# UNIVERSITY OF SZEGED


## Albert Szent-Györgyi Medical School

## Standards for Quality Improvement


**Szeged, March 22, 2023**

# I. General provisions

(1) The Albert Szent-Györgyi Medical School at the University of Szeged (hereinafter referred to as the Medical School) continuously monitors and improves the quality of education under the framework of Act CCIV/2011 on National Higher Education and in accordance with the provisions of Chapter XV of the Organisational and Operational Rules and Regulations of the University of Szeged, and the Standards and Manual of Quality Improvement of the University of Szeged. Through the implementation of the quality assurance system and the achievement of quality assurance targets, the main objectives of the Medical School are to meet the requirements of the labor market, to improve competitiveness through the quality of education and the optional training opportunities, and to maintain and develop its international network.

(2) The quality assurance principles and procedures are established and implemented by the Medical School on the basis of the standards and recommendations of the Hungarian Accreditation Committee and the recommendations of the Quality Improvement Committee of the University of Szeged, with special reference to the standards and guidelines of the ESG.2015 (Annex 1).

# II. Scope of the Standards

(3) The scope of the Standards for Quality Improvement shall cover all full-time or part-time employees of the Medical School and its students.

(4) The Standards for Quality Improvement shall apply to all courses of the Medical School. The provisions of the Standards shall apply equally to continuing professional education and doctoral training, as well as to national and international research collaborations at the Medical School.

(5) The scope of the Standards for Quality Improvement covers the operational processes related to the quality assurance of the Medical School. Within this framework, it covers the following issues:
- management, planning, control, measurement and evaluation procedures;
- criteria and rules for ensuring the operation of the system,
- procedures for internal assessment of the quality of the qualification to be obtained during training, as well as aspects of consumer protection, and
- basic and applied research, scientific and educational cooperation.

### III. Persons responsible for quality assurance

(6) The Dean is responsible for the content of quality assurance at the highest (Medical School) level.

(7) The heads of department/institute are responsible for the quality assurance tasks of the departments/institutes.

(8) The Head of the Doctoral School is responsible for the quality assurance tasks related to the activities of the Doctoral School.

(9) The Head of the Academic Committee is responsible for conducting teacher performance appraisals.

(10) At the highest (Medical School) level, the Quality Improvement Committee of the Medical School (hereinafter referred to as the Committee) is responsible for the operational tasks related to quality assurance.

### IV. Status and activities of the Quality Improvement Committee of the Medical School

(11) Status of the Committee: The Quality Improvement Committee is a permanent body of the Council of the Albert Szent-Györgyi Medical School with the right to make decisions, proposals and opinions on quality assurance issues. Its powers are exercised at its meetings in order to fulfil the tasks defined in the Standards for Quality Improvement.

(12) Composition of the Committee. The chairperson of the Committee shall be elected by the Council of the Medical School on the proposal of the Dean, and its members shall be appointed by the Dean on the basis of the opinion of the Dean's Cabinet.

(13) The Committee is responsible for defining the tasks of the Medical School on the basis the relevant legislation, the decisions of the Hungarian Accreditation Committee and the University Senate concerning quality assurance and for preparing their implementation. It is also responsible for:
- defining the quality objectives and priorities of the Medical School,
- devising, maintaining and reviewing Medical School-level processes based on the ESG guidelines (Annex 1),
- coordinating the activities of the persons responsible for implementation,
- continuous monitoring of quality assurance activities,
- identifying and proposing quality assurance measures to the Council of the Medical School,
- monitoring the implementation of quality-related decisions made by the Council of the Medical School on the basis of these proposals.
The Dean, or his/her Office, implements and executes the recommendations of the Committee as decisions adopted by the Council of the Medical School, in accordance with the powers and respon-

sibilities defined in the Organisational and Operational Rules and Regulations. The Head of the Committee also represents the Medical School in the Quality Improvement Committee of the University of Szeged and other quality assurance forums.

(14) The meetings of the Committee shall be prepared by the Chairperson and the rapporteur.
((1)) The chairperson of the Committee shall set the dates of the Committee meetings. The rapporteur shall send out the invitation containing the agenda of the meeting.
((2)) The rapporteur of the Committee shall send the written (electronic) proposals to the members of the Committee 5 days before the meeting.
((3)) The relevant departments/committees shall be involved in the preparation of the proposals.

(15) The meetings of the Committee shall be chaired by the Chairperson. The Chairperson shall ensure the orderly course of the Committee meeting by:

(a) opening the meeting and inviting the minute-taker,

(b) proposing the approval or, where justified, the amendment of the agenda,

(c) conducting the debate,

(d) calling for a resolution (vote),

(e) announcing the resolutions and decisions of the Committee,

(f) closing the meeting.


(16) The agenda of the meeting shall be approved by the Committee on the proposal of the Chairperson. Items on the agenda shall normally be discussed individually, but in the case of closely related matters, several items may be discussed together.

During the debate, the members of the Committee and those invited may express their views, make proposals and comments.

Resolutions are normally adopted by vote. In all cases, a vote shall be taken on matters where the Committee has the power to make decisions or deliver opinions.

(17) The quorum for the meetings of the Committee is more than half of its members. The Committe shall make its decisions by a simple majority of votes.

 (18) The documents of the Quality Improvement Committee shall be kept by the rapporteur of the Committee. Minutes shall be kept of the Committee meetings.

(19) Data protection. The members of the Committee shall handle data obtained in the course of their quality assurance activities in compliance with the data protection laws and the Standards for Quality Assurance.

# VII. Final provisions

(20) These Standards shall be reviewed by the Council of the Medical School as necessary.

(21) The tasks of quality assurance and the deadlines for their implementation, taking into account the regulations of the Hungarian Accreditation Committee and the Quality Improvement Committee of the University of Szeged, shall be determined by the Quality Improvement Committee.

 (22) Date of entry into force is the date of adoption of the Standards: March 22, 2023.

(23) The present Standards were adopted by the Council of the Medical School at its meeting on 22 March 2023 as No. /2022-2023.(III.22.)

(24) The Standards are continuously available on the following link:


Dated in Szeged on 22 March 2023


 Prof. Dr. György Lázár p.m.

Dean of the Medical School

## Annex 1. Areas of quality improvement, persons in charge and output

| Area | Definition (based on ESG) | Related Medical School processes/ activities | Means/ methods | Person in charge | Output / comment |
|---|---|---|---|---|---|
| **1.1. Quality assurance policy** | The Medical School at SZTE should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stake-holders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders. (ESG) | | | | |
| **1.2 Design and ap-proval of training pro-grammes** | The Medical School at SZTE should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the in-tended learning outcomes. The qualification result-ing from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area. (ESG) | | | | |
| **1.3. Student-centred learning, teaching and assessment** | The Medical School at SZTE should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learn-ing process, and that the assessment of students re-flects this approach. (ESG) | | | | |
| **1.4. Student admis-sion, progression, recognition and certi-fication** | The Medical School at SZTE should consistently ap-ply pre-defined and published regulations covering all phases of the student "life cycle", e.g. student ad-mission, progression, recognition and certification. (ESG) | | | | |
| **1.5. Teaching staff** | The Medical School at SZTE should assure them-selves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff. The School is responsible for the quality of its teaching | | | | |

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| | staff and for ensuring conditions that support effective teaching. It establishes and operates clear, transparent and fair processes to recruit teachers and to ensure working conditions that recognise the importance of teaching. (ESG) | | | | |
| **1.6. Learning resources and student support** | The Medical School at SZTE should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided. This includes both infrastructural resources (library, learning facilities, IT systems) and human support (tutors, counsellors and other support professionals).<br><br>Internal quality assurance ensures that all support is fit for purpose, accessible and that students are properly informed about the services available to them.<br><br>Support and administrative staff play a key role in the delivery of services and should be appropriately qualified and given the opportunity to develop their skills. (ESG) | | | | |
| **1.7. Information management (external and internal)** | **Internal sharing:**<br><br>The Medical School at SZTE has processes in place to ensure that its colleagues are regularly informed about the institution's goals, operations, achievements and challenges.<br><br>**External sharing (public information):**<br><br>The Medical School publishes clear, accurate, objective, up-to-date and easily accessible information about its activities, including its training programmes. Information on the activities of the institution is useful for prospective and current students, as well as for graduates, other stakeholders and the general public. (ESG) | | | | |

| 1.8. Public information | The Medical School at SZTE should publish information about their activities, including training programmes, which is clear, accurate, objective, up-to date and readily accessible. (ESG) | | | | |
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| 1.9. Ongoing monitoring and periodic review of programmes | The Medical School at SZTE should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned. (ESG) | | | | |
| 1.10. Cyclical external quality assurance | The Medical School at SZTE should undergo external quality assurance in line with the ESG on a cyclical basis. (ESG) | | | | |

# Other areas of quality improvement

| Area | Definition (based on ESG) | Related Medical School processes/ activities | Means / methods | Person in charge | Output / comment |
|------|---------------------------|----------------------------------------------|-----------------|------------------|------------------|
| **2. Talent management** | The Medical School at SZTE ensures that attention is focused on prospective students (talent development for students in public education), current students and graduates, and provides opportunities for outstanding students to compete against each other. The School nurtures and develops its alumni network. | | | | |
| **3. Scientific activity** | The Medical School at SZTE should provide an environment that encourages and financially supports research and the dissemination of results, and recognises outstanding scientific activity. | | | | |
| **4. External connections (corporate and international partners)** | The Medical School at SZTE should have an extensive network of corporate and academic partners, co-operate with professional organisations and NGOs, and strive to maintain deep and quality relationships over quantity ones. | | | | |