrooms, libraries, study spaces, teaching and research laboratories, teaching aids, IT infrastructures, financial resources if allocated to the individual programmes according to the organisational model adopted by the university.</p> <p>Adequate clinical facilities must be available to provide students with an appropriate range of experiences in generalist and specialist practice contexts, including laboratories equipped for clinical simulation activities. Reference should be made to the agreements in force for the provision of facilities used for training internships related to clinical practice and that guarantee the running of professionalisation laboratory activities and internships in a clinical context.</p> <p>Moreover, the adequacy of the facilities and support for teaching must be verified, also in all off-campus venues, where the professionalisation training activities are carried out (access and suitability of the clinical-health facilities, also in partnership, number of tutors per student, simulation laboratories, etc.).</p> |
| | | D.CDS.3.2.2 | <p>Staff and teaching support services ensure effective support for the activities of the study programme.</p> <p>[This aspect to be considered also serve as feedback for the assessment of the requirement for the university B.1.3].</p> | <p>This aspect should only be analysed if the study programme has an assigned staff.</p> <p>External interlocutors may be stakeholders, the Ministry, ANVUR, the Region, other universities, Health Authorities, etc., with whom the programme interacts for its institutional tasks.</p> |

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| | D.CDS.3.2.3 | A planning of the work carried out by the technical and administrative staff in support of the teaching activities of the study programme is available, along with responsibilities and objectives. [This aspect to be considered also serves as feedback for the assessment of the requirement for the university B.1.3]. | |
| | D.CDS.3.2.4 | The study programme promotes, supports, and monitors the participation of the technical and administrative staff in training and refresher courses organised by the university. [This aspect to be considered also serves as feedback for the assessment of the requirement for the university B.1.2.3]. | Services include, for example, websites and other communication tools adopted by the programme, teaching secretariat, student secretariat, orientation services, counselling, complaints desk, etc. |
| | D.CDS.3.2.5 | The teaching services provided by the study programme are easily accessed by professors and students and their efficiency is verified by the university. | The services and teaching facilities that may be made available by Health Authorities (also in partnership), as indicated in the agreements in force, must also be considered. In particular, attention should also be paid to the organisation regarding the availability of the necessary working tools (e.g., uniforms, personal protective equipment, changing rooms, etc.) for students in the internship facilities. |
| | D.CDS.3.2.6 | Adequate clinical facilities are available to provide students with an appropriate range of experiences in generalist and specialist clinical practice environments, including clinical simulation laboratories. | The clinical facilities accessed by students for internship rotations must be adequate in terms of both volume of activity (see indicators for hospitalisations and services) and complexity (see types of DRGs). The adequacy of clinical facilities must be documented as part of the self-assessment. |
| | D.CDS.3.2.7 | A system of training internships is defined (covering both clinical practice in hospitals and local medical activities) that ensures the student's proper placement in the clinical environment, in keeping with the professional figure of the medical doctor. | Planning of internships in hospital wards parallel to the clinical disciplines addressed in the semester's frontal teaching schedule. Internship activities of students supported by clinical tutors engaged in professional medical activity. |
| | D.CDS.3.2.8 | The study programme involves a wide range of medical figures representing different specialist and generalist disciplines, such as professors or clinical tutors. | Availability of a register of professionals (hospital and local medicine) appointed by the Board of the Teaching Unit on the basis of professional qualification (specialisation or field of healthcare), in possession of requirements defined ex ante by the university, |

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| | | | | possibly also trained in tutorial teaching, to whom students are assigned for traineeship activities. |
| | | D.CDS.3.2.9 | The study programme ensures that the scientific content is consistent and up-to-date with practical experience in clinical contexts. | Clinical tutors must comply with the obligations of professional updating (Continuing Medical Education system, CME). The study programme organises regular meetings with clinical tutors and teaching staff (for each disciplinary area) to align competences (learning objectives). |

D.CDS.4 Review and Improvement of the Study Programme

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| D.CDS.4.1 | Contribution of professors, students and stakeholders to the review and improvement of the study programme | D.CDS.4.1.1 | The study programme systematically analyses and considers the outcomes of ongoing interactions with stakeholders, also with a view to periodically updating the educational profiles. | As regards stakeholders, please refer to what has already been said under D.CDS.1.1.2. External interlocutors can be stakeholders, Ministries (Ministry of University and Research, Ministry of Health), ANVUR, Region, Health Authorities, other universities, etc. with which the programme interacts for its institutional tasks. |
| | | D.CDS.4.1.2 | Professors, students and administrative staff can easily submit their observations and proposals for improvement. | The presence of IT systems for the collection and management of comments and proposals for improvement from professors, researchers, administrative staff and students/doctoral and postgraduate students is considered good practice. |
| | | D.CDS.4.1.3 | The study programme systematically analyses and considers the outcomes of the survey of students, undergraduates and graduates opinions and lends credit and visibility to the overall considerations of the Joint Teaching staff-Students Committee and other QA units. | Systematic collection of students' opinions on internship activities in clinical environments, followed by an adequate analysis, is recommended. |
| | | D.CDS.4.1.4 | The study programme has procedures in place to handle any student complaints and ensures that such procedures are easily accessible to them. | It is considered good practice to have IT systems in place for the collection and handling of student complaints. |
| | | D.CDS.4.1.5 | The study programme systematically analyses the problems detected, their causes and defines improvement actions where necessary. | |
| D.CDS.4.2 | Review of the design and teaching methods of the study programme | D.CDS.4.2.1 | The study programme organises collegial activities aimed at revising learning objectives and pathways, teaching and learning assessment methods, at coordinating courses, at streamlining schedules, time distribution of learning assessments and of support activities. | The study programme must keep track of and give formal evidence of the analyses developed and the decisions made in the framework of the collegial activities, including professionalisation activities (internships) in the teaching organisation. |
| | | D.CDS.4.2.2 | The study programme ensures that the study offer is constantly updated taking into account progress in science and didactic innovation, also in relation to higher study programmes including PhD programmes and the Specialisation Schools in Medicine. | The degree programmes that follow on from the study programme under consideration (PhD programmes and Specialisation Schools in Medicine) and that belong to the same university are, to all intents and purposes, stakeholders insofar as they receive as incoming students the outgoing students of the study programme under consideration. |

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| | D.CDS.4.2.3 | The study programme systematically analyses and monitors study pathways, also in relation to those of comparable programmes on a national, macro-regional or regional basis. | Analysis of the Annual Monitoring Form and of medical area studies, and other analyses. |
| | D.CDS.4.2.4 | The study programme systematically analyses the results of learning assessments and final examinations to improve student career management. | The study programme monitors the results of learning assessments for each course and for the final examination in order to detect excessive inequalities in assessment outcomes. It is considered good practice to complement the student opinion survey with the learning assessment through specific surveys such as the TECO. |
| | D.CDS.4.2.5 | The study programme systematically analyses and monitors the employment outcomes (short-, medium- and long-term) of graduates, also in relation to those of comparable programmes on a national, macro-regional or regional basis. | The monitoring of the employment outcomes (short, medium and long-term) of graduates can be carried out directly by the programme or through data and information provided by organisations and institutions that monitor employment outcomes, such as, for example, Almalaurea, Professional Associations, unrecognised Professional Organisations, etc. The result of the admission test for Specialisation Schools in medicine in the first selection procedure after graduation should also be monitored. |
| | D.CDS.4.2.6 | The study programme sets out and implements improvement measures on the basis of the analyses developed and the proposals made by the various components of the QA system, monitors their implementation and evaluates their effectiveness. | University Evaluation Board, University Quality Committee, Joint Teaching Staff-Student Committee, Review Group, professors, clinical tutors, technical and administrative staff, students, managers of the healthcare facilities attended, stakeholders, etc. |
| | [All aspects to be considered in this point of attention also serve as feedback for the assessment of the requirement for the university D.2]. | | |