

Self-assessment report

Faculty of Medicine and Health Sciences (FMCS)

Universitat Internacional de Catalunya

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Information about the Centre

University	Universitat Internacional de Catalunya (UIC Barcelona)
Faculty	Faculty of Medicine and Health Sciences (FMCS) Department of Medicine
Campus	Faculty of Medicine and Health Sciences – Sant Cugat Campus Josep Trueta Street s/n 08195 Sant Cugat del Vallès Tel: (+34) 935 042 000
Qualifications subject to visit from external assessors	<p>Bachelor's degree in Medicine:</p> <p>Ordinary accreditation (Royal Decree 1393/2007)</p> <p>Pilot Plan to achieve the Accreditation Requirements for the World Federation for Medical Education (WFME)</p> <p>University Master's Degree in Healthcare Management Ordinary accreditation (Royal Decree 1393/2007)</p>
Link to access documentary evidence	-----

Contact details

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Visit organiser	Núria Casals Pedragosa Educational Innovation and Quality Service (SIQE) Officer ncasalsp@uic.es
	Quim Torres Centre Manager of the Department of Medicine qtorres@uic.es

Self-assessment report details

Date of approval	29 January, 2021 - Faculty Board in the department of Medicine 4 February, 2021 – Faculty Board in the Faculty of Medicine and Health Sciences
Date sent to AQU (the Catalan University Quality Assurance Agency)	22 February, 2021
Written by	Members of the Faculty Board in the Department of Medicine, specifically: The Dean, the Vice-Dean for Students and Quality, the Vice-Dean for Academic Ordinance and Academic Officer, the Vice-Dean for Teaching Staff, Centre Manager and Final Degree Project Coordinator.
Technical support	Educational Innovation and Quality Service (SIQE)
Revision	Quality Committee
Approval	Faculty Board in the Department of Medicine and the Faculty of Medicine and Health Sciences

Public information on indicators and operational development

General UIC Barcelona website	http://www.uic.es
Specific studies and programme webpage	https://www.uic.es/es/estudios
Web quality	https://www.uic.es/es/universidad/uic-barcelona/portal-de-transparencia/informacion-institucional/calidad-educativa/
Specific website for the Bachelor's Degree in Medicine	https://www.uic.es/en/estudis-uic/medicine-and-health-sciences/bachelors-degree-medicine
Indicators	https://www.uic.es/es/universidad/uic-barcelona/portal-de-transparencia/informacion-institucional/calidad-educativa/
UIC Barcelona Transparency Portal	https://www.uic.es/es/universidad/uic-barcelona/portal-de-transparencia/
The Centre and university facilities	Presentation of our Campus Facilities: https://www.youtube.com/watch?v=4fJlIeirGol&feature=youtu.be Presentation of the Advanced Comprehensive Simulation Centre: https://www.youtube.com/watch?v=XnaTqRjuKC4 Second Student Loyalty Video: https://www.youtube.com/watch?v=TeUJZx0pr5A&feature=youtu.be
UIC Barcelona Equality Office	https://www.uic.es/es/universidad/campus/unidad-de-igualdad

NOTE

The figure of Vice-Dean described in this report is equivalent to the figure of Deputy Director of the department.

Descriptive Overview of the Bachelor's Degree in Medicine

IDENTIFYING DETAILS	Name of the degree programme		Grau in Medicine		
			Grado en Medicina		
			Bachelor's Degree in Medicine		
	RUCT Code	DGU code	Type	Academic year taught in	ECTS
	2500105	GRAU00000028	Emerging	2008-2009	360
	Spanish Qualification Framework LEVEL	Mode	Status	Branch of knowledge	Regulated profession
3	On-site	Active	Health Sciences	Yes. Doctor	
VERIFICATION	Approval from the Board of Governors	Approval from the University's Board of Trustees	AQU's Final Verification Report	Spanish Council of Universities Resolution	Recommendations
	05/11/2007	29/11/2007	06/05/2008	28/05/2008	No
ACCREDITATION	External Visit Date	AQU Accreditation Seal	Date Resolution Accreditation Council of Universities	Accreditation Result	
	12/02/2015	2500105-70258-15	01/06/2015	EST1_Quality Study Programmes	Achieved
				EST2_Pertinence of public information	Achieved
				EST3_Effectiveness of the IQAS (Internal Quality Assurance System)	Achieved
				EST4_Adequacy of teaching staff	Achieved
				EST5_Effectiveness of learning support systems	Achieved
			EST6_Quality of the results of the study programmes	Achieved	
ANNUAL FOLLOW-UP	Period	Follow-up		Director(s) of degree programme	
	2008/2009	Academic implementation academic year		Dr Albert Balaguer (Dean)	
	2009/2010	Follow-up Year 1: Academic year 2008/2009		Dr Albert Balaguer (Dean)	
	2010/2011	Follow-up Year 2: Academic year 2009/2010		Dr Albert Balaguer (Dean) Dr Marta Elorduy (Vice-Dean)	
	2011/2012	Follow-up Year 3: Academic year 2010/2011		Dr Albert Balaguer (Dean) Dr Marta Elorduy (Vice-Dean)	
	2012/2013	Follow-up Year 4: Academic year 2011/2012		Dr Albert Balaguer (Dean) Dr Marta Elorduy (Vice-Dean)	
2013/2014	Follow-up Year 5: Academic year 2012/2013		Dr Albert Balaguer (Dean) Dr Marta Elorduy (Vice-Dean)		

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2014/2015	Self-assessment report, includes: Follow-up Year 6: Academic year 2013/2014 Accreditation Visit February 2015	Dr Albert Balaguer (Dean) Dr Marta Elorduy (Vice-Dean)
2017/2018	Follow-up Year 7, 8 and 9: 2014-2015, 2015-2016 and 2016s2017 academic years	Dr Albert Balaguer (Dean) Dr Marta Elorduy (Vice-Dean)
2018/2019	Follow-up year 10: 2017-2018 academic year	Dr Albert Balaguer (Dean) Dr Marta Elorduy (Vice-Dean)
2019/2020	Follow-up year 11: 2018-2019 academic year	Dr Albert Balaguer (Dean) Dr Marta Elorduy (Vice-Dean)
2020/2021	Self-assessment report, includes: Follow-up year 12: 2019-2020 academic year Accreditation Visit, April 2021	Dr Albert Balaguer (Dean)

Background of the University

The Universitat Internacional de Catalunya (UIC Barcelona) held its official opening in October 1997. It is a private, non-profit university that operates on two campuses, one in Barcelona and the other in Sant Cugat del Vallès.

UIC Barcelona offers a university education tailored to each individual based on a clear academic and professional vocation. The role of the staff, beyond guaranteeing the required education is achieved, is to provide overall guidance to students throughout their time at the University. The aim is to provide students with all the knowledge, skills and abilities they need so they can take full advantage of the university studies they have chosen and deal with the professional world successfully. Without forgetting a solid education in values based on Christian humanism.

UIC Barcelona has not ceased to operate throughout the 2019-2020 academic year, despite the pandemic. Innovative initiatives have been launched in the field of teaching, new milestones have been reached in the field of research and knowledge transfer, and beyond the classroom, social commitment activities have been undertaken that define us and are in line with the foundational values of our institution.

To complement this brief background information, a set of the most representative data and indicators are provided below with the aim of making the scope of our University known. The data provided below is taken from the 2019-2020 academic year, and was last updated on 16/09/2020.

GENERAL UIC BARCELONA INDICATORS 2019-2020 ACADEMIC YEAR

Student indicators

Total number of students enrolled at UIC Barcelona	7882
<i>Bachelor's degree</i>	3986
<i>Postgraduate (doctorate, master's degree, university master's degree and postgraduate)</i>	1630
<i>Continuing education</i>	2209

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<i>Others (conferences, tests and examinations)</i>	57
Number of new degree students	1049
Percentage of students enrolled on bachelor's and postgraduate degrees abroad	31.96%
Mobility and external work placement indicators	
Number of incoming exchange students, from mobility programmes	322
<i>Erasmus and Erasmus Mundus</i>	126
<i>Bilateral agreements</i>	87
<i>Visitors</i>	31
<i>Double Degree Mobility Programme (PMDT)</i>	81
<i>Other (Study Abroad, SICUE)</i>	7
Total number of mobility agreements	347
Total number of external work placement agreements	3701
Number of new external work placement agreements signed during the 2019-2020 academic year	213
Scientific research and production indicators	
Number of company-sponsored chairs	16
Number of research projects	93
<i>Competitive</i>	39
<i>Non competitive</i>	34
Number of research groups	25
Number of research articles published in scientific journals	414
<i>Web of Science</i>	304 (17 in first quartile)
<i>Scopus</i>	63
<i>Carhus plus +2014</i>	28
<i>ERIH – European Reference Index for Humanities</i>	4
<i>Latindex, CIRC</i>	2
Own research institutes	7
Number of doctoral theses read	17

During the 2019-2020 academic year, UIC Barcelona set up the Equality Office to address and implement the requirements that exist at global, national and regional levels in relation to equal opportunities between men and women (the gender perspective). The first step was the adoption and publication of the Equality Plan and the UIC Barcelona Harassment Prevention, Assessment and Intervention Protocol on the website in October 2020 (see evidence documents). From then on, a process was initiated to be able to present and analyse the main indicators divided between the two sexes: Access and enrolment, academic performance, suitability of the teachers. Additionally, in the future, contributions to degree programme content will be reviewed. Finally, it should be noted that in terms of communication, work is being done on applying inclusive written and graphic language that allows stereotypes to be overcome.

Background of the Centre

The Faculty of Medicine and Health Sciences (hereinafter FMCS), located on our Sant Cugat Campus, consists of four departments: Medicine, Nursing, Physiotherapy and Basic Sciences, all of them have a high level of autonomy in terms of managing their degree programmes and the corresponding decision-making. So much so that each of these departments have their own management team, called the Department Board or Centre Board.

The faculty offers undergraduate studies in Medicine, Nursing, Physiotherapy, Psychology, Biomedical Sciences and Bioengineering, as well as a variety of postgraduate, master's and doctoral programmes related to Health Sciences.

In addition to the facilities available for each degree programme, we also have different general services that provide support for our academic years. In particular the Centre for Advanced Simulation (CISA) covering more than 1000 m² that along with a team of teachers trained in simulation and a team of actors able to play the role of simulated or standardised patients, it allows students to be trained in caring for patient safety and also autonomous practice to reinforce learning. The library and study rooms, laboratories for teaching and biomedical research, ossuary, dissection rooms, mobile classrooms that allow active teaching methodologies and dynamics to be used, computer classrooms, copy shop, bookshop and chapel.

The main objective of the faculty is to train the best healthcare professionals in knowledge, attitudes and skills. The fact that the student body is located inside a hospital building and therefore in a hospital environment allows daily interaction with health professionals and encourages an exchange of experiences. Being surrounded by students and professionals from other disciplines facilitates immersion in interprofessionalism.

According to its mission in the area of medical teaching, the UIC Barcelona Bachelor's Degree in Medicine practices patient-centred medicine, which involves teaching future professionals based on top-level science while ensuring they are also able to support the patient, depending on their needs, throughout their life.

The curriculum of the UIC Barcelona Bachelor's Degree in Medicine is geared towards teaching students using active educational methodologies with a strong focus on information and communication technologies. The curriculum includes teaching and learning of cross-disciplinary competences and helping students to acquire professional attitudes, which are essential for future physicians, such as: Interpersonal communication skills, analysis and synthesis skills, teamwork, independent learning, selective information acquisition, critical thinking, etc.

Thus, a UIC Barcelona medical student comes into contact with patients very early on, in their first academic year, when undertaking observation practicums, so they have the opportunity to experience the healthcare system first hand. From their third year onwards, they undertake clinical practicums in accredited healthcare centres, in combination with theoretical and practical study of the subjects taught at the University.

The academic results obtained by our graduates have demonstrated that the level of education acquired has empowered them to undertake their profession successfully in all types of specialist areas and in prestigious centres at both a national and an international level.

The Department of Medicine complements this degree programme with various continuing education courses, as well as postgraduate and university master's degrees, such as our Master's Degree in Healthcare

Management.

Self-assessment report process

The preparation of this self-assessment report followed the same process that was followed for the accreditation visit in 2015, where the Bachelor's Degree in Medicine, the University Master's Degree in Physiotherapy and Scientific Evidence and the University Master's Degree in Legal, Forensic and Criminological Psychopathology were assessed. All of these are degree programmes taught at the Faculty of Medicine and Health Sciences. In the case of UIC Barcelona, the preparation of this self-assessment report is the natural continuation of the follow-up process that has been fully implemented and operating in the faculties for 12 years. The Centre Board in the Department of Medicine and the Faculty Board at the Faculty of Medicine and Health Sciences are ultimately responsible for the approval of the self-assessment report and at all times have received technical support from the Innovation and Educational Quality Service (SIQE) at UIC Barcelona as far as the planning and work schedule development are concerned.

Based on advance planning, this report began to be written four months before the self-assessment report submission date.

The participatory process involving the inclusion of teachers and students in the preparation of the report was guaranteed through the following meetings to share what is expressed here and to work on and provide common evidence for this self-assessment report:

- Both the beginning and end of academic year meeting and the evaluation meetings that are carried out at the end of each semester and one for each academic year: These are meetings which all interested lecturers from the degree programme can attend and participate in. The meetings were all led by the Vice-Dean's Office for Academic Ordinance.
- Semesterly coordination meetings with subject directors and academic year coordinators and the Vice-Dean for Teaching Staff.
- Regular meetings with area managers, and the clinical practicum coordinator, taking into account their opinions, problems, and suggestions.
- Monthly meetings with the "Medical Student Control Group": This is where class representatives and assistant representatives from all academic years, and three representatives from the Medical and Health Sciences Student Group (AEMICS) provide their opinion and vision to the Vice-Dean's Office for Students.
- Review of quality monitoring reports and participation in the Quality Committee by teachers, students and graduates (in addition to academic year directors, PAS (administration and service staff) members and employers).

This Self-assessment report has been carried out taking into account the previous follow-up, with particular attention paid to the results of the previous accreditation visit in 2015.

The individual assessment reports prepared by the faculty for each of the standards are put together by SIQE, which together constitute the draft self-assessment accreditation report. This draft will form the basis for the analysis carried out by the Quality Committee. Each member of the committee identifies strengths and areas for improvement and this is discussed within the committee. Then, together, actions for improvement are suggested. Subsequently, the final self-assessment report document is edited and

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approved by the Centre Board for Medicine, which finally approves the Improvement Plan and this is submitted to the Faculty Board.

The process of producing the self-assessment report and the final outcome is considered to be satisfactory. The participation of the Centre and the members of the Quality Committee was very high: They are clearly aware of the importance of the accreditation process which we are engaged in. The experience gained by SIQE during the preparation of accreditation reports at other university centres/faculties has been very useful in terms of identifying areas for improvement in the planning of self-assessment reporting. Those involved in the process met the deadlines set.

The evidence collected follows the requirements set out in the Accreditation Guide. The Centre has provided other evidence to further support the evaluation of the deployment of each standard. A list of evidence documents provided is indicated at the beginning of each standard. The evidence documents can be accessed through an online file hosting service (Google Drive). The link to access all the evidence documents is provided below.

https://drive.google.com/drive/folders/1eNhFQ4gnHGeYaC_EMyWhoDXQN9v_8YZA?usp=sharing

The different phases involved in the preparation of this self-assessment report and the external visit are briefly described below.

1. Training and planning meetings for the development of the Accreditation Self-assessment Report (September 2020)

Online meeting with degree programme's academic year directors to confirm the visit timeframe, determine the working methodology and approve the internal work schedule (covering the initial action planning and up to 2 months after the external visit).

In the case of the Bachelor's Degree in Medicine, the training meetings we held with AQU Catalunya (the Catalan University Quality Assurance Agency) should also be mentioned. The first was held on 15 September, 2020, where the project and the pilot plan to be carried out were explained, and there was also a brief presentation of the new standards that apply to us in order to meet WFME requirements. At the second meeting, held on 19 October, 2020, AQU Catalunya offered us the opportunity to attend a virtual training day called WFME Standards Accreditation, a session that was organised into the following areas: WFME context (introduction to the WFME, reasons why recognition and the status of the recognition process is necessary: Phases and timetable) and there was also a presentation of accreditation standards, focusing on WFME standards not covered by AQU Catalunya in its Accreditation Guide.

2. Preparation of the individual reports that the Accreditation Guide (SIQE) draws from

Study of the accreditation standards and the evidence requested in the Guide for the Accreditation of Official University Degree and Master's Degrees, updated in October 2020; a version of which has been added in Annex II containing the additional aspects for the accreditation of medical degrees to be recognised by the World Federation for Medical Education (WFME). Review of the report templates to be filled in for the follow-up of the degrees according to potential changes in the AQU requirements. Calculation of the follow-up indicators. For post-accreditation follow-ups, special

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attention has been paid to the recommendations made by the External Assessment Committee provided in the 2015 visit and accreditation reports.

- a. Evidence documents:
 - i. Table: Evolution of degree programme indicators
 - ii. Report templates
3. Quality Committee Meeting (22 January, 2021)
 - a. Evidence documents:
 - i. Minutes of the Quality Committee Meeting
4. Approval of the Self-assessment Report by the Centre Board (29 January, 2021)
5. Approval of the Self-assessment Report by the Faculty Board (4 February 2021)
6. Public exhibition and submission to AQU Catalunya

Explanatory note - To conclude, we would like to explain that given the participation of the Bachelor's degree in Medicine in this pilot scheme Bachelor's Degree in Medicine for the accreditation of the WFME requirements the organisation of the self-assessment report is a little different from the part on the University Master's degree in Healthcare Management, since it is in line with the structure provided by AQU Catalunya. Therefore, for each of the Bachelor's Degree in Medicine Bachelor's Degree standards there is a self-assessment, an executive summary identifying strengths and areas for improvement, and a list of the indicators and evidence provided. In addition, for each sub-standard the assessment and WFME standards that apply are indicated. A summary of strengths and areas for improvement is provided at the end of the document.

BACHELOR'S DEGREE IN MEDICINE

Executive Summary

Our Bachelor's Degree in Medicine is very **new**, having existed for only 12 years, and forms part of a very new university, which is only 25 years old. This is made evident through **our enthusiasm** for this project and the enormous **effort** invested by our directors and teaching and administration staff. Additionally, many of the professionals involved in the degree programme have **significant experience** from their previous positions at other universities. **Our challenge** now is **to maintain and improve that commitment and enthusiasm** for our principles, in order to continue to foster our aspiration for excellence.

We see this **external quality assessment process** as an **opportunity for improvement**, which complements and refines our own internal quality mechanisms, of which we are proud. The fact that this process forms part of the **WFME** accreditation gives it an even more rigorous status and opens up international opportunities.

We are convinced that the following pages will demonstrate our **compliance with all the standards** necessary to renew the accreditation of the Bachelor's Degree in Medicine and the University Master's Degree in Healthcare Management. In this sense, we are highly satisfied with **the results achieved by our graduates**. They mirror this view, as does the data gathered from external studies and statements from graduate employers in different forums. In addition, for the Bachelor's Degree in Medicine, the excellent results of the specialisation access examinations (MIR) are objective data that show how we compare very satisfactorily with other faculties in Spain.

We currently have **a renewed and consolidated team of directors, ready to lead us** toward our goal of fulfilling the mission we have set ourselves. Their finely honed ability to detect risks and their flexibility in proposing and effecting change are commendable. This team has carried out periodic **strategic review** processes, integrating the stakeholders involved and making it easier to identify lines of progress along which we can continue to grow. In this regard, we appreciate the increasing efforts of the University's governing bodies to understand the complexity and uniqueness of the Faculty of Medicine.

Both our **core and clinical teaching staff** have an excellent balance of experience, motivation and dedication. We are particularly grateful for our teaching staff's continuous assessment mechanisms, the results of which have a very direct impact on how we identify improvement actions: from educational actions to modifications, to the number of hours they dedicate to teaching.

The **University's facilities** are modern, functional and adequate. Among them, we are particularly proud of our exemplary Comprehensive Centre for Advanced Simulation. The work placement healthcare centres are also highly suitable and are aligned with the principles of UIC Barcelona. The degree programme directors devote a huge amount of effort to maintaining the necessary level of involvement of these centres at all levels: from their core professionals to governing bodies.

Our student support measures (tutorial action plans), including personal, group and collective guidance, are also noteworthy. In terms of learning, we try to enhance both personal (emotional stability, resilience, etc.) and interpersonal (compassion, communication, willingness to serve others, etc.) skills; we aim for excellence in these areas, which we call "cross-disciplinary competences", so that our graduates stand out from the crowd. In recent years, we have also greatly increased student participation and engagement in faculty decisions.

Our focus on innovation and research is an integral part of our mission. We seek to encourage this focus in both our teaching staff and students. We deal with everything related to the mental health of healthcare and medical education professionals as a separate entity.

ASSESSMENT OF THE ACHIEVEMENT OF ACCREDITATION STANDARDS

STANDARD 1

Quality of the study programme

The degree programme's design (competency profile and curricular organisation) is updated according to the requirements of the discipline and responds to the educational level required by MECES (the Spanish Qualifications Framework for Higher Education).

Self-assessment

Sub-standard		Assessment
1.1	The competency profile of the degree is consistent with the requirements of the discipline and with the corresponding MECES educational level MECES.	Compliant. The programme's competence profile meets the requirements of the discipline and complies with the required level of study agreeing to MECES.
1.2	The curriculum and curriculum structure are consistent with the competency profile and objectives of the degree programme.	Compliant. The curriculum and structure of the curriculum are consistent with the programme's competence profile and learning outcomes.
1.3	Admitted students have the appropriate profile for the degree and their number is consistent with the number of places offered.	Compliant. Most of the enrolled students have an access profile that contains completely with what is established for the degree programme. The number of enrolled students is consistent with the number of places offered on the programme.
1.4	The degree programme has adequate teaching coordination mechanisms.	Compliant. The coordination mechanisms in place in the degree programme are suitable.
1.5	The application of the various regulations is undertaken in a suitable manner and has a positive impact on the results of the degree programme.	Compliant. The different regulations are completed with and applied correctly, and this has a positive impact on the programme outputs.
1.6	The degree programme has formally established its mission in terms of medical education.	Compliant. The study programme formally established the mission in medical education that has been developed with the participation of the main groups of interests. The mission is relevant to the nature of the studies and the objectives and actions that are analysed and reviewed are derived.
Standard overall rating		COMPLIANT

Executive summary of Standard 1

First, we consider that the competency profile is consistent with the requirements of the discipline and with the corresponding MECES academic level (Spanish Qualifications Framework for Higher Education), Level 3. In addition, the curriculum and curricular structure are consistent with the competency profile and bachelor's degree objectives. This is accredited both by a favourable verification of the Council of Universities, as well as by a report resulting from an accreditation visit carried out by AQU Catalunya in 2015 and the subsequent renewal of this accreditation.

Second, the UIC Barcelona Bachelor's degree in Medicine stands out due to high demand: a third of the candidates who apply for the entrance examination fail to pass. The majority of the candidates come from the province of Barcelona (55%), a positive point, since this means less drop-out due to geographical

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distance and distance from family. In view of this situation, national promotion actions are maintained, focusing on Catalonia mainly, although we must not forget the promotion for and attraction of international students that is also carried out.

Another aspect to be highlighted is the prestige and recognition that is being achieved through our students' performance in the MIR tests, which has led to students of a higher level being attracted to the University. In recent years, small adjustments have been made to the weighting for entrance examinations, increasing the percentage of tests in line with the human profiles. This adjustment has allowed admitted students to have a more vocational profile that is more oriented towards serving individuals and society. We are very happy with this and it has made us a benchmark for other universities.

On the other hand, and in reference to teaching coordination, we consider the coordination structure to be adequate, and it allows the programme to be organised appropriately, ensuring a good follow-up of the results achieved, according to the objectives set out and encouraging continuous improvements to the degree programme. This coordination allows schedules and workloads to be acceptable to students by allowing them to play an active role in their learning.

The application of the different regulations is carried out in an appropriate manner and has a positive impact on the results of the degree programme, highlighting the high level of compliance required with the regulations for the continuation of studies, thus encouraging students to achieve better results and detecting those who need specific support.

And finally, it is important to note that the Bachelor's Degree in Medicine has formally established its institutional mission in terms of medical education and makes it available to all interested groups through the website for the degree programme. This mission is based on the learning results set out in the verification report and made public through the teaching guides for each subject. It is considered that both the mission and the academic objectives derived from it (learning results) are appropriate to the nature of the Bachelor's Degree in Medicine.

The overall assessment of Standard 1 is that it is considered to be achieved based on the information provided in the paragraphs above.

Indicators

To assess this standard, the following indicators are presented, related to:

- Access and registration
- Characteristics of students

Evidence provided related to the Standard

Assessment of sub-standards

SUB-STANDARD 1.1 The qualification competency profile is consistent with the requirements of the discipline and the corresponding MECES educational level.	
Sub-standard assessment	Compliant
WFME Standards	B 1.1.3, B 1.1.4, B 1.1.6, B 1.1.5, B 1.1.6, B 1.1.7, B 1.3.1, B 1.3.2, B 1.3.3, B 1.3.4, B 1.3.4, B 1.3.7, Q 1.1.1, Q 1.1.2, Q 1.1.3, B 2.1.1, B 2.1.2, Q 2.1.1, B 2.2.1, B 2.2.2, B 2.2.3, Q 2.2.1, B 2.3.1, B 2.3.2, Q 2.3.1, Q 2.3.2, B 2.4.1, B 2.4.2, B 2.4.3, B 2.4.4, Q 2.4.1, Q 2.4.2, Q 2.4.3, B 2.5.1, B 2.5.2, B 2.5.3, B 2.5.4, B 2.5.5, Q 2.5.1, Q 2.5.2, Q 2.5.4, Q 2.6.1, Q 2.6.2, Q 2.6.3, Q 2.6.4, B 3.1.1, B 3.1.2, B 3.1.3

The competency profile of the Bachelor's Degree in Medicine is consistent with both the requirements of the discipline and the corresponding MECES educational level, level 3. This is accredited through a favourable assessment from the Council of Universities, as provided for in Article 25.7 of Royal Decree 1393/2007, of 29 October, establishing the organisation of official university education. Specifically, for this Bachelor's Degree, this is also accredited by a report resulting from the accreditation visit carried out by AQU Catalunya on 12/02/2015, where this sub-standard was favourably evaluated, with subsequent ratification by the Council of Universities. It should be remembered that on 22 December, 2014, the Bachelor's Degree in Medicine was assigned MECES level 3.

As evidence, a table is provided that correlates the competences and subjects of the degree programme, where it can be seen that all the competences are worked on in one or more subjects (*Evidence*). This distribution of competences fully complies with the verification report (*Evidence*) and updated with the addition of basic and cross-disciplinary competences in the last "amendment" dossier approved in June 2016 (*Evidence document*).

Evidence is provided of the exceptional management procedures implemented to continue teaching the degree programme during the COVID-19 pandemic (see *Evidence document*).

SUB-STANDARD 1.2 The curriculum and organisation of the curriculum is consistent with the competency and objective profile	
Sub-standard assessment	Compliant
WFME Standards	B 1.1.4, B 1.2.1, Q 1.3.1, Q1.3.2, Q1.3.3, B 1.4.1, B 2.1.1, B 2.1.2, Q 2.1.1, B 2.2.1, B 2.2.2, B 2.2.3, Q 2.2.1, B 2.3.1, B 2.3.2, 2.3 Q 2.4.2.3 2, B 2.4.2 2.4, B.2, 2.4.3, Q.2, B.2, Q.2 2.4, B.2 2.5, B.2, Q.2, 2.4.3, B.2, B.3, B.2, 2.4, Q.2, B.2, B.2, Q.2, B.3, Q.2, B.2, 2.5 B 2.5.3, B 2.5.4, B 2.5.5, Q 2.5.1, Q 2.5.2, Q 2.5.3, Q 2.5.4, B 2.6.1, Q 2.6.1, Q 2.6.2, Q 2.6.3, Q 2.6.4, B 2.8.1 3.1, B 3.1.2, B 3.1.3

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The curriculum has sought to be consistent with the objectives of the degree programme and with the competency profile that students must achieve.

The current curriculum, published in the Spanish Official Gazette (BOE, Resolution of February 12, 2018, of the Universitat Internacional de Catalunya, via which the Amendment to the curriculum for the Bachelor's Degree in Medicine was published), is available below. The subjects that have been chosen to provide evidence of performance have been highlighted in blue. In addition, for each of these subjects, the teaching guide and a subject record sheet (evidence for standard 6.3) are provided.

Year 1 subjects	Type	Period	ECTS
Biochemistry	FB*	First semester	8
Structure and Function of the Musculoskeletal System	OB*	First semester	10
Immersion in Medicine 1 (IMM1)	OB	First semester	4
Introduction to Medical Genetics	OB	First semester	3
Imaging Techniques	OB	First semester	3
Anthropology	FB	Second semester	6
Structure and Function: Sense Organs and Skin	OB	Second semester	6
Structure and Function: Nervous and Endocrine Systems	FB	Second semester	12
Molecular Biology	FB	Second semester	8
Year 2 Subjects	Type	Period	ECTS
Biostatistics	FB	First semester	6
Cell Biology	FB	First semester	8
Structure and Function: Cardiovascular, Respiratory and Renal System	OB	First semester	12
Option 1	OP*	First semester	2
Structure and Function: Blood and Immune System	FB	Second semester	6
Structure and Function: Digestive System and Metabolism	OB	Second semester	7
Structure and Function: reproductive System	OB	Second semester	4
Introduction to Epidemiology	OB	Second semester	2
Scientific Information Management (Imm2)	OB	Second semester	3

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Microbiology	OB	Second semester	4
Psychology	FB	Second semester	6
Year 3 Subjects	Type	Period	ECTS
Pharmacology	OB	First semester	7
medical Semiology and Physiopathology	OB	First semester	11
Emergency Medicine: Clinical History and Medical Semiology	OB	First semester	2
General Anatomical pathology	OB	First semester	6
Bioethics I	OB	Second semester	3
Philosophy and History of Medicine	OB	Second semester	2
surgical Physiopathology	OB	Second semester	5
Neurology	OB	Second semester	5
Cardiovascular System	OB	Second semester	4
Respiratory System	OB	Second semester	4
Basic Concepts of Experimental Research	OB	Second semester	3
Option 2	OP	Second semester	2
Medical Work Placements 1	OB	Annual	5
Year 4 Subjects	Type	Period	ECTS
Endocrinology and Nutrition	OB	First semester	4
Haematology	OB	First semester	3
Clinical Immunology and Allergology	OB	First semester	2
Psychiatry	OB	First semester	4
Medical digestive System	OB	First semester	4
Surgical Digestive System	OB	First semester	4
Bioethics II	OB	Second semester	3
Gynaecology and Obstetrics	OB	Second semester	6
Family and Community Medicine	OB	Second semester	3
Nephrology	OB	Second semester	4

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Making Appropriate Decisions in Medicine	OB	Second semester	2
Urology	OB	Second semester	4
Proper Use of Diagnostic Tests	OB	Second semester	4
Option 3	OP	Second semester	2
Medical Practices 2	OB	Annual	4
Surgical Practices	OB	Annual	4
Year 5 subjects	Type	Period	ECTS
Dermatology	OB	First semester	4
Ageing, Pluripathology and Chronicity	OB	First semester	4
Ophthalmology	OB	First semester	3
Otorhinolaryngology	OB	First semester	3
Paediatrics	OB	First semester	7
Rheumatology and Systemic Diseases	OB	First semester	3
Infectious Diseases	OB	Second semester	4
Clinical Epidemiology and Public Health	OB	Second semester	5
Clinical Pharmacology	OB	Second semester	3
Legal and Forensic Medicine	OB	Second semester	3
Palliative Medicine	OB	Second semester	3
Clinical Oncology	OB	Second semester	3
Traumatology and Orthopaedic Surgery	OB	Second semester	5
Option 4	OP	Second semester	2
Primary Care Placement	OB	Annual	2
Maternity and Paediatric Placement	OB	Annual	4
Year 6 subjects	Type	Period	ECTS
Open Clinical Rotation	PR*	Annual	10
Social Clinical Rotation	PR	Annual	2
Medical and Social Clinical Rotation	PR	Annual	3
Primary Care Clinical Rotation	PR	Annual	3
Medical Specialism Clinical Rotation	PR	Annual	17

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Surgical Specialism Clinical Rotation	PR	Annual	17
Final Degree Project	TFG	Annual	8

*FB (Basic Education Subject) *OB (Compulsory Subject) *OP (Optional Subject) *PR (Work Placement Subject) *TFG (Final Degree Project).

Assessment of the Amendments made to the Bachelor's Degree in Medicine

A table summarising the Amendments presented since the introduction of the Bachelor's Degree in Medicine is provided below. The justification and resolution of the amendment files are provided as evidence.

Academic year	Amendment	Type of amendment	Date Approved by AQU
09/10	<p>The Amendment focused on section 5 of the Teaching Planning Report, in particular:</p> <p>a. In all modules, teacher participation in the classroom has been reduced, thus enhancing students personal academic monitoring and mentoring, and the supervision of the work entrusted to them, contributing to an improvement in personal study and independent learning.</p> <p>b. Clinical work placements for the clinical study module: The number of students per group is reduced to 4-5 students, improving the teacher/student ratio, and decreasing the clinical rotation period to 6/8 weeks.</p> <p>c. It is considered appropriate to change the name of the following subjects, maintaining the number of ECTS, competences, nature, academic year and semester. The changes are: c.1 Semiology and surgical-medical preparatory course: This is now called physiopathology c.2 PDT Cardiovascular, Respiratory, Neurology: This is now called General Medical and Cardiovascular, Respiratory and Neurological Semiology</p>	Substantial amendment that can be authorised, formalised through an AMENDMENT process	02/11/2010
10/11	<p>Change to the University's legal representative. A new general continuation of studies policy is provided. New regulations for the transfer and recognition of credits are being introduced. Change to the module and subject structure of the curriculum (See in more detail in the evidence provided)</p>	Substantial amendment that can be authorised, formalised through an AMENDMENT process	18/04/2011
12/13	<p>A week of external work placements was included as a teaching methodology in the Semiology and Physiopathology subjects (in the first semester of third year) which will help to ensure the development of the</p>	Non-substantial amendment formalised during FOLLOW-UP 5.	---

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	competence involving the creation of medical records and physical exploration. The placement will be carried out as part of the Internal Medicine specialism. On the other hand: a) the teaching period of some subjects has been changed b) some of the names of subjects and subject areas have been changed	During the 2012-2013 academic year	
13/14	A) Change in the credit load for sixth year subjects taught as part of the Bachelor's degree b) Change to the name of an optional subject c) Division of the Bachelor's Degree in Medicine subject "9379 - Digestive System" into two subjects	Non-substantial amendments formalised during FOLLOW-UP year 6. 2013-2014 academic year	---
13/14	Assignment to MECES Level 3 number of new places updated	Substantial amendments that can be authorised, formalised through an AMENDMENT process	23/07/2014
14/15	A) To facilitate the programming and planning of the tutorials, the Final Degree Project subject has change from semesterly (second semester) to annual. b) The following changes were made to the name of various subjects: Genetics and Human Embryonal Development changed to Introduction to Medical Genetics. Health and the Environment: Medical Ecology, changed to Medical Ecology and introduction to Epidemiology.	Non-substantial amendments formalised during FOLLOW-UP year 7. 2014-2015 academic year	---
14/15 15/16	Request for amendment coinciding with the accreditation process: - Review of competences - Clinical placements from third to fifth year were reorganised and the subjects and credit loads for fifth year were redistributed, with the aim of orienting them towards a core non-specialist organisation and outside the specific subject environment; The same ECTS load and amount of time spent on visits to centres per academic year were maintained.	Substantial amendments that can be authorised, formalised through an AMENDMENT process	02/06/2016
17/18	Update to the entrance examination weighting Adjustments to the teaching coordination organisation defined in the verification memory: - Elimination of the curricular committee and the Teachers Council - Addition of two deputy directors to the Centre Board - New coordinator for work placements in healthcare centres: Core Work Placement Coordinator (CPT)	Non-substantial amendments formalized during FOLLOW-UP year 10. 2017-2018 academic year	---

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18/19	<ul style="list-style-type: none"> - Restructuring the Centre Board. Expanding it and specifying the roles of each member. - Review of the formation of the Joint Committees (degree-placement centres) and their functions. The Joint Committees continue to provide coordination at a managerial level, to the exclusion of operational relationships - Review of the functions and objectives of the Area directors. - Own continuation of studies regulations, increasing the level of demand. 	Non-substantial amendments formalised during FOLLOW-UP Year 11. 2018-2019 academic year	---
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SUB-STANDARD 1.3 Admitted students have a suitable profile for the degree programme and their number is consistent with the number of places offered	
Sub-standard assessment	Compliant
WFME Standards	B 2.8.1, B 4.2.1, Q 5.2.1

Assessment of the evolution of supply, demand and enrolment.

Access and admission indicators	14/15 academic year	15/16 academic year	16/17 academic year	17/18 academic year	18/19 academic year	19/20 academic year
Number of places offered for new students	90	100	100	100	100	100
Ratio of the number of students admitted in relation to the places offered	1.1	1.07	1.05	1.04	1.07	1.08
Demand for places/supply ratio (overall and first preference)	524%	449%	536%	550%	549%	482%
Demand for seats (global and first preference)	472	449	536	550	549	482
Students enrolled in first year	99	107	105	104	107	108
% New students enrolled in first choice	100%	100%	100%	100%	100%	100%

According to the indicators provided, it can be observed that there is continued high demand for access to the Bachelor's degree in Medicine. However, it is true that it has dropped slightly over the last academic year and we must be vigilant in the coming years for two reasons:

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- a) We believe that the exceptional situation due to the COVID-19 pandemic can lead to difficulties in terms of access for students from outside our autonomous community or from abroad, and that there is a drop in demand.
- b) We should also take into account that in the most recent academic years three new faculties of medicine have opened that compete with UIC Barcelona: The UIB (Universitat de les Illes Balears), the UVic (Universitat de Vic-Universitat Central de Catalunya) and the UPV/EHU (University of the Basque Country). Although this could lead to a reduction in demand, this has not been observed for the time being in terms of the admission of students for the 2020-2021 academic year.

A third of the candidates who took the entrance examinations were left without access to a place and did not choose to remain on the waiting list. The list of admitted students and the waiting list did not fluctuate as much as in previous academic years in which there were many losses when enrolment opened at public universities. Based on the analysis carried out by the Admissions Service, we have found that our greatest competition is other private universities with a longer history than ours or public universities located in the home provinces of the students.

The candidates who request information come from all over Spain, although undoubtedly about 55% of those admitted come from the province of Barcelona. This is positive because it means less drop-out rates caused by geographical distance or distance from family. Studying outside your home province is known to greatly increase the cost of studies. Therefore, transfers in later academic years are mainly for students from outside the province, who in our case mainly come from the Basque Country (34%) and the Balearic Islands (21%). It is students from these provinces who request a transfer in higher academic years and these same students are also from the areas where new faculties of medicine have opened. Since we are aware of this fact, we must focus our marketing on increasing our prestige and visibility to attract students from Catalonia and particularly Barcelona.

Gradually and due to our students' MIR exam results, we are gaining more prestige and recognition and attracting students of a higher level. However, the price and high prestige of public universities in our province, mean that some of the students with the best academic records are looking for an opportunity to transfer to a public university in later academic years. This has led us to make two decisions:

- a) The number of new students admitted for the 2019-2020 academic year has been increased to 109, in light of drop-out in second and third year.
- b) Activities have begun to promote student loyalty from second year onwards so that students can become aware of and value the distinguishing aspects of studying medicine at UIC Barcelona, the high level of rigorousness and medical education focusing on the individual, as well as highlighting the physical and human resources we have available and the importance of the work placements in healthcare centres with a student/teacher ratio of 1/1.

An example of increasing loyalty and not increasing the rate of dropouts or transfers is action taken in 2019-2020 to ensure a better distribution of grants for academic excellence (BEA Grants). We requested that instead of assigning grants for academic excellence to students with good pre-university marks, that the grants be assigned to students who achieve good results once at university. The Board of Governors agreed that the allocation of a BEA Grant equivalent to the amount of full tuition fees would be divided into four parts. Each quarter of the grant (up to a maximum of €3,600) is allocated to one of the top four students in the following academic years: second year, third year, fourth year and fifth year. These grants were awarded for the first time at the beginning of the 2020-2021 academic year and received with great satisfaction by the

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students and by the degree programmes since they encourage talent retention. (*Evidence document: Assignment Criteria BEA Grant for Medicine*)

Evaluation of promotion and dissemination activities

Monthly meetings are still held with the cross-disciplinary teams throughout the University from Promotion, Marketing, Communication and Admissions, reviewing the actions that are carried out and the results obtained with each action (*Evidence document: End of Year Medicine 2019-2020*). The objective is to reach and attract potential candidates and to raise awareness of medical studies at UIC Barcelona, to obtain more requests for information and of course enrolment. This cooperation and coordination are necessary and encourages of the achievement of coordinated objectives.

National promotion activities, focusing mainly on Catalonia as mentioned above and international promotion, have increased so as to attract foreign students and cover the 10 places we have available for students from this source. In that sense, the activities carried out over the past two academic years, have been positive, since there has been a greater demand from international students to take the entrance examinations. In 2019 there were 36 applications for candidates from 17 countries. The countries from where we received the highest demand were: Morocco (9), Italy (7), France (7), Germany (7), and Andorra (5), etc. These marketing efforts should be maintained, particularly in countries that could be an important source of students such as the US and South America.

Evidence of our promotional material is provided.

Assessment of the profile of admitted students:

We are particularly interested in students having a good academic record, a true vocation and a sense of service and a human profile that is adapted to the needs of the medical profession, which has led us in recent years to adjust the entrance examinations to ensure the admitted students fit the profile set out in the report.

As indicated in the follow-up reports for academic years 2017-2018 and 2018-2019 and, after working together with the admissions service, changes were made to the exams, increasing the weight of the elements that help identify the most "human" characteristics. Specifically, the exam we give, measures and values the following characteristics: ability to deal with pressure and a high workload, determination, empathy, emotional balance, interest in research, teamwork, leadership, sensitivity to pain experienced by others, resilience, and decision-making capacity.

Assessment of access routes

The following table indicates the proportion of admitted students according to access route.

Access and admission indicators		2014/2015 academic year	2015/2016 academic year	2016/2017 academic year	2017/2018 academic year	2018/2019 academic year	2019/2020 academic year
% New students enrolled according to access route	Track 0 – Upper secondary school + PAU exams	83.84%	84.75%	87.62%	87.50%	82.57%	70.37%
	Track 1 - Foreign students who passed the PAU exams	3.03%	2.54%	0.95%	0%	0.92%	0%

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	Track 2 - Degree or diploma holder	6.06%	0.85%	3.81%	0%	4.59%	11.11%
	Track 4 - CFGS (vocational education)	2.02%	1.69%	0%	2.88%	0.92%	2.78%
	Track 7 - Change of degree programme	5.05%	10.17%	6.67%	9.62%	11.01%	14.81%
	Track 8 - University students from CFGS (vocational education)	---	0%	0%	0%	0%	0.93%
% New students enrolled by credit interval	Enrolled for less than 15 credits	0%	0%	0%	0%	0%	0%
	Enrolled for between 15 and 29 credits	1.01%	0%	0%	1%	0%	0%
	Enrolled for between 30 and 44 credits	0%	0.94%	0%	0%	0%	0%
	Enrolled for 45 or more credits	98.99%	99.06%	100%	99.04%	100%	100%

Demand is maintained for the final academic years and although clearly students from track 0 (upper secondary school) continue to dominate, in final year, there is an increase in students coming from degrees they have either started or completed (track 7 and 2 respectively)

Assessment of entrance examinations

The adjustments made to the entrance exams with 50% of the value awarded to academic level tests and 50% to human aspects (suitability of the personal profile), allow students with a more vocational profile and who are more oriented towards serving people and society to be admitted. This type of exam means we have become a benchmark for other universities that are thinking about implementing a similar access system for faculties of medicine in public universities.

Currently, the entrance examinations for Medicine are weighted as follows.

50% of the exam

- Previous academic record: 10% weighting is maintained for students' academic records.
- Specific Biology, Chemistry, Physics and Mathematics tests at a level equivalent to first year of upper secondary school. This weighting has dropped to 40%. This test is certainly useful for differentiation purposes, but due to extensive differences in the education provided in upper secondary education in the various autonomous communities, high schools and schools, it appears that it should not hold more weight. The candidates for the tests are provided with an approximate and basic list of topics covering the content of what we call "specific tests", in order to counteract the variability of Biology, Chemistry, Physics and Mathematics programmes at first year of baccalaureate level in the various autonomous communities. This action was frequently requested and is now highly valued by the candidates, since no courses are provided by the University to help prepare for these tests.

50% of the exam

- Psychometric test: is the weighting of this has been maintained as in previous academic years at 20%

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- Profile Suitability Test (TEA): This is included as in previous academic years, but with the difference that more weight is assigned to the items that are considered most important in the profile of a health professional. Therefore, a mark is obtained that is weighted at 30% for the ranking.

No percentage value for the exam

- Structured written interview – Case resolution: In addition, the written and structured interview that is assessed by at least two evaluators, without information about the candidate and concluding the assessment based on unanimity or consensus. We call this interview “case resolution”.
- English Test: After observing that all medical students have a good level of English, it was decided to take the weighting off this test and make it an admission requirement instead. It can be demonstrated by presenting an official B2 level certificate or otherwise a complementary test will need to be taken.

An outline of the variations to the exam weighting in recent academic years is provided below.

Academic year	Academic record	Entrance examinations	Psychometric test	Specific Test (Biology, Chemistry, Physics and Mathematics) (first year upper-secondary school)	TEA weighted profile suitability test	English level test	Case assessment
2017-2018	12%	88%	20%	48%	---	20%	-1/0/+1
2018-2019	10%	90%	20%	55%	---	15%	-1/0/+1
2019-2020 2020-2021	10%	90%	20%	40%	30%	----	-1/0/+1

We are starting a study to see if, objectively, first-year students who have passed the tests after the change in proportion are more empathic, which would lead to maintaining these in the future.

Evidence of the admission process and the guidelines given to students is provided.

SUB-STANDARD 1.4 The degree programme has adequate teaching coordination mechanisms	
Sub-standard valuation	Compliant
WFME Standards	B 1.1.4, B 1.3.4, B 2.6.1, B 2.8.1, B 3.1.1, B 3.1.2, B 3.1.3, B 4.1.1, B 4.1.2, B 4.1.3, Q 4.1.3, B 5.2.3, Q 5.2.1, B 6.2 6.2.2, B 6.2.3, B 6.5.1, B 6.5.2, B 6.5.3.2

The teaching coordination, both vertical and horizontal, is led by the Vice-Dean's Office for Academic Ordinance (*Evidence*), with support from all the members of the Centre Board and also relies on other staff members who facilitate and assist the management and academic coordination of the Bachelor's degree in

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Medicine. These staff members are briefly described below and more extensive information is provided about them in the evidence document entitled Structure and function of the Vice-Dean of Academic Ordinance. Evidence is provided related to the minutes and members of this group.

At the University:

STAFF MEMBERS

Course coordinators: As horizontal coordinators, they ensure the correct organisation of schedules, the organisation of the different subjects and subjects covering both semesters in the same academic year. They coordinate with the subject directors for the corresponding academic year. They resolve general issues and meet regularly with class representatives to gain their point of view and transmit this in the evaluation meetings. They follow up any incidents that occur and propose solutions. They hold follow-up meetings with Vice-Dean's offices (especially the Vice-Dean's Office for Academic Management and the Vice-Dean's Office for Students)

Managers or Area Heads: They are in charge of vertical coordination and ensure the teaching in the area they lead is correct, both in terms of the theoretical and practical aspects, so that it is complete throughout the curriculum, appropriate in content, methodology and evaluation systems to achieve the chosen competences. They guarantee the fulfilment of the learning objectives established in the different subjects that correspond to their area, as well as the expected learning results and they ensure the quality of the content of the teaching guides is suitable.

External work placement and professionalism coordinators: they have the overall responsibility for work placements throughout the curriculum. They ensure the correct distribution and workload for students in the centres, in agreement with the work placement directors for each subject and the teaching coordinators in the centres, ensuring that conditions are met and followed to meet the teaching objectives and learning outcomes of the clinical placements. They ensure the assessment systems and methods are correct and focus on the level of professional proficiency among sixth year students when the student must demonstrate his/her ability to incorporate knowledge, skills and values as well as autonomy and professional competence.

They are also responsible for organising the work placement meetings at the end of each semester, ensuring that the session is prepared with the inclusion of a satisfaction summary of by subject and work placement centre, while also preparing an educational or informative "snippet", taking advantage of the fact many of the clinical tutors from the actual healthcare centres themselves attend these meetings.

Subject directors: They ensure the coordination and coherence of the teaching, content, teaching staff, evaluation, results and manage any incidents within the corresponding subject. They collaborate with and report to the course coordinator for the subject they teach, as well as with the head of the corresponding area, which guarantees a good system of coordination and follow-up for the teaching quality. In addition, they are the role models for students in any aspect related to their subject, providing them with the necessary academic support tailored to them individually) to facilitate their learning and achieve the expected learning results.

Work placement subject directors: Each clinical work placements subject has a subject director (5 subjects from third to fifth year and 6 rotational subjects in sixth year with a single director). This consolidated team of **work placement subject directors**, have extensive teaching experience, are the ones who set out the evaluation systems for each subject and academic year and who, along with the work placement coordinators are responsible for transmitting the teaching objectives of each subject to the Centre Teaching Coordinator

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(CDC) and the Core Work Placement Coordinators (CPT), so that the clinic tutors can undertake their role. Furthermore, the subject director coordinates the seminars and workshops that are part of the work placements, maintain the teaching guide and the specific work placement dossier up to date and visible for the students. They also maintain contact with CPTs to ensure compliance with the objectives and the correct evaluation and feedback for students.

PREX: Professor/lecturer responsible for excellence: a lecturer or professor who is seen as prestigious by students, who has the ability to detect both students with difficulties to help them to refocus the studies, and excellent students to encourage them to become role models within their group.

COMMITTEE MEETINGS

Teaching Committee for the degree programme: Regular meetings are scheduled at the request of the Vice-Dean for Academic Ordinance to discuss consensus and follow-up issues. Led by the Vice-Dean of Academic Ordinance and consisting of course coordinators, the work placement coordinator, the academic secretary from the Department of Medicine and area directors.

Teaching staff meetings: In general terms, there have been no notable changes in terms of coordination at an operational level while maintaining the performance of semesterly teaching follow-up meetings and clinical placement meetings also on a semesterly basis. The general meetings to which all the teaching staff are called have been maintained, one at the beginning of the academic year and the other at the end of the academic year. The meeting organisation is still considered valid:

- **Evaluation meetings:** At the end of the semester, full information is prepared on the results of each subject so the course coordinator can present it in the meeting. 5 meetings are held, one for each academic year (this is different in sixth year, when a single meeting is held at the end of the academic year). The meetings are attended by subject directors, lecturers who wish to participate and student representative. The methodologies used, evaluation systems, and consistency with the proposed learning objectives, are reviewed in depth during these meetings. Aspects to be improved are identified in order to be considered.
- **Placement meetings:** it is the work placement coordinator who manages these meetings and, in this case, not only the subject directors are invited, but also the Centre Teaching Coordinators (CDC), Core Work Placement Coordinators (CPT) and all clinical tutors in the centres and members of the Joint Committees who may attend. Two are held each academic year for follow-up and proposals for improvement of external work placements from third to sixth year. Changes to assessment rubrics or systems, and the identification of learning needs to be implemented in future academic years are discussed during these meetings.
- **Teacher training meetings:** held at the beginning of the academic year and at the end of the academic year, provide important information about the degree programme and time is put aside to update any trends in medical education and continuing education.

MEDICAL EDUCATION OFFICE (UEM)

This Office, which reports directly to the director of the Department, who in turn is the director of the degree programme, works in coordination with the Centre Board and especially with the Vice-Dean for Academic

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Ordinance, assists in ensuring the curriculum is implemented correctly and the teaching quality of the teachers continuously improves. Its main function is to ensure teacher training, promote innovation in the classroom and promote research in the area of medical education. It concerns itself with participation in forums related to medical education and provides information about trends and incorporates new training activities and methodologies that have been proven to be effective. The Office organises teacher training sessions and monitors their content. (*Evidence document: Presentation of the Medical Education Office*)

In work placement healthcare centres:

STAFF MEMBERS

- **Centre teaching coordinators in healthcare institutions** (university or associate): **(CDC)** they ensure the incorporation and teaching of undergraduate students in the work placements carried out at their centre is undertaken successfully by ensuring the workload, areas students will participate in, the timeline, and seminars are all organised correctly. They are in direct and frequent contact with the work placement coordinator.
- **Core Work Placement Coordinators: (CPT)** are key staff members in terms of ensuring proper training is provided in the work placement centres. They are appointed by the healthcare centre itself, after approval by the Joint Committee provided they are active lecturers who teach in person at the University. They are responsible in their centre for the deployment, coordination and management of work placements in their specialist areas (medical, surgical or both). They identify the specialist areas and volume of students able to be accepted during the academic year. They ensure students are welcomed, assigned a clinical tutor, receive follow-up and evaluation in their specialist areas. They deal with incidents and propose solutions.
- These two staff members receive support at an administrative level from the teaching secretary assigned to them in each health institution.

COMMITTEES:

- **Joint University/Clinical Centre Committees:** These are equal meetings held between the Department of Medicine and each of the university and associate centres where decisions are made about clinical work placements in the centres and about the teaching staff in the University (*Evidence document*).

Meetings are held at two levels:

- **At a strategic level:** These are carried out twice a year (or once in the case of associate centres). They include members of the management committee for each care centre (general director, director of care, director of quality and knowledge, etc.), centre teaching coordinator, members of the Centre Board of the degree programme (Dean, Vice-Dean's Office for Academic Ordinance, Manager) and the secretary for clinical work placements. Minutes from a meeting at a strategic level are provided as evidence and as an example (*Evidence document*).
- **At operational level:** These are held at least once a year or by request, depending on the needs of each centre. They include the centre teaching coordinator, core work placement coordinators, work placement coordinator and the Vice-Dean's Office for Academic Ordinance. Minutes from a meeting at an operational level are provided as evidence and as an example (*Evidence document*).

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Based on this model of meetings at two different levels, in addition to monitoring the places offered, the quality of the training received and follow-up for incidents, future areas for cooperation are worked on at a strategic level, not only in terms of teaching, but also innovation and research.

SUB-STANDARD 1.5 The application of the different regulations is carried out properly and has a positive impact on the degree programme results	
Sub-standard valuation	Compliant
WFME Standards	B 1.2.1, Q 1.2.1, B 2.1.3, B 2.6.1, B 2.8.1, B 3.1.1, B 3.1.2, B 3.1.3, B 4.1.1, B 4.1.2, B 4.1.3, Q 4.1.3, B 4.4.2, B 4.4.3, B 4.4.5, B 5.1.1., B 5.1.2, B 5.1.3, B 5.2.1, B 5.2.2, B 5.2.3, B 5.2.4, B 5.2.5, Q 5.2.2, B 6.1.2, B 6.2.1, B 6.2.2, B 6.2.3, B 6.3.1, B 6.4.2, B 6.5.1, B 6.5.2, B 6.5.3, B 6.6.1, B 6.6.2

The application of the different regulations affecting the university community, provided either in the verification report or in the follow-up reports, is carried out correctly and under the responsibility of the University's General Secretariat, the Faculty Board and the Centre Board. Several years after its implementation, it has been updated when required by legislation or circumstances. Overall, it has been positive due to the impact it has had on the degree programme results.

The following is a more detailed assessment of compliance with the continuation of studies standard for the Bachelor's Degree in Medicine (*Evidence document*) and the transfer and recognition of credits regulations (*Evidence document*).

a. Compliance with the continuation of studies standard

Usually, the Department of Medicine is governed by the general regulations of the University. Although since the 2018-2019 academic year the Bachelor's Degree in Medicine has its own continuation of studies regulations that is public. All interested groups can read it via the following link and it is also provided as evidence:

<https://www.uic.es/en/estudis-uic/medicine-and-health-sciences/bachelors-degree-medicine>

These continuation of studies regulations for the Bachelor's Degree in Medicine are more demanding than for other degree programmes in the University, and have been applied since the 2018-2019 academic year. Students must pass 66% of credits in first and second year and 60% in all other academic years instead of the 50% in the general continuation of studies regulations. These specific regulations are clearly visible on the degree programme website in the section entitled "General Regulations". They are explained in detail in the welcome session for first year students and students are reminded of them in the welcome session every year. (*Standard Evidence document 1.5*).

This decision seems to us to be very judicious since it improves student results. It has involved a thorough follow-up of students through the Vice-Dean's Office for Students, the counselling coordinator and the advisors themselves, providing them with guidance and resources. Students without a clear vocation or who found it difficult to achieve the required level were given professional and personal guidance. Each case was given individual consideration without leaving anyone behind who required this help. In the first year it was

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implemented, it led to an increase in the number of drop-outs in first and second year, which was partly offset by an increase in the number of first-year admissions.

As mentioned above, the Vice-Dean's Office for Students, in coordination with the Counselling Coordinator, took on the role of a PREX (**Professor/lecturer responsible for excellence**) a new staff member proposed in last year's follow-up committee, to detect students in critical situations or in need of support in advance, thus creating a flow of communication with the specific advisor and finding the most appropriate way to guide the student.

We therefore believe that greater exactitude in the first academic years, makes students obtain better results and allows us to detect those who need specific support. After consulting students, they do not believe the new policy to be excessively strict.

b. Compliance with credit transfer and recognition regulations (Evidence document)

Within the general framework that establishes the rules for the transfer and recognition of credits, at an internal level, for the Bachelor's Degree in Medicine a committee was set up to study the recognition and transfer of credits, consisting of lecturers who are knowledgeable about the degree programme, both in terms of basic science subjects and clinics, with administrative support provided by staff who are aware of the details of the regulations.

The subjects with the most demand for official recognition are basic science subjects in the preclinical academic years, hence a number of lecturers who are experts in these subjects have been hired. As mentioned in the analysis of admissions, the demand for official recognition has increased significantly over the last two academic years and the teaching staff that spend part of their time on this issue should be revised upwards. Examples of credit recognition records are provided as evidence.

c. Compliance with the internal rules for external work placements and Final Degree Projects (Final Degree Project).

The regulations have generally been met. Standard 6.3 analyses in detail how the requirements of the internal regulations for Final Degree Projects are met during Final Degree Project management.

SUB-STANDARD 1.6 The degree programme has formally established its mission in medical education	
Sub-standard assessment	Compliant
WFME Standards	B 1.1.1, B 1.1.2, B 1.1.3, B 1.1.4, B 1.1.5, B 1.1.6, B 1.1.7, B 1.1.8, Q 1.1.1, Q 1.1.2, Q 1.4.1, Q 1.1.1, B 4.4.1

The Department of Medicine has formally established its institutional mission in terms of medical education, the vision and values of the Bachelor's Degree in Medicine (see *Evidence document*) and there are made available to all interest groups through the degree programme's webpage.

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Compliance with this is guaranteed by achieving the learning results (educational objectives linked to the mission) set out in the degree verification report, and which are specified and published in the teaching guides for each of the subjects. (*Evidence of learning outcomes from Medicine*).

The mission, vision and values are considered to be validated because the main interest groups helped to define them at different levels, and they are also periodically reviewed by the strategic review process that the degree programme carries out on a regular basis (*Evidence document: evolution of the mission, vision and values of the Bachelor's Degree in Medicine*).

The mission was established in 2007 while the Bachelor's Degree in Medicine was being designed. In this process, as described in the verification report, internal and external consultation processes were undertaken to ensure the involvement of different stakeholders:

- a) Internally, a working group was formed led by a recognised expert in medical education, consisting of a core of six professors of basic and clinical disciplines of what was then called the Faculty of Health Sciences, two clinics of recognised prestige and experience, and the deputy Vice-Rector for Academic Management, Ordinance and Teaching Staff.
- b) Two groups with different profiles were formed as external consultation agents. On the one hand, a group of 30 healthcare professionals from recognised medical institutions was formed. The overall orientation of the curriculum was discussed with them. On the other hand, meetings were held with recent graduates from various Spanish universities during their MIR residence period. Experiences of the clinical training they received at their respective universities were gathered and the various teaching methodologies were contrasted. Much of the information provided for the project was collected and contrasted with members of the Official College of Physicians in Barcelona

The mission, vision and values of the degree programme are provided below:

Mission: *To transform the world of medicine through education, research and knowledge transfer, to benefit society, with support tailored to both students and teaching staff.*

More specifically the mission aims to:

1. Teach medicine in a way that is tailored to each individual
2. Teach students to provide proactive care, while ensuring continuity of care
3. Ensure students can establish a doctor-patient relationship based on empathy, compassion and a vocation to serve,
4. Gain a holistic view of the individual
5. Take a comprehensive approach that includes not only diagnosis and treatment, but also prevention, paying attention to social problems and patient environment, as well as decision-making.

Vision: *To be an international benchmark in medical education, in terms of good quality, professional and human education.*

Values: The values that are consistent with the mission and vision are:

1. Technical and human excellence
2. Professional prestige
3. UIC-specific innovative teaching methodology
4. Attraction and retention of talent

It is considered that both the mission and the educational objectives that derive from it (learning results) are pertinent to the nature of the Bachelor's Degree in Medicine because they will give rise to medical professionals who are:

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- Competent at a basic level and able to take on the functions of medical professionals defined by the health sector since it complies with the requirements of Ministerial Order ECI/332/2008, of 13 February, that establishes the requirements for the verification of official university degrees that enable graduates to practice the medical profession.
- Students who have acquired an adequate basis for studying future degrees in any branch of medicine, since the degree includes 60 ECTS of basic education in the area of health sciences, according to the provisions of Royal Decree 1393/2007, of 29 October, that establishes the organisation of official university education.
- Prepared for postgraduate medical education and committed to lifelong learning, since the Bachelor's Degree corresponds to a Level 3 of the Spanish Qualifications Framework for Higher Education (MECES).
- Able to respond effectively to community healthcare needs and the needs of the health care system because he or she will be an active member of the healthcare system and therefore be public healthcare servants.
- Able to respond to aspects of social accountability in line with the United Nation's Sustainable Development Goals (SDGs). On the one hand, in the degree programme, SDG 3 on Health and Welfare is worked on - *ensuring a healthy life and promoting the well-being of all ages*. On the other hand, the Cooperation and Sustainable Development Management Office, part of the Vice-Rector's Office for the University Community, carries out different activities to raise awareness of the SDGs that are within reach of the entire university community. Since the 2009-2010 academic year, this Office has organised a Cross-Disciplinary Sustainability Workshop in which it works in an interdisciplinary way to deal with issues related to the SDGs. For example, in the last edition of the workshop held in the 2019-2020 academic year, SDGs 3 (Health and Welfare) and 15 (Sustainable Use of Terrestrial Ecosystems) were worked on. See *Evidence documents* for more information.

A table linking the mission, vision and values to specific objectives and indicators, beyond the learning outcomes themselves, is provided as evidence.

In addition to these indicators, the degree programme also has follow-up indicators as set out in the AQU Catalunya Monitoring Guide. These indicators will be presented for each of the standards described in this self-assessment report.

The educational objectives and the actions resulting from the mission are analysed and reviewed periodically both when preparing the quality monitoring reports that are written annually, and at the strategic reviews carried out by the Board on a biannual basis (or yearly when required).

ASSESSMENT OF THE ACHIEVEMENT OF ACCREDITATION STANDARDS

STANDARD 2

Relevance of public information

The institution adequately informs all stakeholders about the characteristics of the programme, as well as the management processes that guarantee its quality.

Self-assessment

Sub-standard		Assessment
2.1	The institution publishes accurate, complete, up-to-date and accessible information on the characteristics of the degree and its operational development	Compliant. Pertinent information is offered on the characteristics of the degree programme and its delivery. Partial information is also offered on the outcomes achieved. The information is clear, readable, aggregated and accessible to all stakeholders.
2.2	The institution published information on academic and satisfaction outcomes	Compliant. The Faculty of Medicine and Health Sciences publishes information on the academic and satisfaction outcomes of the degree programme.
2.3	The institution publishes the IQAS which form the framework for the degree programme and the monitoring and accreditation outputs.	Compliant. The HEI publish the quality policy, the IQAS processes and the elements derived from it for accountability, including the monitoring and accreditation outputs.
Standard Overall Rating		COMPLIANT

Executive summary of Standard 2

The public information offered by UIC Barcelona follows the guidelines of the AQU Catalunya Guide to Monitoring Official Degree and Master's Degree Teaching. In general terms, it is considered that easy access to relevant information on the characteristics and operational development of the degree is guaranteed for all interest groups.

Both content and organisation have improved in recent academic years. Specifically, work has been done to make the website well structured, consistent and contain all the relevant, up-to-date information that allows for easier and intuitive interaction. Given the importance of the website, the information contained in the website is periodically reviewed to ensure that the information provided to the various stakeholders is correct and up to date at all times, and this review allows aspects that need to be improved to be identified, in order to make it consistent.

At the end of 2020 we migrated to a new website structure that is compatible with mobile devices, which means our University's website is at the cutting edge of the Catalan university system.

With regard to the availability of indicators related to the performance of degree programmes, please note that, since the 2016-2017 academic year, UIC Barcelona has had a Transparency Portal (<https://www.uic.es/es/universidad/uic-barcelona/portal-de-transparencia>). This portal provides access to all relevant information on the activities and functioning of the University. In addition, the degree programme indicators can also be found on the internal quality page <https://www.uic.es/es/universidad/uic-barcelona/portal-de-transparencia/informacion-institucional/calidad-educativa/>. To consult the evaluation of

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the indicators on the website you should access the follow-up reports which include an assessment of each of the standards and their indicators. To facilitate this overview, the aggregated information on these indicators is always available in a single section of the website.

Finally, and also in order to ensure transparency, UIC Barcelona publishes an Internal Quality Assurance System (IQAS), which covers this degree programme, on the institutional website. The IQAS includes a set of procedures covering the quality policy, the Quality Manual (AUDIT) and the quality procedures (flowcharts) that are derived from them. Information on the follow-up and accreditation of official qualifications is published on the same page. Specifically, in terms of the accountability of the accreditation process, the self-assessment report sent to AQU Catalunya and the report issued by the Quality Agency after the accreditation visit are both published here.

Based on all the information provided in the previous paragraphs, the overall assessment of Standard 2 is considered to be achieved.

Evidence documents that support the Standard

Assessment of sub-standards

SUB-STANDARD 2.1 The institution publishes truthful, complete, up-to-date and accessible information on the characteristics of the degree programme and its operational development	
Sub-standard assessment	Compliant
WFME Standards	B 1.1.2, B 1.3.8, B 3.1.1, Q 8.1.3

Basically, the information is published through the institutional website which contains general university and degree-specific content. The migration process was completed by the end of 2020 from the institutional website to a new version of the UIC Barcelona website. This website is at the cutting edge of the Catalan university system, since it is the first 100% mobile compatible website, an adaptation which is indispensable in terms of new trends, particularly for our audiences.

In addition, this change has improved the user experience, and navigation is now more defined, while always imagining that interest is the priority for our audiences and stakeholders. In this way, the search engine positioning has been improved by preventing the important pages, such as information about study programmes, from being hidden behind other pages. Specifically, the accessibility and loading times of pages have improved. At the moment, the content has not been modified and is the same as what already existed before the migration. The next project will consist of a content optimisation process that will eliminate any residual pages and update the content where necessary, thus improving the efficiency of the website.

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The public information offered by UIC Barcelona follows the guidelines of the AQU Catalunya Guide to Monitoring Official Degree and Master's Degree Teaching. In general terms, it is considered that easy access to relevant information on the characteristics and operational development of the degree programme is guaranteed to all stakeholders, through the following web pages:

General UIC Barcelona website	http://www.uic.es
Specific webpage studies and programme	https://www.uic.es/es/estudios
Web Quality	https://www.uic.es/es/universidad/uic-barcelona/portal-de-transparencia/informacion-institucional/calidad-educativa/
Specific webpage Bachelor's degree in Medicine	Bachelor's degree in Medicine https://www.uic.es/es/estudios-uic/salud/grado-medicina
Indicators	https://www.uic.es/es/universidad/uic-barcelona/portal-de-transparencia/informacion-institucional/calidad-educativa/
UIC Barcelona Transparency Portal	https://www.uic.es/es/universidad/uic-barcelona/portal-de-transparencia

Given the high importance of the website, the information on the website is periodically reviewed to ensure that the information provided to the various stakeholders is correct and up to date at all times, which is why a check list is completed to verify all the sections (*Evidence document*). Generally, this review is carried out prior to the enrolment period and is analysed by the Quality Committee.

To improve the review of the specific Bachelor's Degree in Medicine webpage, at the end of the 2019-2020 academic year, this role was assigned to a person in the Department who is responsible for defining the procedures for updating each section and contacts those responsible for the various types of contents. During the 2018-2019 and 2019-2020 academic years, aspects that should be improved were identified, and the content was updated to make it more consistent.

The information available publicly regarding external work placements and Final Degree Projectis provided below.

Public information about external work placements – External work placements are one of the strong points of our faculty and it is important that the information is up to date and demonstrates what makes our University different.

Link to the section on external work placements on the UIC Barcelona website	http://www.uic.es/en/studies-uic/node/31161/work-placement
Link to the teaching guides for the external work placement subject taught in the Bachelor's Degree in Medicine	http://www.uic.es/en/studies-uic/node/31161/curriculum

Public information about the Final Degree Project(TFG) – for the Bachelor's Degree in Medicine the Final Degree Project information is up-to-date and consistent with the verification report for the degree programme. Information regarding the assessment of the Final Degree Project can be found in the evaluation section of the Teaching Guide for the subject (<https://www.uic.es/es/subject/7596/2020>), which corresponds to and summarises the articles of the internal Faculty Final Degree Project regulations.

SUB-STANDARD 2.2 The institution publishes information on academic and satisfaction results	
Sub-standard assessment	Compliant
WFME Standards	B 4.4.4, Q 8.1.3

In order to improve transparency and accountability to society, during the 2016-2017 academic Communications Management worked on the UIC Barcelona Transparency Portal (<https://www.uic.es/es/universidad/uic-barcelona/portal-de-transparencia>). This portal provides access to all relevant information about the way our University functions and all the activities it is involved in. Specifically, it is divided into the following sections:

- Institutional information, describing the mission, philosophy and values of the institution, the history and evolution of the university and educational quality
- The strategic plan, which describes the main strategic lines set out for 2015-2022
- Regulations governing the University
- University staff, including statistical data and staffing indicators
- Government, information on the people who govern the University and the details of their functions
- Academic supply and demand, including the course catalogue
- Teaching and research staff, with indicators related to this sector
- Students, including information about students from each degree programme
- Financial information, with the balance sheet and the income statement from the previous tax year
- Research, including indicators of the research work being carried out and access to the various research groups, company-sponsored chairs, institutes and doctoral school.
- Results page, where you can view indicators of academic achievement, student satisfaction, rankings, and employability.
- Report, containing a summary of all the academic activities carried out during the academic year.

With the aim of improving the internal dissemination of the results of satisfaction surveys filled in by medical students, since the 2016-2017 academic year all students are informed, via email, of the percentage of student participation and the level of satisfaction per academic year.

Finally, the indicators published on the internal quality webpage <https://www.uic.es/es/universidad/uic-barcelona/portal-de-transparencia/informacion-institucional/calidad-educativa/> are those set out in the AQU Catalunya Monitoring Guide. These indicators have been validated internally and are applicable to private universities. The assessment of the indicators is included in the assessment of each of the standards. To facilitate the overview, aggregated information is always available on a single section of the website. As an

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improvement, a direct link to the University's IQAS was created on the webpage for each of the degree programmes.

SUB-STANDARD 2.3 The institution publishes the IQAS which cover the degree programme and the results of the follow-up and accreditation	
Sub-standard assessment	Compliant
WFME Standards	B 4.4.4, Q 8.1.3

In order to ensure transparency, UIC Barcelona publishes its Internal Quality Assurance System (IQAS), which covers this degree programme, on the institutional website. You can visit this page without requiring a password, to make it easier for the information to reach the main interest groups. The IQAS includes a set of procedures covering the quality policy, the AUDIT Quality Manual (*Evidence document*), and the quality procedures (flowcharts) that are derived from them.

Information on the follow-up and accreditation of official qualifications is published on the same page. Specifically, to ensure the accountability of the accreditation process, the self-assessment report sent to AQU Catalunya and the report issued by the Quality Agency after the accreditation visit are published on this page.

To facilitate the provision of information to different users, during the 2016-2017 academic year a process was carried out to improve the IQAS website, in order to organise and classify the documents by typology and academic year. Documents are currently classified into the following categories: Internal Quality Assurance System, Teaching Evaluation – DOCENTIA, Follow-up for officially recognised degree programmes, Accreditation of officially recognised degree programmes – Self-assessment reports for accreditation (AI), Reference documents, Accreditation of officially recognised degree programmes – Degree accreditation reports, and other content.

For degrees that have passed the accreditation process, the corresponding accreditation seal is included on the corresponding degree programme website. The plan is that in future academic years, these seals may be used in other types of formats, for example in information dossiers designed for promotional purposes.

ASSESSMENT OF THE ACHIEVEMENT OF ACCREDITATION STANDARDS

STANDARD 3

Effectiveness of the IQAS

The institution has a formally established and implemented internal quality assurance system that ensures the quality and continuous efficient improvement of the degree programme.

Self-assessment

Sub-standard		Assessment
3.1	Sub-standard 3.1 The implemented IQAS involves processes that guarantee the design, approval, follow-up and accreditation of degree programmes	Compliant. The IQAS comprises an implemented process that facilitates programme design and approval, with the involvement of the most important stakeholders.
3.2	The IQAS guarantees the collection of information and relevant outcomes for the efficient management of degree programmes, in particular academic results and stakeholder satisfaction	Compliant. The IQAS has an implemented process that manages the collection of relevant outcomes with the existence of a table of indicators providing complete information on its evolution in time. The IQAS provides for the compilation of information on the satisfaction of students and graduates with the programme of studies.
3.3	The implemented IQAS is periodically reviewed and generates an improvement plan that is used for continuous improvement	Compliant. The IQAS has an implemented process for its revision which is materialised in a report that presents a reflection on the operation of the IQAS and that includes the changes carried out on the system. The enhancement actions of the IQAS are consistent with the revision carried out and are structured in enhancement plans that include the minimum necessary elements to carry out a sufficient follow-up of the implementation of the measures.
3.4	The centre involves its main stakeholders in the monitoring, review and improvement of its degree programme in Medicine.	Compliant. The Faculty of Medicine and Health Sciences usually considers the opinion and participation of its main stakeholders, both internal and external, in the review and improvement of the degree programme.
Standard overall assessment		COMPLIANT

Executive summary of Standard 3

The UIC Barcelona Internal Quality Assurance System (IQAS) is designed in accordance with the AUDIT model to comply with the legal requirements and quality standards established by AQU Catalunya, in order to: design and approve official degree programmes (verification process); periodically carry out the internal assessment (follow-up); process substantial amendments to the programme (amendments) and renew accreditation. Stakeholder participation is essential in all processes.

Moreover, the IQAS established more than a decade ago guarantees the collection of information and relevant outcomes to monitor the quality of the degree programme and propose necessary actions that favour its continuous improvement. Quantitative and qualitative indicators derived from implementing the IQAS are considered to be evidence. The IQAS is regularly reviewed within the Quality Committee and an improvement plan is drawn up that is approved and executed by the Faculty Board. The self-assessment report provides

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information and evidence on the involvement and integration of stakeholders in the review and improvement of the programme.

It is particularly concerned with collecting academic learning outcomes and measuring stakeholder satisfaction levels.

The Innovation and Educational Quality Service (SIQE), within the framework of the Quality Manual (AUDIT), has established the procedures necessary to measure the degree of satisfaction of the following stakeholders, in accordance with the faculties: Students (Satisfaction surveys per semester and some individual surveys by subject), teaching and research staff (PDI), administration and service staff (PAS), employers and graduates (AQU adapted surveys). The methods used to measure satisfaction are considered appropriate for each stakeholder and provide sufficient and necessary information for improving the quality of the degree programme.

Student satisfaction is an essential consideration for the degree programme and to improve it, a specific Vice-Dean's Office for Students and Quality has been created, one of whose specific objectives is to improve the actual and perceived satisfaction of students. Each academic year, participation in the surveys that measure students' satisfaction with teaching staff increases, with 30% participation in the 2018-2019 academic year, representing 5,519 completed surveys. In recent years, it has always exceeded the 4/5 mark as an average for all courses.

In addition to taking a quantitative measure of satisfaction, internal mechanisms for a qualitative assessment have also been established, for example, by setting up a student reference group or conducting educational climate surveys. We would like to emphasise that, given the circumstances of the health crisis, mechanisms have also been developed to quantify student satisfaction with how online learning was managed during the lockdown between March and June 2020.

The IQAS also establishes mechanisms for measuring PDI satisfaction, which also shows positive results in line with that of students. PAS are also asked about their degree of satisfaction, although the 2020 survey was not circulated due to the pandemic.

Finally, employers' and graduates' degree of satisfaction is also measured, in both cases following the model developed by AQU Catalunya. In the case of the employers, the Agency published a sectoral study, the conclusions of which are completely aligned with the strategic objectives of the Bachelor's Degree in Medicine. On the other hand, graduates' satisfaction increased in many respects, in the final academic year, a fact that indicates how the actions taken to improve communication and student involvement are fruitful. Therefore, we hope that the measures taken to optimise student support, workload reviews, guidance on the Final Degree Project and improving administration services will also increase the probability of student retention.

Another indication of satisfaction are the suggestions, complaints and objections that are studied in depth by the Faculty Board and the Student Ombudsman, if necessary, in order to provide a rapid and effective response and to establish improvement actions that aim to prevent them occurring again.

The requirements of Standard 3 are deemed to be met by all of the above outlined in this summary.

Indicators

The following indicators have been used to assess this Standard:

- Student satisfaction
- Graduate satisfaction
- PDI satisfaction
- PAS satisfaction

Evidence documents that support the Standard

Sub-standard assessment

SUB-STANDARD 3.1 The implemented IQAS involves processes that guarantee the design, approval, monitoring and accreditation of degree programmes	
Sub-standard assessment	Compliant
WFME Standards	B 2.7.1, B 4.4.2, B 4.4.3, B 4.4.4, B 4.4.5, B 5.1.1, B 5.1.3, B 7.1.1, B 7.1.2, B 7.1.3, B 7.1.4, B 7.1.5, Q 7.1.1, Q 7.1.2, Q 7.1.3, Q 7.1.4, Q 8.4.1, B 9.0.1, B 9.0.2, B 9.0.3, Q 9.0.1, Q 9.0.2, Q 9.0.3, Q 9.0.4, Q 9.0.5, Q 9.0.6, Q 9.0.7, Q 9.0.8, Q 9.0.9, Q 9.0.10, Q 9.0.11, Q 9.0.12

The Spanish regulations governing the internal and external procedures assessing the quality of official Bachelor's Degrees, University Master's Degrees and doctoral degrees is Royal Decree 1393/2007, of 29 October, which establishes the structure of official university education. In line with this regulation and with European quality standards, AQU Catalunya, the Catalan University Quality Assurance Agency, has established a series of guidelines for carrying out verification, follow-up, amendment and accreditation procedures for official degree programmes.

The UIC Barcelona Internal Quality Assurance System (IQAS) is designed in accordance with the AUDIT model to comply with the legal requirements and quality standards set by AQU Catalunya in the above-mentioned guidelines. So much so that AQU Catalunya has validated the university's IQAS so that it can be replicated across all faculties.

The IQAS has clearly defined procedures that establish the parameters for designing and approving degree programmes (verification process), for periodically carrying out internal assessments (follow-up), for processing substantial amendments to the degree programme (amendments) and for renewing the accreditation. The periods in which these procedures can be carried out and the duties of each department involved are well established, as is the evidence to be generated in each part of the process. The faculties receive specialist support from the Innovation and Educational Quality Service (SIQE), under the Vice Rectorate for Planning and Quality, in order to carry out these processes.

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Creating a new degree programme involves consulting internal and external stakeholders, as provided for in the Verification Report. In the verification process, the Faculty Board are responsible for initially approving degree programmes. Then, following a report by SIQE, it is submitted to the Board of Governors. Finally, it is subject to the decision of the University's Board of Trustees.

The follow-up procedure proposed at UIC Barcelona aims to assess the development of its teachings by analysing quantitative data and indicators; developing, if necessary, improvement proposals to correct the discrepancies observed between the design of the degree programmes and their reality, and, if necessary, to request an amendment. For each of the degree programmes, an indicator evolution table (*Evidence document*) is available. We can confirm that the follow-up procedure, implemented and developed according to AQU Catalunya guidelines, is fully consolidated: The centre's Quality Committee has met for the eleventh year running and it has developed a complete Improvement Plan that provides a deadline and manager for each action, and is responsible for tracking the status of the actions (*Evidence document*).

The IQAS also supports the process of renewing degree programme accreditations. At UIC Barcelona, the accreditation process is the natural continuation of the annual follow-up by the Quality Committees from each centre, where stakeholder representatives participate. The accreditation procedure – flow chart and monitoring of official degree programmes (*Evidence document*) can be consulted as evidence. It is important to note that for follow-ups after the first accreditation renewal, special attention has been paid to the recommendations made by the External Assessment Committee (*Evidence document: Follow-up analysis recommendations accreditation assessment agency*).

The accreditation process already has 15 accreditation visits at university faculties. Specifically, the Bachelor's Degree in Medicine passed the accreditation process during the 2014-2015 academic year with a favourable assessment, having taken place on 12 February 2015. The following evidence document can be found in the shared folder: Self-assessment report accreditation Cycle 1_FMCS; FMCS accreditation visit report, and Bachelor's Degree in Medicine accreditation report.

SUB-STANDARD 3.2 The IQAS guarantees the collection of information and relevant outcomes for the efficient management of degree programmes, in particular academic outcomes and stakeholder satisfaction	
Sub-standard assessment	Compliant
WFME Standards	Q 2.8.1, B 7.1.1, B 7.1.2, B 7.1.3, B 7.1.4, B 7.1.5, Q 7.1.1, Q 7.1.2, Q 7.1.3, Q 7.1.4, Q 8.4.1, B 9.0.1, B 9.0.2, B 9.0.3, Q 9.0.1, Q 9.0.2, Q 9.0.3, Q 9.0.4, Q 9.0.5, Q 9.0.6, Q 9.0.7, Q 9.0.8, Q 9.0.9, Q 9.0. 10, Q 9.0.11, Q 9.0.12

The IQAS guarantees the collection of information and relevant outcomes for monitoring purposes and to propose necessary actions that favour its continuous improvement. Quantitative and qualitative indicators derived from implementing the IQAS are considered to be evidence. The following information expands upon the academic learning outcomes and stakeholder satisfaction:

3.2.1 Academic learning outcomes

The quantitative collection of indicators on learning outcomes is carried out by the Innovation and Educational Quality Service (SIQE) as part of the IQAS procedure in reference to follow-up.

In order to be able to analyse how the data evolves, a table of indicators is drawn up annually that accumulates the data of previous academic years (*Evidence document*). On the other hand, from the Academic Management application, to which the Faculty office managers have access, concrete data on students' academic performance can be extracted and organised according to different criteria (subject, academic year, etc.).

The assessment systems aim to check whether the expected learning outcomes are met and are reviewed by the department directors and the Vice-Dean's Office for Academic Ordinance. Subject heads should focus the assessment on the learning outcomes that have been proposed and ensure that students achieve them by the end of the academic year.

Thanks to the teacher coordination structure discussed in Section 1.4 of this self-assessment report, students' learning outcomes can be assessed according to semester, academic year and subject. The specific data are presented at assessment meetings and are also discussed at meetings with student representatives.

As explained in Section 6.2. of this self-assessment report, at the end of the Bachelor's Degree, each student is given two competency reports, one for their clinical competency level achieved and the other for their research competency (*Standard Evidence document 6.2*), as well as their overall outcome. The two reports cover the majority of the bachelor degree's competencies and help the student recognise the learning outcomes they have achieved in these two main areas: Basic clinical competence demonstrated during the final year of the Bachelor's Degree and research competence, obtained by writing, presenting and defending of the Final Bachelor's Degree Project. The results are analysed as a whole and presented to the Faculty Board and are reflected in the Quality Committee's annual academic performance report.

Thanks to these reports and follow-up, we are confident that we are graduating competent professionals, which is also corroborated by the results students obtain on national objective tests. In the cumulative calculation of the seven graduate classes, we found that 99.2% of our graduates that sat the MIR examination exceeded the cut-off mark required to obtain specialised training in the public healthcare system.

According to a report from the Ministry of Education, Culture and Sport, Medicine students from UIC Barcelona are among the highest ranked in terms of academic performance on degree programmes in Medicine in Spain. This news article was published in 2015 with a performance of 95% and in September 2020 with a performance of 97.7%.

News article 1 from 30 July 2015

<https://www.eleconomista.es/universidades/noticias/6907971/07/15/-UIC-Barcelona-encabeza-el-rendimiento-academico-de-los-estudiantes-de-Medicina-en-Espana.html#:~:text=El%20Grado%20en%20Medicina%20de,obtiene%20una%20tasa%20del%2096%20%25>

News article 2 from 30 September 2020

<https://www.lavanguardia.com/vida/20200930/483766269016/la-facultad-de-medicina-del-uic-lidera-el-mayor-rendimiento-de-espana.html>

3.2.2 Stakeholder satisfaction

The Innovation and Educational Quality Service (SIQE), within the framework of the Quality Manual (AUDIT), has established the procedures necessary to measure the degree of satisfaction of the following stakeholders, in accordance with the faculties: *Students (Satisfaction surveys per semester and some individual surveys by subject), teaching and research staff (PDI), administration and service staff (PAS), graduate employers and graduates (AQU adapted surveys).*

A list of all the instruments used at UIC Barcelona to ascertain the satisfaction of the different stakeholders is provided as evidence in table format. The following information is provided about each instrument: Service responsible for the instrument, public surveyed, status (active/in design), survey model (AQU/internal), format (online/face-to-face/telephone), frequency, date of survey, entity responsible for the data analysis and to whom the results are submitted. (*Evidence document*)

The methods used to measure satisfaction are considered appropriate for each stakeholder and provide sufficient and necessary information for improving the quality of the degree programme.

In addition to the description of the instruments used, an assessment of the results obtained is provided below.

3.2.2.a A measure of student satisfaction

Student satisfaction is an essential consideration for the degree programme and to improve it, a specific Vice Dean's Office for Students and Quality has been created, one of whose specific objectives is to improve the actual and perceived satisfaction of students.

SATISFACTION SURVEYS FOR ASSESSING TEACHING STAFF

The following table shows the evolution of the main indicators of the student satisfaction surveys: Percentage of participation and average satisfaction obtained by PDI as a whole.

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Student satisfaction indicators		2014-2015 academic year	2015-2016 academic year	2016-2017 academic year	2017-2018 academic year	2018-2019 academic year	2019-2020* academic year
% of student participation in completing satisfaction surveys	First year	23.00%	21.51%	22.61%	35.01%	52.04%	65.68%
	Second year	12.50%	17.33%	24.58%	17.80%	37.60%	67.26%
	Third year	23.74%	21.15%	35.27%	29.49%	21.26%	22.18%
	Fourth year	22.61%	16.21%	28.94%	27.89%	26.03%	11.43%
	Fifth year	32.44%	18.41%	20.76%	15.91%	22.75%	20.08%
	OVERALL	22.47%	18.88%	26.44%	23.37%	30.65%	
Average obtained by all PDI in satisfaction surveys	First year	4.19	4.20	4.06	4.14	4.04	4.22
	Second year	4.02	4.09	4.17	4.09	4.13	3.89
	Third year	3.89	3.73	3.95	4.12	4.10	4.15
	Fourth year	4.16	4.34	4.09	4.30	4.15	4.32
	Fifth year	4.36	4.31	4.04	4.14	4.30	4.19
	OVERALL	4.12	4.14	4.03	4.17	4.13	

NOTE The values given for the 2019-2020 academic year only refer to the first semester, since in the second semester a specific survey was carried out to assess the adaptation of classroom teaching to non-classroom teaching due to the extraordinary situation caused by the COVID-19 health crisis. Therefore, these results are not comparable with the results obtained in previous years.*

The following is a detailed analysis of the results obtained during the 2018-2019 academic year, the last year from which complete data was obtained, because the 2019-2020 academic year was affected by the pandemic. The annual follow-up reports show the results and analyses carried out in previous years, as well as the small improvements that have been included in the management and drafting of these satisfaction surveys.

Results

It is important to note that while 30% participation may seem low, it corresponds to a large number of surveys, (5,519 in total) for this particular academic year. This has been a general trend in recent years.

Sixth-year students are excluded from the analysis, as 52 ECTS out of the whole year are undertaken at external supervised work placements, for which the degree of satisfaction is monitored continuously throughout the year. And for the Final Degree Project (8 ECTS), each student assesses his or her own tutor. These data are not comparable with other assessments (see reflection in Sub-standard 6.3). The assessment and degree of satisfaction with the sixth academic year are assessed and studied in the context of specific meetings for these two subjects. They are also presented at work placement meetings and the results are submitted to each centre (CPT and members of the Joint Committees) with comparative data on specialities and centres. *(Evidence of information provided to work placements centres 2018-2019 and 2019-2020)*

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2018-2019 academic year	Semester 1	Semester 2	Total
Teachers assessed	84	96	180
Surveys submitted	3,184	2,335	5,519
Average degree of satisfaction out of 5	4.16	4.10	4.13
% participation	38.64%	23.87%	30.62%

Teaching staff analysis

75% of teachers have obtained assessment scores above 4 (out of 5) and only 4% have been scored below 3 (out of 5).

	Number of teachers surveyed	First year	Second year	Third year	Fourth year	Fifth year
Score obtained out of 5	180	28	30	37	42	43
>4.5	45	2	8	9	11	14
4 - 4.49	90	18	12	19	20	20
3 - 3.99	37	6	7	7	10	8
<3	8	2	3	2	1	0

Analysis by academic year:

All academic years have an average score of more than 4. This is considered appropriate and in line with the planned objectives. Even with these positive scores, there is still room for improvement in two areas, which are methodologies and teaching activities and clarity of explanations, in later academic years in particular. In concrete terms, students would like to optimise the support and services they can access outside the classroom. It is considered necessary for teaching staff to continue their training in active teaching methodologies. The teachers' welcome sessions that offer training in methodologies and activities have been maintained, as explained in Section 4.3

Analysis by subject

The assessments and results by subject can be seen in the table as evidence of the student satisfaction results. This comprehensive analysis is very useful for assessing the evolution of each subject manager's results with them, and can be compared with previous academic years. Any negative results are reviewed in the meetings, identifying the causes and suggesting possible solutions or actions for improvement.

Actions following the assessments:

In the Bachelor's Degree in Medicine, a comprehensive follow-up of satisfaction surveys is carried out. At the end of the semester, the Vice-Dean for Teaching Staff discusses the surveys of the teachers that have been assessed with each subject director and compiles the proposals for improvement that arise from these meetings. After reviewing the results with the subject directors, they are presented to the Faculty Board and also to the group of student representatives.

Following this review, the following improvement actions were proposed for the 2019-2020 academic year:

- To determine specific training activities to improve teaching staff's skills
- To reduce or extend teaching posts or staff recruitment
- To propose to teaching staff the methodology that best suits his or her teaching skills.
- In some cases, this has meant that specific teachers have been removed from their post.
- In the case of teachers from other departments, decisions are made in a coordinated manner with the directors of those departments.

QUALITATIVE MEASURE OF SATISFACTION - STUDENT REPRESENTATIVES

It is not enough to only measure satisfaction with teaching staff through surveys, as has been presented in the previous section. It is also interesting to know students' needs, interests and points of view in a qualitative regard, with respect to academic and university life in general. In order to do so, the following actions have been proposed:

- **Formation of a "Medicine Student Representatives" group** composed of representatives and deputy representatives from all academic years and members of the AEMiCS (the Medical and Health Sciences Students Group) student group. This group meets with the Vice-Dean and the student secretariat at least three or four times throughout the year and at the request of members, as needed. The dean of the Faculty often attends.

The four objectives for these meetings are:

- To give students a voice and central role
- To gain greater student involvement in decision-making at the faculty
- To come up with ideas for creating and maintaining a positive educational climate
- To prioritise aspects that must change from the students' point of view

In short, we seek "student engagement of students" through greater involvement in matters related to the degree programme and the university, achieving a collaborative output among all academic years.

This creates an institutional culture and a framework for meeting and dialogue, improving channels of communication between students and the degree programme.

They have been involved in decisions such as reviewing proposals of the teachers to be assessed; agreeing on dates for partial and final examinations; reviewing timetables and workloads, etc. thus helping to improve the educational climate, the quality of the environment and spaces, as well as giving them positive feedback on the actions carried out for the benefit of all.

Through these formal meetings and constant communication with representatives (face-to-face, online or over the telephone), the information reaches all academic years and the progress and

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improvements made during that academic, or during others, is made known. When it comes to a general topic of discussion, the views of representatives from all academic years are taken into consideration.

The first survey of the perception of the student representative group, as well as the improvement actions and their prioritisation, was carried out by means of the "Nominal Group" technique. This made it possible to detect multiple improvement proposals in almost all areas of the university, not only in terms of teaching, but also in terms of climate, services, etc. (*Evidence document: Priorities suggested by student representatives*)

In these meetings with student representatives, they receive information and the aim is to achieve horizontal dissemination of that information among all other students.

- **Communication of needs detected in engagement meetings:** All the information gathered in meetings with Medicine student representatives using the "Focus Group" technique and in subsequent meetings, is delivered to the facilities and services involved: The Vice-Rectorate for Students, for matters related to enrolment and grants; Student Services to coordinate activities and provide general support to students on campus; the Library; the IT Service to train representatives in the use of classroom rack systems; Hospitality for aspects related to improving the catering service such as more microwaves, bins, longer opening hours, more vending machines, etc.; with the Campus Manager and General Management for aspects more related to communal spaces, classrooms, etc.
- **Holding regular meetings with representatives.** In addition to formal meetings in the group of student representatives, the latter meet both the course coordinators and the Vice-Dean for Students whenever necessary and at least three times a year, to discuss aspects specifically related to their academic year. If the topic is drawn out for longer than one academic year, then it is discussed at the "Representatives" meeting.

QUALITATIVE MEASURE OF SATISFACTION - EDUCATIONAL CLIMATE STUDY

In the 2018-2019 academic year, a questionnaire was sent to all years to investigate the educational climate on the Bachelor's Degree (DREEM Survey by the University of Dundee) (*Evidence document*).

The survey assesses 5 areas:

- Perception of teaching
- Perception of teachers
- Academic self-perception
- Perception of the environment
- Social self-perception

More than 75% of first-, second- and fourth-year students, 70% of third- and sixth-year students and 60% of fifth-year students participated. The areas with the greatest potential for improvement were identified and

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presented to the Board of the Faculty of Medicine and Health Sciences and at the representatives meeting in order to initiate actions throughout the year (*Evidence document: PPT presentation of results*). The survey is expected to be repeated across all years of different disciplines in the second half of the 2020-2021 academic year, to see if improvements have been made in the areas that were identified, and for which ones actions has been taken.

Some areas and aspects that have been worked on to improve the climate: Agreed upon with students: best dates for teacher evaluation, exam dates per academic year, timetable adjustments, breaks, class catch-up for various reasons, etc.

- The results of teacher satisfaction surveys are reviewed overall and by academic year.
- Marks are reviewed by academic year.
- The information they consider relevant from their point of view is made known in the assessment meetings.
- The results obtained from the climate surveys (Evidence of educational climate through questions) are reviewed. Results from the 2018-2019 academic year are compared with those obtained in the 2013-2014 academic year and the most urgent actions are given priority.
- The Student-Mentor programme is being developed to help integrate new students, with a special interest in foreign students.
- They are informed regarding any changes to the mission, vision and values of the degree programme.
- Motivation to pass on interesting news and incorporate it into the newsletter.
- Assessing student loyalty actions for students from the second year onwards.
- Follow-up of volunteer activities during the first wave of the COVID-19 pandemic.
- Improvements to the use of study rooms and the Library.
- Online discussion regarding each year group's situation during the move to online teaching due to lockdown measures.

Furthermore, efforts are being made to focus the actions of the Vice-Dean's Office for Students on detecting weaknesses and proposing improvements that have a direct impact on enhancing the educational climate. Full advantage is therefore taken during Engagement meetings with the Medicine Representatives.

QUALITATIVE MEASURE OF SATISFACTION - COVID-19

At the end of the 2019-2020 academic year, the degree programme wanted to gather information on students experience by carrying out a qualitative study with student and teacher focus groups and a mass survey of students from all years.

Neither students nor teachers had time to adapt to the change in teaching, nor had they been able to acquire sufficient skills to impart classes online. In addition, society was under lockdown for more than three months.

We reached the following conclusions: Online teaching must preserve and improve key aspects of learning, such as motivation and student participation at all levels. Key elements in organising teaching are important, such as planning, good coordination, ensuring proper communication between degree programmes, teachers and lecturers, and that there is pedagogical coherence between what is taught and the methodology used. It is also important to rethink the ways in which new resources could be used to achieve learning outcomes and review assessments. Also, to carry out activities that favour time management and the

relationship between teacher and student and, above all, to check that both parties can cope with the workload.

Therefore, we conclude that it is important to adapt teaching methodologies and online resources to facilitate the learning process, and to maximise the implementation of online teaching in a synchronised way, providing both teachers and students with training on online teaching methods. Two articles have been written following this study, one of which has already been published and the other is pending publication. Our evidence includes two articles published in the wake of the pandemic (*Evidence document*).

3.2.2.b Measure of student satisfaction – Student suggestions, complaints and grievances

Assessment of the mechanisms for recording incidents and grievances

The university has a computer application available to the entire university community which is accessible from the University's website and used to formally record suggestions, complaints and grievances as outlined in the established procedures provided as evidence (*Evidence document*). In addition, the Student Ombudsperson is available to all students to discuss issues that they do not want to deal with directly with the Faculty.

However, given the importance we place on approachability and personalised student support at our University, many complaints and grievances are brought up in one-on-one conversations, which makes it more difficult keep a formal record of them in the above-mentioned application. It is an area for improvement that we intend to work on in the coming academic year, with a view to maintaining a unified record of suggestions, complaints and grievances made by students, PDI and PAS. Once we have a unified record and we are able to leverage the platform provided by the University, it will make it much easier for us to identify areas with the greatest potential for improvement and which areas we need to prioritise.

The past two academic years have seen more changes in PAS than desired. These changes in administration and service staff have resulted in slower and less accurate responses to the demands or needs of students, and has led to a low assessment by students in relation to the support they receive from the Faculty, as detected in the educational climate survey and the graduate survey.

On the one hand, this leads us to take urgent action in the 2020-2021 academic year to improve training of new PAS employees by distributing workloads, looking into the causes of frequent staff changes and enhancing improvements to the climate and PAS retention in the Department. On the degree programme, we know that this area of improvement is a key priority due to of the high visibility of administrative and logistical incidents. These are frequently discussed among students and are taken on as a personal judgement even if they have not personally experienced the grievance.

In the surveys on educational climate, some discontent was noted both in terms of student services and the lack of a satisfactory response to general complaints. The truth is that all complaints we receive are dealt with by the Faculty Board if necessary. Therefore, as an area of improvement, we propose to improve communication and information regarding the actions implemented in order to avoid students' negative evaluation.

Assessment of suggestions, complaints and grievances received in the last two academic years.

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Complaints and grievances handled directly by the Faculty Board, from out of approximately 600 students, have been:

- 2018-2019 academic year: 100 records (59 administrative incidents, 38 grievances, 3 comments of appreciation focused on the management of student work placements and mobility)
- 2019-2020 academic year: 116 records (93 administrative incidents, 23 grievances)

The reasons for most frequent complaints and incidents are:

- Timetables: Timetable planning issues, classroom allocation, difficulty catching up following teacher absences
- Attendance: Absence or late arrival of students or teachers to core subjects
- Work placements: Student absences or late arrival to work placements. Mistakes in information or scheduling
- Students: Incidences related to marks, transcripts, or exams
- Facilities: Insufficient power outlets, climate and temperature of the classrooms, noise outside the classroom, rest areas, cafeteria opening hours that are not adapted to Medicine degree programme's timetable.
- Other miscellaneous reasons: Requests for group changes, complaints regarding the price of credits, grievances among students regarding marks, teacher changes without prior notice, matters regarding graduation and ORLA, change of choice in optional subjects.

Alternatively, incidents recorded by the Student Ombudsperson (see *Evidence*) in the last two academic years are:

- Facilities (35 in total): Air conditioning, Library opening hours over the holidays, access to the Library for non-UIC Barcelona members, non-smoking areas, cleaning service, vending machines.
- Academic concerns (7): Dissatisfaction with the correction of examinations, changes to reports, changes to the assessment system, complaints regarding the examination methodology.
- Economic (3): Grants

3.2.2.c A measure of PDI satisfaction

Since the 2013-2014 academic year, the University's Innovation and Educational Quality Service (SIQE) has been conducting a survey to measure teaching staff satisfaction levels, which is aligned with the AQU Catalunya design. This survey is circulated every two years. It was first sent out during the 2013-2014 academic year and underwent a slight update in the 2017-2018 academic year.

Please note that there is a certain amount of crossover with the points featured on the PAS survey. This helps to establish a comparison in the level of satisfaction felt by these two stakeholders in relation to:

1. Training policies and actions
2. Internal communication mechanisms

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3. External services (stationery and book shop, cleaning, cafeteria and restaurant, photocopying service and copy shop)

In the 2019-2020 academic year, the survey was issued for the fourth time and incorporated several atypical aspects related to online teaching, a measure that was imposed suddenly due to the health crisis by COVID-19.

Before going into detail about the results obtained in this latest survey, it is important to emphasise that overall, PDI satisfaction levels have improved in comparison to the previous 2017-2018 academic year survey, with levels now above 4, measuring 4.07. By comparing the responses to each point, we can say that 16 of the 20 points in the survey have improved in this latest edition, and can therefore be rated as very positive. The points showing the most relevant improvement are: Support for teacher innovation and mechanisms for collecting information regarding student satisfaction levels. (*See Evidence document: survey comparison PDI 2017-2018 and 2019-2020.*)

A total of 69 permanent staff or associate teaching staff/lecturers from different departments teaching on the Bachelor's Degree in Medicine (61% lecturers from the Department of Medicine), the majority of whom have been working for more than five years with UIC Barcelona (62%), responded to the survey. Overall, satisfaction level improved by 0.24 points (out of a maximum of 5) from 3.83 points in the 2017-2018 academic year to 4.07 points in the 2019-2020 academic year.

With regard to management and organisation, teaching staff feel that they receive satisfactory support from the Board of the Faculty of Medicine and Health Sciences; the channels for communicating with other teaching staff members and with the Department are good, with opportunities and ways to propose improvements, and there is a positive perception of the improvements being implemented. They also feel there is adequate management of the curriculum and teaching on the subjects, in a manner appropriate to the competences to be acquired. They also positively assess support for teaching innovation and PDI training actions, achieving a score of 3.93.

They positively value the support provided by administration and service staff, the facilities and material resources for teaching, and public information circulated by UIC Barcelona. External services such as the cafeteria, cleaning, copying or parking (noted in the space reserved for comments) score just below 4 (3.99).

In general, they demonstrate good overall satisfaction with the development of the degree programme, with a score of 4.10, the lowest score for the subsections being 3.72.

With regards to students, they consider the prospective student profile to be correct, although they score the level of student involvement, academic performance, or support they receive outside the realm of teaching, at just below 4.

We believe that the teacher training plan implemented with actions supporting teaching innovation and specific actions to improve affiliation with the programme, carried out by the Vice-Dean's Office for Teaching Staff, have contributed to the improvements evidenced in this survey.

With regard to the specific section on the measures implemented in the wake of the current pandemic, teachers have positively assessed institutional communication to PDI and students; coordination and communication with the Department of Medicine; the guidelines and teaching criteria established by the Department and the follow-up of online teaching by the person assigned to oversee it. Personal satisfaction with the adaptation to online teaching and the degree of follow-up and students' achievement of competences is scored at 3.98 and 3.94, respectively. The lowest scores, all of them higher than 3.85, are observed in the

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methodological support for adaptation to online teaching, technical IT support and the support and mechanisms available for online assessment of students.

We understand that all of this needs to be assessed very positively given the context of necessary immediacy as we adapt to changing circumstances, and responds to the actions that were carried out by from the Faculty of Medicine and Health Sciences Board and SIQE, aimed at training and supporting teachers. The Bachelor's Degree managed to continue teaching at a time when other faculties of medicine had to suspend classes due to the situation faced by teachers who are also doctors or healthcare professionals who spent the pandemic working in healthcare centres. UIC Barcelona made a very intensive support effort and enabled tools to facilitate and continue high-quality teaching in a complex situation (e.g. tools to monitor students during online examinations).

As an example, we would like to add an exact quote of the following comment from one of our lecturers: *"From my perspective, looking at the success of the subject I am involved in. The response from both teaching and management staff in the face of the pandemic has been excellent, although it has taken us to an unexpected extreme. But it has been solved with great professionalism and adaptability. In addition, with this change of perspective and the need to find a series of new objectives and activities to provide students with the knowledge they need, maintaining the high quality of teaching for which we are known, we have gained activities that we deem valuable to include in on-site classes next year. It has been a different and difficult year, but one that has brought us positive experiences on an academic level. All this would have been almost impossible without all the support we have received in the form of courses and seminars to quickly learn how to work online."*

The appointment of a secretary for teaching staff, not only for to follow-up on incidents, but also to support them in the use of online and virtual resources and especially for support with online teaching, has helped to improve teacher satisfaction levels to provide them with quick and easy-to-follow response to their questions.

3.2.2.d A measure of PAS satisfaction

As foreseen in the procedure for gathering information regarding satisfaction and opinion of UIC Barcelona stakeholders, the survey directed to the administration and service staff (PAS) is carried out every two years.

The survey was scheduled for July 2020. However, in the face of the exceptional circumstances experienced at the time due to the COVID-19 pandemic, General Management decided to delay it a few months and wait for some normality to return regarding the running of the University. As of 30 January 2020, when this self-assessment report was submitted, the evolution of the health crisis meant it was still not advisable to carry out this survey as the results would not be comparable with previous surveys. Where possible, the results report will be sent to the External Assessment Committee prior to the accreditation visit.

Therefore, the results of the PAS satisfaction survey conducted in 2018 (2017-2018 academic year) have been analysed. The survey was sent on 21 June 2018 and was available for completion until 29 June. A total of 323 PAS completed the survey, resulting in a high participation rate (59%), which gives us statistically significant data.

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The survey is designed with five different blocks and a total of 40 questions, with qualitative assessments (from “strongly disagree” to “strongly agree”). The blocks of questions are divided as follows: In my job; Relationship with my team; Relationship with my manager; About UIC Barcelona, and Overall Satisfaction. Unlike the 2016 survey (2015-2016 academic year), the field reserved for comments and observations has been designed to encourage participants to suggest a maximum three areas for improvement. This change led to an increase in the number of comments.

The survey is completely anonymous and, in addition to the only fields of identification used in the previous survey (Campus and PAS affiliation), we added years of service, which allows us to distinguish PAS satisfaction levels according to how many years they have been working at UIC Barcelona.

The main findings and overall results that can be drawn from the survey are presented below:

The PAS satisfaction rate from the 2018 survey is similar to that of survey carried out in 2016. Here is the comparison of satisfaction levels in the different blocks:

QUESTION BLOCK (out of 5)	Average satisfaction 2015-2016 academic year	Average satisfaction 2017- 2018 academic year
In the job	4.36	4.40
Relationship with the team	4.06	4.11
Relationship with the manager	4.00	3.83
About UIC Barcelona	3.83	3.69
Overall satisfaction	3.59	3.51

By analysing point by point, the aspect that scored the highest is related to one's own tasks and professional activity in the workplace. Both the best and worst-rated aspects are the same as in the 2016 survey.

The highest level of satisfaction is found among PAS who have been working at UIC Barcelona for less than five years. The comments allow us to see different concerns according to the profile of the PAS staff member, but in general make reference to: Timetables, human resources, the UIC Barcelona governing bodies and internal processes and training.

The following is a brief overview of the main areas for improvement identified in the 2018 survey and the actions taken.

- a) Promotion of internal communication between PAS and of UIC Barcelona's actions and institutional strategies that help improve the working climate. Communication and transparency of the PAS Policy, mainly in terms of promotion, assessment, mobility and wages, UIC member benefits: The PAS performance assessment process, known as UIC Conversation, can help improve communication. (*Evidence document*)

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- b) Training for PAS working at faculties on our Sant Cugat Campus: The training process is currently under review to facilitate the incorporation of improvements.
- c) Flexibility in terms of working hours for PAS staff on our Barcelona Campus: The flexible working day is to be applied by all PAS working at the University once normality is restored following the pandemic.
- d) Actions to improve the Barcelona Campus' cafeteria service: At the end of the 2017-2018 academic year, the catering company that supply the Barcelona Campus' cafeteria made notable improvements to their service.

3.2.2.e A measure of employer satisfaction

Measuring employer satisfaction is useful to be able to ensure each degree programme is adapted to the needs of the professional sphere. As such, AQU Catalunya regularly conducts studies to ascertain employers' perceptions of recent graduates' skills and university education. The first study was carried out in between 2014 and 2016 and a subsequent study focused on the 2017-2019 period. The same study for the 2020-2022 period is now under way. Detailed information can be found at <https://www.aqu.cat/es/analisi-y-datos/opinion-empleadores>.

AQU Catalunya has conducted these studies in the form of surveys adapted to different sectors, including Medicine. This differentiation has enabled them to collect more accurate information on the competency needs of each sector, as well as employer satisfaction with recent graduates in relation to the acquisition of these competencies whilst learning. The aim of the study is to help universities develop policies to improve the university system in terms of their academic offer and study programmes, and thus bring university education closer to the real and current needs of the labour market.

Incorporating medicine into these studies has helped us to find out which needs are identified by employers and after reviewing the findings of these studies, the Faculty Board has been able to confirm that the UIC Barcelona programme is fully aligned with the identified competency needs and encourages us to continue to advance the intensive learning in the general competences of a humanistic, management, leadership, teamwork and multidisciplinary nature.

The 2014-2016 study for Medicine concluded that:

<https://www.aqu.cat/es/analisi-y-datos/opinion-empleadores/opinion-empleadores-2014-2016/empleadores-medicina-2014-2016>

- *According to the data from the study, learning challenges for the next few years should integrate learning methods that allow students to develop competences related to the practical and humanistic dimension of the profession: planning and time management, efficient use of resources, communication, teamwork and a positive attitude.*

The main findings from the 2014-2019 study, as shown in the report *Employer perceptions of the education of resident internal doctors (MIR)* (AQU, Barcelona, 2020), are:

- *If they were to choose, they would assess the personal, social and cognitive competences of the job candidates.*

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- *As regards cross-disciplinary competencies, as in other university degree programmes analysed, problem solving and decision-making is the competence in greatest need for improvement (73%). Next follow the ability to work independently (63%) and responsibility at work, in teamwork and learning (all three to 50%).*
- *Competences related to new technologies (telemedicine and artificial intelligence), communication and empathy with patients will become more important in the future. Teamwork, shared decisions, multi-disciplinarity and resource management will also be important.*
- *In relation to specific competences, 69% of centres consider that there is a lack of critical spirit with regard to professional practice and the search for continuous improvement. Next follow the adequate management of available resources (67%), the ability to communicate effectively with individuals under their care and their families (61%) and management of uncertainty in clinical practice (59%).*

Following the publication of this report, the Board found that the strategic objectives that drive the Bachelor's Degree in Medicine at UIC Barcelona are fully aligned with those identified in the report. These objectives are applied from the moment students are selected, (choosing candidates with more a more humanistic profile), teaching them personal competences from the first academic year, such as teamwork, communication and relationship with patients, family members and other professionals, incorporating ethics into the practice, and later on, decision making, the management and proper use of resources, structuring and personal development that allows students to act with maximum autonomy as they approach their final year and learn to manage their work and learn on their own, proposing specific improvement actions with the support of academic tutors in the final academic year.

It is also considered important to incorporate new technologies into the classroom and, from the first day on the programme, students are encouraged to have a critical and constructive opinion, to take initiative and at the end of the Bachelor's Degree, in the Final Bachelor's Degree Project, students are assessed on their ability to evaluate of the work of their peers.

Beyond the information provided by the study carried out by AQU Catalunya, we are interested in finding out in precise detail how our graduates adapt to the competences expected by recruiters. While it is true that work placement tutors have mentioned in meetings that they see a difference in the students from our University, in particular in how they treat patients, their politeness and respect towards others when integrating into the healthcare teams, we would still like to obtain quantitative information. For this reason, the intention of the degree programme is to collect systematic information from the centres at which students carry out their work placements. However, due to of the current saturation of healthcare centres due to the pandemic, we will wait until the circumstances have become calmer.

On the other hand, we would like to emphasise that, qualitatively speaking, we have obtained information on the high degree of satisfaction felt by those who have had the opportunity to work with our students. We have received congratulations, both in Joint Committee meetings and in the work placement meetings. We have also been congratulated by some of the members of the Advisory Board on their experience with the graduates who now work at their healthcare centres. It is also worth noting that, during the open days, some parents of potential students, who are doctors, have commented that they know of our Faculty because there are residents in their centre who are former UIC Barcelona students, which gives them the confidence that the graduates have received a very comprehensive education.

3.2.2.f A measure of graduate satisfaction

In coordination with AQU Catalunya, the Catalan universities have carried out a survey to discover satisfaction levels among newly-qualified graduates in relation to their new career. The survey has been conducted with Bachelor's Degree graduates since 2015, and with Master's Degree graduates since 2017. The objective of this survey is to provide common indicators for improving teaching in terms of graduate satisfaction with teaching, learning, services and equipment, the personal impact it has had on students, etc. The survey model used by all Catalan universities is provided as evidence of this section.

The following is a joint assessment of the surveys on Medicine graduates from the 2017-2018 and 2018-2019 academic years, compared with the results of the surveys conducted in the 2016-2017 academic year. The 2019-2020 survey was conducted in December 2020 and the results show an improvement trend in most of the items evaluated.

To interpret the results, it should be noted that the years being assessed (2017-2018 and 2018-2019) have undergone a change in the curriculum that affected the entire organisation of clinical practicums. They have also experienced a period of high turnover of PAS, as discussed in other sections of this self-assessment report, which has undoubtedly influenced the assessments.

Participation has been high, staying around 40% in the past three academic years.

Upon receiving the data regarding the 2017-2018 academic year, and seeing the trend of the results, a decision was taken to review the survey that would be passed on to graduates over 2018-2019 and add clarifications, so that the questions were correctly understood and incorporated open text fields at the end of the survey, so that students could express the reasons why they would not repeat the same programme at UIC Barcelona. For example, tutoring and student support services received a poor assessment. This could lead to concerns regarding student support staff or the academic tutoring they receive whilst completing their Final Bachelor's Degree Project. Also, the questions regarding work placements clarified what was being asked, referring to the "personal adviser" assigned to them at the beginning of the degree programme and accompanied him during all courses. Despite incorporating these changes, the results from the 2018-2019 survey were similar.

A table showing the evolution of the graduate satisfaction results from the 2014-2015 to 2019-2020 period is included as evidence (*Evidence document*).

Overall, we see that the assessment has improving since 2018-2019 by establishing better communication and a greater relationship with the students, and we are encouraging them to be more involved in decisions and be more proactive, anticipating potential problems. We are aware that the changes introduced in one academic year take a few years to show results in the graduate surveys, therefore, we hope that the actions we have been taking over the last two academic years bear fruit the following years.

After a detailed analysis, the results evidently display a positive trend, and out of the 20 questions, 18 of them have improved in the last year, 16 score above 3 (out of 5).

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The areas that have improved are: coordination, personal guidance, mobility management, all training in transversal skills and especially in communication skills, TFG management, web information, communication. In general, satisfaction with the degree, which is valued at 3.74 out of 5.

The areas on which we will act as a priority are:

- Optimise support:
 - On the one hand through personal advisors (reviewing student expectations and the functions currently performed personal advisors.) Since the 2018-2019 academic year, advisors are monitored in a more personalised manner, providing them with training and tools to be able to provide greater support to students.
 - We will also review and increase participation of Medicine Alumni to provide support and guidance to students: Alumni participate in activities proposed by the degree programme, such as returning to work with students as advisors, (currently there are 25 Alumni in personal advisor positions), participating in the OSCE assessment tests, some of them teach skills laboratory sessions or join in with promotional activities, and their collaboration is increasing from year to year.
- Review of the workload and removal or justification of certain subject overlaps: The Vice-Dean's Office for Academic Ordinance is working with course coordinators and subject directors to resolve this matter.
- Management of student support services, responses to complaints and suggestions: The office manager is reviewing procedures to improve schedules and the way in which support is provided, as well as they how incidents and complaints are answered or anticipated.
- Education to improve personal skills: Since the 2017-2018 academic year, cross-disciplinary workshops on structuring and personal growth have been incorporated into practical subjects in a format that is being consolidated.
- Improving the perception and guidance on the Final Bachelor's Degree Project: the improvements made in the last courses are already being evidenced in the latest evaluations.

SUB-STANDARD 3.3 The implemented IQAS is periodically reviewed and generates an improvement plan that is used for continuous improvement	
Sub-standard assessment	Compliant
WFME Standards	Q 4.1.2, B 7.1.1, B 7.1.2, B 7.1.3, B 7.1.4, B 7.1.5, Q 7.1.1, Q 7.1.2, Q 7.1.3, Q 7.1.4, Q 7.2.1, Q 8.4.1, B 9.0.1, B 9.0.2, B 9.0.3, Q 9.0.1, Q 9.0.2, Q 9.0.3, Q 9.0.4, Q 9.0.5, Q 9.0.6, Q 9.0.7, Q 9.0.8, Q 9.0.9, Q 9.0. 10, Q 9.0.11, Q 9.0.12

As explained in the section titled "Self-assessment report process", the preparation of monitoring and accreditation reports is based on the review of different IQAS procedures that impact the quality of the degree programme. Below are the aspects that have been reviewed by the Quality Committee (where stakeholders participate: Management, teaching staff, PAS, students, alumni and employers), which will be subsequently validated by the Faculty Board.

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- Changes to the verified report - Relationship and assessment of substantial amendments that may be approved, formalised through a process of amendment and non-substantial amendments formalised during the monitoring process
- New student profile and regulatory application
- Teaching coordination
- Review of public information
- Student satisfaction
- Teaching staff and administration and service staff satisfaction (every two years)
- Graduate satisfaction
- Responses to suggestions, grievances and complaints
- Academic qualification and PDI dedication
- PDI quality and training
- Personal support
- Professional guidance
- Material resource management
- External work placements management
- Academic performance
- Mobility placement management
- Final Bachelor's Degree Project/Final Master's Degree Project
- Analysis of the recommendations assessment agencies accreditation
- Improvement Plan

Therefore, in each monitoring/accreditation process, the procedures' suitability, the indicators that mark the evolution are reviewed, and those improvement actions proposed by the Quality Committee that have been definitively approved by the Faculty Board in a complete Improvement Plan are included. In it, each action's priority level, responsible person and monitoring are outlined. The format of this Improvement Plan has always been assessed very highly in the Annual Monitoring Assessment Reports carried out by AQU Catalunya.

The Improvement Plan has been carried out since the first monitoring procedure. The same structure has been used since the 2010-2011 academic year. For each of the actions included in the Improvement Plan, the following information is outlined: Association with the core focuses of UIC Barcelona's Strategic Plan, related objective, prioritisation, those responsible for monitoring and implementation, timeframe and monitoring actions. The structure of this Plan has been considered a strong point in the Degree Programme Monitoring Assessment Reports (IAST) issued by AQU Catalunya. It shows the relationship between the improvement actions, the institution's objectives and the Strategic Plan's core focuses.

The basis for the IQAS meta-assessment is the Monitoring or Accreditation Reports carried out by each faculty's Quality Committee. It briefly describes what is already shown in the meta-assessment flow diagrams provided as evidence:

- In the first instance, the functioning of each of the procedures included in the IQAS, as well as the results obtained after its development, are assessed by those responsible for each of the procedures, who highlight the areas for improvement that have been detected. This assessment is formally reflected in the individual reports cited in the section titled "Self-assessment report process".
- Subsequently, the Quality Committee (in which all stakeholders participate) re-assesses how all procedures have been managed and their results, and formally determines strengths, proposes an

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improvement plan and prepares the Monitoring Report (or Accreditation Report, if necessary). It will be the Faculty Board(s) that reviews and approves the Monitoring Report (or Accreditation Report, if applicable).

- Finally, the IQAS assessment, in the form of a Monitoring or Accreditation Report, is sent to AQU Catalunya for review and assessment.

As reflected in the evidence provided (flowchart of the IQAS meta-assessment procedure), the IQAS meta-assessment is carried out by the Innovation and Educational Quality Service (SIQE) and is reviewed and approved by the Vice-Rector for Planning and Quality. All Monitoring and/or Accreditation Reports (together with the derived improvement plans and possible feedback reports from AQU Catalunya) are collected and the meta-assessment is carried out and reflected in the University Monitoring Report (UMR).

The UMR establishes the cross-disciplinary improvement plan that affects the entire University, and therefore each centre's IQAS. If external accreditation visits have taken place, the results are presented to the Board of Governors and the University's Board of Trustees before carrying out the UMR, with a view to including their assessment in SIQE's meta-assessment.

As mentioned in previous paragraphs, special attention has been paid to recommendations made by the External Assessment Committee and reflected in the Visit and Accreditation Reports for the purposes of post-accreditation monitoring. Improvement actions resulting from the accreditation process are reflected in the improvement plan.

As a brief summary, and referring to the general improvement proposals proposed in the 2015 Accreditation Visit Report:

1. With regard to public information, all recommendations have been followed up. On the one hand, the creation of the university transparency portal and direct links to this and the educational quality website are actions that have contributed to improving the dissemination of results. On the other hand, in terms of the degree programme, an annual review is carried out to verify that information available to the public is coherent and complete. During this process, information regarding Final Bachelor's Degree Projects, mobility actions and external work placements and clinical rotations was reviewed and added to. AQU Catalunya's quality accreditation is also published.
2. The improvement in the response rate to satisfaction surveys is notable, reaching 70% participation in some academic years. The student representatives have played an important role in this increase as they are committed to encouraging participation across different classes. Although there is a notable improvement in this period, the degree programme directors will continue trying to increase overall participation.
3. As regards teaching staff, the information on the website has been enhanced. The indicators show there has been a significant increase in the number of hours taught by doctors and accredited doctors on the degree programme, which is in line with the numbers set by regulations. Teaching staff have also been asked to include the University's name in publications and at conferences, which has meant a significant leap in the number of University publications in the healthcare sector.
4. During the last accreditation visit, limitations were detected in terms of the space allocated to the Library. These limitations have now been resolved thanks to the expansion of the Sant Cugat Campus in recent years.

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5. Regarding the quality of the study programme, please note that a set of actions has been undertaken to ensure that clinical practicum guidelines have been outlined, which are specific to each academic year, and clinical tutors are requested to give sufficient feedback to students so that they know their level of achievement for the competencies they are focusing on. During the End-of-degree rotation, a feedback session is scheduled to allow students to understand their weaknesses and improve how they implement the different clinical skills.
6. With regard to the change in the level of requirement for marks, a document containing the basic rules for correctly assessing the Bachelor's Degree in Medicine has been drawn up and sent to all subject directors, and the results obtained per subject are monitored at the end-of-semester meetings.

For more details, please go to *Evidence* and see the document *Monitoring analysis recommendations assessment agency accreditation*.

SUB-STANDARD 3.4 The centre involves its main stakeholders in the monitoring, review and improvement of its Bachelor's Degree in Medicine.	
Sub-standard assessment	Compliant
WFME Standards	B 2.7.2, Q 2.7.2, Q 2.8.2, Q 4.2.1, Q 7.2.1, B 7.1.4, Q 7.4.1, Q 7.4.2, Q 7.4.3, Q 8.1.1, Q 8.1.2, Q 8.4.1, B 8.5.1, B 9.0.1, B 9.0.2, B 9.0.3, Q 9.0.1, Q 9.0.2, Q 9.0.3, Q 9.0.4, Q 9.0.5, Q 9.0.6, Q 9.0.7, Q 9.0.8, Q 9.0.9, Q 9.0.10, Q 9.0.11, Q 9.0.12

The centre has identified the following stakeholders: University General Management, degree programme directors, Faculty office manager, teaching staff, PAS, students, graduates and graduate employers. All of them are involved in monitoring, reviewing and improving the degree programme by participating in various governing and representation bodies, as indicated in the table attached as evidence where stakeholders and representative bodies can be cross-referenced.

The level of involvement in the monitoring and improvement of degree programme varies according to the representative body, as it does in terms of participation in decision-making. **Evidence** is provided regarding the list of stakeholder participation bodies and committees indicating their leadership, composition, the frequency of meetings and involvement in decision-making, information that demonstrates how important their feedback is in terms of managing and improving the degree programme.

It is believed that the established Quality Assurance System ensures that the review and improvement of the programme will be the result of a process of monitoring and reflection, based on evidence and objective data and taking the main stakeholders' feedback into account. The Faculty Board's advisory body for quality is the Quality Committee, made up of members representing the programme director, teaching staff, students, Alumni, PAS and employers.

The Quality Committee meets annually to analyse, as described in previous Sub-standards, the aspects that affect the quality of the degree programme, proposing improvement actions that will subsequently be assessed, and approved, if deemed appropriate, by the Faculty Board. This process is formally recorded in

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a monitoring report, which is periodically submitted to AQU Catalunya and is available on the degree programme's webpage.

Should the improvements entail substantial changes to the degree programme, a formal request for Modification would be processed (according to the *Evidence document* "Modification" procedure), and it would also be necessary to seek the approval of the Board of Governors. In these cases, if the scale of the change requires it, students from different years may be involved. For example, in addition to current students, former students were also consulted when changes were made to the curriculum in 2016.

In general, suggestions regarding programme change can be initiated by any stakeholder. It is specifically the Vice-Dean's Office for Academic Ordinance that carries out a periodic review of the curriculum, collects stakeholder suggestions, for example, specifically in assessment meetings and work placement meetings. Sometimes they arise from student proposals or teaching staff meetings with the Vice-Dean's Office for Teaching Staff, or simply following the proposal of an initiative by a lecturer or the Medical Education Office. Any significant suggestions are presented to the Faculty Board, to seek its knowledge and validation, and are then prepared for submission to the Quality Committee.

It should be noted in particular that:

- If the suggested change is minor and is considered to be part of a specific improvement of a subject (changing one case method to another, adjusting a few hours of one topic to move to another), the Vice-Dean's Office will evaluate it in conjunction with the head of the subject or course coordinator, and it will be applied directly with the validation of the Vice-Dean's Office for Academic Ordinance. If necessary, in the view of the Vice-Dean for Academic Ordinance, this would also be discussed with representatives or students from the academic year in question.
- When the change affects subjects related to external work placements, the consensus is carried out involving the heads of the subjects related to clinical practicums, the clinical tutors and the teaching coordinators of the centres, informing the Joint Committees (peer members of the degree and healthcare centres) and validating the change collectively. Changes may affect issues related to the organisation, methodology, or assessment system.
- If the change is substantial, it is processed as discussed earlier as a formal Amendment process.

Any improvements must be aligned with developments in Medical Education, which are discovered by attending congresses, national or international refresher courses (SEDEM, AMEE, Lilly Foundation, SEMFYC, SESSEP, etc.) and through review of recent literature.

It should be noted that any change to the programme must be made in line with the guidelines and directives of the Catalan University Quality Assurance Agency (AQU), the General Directorate for Universities and the Conference of Deans of Spanish Faculties of Medicine, and conform to the guidelines of the Ministry of Universities and the Ministry of Health (specialised training of recent medical graduates).

The bodies and committees for stakeholder participation are as follows:

INTERNAL:

1. Board of Trustees, Board of Governors, Faculty Board and Centre Board
2. Medical Education Office
3. Bachelor's Degree Teaching Committee

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4. Meetings
5. Department's Quality Committee
6. Student representative meetings
7. Medicine student representative group
8. Group of recent graduates

EXTERNAL:

1. University Advisory Council
2. Mixed committees comprising representatives from healthcare work placement centres
3. Advisory Board
4. Conference of Deans of Spanish Faculties of Medicine Specific OSCE committee
5. Catalan University Quality Assurance Agency, AQU Catalunya
6. Official Society of Physicians of Barcelona
7. Directorate-General for Universities Department of Health
8. Group for the Improvement of the Bachelor's Degree in Medicine (Catalunya)
9. Occasional communication with other external universities

It is evident that stakeholder participation is guaranteed by the range of bodies that participate and contribute their opinion on the Bachelor's Degree.

More information on some of the main stakeholder participation bodies is included below. This information has been discussed in previous Standards, but it offers a brief summary of how stakeholder participation is taken into account.

INTERNAL

Teaching staff:

Meetings: Assessment and monitoring meetings are especially important for maintaining and improving the Bachelor's Degree in Medicine: During the various meetings held throughout the academic year, many of the suggestions for improvements or changes that are assessed for future application arise, as shown below.

In the end-of-semester assessment meetings, comprehensive information regarding the results for each subject is prepared for the course coordinator to present at the meeting. Five meetings are held, one for each academic year (the sixth year is not counted as a single meeting is held at the end of the year). The meetings are attended by subject directors, teaching staff who wish to participate and a student representative. An established agenda is followed, systematically reviewing all subjects. Methodologies, assessment systems and their alignment with the proposed learning objectives are all thoroughly reviewed. Areas of improvement are also identified for assessment.

Proposals such as establishing specific assessment rules for teaching staff on the Bachelor's Degree, increasing continuous assessment activities, strengthening learning assessments through global exam corrections, adjusting assessments and even reviewing the suitability of the teaching staff, all arise at the meetings.

On occasion, other proposals such as changes in teaching staff, the incorporation of clinical teaching staff for Basic Sciences subjects, the incorporation of professional experts in subjects related to new demands in society will be suggested (chronic diseases, ageing, palliative medicine, etc.).

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The work placement meetings are led by the work placement coordinator and, as such, they invite not only the heads of subjects, but all the clinical tutors of the centres and members of the Joint Committees to attend. Two of these meetings are held each academic year. In these meetings, changes in rubrics or assessment systems have been assessed, and educational needs to be implemented in future academic years have been detected.

The teacher training meetings, which take place at the beginning and end of the academic year, provide relevant information about the Bachelor's Degree and some time is dedicated to examining trends in Medical Education and Continuing Education.

Bachelor's Degree Teaching Committee: Led by the Vice-Dean's Office for Academic Ordinance and made up of the course coordinators, the work placement coordinator, the Faculty secretary, and department directors. Before making substantial changes to the curriculum, the committee discusses them and assesses their viability.

Students:

Meetings with the course coordinator and representatives: Course coordinators hold regular meetings with their course representatives, alongside their other responsibilities. They hold at least two (one at the end of each semester), often more, as needed, according to the needs that arise during the year. Some coordinators hold meetings every month to resolve incidents as they arise.

Student meetings with the Vice-Dean's Office for Students and Quality: These meetings look at general aspects and specific problems from different years, especially the suitability of schedules, methodologies, difficulty level of exams, workload peaks, etc. They discussed the planned changes and in many cases are given voice so they can assess the changes before they are implemented.

DOCENTIA survey: Student satisfaction surveys are also an important source of information for detecting areas for improvement on the study programme, or inadequate methodologies or even a lack of teacher skills.

Educational climate survey: Another source that has helped detect the need for adjustments to the study programme has been the educational climate survey (DREEM), which was passed to all years during the 2018-2019 academic year and is expected to be sent out biannually. The results help identify new areas of action and to follow up on actions already undertaken.

Graduates: Graduates' feedback is also sought as it helps improve the programme.

- **Meetings with recent graduates:** Although the results obtained in national exams to access the medical profession (MIR) are very satisfactory (currently 99.02% of our graduates score above the required level) each year, after this test, a meeting is held with recent graduates, teaching staff and the Bachelor's Degree directors in order to identify what they consider to be the strengths and weaknesses of the university's teaching programme. This helps to find out how prepared they felt facing this objective and external assessment and they thought was lacking, as well as having the chance to make suggestions on aspects to improve. Thanks to feedback, corrective measures are proposed linked to clinical competencies in the field of public healthcare, cross-disciplinary competences, a review of weak areas of knowledge, which leads to an adaptation of the curriculum to improve them.

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- Graduate survey: The survey has been analysed extensively in the previous section, but it is important to note that it serves to alert us to some aspects, which, following in-depth investigation by the Faculty Board, are transferred to teaching staff and are intended to be incorporated as improvement actions in the curriculum.

EXTERNAL:

Participation of some Board members in external meetings, with the Ministry of Health of the Generalitat de Catalunya, various scientific societies, and patient associations, allows us to discover the needs of the population and society in general in terms of healthcare, trends and needs to be incorporated into the study programmes.

Participation in the Conference of Deans of Spanish Faculties of Medicine (CNDMED) meetings, where improvements in medical study programmes are discussed based on guidelines issued by the Ministry of Health, various scientific societies and professional colleges, they are also a reference point for applying or reviewing the Bachelor's Degree's study programmes.

The following groups are especially important:

- Joint Committees University/work placement centres: Among other aspects such as relationships, encouraging excellence in research, anything related to work placements: Teaching objectives, time dedication, the assessment system, and organisation, is agreed upon at these meetings.
- Advisory Board: The Advisory Board holds annual meetings. They outline the planned changes, amendments to the report, guidelines for the Strategic Plan. The objective is less specific and has less detail than the Joint Committees, but it helps us to have an overall view of the general guidelines of the curriculum. It focuses more the profile of our students, the profile of graduates, the international outlook of the curriculum, the results obtained, the visibility of the education we provide. (*Evidence document: last meeting and presentation*)
- CNDMED National Specific ECOE Committee: It is an inter-faculty committee that meets twice a month to establish the common structure of the ECOE end-of-degree exam. A sub-committee is responsible for assessing the quality of the exam in terms of methodology, assessment tools, specific training of simulated patients, case development and suitability of the exam to assess the competencies. A Board member (Vice-Dean's Office of Academic Management and the head of Clinical Simulation) forms an active part of that committee, to which we report our end-of-degree EOE. They analyse the results obtained and propose new assessment systems. It is contributed and reported on the ECOE carried out in our faculty.

ASSESSMENT OF THE ACHIEVEMENT OF ACCREDITATION STANDARDS

STANDARD 4

Adequacy of teaching staff to the study programme

Teaching staff who teach on the university's degree programmes are proficient and suitable candidates, according to the characteristics of the degree programmes and the number of students.

Self-assessment

Sub-standard		Assessment
4.1	Sub-standard 4.1 The PDI meet the academic qualification requirements required by the Faculty's degree programmes and have sufficient and assessed teaching, research and, if required, professional experience.	Compliant. The teaching staff have the established qualifications and external recognitions, as well as suitable experience. The faculty has established criteria for the assignment of teaching. Students are satisfied with the teaching competence of the teaching staff.
4.2	The Faculty's teaching staff is proficient and commits to enough dedication to carry out their duties and support their students	Compliant. The structure of the body of teaching staff and the number of teachers is sufficient for delivery of the programme and attending the students. The students are satisfied with the attentiveness of the teaching staff in their learning process.
4.3	The institution offers support and opportunities to improve the quality of the teaching and research activity of the teaching staff.	Compliant. Teaching staff receive institutional support for carrying out their duties and the quality enhancement of teaching and research activities.
4.4	The centre incorporates developments in medical education into the programme.	Compliant. The Faculty of Medicine and Health Sciences has teaching staff who research medical education and publish their results in indexed journals. The Faculty has implemented a policy for the pedagogical review of the study programme.
Standard overall assessment		Compliant.

Executive summary of Standard 4

Policies governing teacher recruitment, academic promotion and professional recognition specifically assess lecturers' qualifications, teaching, research, and professional experience, as well as suitable coherence with the mission and vision of the Department of Medicine and their commitment to continuous improvement.

The degree programme's teaching staff meet the parameters required in terms of the percentage of hours taught by doctors and accredited doctors, thereby consolidating the trend toward a progressive increase of recent years. The Vice-Dean's Office for Teaching Staff encourages and supports teaching staff's academic progression.

Teaching staff meetings are composed of academic lecturers from the Department of Medicine, clinical teachers who combine teaching with professional clinical healthcare, and teaching staff from other departments who teach core or cross-disciplinary subjects.

Teaching staff ascribed to the Department of Medicine and from other UIC Barcelona departments teach a large proportion of the material in the first, second and final years. While clinical lecturers, associated both with the university and healthcare centres, teach subjects in the second and third years in addition to practical material. Clinical lecturers are progressively joining the Department's body of teaching staff, although their

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teaching hours are limited due to their university teaching being carried out alongside their professional clinical work, as will be explained below.

The teaching staff meetings are well-established, with the majority of senior tasks assigned to permanent teaching staff, and clinical lecturers who bring their professional experience of direct contact with patients to the classroom and maintain a stable and continued association with the Department.

It is precisely this professional experience that is essential to our teaching staff and all of them have solid backgrounds in their area of specialisation. This is without prejudice to the fact that for specific tasks, more junior clinicians can also be involved in teaching, who are always provided with adequate supervision.

Teaching staff's research activity is divided into internal and external research. Internal research is carried out within the University and focuses on specific lines of investigation such as end-of-life care, medical education, public healthcare with a special focus on mental health. In this respect, we have recognised research groups, interdisciplinary collaborations with other Departments and our own research projects that receive external funding. External research is carried out by our teaching staff in healthcare centres to which they are associated, and can benefit from University research support services. This research is highly heterogeneous and corresponds to the professionals' areas of sub-specialisation. The Department's output exceeds 200 articles per year indexed in WOS (JCR), although our teaching staff find it difficult to obtain recognition of their six-year research terms by national agencies (AQU, ANECA) due to the characteristics of their employment relationship with the University. The Vice-Dean's Office for Teaching Staff supports the research concerns of our lecturers and encourages them to join research groups or projects.

The University is committed to competitive selection processes in order to attract and retain talent, a system we call tenure track. This system means that the recruited teacher starts an academic career in order to reach a permanent teaching category. In addition to the teaching staff selection criteria, the Department monitors the performance of our lecturers through the Vice-Dean's Office for Teaching Staff, student surveys, and reports from heads of subjects, but also through an internal assessment process, which is carried out throughout the university. It is carried out from the Vice-Rectorate for Planning and Quality, according to the DOCENTIA model validated externally by AQU Catalunya

Finally, in line with our commitment to the continuous improvement of teaching quality, the Department of Medicine, through our Medical Education Office (EMU), and the University, through its Innovation and Educational Quality Service (SIQE), offer specific training activities according to different profiles, which are very well accepted by teaching staff who are also very satisfied with them. The developments in medical education promoted by EMU are also incorporated into the teaching activity and specific recognition is given to the teaching innovation actions undertaken by lecturers.

All of this amounts to, in our view, correct compliance with Standard 4.

Indicators

The following indicators have been used to assess this Standard:

- The academic qualifications of the teaching staff and their dedication
- Assessment of the DOCENTIA program

Evidence documents that support the Standard

Sub-standard assessment

SUB-STANDARD 4.1 The teaching staff meet the academic qualification requirements required by the Faculty's degree programmes and have sufficient and assessed teaching, research and, if required, professional experience.	
Sub-standard assessment	Compliant
WFME Standards	Q 1.2.1, Q 1.2.2, B 5.1.1, B 5.1.2, B 5.1.3, Q 5.1.1, Q 5.1.2, B 5.2.1, B 5.2.2, B 5.2.4, Q 5.2.2, Q 6.5.1, Q 6.5.2

The teaching staff on the Bachelor's Degree in Medicine meet the necessary academic qualification requirements and have sufficient teaching, research and professional experience.

Evidence is provided in the form of a table detailing the main characteristics of the contractual teaching categories for UIC Barcelona teaching staff, indicating their definition, dedication, academic accreditation and classification according to the categories defined by AQU Catalunya in collaboration with the Generalitat de Catalunya's UNEIX information system.

4.1.1 Assessment of academic qualification

With regard to academic qualification, Article 72 of *Law 4/2007, of 12 April, the Organic Law that amends the Organic Law of Universities (LOMLOU)*, sets the minimum percentages of doctors and accredited doctors in full-time equivalence that the university as a whole must have: [...] *at least 50% of the entire academic staff must be in possession of a doctorate and that at least 60% of all doctoral academic staff must have been positively assessed by either the Spanish National Agency for Quality Assessment and Accreditation or the external review body laid down by legislation in the corresponding regional Autonomous Community. For this purpose, the total number of teachers shall be calculated according to the full-time equivalent [...].*

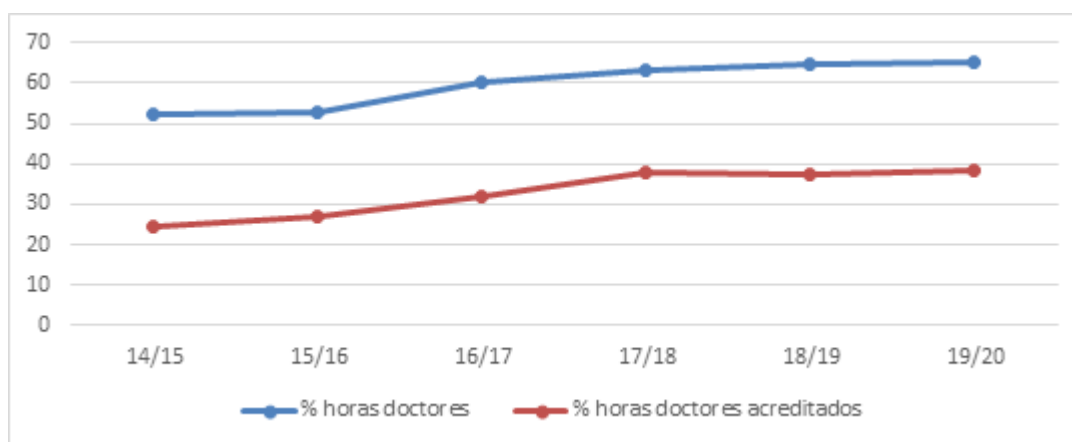
Although the regulations set the parameters for teaching qualifications at university level, the table below shows that these parameters are also met in particular on this degree programme. In other words, on the Bachelor's Degree in Medicine, the number of hours taught by doctors exceeds 50% of the total teaching hours of the degree programme, and 30% of the total teaching hours of the degree programme are taught

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by accredited doctors (which is the same as saying that the number of hours taught by accredited doctors exceeds 60% of the total number of hours taught by doctors).

Teaching staff indicators		2015-2016 academic year	2016-2017 academic year	2017-2018 academic year	2018-2019 academic year	2019-2020 academic year
Bachelor's Degree PDI structure according to teaching hours	% Hours of class taught by doctors	50.64%	63.66%	65.47%	62.34%	63.44%
	% Hours of class taught by accredited doctors	22.84%	28.14%	34.80%	32.84%	34.21%

or the sixth consecutive academic year, the trend towards a progressive increase in both the percentage of hours taught by PhD holders and the proportion of teaching given by accredited doctors has been consolidated, which guarantees the teaching staff's academic qualification. We note that the total number of permanent teaching staff in the Department are doctors and 95.5% are accredited doctors. We would like to point out that the calculation made in hours, as indicated by AQU Catalunya, is equivalent to the calculation in full-time equivalence.



The Department of Medicine's Centre Board's role in leading the implementation of the teaching staff policy established by the University's Internal Regulations for Teaching Staff has helped to improve these indicators. Specifically, the Vice-Dean's Office for Teaching Staff has prioritised both the application of criteria for hiring teachers with a PhD and/or accreditation, and the development of a proactive policy aimed at encouraging and supporting teachers in accreditation and doctoral processes.

4.1.2 Assessment of teaching experience

The selection of medical teaching staff is based on the teaching needs of the Bachelor's Degree and has as guiding criteria an adequate alignment with the Department's mission and vision and the candidates' scientific, educational and clinical merits and teaching ability. All of this while maintaining the commitment

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made to the healthcare centres in which the clinical work placements are carried out to encourage the teaching staff to come mainly from these centres. This agreement is reached both with those classed as a “university centre” (all professionals at the centre are available for university teaching) and those classed as “associate centres” (only some specialities of the healthcare centre are available for university teaching).

The selection and promotion of teaching staff does not include any requirement that can be considered discriminatory, and is made purely on the basis of principles of equality, merit and ability. It complies with the criteria of equality between men and women and non-discrimination on grounds of birth, race, ethnicity, gender, religion, opinion or any other personal or social circumstance. This process involves the assessment of the candidates' curriculum vitae, with particular regard for their training, clinical and research experience and other possible achievements and prestigious recognitions.

All Bachelor's Degree teaching is taught by qualified teaching staff and no subject is taught exclusively by a single teacher. The body of teaching staff on the Bachelor's Degree is composed of:

- **lecturers from the Faculty of Medicine and Health Sciences' Department of Basic Sciences (biomedical sciences, psychology)**, who mainly teach the Bachelor's Degree's first-year students. These professionals belong to the Department of Basic Sciences, which currently offers degree programmes in Psychology, Bioengineering and Biomedical Sciences. An interdisciplinary perspective is also maintained through the recruitment of nursing, physiotherapy and dentistry professionals. They are all aware that the teaching must be geared toward educating doctors and that all content is focused on achieving this objective. Languages and Humanities lecturers also teach on the programme.
- **academic lecturers from the Department of Medicine**, with full or exclusive dedication to the university that teach mainly in the first and last years of the Bachelor's Degree, reinforcing the academic structure of the degree and guaranteeing teaching continuity.
- **clinical lecturers who combine teaching and professional healthcare**: with part-time dedication, they take on a large proportion of the teaching from the third year onwards and actively participate in the students' practical learning, many of them with a dual commitment as classroom teachers and as work placement managers or tutors at the centres. Their teaching quality is endorsed by their long-term experience in the classroom, positive student assessment and strong results from our graduates. However, they face significant difficulties in meeting the accreditation criteria and in undertaking research. The centres linked to our Faculty have an outstanding healthcare practice, and little dedication to research, which means UIC Barcelona clinical lecturers have most of their time assigned to practising healthcare, leaving little time for research activities.

The criteria for assigning teaching staff to teach in the first academic year, as well as those responsible for external work placement subjects and the Final Degree Project are as follows.

- **First year**: As mentioned above, first-year lecturers come mainly from the Department of Basic Sciences. The heads of subjects are established lecturers on the degree programme and mainly academics with a high level of dedication to UIC Barcelona. Practical teaching (practical laboratory sessions, dissection, etc.) includes junior lecturers supervised by senior lecturers, with high turnover as their training progresses. In order to avoid variations in the level of quality, course coordinators closely monitor its progress and frequent meetings are held between the Vice-Dean's Office for Academic Ordinance and the Department of Basic Sciences, to ensure teaching quality and student satisfaction with the teaching are upheld. At the end of both semesters, both the senior and junior

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lecturers are assessed, taking into account the results achieved, the heads of subjects' and the students' satisfaction with the teaching, etc. These factors are taken into account in order to propose specific education and to maintain or adjust lessons for future years. In some cases, it may lead to changes in teaching staff for the next academic year. Nearly 70% of those leading compulsory subjects on the degree programme are permanent accredited teaching staff members and in the first years of the Bachelor's Degree (first and second) the percentage of hours taught by permanent teaching staff members is 48.7%, 89.1% by accredited doctors.

- Work placements: A) Academic tutor assignment: Each clinical work placement subject has a "subject head" (five subjects from third to fifth year and six subjects in the end-of-degree rotation with a single subject head). The heads of each work placement subject monitor and assess the students for their subject and academic year. b) Clinical tutor assignment: The Core Work Placement Coordinator (CPT) informs the centre of the characteristics of each subject so that the heads of each service, in agreement with the Health Centre's directors, decide which professionals will tutor students from the degree programme. They are selected due to of their teaching ability and their availability to perform this function. It should be noted that all professionals at a centre that is classed as a university, should be willing to include teaching within their scope of healthcare activities. The end-of-semester assessment takes into account the surveys conducted by students with respect to the clinical university tutors of these centres, and is discussed both at the work placement meetings and at the meetings of the Joint Committees University/centres.
- Final Degree Project (TFG): The Final Degree Project tutor assignment criteria have been reviewed. The area of Public Healthcare is responsible for coordinating this project and all tutors must meet basic training requirements in Biostatistics or Public Healthcare to be part of the team of tutors. This recognises how important the methodology section of the project is, which is what the Final Degree Project of the Bachelor's Degree in Medicine consists in, regardless of the topics covered, which can be any: studies applied to the clinic, cell biology, medical education, epidemiology and public healthcare, etc. In the 2018-2019 academic year, the number of tutors was increased to lower the tutor-student ratio compared to previous years, from an average of 15 students per tutor to 7-12 students per tutor, which has been consolidated in the 2019-2020 academic year. The Final Degree Project is currently assigned to professionals who are experts in scientific methodology, specific to healthcare. Both the selection and the monitoring of these teachers is carried out and coordinated by the subject director, who in turn is responsible for the Public Healthcare team. The training and supervision of tutors has been improved over the course of this academic year to ensure uniformity throughout the teaching team.

4.1.3 Assessment of research experience

At the university level, research activity is led by the Vice-Rectorate for Research, Innovation and Transfer (VRIT). Through its efforts, in May 2018, the University was recognised by EURAXESS with the HR Excellence in Research Award. This seal of quality assurance reflects the institution's commitment to continually improving its human resource strategies and aligning them with the European Charter for Researchers and Code of Conduct for the Recruitment of Researchers, implementing these principles to ensure an attractive research environment. The VRIT also makes the centralised services of the Drug Research Ethics Committee (CEIM) and the Research Ethics Committee (CER) available to researchers'

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projects. In addition, in terms of statistics, lecturers can make use of the methodological and statistical advisory service.

Specifically, with regard to the Department of Medicine, the Vice-Dean's Office for Teaching Staff promotes research activity throughout the faculty. Research is also an important factor in the selection of new teaching staff. Moreover, the amount of time spent on research is included in the annual calculation of the workload of all the lecturers, in addition to their teaching and management duties. In the specific case of permanent staff members who have a workload of over 15 hours per week, an incentive is provided for research activity by adding these hours to their contract, through the "Record of commitment" (*Evidence document of a record of commitment*). Through this system, research work, if you take into account the six-year research periods, publications, research projects and other scientific activities, usually increases contract hours. By giving a weighting to the teaching activity, the research activity and the management activity within UIC Barcelona, the Engagement Record promotes a suitable balance between teaching and research, currently attaching considerable weight to research.

Even so, the Medical School still has a short history relative to the surrounding universities. The progressive addition of research projects and the development of the lecturers' own lines of research will offer opportunities for growth in research for our staff members.

It should also be noted that it is particularly challenging for our external lecturers who are clinicians to undertake research. Not only because of the criteria of excellence required by university quality agencies in the field of medicine, but also because the university quality agencies only allow lecturers on permanent contracts and who have over 50% of their working hours assigned to research to apply for six-year research periods. There are pre-requisites established for our own teaching staff, but our external clinical teaching staff usually have considerably less hours. This is due to the fact that, since we do not have our own hospital, their contracts with UIC Barcelona are added on top of their full working days in a hospital, therefore they do not reach this required number of hours. At the same time, we do not want to lose this feature of the teaching staff, which is what allows us to have lecturers who are in direct contact with the patient and who can share their day-to-day experience with the students.

In this context, we consider the scientific productivity of the faculty staff to be sufficient, amounting to 200 indexed articles in the 2019-2020 academic year, more than 20 staff taking part in competitive research projects, over 30 in non-competitive projects and more than 10 in teaching innovation projects. The Medical Education Office has defined specific lines of research within which the main projects are developed, and it also sets the priorities if they propose new research lines or projects. (*Evidence of Medical Education Office research activity*).

In addition, with the aim of promoting internal research, the process of recruitment of teaching staff through a competitive selection process (Tenure Track, as described in the Internal Teaching Staff Regulations) has been implemented. This entails a teaching commitment but also requirements and objectives of a research nature to be developed over four years, before a permanent place is secured.

Internally, the Department of Medicine has progressively consolidated the following lines of research:

- **End-of-life Care**, interdisciplinary research project in which the Department of Medicine actively participates. It has a recognised research group (SGR) whose Principal Investigator is a member of the Department.

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- **Medical Education**, through the Medical Education Office (EMU) which has commenced its scientific output after years of activity focused on teacher training and the promotion of teacher improvement and innovation in the Bachelor's Degree. The work in this unit focuses on: evaluation of competences; development of cross-disciplinary competences in the Bachelor's Degree in Medicine; inter-professional training, development of professionalism; learning methods and new pedagogical strategies. Members of the Medical Education Office, together with members of other degree programmes in the area of health, are part of the Emerging Research Group on Health Education (*evidence document*) which focuses its scientific activity on two main themes: Health Education and Health Sciences Education, aimed at improving the training of future health professionals (nurses, doctors, and other health professionals) to achieve professional excellence in both their specialist skills and their related competences (leadership, teamwork, communication and emotional intelligence), self-management, inter-professionalism, prioritisation and decision-making. This interdisciplinary group is recognised as an emerging group, and has been funded since 2017. Since January 2017, it has produced 17 articles (11Q1; 2 Q2; 1Q3; 3Q4). (Evidence of articles published SGR 2017_2020). Since its creation, it has launched 3 competitive funded projects and 2 non-competitive projects.
- **Public Health, with special attention to Mental Health**, which has been strengthened with the addition of a senior researcher in the 2019-2020 academic year through a competitive process (Tenure Track) and the planned addition of another researcher in the academic year 2020-2021, in addition to the two pre-doctoral researchers already linked to the area. This team currently has an ongoing competitive project (Measurement of Mental Wellbeing as an indicator of health population-ISCIII/ERDF P00109) and has participated in several competitive calls throughout the 2019-2020 academic year. It secured funding from Obra Social La Caixa for the project Socio-economic and psychological impact of the Covid-19 pandemic on a Spanish representative population-based cohort (BIOVAL-D-COVID-19). In addition, during this same academic year, we have strengthened our cooperation with an international project on the mental health of university students, which will be launched during the academic year 2020-2021 (this project is ISE /COMENTA-UIC; Benestar I Salut mental en Estudiants/ UIC College Mental Health; as a collaborating facility in the World Mental Health Survey Initiative -International College Survey (WMH-ICS)- Spain National Survey de Harvard Medical School and Parc Sanitari Sant Joan de Déu).
- Research has been carried out in coordination with university and collaborating centres and with teams from institutions such as the Sleep Observatory and the ACE Foundation (for the study of Alzheimer's and other neurodegenerative diseases), for which a collaborative research agreement was signed in the 2018-2019 academic year and has resulted in several scientific publications and the inclusion of UIC Barcelona in new research projects.

Furthermore, it should be noted that the University's Doctorate in Health Sciences has been significantly improved during the 2019-2020 academic year. The recent increase in the number of places for doctoral candidates has enabled more teachers to enrol on the PhD (currently 70 doctoral candidates). In turn, this is expected to stimulate the Department's scientific output. In summary, the improvements were based on the extension of the research lines, with a more cross-disciplinary approach, incorporating Medical Education and inter-professionalism. These actions for improvement aim to increase the scope for scientific production and stimulate inter-professionalism from the academic year 2020-2021 onwards.

Moreover, the external research deals with a wide range of subjects, since it is undertaken in the context of the hospitals where the teaching staff work and based on the lines of research by centre as opposed to a specific university research area. The subjects are hugely varied, as are the specialties and research sub-

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areas of our teachers (infectious diseases, health determinants, microbiology, medical professional responsibility...). The external scientific output of the teaching staff is more difficult to quantify, with regard to the different possible affiliations recorded with the Department of Medicine. However, as noted above, it is estimated to be more than 100 annual publications in indexed journals. During this year, initiatives have been taken to communicate with the teaching staff, aimed at standardising the affiliation of the Department of Medicine, which will allow us to better monitor the output of our teaching faculty.

The level of our teaching staff's six-year research periods is considered appropriate given the context and age of our university. Currently in the faculty of permanent staff (including readers) there are 12 teachers with recognised six-year research periods, with a total of 28 historically recognised six-year research periods, including 9 teachers with current six-year research periods. This figure should be put in the context of a faculty made up of a considerable percentage of clinical staff members formally considered as "external" who, due to the regulatory issues discussed above, do not meet the necessary criteria to apply for the six-year research periods. Since the Vice-Dean's Office for Teaching Staff has encouraged applications from lecturers who meet the criteria for the six-year research periods, it is expected that this percentage will gradually increase. However, given the limitation of the multi-employment of our clinicians and the requirement for 50% of their working hours to be at UIC Barcelona in order to apply for accreditation of six-year research periods via AQU, this is a medium-term objective.

4.1.4 Assessment of professional experience

The teaching staff for the Bachelor's Degree in Medicine has the appropriate professional experience for the subject they teach, with emphasis given to the capability of conveying their first-hand experience from their professional practice. In the teaching staff selection process, prior professional experience relative to the subject matter to be taught is mandatory.

As stated above, for the courses comprising the first few years of the Bachelor's Degree, the teaching staff have a more academic-focused profile, with a greater part of their timetable dedicated to teaching than the teachers in the later years of the degree programme. For the first few years of the Bachelor's Degree, the courses are mainly taught by teachers from Basic Sciences, with a solid research and teaching background. There is also occasional teaching by junior research and academic staff linked to the university, who start out teaching under due supervision by the programme director.

In the latter years of the programme, the majority of teaching staff are clinicians, and are selected for their ability to convey to students their experience from clinical practice. All clinical-medical profile teachers have a Bachelor's Degree in Medicine (or an undergraduate degree in medicine or medicine and surgery), as well as the pertinent specialisation (and/or level of expertise in the subjects for which there is no official specialisation). In our case, this level of specialisation means between 4 and 5 years of experience of specialised training that includes the practical application of the specialisation, plus the post-specialisation experience. Due to the characteristics of the discipline, professionals do not start teaching until their career has been established. Therefore, the average age of our teachers reflects their long professional experience. The average age of our teaching staff is 54 years (standard deviation of 9 years). The average age of teachers not forming part of our permanent staff is slightly lower. Recently specialised professionals take part in university teaching only occasionally and for specific tasks, where their junior status represents a deliberately chosen characteristic for the role assigned to them.

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Special mention should also be made of teachers from other health disciplines who contribute to the interdisciplinary training of students who are chosen on the basis of their experience in the field, in addition to their teaching capability.

Lastly, subjects focused on research methodology and critical scientific thought are taught by teachers with a recognised research reputation and a long track record in research. Again, this area has undergone recent changes with significant improvements.

SUB-STANDARD 4.2 There are enough teaching staff in the faculty and there is a sufficient commitment of staff for them to carry out their duties and look after the students	
Sub-standard assessment	Compliant
WFME Standards	B 5.1.1, B 5.1.2, B 5.1.3, Q 5.1.1, Q 5.1.2, B 5.2.1, B 5.2.4, Q 5.2.2

The Faculty's teaching staff and the assignment of staff are sufficient for the proper delivery of the Bachelor's Degree in Medicine, as shown in the results measuring the satisfaction of the different stakeholders and the results of academic achievement.

As evidence, we attach the Development of Syllabus, Annual Action Plan and teacher profiles (*evidence documents*)

Teaching staff indicators		2015-16 academic year	2016-17 academic year	2017-18 academic year	2018-19 academic year	2019-20 academic year
% Teaching delivered by lecturers (% credits achieved according to the teaching categories defined in WINDDAT)	Permanent teaching staff and readers	50.93%	37.51%	34.63%	32.66%	33.96%
	Associate teaching staff	33.31%	40.83%	41.12%	36.88%	34.20%
	Teaching staff with "other teaching assignments"	15.76%	21.66%	24.25%	30.47%	31.84%

Teaching staff indicators		2015-16 academic year		2016-17 academic year		2017-18 academic year		2018-19 academic year		2019-20 academic year	
Structure of body of teaching staff for the Bachelor's Degree (individuals)	Distribution of teaching staff	No. of teaching staff	%	No. of teaching staff	%	No. of teaching staff	%	No. of teaching staff	%	No. of teaching staff	%
		Total number of teaching staff for the Bachelor's Degree	255	100%	270	100%	276	100%	265	100%	277

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Distribution of teaching staff based on teaching hours delivered in this study (number of teaching staff and % represented)	Distribution of teaching staff	No. of teaching staff	%	No. of teaching staff	%	No. of teaching staff	%	No. of teaching staff	%	No. of teaching staff	%
	Under 30 hours	135	52.94%	178	65.93%	180	65.22%	173	65.28%	174	62.82%
	30-60 hours	53	20.78%	45	16.67%	41	14.86%	42	15.85%	51	18.41%
	Over 60 hours	67	26.27%	47	17.41%	55	19.93%	50	18.87%	52	18.77%

The permanent teaching staff and readers are the university's permanent staff and constitute one third of the body of teaching staff. Unlike in a public university, as our university is a private (non-profit) institution, we do not have contracts linked to hospitals as described in Royal Decree 1558/1986, of 28 June, which establishes the general foundations for the agreements between Universities and Health Institutions. This means that the external clinical lecturers cannot be considered to be part of the university's staff.

For this reason, many of our clinical teachers are employed by both a hospital and the university, which affects the number of hours they can assign to teaching. Their commitment to teaching on the Bachelor's Degree programme is unquestionable, however the indicators regarding the university's percentage of permanent staff teachers are affected, and it means we have a greater number of lecturers who have fewer hours assigned, due to their multi-employment. This is because the agreement reached with the healthcare facilities where the practical work is carried out, as primary providers of degree-level teachers, and the type of contract they can have with the university, which is complementary to their contract in the hospital or healthcare facility, only enables a small part of their time to be assigned to teaching, which results in a large number of lecturers with a small number of teaching hours.

Although it has certain limitations, we perceive this characteristic to be a strength of our educational model. The "associate and other teaching staff" are established professionals who contribute to the stability of the teaching, regardless of the contractual relationship that applies in each case. They are lecturers who bring to the classroom their knowledge and practical experience of day-to-day healthcare. These lecturers, who teach from the third year of the programme onwards, contribute the richness of direct contact with the patient and contribute to our students' connection with the healthcare facilities where they do their practical work, although this does make it more difficult, as discussed above, to meet the criteria related to research activity (PhD/accredited).

Even with this limitation, given the nature of our institution, with regard to the percentage of lecturers on our staff, we must emphasise that during the 2019-2020 academic year (plus an extraordinary extension until November 2020 due to the pandemic situation), 4 new lecturers have been added to the permanent staff, 3 of whom are associates and 1 a staff member lecturer. They are all important for the teaching of the Bachelor's Degree and in strategic areas (ethical and social medicine, public health and pathological anatomy).

SUB-STANDARD 4.3 The institution offers support and opportunities to improve the quality of the teaching by the staff.	
Sub-standard assessment	Compliant
WFME Standards	B 5.1.1, B 5.1.2, B 5.1.3, B 5.2.2, B 5.2.4, B 5.2.5, B 6.5.3

UIC Barcelona provides various ways to improve the quality of teaching delivered by the lecturers. They are considered to be sufficient and appropriate to guarantee the quality of the teaching staff and the educational programme.

4.3.1 Main actions

They can be summarised as:

- a) Teacher evaluation and training resulting from the evaluation
- b) Specific training managed by the Department of Medicine
- c) Teaching innovation
- d) Material and mobility resources

a). Teacher evaluation and training resulting from evaluation

Since 2009, the university has evaluated the teaching activity of teaching staff annually, following the guidelines and procedures of the Teaching Manual, certified by the Specific Committee for the Assessment of Individual Merits and Activities (CEMAI) of the Catalan University Quality Assurance Agency (AQU Catalunya) on 13 December 2007. This evaluation is carried out every five years. Despite being a private university, the procedure for achieving a positive evaluation (and going up to the next level in the university teaching career) can be considered as equivalent to the five-year period of public universities described in Decree 405/2006 of 24 October establishing additional remuneration for teaching staff.

One of the key aspects of the teaching evaluation carried out by UIC Barcelona focuses on the continuous improvement of the teaching activity of teachers. It was originally viewed as necessary to link the university's continuing education plans with the feedback collected at the end of teacher evaluations. Training actions have been carried out both at the individual level for the teachers with significant shortcomings or points needing reinforcement in their teaching performance, and generally for all the UIC Barcelona lecturers. The People Management Department is responsible for developing the continuing education activities after the teacher evaluation has been completed. Together with the Innovation and Educational Quality Service, they put forward a training proposal for the next academic year to the University Board of Governors. These continuing education activities are open to any of the UIC Barcelona teaching staff and are compulsory for any teachers who have not obtained a positive evaluation.

People Management monitors the continuing education activities, and, together with the person in charge of the centre to which the teacher who has obtained an unfavourable evaluation belongs, monitors how the teacher applies the training that they receive to their teaching. One key aspects of this is classroom

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observation. It provides more information on how the teacher interacts within the classroom. The teacher then applies the necessary improvements before undergoing a new evaluation within the planned time frame. When a teacher with an unfavourable evaluation undergoes a new evaluation, they must produce a self-report that records the training they have taken in the period established and the improvements they have made to their teaching. It should be noted that, in the Bachelor's Degree of Medicine, it is extremely rare for a teacher to receive an unfavourable evaluation.

The result of the teacher evaluation is a key element in gaining a permanent position and also in approving the next career level for the teachers. The Internal Teaching Staff Regulations establish that a favourable teacher evaluation is a prerequisite for both of the above.

b). Specific continuing education activities managed by the Department of Medicine

- **Initial educational activities:** The Medical Education Office provides welcome sessions for new teachers who will be teaching on the Bachelor's Degree in Medicine (*evidence document: Welcome Handbook for New Teachers*). These sessions include: the mission and vision of the Bachelor's Degree and the outline of the whole syllabus of the programme. They are introduced to the various teaching methodologies used, the physical and educational resources available to them, and are introduced to the values and objectives of the Bachelor's Degree in Medicine. A workshop is also held on good teaching management. In the academic year 2017-2018, a welcome initiative for new teachers was launched, to which all the other teaching staff were invited. It included an introduction to the university world and the UIC Barcelona teaching model, knowledge of the strategic plan, study programme and introduction to teaching methodologies and key aspects for effective communication, to familiarise new lecturers with basic training and evaluation methods. (*Evidence: Programme of the Welcome Session for New Teachers and Welcome Handbook for New Teachers*)
- **Continuing education through staff meetings:** Each academic year, there is a teachers' staff meeting at the start and at the end of the academic year, which always includes an educational component order to improve teaching. In the first few years, sessions covered basic areas. Subsequently, the training has been orientated to meet the interests shown by the teachers (on two occasions, the Medical Education team has used a specific questionnaire to learn about the lecturers' educational interests) or needs identified in teacher evaluations. The lecturers are very satisfied with these short training sessions and usually propose topics to cover in future sessions. Some of the topics and methodologies discussed in teachers' staff meetings are detailed below.
 - How to properly develop a teaching guide
 - What are Case Study Methods and how are they planned and managed?
 - Problem-based learning
 - Simulation and OSCE
 - Mini-Clinical Evaluation Exercises (training and evaluation)
 - Blended learning
 - Evaluation tools
 - Resources to encourage students' participation and motivation
 - Active methodologies in case studies
 - Priorities of medical education: patient-centred, a critical spirit and learning to learn
 - Flipped classroom
 - How to foster self-learning in students
 - Summary and training evaluation
 - Influence of research on medical education

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- How to identify learning outcomes
- Constructive feedback
- Patient- and person-centred medicine

National and international experts have been involved in the development of the topics. As evidence, some examples of the continuing education programmes carried out is provided.

Although the preparation of these sessions is a great effort, it is worthwhile. Teachers are satisfied and on many occasions have incorporated the training received into their teaching practice, such as: modifying and adapting the teaching guides to the guidelines, new rubrics or other evaluation tools learned in the sessions have been created, gamifying has been included into some classes (dermatology, urology,...), classes have been carried out using the flipped model, and so on.

More than 15 teachers have participated as teachers in these continuing education sessions, sharing their experiences, in the section we call Do's & Dont's. Teachers discuss both the teaching experiences that have worked well with students and those that did not. This section is very highly valued by teachers and each academic year, there are new proposals for the next sessions. Members of SIQE have also participated in some sessions to help teaching staff to understand the importance of checking, modifying, or certifying the Bachelor's Degree.

The updated information in relation to the evolution of the Bachelor's Degree is also appreciated: the accreditations and results achieved, changes in the organisation and organisational chart, progress in the engagement of students, the addition of new centres....

This year, as an exception, given the context of methodological change and new needs arising from the pandemic, specific training activities have been introduced to online teaching methodologies and adaptation to a different teaching context, distance learning. The teaching staff in the Department of Medicine have actively participated in the educational programme run by the Innovation and Educational Quality Service (SIQE) to train and strengthen teachers in relation to online teaching, in several training sessions. Among other topics, they addressed:

- Keys for online assessment,
 - How to convert my classroom teaching into online,
 - The digital future,
 - Strategies for communication on camera,
 - Online teaching methods.
- **Specific education for external clinical teaching staff (associate lecturers and other teaching assignments):** Associate lecturers normally attend the continuing education sessions described above at the beginning and end of the academic year. However, specifically, the university has a continuing education programme to further the staff teacher training, referred to as the Gaudí Programme. Within the framework of this programme, the Bachelor's Degree in Medicine, during the academic year 2017-2018 work began on its contents to convert them to the context of medical education, and a specific training programme for associate lecturers of medicine emerged. Since the 2019-2020 academic year, at the request of EMU, the Innovation and Educational Quality Service (SIQE) introduced a training plan open to associate lecturers, called the Gaudí Associates Programme, which was partially implemented by the outbreak of the pandemic but is continuing

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through the academic year 2020-2021. It was positively received by attendees. (See evidence document: GAUDI Training Programme). This programme consists of six sessions lasting four hours each. The following topics are addressed: A) Teaching at UIC Barcelona, b) Planning teaching, c) Teaching methodologies, d) Communication and leadership in the classroom. Evaluation and innovation. (*Evidence: Gaudí Programme for Medicine associate lecturers*)

c). Teaching innovation

UIC Barcelona has a Teaching Innovation Classroom, where the university focuses all its activities related to teaching innovation. This innovation can be supported by research projects in teaching innovation, new methodologies orientated toward teacher improvement, or the outcome of exchanges with other universities for dissemination.

The creation of this classroom was approved by the Executive Committee of the UIC Barcelona Board of Governors at the session held on 5 December 2016. It was created with the aim of meeting the lecturers' interest in implementing innovation initiatives and projects in the classroom, and promoting the continuous improvement of the teaching processes of all UIC Barcelona teaching staff. In order to achieve this, the classroom generates dynamics that foster educational innovation or an interest in research in teacher innovation.

The main objectives of the Teaching Innovation Classroom are:

- To foster the interest of lecturers in improving their teaching methodology.
- To encourage the teaching community in the search for new teaching techniques.
- To centralise knowledge regarding teacher innovation and offer it as a service to the UIC Barcelona community.
- To give credit for the merits of lecturers participating in teacher innovation projects.
- To disseminate issues related to teacher innovation, internally and externally.
- To achieve levels of excellence in teaching techniques.
- To promote educational innovation initiatives together with other national or foreign universities.

In addition, the university has awards for the recognition of educational innovation: over the period 2014-2020, the teaching staff of the Department of Medicine have received a number of scholarships and awards related to educational innovation. Of these, here are some of the most significant:

- In 2014 and 2015, two innovative subjects of the Bachelor's Degree in Medicine: "Rational Use of Diagnostic-Therapeutic Tests" and "Appropriate Decision-Making in Medicine," received the Best Ideas Award from *Diario Médico* (a Spanish health publication). Both related to the education of cross-disciplinary competence defined in the report as "understanding the principles of leadership and decision-making in ordinary situations or in conflicts with and between ethical, legal and professional elements".
- The University's Teaching Innovation Classroom has recognised and certified 7 innovative activities carried out by 5 lecturers of the Department on "Critical reading applied to the resolution of clinical cases", "Gaming activity in Structure and Function of Integration Systems", "Workshops on structuring and personal growth", "Self-learning template in the Clinical Rotation. Growth in Professionalism", "Multidisciplinary Lesson between Internal-Medicine and Radio-diagnosis", "Causal Reasoning", "Teaching Methodology in Physiological Exploration."

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- In addition, following the 2019-2020 academic year, a special recognition has been proposed for 3 lecturers due to exceptional performance at a teaching and coordination level during the pandemic.

d. Material and mobility resources

Each year, the Department of Medicine plans the material resources needed for teaching and research in its facilities. This year, exceptionally, the provision of funding for new technologies has been increased, such as the programme for student monitoring during examinations, which has been very useful given it was impossible to do so face-to-face due to the pandemic situation.

Other tools for teacher improvement and research, such as national and international teacher exchanges (e.g. Erasmus+ programme).

4.3.2 Monitoring and assessment of the DOCENTIA program

According to the Docentia Evaluation Manual, the various levels of teaching staff evaluation are summarised as follows: a) the lecturer's self-assessment after learning the results of student satisfaction surveys, b) the report by the Vice-Dean's Office for Teaching Staff after reviewing any incidents throughout the academic year, the results of the satisfaction surveys and the assessment of the subject directors and course coordinators and c) evaluation by the Teaching Evaluation Committee according to the criteria set out in the Manual.

The main results are summarised below:

- A **self-assessment report** was produced by 73.44% of the permanent staff members and 24.91% of all lecturers, a significant increase from 2018-2019. We believe this increase is as a result of the proactive follow-up carried out by the Vice-Dean of Teaching Staff's Office, which regards the report as a useful tool in individual interviews as a script on which to draw up an improvement plan for the teacher, and the process of reflection is considered to be a priority.
- **The percentage of lecturers with a director's report** is much higher than last year, although the large number of teachers with a small teaching assignment makes this task difficult and means that the evidence available to evaluate their teaching is very limited (most of them are not evaluated by students and/or do not self-report). The decision to focus the effort on teachers with the greatest teaching load, and thus to assist in decision-making with regard to teachers, has been confirmed.
- Of the **7 Medicine lecturers who underwent the external teaching assessment, CADU, 2 teachers** have obtained a very favourable rating, 4 have obtained a favourable rating and 1 teacher has obtained a conditional favourable rating. A specific follow-up for this case has been planned during the academic year 2020-2021.

Teaching staff indicators	2014-15 academic year	2015-16 academic year	2016-17 academic year	2017-18 academic year	2018-19 academic year	2019-20 academic year
% of permanent teaching and research staff members with assigned teaching on the degree programme who have completed at least 1 self-assessment					52.83%	73.44%

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% of teaching and research staff members with assigned teaching on the degree programme who have completed at least 1 self-assessment		43.15%	32.16%	33.72%	32.25%	16.23%	24.91%
% of completed Director's reports of total of available reports		90.09%	68.07%	64.29%	40.86%	39.18%	52.83%
No. of teaching and research staff members evaluated with teaching allocated to the degree programme		9	12	4	4	7	9
No. of teaching and research staff members evaluated with teaching allocated to the degree programme based on the result obtained	Very favourable result	2	4	2	1	5	2
	Favourable result	5	6	2	3	2	5
	Conditional favourable result	2	2	0	0	0	2
	Unfavourable result	0	0	0	0	0	0
% of teaching and research staff members presented of the total presented to the annual call		18.52%	16.07%	4.35%	0%	7.5%	25.0%
No. of teaching and research staff members evaluated with teaching assigned to the degree programme according to the academic category	Professor	--	--	--	--	--	--
	Adjunct	--	1	1	--	3	2
	Contracted lecturer, PhD holder	--	1	--	--	1	--
	Associate	2	1		1	2	2
	Reader	2	5	1	1	1	1
	Collaborator lecturer	2	4	1	--	--	2
	Assistant, PhD holder	3	--	1	1	--	--
	Lecturer	--	--	--	1	--	--
	Graduate teaching assistant	--	--	--	--	--	2

SUB-STANDARD 4.4 The institution includes advances in medical education in the study programme

Sub-standard assessment	Compliant
WFME Standards	B 6.5.3, Q 6.5.1, Q 6.5.2, Q 6.5.3, B 6.4.1, B 6.4.2, B 6.4.3, Q 6.4.1, Q 6.4.2

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The Bachelor's Degree in Medicine currently includes active learning methodologies. In its design, it was suggested that in each subject there would be approximately 40% of teaching in master classes, and the remaining 60% using applied methodologies to develop a higher level of competence, such as BPL, case study methods, the presentation of projects, the discussion and debate of cases, etc.

Thereafter, any advance that is to be included in the teaching of the Bachelor's Degree must be in accordance with the department's Pedagogical Review Policy (*evidence document*), and be supervised by the Medical Education Office. As we have mentioned at other points in this report, the department has a unit that monitors the quality of teaching, through the initial and continuing education of teaching staff, proposing and encouraging innovation, promoting the introduction of new teaching and evaluation methodologies, especially in the context of clinical simulation and the skills laboratory.

Moreover, the Medical Education Office participates in the curriculum development of the teaching staff and in the implementation of actions for improvement identified by the Quality Commission or developed by the Faculty Board. In particular, it includes the advances and trends of the leading exponents of national and international medical education. It encourages and promotes research and publication in Medical Education by ensuring the dissemination of developments, both internally and in the transfer of knowledge.

The Medical Education Office also provides technical advice to the departments, lecturers and students. Though all these actions, it participates in the management of the quality and evaluation of the programmes and sets out the policy and guidelines on evaluation systems and methods, which are made available to all programme directors and are reviewed annually. This document on standards has existed since 2011 and has been updated on a yearly basis (*evidence: medical evaluation standards document*).

This unit consists of members of the Faculty Board, members of staff who have experience and/or interest in the field of medical education, methodological and statistical support staff. They are responsible for keeping up-to-date on medical education, especially with regard to teaching methodologies and evaluation tools, attending national and international conferences as speakers participating in knowledge transfer. Based on the previously-identified needs (by faculty, students, degree course), they check that they are aligned with the guidelines of the training plan and they prioritise the training activities to be undertaken, either in small or large groups in the training and monitoring staff meetings.

The Unit has defined specific lines of research and, within this framework, the main projects are developed. It also establishes priorities if new lines of research or projects are proposed. (*Evidence of research activity from the Medical Education Office*)

As discussed above, some members of the Medical Education Office, along with representatives of other degrees, are part of the Emerging Research Group on Health Education (*evidence document*) which focuses its scientific activity on two major areas: Health Education and Health Sciences Education, aimed at improving the education of future health professionals (nurses, doctors, other health professionals) to achieve professional excellence in both their technical skills and their inter-personal abilities (leadership, teamwork, communication and emotional intelligence), self-management, inter-professionalism, prioritisation and decision-making. This interdisciplinary group is recognised as an emerging group and has been funded since 2017. Since January 2017, it has produced 17 articles (11Q1; 2 Q2; 1Q3; 3Q4). (*Evidence of articles published SGR 2017_2020*). Since its creation, it has initiated 3 competitive funded projects and 2 non-competitive projects.

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The Vice-Dean's Office for Teaching Staff carries out an analysis of the research potential of each teacher, supporting the development of their professional and research career, and encouraging their involvement in research groups, presentation of projects, etc.

The Bachelor's Degree in Medicine is part, as an institution, of the Spanish Society for Medical Education (SEDEM) and the AMEE (Association for Medical Education in Europe) and participates actively and regularly in other prominent Medical Education forums such as those organised by the Lilly Foundation and the Spanish Society of Clinical Simulation and Patient Safety (SESSEP) involving workshops, papers, presentations, posters, moderated round tables, evaluation panels, etc. (*evidence document*)

Some of the theses submitted in recent academic years by teaching staff forming part of our degree programme represent progress in Medical Education, in particular with regard to doctor-patient communication and, at present, there are three PhD students who are doing research on topics related to Medical Education such as inter-professionalism, innovation in the classroom, gamifying in teaching, or application of technology to teaching.

After a member of the Board or a representative takes part in a Medical Education Congress, they submit a summary to the Dean (debriefing) to assess new developments or trends. Where appropriate, they also present a summary at the meeting of the Board of Medicine and the Medical Education Office, where an assessment is made as to how this can be transferred to the teaching staff and included in the educational programme. Moreover, when teachers are introducing new teaching methods or innovation in the classroom and want to assess the impact of these methods, they propose lines of research. These are then assessed by the Medical Education Office who, if appropriate, provide methodological support for their introduction.

Over the last few academic years, without any need to "modify the programme", new optional subjects have been included that cover the students' educational needs, the new progress and trends in medical education or the new needs of society such as medical professionalism, chronic illness, ultrasound diagnosis as a second stethoscope or sleep and health.

ASSESSMENT OF THE ACHIEVEMENT OF ACCREDITATION STANDARDS

STANDARD 5

Effectiveness of learning support systems

The institution has suitable and effective guidance services and resources for student learning.

Self-assessment

Sub-standard		Assessment
5.1	Academic guidance services provide suitable support for the learning process, and the professional guidance services facilitate entry into the labour market.	<p>Compliant. The tutorial and academic guidance support plan meets students' needs.</p> <p>The professional guidance is adequate, considering the available evidence and the suitability of the activities carried out (type, duration, dissemination, performance agents...).</p> <p>Students and tutors are satisfied with the academic and professional guidance services.</p>
5.2	The available physical resources are suitable for the number of students and the features of the study programme.	<p>Compliant. Academic and clinical infrastructures adequately meet students' learning needs (pertinent and sufficient equipment and sufficient facilities).</p> <p>The library's collection is adequate for the needs of the programme, it is accessible and there is a certain connection with research work being undertaken in the faculty.</p>
Overall standard rating		COMPLIANT

Executive summary of standard 5

The Department of Medicine makes available to the student the necessary services and resources to motivate and facilitate their comprehensive learning and education. We are satisfied with the support given to the student, especially in terms of academic guidance and individual advice that is provided throughout their time at the University, and which we have continued to consolidate over the last few years.

Special attention is also given by the programme directors to career guidance and support during external work placement and clinical rotation. Work placements are the part of the educational programme that brings students closest to the reality of the profession. Therefore, we encourage a high level of constructive feedback in the evaluation of work placements to help the student achieve their potential for improvement. In addition, in the last academic year sessions are organised to pull together knowledge and career advice to guide and prepare them for medical specialisation and other possible career avenues.

Every student is assigned a personal tutor who will support them throughout the Bachelor's Degree course. In the last academic year, when they spend many months practising in healthcare facilities and outside the university, they are assigned an academic tutor who supports them in the final stage of their course, gives them a more professionally-focused outlook, and the means to help them become self-sufficient. In addition, from the third academic year onwards, students attend "workshops on structuring and personal growth" that provide tools for their progress and training in professional values and personal improvement resources.

Students with potential for improvement or difficulties are also closely monitored by a teaching staff member whose role is to ensure that all students achieve their maximum performance and academic and personal excellence and also identifies those with particular difficulties.

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This support structure is completed by the course coordinator, and the Vice-Dean's Office for Students who coordinate to pre-empt any possible problems and give an appropriate and consensual response if they occur.

The students are represented by the student representatives who actively participate in decisions relating to the Bachelor's Degree through regular meetings with the Vice-Dean's Office for Students. They keep students informed and consult them in decision-making that affects them. They also attend Quality Assurance Committees and teaching staff meetings on assessments.

The constant renewal and updating of the resources facilitates the work of the lecturers and is tailored to the students' needs and the teaching of medicine. We consider our facilities to be excellent, with sufficient material and physical resources, providing the option of furthering knowledge through self-study: biochemistry and biology laboratories, an osteology collection, dissection rooms, classrooms of various sizes and types, computer rooms, a library and study rooms.

Of all these resources, two particularly stand out:

One is the Comprehensive Centre for Advanced Simulation (CISA) with more than 1,000 square metres dedicated to laboratories for skills and simulation, with a team of expert teaching staff who maximise the potential of the available resources.

Secondly, the work placement centres. We have sufficient centres with sufficient capacity. The work placement centres are a key element in the complete vocational and technical training of students. All of them have a high involvement in teaching. The university centres are the main source of teachers and their professionals are the model and example for students when they are doing work placements. The teaching staff meetings on work placements, which are held twice a year, give feedback on student satisfaction on how they were received, and the support and training provided.

Based on all the above, we believe that students have sufficient support for their academic and personal progress to make the most of their education and that this standard is properly met.

Indicators

To evaluate this standard, we provide indicators related to:

- Individual guidance
- External work placements
- Facilities

Evidence documents that support the Standard

Assessment sub-standards

SUB-STANDARD 5.1 Academic guidance services provide adequate support for the learning process, and the professional guidance services facilitate entry into the labour market	
Sub-standard assessment	Compliant
WFME Standards	B 2.1.2, B 4.3.1, B 4.3.2, B 4.3.3, B 4.3.4, Q 4.3.1, Q 4.3.2, Q 4.4.1, B 6.6.1, B 6.6.2, Q 6.6.2, B 7.2.1

5.1.0 Academic guidance

Academic guidance during the admission process

The academic guidance of students begins from the time of their selection through the entrance exams, as made evident in point 1.3 of this self-report. 50% of the weighting of the tests is on factors that help to select students who fit the profile identified in the report, i.e. who have a vocational attitude towards science and medicine and who stand out in cognitive aspects (attention span and concentration, scientific thought, planning and decision-making), emotional aspects (empathy and ease in interpersonal relationships, resilience, emotional balance and management, leadership and teamwork), and attitude (perseverance, effort and dedication, responsibility and commitment).

Academic guidance during the first year

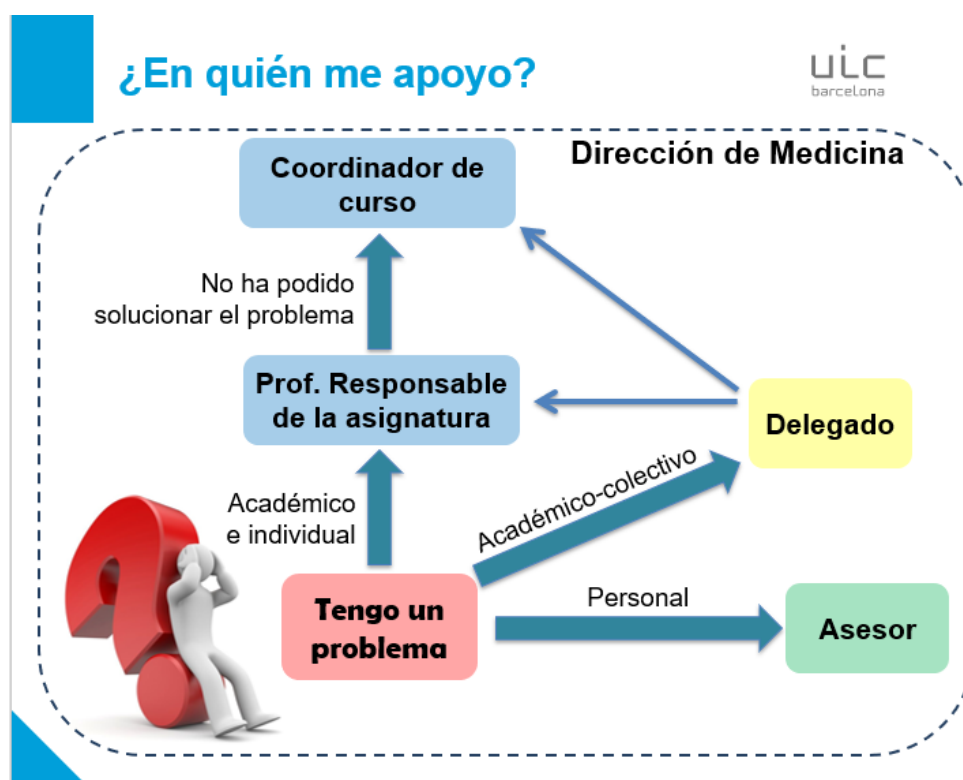
At the start of the year, the new students have some days of induction into the university where the Rector welcomes them, and all the services are presented. They then have three days of induction to the Bachelor's Degree in Medicine (*Evidence document*). They are introduced to the Bachelor's Degree, the University's mission and values, the study programme, the methodologies with which they will work, what is expected of them, who are their main contacts, and the systems and resources they have available to participate as students. Various workshops and activities are held where the resources available to them are presented, in which fellow students from later years also take part. A "student mentor" is offered to those who need it. This mentor introduces the student to the university and the course, as a peer.

From the first year, the student has the following main contacts:

- **Student representative and assistant-representative for the course:** Democratically elected. They help to resolve any academic or general course problems. They represent the voice of the class. They also pass on information from the course coordinator or degree programme directors. They meet regularly with course coordinators and the Vice-Dean's Office for Students.
- **Subject directors:** This is the member of staff whom students or student representatives contact with a specific problem that only affects a particular subject.
- **Course coordinator:** This is the person student go to for general course problems or when the subject director does not respond, or also when there are general workload problems, timetable or classroom difficulties, etc. Coordinators meet with student representatives at least once a semester.

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- **Personal tutor:** This is the teacher whom students contact for general personal or academic support, to improve and maximise their potential and performance.
- **Academic tutor:** This is the person who does the tutorial follow-up of the sixth year clinical rotation external work placements and also has the role of personal and academic tutor.
- **Vice-Dean's Office for Students:** They can be contacted when the channels described above have not worked. They meet periodically with the class representatives and other student representatives from the Bachelor's Degree.
- **University ombudsperson.** They are available to the whole educational community and whenever necessary can be contacted for a complaint, suggestion or to put forward a solution.
- **Faculty Board:** The Faculty Board can be contacted in a formal communication, to request an exception or for specific requests that do not follow the usual rules.



Academic guidance and monitoring up to sixth year

Please find attached the slide that is used in the first-year new students' welcome session to identify the key contacts.

Academic follow-up and guidance up to the 6th year is carried out by the personal tutor and by the Lecturer Responsible for Excellence:

- All students joining UIC Barcelona are assigned a personal tutor who follows the personal tutor guide (*evidence document*) and the University's philosophy (*evidence document*). In turn, all personal tutors for the Bachelor's Degree in Medicine are led by the Guidance Coordinator for the programme

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(CA) (*Evidence Description of Guidance Coordinator's Functions*). The process of personal guidance is described and assessed in section 5.1.1 of this self-report.

- The Lecturer Responsible for Excellence (PREX) has a specific role in the Bachelor's Degree in Medicine who ensures that students with difficulties are identified at an early stage, in order to proactively work to support and guide them. They can also identify excellent students to gain their support and motivate them to become an example for their peers. (*Evidence: description of PREX functions*)

On their side, CA and PREX work in a coordinated manner by closely following students and tutors to support them, train them according to their needs and inform them when a particular problem or need is detected. Particular attention is paid to the subject enrolment of each student based on their options, guiding them and the tutors in the case of inconsistencies. Logically, the student is only given advice and is left to make the final decision.

With further reference to support, on the first day of each academic year, students have a welcome session, where the course coordinator is introduced. They are told about the subjects for each semester, the teaching staff who are the heads of each subject, the allocation of credits, methodologies, allocation of weightings... and other features of the course.

At the end of the second year, students have a specific session where the clinical centres where they will undertake their work placements more intensely in the third year are presented. A representative of each centre (universities and collaborating institutions) explains the characteristics of the centre, the type of services, its mission and values, the way of working, its location, material needed during the placement, etc.

Academic guidance in the sixth year

In the final academic year, the personal guidance that the student has had since the first academic year is undertaken by the academic tutor of the clinical rotation work placements. The student will complete 30 weeks of clinical practice outside the university and, therefore, will have a single contact person. The academic tutor of the clinical rotation works mainly on professionalism (attitudes and values of the profession) and provides guidance to orientate the student towards the choice of their future speciality. Tutoring is done through one-to-one meetings and a specific group session for guidance regarding the various career paths, in addition to specialisation through MIR. The majority of sixth-year academic tutors are family doctors or interns.

Academic guidance for students with difficulties

If students are identified as having difficulties, they are monitored more closely. All the relevant information is sought from their teachers, tutor, PREX and CA. Initially, it is the personal tutor who talks to the student, helping them to think the matter over and suggesting specific actions to refocus the situation. If, despite the personalised monitoring, the situation cannot be resolved and leads to the student leaving the course, whether due to the regulations or their own wishes, they are given the maximum information and support for reorientation or they are supported in continuing the course at another university.

5.1.1 Personal guidance

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As explained above, every student who joins UIC Barcelona is assigned a personal tutor.

We view the tutor's Tutorial Action Plan (*Evidence: UIC Medicine Barcelona Tutorial Action Plan*) as a point of support for the student's overall training. In the first years of the course, the topics that we work on most with students are time management, stress management, university integration, study planning and achievement of results.

As explained in the previous section, the CA and PREX meet monthly, reviewing the tutors' reports (who report periodically on the incidents that have been identified in relation to academic matters or any other, always with the student's knowledge), reports from the teachers or course coordinators and the grades are also reviewed. The aim is to identify any possible difficulties early on and propose specific actions to the tutor or the student.

The support in the Bachelor's Degree in Medicine is well established and each year former students join to assist in advising students. This is very well received by students and achieves good results. For good management and organisation, as we explained above, we have a guidance coordinator (in this case, a doctor who, on the basis of his own training, helps with that of the students), who works in cooperation with the Vice-Dean's Office for Students to ensure that the student monitoring plan is fulfilled.

Guidance Indicators	2014-15 academic year	2015-16 academic year	2016-17 academic year	2017-18 academic year	2018-19 academic year	2019-20 academic year
Student-tutor ratio (Total number of Bachelor's Degree students / Number of tutors)	13.6	14.2	14.35	10.9	9.9	9.6
Percentage of students who have had at least 1 meeting (Number of Bachelor's Degree students who have had at least 1 interview / Total number of Bachelor's Degree students)*100	65.10%	71.00%	75.12%	73.83%	73.00%	67.08%
Average number of interviews per student (Number of guidance meetings for the Bachelor's Degree / Total number of Bachelor's Degree students)	2.07	1.9	2.04	1.94	2.07	0.99

75% of students meet with their tutors for an average of 2 meetings per year. There is evidence of a drop in indicators in 2019-2020, brought about by the change in the system for recording the meetings to a much more complicated one, which has made it difficult to record the meetings. However, although not all meetings have been recorded, at a qualitative level we can say that, during the period of lockdown due to the COVID-19 pandemic, many of the advisor-student meetings have been held online. This has facilitated the adaptation

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of the schedules and therefore the meetings, while maintaining the relationship and closeness with the student.

It should be noted that the meetings with the personal tutors are voluntary and that we must provide tools to tutors and training to help them to appeal to and to gain the loyalty of the students.

The tutors receive training on personal support techniques and also at an academic level to respond to the needs of students.

The training of the tutors is carried out by the Vice-Rector's Office for the University Community's Department of Personal Development and Institutional Culture. Over the last year, the tutors' training days have been changed from a format of two days to 2-3 hour sessions throughout the year. This has helped to improve attendance. The tutors have communicated in their meetings with the coordinator that this change is highly valued and considered to be more useful training. The meetings with the coordinator also reinforce the training received, help to unify criteria and give confidence to the new tutors.

5.1.2 Professional guidance

Professional guidance starts in the first year, when basic training is given on the various career paths, focusing, of course, on specialisation in Spain, which requires the completion of the Resident Medical Intern (MIR) exams. Students are also informed of the possibilities of specialisation abroad, so that they are aware of these from the beginning of the Bachelor's Degree and, if they decide to choose that option, can prepare for it, since this requires sitting a number of tests that start when the student is in their third year.

In the sixth year, 32 hours are dedicated to knowledge integration and 32 more on skills integration as an overview of the basic knowledge and skills that will enable students to be prepared for the ECOE end-of-degree exam (Objective, Structured Clinical Exam) and a good basis for preparing for the specialisation entrance exams. Multiple choice-style tests with negative marking of wrong answers are given throughout the Bachelor's Degree in order to improve their skills for this type of assessment, currently used in the MIR examination. This type of test is built into the assessment system for almost all clinical subjects.

During the clinical rotation in the final year of the programme, in the final trimester they have a two-hour session specifically dealing with career guidance. This session reviews all the possible career paths and also the options the students have if they do not attain the expected level in the MIR in order to go into the speciality of their choice. The characteristics of each speciality are reviewed, how to prepare to make a good choice of place in the MIR.

They also explain the need to belong to the medical association in order to practise, the importance of actively participating in the scientific bodies of their speciality... and are given an overview of other career options outside care, such as research, teaching or management.

It should be noted that, throughout the Bachelor's Degree, there are subjects and activities that promote the development of **research** competences (up to 60 ECTS over the whole programme), These are geared to meeting the requirements of level 3 of the Spanish Qualifications Framework for Higher Education (MECES) that correspond to a Bachelor's Degree in Medicine and that will allow graduates to be embark on a PhD.

The programme also develops management competences (such as decision-making in clinical practice, resource management especially in requests for diagnostic tests or treatment guidance, building in efficiency

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and effectiveness at work, knowledge and management of activity indicators, safety and clinical management, interdisciplinary and inter-professional work...).

With regard to **teaching**, the preparation and presentation of communications in "poster" format, presentations, development and defence of projects, participation in the evaluation of peer work, being a member of the Final Degree Project examination panel, etc., is encouraged throughout the programme.

For **development, structuring and personal growth**, 12 workshops of 2 hours are given, taught by specialists in emotional intelligence, values intelligence and management of emotions, which foster reflection on personal values, those of the profession and the importance of a personal balance in being a good health professional. These workshops provide resources that the student can apply in the workplace.

At the time of the start of the clinical rotation, they are assigned an academic tutor (usually a general practitioner) who will accompany the student throughout their clinical practice in the different centres, and provide guidance in their choice of a specialisation. The students are supported to work independently, to learn how to prioritise decision-taking, to set goals for improvement to work on and to propose their own actions in any of the areas they view as necessary. Through this support and reflection regarding their development and their actions, they learn to appreciate the importance of medical professionalism, which will be very useful in their future employment.

5.1.3 External work placement (PE)

External work placement indicators	2014-15 academic year	2015-16 academic year	2016-17 academic year	2017-18 academic year	2018-19 academic year	2019-20 academic year
Number of Bachelor's Degree students who do external work placements	465	484	516	519	478	478
Percentage of students who do their external work placement in the university	0%	0%	0%	0%	0%	0%
Percentage of students who do their external work placement outside the university	100%	100%	100%	100%	100%	100%

The initial planning is done in the same way as in the previous years. Halfway through the previous year, the periods and clinical services are defined for the work placement of the students in each year in the centres (third to sixth years). This overall proposal is sent to the Teaching Secretary of each centre receiving students, so that they can review it with the teaching management, coordinators and secretaries. The work placement centres are hospitals and primary care centres, both universities and collaborating facilities.

Once all the centres have indicated their availability, the various pathways that students choose at the end of the year are put together, rigorously following the order of the academic record. First, the sixth-year students choose (as they begin their work placement in summer) and, at a later date, the students in the

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other years (third to fifth). The first year students, who do several days observation, do not get assigned a centre until the beginning of the course, when we have all the enrolments.

Work placements: Once the pathways have been chosen, the centres are informed of the final numbers, per service and per course. Thereafter, changes are only accepted for justified reasons of force majeure. The necessary documentation (vaccinations, certificate of no sexual offences, confidentiality agreements, etc.) is submitted. Each student receives the work placement dossier for their year (*see evidence document*) which sets out the objectives of the work placement, the outputs that are expected to be produced, the student's commitments and what is expected of the clinical tutor. The student is also informed of the meeting point and reference person for each centre, what they should do if they can't attend one day... They are also provided with the protocol in the event of an accident during the work placement.

In addition to attendance at the centres, students attend several mandatory practical and theoretical seminars before beginning the placement, which are held at the university. Then, during the work placement, they attend 4 workshops on personal development and structuring. These represent 12 hours per course and are also carried out in the university (*See evidence document: structure of the workshops on growth and personal structuring*). The workshops aim to train the student in professional values and also to enhance their skills of emotional management, stress management and control, and personal and interpersonal communication.

During the course, students attend the morning work placement at the assigned centres and, in the afternoon, continue with the theoretical or practical-theoretical classes and the skills and simulation laboratories at the University.

Any incidents are managed through university/centre coordination.

The start of the work placement in 2019-2020 has followed the planned timetable better than in the previous academic year, but in the second half of the year it has been affected by the Covid-19 pandemic. Beginning in March 2020, work placements were suspended for all students and all centres. This required alternative, contingency plans to be developed, and an additional effort to ensure that students could acquire the expected competences during the work placement.

Assignment of clinical tutors: explained in sub-standard 4.1.2

Work placement centres: In 2019-2020, new associate centres have been included for the work placements for third to fifth years: Parc Sanitari Sant Joan de Déu de Sant Boi de Llobregat, HM Delphi and Teknon Hospital of the Quirón group (both in Barcelona).

The work placement coordinator has visited all 3 centres to explain how the work placements operate and present the teaching guides (objectives to be achieved) and the assessment (carried out through rubrics). Nevertheless, the monitoring and support of these new centres needs to be reinforced as difficulties have been detected in the proper implementation of the assessment system. We have planned closer monitoring during 2020-2021, and they have been offered the possibility of sessions with the tutors to meet their training needs or to reinforce understanding of the assessment system based on rubrics.

In 2018-2019, 37 sixth-year students spent part of their placements (between 8 and 16 weeks) outside these centres, mostly in Chile, Argentina, Peru, Mexico, Brazil Denmark, Portugal Italy, Belgium, Switzerland, Germany and Slovenia. And 12 foreign students undertook part of their clinical rotations in our centres, between 8 and 13 weeks.

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In the sixth-year clinical rotation, students undertake two weeks of social rotation. In 2019-2020, new agreements with centres were made at the request of students. In particular, during the pandemic, many sixth-year students offered their support both in terms of care and logistics, making visits to patients alone, organising the sending of letters to hospitalised patients, making virtual calls with their families, making follow-up calls, etc. Although most students have undertaken this work altruistically, in some cases this activity has helped them to complete the social rotation work.

Assessment system - Rubrics: The students have obtained good results, however, we find that the tutors' assessments with rubrics do not always adequately reflect the student's level of clinical competence. In each course, the rubric is supported by the submission of medical records or other clinical or analytical reports, personal or group tutorials and in some cases public presentations with structured assessment.

The rubrics are a central part of the assessment of work placements. In one of the 2018-2019 teaching staff meetings, a workshop was held to review and gather feedback, not only from those in charge of work placements, CPT and CDC, but also from work placement clinical tutors, who are the ones who regularly use them. Following the workshop and many meetings among those involved, in addition to taking assessment models from national and international centres, a specific teaching staff meeting was held at which the alternatives were presented and where the contributions of all the attendees were compiled. By consensus, it was decided to modify the rubrics, both in terms of content and form and to carry out a pilot study in the second half of 2019-2020, in order to assess the change before it is definitively introduced in all centres. Due to the pandemic, the introduction was postponed until the epidemiological situation in the centres has been controlled, as we do not see it as an ideal time for change. (*Evidence: Practice evaluation rubrics and proposal for new rubrics for 2021-22, by year*)

The aim of the rubrics is to unify the assessment system of the different tutors in the different centres, but there is always a certain subjectivity that does not always ensure that the students have achieved the desired educational objectives. Therefore, we intend to also complement the work placements with more seminars and sessions in the simulation area, with simulated patients. We plan to carry out a pilot study in a complete subject and, depending on the results, add simulation as another part of the work practice assessment. (Under study)

Work placement staff meetings: Twice during the academic year, the work placement staff meetings are held, to which CPTs, CDCs, and members of the Joint Committees of the centres are invited. For some years and, in order to involve the clinical tutors more and to give them an incentive for their work, they are invited to participate in the work placement staff meetings where they are given information, training and feedback on the students' levels of satisfaction and comments. This is also where their suggestions and needs are communicated. For the Bachelor's Degree programme, this participation is very important, firstly so that they feel integrated in the University as part of the teaching team and secondly, because their viewpoint and opinion will help improve the quality of the work placements. They have been found to be very interested in attending, since in recent sessions, 50% of the attendees were clinical tutors. The attendance of CPTs and heads of subjects is considered to be essential and they must agree to attend these meetings when they are appointed. The clinical tutors have expressed satisfaction and gratitude for the invitation, but especially to be able to actively participate and they value this opportunity offered by the University.

The meetings identify the need for tutors to have more follow-up and support from CPTs or CDC. It is therefore proposed to carry out a regular follow up of these roles to ensure that they know their functions and any difficulty in exercising them. In 2019-2020, the second work placement staff meeting to be held at the end of the academic year could not take place, as it was scheduled for May, in the middle of the pandemic.

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Incident tracking: The most significant incident has been the suspension of work placements since March due to the pandemic. This has significantly complicated the assessment of final year students, since there was no option of work placements being recovered in subsequent courses, as could happen with third to fifth year students.

Another incident that has been repeated in recent academic years has been the delay in sending the evaluation rubrics, especially in some specific services and centres. This has been worked on during the year to correct it. A reminder of the impending rubrics is sent monthly to each centre with the names of the students, the period and service where they completed their clinical practice. This follow-up is carried out in both the third to fifth-year subjects and the final year clinical rotation which includes 6 subjects - 52 ECTS - and an average of 10-12 rotations per student in different centres and specialities, many of which were undertaken abroad.

One-off incidents such as: poor reception for some service, lack of information or communication with the centres, lack of assignment of a specific tutor, etc., have been channelled between the teaching secretaries of the centres and the work placement secretary of the university, who report and resolve it in agreement with the work placement coordinator.

Satisfaction surveys: Student participation in surveys has greatly improved. The acquisition of a new work placement management programme is being evaluated which will help simplify planning, assessment monitoring and the collection of satisfaction surveys.

Due to the high turnover of administrative staff, it has not been implemented at this time, but the databases are being prepared for implementation in 2021-2022.

Another factor that explains the low response rate is that some centres ask students to complete centre-specific surveys and that leads to not completing the university's surveys. Both students and centre managers have been reminded of the importance of receiving this feedback as it is one of the key elements in proposing and implementing improvement actions.

The most frequently detected areas of improvement are:

- The lack of a clear assignment of a tutor or the assigned tutor does not carry out that function, in the student's view.
- Lack of a good reception in the centre.
- Inability to act somewhat autonomously or not interact with patients.
- The inability to access information from patients to be studied (this is the most frequent). The current regulations that prevent students' access of information are the greatest obstacle and the greatest reason for dissatisfaction, and therefore it is highlighted in the results table attached. This could be improved if the centres incorporate patients' informed consent so that students can access medical records. This will be suggested to the CDC and discussed in the Joint Committees whether systematic collection of this consent can be made, at least in university or associate centres.

The results of the satisfaction surveys by year are as follows:

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	Students	Number of different rotations	Possible no. of answers	Total no. of answers	%	Students with negative overall rating (1,2)	Poor assessment of access to information (1,2)
3rd year	94	1	94	48	51%	4	3
4th year	87	2	174	64	36.78%	8	11
5th year	92	2	184	72	39.13%	7	3
6th year	89	5	445	298	66.97%	11	59

For the work placement staff meetings, information corresponding to their area of responsibility has been sent to each centre, to each CPT and to each subject director, with information regarding the overall results. In some cases, when a serious lack of commitment to a service has been detected, the centre has decided that during the 2019-20 academic year, the service with negative ratings will not have students undertaking clinical rotation.

Subject directors will be provided with direct access to the results of student satisfaction surveys, without having to wait until the end of the semester. They can then act proactively and react quickly to student feedback, both negative and positive. Currently, this information is not available.

The work placement coordinator, together with the Vice-Dean's Office for Academic Ordinance regularly holds meetings with those responsible for the work placement subjects to discuss progress, any incidents, and suggest actions for improvement in response to student feedback in the satisfaction surveys. In this way, changes have been made in the assignment of services in some subjects to ensure that the expected educational objectives are worked on, problems have been communicated to the centres regarding the reception of the student, the assignment of tutors or follow-up of the assignment in some specialties.

Every year, students at our university have the possibility of extracurricular stays in our university or associate centres, although this last academic year, the epidemiological situation and the pressure to which clinical centres have been subjected by the Covid-19 pandemic has made this impossible.

The Medical Students' group (AEMICS), in coordination with the international organisation IFMSA (International Federation of Medical Students Association), enables some students each year to carry out international work placements and research stays in the summer. (This did not take place in 2019-2020 due to the travel restrictions caused by the pandemic).

- Clinical work placements: 98 students have undertaken clinical work placements over the last few academic years, going to countries such as: Poland, Portugal, Slovenia, Indonesia, Croatia, Lithuania, Switzerland, Panama, Italy, Greece, Costa Rica, Tunisia, Korea, Bosnia, Mexico, Indonesia, Brazil, Bolivia, Peru, Chile, Philippines, Macedonia, Kenya, Ghana.

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- Research stays: 20 students have completed a month-long research placement abroad, in the Netherlands, Quebec, Denmark, Finland, Czech Republic, Korea, Ghana, Chile, Hungary, Belgium, Sweden, Mexico, Japan, Peru, Bosnia and Herzegovina, Indonesia, and Tunisia.

Students highly value the possibility of undertaking extracurricular work placements during the summer to reinforce knowledge and have this extra work experience, both nationally and internationally.

SUB-STANDARD 5.2 The available physical resources are adequate for the number of students and the characteristics of the study programme	
Sub-standard assessment	Compliant
WFME Standards	B 1.2.2, B 2.5.5, Q 2.5.3, B 6.1.1, B 6.1.2, Q 6.1.1, B 6.2.3, B 6.3.1, B 6.3.2, B 6.4.3, B 8.3.1, B 8.3.2, Q 8.3.1, Q 8.3.2

The facilities and resources that the institution places at the service of the student, in addition to the teaching staff, academic tutors and personal tutors (explained in depth in section 5.1), enable the successful achievement of the proposed educational objectives, facilitating the learning and development of skills, attitudes and values. Therefore, the centres are appropriate for the number of students enrolled in the Bachelor's Degree in Medicine and the characteristics of the programme.

The available resources are described below, classified into three large groups:

- Facilities for on-campus work placements (*evidence document*)
- Specific hospitals and practice centres for the Bachelor's Degree in Medicine
- Cross-disciplinary resources

A. Campus work placement facilities

On the health campus, the following specific physical resources are available, for which there is an annual budget for replacement, maintenance and updating of these resources.

Mobile classrooms for teaching based on an active methodology, in small groups: In addition to the large classrooms with fixed tables and benches, very useful for teaching the whole class, we have classrooms that we call "mobile" for the dynamic teaching of smaller groups: Case methods, ABP, workshops, seminars. The design of the swivel chair with mobile arms plus several independent screens in the classroom, allows work in groups and sub-groups that work independently and immediate feedback to the group as a whole.

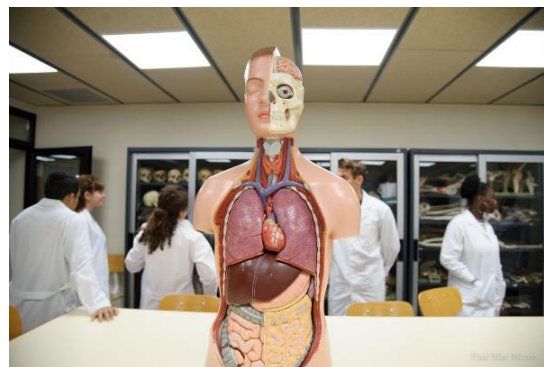
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Comprehensive Centre for Advanced Simulation - CISA This is a 1,000 square metre space equipped with healthcare facilities, including two outpatient clinics, one at home care simulation area, one surgical area, one specialist area and two 16-bed hospitalisation areas, 3 multipurpose rooms for basic skills training, debriefing rooms and an image control area. All the facilities have a video recording system and debriefing management software. In this centre, skills laboratories and clinical simulation are undertaken at both basic and advanced levels, allowing students to practice diagnostic and therapeutic techniques, the resolution of complex situations and the development of cross-disciplinary competences linked to professionalism, such as: communication teamwork, leadership, etc., before entering into any direct contact with actual patients. There is a team of teachers trained in this methodology, a portfolio of simulated/standardised patients and also the Clinical Objective and Structured Assessment (COSE) and exams for the third and final years of the course are held here. More information can be found on the following link: https://www.uic.es/sites/default/files/2020-08/triptic_cisa_es_0.pdf



Bone library and dissecting Rooms: For the study of anatomy, 3 dissection rooms are available (two for teaching and one dedicated mainly to research). These rooms also feature audiovisual media and image support for a better educational experience. There is also an osteology collection with multiple anatomical parts of various materials and visual materials, radiographic plates and other images that help anatomical learning.



Biochemistry laboratories: There are 2 laboratories available for practical teaching in basic sciences. Students work here in small groups accompanied by teachers and are always under supervision.



B. Hospitals and other centres for work placements

This is one of the most important resources we have after the Comprehensive Centre for Advanced Simulation (CISA). The hospitals and healthcare centres with which UIC Barcelona has an agreement for the Bachelor's Degree in Medicine, meet all the necessary requirements for students to acquire the clinical skills and work experience necessary to meet the desired educational objectives. The centres must comply with all the requirements of the university regulations for medical education (university or associate centres, depending on the size and services that they make available for the education of medical students, respectively, in accordance with *Royal Decree 1558/1986, of 28 June, establishing the general basis for the system of agreements between universities and health institutions*).

The responses of the care centres that take our students on work placements are sufficient to meet the work practice requirements for all the academic years as set out in the study programme, and allow us to maintain the student tutor ratio of 1/1 and patient/student ratio of 1/1 (ratios achieved across all the academic years), thus complying with the current regulations (*Order SSI/81/2017, of January 19, by which the Agreement of the People Management Committee of the National Health System is published, approving the protocol establishing basic guidelines to ensure and protect the patient's right to privacy by Health Sciences students and resident professionals* (see evidence document).

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In total, there are 6 General Hospitals, 24 Primary Care Centres, 5 Outpatient Psychiatric Care Centres and 5 Social-healthcare Centres.

- 5 University-institutions (4 Hospitals and 1 Cluster of Primary Care Centres)
- 8 Associate institutions (6 hospitals and 2 primary care centres)
- 2 Collaborating, monographic institutions (both social-healthcare centres)

We believe that this provision of centres is one of the strengths of our Bachelor's Degree programme, and we are proud of the good relationship and understanding we have with all of them, achieved through cooperation between the centres and the programme through the Joint Committees and a complex but very satisfactory operational and monitoring set-up. This has allowed us to achieve a very good level of results and excellent student satisfaction, especially shown in the graduates.

The centres are set out below, by type and category, the specialities they offer for the work placements and the years in which students can opt for that work placement centre.

CENTRE	Type	Category	Specialities	Courses at the centre
Granollers General Hospital	General Hospital + Social-healthcare Centre	University	All the specialities of the centre are available for teaching, including the Social-healthcare Centre.	Years 1, 3, 4, 5 and clinical rotation
Hospital Universitari General de Catalunya	General Hospital	University	All the specialities of the centre are available for teaching	Years 1, 3, 4, 5 and clinical rotation
Fundació Althaia Manresa	General Hospital + 3 Primary care centres	University	All the specialities of the centre are available for teaching, including the Primary care centres.	Years 1, 3, 4, 5 and clinical rotation
Terrassa Health Consortium	General Hospital + 7 Primary care + Social-healthcare centres	University	All the specialties and centres belonging to it are available for teaching, including the social-healthcare centre and the 6 primary care centres.	Years 1, 3, 4, 5 and clinical rotation
ACEBA	Group of 4 primary care facilities	University	Adult and paediatric primary care	Year 5, clinical rotation
Quirón Hospital (Barcelona)	General Hospital	Associate	Cardiology, Plastic Surgery, Oncology, Paediatrics, Rehabilitation, Traumatology, Intensive Care, Emergency, Urology	Years 1, 4, 5 and clinical rotation
Mollet Hospital	General Hospital + Social-healthcare	Associate	Anaesthesia, General Surgery, Gynaecology, Internal Medicine, Nephrology, Psychiatry, Traumatology, Emergency, Urology, Social-healthcare centre	Clinical rotation

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CENTRE	Type	Category	Specialities	Courses at the centre
HM Delphi	General Hospital	Associate	Cardiology, General Surgery, Internal Medicine Oncology, Paediatrics.	Years 3, 4, 5
Parc Sanitari Sant Joan de Déu (St Boi)	General Hospital + 5 Outpatient Psychiatric Care Centres + Social-healthcare	Associate	Anaesthesia, Cardiology, Dermatology, Infectious Disease, Gynaecology, Neurology, Respiratory, ORL, Traumatology, Radiodiagnosis, Rheumatology, Rehabilitation, Psychiatry, Palliative. (5 Outpatient Psychiatric Care Centres).	Year 5, clinical rotation
Teknon Medical Centre (Quirón Salud Group)	General Hospital	Associate	Anaesthesia, General Surgery, Plastic Surgery, Urology.	Clinical rotation
Plato Hospital (not from 20-21)	General Hospital	Associate	Anaesthesia, Cardiology, Vascular Surgery, General Surgery, Maxillofacial Surgery, Ophthalmology, Dermatology, Digestive Diseases, Internal Medicine, Neurology, Oncology, ORL, Respiratory, Rheumatology, Traumatology, Intensive Care, Emergency, Urology	Years 3, 4, clinical rotation
CASAP (Castelldefels)	Primary care centre	Associate	Adult and paediatric primary care	Year 5, clinical rotation
EAP Sarrià	Primary care centre	Associate	Adult and paediatric primary care	Year 5, clinical rotation
ICS Metronord (6 centres)	Primary care centre	Collaborating	Adult Primary Care	Clinical rotation
ICS Girona (2 centres)	Primary care centre	Collaborating	Adult Primary Care	Clinical rotation
Catalan Oncology Institute (<i>Institut Català d'Oncologia</i>)	Specialist Oncology and Palliative	Collaborating	Social-healthcare: Subacute, Palliative, Long Stay, Convalescence	Clinical rotation
Parc Sanitari Pere Virgili	Specialist social-healthcare	Collaborating	Social-healthcare Subacute, Palliative, Long Stay, Convalescence	Clinical rotation

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The table below sets out the work placement subjects by academic year, the weeks of practice by subject, the specialities in which the work placement is carried out and the centre that host them:

Academic year	Work placement subject	Practice weeks per subject	Specialities	Centres
Year 1	IMM1	3	Observational stay in operating room, emergency room, primary	General Hospital of Granollers, General University Hospital of Catalonia, Consorci Sanitari de Terrassa, Althaia (Manresa), Hospital Quirón (BCN), ACEBA
Year 2	Medical clinical placement 1	5	Internal Medicine, Geriatrics	General Hospital of Granollers, General University Hospital of Catalonia, Consorci Sanitari de Terrassa, Althaia (Manresa), Hospital Quirón (BCN), Hospital Plató, HM Delfos
Year 4	Medical clinical placement 2	4	Cardiology, Digestive, Neurology, Nephrology, Oncology, Pulmonology, Intensive Care	General Hospital of Granollers, General University Hospital of Catalonia, Consorci Sanitari de Terrassa, Althaia (Manresa), Hospital Quirón (BCN), Hospital Plató, HM Delphi, Parc Sanitari Sant Joan de Déu (St Boi de Llobregat)
	Surgical clinical practice	4	General Surgery, Vascular Surgery, Urology	General Hospital of Granollers, General University Hospital of Catalonia, Consorci Sanitari de Terrassa, Althaia (Manresa), HM Delphi
Year 5	Mother and child practice	4	Hospital Paediatrics and Paediatrics in Primary Care	General Hospital of Granollers, General University Hospital of Catalonia, Althaia (Manresa), Hospital Quirón (BCN) EAP Sarrià, Consorci Sanitati Terrassa, HM Delfos.
	Primary Care practice	2	Primary Care	CST (6 centers), ACEBA (4 centres), Althaia AP, CASAP (Castelldefels), EAP Sarrià, CASAP, ACEBA.

Academic year	Work placement subject	Practice weeks per subject	Specialities	Centres
Clinical rotation	Medical practices, Surgical practices.	24	Anaesthesia, Cardiology, General Surgery, Plastic Surgery, Maxillofacial Surgery, Vascular Surgery Dermatology, Digestive, Endocrinology, Geriatrics, Gynaecology, Haematology, Immunology, Laboratory, Internal Medicine, Intensive Medicine, Nephrology, Pulmonology, Neurology, Oncology, ORL, Ophthalmology, Radiotherapy Oncology, Paediatrics, Psychiatry, X-ray Diagnosis, Rehabilitation, Trauma, Emergency, Urology	General Hospital of Granollers, General University Hospital of Catalonia, Consorci Sanitari de Terrassa, Althaia (Manresa), Hospital Quirón (BCN), Hospital Plató, HM Delphi, Parc Sanitari Sant Joan de Déu (St Boi de Llobregat), Hospital Teknon
	Social and healthcare	2	Palliative, Convalescence, Long Stay, Subacute, Geriatrics	Granollers General Hospital, Consorci Sanitari de Terrassa, Althaia (Manresa), Mollet Hospital, Catalan Institute of Oncology (ICO), Parc Sanitari Pere Virgili
	Primary Care	2	Primary Care	ACEBA (4 centres), CST (7 centres), CASAP, EAP Sarrià, ICS Metronord (6 centres), ICS Girona (2 centres)
	Social	2	Volunteering in centres in Spain or abroad.	Agreements are entered into on request, ensuring that the educational objectives are met.

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And finally, the table below sets out the work placement centres, the number of students who have gone to each centre, the centre’s capacity for work placements in weeks, the annual occupancy in weeks and the percentage occupancy. It should be noted that each week the work placement centre can have more than one student simultaneously, who may be doing different subjects and specialties, so that the total of weeks is the sum of the number of weeks taken by all the students from the Bachelor’s Degree programme.

Centro	Alumnos que han ido al centro durante el curso	Total semanas ofertadas	Total semanas ocupadas	% ocupación
HUGC	158	1169	981	83,94%
CST	233	1842	1070	58,09%
Althaia	84	1392	307	22,05%
Granollers	166	1602	867	54,12%
ACEBA	58	148	129	87,04%
PSSJDD	56	294	238	80,95%
HM Delfos	43	186	173	93,01%
Quirón (BCN)	45	273	157	57,51%
Mollet	45	356	143	40,17%
CAP Sarrià	70	117	111	94,87%
Teknon	29	124	94	75,81%
CASAP	13	24	22	91,67%
Metronord	10	20	20	100,00%
ICS Girona	2	4	4	100,00%
Pere Vergili	11	32	22	68,75%
ICO	3	6	6	100,00%
		7589	4344	57,24%

C. Cross-disciplinary resources

Library – The University has a library and study rooms for group work. The Sant Cugat Campus library has sufficient bibliographic resources and students have a database where they can access articles from top-level scientific journals. A recent improvement carried out by the University Library has been the development of a subject guide. The guide aims to support the various programmes taught at the university and the research lines of its departments, as well as locating subject information from printed or electronic sources of information. In these guides, you can find information sources and resources, both from the Library and from a range of external resources of interest. The link to the guide for the field of education is: <https://biblioguias.uic.es/medicina>.

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The documentary collection related to the subjects offered by the University has around 44,000 items, which also includes audiovisual material. The online catalogue for searching for these documents can be accessed both on and off campus and enables students to renew loans and to make reservations. Finally, it should be mentioned that the collection is constantly updated, in accordance with the needs identified by the teaching and research staff in the relevant knowledge area.

The Sant Cugat Campus library has more than 350 workstations and extensive opening hours. These are Monday to Friday from 9.00 a.m. to 9.00 p.m. and study rooms open from 7.30 a.m. to midnight.

Other (non-physical) resources:

Learning platform - MOODLE is a learning management tool. The programme creates a virtual environment for managing subjects, entering grades, sharing educational material on subjects with students, teacher-student communication, communication between students, etc.

Observatory of Artificial Intelligence and New Technologies: (OANT): This is a newly- created resource (2020) that aims to train the new generations of students in the field of artificial intelligence and to promote dialogue and knowledge of this topic among the general public. It will offer a cross-disciplinary training plan so that students of the UIC Barcelona Bachelor's Degree level have the best knowledge and competence in intelligence artificial and other emerging technologies.

<https://www.uic.es/ca/universitat/campus/observatori-de-la-intelligencia-artificial-i-les-noves-tecnologies>

Antiplagiarism - TURNITIN is an online antiplagiarism program, to ensure that the Final Degree and Master's Projects presented by students are not copied from the internet. Teachers who tutor and/or manage these projects are offered specific training on this programme.

Language services for education and translation of institutional and research texts: The Institute for Multilingualism advises on and provides language education, providing both classroom and online resources and independent learning. This service also certifies students' level of knowledge in English and Catalan. There are two annual sittings for the CLUC B2 in English, the language certificate of the twelve universities of Catalonia. Throughout the year, the Service organises a series of activities aimed at promoting interaction between local and exchange students.

Reprography: UIC Barcelona has 67 networked printers, distributed between the two campuses, in Barcelona and Sant Cugat del Vallès, to provide a service to the entire university community. Requests can be made from any device, at any time of day.

Eduroam: li is the worldwide secure mobility service developed for the academic and research community. The service allows students, researchers and staff of participating institutions to have wireless to Internet connectivity on their own campus and when they visit other institutions participating in the eduroam initiative.

Chaplaincy: The Chaplaincy of UIC Barcelona offers its spiritual services to all members of the university community, whatever their beliefs.

Student Advocate Software - Centralised Incident Manager: This is an application that allows the centralisation of all suggestions and complaints in the university. (*Evidence document*)

On-Site Incident Manager - ARCHIBUS is an application designed to manage facility incidents, enquiries on maintenance issues, materials logistics, cleaning, key requests, etc.

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Accommodation search support: The Student Service helps to find accommodation according to the needs and possibilities of the students. There is also the non-profit “Viure i Conviure” Programme run by Fundació Roure, which aims to promote and facilitate relationships of solidarity and mutual assistance between generations. In 2019, 111 relationships were established.

Quality Manager: As an across-the-board improvement action for all UIC Barcelona degree programmes, the implementation of an integral quality manager is proposed, an application that will support the processes of monitoring and accreditation of official qualifications. One of its basic pillars will be document management. The application will simplify, streamline, automate, disseminate and support quality management at the University, in each phase of the continuous improvement cycle: planning, development, measurement and action. More specifically, it should:

- Provide a document management system that ensures the security of stored documentation, its follow-up in the form of versions and its dissemination to all the people for whom it is intended. The term “documentation” ranges from the evidence document generated in the daily development of University activity to accreditation reports.
- Provide the University with a system of recording, monitoring and assessment of the processes and procedures that define the normal functioning of the different centres and services.
- Provide an environment to facilitate and monitor the accreditation processes of each of the degree programmes offered by the University, following the procedures defined by the different quality agencies involved in the process.
- Develop a system for the introduction, monitoring, dissemination and evaluation of the objectives of strategic planning and improvement actions resulting from such objectives and from the analysis of the normal functioning of the different organizational bodies that make up the University.

ASSESSMENT OF THE ACHIEVEMENT OF ACCREDITATION STANDARDS

STANDARD 6

Quality of programme (learning) outcomes

Learning and assessment activities are consistent with the programme's competence profile. The outcomes of these processes are adequate in terms of both academic achievements, which correspond to the programme's level as of the MECES, and the academic and employment indicators.

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Self-assessment

Sub-standard	Assessment
<p>6.1 The learning outcomes achieved meet the expected training goals and the MECES level of the degree programme.</p>	<p>Compliant. For first-year courses: The documentary evidence of the students' achievements shows a high level of student learning and that they sufficiently comply with the requirements for the programme's level specified in the MECES. For the final-year projects and dissertations: The documentary evidence of students' achievements show that the final-year dissertations of Bachelor's/Master's degrees correspond to the MECES level required for the degree programme. Most final-year projects and dissertations correspond to subject planning that is consistent with the groups and lines of research and/or knowledge transfer of the teaching staff. For external work experience/placement/internship: The documentary evidence of students' achievements show that the external placements correspond to the MECES level required for the degree programme. External work experience/placement/internship takes place mostly in adequate work settings (centres).</p>
<p>6.2 The teaching methods and activities are satisfactorily aligned with the learning outcomes. The assessment systems and criteria are varied, innovative and very pertinent to ensure the success of and distinguish learning outcomes.</p>	<p>Compliant. With respect to subjects: The teaching methods and activities are satisfactorily aligned with the learning outcomes. The assessment systems and criteria are varied, innovative and very pertinent to certify and distinguish learning outcomes. With respect to final-year projects and dissertations: The final-year projects and dissertations are supervised and assessed using suitable criteria. With respect to external placements: External placements are supervised and assessed using suitable criteria.</p>
<p>6.3 The values for the academic indicators are adequate for the characteristics of the study programme</p>	<p>Compliant. The documentary evidence shows that the time series of most of the academic indicators is consistent with the types of students and the equivalent degree programmes.</p>
<p>6.4 The values for the graduate employment indicators are adequate for the characteristics of the study programme</p>	<p>Compliant. The employment rate is above that of the working population for the same baseline period and age bracket, and it is adequate compared to that of similar programmes. The match rate is adequate compared to that of other programmes in the same discipline. The mean assessment for the usefulness of theoretical and practical knowledge acquired is adequate compared to that of other programmes in the same discipline.</p>
<p>Overall standard rating</p>	<p>COMPLIANT</p>

Executive summary of standard 6

Learning activities are consistent with the level of the programme and the MECES, and the academic indicators are very satisfactory. They show performance above 97% in all years and, in addition, are supported by the good results that graduate students obtain on objective tests of entrance to specialist courses (99% of all students taking the Internal Medical Residents exams achieve the cut-off score to obtain a place).

The Bachelor's Degree aims at working through the competences progressively, reaching a higher level of competence year-by-year so that, by the end of the programme, the student is able to demonstrate that they have reached a sufficient level of competence to practice as a doctor at the clinical and research level, in a safe manner for patients and with a high level of autonomy, in accordance with the established mission of medical education.

The subjects are structured in systems of the body and, although this requires a solid structure of coordination among the various persons responsible for areas of knowledge, the study results are more easily achieved. The management team are extremely satisfied, 5 years after the substantial change in the programme that led to a complete review of all the competences of the Bachelor's Degree and the restructuring of the organisation of the clinical work placements (from being incorporated as part of the teaching methodology of clinical subjects, to being treated as independent subjects). Through this structural modification, it has been possible to offer work placements of a more basic type of general clinical training, less specialised, and thus to ensure that the basic competences of a general clinician are actually taken on board.

At the time of the creation of the Bachelors' degree in Medicine, the educational activities that were designed, orientated the teachers towards dynamic teaching that motivated participation of the students, fostering their initiative, proactivity, critical sense and development of clinical reasoning for learning through knowledge integration. From the beginning of the implementation of the programme, the use of active methodologies is optimised, through work in small groups, learning activities in the laboratory facilities, simulation, the presentation of projects, debates, discussion... more than the purely theoretical teaching that the student can acquire through the study and review of books.

At the end of each semester and at the end of the programme, both the results obtained, and the methodologies and training activities used to achieve them are reviewed and an evaluation is carried out as to whether the assessment is discriminatory. This review process carried out in the teaching staff meetings allows any necessary adjustments to be made to be applied in subsequent years.

It should be noted that the Objective Structured Clinical Evaluation (ECO) is carried out in consensus with all the Spanish medical schools and is endorsed and validated by the specific committee for this test, of the National Conference of Deans of Medicine.

On another note, student mobility has increased in recent years, especially in the last few years, in which more than 30% of students have undertaken mobility. On the other hand, the number of incoming students on mobility from abroad has been reduced somewhat. However, in formal education we have more than 10% of students from other countries, which adds a multicultural dimension to the classroom.

The Bachelor's Degree Final Project has been consolidated and currently its structure, development and follow-up by the tutors, enables the students' competence to be assessed adequately and to ensure that graduates are in line with level 3 of MECES. The Bachelor's Degree Final Project assessment system is consistent across all its components and incorporates peer assessment between students, which also allows

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us to assess students' scientific critical capacity. Therefore, we consider that students graduate with sufficient education in terms of research competence.

With all the above, we consider Standard 6 to be satisfactorily met.

Indicators

To evaluate this standard, we provide indicators related to:

- Academic performance and learning assessment
- Mobility
- Final Bachelor's Degree Project
- Employment

Evidence provided related to the standard

Sub-standard assessment

SUB-STANDARD 6.1 The learning activities are coherent with the intended learning outcomes and correspond to the appropriate MECES level for the degree programme.	
Sub-standard assessment	Compliant
WFME Standards	Q 1.1.1, B 1.1.1, B 1.3.2, B 1.3.3, B 1.3.4, B 1.3.5, B 1.3.6, B 1.3.6, B 1.3.7, B 1.3.8, Q 1.3.1, Q 1.3.2, Q 1.3.3, B 3.2.2, B 3.2.4

The learning activities that are planned throughout the degree programme (*Evidence document*) are coherent with the learning outcomes and with the established assessment systems and correspond to level 3 of the Spanish Qualifications Framework for Higher Education.

An example, we attach:

- Table of learning outcomes, learning activities and assessment systems for external work placements and Final Degree Projects. These are the courses of the degree programme that work on the maximum number of competences. (*Evidence document: summary tables of external clinical placements and Final Degree Projects*)
- Samples of student performances - Evidence from selected subjects: Biochemistry, Cardiovascular, Respiratory and Renal, Family and Community Medicine, Ophthalmology (*Evidence document*)

The initial planning of the degree programme in 2008 already incorporated across all subjects about 60% of what we call "active methodologies", aimed at ensuring lecture-type classes do not exceed 40% of teaching. At the same time, guidelines were provided for the use of different systems of assessment to measure the acquisition of competences (*Evidence document of the degree programme's internal assessment regulations*).

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The objective was for all teachers to try to apply methodologies that foster student participation and develop their critical spirit, clinical reasoning and the competences of a good professional, in a comprehensive way and right from their incorporation. Within the framework established by the Verification Report, the teacher is free to choose the method they consider most appropriate or adapt to the competences that are worked on in their subject and, whenever considered appropriate, to carry them out in small groups (groups of 5, 20 or 50 students) depending on the type of methodology used: skills laboratories, simulation, theoretical-practical classes with discussion and resolution of cases or problems, presentation of cases prepared by the students themselves, always leading to debate and discussion guided by the teacher, etc. This distribution of methodologies is reviewed at the end of each semester, in the assessment meetings. The person in charge of the subject must justify any suggestion for modification, which must be assessed and accepted by the Vice-Dean's Office for Academic Ordinance, in accordance with the established pedagogical policy criteria, provided that it is expected to benefit the teaching-learning process and the development of the competences of that subject.

In June 2016, the last substantial modification to the report on the Bachelor's Degree in Medicine was made, which was applied from the 2016-2017 academic year, in which a complete review of all the competences of the degree was carried out and the organisation of clinical practices was restructured, going from being incorporated as part of the teaching methodology of the clinical subjects, to being treated as independent subjects with essential clinical training objectives, more general than specialised, and thereby ensuring the basic competences of a generalist clinician are really achieved.

As for the review of competences:

- It was decided to keep the specific competences unchanged and to incorporate the basic competences of the MECES level 3 and the cross-cutting competences (*Evidence document - List of competences of the Bachelor's Degree in Medicine from the 2016-2017 academic year*). The incorporation of the general and basic competences of MECES level 3 has made teachers put more emphasis on training at this level, especially on the learning outcomes related to research and incorporating training in communication skills, management, decision making, expression, and interprofessional relationships, which have been integrated into many subjects across the degree.
- In order to make this change, the opinion of the teaching staff was taken into account. An activity was carried out grouping the teaching staff by areas, to ensure the absence of overlaps or gaps, taking into account all the subjects in that area. A general review of competences by subject was carried out in which each teacher responsible reviewed the competences of their subject one by one, determining whether they only worked on them or also assessed them. A matrix of subjects/competences was drawn up, which, by means of a system of numbers and colours, showed in which subjects which competences were worked on and the competences worked on in each subject. (*Evidence document: medicine competences modified 2015-2016*). And, on the other hand, each subject head, supervised by the department head, also revised, with the help of tables, (*Evidence document: Degree Med Objective-Compet-Result-Assess*) the coherence of the objectives set out in each subject, the competences worked on, the expected learning outcomes and the assessment systems.

Regarding the change in the execution and organisation of clinical practices, notable improvements have been observed following implementation, including:

- The workshops and seminars that were carried out in the centres with a great deal of variability between them, are now carried out and coordinated from the degree itself and in our facilities and simulation centre, which makes it possible to make training uniform and ensure everyone receives the basis to subsequently carry out the clinical practices in centres.

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- In these new subjects, a vision of continuity of training in clinical skills was given so that when students reach the sixth year, they would have the basis of practical training and could start with the sixth-year placement with a more specialised approach aimed at their preferences and professional future.
- This change also required two preparatory years with the new placement subject heads and with the mixed commissions of the centres. A consultation was carried out with all the lecturers who had had placements as a methodology within their subjects and a wide representation of students and former students of the degree were also consulted so that the change in orientation would be reached through consensus and success.

As a conclusion, after four years, we believe that this change really fosters the correct training of students, with work on competences improving and better results being achieved. By the sixth year, they are well prepared according to the tutors who receive them. This change has been explained in detail in previous monitoring reports.

Finally, before finishing the reflection on this Sub-standard, we would like to highlight the fact that a part of the clinical training is given through skills training laboratories in our comprehensive advanced simulation centre (CISA), working on high-fidelity robotic mannequins, part-task trainers, standardised and/or simulated patients and accompanied by trained teachers to get the most out of these training activities. In this environment we also assess the clinical competence of our students by means of specific tests such as the Objective Structured Clinical Evaluation (ECOE), objective assessment of practical skills, clinical interview with simulated patient, etc.

On the other hand, it is important to highlight that in recent years, training activities have been incorporated that make greater use of ICT, with gamification or the inverted class as pilot initiatives. And with the pandemic situation in the last semester, the teachers have come up with new activities adapted to an online environment.

SUB-STANDARD 6.2 The assessment system is public and allows for reliable certification of the intended learning outcomes	
Sub-standard assessment	Compliant
WFME Standards	B 2.5.1, B 2.5.2, B 2.5.3, B 2.5.4, B 2.5.5, B 3.1.1, B 3.1.2, B 3.1.3, B 3.1.4, B 3.1.5, B 3.1.6, Q 3.1.3, Q 1.3.2, Q 3.1.3, B 3.2.1, B 3.2.2, B 3.2.3, B 3.2.4, Q 3.2.1, Q 3.2.2, B 6.3.1, B 6.3.2, Q 6.3.1, Q 6.3.2, Q 6.3.3, Q 6.3.4, Q 6.3.4, Q 6.3.5, B 6.4.2, Q 6.4.1, Q 6.4.2, B 6.5.3

The assessment systems laid out for each subject are public and are available in each of the teaching guides on the degree website and are coherent with the teaching approach. Students have access, on the virtual platform, to all the teaching guides before starting the academic year and semester.

Teachers are encouraged to focus assessment on the proposed learning outcomes and to look for the student to demonstrate them at the end of the academic year. The active methodologies and the teaching objectives set by each person in charge, make it necessary to carry out an adapted assessment, assessing the process continuously and carrying out classroom observations (which is facilitated by the fact of working

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with small groups), allowing us to get closer to the student and get to know them better in all their aspects, not merely the cognitive ones.

As far as the assessment system is concerned, in most cases it is oriented towards the assessment of competences and therefore includes the use of different assessment instruments and/or strategies in coherence with the learning outcomes to be assessed. As far as the assessment of knowledge is concerned, most of the subjects include in the assessment system the use of multiple-choice tests. To assess the ability to apply knowledge (knowing how to explain), tests on clinical case studies or written tests of reasoning are used. Skills, attitudes and professionalism are evaluated in controlled environments (simulation) or real environments (direct observation of clinical practices) or through personalised follow-up in academic tutorials.

The assessment system, in general, allows for the assessment of the achievement of competencies and is congruent.

At the end-of-semester meetings, the results obtained in each subject are reviewed and each lead is expected to analyse the coherence of these results. This meeting is one of the mechanisms of accountability of each teacher to the rest of the teachers of their academic year and to the directors of the degree programme, and helps us to minimise any conflict of interest that a teacher may have (for example: relationship as a direct relative with a student). In addition, it is trusted that the teacher has an ethical commitment acquired following the ideology of the University in the exercise of their functions (point 8, 14, 17, 21 of the ideology) (*Evidence document*). It is easier for the teacher to assess the competences at the level of knowledge acquisition, however, during the meeting they are led to reflect on how to ensure the appropriate assessment of the learning outcomes defined in their subject.

All the results obtained are presented to the quality committee, which is accountable to internal and external agents as its members include a representation of professionals from outside the university, and this same report is presented to the Quality Agency (AQU Catalunya) with a detailed analysis. Likewise, all the results are made available to any external institutions that request them, such as the Advisory Board, the National Conference of Deans, the College of Physicians, etc.

One aspect that we intend to improve is to encourage the use of formative assessment as a learning process that helps the student to identify areas for improvement and to take concrete actions in this regard. This aspect has improved over the last year, with continuous assessment with formative feedback from teachers and tutors on the rise.

The following is a brief description of the different assessment mechanisms that are in accordance with what is specified in the Verification Report:

Exams: Most of the subjects are evaluated partially or completely (usually not exceeding 70% of the grade) through exams (partial and final). Most of them are multiple-choice tests, with four possible answers and negative assessment in the case of failed answers, although depending on the subject they are complemented with short questions or development questions. It is always advisable to use different assessment systems, according to the expected results. Continuous assessment without elimination of subjects is also encouraged. Subject leaders determine whether to incorporate short questions or longer essay questions in exams.

Oral presentations: Students often make oral presentations to their peers, becoming familiar with this type of activities and favouring peer analysis, peer assessment, etc. These activities allow you to show and assess your competence in this area

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ECOЕ: The level of competence is acquired throughout all academic years and must be demonstrated at the end of the degree programme, at which point almost all the competences are assessed. Many of the final degree competences are continuously assessed by the Final Degree Project and Rotatory tutors, other competences are assessed in the final ECOЕ of the degree (ECOЕ) and in the defence panels of the research reports in the case of the Final Degree Project.

The ECOЕ is an objective test consisting of 20 stations in each of which the test taker has to perform certain tasks in a given time. The format is variable with exercises on a mannequin, standardised patient, computer cases, report writing, test interpretation, problem solving, which allows for a standardised assessment of the student's performance, skills and competences.

At least eight stations have a standardised patient: The student examines standardised patients who present different situations as if they were real patients: having to perform specific actions such as medical history, examination, order of tests, diagnosis, therapeutic plan and advice to the patient. Various aspects of their performance and behaviour are evaluated, with pre-established criteria.

We have an "ECOЕ Commission" made up of professionals from different specialties, who are in charge of planning, organising the test and the assessment rubrics, as well as creating and validating the cases. This team is also in charge of training the actors and the evaluators of each station. The test takes place in our facilities. All this is done following the guidelines agreed by the National Conference of Deans (CNDMED), for all medical schools nationwide (*Evidence: ECOЕ competence distribution map according to the CNDMED*)

In the CNDMED an inter-university commission has been created specifically for the ECOЕ, in addition to setting the guidelines to unify the quality of this test to the maximum, at a national level, but giving freedom and autonomy to each faculty so that for the moment they can organise it properly and punctually, but based on the general guidelines. A bank of cases has been created and the cases have been validated and are available to the various medical schools. At our Faculty, we are represented by the Vice-Dean of Academic Planning who is also a specialist in simulation methodologies, who works very actively in this national commission and is the head of our own ECOЕ commission.

Work is currently underway to create some cases in a non-face-to-face format, to be used in the event that the pandemic does not allow for in-person assessment.

Simulation laboratories: Part of the training of the "clinical" subjects takes place in simulation laboratories, the student trains and learns clinical skills for the development of both specific and cross-disciplinary competences, develops skills such as communication, decision making, management of more complex clinical situations, giving bad news, etc., acting on mannequins, simulated robots and standardised patients, to ensure quality medical care and to learn to diagnose and deal with clinical problems without risk to real patients. The laboratories are evaluated by the teacher in the moment, after the observation of the execution by the students

In total the student receives, throughout the degree, 220 hours of training in the Clinical Simulation Laboratories, in addition to the hours of self-study.

Performance observation and formative evaluation: Diagnostic and formative assessment is used in many subjects. Teachers have been trained in this respect, as we believe that this observation and assessment is very useful for students and complements the summative assessment. Recording equipment is available throughout the simulation centre, allowing the student to record while colleagues are in another room observing and collecting information. They then give feedback to the partner with the guidance of a teacher. Afterwards, they themselves observe their performance and review. Debriefings (both in practical

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and simulation labs) are highly valued and effective. In some laboratories, real patients are the ones who give feedback and assessment to the student (we collaborate with a patient association that volunteers for this function)

Meaningful learning reports: (in the form of portfolios or reflective documents), which are carried out in the clinical practice subjects as a complement to the assessment rubrics carried out by the clinical tutors in the centres.

Rubrics: Used in the clinical practice subjects and also in the monitoring and assessment of the Final Degree Project.

- In the case of the practical subjects, rubrics are used to measure and assess clearly defined items and an expected level of performance, which are the same from third to fifth year. This is very useful for both tutors and students. Having a rubric helps them know what they have to assess and what they will be assessed on (respectively).
- The rubric in the sixth-year practicals is a little more elaborate and the student must also do a self-assessment at the beginning of the course with the help of their academic tutor. This self-assessment is accompanied by objectives that the student sets themselves and checks their progress throughout the year until they reach the objectives at the end of the year.

Panels: In the Final Degree Project, the defence of the research report prepared by the student is assessed before a panel, so that the student can demonstrate their competence regarding their study and also their communicative competence. One of the members of the examining board is a peer, also a student, who acts as an evaluator and are themselves evaluated on their critical and analytical capacity of a work that is not their own.

Academic tutoring: Academic tutoring at the end of the degree is also included in the assessment, both in the Rotation and the Final Degree Project. It is continuous formative evaluation that is transmitted in each of the tutorial sessions (at least 4 in the Rotation and 5 in the Final Degree Project). Tutoring represents a special way of working on the cross-cutting competences and professionalism, and in both cases, it is included as part of the summative assessment.

Competence reports: At the end of the degree, in addition to the overall results obtained, we give each student two competence reports:

- One in which the level of acquisition of **clinical competencies** is gathered, grouped into 8 competence domains: a) Clinical history, anamnesis, b) Physical examination, c) Technical skills, d) Communication skills, f) Information management, g) Prevention, h) Interpersonal and interprofessional relationships, i) Professional values, attitudes and ethical behaviour: *(Evidence: Correlation of the competences that are worked on in the sixth-year rotation with the 8 competence domains that are given in the report and model of clinical competence report)*
- Another report on the level of **research competence** (the results are reported in 4 of the competence domains: a) Information management: Defining the conceptual framework of the problem and justification, using an adequate and well-referenced bibliography, making a critical assessment of the bibliography consulted b) scientific methodology: Having a critical, suitable, respectful and constructive point of view aimed at research, understanding the importance of the limitations of a study, being able to formulate hypotheses and objectives in a clear way to guide and develop work, choosing and correctly defining the study model, following the scientific method, assessing the feasibility and viability of the study in the proposed framework, c) communication and defence: expressing oneself effectively and clearly, using the appropriate resources, having the ability to

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synthesise and control the presentation time, correctly defending approaches, d) ethical aspects: recognising the ethical aspects involved in the study and defining them correctly in that context. *(Evidence: Correlation of the competences that are worked on in the Final Degree Project in sixth year, with the 4 competence domains that are given in the report and model of research competence report)*

Students must work continuously throughout the courses in order to achieve good results at the end of the degree. The results obtained by students in the degree programme are supported by the good results obtained in the MIR tests. As already mentioned, 99% of UIC Barcelona graduates have surpassed the cut-off mark to get a place in the specialised Public Healthcare Training.

SUB-STANDARD 6.3 The values of the academic indicators are appropriate for the characteristics of the degree programme	
Sub-standard assessment	Compliant
WFME Standards	B 7.3.1, B 7.3.2, B 7.3.3, Q 7.3.1, Q 7.3.2, Q 7.3.3, Q 7.3.4, Q 7.3.5

The academic performance indicators are presented below:

Overall academic performance:

Indicators of academic performance	2014-2015 Academic Year	2015-2016 Academic Year	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2019-2020 Academic Year
First-year performance	93.31%	93.60%	98.00%	90.78%	93.51%	93.86%
Second-year performance	92.15%	94.47%	88.78%	97.21%	99.14%	97.58%
Third-year performance	96.14%	96.40%	91.25%	95.51%	98.01%	98.58%
Fourth-year performance	97.40%	99.02%	96.78%	97.81%	98.12%	99.76%
Fifth-year performance	97.35%	99.24%	98.75%	98.85%	98.71%	99.68%
Sixth-year performance	99.39%	98.68%	99.25%	100.00%	99.16%	99.71%
First-year drop-out rate	1.03%	0.00%	2.86%	2.80%	7.30%	2.77%
Drop-out rate	27.27%	29.67%	32.29%	16%	14.16%	15.52%
Performance of the graduates	97,94%	98,10%	97,15%	97,18%	97,47%	97,97%

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based on the access route	Track 1 - Foreign students who passed the PAU exams	---	---	97,30%	89,78%	83,92%	100%
	Track 2 - Degree or diploma holder	100%	100%	100%	100%	99,76%	100%
	Track 4 - CFGS (vocational education)	---	100%	98,36%	---	---	---
	Track 7 - Change of degree programme	96	96,19%	96,57%	97,50%	97,93%	97,54%
Graduation rate at t and t+1		71.82%	56.16%	80.78%	83.13%	80.69%	75.00%
Efficiency rate at t and t+1		97.87%	98.30%	98.02%	97.27%	98.16%	98.14%

Graduation and efficiency rates remain at good levels. It can be seen that there is still a considerable volume of students who prematurely quit their studies, mainly for the reasons already mentioned in other sections of this report: the price of private universities and the prestige and recognition that public universities in our area also have, and there is also a tendency for students who are not from our autonomous community to return to their provinces. The Vice-Dean's Office for Students and Quality offer an exhaustive follow-up by cohort and by academic year of such cases in order to monitor the causes.

The drop-out rate in the first year rose in the 2018–2019 academic year when more demanding regulations on the right to continue studies was applied, but this has been regulated and there was only a rise in the year of implementation of the new measures.

On the other hand, various measures are being taken to maintain student loyalty: a review of grants with Excellence Scholarships (BEA Scholarships) that will begin to be applied in 2020–2021, close monitoring of students through counselling, early action in the event of poor results, clearly informing students of regulations and advising students in the event of overly ambitious enrolment applications.

Regarding the graduation rate in t and t+1, there has been a slight decrease compared to the academic year 2017–2018 due to the fact that two students have had difficulties to keep up with their promotion, due to personal and health problems. It should be noted that the 90% graduation rate in t established in the Verification Report in 2008 did not take into account students dropping out which was expected to be 2%, a value that has been exceeded due to the circumstances mentioned above.

If we analyze the performance of the graduates based on the access route, it is obtained that the graduates who come from *track 2 – Degree or diploma holder* are the ones with the most optimal performance, reaching 100% returns in several of the promotions. On the contrary, the performance of the students *track 1 - Foreign students with the passed the PAU exams* are the ones that present more variability in performance.

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Evolution of the cohorts

An analysis of the evolution of cohorts is presented below.

	Cohort 1		Cohort 2		Cohort 3		Cohort 4		Cohort 5		Cohort 6	
First academic year	2008–2009		2009–2010		2010–2011		2011–2012		2012–2013		2013–2014	
Academic year in t	2013–2014		2014–2015		2015–2016		2016–2017		2017–2018		2018–2019	
Academic year in t +1	2014–2015		2015–2016		2016–2017		2017–2018		2018–2019		2019–2020	
total students in the cohort (students enrolled in first year of new entry)	88	100%	92	100%	90	100%	106	100%	106	100%	104	100%
Number of students dropping out in the first year (failure to meet requisites, economic reasons, personal reasons, etc.)	0	0%	0	0%	0	0%	2	1.88%	1	0.94%	2	1.92%
Number of students who drop out from second year onwards due to regulations on continuation of studies.	1	1.14%	0	0%	0	0%	1	0.94%	5	4.72%	5	4.8%
Num. of students quitting due to Transfer to date	20	22.73%	18	19.56%	27	30.00%	11	10.37%	8	7.55%	7	6.7%
Graduates in academic year t	62	71.60%	70	76.09%	56	62.22%	78	73.58%	86	81.13%	91	87.5%
Graduates in academic year t+1	4	4.54%	1	1.09%	4	4.44%	6	5.66%	2	1.89%	3	2.8%
Continue to study	0	0%	3	3.26%	3	3.33%	8	7.55%	4	3.77%	2	1.9%

To improve the analysis of the information, we detected the lack of identification of students who have joined the cohort following a transfer, in addition to those already identified as new students in the first year so that all the information is coherent.

The follow-up of these shows a tendency of a fall in the number of students who take more than seven years to finish their studies in the fifth and sixth cohorts. It seems that the actions taken in the last three years are achieving results: increasing the requirements for continuation of studies, incorporation of the figure of the PREX (teacher responsible for excellence) and early, anticipated use of personal monitoring of those students who show most difficulties to continue in the first years. We continue to work along these lines, especially by supporting advisors and providing them with more training.

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The downward trend in the number of people leaving due to transfers continues. We consider this to be very positive because it indicates that we are able to increase student loyalty.

Rating of grades achieved

One end-of-semester meeting is held per year. It is led by the course coordinator together with the Vice-Deanship of Academic Planning. The results of each subject are presented and analysed with a personal assessment by the subject head. They comment not only on the results, but also the methodologies applied, any incidences and aspects of improvement suggested by the course coordination and students are reviewed.

The report on the evolution of grades by subject and by year for the 2018–2019 and 2019–2020 academic years is presented. (*Evidence document*)

This report shows that the grades in the first two years are the lowest, with high percentages of failures in the first year, ranging from 7% to 55% in the first year and 0% to 33% in the second year. The number of Excellents and Distinction honours is low, the highest being 13% in the first year and 16% in the second year.

The results improve as the students move on to the more clinical courses (third to fifth year). In these courses, failures do not exceed 18%, and this number is usually less than 10% in the majority of the subjects. The best results are found in the subjects of clinical practices, cross-cutting training (Bioethics I and II, Decision-making in clinical practice, Philosophy and history of Medicine) and other clinical subjects such as: Gynaecology, Family and Community Medicine, Infectious Diseases, Urology, Legal and Forensic Medicine and Palliative Medicine. And the most difficult ones are: Neurology, Anatomical Pathology, Pharmacology, Respiratory System, Haematology, Psychiatry, Digestive Systems (medical and surgical), Dermatology, Paediatrics and Rheumatology-Systemic Diseases.

As a result of the information gathered in the end-of-year meetings and the personal meetings of the subject heads with the Vice-Deanship of Teaching Staff, decisions are taken such as: changing a subject head, reducing the teaching hours of a specific lecturer, assigning a methodology to lecturers with greatest affinity with it, and revising the assessment methods. We have resented the rules and general criteria for the evaluation of subject leaders (*Evidence: General evaluation criteria Medicine*) and based on these, the results have been reviewed and guidance has been given.

We believe that the evaluations are becoming more discriminating. Students can obtain good marks in most subjects and also honours distinctions, especially from the fourth year onwards.

In the end-of-year meetings, the opinion of students is also collected, because in the meetings with the course coordinator, they comment on aspects related to the development of each of the subjects of the semester. Whenever possible, their presence is encouraged and when it is not possible, the coordinator brings the report that they have worked on with them.

In fourth, fifth and sixth year, most of the possible honours distinctions are awarded, reaching 4.5% in most subjects. The proportion is lower in the first three years.

In the practical subjects, we see high marks, which is more pronounced in the final year (Tutored Clinical Residencies) and is considered normal due to the involvement and interest of the student in these subjects.

The results obtained in the Final Degree Project in the last academic year have once again shown a very good level, as the previous year, they were lower than usual, due to a change in the teaching team and adjustments were made to the assessment criteria. The 2018-2019 academic year was a transitional year

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and this was reflected in the assessment. As will be seen in the specific section, we consider the changes that have taken place to be highly appropriate.

Average grades are improving, partly due to the improvement in grades shown by those admitted and the work of those in charge of the subjects who have been adapting the assessment systems and highlight good students more easily, etc.

Overall, academic records have improved. 25 students have an average above 2.5, of which 8 have an average above 3. It is very satisfying to see that these records are maintained up to the final years. second year: 4 students (2 above 3); third year: 2 students (1 above 3); fourth year - 5 students (2 above 3); fifth year - 6 students (2 above 3); sixth year - 7 students (1 above 3)

Thanks to these good records, medical students have obtained excellence grants, which is highly valued and helps to attract and retain talent.

Based on the results, the subjects that are most difficult for students are still those of the first years, which are often less appealing because they are basic sciences, such as: Biochemistry, Structure and Function of the Locomotor System, Microbiology, Cell Biology, Scientific Information Management, etc.

Or some clinical subjects that, due to their size and characteristics, are traditionally more difficult and demanding: Semiology and Physiopathogenesis, Medical Digestive System and Surgical Digestive System, Neurology, Nephrology, Endocrine and Nutrition, etc. (see Evidence document: of evolution of marks 2018–2019 and 2019–2020)

Mobility

Mobility indicators		14/15 Academic Year	15/16 Academic Year	School year 16/17	School year 17/18	School year 18/19	School year 19/20
Number of <i>incoming</i> students for placements/rotation and studies		18	15	26	34	24	15
Number of <i>outgoing</i> students for "studies" / "rotation"		6	9	21	25	29	34
Countries		0	13	11	12	12	11
Universities		0	0	8	15	24	22
Incoming	Studies	13	6	14	21	12	3
	National studies	0	1	0	1	1	1
	Rotation	2	7	11	12	12	11
	National rotation	3	1	1	0	4	0
	Total	18	15	26	34	29	22
	Sicue	3	1	1	1	5	1
	Erasmus	12	9	15	11	13	9

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	Bilateral	3	5	9	22	10	12
Outgoing	Studies	3	4	5	2	1	0
	Rotation	3	5	16	23	28	34
	National rotation	13	17	21	9	8	0
	Total	19	26	42	34	37	34
	Sicue	1	0	1	0	1	0
	Erasmus/Nat	7	7	9	20	17	15
	Bilateral	0	2	12	14	21	19

More stable relationships are being established with countries and universities where students are most in demand. There is still demand from English-speaking countries, but for the time being, it is difficult for us to establish continuity agreements and we only get agreements for students on an ad hoc basis.

We can clearly see the interest of our students to take part in a mobility programme in the sixth year, during the clinical stays of the rotation rather than for studies due to the difficulty of organising the “Learning Agreements” without overlapping or wasting academic years.

The data for the last academic year is not very valuable, due to the COVID-19 pandemic. But on average there are usually:

- Incoming: between 12 and 20 for studies and 10–12 for placements.
- Outgoing: 1 to 5 per academic year for study between 25 and 35 to perform a part of the Rotation.

SICUE mobility has been definitively closed (<https://www.crue.org/sicue/>), both for incoming (greater demand) and outgoing, among other reasons due to the lack of reciprocity and to avoid inter-university conflicts in accordance with the Decree by which the health centres must not share students on placements at different universities.

On the one hand, the reduction in the number of incoming students is due to the following reasons:

- We require a minimum level of Spanish in order to be able to do the placement or attend the studies. Previously it was not requested and we had had problems integrating and ensuring classes and practical sessions were followed.
- Curricula were not very uniform. The fact that our placement subjects are annual is not adapted to the demand for incoming students. In the 2019–2020 academic year a proposal was made to be able to go on placements in hospitals without being enrolled in the corresponding subjects, but it could not be applied due to the COVID-19 pandemic. But we think that this will be a solution appreciated by incoming students who usually do not need to follow the assessment system of our placements, but rather seek validation by the school where they have carried them out. It is important to maintain this reciprocity, as we also need it for our outgoing students.
- Difficulty in meeting the demand for clinical internships from third- to fifth-year students

On the other hand, national rotation transfers are being progressively reduced, as we believe that it does not meet the objectives of mobility. For this purpose, only students with an average grade higher than 2 (scale of 0–4) may apply, but they will be encouraged to do them internationally, which corresponds more closely to one of the strategic lines of the university.

This year we have consolidated the agreements and renewed those that were most in demand by our students. We want to prioritise the possibility for our students to go on placements elsewhere, rather than having many incoming students. Incoming students are welcome as long as, besides living the international

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experience, they maintain the same level of studies and demands as our own students. New agreements have been opened in:

- Puebla-Mexico (Benemérita Universidad Autónoma de Puebla) which began in the 2019–2020 academic year, with students reporting having had a good experience.
- Milan-Italy (Humanitas University) has also been well appreciated.
- Oporto-Portugal (Universidade do Minho) which will most likely be offered for 2021–2022

Assessment of the mobility actions of **INCOMING** students

Our Department of Medicine has its own regulations (*Evidence document: Incoming mobility criteria*) which are adjusted year by year in response to our ongoing experiences consolidating mobility.

Incoming students come for both studies and rotation, and in many cases, they want to combine both. In this regard, in 2018–2019, requests for placements were denied due to insufficient capacity to meet demand and the difficulty of adapting to annual placements. We decided to improve communication with incoming candidates in order to learn more about their expectations and needs, to clarify requests and to give a more agile response to facilitate reaching learning agreements.

It is important that incoming students are incorporated as just another student, that they are integrated in a group, and for this reason it is convenient that as many subjects as possible are of the same year. The incoming student must be sufficiently familiar with the language and the requirements of the subjects (compulsory attendance according to methodologies, compliance with material and work deliveries, presence at placement centres if there is no justified major cause, exam dates, etc.)

We propose that all incoming students, whether for studies or for rotation, have an interview with administration staff or with the Academic Mobility Coordinator, to clear up any questions about their personalised study plan and to specify requirements for assessment, which will help facilitate a personalised reception. Whenever possible, they will be assigned a mentor (a fellow student), who will show them around the campus and all the academic and extra-academic services provided by the faculty. By doing this, as well as avoiding misunderstandings or bad experiences during their stay at our university, we want them to feel like they are a part of university life and help them integrate into all the activities that UIC Barcelona offers its students.

Assessment of the mobility actions of **OUTGOING** students

Mobility information sessions are held. As the demand and characteristics of mobility in the rotation is somewhat different, two years ago we held two information sessions, one for studies and the other for the fifth year (rotation students)

- A minimum average grade of 1.5 (scale 0–4) is required to select a destination, with places offered in order of grade, for each year, either for study mobility or for rotation.

This minimum level is required to ensure that students who go abroad get the most out of the experience and that they strive to achieve good academic results in order to make the best choice. They are informed from the first year of the importance of maintaining a good academic level as it will be useful for choosing optional subjects, choosing and the Rotation, as well as for mobility and their future as professionals.

- On the other hand, a minimum language level is required. Our outgoing students take part in the mobility programme mainly for the sixth-year rotation and clinical placements in health centres. It is important that

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they have a basic knowledge of the target language, in order to be able to interact with the health teams and especially with patients. Otherwise, it will be difficult for them to achieve the competences set for that year and subjects. Therefore, if they are not proficient in the target language, the number of weeks of the External Rotation will be reduced and the type of specialty they take will also be limited.

Many students ask for new agreements and although until now we have tried to meet these requests and manage as many contacts and agreements as possible, we think that we must gradually specify which centres really best meet our training needs as well as being able to enjoy an experience abroad. We decided to open new agreements when they are for a minimum of 3 years and for several students and as long as we can be sure that students are adequately supported in those centres and countries.

We also expect proper assessment to be carried out that does not differ much from the criteria of UIC Barcelona, to avoid problems in the academic records.

The Rotation Guide is always sent to the placement coordinator at the destination centre (*Evidence document*) including the assessment rubric (sent in Spanish and English). The academic tutor also evaluates the student's progress during their stay abroad.

The experience of the last few years has been very good. A survey has been carried out jointly by the Faculty and the Institutional Relations Service (*Evidence: Satisfaction Questionnaire for Outgoing Stays*) which allows us to evaluate how they have been received and cared for and what they have been able to practise and learn during their stay. In South American countries, they are made to work very hard both in terms of hours of dedication and in the opportunities, they get to work with patients. They carry out on-call shifts, attend classes, interventions, draw up reports, and more. The experience in general is very good. In Italy, it is less demanding, but if the students show interest, they can get very good assessments for showing initiative, incorporating into teams, etc.

The experience in countries like Slovenia shows us the need to have a certain level of knowledge in the language, otherwise, they risk simply doing placements with professionals who speak English, in specialties where contact with patients, families and other professionals is minimal, which makes it difficult to meet the teaching objectives. It has therefore been decided to slightly modify the criteria in terms of weeks and specialisations in those destinations where a high or medium basic level of language proficiency is required.

Public information about mobility programmes is updated on the following website <https://www.uic.es/es/internacional/estudia-en-uic-barcelona/movilidad-internacional>

During the 2019–2020 academic year, the information available on the website has been reviewed, detecting duplicities and outdated information with incorrect data. In coordination with the International Relations team, we have determined what information should be incorporated by each faculty and what information will be centralised. We will ensure that the mobility criteria of the degree, both for incoming and outgoing students, are visible and accessible.

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Final Degree Project

Final Degree Project Indicators	14/15 Academic Year	15/16 Academic Year	16/17 Academic Year	17/18 Academic Year	18/19 Academic Year	19/20 Academic Year
Number of possible Final Degree Projects	71	57	93	104	93	89
Number of Final Degree Projects presented	70	56	92	104	93	89
Number of Final Degree Project tutors	4	4	7	10	9	11
Average number of Final Degree Projects per tutor	18	15	13	10	9	8.09
Percentage of Excellents and Distinction Honours	45.71%	33.93%	52.17%	50.96%	31.5%	47.2%
Percentage of Goods	52.86%	55.36%	43.48%	42.31%	60.8%	51.6%
Percentage of passes	1.43%	10.71%	4.35%	6.73%	7.7%	1.2%
Percentage of failures	0.00%	0.00%	0.00%	0.00%	0.00%	0.0%

Over the last few years, the number of Final Degree Projects per tutor has been adjusted through the incorporation of new tutors, accompanied by a programme of support and training for tutors to ensure the variability of assessments. In addition, the team in the 2019–2020 academic year currently comprises 87% PhDs with research experience. The objective for the 2020–2021 academic year is to consolidate a team that reaches a ratio of 1:7 with more than 90% of tutors in the group.

The results of the 2019–2020 academic year assessment have been excellent, and reflect the impact of the training measures implemented in the previous two years in the methodological subjects, especially the subject Clinical Epidemiology and Public Health. The course has successfully undergone a change in coordinator, the rubric system has been improved and the monitoring process has been standardised. This has resulted in improved reliability of assessments. Student scores have been significantly better than the historical average for the past four years, with asymmetric, negative score distribution and concentration in the high scores, with fewer outliers in the low score range. Additionally, and despite the pandemic situation, students have shown a high level of satisfaction with the training received, the results obtained and the follow-up process.

Assessment of the management of Final Degree Project in accordance with the regulations

Assessment of the management of the Final Degree Project is carried out in accordance with the internal regulations of UIC Barcelona, which are analysed in more detail below:

- Final Degree Project/Final Master's Degree Project (TFG/TFM) Coordination (Art. 5,6,7 of the Internal Regulations)

Coordination is carried out in accordance with the internal regulations for Final Degree Projects at UIC Barcelona, articles 5, 6 and 7. As with the rest of the subjects, there is the figure of the Final Degree Project coordinator, who assigns the students to each tutor without the figure of the co-tutor.

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The tutors are teachers from UIC Barcelona, and are proposed for their experience and training in research methodology. All tutors have postgraduate research experience in biomedical sciences or statistics, and have scientific publications in peer-reviewed indexed journals. Teaching staff commit sufficient time to tutoring to ensure that sufficient information is available for student assessment. Proper oversight is verified by the coordinator of the subject, by means of oversight sessions in six staff sessions with tutors (initial, final and after the delivery of each activity).

- Defence (Art. 11 of the Internal Regulations)

The defence of the Final Degree Project is carried out in accordance with Article 11 of the UIC Barcelona internal regulations on Final Degree Projects. In order to be assessed, the student must have passed more than 80% of the credits of the degree. The student presents the Final Degree Project before a panel of professionals with accredited experience in research, publication and participation in projects. All of them are specialised in clinical research methodology, and have knowledge of the subject of study. In order to make improvements, we proposed reducing the tutor/student ratio to 1:7 with more than 90% of tutors holding a PhD.

- Examining panel (Art. 12 of the Internal Regulations)

The panel consists of the chairperson and the secretary of the panel. Another student acting as spokesperson, in individual defences. The defence is oral, supported by a visual presentation using slides taking the form of a conference, with a presentation, questions and answers from the panel and a counter-reply from the student (art.12 of the Internal Regulations)

The examining panel is proposed by the coordinator of the Final Degree Project and the degree programme directors, after reviewing the subject matter of the work. The evaluators are teachers related to the subject, the tutors of the Final Degree Project and a student to demonstrate their capacity for critiquing and assessing. The members of the panel are appointed on the basis of their expertise in content and method. In all cases, we avoid tutors evaluating the defence of one of their own students. In all the panels one of the members has a PhD, and in 80% of panels both members are PhD holders.

The assessment of the defence of the project and the presentation is carried out exclusively by the tutors of the examining panel. In addition, they also evaluate the student who fulfils the role of spokesperson for competences relating to analysis of the assessment project of their classmate and communicative competences in intervening in a defence and assessment of a scientific project.

In all the panels, at least one of the members has a PhD, but in 85% of cases, both members of the panel have PhDs.

In the 2018–2019 academic year, we returned to the public participation format of the Final Degree Project event which was very satisfactory. There was an increase in the number of visitors and a very positive assessment by students, teachers and tutors. In the same year, we started to circulate the book of “abstracts”, which helps disseminate information for all classmates. (*Evidence document*)

In the 2019–2020 academic year, as an adaptation to COVID-19, given the impossibility of a face-to-face defence, the students carried out an asynchronous presentation in video format. The defence was carried out using a forum system on the Moodle platform. Inspired by a system of *scientific peer-review*, on the assessment date, students had a Moodle question and answer forum where the assigned panel posed between 3 and 5 comments and objections to the protocol presented, with the student having 30 minutes to defend, in writing, against these objections. This was held live, with the panel evaluating the answers given.

Final Degree Project public information

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Public information on the Final Degree Project can be found at <https://www.uic.es/es/subject/7596/2020>

In order to access this information more easily, for the 2021–2022 academic year we propose establishing a direct link to the Final Degree Project directly accessible from the webpage of the degree programme.

Phases of the Final Degree Project

Students attend a fifth-year information session on the sixth year, (Rotations and Final Degree Projects), and they are given a small “book/dossier” as information beforehand (*Evidence: Information pack for sixth year*).

Students who request it are given the possibility of starting the Final Degree Project in advance and the rest are given the opportunity to consider possible topics of study.

1) Selection of the subject: in the subject of Clinical Epidemiology and Public Health (fifth year) students receive training on consultation and critical appraisal of literature in online activities, evaluated weekly. These activities contain topics of research interest that familiarise them with work topics.

At the beginning of the Final Degree Project students receive a list with the possible topics according to the lines of research of the PDI (teaching and research staff) of the centre. Students can also choose a topic of their interest outside of this proposal, advised by clinical researchers from centres where they are doing their rotations. The possibility of choosing subjects according to their interests is highly valued by students. In the future, we propose extending options by medical areas, writing a small dossier to comment on the topics of interest and general proposals.

2) Training action: In accordance with action take to make improvements, proposing training activities prior to each tutorial action, two types of sessions are established throughout the year: a) framework sessions, b) specific training sessions for each type of clinical research methodology. Thus, there are four sessions of face-to-face additional training, worth a total of 10 hours. These sessions are:

- a) Final Degree Project Orientation (1 hour, split group, June of the previous year and September)
- b) Writing of introduction and bibliography (1 hour, TP review of communication and structuring of background and referencing)
- c) Methodology 1 (2 hours, TP choice of research design and use of EQUATOR protocols);
- d) Methodology 2 (4 hours in two sections: general statistical analysis (1h full group) and analysis aimed at RCT, observational and validation designs (3 hours TP, in three divided groups)
- e) Presentation and communication (1 hour, TP, with communication aspects for the panel session).

The training is agile and is carried out in groups divided according to the subject and design of their study. This activity has been very positively valued in the 2020–2021 academic year.

3) Development, monitoring and mentoring: From October to May (when the Final Degree Project is defended) students carry out the FDP independently with the support of four face-to-face tutoring sessions to guide the development of the work with auditing and assessment actions. This number of sessions is fixed and is intended to dedicate the same amount of time to each student, as well as to standardise the time spent on oversight.

Each tutorial is organised around established activities that organise the development of the project protocol (**first tutorial:** the choice of subject matter, objectives, hypothesis and strategy for finding literature, **second tutorial:** introduction and search for literature, **third tutorial:** methodology section, and **fourth tutorial:**

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defence and final report). In accordance with our actions for improvement, the timing of the system in the new timetable adapted to the students' pace has completely avoided delays in the selection of the topic.

At least one week before each tutorial, students upload to the “tasks” section on Moodle the documents set out in the teaching guide for each of the sessions, giving the tutor enough time to review the material and prepare the face-to-face follow-up session. After the face-to-face tutorial, and within a maximum period of one week, the student must update the material according to the tutor's suggestions, incorporating them or justifying the reasons for not doing so

Systematic and scheduled feedback of the follow-ups is carried out using specific rubrics and review agreements. The rubrics have been abandoned because of the assessment load that delayed tutors' work and exceeds the assigned teaching load. The rubric system has been maintained and students believe it to be very useful.

In addition to the mandatory tutorials, students have access to their tutor via email and forums, either to answer any questions or to clarify doubts. Follow-up is done via the tutors' institutional email, depending on their time and availability. Contact with students is centralised from the Moodle platform through open participation forums, which can be tracked by coordination. Oversight and follow-up by tutors are irregular. We propose action to make improvements by establishing the forums as a preferential communication channel with the students.

We are satisfied with the Final Degree Project development plan and the recording of the compulsory face-to-face tutorials guarantees the quality of the work. The aspects of procedure plus scheduling have improved the workload of students and matched the pace to international rotational periods.

4) Defence of the Final Degree Project: The composition of the panel is detailed in the following section *Examination panel*. The defence in the 2018–2019 academic year took place with the presentation of an oral defence before a panel, held publicly. The panel format and the venue in the Degree Hall, the invitation to students from other years and the public nature all resulted in more students being present at the time of the defence (with a minimum of 15 attendees at 5 defences). Circulation of the book of “abstracts” for the projects further disseminated the event and allow people to attend the most interesting sessions.

The 2019–2020 academic year was adapted to the COVID-19 pandemic situation, as has been explained in the previous section.

5) Assessment of the Final Degree Project: The assessment of the work has been made more explicit in the extended teaching guide where both the times of submission of material and work and the specification of the assessment systems are specified and all of them have been incorporated into the header of the subject on Moodle.

The assessment of the Final Degree Project consists of four components:

- a) assessment of the process of drafting the project and tutorial oversight,
- b) assessment of a written report,
- c) assessment of the presentation and defence before the panel and
- d) assessment of the student as a scientific evaluator (ability to critique and analyse scientific work).

This assessment takes the form of four areas of competences which are assessed by means of rubrics that must be completed by both the tutor and each member of the panel (*Evidence document*):

- information management,

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- management of the methodology,
- presentation communication skills and
- defence and assessment of ethical aspects.

The coherence of the assessment of these components was assessed in an analytical study for the 2013–2017 academic years, which was presented at the conference “*Metodología Docente. Una oportunidad para la investigación*”, on 6 and 7 May 2019”.

A new aggregate analytical study has been put in place for the 2018–2020 academic year, analysing the individual rubric elements and incorporating the impact of the reporting guides on competency acquisition.

The student is informed of the grade obtained in the Final Degree Project as a whole and, in addition, receives the report on their level of acquisition of scientific competence.

6) Coordination of the Final Degree Project team and assessment meetings: In order to guarantee the coordination of the tutors, the following meetings are held after each tutorial monitoring milestone (see point 3). This timetable serves to guarantee the pace of work across tutors, resolution of doubts associated with activities and monitoring of all students. The meetings have been a useful tool to harmonise the follow-up, and to standardise monitoring and assessment of Final Degree Projects.

7) Personal report of the level of competences achieved: Once the assessment has been carried out, and based on the different items evaluated in all the rubrics used, a **report of the level of scientific competence achieved** by the students is drawn up.

The domains indicated in these reports are:

- Information management: Which includes:
 - o The ability to adequately define and justify the conceptual framework
 - o Using an appropriate, up-to-date bibliography
 - o Critically evaluating a topic from the literature consulted.
- Methodology:
 - o Showing a critical, respectful and constructive view of research.
 - o Knowing how to identify limitations
 - o Formulating hypotheses and objectives
 - o Choosing and defining the study design
 - o Solving problems following the scientific method.
 - o Ability to assess the feasibility and viability of the study
- Presentation and oral defence of the Final Degree Project
 - o Communicating effectively and clearly.
 - o Speaking with conviction
 - o Using appropriate resources to present the topic
 - o Capacity for synthesis
 - o Controlling presentation timing
 - o Defending your approach
- Ethical aspects:
 - o Recognising the ethical aspects of the study

In the 2018–2019 academic year, the format of the report was changed to represent competency acquisition using a network diagram.

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The following is the average percentage of achievement in the competency domains reached in the Final Degree Project in recent years:

Academic year	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	Total
Number of Students	62	70	56	91	101	91	89	560
Competence domain								
Information management	86,56%	80,91%	79,27%	83,58%	84,24%	77,66%	89,05%	83,17%
Methodology	85,38%	84,11%	78,86%	82,19%	85,22%	74,30%	83,20%	83,20%
Presentation / defence	91,83%	88,00%	83,01%	88,05%	83,95%	82,80%	93,21%	87,05%
Ethical aspects	94,76%	93,69%	84,67%	88,10%	90,95%	92,31%	94,36%	91,39%

In the 2019–2020 academic year, compared to the results of the 2018–2019 academic year, there was a clear improvement in results in all areas, using the same competency-based assessment system. Additionally, record highs have been achieved in the series in two of the areas, even with the new assessment system, which is more rigorous and 15% more reliable than the previous one.

8) Feedback on student satisfaction:

At the end of that academic year (2018–2019) a survey was carried out on students covering aspects to improve the Final Degree Project. The following problems emerged from the survey and have been solved over the course of the 2019–2020 academic year, and some will be implemented in the 2020–2021 academic year: (*Evidence document: Final Degree Project survey*).

- 1) **Calendar** 2018–2019 academic year: Calendar is not well adapted: the international rotations, which are compulsory in the first semester, mean postponing training activities and tutorials for the group, which means that some students who wish to advance in their work are delayed in the process. 2019–2020 academic year: The new calendar has been adapted, which is much more suited to the work pace of the rotations.
- 2) **Training Sessions** 2018–2019 academic year: Not well guided: The training sessions do not seem useful as they are not sufficiently focused on individual work. In addition, they felt they arrive late and are not helpful for the activities done at the point of the year in which they appear. 2019–2020 academic year: The training sessions seem useful and are focused on individual work. Also, it was felt that they are in line with the pace of work and tutorials. However, again there is a feeling that they are scarce and a longer session of statistical analysis is requested. This would exceed the Final Degree Project distribution of 1 credit of training in face-to-face sessions, but this can be taken into account for future years.

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- 3) **Inter-tutor criteria:** 2018–2019 academic year: The students perceive a diversity of criteria among tutors, which seems to be due to a lack of knowledge about the tutorial processes. Some aspects of the process do not have sufficient information. 2019–2020 academic year: They perceive unification of criteria among tutors, which has been achieved by making the tutorial action criteria explicit. 100% of students who answered felt that making the assessment rubric public was a good idea
- 4) **Assessment of follow-up:** 2018–2019 academic year: students believe that the feedback from the tutorials is not useful to follow their progress in the subject. 2019–2020 academic year: students believe that the feedback from the tutorials and the revision agreements is very useful to follow their progress in the subject.
- 5) **Additional training modules:** 2018–2019 academic year: There are requests for additional training modules, as there are difficulties regarding managing and integrating bibliography and methodology. 2019–2020 academic year: Students consider that additional training modules are adequate, though scarce. They value the training in the subject Clinical Epidemiology and Public Health in fifth year very positively as preparation for the Final Degree Project, and they found the aspects relating to management and integration of bibliography and methodology particularly useful. Surprisingly, they found the Statistics subject hardly useful in completing the Final Degree Project, and spoke of the urgent need to improve the training in this aspect in order to improve results.

That year, for the first time, there was demand for a review of the grading which, although it was agreed to, revealed the difficulty of carrying out such reviews in light of the different elements used for assessment. However, it was proposed to formally improve the grading review and allegations process.

All these comments have been taken into account in the planning of the Final Degree Project for 2020–2021 and we will see the satisfaction levels of students at the end of the year.

System of Final Degree Project registration and oversight

In the medicine degree, the APM computer application is not used, but control and oversight are carried out using the same teaching platform (Moodle), which allows us

- a. To store the mandatory activities that students must complete
- b. To oversee all students with feedback actions from their tutors
- c. To check and verify students' progress
- d. To verify the delivery of documentation and activities during the Final Degree Project
- e. Direct communication between the team of tutors for oversight of all students
- f. Direct feedback on a platform they master.

These functionalities allow us to document activities and tutorials, and oversee student progress with a tool familiar to them, facilitating management of the course.

The communication process with students has been protocolised into sub-actions:

- To open centralised communication channels through the platform for general enquiries and between tutors, such as forums;
- To engage the learning processes by adding audiovisual activities that review and clarify concepts relating to methodology and design;
- To improve the processes of scientific communication among peers, making work visible in the group, in order to improve the scientific communication competence in an informal setting.

We proposed opening a forum for communication among teaching staff, which allows fluid communication between all members of the teaching staff. This forum will only be accessible and visible to tutors.

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SUB-STANDARD 6.4 The values of the job placement indicators are appropriate for the characteristics of the degree programme	
Sub-standard assessment	Compliant
WFME Standards	B 1.3.3, B 1.3.4, B 7.3.1, B 7.3.2, B 7.3.3, Q 7.3.1, Q 7.3.2, Q 7.3.3, Q 7.3.4, Q 7.3.5

Every three years, the Catalan University Quality Assurance Agency (AQU Catalunya) carries out a study on the employability of graduates in Catalonia

In the year 2020, they carried out the 7th job placement survey of higher education graduates in Catalonia. In this year's edition, the graduating classes studied were undergraduate students who had completed their studies in the 2015–2016 academic year, with the exception of Medicine students, whose graduating class was the one that completed their degree in the 2012–2013 academic year.

Since the first class of Medicine students finished in 2014, this degree at UIC Barcelona has not yet been able to participate in this region-wide study.

However, we consider that a good indicator of the employability of our graduates can be seen in the results of the Medical Residency (MIR) exams that are carried out nationally to gain a residency position in the public health system. In the accumulated calculation of the seven graduating cohorts that have graduated from UIC Barcelona, we can see that 99.2% of graduates who took the MIR exam passed the cut-off mark required to obtain a place in specialised training in the public system and can therefore choose a place in the public health system. On the other hand, we also have information that a small percentage of students (2%) have gone to other countries to work and others (2%) are preparing to retake the MIR exam to obtain a better grade and choose their preferred specialty.

The following is a summary of the percentage of students, from each cohort, who have passed the cut-off mark in the MIR exams:

- Class of 2014–2015: **100%** (Together with two other Faculties of Medicine)
- Class of 2015–2016: **100%** (Only Faculty)
- Class of 2016–2017: **100%** (For the third consecutive year. With one other Spanish Faculty. No other university has managed to maintain this level for 3 consecutive years)
- Class of 2017–2018: **99.08%**
- Class of 2018–2019: **96.9%**
- Class of 2019–2020: Exam pending. (March 2021)

Overall, 99.2% of the five year groups that have already taken the test have been able to opt for a specialist training spot (MIR).

ASSESSMENT OF THE ACHIEVEMENT OF ACCREDITATION STANDARDS

STANDARD 7

Governance

The Faculty has an academic and management structure that provides for adequate decision making in the Bachelor's Degree in Medicine.

Self-assessment

Sub-standard		Assessment
7.1	Las funciones de los órganos de gobierno están definidas inequívocamente	Compliant. The functions of the governing bodies are unequivocally defined.
7.2	La estructura de los órganos de gobierno y gestión del centro permite una toma de decisiones adecuada	Compliant. The structure of the governing and academic management bodies allows for appropriate decision-making.
7.3	El equipo directivo del centro lidera el proceso de enseñanza-aprendizaje en medicina, revisa su actuación y hace rendición de cuenta	Compliant. The medical school academic management team leads decision-making in medical training, reports and reviews its performance and results.
7.4	El personal administrativo y técnico permite el despliegue del programa educativo y garantiza una adecuada gestión de los recursos	Compliant. The administrative and technical staff allows the correct deployment of the educational program and guarantees the good management of resources.
7.5	El centro mantiene un esquema de relaciones adecuadas con el sector sanitario y con las autoridades sanitarias	Compliant. The centre maintains appropriate relations with the main institutions of the health sector in its environment as well as with the health authorities.
Standard global assessment		COMPLIANT

Executive summary of Standard 7

Universitat Internacional de Catalunya was founded in 1997, and the degree in Medicine was introduced in the 2008–2009 academic year. Over the course of these years the institution has consolidated progress and we can now say that the university has stable academic and management structures, with defined functions approved by external bodies of governance.

Under this structure, the Board of the Faculty of Medicine and Health Sciences, led by the figure of the Dean, has the managerial capacity and necessary powers to take on the responsibilities of academic leadership and management of the Bachelor's Degree in Medicine, as well as the appropriate decision-making for the implementation, development, assessment and improvement of the Bachelor's Degree in Medicine in both academic and research matters and the management of services.

The Board of the Faculty of Medicine and Health Sciences is the management team for the Bachelor's Degree in Medicine, and therefore heads up the teaching-learning process with regard to defining the training programme and has established formal mechanisms to review performance, accountability and manage proposals for improvement that affect the quality of the degree.

Annually, and internally, the Board presents its results and is accountable to the Faculty Board and to the CE of the Governing Board. At an external level, they are accountable to the Advisory Board, made up of external medical, surgical and research professionals from outside UIC Barcelona. They are also accountable to AQU Catalunya, which, as a guarantor of the Ministry of Universities, executes external

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assessment processes to review the internal monitoring processes and for renewal of accreditation in accordance with Royal Decree 1393/2007, of 29 October, which establishes the organisation of official university education.

On the other hand, it should be noted that the structure of administrative and service staff (PAS) of the university in general and, in particular, that of the Department of Medicine, constitutes the necessary administrative support to adequately deploy the curriculum as foreseen in the report, to implement institutional policies and to carry out proper allocation and deployment of department resources in its different areas of action.

Finally, as far as governance is concerned, the Board of the Faculty of Medicine and Health Sciences places importance on establishing relationships with institutions related to healthcare and healthcare education regionally, nationally and internationally, since they are a source of knowledge to detect needs, trends and problems in both medical education and the healthcare sector. The network of contacts and valuable relationships is deemed adequate and there is respect and recognition for the work done by both the university and the Department of Medicine

Evidence documents that support the Standard

Sub-standard assessment

SUB-STANDARD 7.1 The functions of the governing bodies are unequivocally defined	
Sub-standard assessment	Compliant
WFME Standards	B 1.1.1

The University has stable academic and management structures with defined functions approved by external governmental bodies that regulate the relationship between the centre and the university. Private universities draw up and approve their rules of organisation and operation, by virtue of their autonomy, which are approved by the Government of Catalonia, subject to legal oversight, in accordance with the provisions of Article 103.2 of Law 1/2003, of 19 February, on Catalan Universities.

UIC Barcelona's Organisational and Operational Regulations (NOF) (*Evidence document*), were approved by Agreement GOV/ 107/2011, of 5 July, in compliance with the ninth additional provision of Organic Law 4/2007, of 12 April, which amends Organic Law 6/2001, of 21 December, on Universities. Subsequently, by virtue of Agreement GOV / 47/2014, of 25 March, Agreement GOV / 28/2015, of 3 March, and Agreement GOV/46/2017, of 11 April, these Rules and their consolidated text were amended. This last modification is published in the *Official State Gazette (BOE) no. 121 of 22 May 2017*.

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According to the NOFs, the main governance bodies of the university are the University's Board of Trustees, the Board of Governors and the Executive Committee of the Governing Board.

The Board of Trustees is the supreme governing body of Universitat Internacional de Catalunya and its responsibilities include, among others, the appointment and dismissal of the rector, vice-rectors, the general secretary, the general manager, the deans of faculties, the directors of schools, university research institutes and study centres, and the other members of the Governing Board. It is also responsible for the yearly ordinary and extraordinary budgets and settlements.

The Governing Board, whose members are appointed by the Board of Trustees, is the ordinary collegiate governing body of the University, exercised in plenary session or through its executive committee. This committee is made up of the Rector, Management, General Secretary, Financial Management and the vice-rectors' offices for Academic Ordinance and Teaching Staff, Planning and Quality, Research and Transfer, International Relations and University Community.

In addition to the aforementioned governing bodies, the University Advisory Board is the collegiate body for the participation of Catalan society in UIC Barcelona and carries out consultative and advisory functions, as well as the social promotion of the institution. Its members are appointed and dismissed by the Board of Trustees.

On the other hand, the Student Council is a collegiate body made up of representatives chosen by the delegates from each of the UIC Barcelona centres. This organ acts as interlocutor between the students and the services of the University by collecting all ideas, suggestions, proposals, initiatives, concerns, etc. that students at the University may have and wish to develop.

Now focusing on the governance of the faculties, the Faculty Board is the highest governing body. In this regard, the Board of the Faculty of Medicine and Health Sciences presents a certain singularity since it brings together four different departments (Medicine, Nursing, Physiotherapy and Basic Sciences), all of them with a high degree of autonomy for the management of their degrees and the corresponding decision-making. So much so that each of these departments has its own management team, called the Department Board or Centre Board. In this self-assessment report, it is referred to as the Board or the Board of the Department of Medicine.

The functions of both the governing bodies of the Faculty and the management team of the Centre of Medicine are described in the following documents (*Evidence document*):

- Operating Regulations of the Faculty of Medicine and Health Sciences
- Organisational chart and description of functions, competences and interrelationships of the Department of Medicine, of each of the members that make up the Board of the Department of Medicine.

It is considered that the structure established to regulate the relationships between the Department of Medicine, the Faculty and the University confers on the Board of the Department of Medicine the managerial capacity and the necessary powers to assume the responsibilities of academic leadership and management of the degree in Medicine, as well as the definition of policies and decision-making, among other aspects, relating to:

- the mission of the Department of Medicine
- the curriculum of the Bachelor's Degree in Medicine
- the admissions policy for the Bachelor's Degree in Medicine
- hiring policy (teaching and research staff and administrative and service staff)

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- decisions on the interaction and linkage of medical practices and the health sector

The Centre's management periodically evaluates its academic leadership in relation to the achievement of its mission and expected educational outcomes. This is done through the strategic reviews that take place within the Board of Medicine. Not only is the achievement of the mission and expected academic results assessed in a generic way, but also the strategies in terms of academic-teaching, research and service management.

Stakeholder representation on the different governance bodies is described in the evidence of Standard 3.4

The centre guarantees transparency in decision-making through the university's transparency portal, which is available on the institutional website, which can be accessed via this link:

<https://www.uic.es/es/universidad/uic-barcelona/portal-de-transparencia>

SUB-STANDARD 7. 2 The structure of the governing and management bodies of the centre allows for adequate decision-making	
Sub-standard assessment	Compliant
WFME Standards	B 8.1.1

The structure of the governing and management bodies of the university and the centre itself allows, in addition to what is described in Sub-standard 7.1, appropriate decision-making for the implementation, development, assessment and improvement of the degree in Medicine in academic matters as well as in research and the management of services.

University governance and management structures

For adequate decision making, (academic aspects, research and services), the Centre Board relies on the structure of the General Services of the University, grouped into the following departments of the Executive Committee of the Governing Board:

- Rectorate (Directorates of: Communication, Alumni and Corporate Development)
- Management (Directorates of: People, Operations, Promotion and Admissions, Marketing, Information Technology (IT))
- General Secretariat (Directorate of Academic Management and Statistical Data and Rankings Office))
- Economic Management (Accounting and Administration Management)
- Vice-Rector's Office for Academic Management and Teaching Staff
- Vice-Rector's Office for Planning and Quality (Directorate of Educational Innovation and Quality Service (SIQE)).
- Vice-Rector's Office for the University Community (Directorate of Student Services, Equality Unit, Sustainability Unit, Student Counselling)
- Vice-Rector's Office for Innovation, Research and Transfer (Centre Directorate for Knowledge Transfer and Research Valorisation)

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- Vice-Rector's Office for International Relations (pending the appointment of a Vice-Rector, for the time being the Vice-Rector's Office for Planning and Quality will assume responsibility).

These departments, common to all UIC Barcelona centres, in addition to establishing the strategic lines of action according to their areas, have a structure of administration and services staff (PAS) necessary and sufficient to provide technical and administrative support to all the faculties of UIC Barcelona, and as such to the Board of the Department of Medicine.

Governance and management structures of the Department of Medicine

The Board of the Department of Medicine was restructured in the 2019–2020 academic year to optimise operations. As such, the number of members has been reduced and tasks have been redistributed, as described in the document on the Organisational chart and description of functions, competences and interrelationships of the Department of Medicine. *"Definition of responsibilities and functions of the department"* (Evidence document).

Currently consists of:

- Director of the department and director of the Bachelor's Degree in Medicine, which coincides with the Dean of the Faculty of Medicine and Health Sciences.
- 4 Vice-Deans
 - Vice-Dean for Academic Management
 - Vice-Dean for Students and Quality
 - Vice-Dean for Teaching Staff
 - Vice-Dean for Research, Institutional Relations and Postgraduate Studies
- Centre Manager

To support the development of the degree, there is a team of administrative and support staff led by the Centre Manager, who establishes the priorities in response to the needs of the degree and the Board of the Centre. The functions and areas of responsibility of each of these figures are defined in the document *"Definition of responsibilities and functions of PAS staff"*. (Evidence document)

Decision making

The structure of the governance and management bodies described in Standard 7.1 allows for adequate decision making in accordance with this internal functioning:

- The Board of the Centre meets weekly to make decisions, taking minutes of all the sessions and agreements reached. Each of the vice-deans presents the issues from their area, and decisions are discussed and taken collegially. These subjects are prepared, as appropriate, with the established academic coordination figures, with the Medical Education Office (UEM), the various vice-rectorates of the university and their associated, cross-cutting services or with other bodies, when necessary. When the decision taken affects the management and development of bodies outside the centre, the centre manager informs them of this by issuing internal communiqués.
- In the event of a decision by the Board of the Centre that requires prior approval by the Faculty Board or the Governing Board's CE, the centre manager is responsible for processing it and the Board of the Centre does not act until they receive a reply of approval from the competent body.

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- The Quality Committee acts as an advisory body to the Board of the Centre and proposes improvement actions to be assessed and approved by the Board of the Centre. The actions approved by the Board are included in the Improvement Plan.
- When the subject affects clinical placements or relations with health centres, these are presented and analysed beforehand as part of the mixed commissions made up of members representing the degree programme and the university and associated centres where students carry out their clinical placements. Regular meetings are held (monthly or bimonthly). They foresee future situations, evaluate present ones and review the institutional relationship in a broader way than the purely educational one.

Academic structure

The academic structure is discussed in Sub-standard 1.4.

SUB-STANDARD 7.3 The Faculty's management team leads the teaching-learning processes for medicine, reviews its performance and is accountable	
Sub-standard assessment	Compliant
WFME Standards	B 8.2.1, Q 8.2.1

The Board of the Faculty of Medicine and Health Sciences is the management team for the Bachelor's Degree in Medicine, and therefore heads up the teaching-learning process with regard to defining the Management training programme and has established formal mechanisms to review performance, accountability and manage proposals for improvement that affect the quality of the degree programme.

According to the distribution of functions of each of the members of the Board of the Centre explained in Sub-standard 7.1, the responsibility for overseeing the teaching-learning process falls to the Vice-Dean's Office for Academic Ordinance. The organisational and functional structure, as presented in Sub-standard 1.4, allows for appropriate decision-making in teaching, taking into account the Medical Education Office (UEM), which promotes innovation and research throughout the teaching-learning process.

The rest of the vice-dean's offices assume their own functions in accordance with the evidence presented in Sub-standard 7.1.

The leadership on academic, research or service management issues is revalidated every four years when the CE of the Governing Board assesses and approves, if appropriate, the positions of each of the academics who are part of the Board of the Centre, based on the results obtained.

Focusing on the review of the performance of the teaching-learning process in medicine, it should be pointed out that the review is carried out, on the one hand, on the basis of the expected academic results that are defined in the degree programme's Verification Report and have been approved by external assessment bodies and, on the other hand, on the indicators that have been established in the annual monitoring process in accordance with the standards of the external agency AQU Catalunya in order to respond to the regulatory requirements.

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Implementation of the programme is carried out through the teaching coordination structure explained in previous standards. Assessment of the programme and the review of the performance of the governing bodies is carried out through different channels:

- Every six months, in the assessment meetings, which are held at the end of each semester, the suitability of the teaching methodologies used, the results obtained (as explained in Standard 6) and the satisfaction of all stakeholders (teachers, students and course leaders) are reviewed. The results are analysed in depth and, together with proposals for improvement, are included in a report that is presented to the Quality Committee.
- Once a year, the Quality Committee, in which all the stakeholders participate, reviews the functioning of the coordination structure and the academic results obtained, among other aspects that affect the quality of the degree. The Committee, as a consultative body of the Board of the Centre, proposes actions for improvement.
- The Board of the Centre reviews the implementation and results obtained against the planned objectives and assesses the proposals for improvement put forward by the Quality Committee. Depending on the strategy of the degree, the results obtained and the resources available, the Board of the Centre makes decisions approving the improvement actions to be undertaken.

As a result of this internal assessment and proposed improvement actions, decisions are taken that may refer to adjustments to the study plan, teaching methods, assessment systems or the adequacy of teaching staff, etc. For example, these conclusions could be regarding: changing a teacher, proposing adjustments to the methodology, to the assessment system, proposing training actions for the teaching staff or even making a modification to the syllabus.

Public accountability is reflected in the Annual Monitoring Report for the Bachelor’s Degree in Medicine, which is made available to the external assessment agency, AQU Catalunya, and is published on the institutional website.

Periodically, the Centre Board carries out a strategic reflection where the management structure and its coherence with respect to the expected learning outcomes and its alignment with the mission of the department is reviewed. According to the evidence provided, the revision of the mission initially established in the 2007 Verification Report was carried out in 2012, 2014, 2018, 2019 and 2020. These results are also presented in the meetings held with the Advisory Board, made up of external medical, surgical and research professionals, thus also providing accountability to external agents

Finally, it should be noted that annually, and internally, the Board presents its results and is accountable to the Faculty Board and to the CE of the Governing Board.

SUB-STANDARD 7. 4 Administrative and technical staff enables the deployment of the educational programme and ensures adequate resource management	
Sub-standard assessment	Compliant
WFME Standards	B 8.4.1, B 8.4.2

University administration and service staff (PAS) structures

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The PAS structures of each of the University's Governing Board's CE departments provides the technical and administrative support necessary to properly deploy UIC Barcelona's training programmes.

Each of these departments has sufficient and appropriate administrative and services staff to carry out their functions and provide cross-disciplinary support to the University. Specifically, these are the services available to the faculties in each department.

- Rectorate (Directorates of: Communication, Alumni and Corporate Development)
- Management (Directorates of: People, Operations, Promotion and Admissions, Marketing, Information Technology (IT))
- General Secretariat (Directorate of Academic Management and Statistical Data and Rankings Office)
- Economic Management (Accounting and Administration Management)
- Vice-Rector's Office for Academic Affairs and Teaching Staff
- Vice-Rector's Office for Planning and Quality (Directorate of Educational Innovation and Quality Service (SIQE)).
- Vice-Rector's Office for the University Community (Directorate of Student Services, Equality Unit, Sustainability Unit, Student Counselling)
- Vice-Rector's Office for Innovation, Research and Transfer (Centre Directorate for Knowledge Transfer and Research Valorisation)
- Vice-Rector's Office for International Relations (pending the appointment of a Vice-Rector, for the time being the Vice-Rector's Office for Planning and Quality will assume responsibility).

Structures of Admin and Services in the department of Medicine

The structure of PAS of the Department of Medicine, under the management of the Centre Manager, constitutes the necessary administrative support to adequately deploy the curriculum as foreseen in the report, to implement institutional policies and to carry out proper allocation and deployment of department resources in its different areas of action.

Coordination between the governance and management structure and the PAS is carried out by the Centre Manager, who is a member of the Board of the Centre and also acts as the director of the PAS of the Department of Medicine.

Currently the PAS of the Department of Medicine is made up of:

- At the University: Manager, academic secretary and three administrative secretaries (students, teaching staff, clinical practice and mobility) whose functions are described in detail in the evidence provided.
- In hospitals: Teaching secretary of the centre who acts as administrative liaison between the university and the hospital, together with the Teaching Coordinator of the Centre (CDC) and the Core Work Placement Coordinator (CPT) to whom they will give the necessary administrative support.

As for the suitability of the PAS profile available at the Department of Medicine, it is currently believed to be adequate in both size and composition, and suitable for carrying out its function within the scope of the degree in Medicine, as it has the necessary qualifications and experience as documented in the evidence provided. This is thanks to the improvements implemented over the last two years, as a result of the analysis and monitoring of management within the framework of the quality system.

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One of the main improvements implemented was the assignment of a manager for the Department of Medicine, a role until now shared with the rest of the departments of the faculty. The rise in the number of students at the faculty and the increase in the number of new official qualifications made it necessary to create this new position. The position of manager of the Department of Medicine also incorporated, as a new function, project management.

On the other hand, it was also necessary to reorganise the PAS structure of the department due to the high turnover recorded and the consequent incorporation of new staff, a fact that caused, in some specific cases, dissatisfaction among some students who did not feel that they had been supported in accordance with their expectations. In addition, we detected a need to increase PAS support dedicated to external clinical teaching staff, given their high presence in the final years of the degree in Medicine, especially so that they could use and take advantage of the technological resources and the virtual classroom platform, which requires specific administrative support.

For these reasons, and as an action for improvement, during the 2018–2019 and 2019–2020 academic years, the organisation of the support PAS and their training and functions has been analysed and reviewed, in order to find points of improvement for greater professionalism and better distribution of functions. As a result of this reflection, we have arrived at the current structure and composition of the PAS.

To give consistency to this new PAS structure, a request was made for specific training, especially for new recruits, and for greater monitoring and coordination between the manager and the PAS. To this end, during the 2020–2021 academic year, a schedule of monthly follow-up meetings is being deployed with personal contact and communication with the agents involved (healthcare centres, students, teachers) being increased, reviewing suggestions, incidents, etc.

These follow-up meetings, which are held between the PAS team and the vice-deans, allow close monitoring and adjustments to be made when peaks of workload or new needs are detected.

Finally, we would like to highlight the fact that for the last four years, and on a yearly basis, led by the People Management Department, a process of performance assessment of the PAS (*Evidence document*), called “UIC Conversation”, has been carried out. During this process, PAS staff carry out a self-assessment of their professional performance and define the objectives to be achieved in the following year. This self-assessment is then worked on with the employee’s manager and is materialised in a personal improvement plan.

SUB-STANDARD 7. 5 The centre maintains an appropriate relationship scheme with the healthcare sector and healthcare authorities	
Sub-standard assessment	Compliant
WFME Standards	B 8.5.1, Q 8.5.1

The Faculty Board places importance on establishing relationships with institutions related to healthcare and healthcare education regionally, nationally and internationally since they are a source of knowledge to detect needs, trends and problems in both medical education and the healthcare sector. The network of contacts and valuable relationships is deemed adequate and there is respect and recognition for the work done by both the university and the Department of Medicine.

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The most relevant organisations with which we are in contact are listed below:

a) **Healthcare centres hosting students for clinical placements:** The Department of Medicine holds biannual meetings with the heads of the work placement centres and, at the same time, makes regular contact for the management and monitoring of placements. The centres, in addition to hosting the students, are the main providers of the teaching staff of the degree programme, as has been mentioned in previous sections.

The placement centres are public and private second- and third-level hospitals and primary care centres, both urban and rural. Some of them have are “University Centres” and others are “Associated Centres”. Biannual meetings are held with ten of these centres in the context of the Joint Committees (see Sub-standard 7.2) with the aim of reviewing and agreeing on strategies in relation to the practical training of our students and to monitor the learning outcomes achieved, proposing improvement actions as appropriate. Likewise, at a more operational level, the volume of students that can be accommodated at each centre, speciality or service is assessed and both the training weaknesses detected in the students and the needs of society are reviewed. Thanks to the vision of those who will be our students’ graduate employers, the learning objectives expected in each block of placements are specified, and they also transmit to us the trends and needs of society in terms of healthcare.

b) The **Official College of Physicians of Barcelona (COMB)** transmits guidelines on the characteristics of the expected profile of doctors and the problems they detect in the medical profession, such as burnout, mental health problems, the need for greater humanisation of medicine, the need to focus university training on general practitioners, placing value on primary care, care for chronic illness, ageing, etc. This relationship is not only at the level of information and advice, but also plays an active part in various work committees organised and promoted by the COMB. Meetings with members of the College of Physicians are usually generated on demand and one of the members of the Advisory Board of the Faculty is a member of the board of the COMB.

c) **Conference of Deans of Spanish Faculties of Medicine (CNDMED):** The Dean and other members of the Centre Board take an active role in in the meetings and subcommittees of the Conference of Deans. They meet at the national level at least three times a year. The main objective is to foster the network of collaboration between the various faculties of medicine throughout Spain, promoting activities aimed at the scientific, technical, socio-healthcare and cultural development of medicine and the training of future doctors. It is also aimed at the study, reflection and analysis of problems that affect the field of Medical Education.

Examples of the topics that are planned in these meetings include: the profile of medical admissions and graduates, assessing the suggestions and demands of students, influencing the national tests for medical specialisation, improving the system of recruitment and labour relations of the medical teaching staff, achieving the accreditation of professionals and faculties, specifying the characteristics that university hospitals should have, checking the divergences in the results of the average marks of the graduates of all faculties, etc.

It should be mentioned that the Board of Directors of the CNDMED, representing the different faculties of medicine, maintains regular contact with the **Ministry of Education and the Ministry of Health, the General Secretary of Universities, the Forum of the Medical Profession, the Spanish Society of Medical Education (SEDEM)**, reporting to the faculties the proposals, decisions and agreements reached.

On the other hand, a member of the Board of the Centre is an active member of the **Inter-faculty Commission of the National ECOE**. This subcommittee established in the CNDMED works specifically on the unification of the final assessment of clinical competence (ECHOE), at the end of the degree. Members of

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this committee are in charge of assessing the quality of our ECOE end-of-degree test and accrediting it. UIC Barcelona received accreditation to conduct the test itself in February 2018 and in May received favourable accreditation of the test (Evidence: ECOE Accreditation by CNDMEN and Evidence: Favourable ECOE report by the CNDMED).

d) **Commission of Deans of Medicine of Catalonia:** A Commission of Deans of the 8 Faculties of Medicine of the Autonomous Community has been set up. Specific topics are dealt with and the aim is to unify the criteria to be presented at the CNDMED. They hold formal meetings and are in constant contact with all the deans.

e) **State Council of Medical Students (CEEM)** This council is regularly represented at CNDMED meetings, where they present the positions of medical students from across the state on issues of relevance to undergraduate and postgraduate education. In our Faculty, students from all years of the degree have formed the Association of Students of Medicine and Healthcare Sciences (AEMiCS). As well as acting internally, promoting training and awareness actions, they represent us at the Catalan and national level, participating and organising the Student Representation Days, with various commissions: Public Healthcare, Medical Education, Solidarity, etc. Currently, a medical student at UIC Barcelona is secretary general of the CEEM.

f) **Spanish Society for Medical Education (SEDEM):** CNDMED has established a collaboration agreement with SEDEM. As part of the regular meetings, aspects relating to innovation, new paradigms and orientations in Medical Education are discussed and debated. The Faculty of Medicine and Health Sciences is an institutional member of this society, actively participating in the activities it promotes. Specifically, in the biannual Spanish-Portuguese Conference of Medical Education, it promotes communications, papers, round tables, assessment of communications and halls for presentation of posters, etc.

g) **AMEE (Association for Medical Education in Europe):** The Faculty of Medicine and Health Sciences is part of this society at the institutional level as it reviews its standards and follows the guidelines and trends in medical education to promote excellence.

h) **National and international scientific societies in the clinical field:** Members of the Board of Medicine and staff professors: they are members of the scientific committees of their speciality and some of them are part of their Boards of Directors. The degree programme promotes collaboration with these Societies for the continuous training of its associates and the training of undergraduate students, as well as the development of postgraduate programmes in collaboration between the society and the University.

Specifically, we have specific collaboration agreements for the training of their members and collaboration on research projects with SECA (Spanish Society of Cardiology), and CAMFYC (Catalan Society of Family and Community Medicine) with which we have recently signed a collaboration agreement to promote teaching and research in primary care (*Evidence document*).

Likewise, the management team has maintained relationships with **international institutions both** to promote research and to identify good practices or initiatives that can be extrapolated to our degree. Stays have been offered at Harvard University (improvements in leadership aspects, exploration of case methodology, specific Primary Care case study), the University of Minho (student engagement, Medical Education Office, alumni, etc.), the University of Maastricht (on the application of the Problem-Based Learning method (PBL)).

i) **Catalan Department for Health:** The Department for Health invites members of our teaching staff to participate in forums for debate and decision making related to aspects of improving the health of the population at the community level.

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For example:

- 2011–2015 and 2016–2020 Healthcare Plans: Active participation in the working groups for the development of these documents. These are strategic documents to articulate reform in the Catalan healthcare system to meet social needs. Participation consisted of providing the vision from the teaching side and seeing how to incorporate these lines into undergraduate training in medicine.
- Professional Dialogue Forum: a body promoted by the Department with the aim of identifying the challenges facing the healthcare system and establishing future measures in terms of professional planning and management policies. Participation took place in six of the working groups.
- New Charter of Rights and Duties of Healthcare Users (2012): Participation of a member of the Board in the debate and elaboration of the Charter, from the point of view of professional and undergraduate training. This Charter adapts the rights and duties of citizens to the modern age and incorporates new aspects in order to make progress in respecting the dignity of the person and improving the quality of healthcare.
- Advisory Council on the Strategic Plan of Hospital de Granollers: A member of the Board of Medicine has taken part in all the sessions of implementation and deployment of the strategic plan from the academic and teaching point of view. (*Evidence document*)
- "Referent" magazine: member of the scientific committee of the journal of Catalan Hospitals Union, an association of healthcare and social organisations.

For the promotion of research activity from the degree of medicine, interaction with entities such as:

- **ACE Foundation**, a body that has worked since 1995 to help people with Alzheimer's disease and other forms of dementia, and their families, in the fields of diagnosis, treatment, research, training and awareness. Professionals from the foundation actively participate in the teaching of the degree in aspects of dementia, neurological deterioration, allowing students to gain practical experience in clinical aspects and translational research in the field of dementia. This relationship has also allowed the promotion of research, the production of several publications, etc.
- **Observatorio del sueño** is a space for debate dedicated to the study, research, dissemination, teaching and promotion of the importance of healthy sleep. Through it, collaborative relationships have been established with Stanford University and some students have been able to benefit from them. Members of this organisation also participate in the teaching of the degree.
- **Sant Joan de Déu Healthcare Park**, independent of the fact it is one of our associated centres and receives students for clinical practice, has an integrated network of healthcare, teaching and research facilities in two areas of specialisation: the mental health network and Hospital de Sant Boi, we are collaborating in a multicentre study on mental health in medical degree students.
- **Hestia Foundation** dedicated to the care of chronic, long-term and end-of-life patients, as well as promoting research, training and the dissemination of new ways of assisting and treating vulnerable people affected by mental disorders or age-related illnesses. Hestia and UIC Barcelona have created a chair that promotes training and scientific research, both qualitative and quantitative. It also wants to promote teaching and clinical research in other areas that interact with Social and Health Care with the aim of raising awareness across society regarding the increase in social and healthcare needs (*Evidence document: scientific report Chair*)
- **The Catalan Institute of Oncology (ICO)** is a public and monographic centre on cancer. It deals with the disease in a comprehensive way within one organisation, as it brings together prevention, care, specialised training and research. Currently, ICO is the oncology centre of reference for more than 40% of the adult population of Catalonia. ICO professionals together with the company Altima and teachers of Medicine and Nursing at UIC Barcelona, have created a chair to study the end of life

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(We Care Chair), which aims to be an international benchmark in research into the needs of patients and families in the field of palliative care and the transfer of knowledge to clinical practice and society.

ASSESSMENT OF THE ACHIEVEMENT OF ACCREDITATION STANDARDS

Overview of the Improvement Plan

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1.

The analysis and reflection on the functioning of the centre and the development of the qualifications have been carried out according to the parameters of the Quality Assurance System and on the basis of objective data (see Annex and indicators). We can confirm that all of AQU Catalunya's MVSMA processes are in place and work efficiently. The process of monitoring the degrees developed over the last few years has been the ideal preparation for approaching this second process of accreditation of the bachelor's and master's degrees. The accreditation is seen as the natural continuation of the assessment dynamic that has been followed for the last 11 years. In order to contextualise this accreditation self-assessment report, it is important to bear in mind the analyses carried out in previous monitoring reports.

This section contains a brief summary of the result of the assessment of each Standard and of the improvements detected in the processes associated with these Standards, which have been appropriately justified, based on objective data, in the body of this self-assessment report. The **Improvement Plan annexed to this self-assessment report offers details on each action about its priority, and the party responsible and monitoring** (see *Evidence document EST3.3_02*).

Summary of the Improvement Plan – Bachelor's Degree in Medicine

Standard 1: Quality of the study programme

- Strengths:
 - Student selection; entrance examinations according to the profile defined in the report.
 - National and international promotion has improved.
 - Increase in thoroughness when applying continuity requirements.
 - Good academic coordination structure.
 - Ability to react and adapt to changes.
 - Frequent monitoring of our alignment with the strategy.
- Areas for improvement:
 - Improve selection methods to identify the most suitable applicants.
 - Gain loyalty and retain the talent of good students.
- Improvement actions:
 - Continue to optimise entrance examinations.
 - Increase talent retention mechanisms beyond the allocation of Grants for Academic Excellence (BEA).

Standard 2: Relevance of public information

- Strengths:
 - Complete, clear and structured web page with technical and specific information.
 - Better information published thanks to the creation of the UIC Barcelona Transparency Portal.
- Areas for improvement:
 - Actions to improve the Department's transparency (accountability and publication of results).
 - Make it easier to update information on the webpage.
- Improvement actions:
 - Give more visibility to public information: Resources, infrastructure, achievements, Final Degree Project, etc.

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- Assign someone to be responsible for the information published on the Department of Medicine webpage.

Standard 3: Effectiveness of the IQAS

- Strengths:
 - A consolidated and effective IQAS.
 - Good internal quality monitoring with adequate follow-up of indicators and actions for improving the quality of the Bachelor's degree.
 - Monitoring satisfaction at both a quantitative and qualitative level (both students and graduates, as well as teaching staff and administration and service staff).
 - Creation of the student representative group (and its periodic meetings).
 - Better and more efficient communication with class representatives and other students.
 - The appointment of an Advisory Board, composed of external medical, surgical and research professionals from outside the UIC Barcelona community.
- Areas for improvement:
 - Extend the scope of satisfaction measurement processes. Optimise the processes for recording incidents and ensuring they are monitored periodically.
 - Consolidate student engagement.
- Improvement actions:
 - Improve complaint response processes and timeframes.
 - Monitor the satisfaction levels of more teachers.
 - Aim to improve student engagement.

Standard 4: Adequacy of teaching staff to the study programme

- Strengths:
 - Commitment and involvement of teaching staff.
 - Clear teaching vocation of teaching staff.
 - Quality control: Semi-annual and annual evaluation. Five-year 360° evaluation of teachers (Docentia program).
 - Efficiency in making modifications to dedication and preparation of study plans according to the evaluations.
 - Consolidated teaching staff meetings.
 - There is potential for academic progression.
 - Qualifications tailored to the subject taught by each teacher.
 - Active professional experience, which brings students closer to real-world clinical practice.
 - Progressive improvement of accreditation and staff indicators.
 - Involvement of teaching staff from the clinical work placement centres (PC).
 - Welcome plan and ongoing training for teaching staff.
 - Improvement of internal research activity indicators.
 - High level of external scientific output (in healthcare centres).
 - Efficient response when areas for improvement are detected (modify dedication, increase training, etc.).
- Areas for improvement:
 - Promote the academic careers of our teaching staff, especially clinical teaching staff, by reviewing recognition of their teaching and research tasks carried out at the healthcare centres where they also work.
 - Optimise teacher support processes regarding aspects other than teaching (information, updating their CV, accreditation support, providing support with contract changes, etc.).
 - Review the weight of teacher quality indicators and research indicators when determining the teaching staff's workload.
 - Reactivate the 'one-stop shop' system for teachers.

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- Encourage teacher accreditation.
- Homogenise affiliation for scientific output.
- Feasible plans to facilitate research activity.
- Improvement actions:
 - Map teachers with accreditation criteria.
 - Design and implement a data collection rubric for interviews with subject directors.
 - Reduce the dispersion and number of teachers as much as possible.
 - Consolidate current indicators of research activity and explore new indicators, especially those related to external research.

Standard 5: Effectiveness of learning support systems

- Strengths:
 - The tutorial action plan with ongoing monitoring of student advisors. Good coordination of the advisors.
 - Consolidated role of the Lecturer Responsible for Excellence (PREX).
 - Workshops on personal growth and organisation to accompany work placements.
 - Student integration sessions from year one of the degree programme.
 - Excellent facilities, including mobile classrooms, dissection laboratories, the Comprehensive Centre for Advanced Simulation and work placement centres.
 - Very good work placement ratios: tutor–student (1:1) and student–patient (1:1).
 - Planning, coordination and monitoring of work placements.
 - High level of work placement satisfaction.
 - Professional academic tutoring in year six of the degree programme.
 - Clinical work placement guides by year for both students and centres.
 - Good coordination with the work placement centres – Joint Committees.
 - Efficient response from the centres regarding changing needs related to work placement organisation and incident resolution.
 - Rubrics system for assessing both work placements and Final Degree Projects.
- Areas for improvement:
 - Increase the number of students using the personal student support services.
 - Optimise clinical work placement management.
- Improvement actions:
 - Make improvements by simplifying rubrics for clinical work placement assessment.
 - Communicate more directly with the centres' clinical tutors.
 - Implement a compensation plan for healthcare centres.
 - Implement a work placement management system to help simplify processes.
 - Request that advisors complete training for the support registration system and simplify entry as much as possible.
 - Hold two meetings per academic year with each advisor to obtain comprehensive feedback about their experiences of providing support.
 - Provide all advisors with the necessary information, both on Faculty regulations and on other topics that may prove useful for their relationship with their students.

Standard 6: Quality of programme (learning) outcomes

- Strengths:
 - Participation in the inter-faculty ECOE promoted by the Conference of Deans of Spanish Faculties of Medicine (CNDMED).
 - High percentage of teaching using “active methodologies”.

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- Prestige and external recognition validated by indicators from the Ministry of Education and Health.
- Good internal monitoring of the results obtained by students (assessment meetings each semester).
- Very good, objective results from the MIR exams.
- Optimal employment (96.2% are eligible for the MIR exams).
- Good objective academic performance indicators (99.6% overall).
- Cross-disciplinary competency training: Communication, decision-making, development of clinical reasoning, critical thinking, ethical decisions, management and use of resources, professionalism, etc.
- Patient involvement in teaching (real patients and simulated patients).
- Inter-professional learning.
- Orientation towards assessment by competence.
- End-of-degree competency reports, both in terms of clinical competency and research competency.
- High level of research-based learning that culminates in the Final Degree Project (TFG).
- Good TFG model (research project design).
- Existing competency map and follow-up.
- Areas for improvement:
 - More rigorous monitoring of the content of teaching guides.
 - Ensure that active teaching methodologies are suitable.
 - Establish an external and standardised mechanism for monitoring assessment systems and results.
 - Management and reinforcement of activities to help prepare students for writing their TFG.
- Improvement actions:
 - Incorporate teaching about new technologies applied to medicine.
 - Implement a declaration document for teaching staff to prevent conflicts of interest (lecturer/student).
 - Extend training sessions for teaching staff.
 - Encourage student participation in forums, making the general common forums for group consultation and specific forums for tutorial follow-up more dynamic.
 - Continue studying the results obtained up until 2017, whilst carrying out a new analytical study added for post-2017 graduate cohorts, analysing the elements of individual rubrics and incorporating the impact of the reporting guides on competence acquisition.

Standard 7: Governance

- Strengths:
 - Well-defined organisation chart and specific distribution of roles and responsibilities.
 - Good decision-making skills.
 - Ability to adapt changes in strategy or teaching to the new needs of society.
 - Strong relationship with institutions of reference (work placement centres, Conference of Deans of Spanish Faculties of Medicine, College of Physicians, scientific societies, etc.).
 - Weekly communication with the University's General Manager.
- Areas for improvement:
 - PAS staff management.
 - Optimise administrative management processes.
 - Improve internal and external communication circuits.
- Improvement actions:
 - Outline a welcome plan for administration and service staff.
 - Consolidate and stabilise the administrative support structure.
 - Review administrative circuits and processes.
 - Ensure consistency of information available to stakeholders: students, teachers, and other staff members.

GLOSSARY

ACEBA	Catalan Association of Associative Base Entities
AEMICS	Medical and Health Sciences Student Group
AMEE	Association for Medical Education in Europe
AUDIT	Program for the design of internal quality assurance systems for university education
AQU	Catalan University Quality Assurance Agency
BEA	grants for academic excellence
BOE	Spanish Official Gazette
CA	Guidance Coordinator
CADU	Commission for the Evaluation of University Teaching
CAMFiC	Catalan Society of Family and Community Medicine
CASAP	Consorti Castelldefels Agents de Salut d'Atenció Primària.
CDC	Teaching Coordinator of the Centre
CEEM	Council of Medical Students
CEIM	Drug Research Ethics Committee
CEMAI	Specific Committee for the Assessment of Individual Merits and Activities
CER	Research Ethics Committee
CIRC	Integrated Classification of Scientific Journals
CISA	Comprehensive Centre for Advanced Simulation
CNDMED	Conference of Deans of Spanish Faculties of Medicine
COMB	Official College of Physicians of Barcelona
CPT	Core Work Placement Coordinator
CST	Consorti Sanitari de Terrassa
DOCENTIA	Internal Quality Assurance System, Teaching Evaluation Programme
EAP	Equipo de Atención Primaria
ECOIE	Objective Structured Clinical Evaluation
ECTS	European Credit Transfer System
ERIH	European Reference Index for Humanities
FMCS	Faculty of Medicine and Health Sciences
GRE	Recognised Research Group

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IAST	Degree Programme Monitoring Assessment Reports
ICO	Catalan Institute of Oncology
ICS	Instituto Catalán de la Salud
IQAS	Internal Quality Assurance System
ISU	University monitoring reports
IMM1	Introduction to Medical Practice
IT	Information Technology
JCR	Journal Citation Report
MECES	Spanish Qualifications Framework for Higher Education
MIR	Exam for Resident Medical Intern Examen
NOF	Organisational and Operational Standards
OIANT	Observatory on Artificial Intelligence and New Technologies
ONU	United Nations
PAS	Administration and Service Staff
PBL	Problem Based Learning
PDI	Teaching Staff
POA	Academic Organization Plan
PREX	Lecturer responsible for Excellence
SDGs	United Nation's Sustainable Development Goals
SEDEM	Spanish Society of Medical Education
SEMFYC	Spanish Society of Family and Community Medicine
SESSEP	Spanish Society of Clinical Simulation and Patient Safety
SICUE	Exchange System between University Centers of Spain
SIQE	Educational Innovation and Quality Service
TEA	Profile Suitability Test
TFG	Final Degree Project
TFM	Final Master Degree Project
TIC	Information and Communication Technology
UEM	Medical Education Office
UIB	Universitat de les Illes Balears
UIC	Universitat Internacional de Catalunya
UPV/EHU	Universidad del País Vasco

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UVic	Universitat de Vic - Universitat Central de Catalunya
UNEIX	Catalan university information system
VRIT	Vice-Rectorate for Research, Innovation and Transfer
WFME	World Federation of Medical Education
WOS	Web of Science

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TITULACIÓN		Grado en Medicina		Año de seguimiento				12			
INDICADORES DE SEGUIMIENTO											
		Curso 15/16		Curso 16/17		Curso 17/18		Curso 18/19		Curso 19/20	
ACCESO Y ADMISIÓN											
Número de plazas ofertadas de nuevo acceso		100		100		100		100		100	
Ratio del número de alumnos admitidos respecto las plazas ofertadas		1,07		1,05		1,04		1,07		1,08	
Ratio demanda de plazas/oferta (global y en primera preferencia)		449,00%		536,00%		550,00%		549,00%		482,00%	
Demanda de plazas (en primera preferencia y global) ⁽²⁾		449		536		550		549		482	
Estudiantes matriculados en primer curso		107		105		104		107		108	
% Estudiantes de nuevo ingreso matriculados en primera preferencia		100%		100%		100%		100%		100%	
% Estudiantes matriculados de nuevo ingreso según vía de acceso	Vía 0 - Bachillerato+PAU	84,75%		87,62%		87,50%		82,57%		70,37%	
	Vía 1 - Alumnado extranjero con las PAU aprobadas	2,54%		0,95%		0%		0,92%		0%	
	Vía 2 - Licenciado o diplomado	0,85%		3,81%		0%		4,59%		11,11%	
	Vía 4 - CFGS	1,69%		0%		2,88%		0,92%		2,78%	
	Vía 7 - Cambio de carrera universitaria	10,17%		6,67%		9,62%		11,01%		14,81%	
	Vía 8 - Alumnado universitario proveniente de CFGS	0,00%		0%		0%		0%		0,93%	
	Vía 9 - Mayores de 25 años	0,00%		0%		0%		0%		0%	
	Vía 10 - Mayores de 40 años	0,00%		0%		0%		0%		0%	
	Vía T - Traslado de expedientes	0,00%		0%		0%		0%		0%	
% Estudiantes de nuevo ingreso matriculados por intervalos de créditos ordinarios matriculados	Menos de 15 créditos matriculados	0%		0%		0%		0%		0%	
	Entre 15 y 29 créditos matriculados	0%		0%		1%		0%		0%	
	Entre 30 y 44 créditos matriculados	0,94%		0%		0%		0%		0%	
	45 o más créditos matriculados	99,06%		100%		99,04%		100,00%		100,00%	
PROFESORADO											
Estructura de PDI de la titulación por personas físicas	Distribución de PDI	Número PDI	Porcentaje que representa	Número PDI	Porcentaje que representa	Número PDI	Porcentaje que representa	Número PDI	Porcentaje que representa	Número PDI	Porcentaje que representa
	Número total de PDI de la titulación	255	100%	270	100%	276	100%	265	100%	277	100%
	Número de PDI doctor de la titulación	111	43,53%	142	52,59%	150	54,35%	141	53,21%	159	57,40%
	Número de PDI doctor acreditado de la titulación	49	19,22%	59	21,85%	71	25,72%	64	24,15%	68	24,55%
Estructura de PDI de la titulación según horas de docencia impartidas	% Horas de docencia impartida por doctores	50,64%		63,66%		65,47%		62,34%		63,44%	
	% Horas de docencia impartida por doctores acreditados	22,84%		28,14%		34,80%		32,84%		34,21%	
Estructura de PDI de la titulación según horas de docencia impartidas sin incluir NP	% Horas de docencia impartida por doctores sin incluir NP	52,79%		60,34%		63,22%		64,70%		64,95%	
	% Horas de docencia impartida por doctores acreditados sin incluir NP	26,98%		32,04%		37,88%		37,30%		38,40%	
% Docencia impartida por profesores (% créditos realizados según las categorías docentes definidas a WINDDAT)	Profesorado permanente y lector	50,93%		37,51%		34,63%		32,66%		33,96%	
	Profesorado asociado	33,31%		40,83%		41,12%		36,88%		34,20%	
	Profesorado "otros encargos docentes"	15,76%		21,66%		24,25%		30,47%		31,84%	

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Distribución de PDI		Numero PDI	Porcentaje que representa	Numero PDI	Porcentaje que representa	Numero PDI	Porcentaje que representa	Numero PDI	Porcentaje que representa	Numero PDI	Porcentaje que representa
Distribución de PDI según las horas impartidas en este estudio (número PDI y % que representa)	Menos de 30 horas	135	52,94%	178	65,93%	180	65,22%	173	65,28%	174	62,82%
	Entre 30 y 60 horas	53	20,78%	45	16,67%	41	14,86%	42	15,85%	51	18,41%
	Más de 60 horas	67	26,27%	47	17,41%	55	19,93%	50	18,87%	52	18,77%
DOCENCIA - TITULACIÓN											
% de PDI de Plantilla con docencia asignada a la titulación que han rellenado al menos 1 autovaloración								52,83%		73,44%	
% de PDI con docencia asignada a la titulación que han rellenado al menos 1 autovaloración			32,16%		33,72%		32,25%		16,23%		24,91%
% de Informes de Responsable rellenados sobre el total de informes disponibles			68,07%		64,29%		40,86%		39,18%		52,83%
Número de PDI evaluado con docencia asignada a la titulación según el resultado obtenido			12		4		4		7		9
Número de PDI evaluado con docencia asignada a la titulación según el resultado obtenido	Resultado muy favorable		4		2		1		5		2
	Resultado favorable		6		2		3		2		5
	Resultado favorable condicionado		2		0		0		0		2
	Resultado desfavorable		0		0		0		0		0
% de PDI del centro presentado sobre el total de presentados a la convocatoria anual			16,07%		4,35%		0,00%		7,50%		25,00%
Número de PDI evaluado con docencia asignada a la titulación según la categoría académica	Catedrático		--		--		--		--		--
	Agregado		1		1		--		3		2
	Contratado doctor		1		--		--		1		--
	Adjunto		1		--		1		2		2
	Lector		5		1		1		1		1
	Colaborador		4		1		--		--		2
	Ayudante Dr.		--		1		1		--		--
	Ayudante		--		--		1		--		--
Auxiliar		--		--		--		--		2	
ACTIVIDADES DE ORIENTACIÓN											
Ratio de alumnos por asesor (Número total de alumnos de la titulación / Número de asesores de la titulación)			14,2		14,35		10,9		9,9		9,6
Porcentaje de alumnos que han tenido mínimo 1 entrevista (Número de alumnos de la titulación que han tenido como mínimo 1 entrevista / Número total de alumnos de la titulación)*100			71,00%		75,12%		73,83%		73,00%		67,08%
Media de entrevistas por alumno (Número de asesoramientos "entrevistas" de la titulación / Número total de alumnos de la titulación)			1,9		2,04		1,94		2,07		0,99
RENDIMIENTO ACADÉMICO Y EVALUACIÓN DE LOS APRENDIZAJES											
Tasa de rendimiento de primer curso			93,60%		98,00%		90,78%		93,51%		93,86%
Tasa de rendimiento de segundo curso			94,47%		88,78%		97,21%		99,14%		97,58%
Tasa de rendimiento de tercer curso			96,40%		91,25%		95,51%		98,01%		98,58%
Tasa de rendimiento de cuarto curso			99,02%		96,78%		97,81%		98,12%		99,76%
Tasa de rendimiento de quinto curso			99,24%		98,75%		98,85%		98,71%		99,68%
Tasa de rendimiento de sexto curso			98,68%		99,25%		100,00%		99,16%		99,71%
Tasa de abandono a primer curso			0,00%		2,86%		2,80%		7,30%		2,77%
Tasa de abandono			29,67%		32,29%		16,07%		14,16%		15,52%
Tasa de graduación en t y t+1			56,16%		80,78%		83,13%		80,69%		75,00%
Tasa de rendimiento de los graduados en función de la vía de acceso	Vía 0 - Bachillerato+PAU		98,10%		97,15%		97,18%		97,47%		97,97%
	Vía 1 - Alumnado extranjero con las PAU aprobadas		---		97,30%		89,78%		83,92%		100,00%
	Vía 2 - Licenciado o diplomado		100,00%		100,00%		100,00%		99,76%		100,00%
	Vía 4 - CFGS		100,00%		98,36%		---		---		---
Tasa de eficiencia en t y t+1			98,30%		98,02%		96,95%		98,16%		98,14%

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INDICADORES DE SEGUIMIENTO	Curso 15/16	Curso 16/17	Curso 17/18	Curso 18/19	Curso 19/20	
PRÁCTICAS EXTERNAS						
Número de estudiantes de la titulación que realizan prácticas externas	484	516	519	478	478	
Porcentaje de estudiantes que realizan las prácticas externas en la universidad	0	0	0	0	0	
Porcentaje de estudiantes que realizan las prácticas externas fuera de la universidad	100%	100%	100%	100%	100%	
MOVILIDAD						
Número de estudiantes incoming para prácticas / Rotatorio y estudios	15	26	34	24	15	
Número de estudiantes outgoing internacional para Rotatorio y estudios	9	21	25	29	34	
Número total de países en que se han realizado intercambios	13	11	12	12	11	
Número total de universidades	0	8	15	24	22	
Estudiantes según programa de movilidad - OUTGOING	Sicue	0	1	0	1	0
	Erasmus	7	9	20	17	15
	Bilateral	2	12	14	21	19
Estudiantes según programa de movilidad - INCOMING	Sicue	1	1	1	5	1
	Erasmus	9	15	11	13	9
	Bilateral	5	9	22	10	12
Estudiantes según las asignaturas cursadas - OUTGOING	Estudios	4	5	2	1	0
	Rotatorio	5	16	23	28	34
	Rotatorio nacional	17	21	9	8	0
Estudiantes según las asignaturas cursadas - INCOMING	Estudios	6	14	21	12	3
	Estudios nacional	1	0	1	1	1
	Rotatorio	7	11	12	12	11
Rotatorio nacional	1	1	0	4	0	
TRABAJO FIN DE GRADO						
Número de TFG/TFM posibles	57	93	104	93	89	
Número de TFG/TFM presentados	56	92	104	93	89	
Número de tutores de TFG/TFM	4	7	10	9	11	
Media de TFG/TFM per tutor	15	13	10	9	8,09	
Porcentaje de sobresalientes y MH	33,93%	52,17%	50,96%	31,50%	47,20%	
Porcentaje de notables	55,36%	43,48%	42,31%	60,80%	51,60%	
Porcentaje de aprobados	10,71%	4,35%	6,73%	7,70%	1,20%	
Porcentaje de suspensos	0,00%	0,00%	0,00%	0,00%	0,00%	
INSERCIÓN LABORAL						
Tasa de intención de repetir estudios ⁽⁵⁾	Este estudio no participó en la encuesta de inserción laboral de AQU	Este estudio no participó en la encuesta de inserción laboral de AQU	Este estudio no participó en la encuesta de inserción laboral de AQU	Este estudio no participó en la encuesta de inserción laboral de AQU	Este estudio no participó en la encuesta de inserción laboral de AQU	
% de graduados que trabajan después de 3 años de haber finalizado los estudios ⁽⁵⁾	Este estudio no participó en la encuesta de inserción laboral de AQU	Este estudio no participó en la encuesta de inserción laboral de AQU	Este estudio no participó en la encuesta de inserción laboral de AQU	Este estudio no participó en la encuesta de inserción laboral de AQU	Este estudio no participó en la encuesta de inserción laboral de AQU	
Adecuación de los trabajos a la titulación universitaria - La titulación es requerida para el desarrollo del trabajo ⁽⁵⁾	Este estudio no participó en la encuesta de inserción laboral de AQU	Este estudio no participó en la encuesta de inserción laboral de AQU	Este estudio no participó en la encuesta de inserción laboral de AQU	Este estudio no participó en la encuesta de inserción laboral de AQU	Este estudio no participó en la encuesta de inserción laboral de AQU	
SATISFACCIÓN DE LOS ESTUDIANTES (Datos curso 2019-2020 sólo 1r semestre DOCENTIA)						
% de participación de estudiantes en la complementación de encuestas de satisfacción	1r curso	21,51%	22,61%	35,01%	52,04%	65,68%
	2º curso	17,33%	24,58%	17,80%	37,60%	67,26%
	3r curso	21,15%	35,27%	29,49%	21,26%	22,18%
	4º curso	16,21%	28,94%	27,89%	26,03%	11,43%
	5º curso	18,41%	20,76%	15,91%	22,75%	20,08%
	6º curso	0%	0%	0%	34%	0%
Media obtenida por el conjunto de PDI en las encuestas de satisfacción	1r curso	4,20	4,06	4,14	4,04	4,22
	2º curso	4,09	4,17	4,09	4,13	3,89
	3r curso	3,73	3,95	4,12	4,10	4,15
	4º curso	4,34	4,09	4,30	4,15	4,32
	5º curso	4,31	4,04	4,14	4,30	4,19
	6º curso	0	0	0	3,66	0

OBSERVACIONES:

- (1) A partir del curs 2011/2012 el càlcul de la demanda es realitza tenint en compte els alumnes que s'han presentat a les proves d'admissió, a més d'aquells que es troben exempts de fer-les.
- (2) Es considera l'indicador de Demanda de places en primera opció equivalent al nombre de candidats que s'han presentat a les proves d'admissió, a més d'aquells que es troben exempts de fer-les.
- (3) Professorat permanent + lector = Professorat orgànic UIC (catedràtic, agregat, contractat doctor, adjunt) i de categoria lectors i ajudants doctors.
Professorat Associat = Associat UIC (Associat, Associat mèdic, Associat clínic, Conferenciant, Tutor de seminaris o conferenciant)
Professorat "altres encàrrecs docents" = Resta de categories UIC no contemplades a Professorat permanent-Hector i Professorat Associat.
- (4) A partir del curs 2011/2012 el càlcul del percentatge de PDI del SID i DCB només es contabilitzen aquells PDI amb docència assignada a la titulació
- (5) Dades de la IV Enquesta d'Inserció Laboral realitzada per AQU Catalunya