

Hungarian Accreditation Committee (MAB)

# Site-visit team report

based on WFME 2020 standards

on the medical education of

the Faculty of Medicine,

University of Banja Luka

Appendix of

Decision No 2026/2/XI of the MAB BOARD





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## I. Accreditation proposal

<p><b>Faculty of Medicine, University of Banja Luka</b></p>	<p><b>DECISION NO 2026/2/XI</b></p> <p><b>Accreditation of the medical school is valid until 27 February 2032, pending submission of a written monitoring report by 15 January 2029, to be followed by a site visit.</b></p>
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Based on the self-evaluation report of the medical school and the site visit, it can be concluded that the medical education of Faculty of Medicine, University of Banja Luka, on the basis of the WFME 2020 (World Federation for Medical Education) standards, has been evaluated as

- **compliant** with the minimum criteria (educational programme, selection of academic staff, admission and selection of students, educational infrastructure, clinical training resources, structure and organisation, organisational units supporting the operation of the medical school and its educational and academic activities),
- **partially compliant** with the quality assurance processes (mission statement, development and review of the educational programme, quality assurance of assessment, quality assurance),
- **partially compliant** with the support processes (educational methods used to deliver the educational programme, system of assessment, student support system, performance, training and development of academic staff),

and thus, it can be granted a six-year accreditation for a period 27 February 2026 to 27 February 2032, pending submission of a written monitoring report by 15 January 2029, to be followed by a site visit. The monitoring process shall examine the institutional measures taken on the basis of the recommendations of this report and their effectiveness, with particular attention to the management of the relationship with the external partner agency on the evaluation of outcomes from the completion of the entire medical training cycle delivered in English.

## II General overview of the institution

The Faculty of Medicine is the largest faculty at the University of Banja Luka, the second-oldest university in Bosnia and Herzegovina. As a public institution, the university recently celebrated its 50th anniversary and comprises 17 faculties. The University is governed by a Senate of 29 members, including the Rector, four Vice-Rectors, representatives from each organizational unit, and six student representatives. The Faculty's evolution reflects significant expansion and modernization over the past three decades. Initially offering only educational programme in Medicine (Doctor of Medicine) until 1994, the institution has progressively broadened its scope. In 1994, the Dentistry programme was established, followed by the Pharmacy programme (Master of Pharmacy) in 1995. Postgraduate studies in Biomedical Research were initiated in 1996. The academic year 2007/08 marked a pivotal moment with the introduction of the Health Care and Nursing programme and the implementation of the Bologna Declaration, establishing a three-cycle system with the European Credit Transfer System (ECTS). More recently, the Centre for Specialist Studies and Continuing Education was founded in 2016, and in 2022, the Faculty began offering Medicine in English.

Since its founding, more than 2,300 doctors of medicine, over 500 dentists, and Master of Pharmacy graduates have completed their studies at the Faculty. The Faculty currently enrolls more than 2,000 students, making it the largest faculty within the university. This includes over 300 international students, predominantly from Asia, enrolled in the English-language programme. The Faculty offers all three cycles of studies: integrated programmes in Medicine, Dentistry, and Pharmacy at the first level; second-cycle Master of Health Studies; and third-cycle doctoral studies in Biomedical Sciences, which were launched in 2016 as an integrated programme. The Faculty collaborates closely with the University Clinical Centre, one of the region's largest healthcare facilities. The Faculty's organizational structure is built around two fundamental bodies. The Academic Council serves as the central governing academic body, responsible for adopting key regulations, overseeing academic programmes, providing proposals and expert opinions to the University Senate and Rector, and playing a major role in the creation, modification, and evaluation of study programmes across all cycles. Students participate as full members of the Academic Council, actively engaging in the decision-making process. The Dean of the Faculty functions as the management body, executing the Faculty's operational functions. The Faculty is committed to providing a comprehensive range of study programmes and specialties that align with student needs while supporting the professional development of teaching staff, professors, and young assistants.

The strategic objective is to position the Faculty as a highly visible and recognized institution, not only within the surrounding region but as the leading medical university across the wider Balkan area. Looking to the future, plans are underway for a new medical campus which will bring together the Faculty of Medicine, Biomedical Research Centre, Medical School in Banja Luka, and Health Studies into one integrated location, providing enhanced conditions for studying and scientific research.

## III Evaluation

### III/1 Mission Statement

#### Evaluation:

The Faculty of Medicine has an up-to-date, publicly available mission statement, formulated within the Faculty's Development Strategy until 2030 and published on the Faculty's website. It was developed with input from a variety of stakeholders, including the Dean's Office, Scientific Council, student representatives, teaching staff and relevant representatives from various ministries. The mission statement of the Faculty of Medicine is aligned with the mission of the University. While the University's mission statement is brief and general, the Faculty's mission provides a more detailed description of these institutional goals in the context of medical education and healthcare. According to this, the Faculty's mission is to develop a competitive, internationally aligned Faculty of Medicine that educates students and staff to high professional standards, advances research, and contributes to health, economic, and social development through quality education, scientific excellence, and institutional modernization. The Faculty's Development Strategy also contains a section dedicated to its vision, which complements the mission statement. The vision—also communicated to the Site Visit Team during the interviews— aims for the Faculty to become internationally visible and recognized not only within the surrounding region but also in the wider Balkan area.

The Faculty's commitment to providing high-quality education is reflected in its educational programs, which employ diverse teaching methods including interactive lectures, laboratory and clinical sessions, problem-based seminars, e-learning, simulations, evidence-based medicine training, and metacognitive learning modules. The Faculty offers a wide range of study programs that combine increased theoretical and practical teaching hours with modernized and recently introduced courses, such as Sanitary Engineering and Radiological Technology, as well as new electives including Public Health, Ecotoxicology, Applied Epidemiology, and Mental Health in the Community. These developments demonstrate the Faculty's attention to educational quality and breadth, though the connection between these specific choices and the mission statement's broadly stated commitments could be made more explicit through clearer articulation of the distinctive priorities and contextual needs that guide such decisions.

The current mission statement would benefit from further refinement in order to more clearly fulfil its intended role. While the document comprehensively outlines a range of strategic priorities and activities, it places greater emphasis on operational and organizational aspects than on expressing the Faculty's core purpose. In addition, the mission could be strengthened by more clearly highlighting the Faculty's distinctive character and contextual role. Much of the phrasing used is broadly applicable to many medical schools, and therefore offers limited insight into the Faculty's unique contribution to the healthcare system of Bosnia and Herzegovina, its educational approach, or the specific health needs it seeks to address. Clarifying these elements would help the statement to more directly convey the type of physicians the Faculty aims to educate, the communities it serves, and the impact it aspires to have on regional healthcare development.

The third mission — encompassing community engagement, knowledge transfer, and broader social responsibility — receives limited attention in the current mission statement and also Faculty's vision. While there are brief references to social benefit and collaboration

with healthcare stakeholders, these mentions remain general rather than reflecting concrete commitments.

### Recommendations:

1. It is recommended that the mission statement to be strengthened by more explicitly reflecting what makes the Faculty distinctive within its context. This could include articulating the Faculty's particular role in Bosnia and Herzegovina's healthcare system, its approach to medical education, and the specific health challenges and community needs it seeks to address. Clarifying these elements would help to convey not only what the Faculty does, but also why its work is important for the region it serves.
2. It is also recommended to update the mission statement to clearly express the Faculty's core identity and long-term goals.
3. A clearer articulation of the Faculty's commitment to the third mission of higher education would strengthen the mission statement by including knowledge transfer, community engagement, and service beyond core teaching and research functions. This could include partnerships with community health institutions, research addressing regional health challenges, public health initiatives, collaboration with industry, continuing professional education.

## III/2 Educational programme

### Standard 2.1: Educational programme

#### Evaluation:

Information about all study programs is easily accessible to students and the public. By law, the University must publish key program details (objectives, content, delivery, assessment), and the Faculty complies by hosting comprehensive information on its website. Dedicated webpages (in Serbian and English) present curricula, course syllabi (with learning outcomes and competencies), teaching schedules, a competency matrix, academic calendars, and staff lists. This transparent presentation of the integrated curriculum (including an English-language track) demonstrates compliance with WFME expectations for clarity and openness in the educational program. While access to information is well-handled, the self-assessment doesn't mention how the Faculty ensures content is kept up-to-date in real time or how effectively students use these resources (e.g. any feedback on the website's usability). No significant gaps are evident in compliance, but an implicit challenge might be maintaining the online information's accuracy as programs evolve.

#### Recommendations:

1. Continue the practice of publishing program details, and consider implementing a routine audit or student feedback mechanism on these information platforms.



For example, gather student input on the clarity of curriculum information and update web content each semester (or as soon as changes occur) to ensure accuracy. Such measures will keep the educational program information current and user-friendly, sustaining high transparency.

## 2.2 Standard: Development and review of the educational programme

### Evaluation:

The Faculty follows a structured, law-governed process for curriculum development and review. New programs undergo initial accreditation per national law, and all programs are aligned with strategic higher education objectives and labour market needs. The Faculty actively involves stakeholders – including students and employers – in designing curricula (as mandated by Article 21 of the Law on HE). Ongoing program evaluation is in place: even outside formal revisions, programs are continuously reviewed using quality indicators collected by the University’s quality office. A major curriculum modernization (ISM22) was implemented in 2022 to incorporate latest scientific advances and meet healthcare system demands, enabled by updated legislation that allowed changes without re-accreditation. The Faculty also demonstrated responsiveness to international trends by introducing an English-language program, a change driven by strategic goals of internationalization and evidenced by market analysis of foreign student interest. The self-assessment acknowledges that curriculum reform was overdue, indicating that the previous curriculum update had been delayed for many years. This suggests a gap in the frequency of curriculum renewal (the comprehensive reform only occurred in 2022). Going forward, more regular minor updates might prevent such long intervals. Additionally, while stakeholder input is mentioned for program creation, it’s not explicitly stated how systematic and frequent stakeholder feedback (especially from current students, alumni, and employers) is utilized in ongoing curriculum updates beyond the major overhaul. Finally, the English-language medical training program has not yet gone through an entire teaching cycle, and the first students enrolled into the program are just now beginning their clinical rotation. Therefore, obtaining a thorough feedback from the entire training program is currently limited.

### Recommendations:

1. Implement a regular curriculum review cycle (for example, an internal review every few years) to continuously update course content and outcomes in line with new developments, avoiding long delays between major reforms.
2. Strengthen structured stakeholder feedback loops, e.g. annual curriculum workshops or surveys with students, alumni, and employers, to catch needed changes early. The Faculty should also monitor the outcomes of the new ISM22 curriculum (student performance, satisfaction, graduate success) and be prepared to make iterative adjustments.
3. It is highly recommended that a thorough review is carried out after the completion of the entire medical training cycle in English. Proactively planning incremental improvements will sustain curriculum relevance and avoid the accumulation of outdated content.

## Standard 2.3: Educational methods used to deliver the educational programme

### Evaluation:

The medical school employs a wide variety of teaching methods to deliver the curriculum, catering to different learning needs. These include interactive lectures, laboratory and clinical practical sessions, group seminars for problem-based discussions, e-learning components, evidence-based medicine training, and medical simulations. During the COVID-19 disruption, the Faculty swiftly implemented distance learning (via Google Classroom, Hangouts Meet, etc.) in compliance with accreditation standards for online education, ensuring learning outcomes remained equivalent to in-person instruction. All course materials, from lectures to case studies, were made available online, and communication channels (e.g., official email directory) allowed continuous student-instructor interaction. The school also emphasizes innovative and modern pedagogies: for instance, it has integrated metacognitive learning modules through an Erasmus+ project, enabling students to self-evaluate via an online platform and faculty to utilize question banks for periodic knowledge checks. These efforts indicate a commitment to active learning and adaptability in teaching methods. While many methods are listed, there is limited insight into how consistently faculty are trained in or monitored on the use of these methods. For example, introducing problem-based learning or simulation requires faculty development; it's not explicit if all instructors effectively employ interactive techniques. Additionally, although student surveys evaluate teaching (which can hint at method efficacy), there is no mention of a formal process to review the effectiveness of each teaching method (aside from the one-off adjustments during COVID and examples of software adoption in certain departments). The involvement of students in research (in the newly established Centre for Biomedical Research, CBMI) and the encouragement to assemble their medical thesis based on individual research results is a program to be commended. The metacognitive module is a promising pilot, but it appears to be in early stages and limited to one department, indicating a need to scale such innovations.

### Recommendations:

1. Strengthen faculty development in pedagogy by offering workshops or a “teaching improvement program” so that all staff can skilfully apply interactive and student-centred methods. The Faculty’s planned Department for Medical Education (mentioned in the HR strategy) can take the lead in training faculty on new educational technologies and methodologies. Moreover, establish a mechanism to evaluate the impact of different teaching methods on student learning (e.g., comparing exam performance or engagement across courses that use varied techniques), and use student feedback specifically on teaching approaches to make data-driven adjustments.
2. Further expand student research, and make efforts to further modernize and develop the Center for Biomedical Research.



3. Finally, consider expanding successful innovations (like the metacognitive problem module) to other courses; scaling up pilots that improve critical thinking and lifelong learning skills will enhance overall educational quality.

### III/3 Evaluation processes of the educational programme

#### Standard 3.1: System of assessment

##### Evaluation:

The medical school has developed a comprehensive assessment framework grounded in national legislation and institutional regulations, including the Law on Higher Education, the University Statute and the Rules of Studying. These documents clearly define the criteria for progression, completion of the programme, examination procedures, as well as the thesis process. They are adopted through transparent institutional procedures involving academic bodies, student representatives, and legal experts – while being publicly accessible. Students are informed at the beginning of each course about the assessment structure, point distribution, and examination modalities, and examination timetables are published in advance, supporting clarity and predictability.

During the review, the panel observed that while the regulatory foundation is strong, the mechanisms through which assessment methods are selected and approved could be more clearly articulated. The selection of assessment forms (oral, written, practical) appears to be largely determined at the departmental or individual level, based on tradition and disciplinary norms. Although departments operate within the overarching Rules of Studying, the panel found limited evidence of a structured, faculty-wide process for approving or standardising specific assessment methods. As a result, assessment modalities may vary across courses, and the rationale for choosing one method over another is not always transparent to students. Differences between departments in the way clinical competences are assessed were also mentioned during discussions with students, suggesting that further harmonisation of assessment practices may be beneficial. During the online and onsite discussions, it became evident that while the institution applies well-defined examination procedures, assessment practices are not fully uniform for all groups of students. In particular, international students are not always evaluated orally, as language barriers sometimes lead to alternative approaches being used. While these adaptations may be intended to support students, they also result in some variation in how assessments are conducted across the student population.

There is a general alignment between the assessment framework and the intended learning outcomes as defined in the syllabus and programme documents, particularly with respect to theoretical knowledge assessed through written and oral examinations. The programme includes extensive clinical training and offers students regular exposure to clinical environments, bedside teaching, as well as patient contact. These opportunities support the acquisition of clinical and professional skills. However, the panel noted that the assessment of these competences relies predominantly on oral examinations and bedside evaluations,



conducted individually by examiners. The programme does not yet employ structured assessment tools such as OSCEs, DOPS or mini-CEX, which would enable more objective, standardised, and transparent evaluation of skills across all students. Therefore, while the intended learning outcomes for knowledge acquisition are adequately reflected in the current assessment practices, the relationship between expected clinical competences and the methods used to assess them is not fully articulated or standardised across the programme.

The process for selecting and supervising the final thesis is clearly defined, and students can choose a topic according to their interests, with the possibility of changing the topic once. The panel learned that thesis findings are typically not published in scientific journals, limiting opportunities for research dissemination and for strengthening the medical school's scientific profile.

The professional final examination administered by the Ministry is an oral assessment focusing largely on general medical knowledge and legislation. While it fulfils regulatory expectations, the absence of a structured practical component may limit its ability to measure the full scope of competencies expected from graduating medical students.

### Recommendations:

1. Clarify and formalise the process for selecting assessment methods at both course and programmes level by highlighting clear responsibilities, approval pathways, and pedagogical rationales, while ensuring a transparent communication to teaching staff and students;
2. Promote greater harmonisation of assessment practices across departments, particularly in relation to the evaluation of clinical competences, to ensure that students are assessed according to consistent standards and that expectations remain comparable across the programme;
3. Introduce structured and standardised clinical assessment instruments, such as OSCEs, DOPS, or mini-CEX to enhance the objectivity, transparency, as well as reliability of clinical skills evaluation across the curriculum;
4. Ensure uniform assessment practices for all student groups, including international students, by developing clear guidelines on how language-related adaptations should be applied without compromising comparability or fairness;
5. Enhance the alignment between intended learning outcomes and assessment methods by clearly mapping each competency to the most suitable assessment format within syllabi and course documentation;
6. Increase the academic contribution of the thesis component by encouraging the dissemination of high-quality student work, including through support for publication in peer-reviewed journals or presentation at scientific conferences, thereby strengthening the programme's research culture.

## Standard 3.2: Quality assurance of assessment

### Evaluation:

The institution has documented criteria for reviewing the assessment system, defined through the Law on Higher Education, the Statute, the Rules of Studying, and internal QA regulations, and based on indicators such as pass rates, grade distribution, student progression, complaints, as well as student feedback. These criteria are applied systematically through annual self-evaluation, monitoring of academic indicators, and the annual review of course syllabi, with any changes to assessment methods subject to approval by the Faculty Council.

The medical school has formal mechanisms in place to oversee and periodically review aspects of its assessment system. This review occurs primarily through the institutional quality assurance structure, which includes the Committee for Quality Assurance and Improvement, the Faculty Council and the University Senate. These bodies regularly analyse data such as student pass rates, annual reports, and the results of the electronic student surveys. The outcomes of these analyses are discussed at faculty and university levels, and where necessary, supportive or corrective measures may be initiated. Continuous assessment and final examination procedures are clearly described in course syllabi, and students are informed at the beginning of each course about the assessment methods, criteria, and the composition of the final grade. Assessment results are used to support student progression, inform annual academic and quality reports, and contribute to institutional monitoring of performance indicators.

Regular review of assessment-related practices occurs primarily through student feedback mechanisms. The electronic student survey, carried out twice per academic year, enables students to comment on various aspects of teaching and assessment. The Committee for Quality Assurance and Improvement analyses these results and presents them to the Academic Council and University Senate, ensuring that feedback is formally considered. Based on these analyses, the Dean and relevant faculty bodies may hold discussions with staff members and, where appropriate, initiate supportive measures aimed at enhancing the teaching and assessment experience.

Survey reports are publicly available, which contributes to transparency. These findings help inform discussions regarding potential improvements in teaching and assessment practices. Examples of measures implemented include directing professors or teaching assistants with lower evaluations to professional development activities, appointing mentors or co-responsible staff to support and monitor teaching and assessment practices, or reassigning responsibilities within academic teams. At institutional level, management improvements may also be initiated, such as appointing responsible persons to oversee administrative processes or redistributing administrative tasks. However, during the review the panel noted that survey participation rates are relatively low, which may affect the overall representativeness of the feedback and, consequently, the extent to which it can fully inform evidence-based enhancements.

During the meetings, the panel was informed that the experiences of international students enrolled in the English-language programme are not always fully comparable to those of local students, particularly in terms of assessment practices. In some cases, due to language barriers, international students may be evaluated differently or through alternative formats, which reduces uniformity and makes it more challenging to ensure consistent



quality assurance across all cohorts. Strengthening the mechanisms through which feedback from international students is collected and addressed could help ensure that quality assurance actions benefit all groups equally.

While the existing measures demonstrate responsiveness to general feedback, the panel found limited evidence of assessment-specific reforms (such as changes to assessment design, increased standardization, or the introduction of more structured assessment tools), resulting directly from the feedback process. This suggests an opportunity to broaden the scope of quality assurance actions to include more systematic enhancements in assessment methodology, ensuring that improvements benefit both local and international students across the programme.

### Recommendations:

1. Strengthen and formalize quality assurance processes specifically focused on assessment;
2. Use student feedback more systematically to refine and improve assessment methods;
3. Explore ways to increase survey participation – such as clearer communication of the survey’s purpose, integrating completion reminders, or providing students with feedback on actions taken as a result of their input.

## III/4 Students

### Standard 4.1: Admission and selection of students

#### Evaluation:

The medical school has clearly defined admission requirements and selection procedures for both the national-language and the English-language programmes, including an entrance examination for international applicants that is perceived as fair and feasible by candidates. These requirements and procedures are formally approved at university level and are periodically reviewed in line with changes in national legislation and institutional regulations, ensuring that the published criteria remain current and consistent with the wider university policy framework. Information on admission is available through the faculty and university websites and is actively disseminated via a recruiting agency which also support applicants with logistical aspects such as visas and residence permits. Key documents and instructions regarding admission are available in English on the official website, so that applicants can directly verify requirements, timelines and procedures, independently of the information provided by the agency. However, reliance on private recruiting company creates variability in how information is communicated, and some students report limited clarity and standardisation regarding examination formats and expectations, suggesting that admission-related information is not yet fully transparent and consistently accessible in English to all prospective and incoming students. The school is aware of this gap and is working to better align the information shared by the partner agency with the official web-based materials, and to more proactively direct prospective students to the university website as the single authoritative source for admission rules.



Rules and procedures for transfer between programmes, for passive semesters and for the deferral of other training requirements are defined in the university regulations and apply equally to national and international students, with staff in the student administration office providing individual guidance on how these provisions are implemented in practice. These regulations are part of the same institutional framework that is periodically updated and disseminated, and relevant information is made available in English so that foreign students can understand their options in case of interruption, delay or change of their study trajectory.

### Recommendations:

1. Clarify the institution's primary responsibility for providing admission information directly to prospective students and ensure that any additional information channels support rather than substitute official institutional communication.
2. Consolidate the existing legal and procedural framework into a single, user-friendly English-language admission guide for the Medicine in English programme, explicitly covering eligibility, entrance exam format and scoring, ranking, appeals, transfer rules, recognition of prior learning, and conditions for deferred entry.

### Standard 4.2: Student support system

#### Evaluation:

The medical school offers multiple elements of student support across the study trajectory, including academic support by teachers, language courses, assistance with documentation and residence permits, and opportunities for mobility through IFMSA and Erasmus programmes; student organisations are active and contribute to peer support and social integration. International students in particular receive additional practical support from recruiting companies and from designated faculty staff, and both domestic and foreign students report good access to teachers and a generally supportive environment. Students also have access to physical learning resources through the faculty library and reading room, computer labs, and the University Computer Centre, and can use the e-Student platform to manage exams, follow administrative information, and complete online surveys. At university level, further support is provided by the Medical Specialist Centre and Student Health Care Clinic for physical health, by a psychological counselling service run by the Study Programme of Psychology, and by a Centre for Support for Students with Disabilities that aims to ensure equal access for students with special needs. Information on these services, as well as on scholarship opportunities and mobility programmes, is disseminated through the university and faculty websites, social media channels, and dedicated offices (e.g. the Vice-Rectorate for International and Inter-University Cooperation), and new students receive a brochure summarising key support options and contact points. At the same time, the support system remains fragmented between the university, the faculty, and a private agency, and lacks a single integrated “one-stop” student service centre. Access to suitable library and study facilities for international students is limited, and there is no clear evidence



of a systematic, data-driven needs assessment process or of the formal involvement of student representative bodies in the design, management, and review of support services. Nonetheless, student organisations are represented in the Academic Council, the University Senate, and the Student Parliament, meet regularly (including a dedicated section for international students), and are able to raise issues related to living and learning conditions; the faculty provides financial, logistical, and professional support for student-led scientific, educational, cultural, and sports activities, which contributes positively to student engagement and wellbeing.

### Recommendations:

1. Make the existing support offer more visible and coherent by developing and publishing an English-language and national-language “Student Support Guide” that maps all services (academic advising, counselling, scholarships, mobility, disability support, language courses, student organisations), access points, and contacts in one place.
2. Formalise and document the role of student representatives (including those from the English-language programme) in the design and periodic review of support services, for example through regular, documented meetings between student organisations and faculty management focused specifically on student welfare and support.
3. Use the existing biannual student surveys more explicitly for needs assessment of support services by adding targeted items on adequacy and accessibility of academic, social, and financial support, and systematically feed these results into quality-improvement plans at faculty level.

## III/5 Academic staff

### Standard 5.1: Selection of academic staff

#### Evaluation:

According to its mission statement, the Faculty of Medicine aims to provide its academic staff with a stimulating environment that supports professional development and the acquisition of educational, research, and innovation competencies in line with international standards and priorities. The composition of the academic staff reflects these objectives. The procedures for selection, recruitment, appointment, promotion, and responsibilities are thoroughly regulated by the Law on Higher Education, University Statutes, Faculty Statutes, and multiple rulebooks (including those on selection procedures, internal organisation, ethics, and student surveys). These documents provide a well-defined framework for all aspects of academic staffing. The Faculty defines the number and composition of academic staff based on the curriculum, the number of enrolled students, and the normative teaching workload. These principles are anchored in national legislation and university regulations, ensuring that staffing is aligned with programme requirements. Based on the SAR and supporting documentation the staff selection and promotion are based on legally prescribed criteria that explicitly include academic competence. In addition, the quality of teaching is regularly evaluated through student surveys. These evaluations provide direct feedback on



whether staff members effectively support the acquisition of programme-specific competences.

The University has a framework of workload for the academic personnel and the Faculty annually reviews normative teaching loads, student group sizes, and departmental needs. Departments assess their staffing requirements and submit proposals for new appointments when necessary. This ensures that staff composition remains appropriate relative to student numbers. Each academic year, the Faculty prepares and approves the list of responsible professors and teaching assistants for the upcoming year. Together with evaluations tied to promotion cycles, normative workload assessments, and student feedback, this constitutes a continuous monitoring process of staff sufficiency. According to the SER supplements, 148 teachers are listed for the Serbian-language courses and 53 for the English-language courses (List of Responsible Professors and Associates for the Academic Year 2024/2025). The supplements also provide the number of professors/teachers and teaching assistants/associates by type of employment (full-time or temporary contract), as well as their distribution by age. Based on these data and the interview findings, there is room for improvement regarding the ratio between academic and invited personnel and therefore the Faculty is recommended to have more concrete mechanisms to ensure a higher proportion of affiliated staff that can ensure stability, continuity in teaching and research. In this line, the graphs reveal that majority of academics belongs to the 60-64 years age group. While staff rejuvenation and the recruitment of experienced senior educators in healthcare are global challenges, the Faculty must address this issue as a strategic priority. Although the Faculty has established a comprehensive and well-regulated framework for the selection, monitoring, and evaluation of academic staff, further enhancement could be achieved through long-term workforce planning, more structured development of teaching competencies, broader evaluation methods, improved transparency of workload monitoring, and a stronger focus on internationalisation and risk management. Therefore, the activities outlined in the Development Strategy - especially those in the Human Resources and Partnership sections - should be controlled, fully implemented and completed within the indicated timeframe.

### Recommendations:

1. Develop a comprehensive short-term workforce strategy to anticipate upcoming retirements, identify areas at risk of staff shortages, and secure long-term stability in key disciplines.
2. Strengthen the portfolio of the Department for Medical Education, as it is not yet fully developed. Mandatory courses in teaching skills, assessment methodology, the supervision of research work and simulation-based pedagogy should be integrated to support faculty development.
3. Revise the reward system, which is currently overly publication-driven, promotion pathways should give equal weight to teaching excellence, including recognition for innovative pedagogical approaches.
4. Expand international engagement by actively recruiting faculty from abroad and investing in teaching mobility programs and visiting professorships.

### Standard 5.2: Performance, training and development of academic staff



### Evaluation:

The Faculty defines the responsibilities, expected conduct and performance standards of academic staff through a set of publicly available regulations (Code of Professional Ethics, Statute of the University and Statute of the Faculty, Law on Higher Education, etc.) and rulebooks. Awareness of these expectations is supported by regular academic governance processes. Based on the SER and the insights gathered during interviews, expectations are communicated clearly through the availability of these regulations and through established structures such as academic councils and departmental meetings. While these documents are posted on the official websites of the University and the Faculty, several are available only in Serbian or cannot be downloaded in English - for example, the rules of the Ethics Committee and its subchapters. The existing Code of Ethics provides a solid foundation for ethical behaviour in teaching and academic duties. However, to align with contemporary international standards - particularly regarding data protection and broader ethical requirements - several sections would benefit from further elaboration or clarification.

The Faculty applies a performance evaluation system that is recognized as a key element of quality assurance for teachers, researchers, and clinicians. Academic staff are encouraged to make significant contributions to scientific research through rewards for publications in leading international journals; the criteria - defined in the relevant rulebook - acknowledge the most cited author, publications in the highest-impact journals, authors with the highest cumulative impact factor, and those with the largest number of publications. Further development and refinement of these criteria would be beneficial, especially by explicitly incorporating international engagement as a key evaluation dimension. Performance is evaluated through multiple mechanisms, the Department for Organization and Teaching Quality, departmental meetings, sessions of the Academic Council and student evaluations during the process of appointment or promotion to academic titles as well. This constitutes a comprehensive, multi-layered evaluation system. The SER, however, does not describe how teaching, research, and clinical duties are balanced, nor how workload distribution is monitored to prevent overload.

Performance evaluation criteria themselves are primarily determined by national legislation (Law on Higher Education) and University rulebooks and although there is no formal process for staff participation in shaping these criteria, academic staff participate in departmental and council discussions, which is an indirect mechanism for contributing feedback to performance-related policies.

The Faculty uses several measures to prepare academic staff and clinical supervisors for delivering the required learning outcomes: clinical teachers who work full-time at affiliated healthcare institutions are considered full-time academic staff for teaching purposes, if an academic lacks prior teaching experience, an introductory lecture is required and academic staff can participate in annual Professional Development trainings organised by the University, focused on communication skills and interactive teaching methods relevant to clinical practice. Together, these measures provide a structured framework for the preparation of academic staff for teaching in clinical settings. The Faculty provides opportunities for academic staff to further develop their skills in the CBMI, offering advanced infrastructure and research training, participation in national and international research projects and collaboration with visiting professors. The investment here is continuous and staff training and participation in professional associations and specialised training programs is also possible. Support mechanisms include the CBMI (as a central resource for



research, publications, PhD works), the Office of the Programme Team for Supporting Professional Development and the Centre for Specialist Studies and Continuing Education. Administrative and organisational support is achieved through departments, Faculty councils and project management structures. A publication platform is provided, participation in national and international networks is documented and a digital repository (PHAIDRA) enables the results of the entire university's work to be archived. The Faculty protects the employee's personal data and acts following the requirements of the Law. The University has also created a digital repository for storing various categories of scientific works in digital form. Cooperation agreements and international collaborations are well established, but mobility data (number of exchanges, duration, outcomes) are not quantitatively presented. Although these data demonstrate that the Faculty meets the core requirements for the organisation, evaluation, and development of its academic staff, several areas could be strengthened. These targeted improvements would enhance transparency, strengthen staff engagement and professional growth, and further align the Faculty with international standards for higher quality medical education.

### Recommendations:

1. Develop a structured orientation programme that introduces new staff to teaching responsibilities, assessment procedures, ethical standards, and quality assurance expectations. Strengthen career development support by offering mentoring for early-career academics, training in grant writing and project management, and clear communication of promotion criteria.
2. Establish a transparent mechanism for involving academic staff in the periodic review and refinement of performance criteria.
3. Implement a transparent workload monitoring system to ensure fair distribution of teaching duties, sufficient time for research, and balanced expectations for clinical staff.
4. Introduce systematic reporting of staff mobility activities and outcomes to better demonstrate the extent and impact of international engagement.
5. Expand the current Code of Ethics and ensure that the revised rules are also available in English on the institution's website.
6. Conflicts of interest: define rules for outside employment or involvement in commercial activities; specify transparency requirements for financial or personal interests that may influence teaching or research; include guidelines for staff involved in decisions affecting colleagues or students with whom they have close personal relationships.
7. Research ethics: strengthen provisions related to plagiarism, data fabrication or falsification, unethical authorship practices, responsible publication standards, and transparent data management.
8. Confidentiality and data protection: add clear rules on protecting students' personal and academic data, and ensure confidentiality in handling examinations, assignments, and other sensitive information.
9. Digital teaching and technology use: introduce ethical guidelines for online teaching, online assessment integrity, the responsible use of AI and digital tools, and copyright considerations for digital learning materials.



10. Academic freedom and institutional responsibility: include a statement affirming both the right and responsibility of academic staff to pursue research and teaching freely, and the obligation to exercise this freedom professionally.
11. Reporting ethical concerns: provide a clear description of reporting procedures, protections for individuals acting in good faith, and the review process for reported cases.

### III/6 Infrastructure

#### Standard 6.1: Educational infrastructure

##### Evaluation:

The Faculty benefits from an extensive infrastructure spread across multiple sites, providing ample facilities for teaching and learning. It operates in several dedicated buildings in Banja Luka (e.g., locations at Save Mrkalja 14 and 16, Mačvanska 10) and a wide network of clinical teaching bases in healthcare institutions. This includes the main University Clinical Centre and specialized institutes (Public Health, Rehabilitation Hospital “Dr Zotović”, Occupational Medicine, Transfusion Medicine, Forensic Medicine, Gerontology Centre, etc.), ensuring that students have access to real clinical environments and laboratories for all required disciplines. On the Faculty’s main campus, the facilities are well organized: at Save Mrkalja 14, for instance, there are large lecture halls, multiple seminar rooms, and discipline-specific practical labs (e.g., dedicated labs for Pathophysiology, Histology, Anatomy with dissection halls) fully equipped for group sizes of ~20–55 students. The presence of three anatomy dissection rooms and a modern Clinical Skills Laboratory in that building allows students to practice clinical and procedural skills on realistic models in a controlled setting. Offices for faculty, teaching assistants, and support staff are plentiful across the buildings, with administrative units (Dean’s office, student services, etc.) centralized at Save Mrkalja 16 for efficient operations. Notably, the Centre for Biomedical Research (CBMI) is housed on site, providing on-campus research laboratories that also serve educational purposes (involvement of students in research), even though the instrumentation in this centre eventually needs modernization. All teaching spaces are outfitted with standard audiovisual equipment and internet connectivity; every lecture hall, seminar room, and lab has projectors and computers accessible to instructors. This technological readiness facilitates effective teaching, including digital presentations and potentially lecture capture or e-learning supplementation.

The Faculty has invested significantly in recent years to expand space and update technology – highlighted by the establishment of the state-of-the-art Clinical Skills Lab with robotic simulators for training in procedures like resuscitation and airway management. This facility is a standout improvement that bridges the gap between theory and practice, giving students confidence before they engage with real patients. Moreover, the Faculty is



part of an integrated University, meaning it can leverage additional resources of other university units if needed. The infrastructure is not only educational but also contributes to other missions: the Faculty's large capacity and diverse facilities enable it to run extra programs like specialist health training and industry collaborations, which generate supplemental income for reinvestment. This demonstrates a sustainable model where infrastructure supports both core teaching and ancillary activities. In summary, the Faculty's infrastructure meets professional standards and provides appropriate environments for lectures, small-group learning, lab experiments, cadaveric anatomy, clinical simulation, and real clinical rotations – thoroughly fulfilling WFME requirements for adequate educational resources.

Despite the overall adequacy, some capacity constraints could emerge, especially considering the growth in student numbers (like the new English-taught cohort). For example, the identified main lecture hall at one site seats 50 – it's not clear if larger lectures take place in hospital auditoriums or elsewhere. If class sizes exceed current room capacities, scheduling might need creative solutions or split lectures. Similarly, reliance on multiple locations around the city means students and staff must travel between sites (e.g., from campus to hospitals or institutes). While common in medical education, this could present logistical challenges. In terms of specific facilities, the library's space could be a pinch point for independent study if many students prefer on-site study. Another limitation might be equipment maintenance and renewal, as sustaining high-tech simulators and AV equipment requires ongoing funding and support staff. The Faculty will need to ensure budgets for upkeep and upgrades of labs and simulation models as technology evolves. Additionally, while internet is provided in all premises, the quality (bandwidth, coverage) should be monitored continuously. Lastly, although the Faculty can use other university resources if necessary, it's not explicitly known if any current shortages exist (e.g., shared use of large auditoriums, or need for additional student lounges or group study areas). There might not be major issues now, but as international enrolment increases, pressures on infrastructure (housing, social space, etc.) might arise.

### Recommendations:

1. Conduct a periodic space utilization review to ensure facility capacity keeps pace with enrolment. If lecture rooms are nearing their limits, the Faculty could consider scheduling large lectures at the University's central facilities or investing in a new larger lecture hall (the mention of government support for a "Medical Campus" construction is promising).
2. Continue expanding simulation resources: while the current Clinical Skills Lab is excellent, future plans might include acquiring more simulators (for example, trauma, laparoscopic surgery, labor and delivery simulators) and extending simulation access to all years of the program.



3. To facilitate clinical training at dispersed sites, the Faculty might organize shuttle transport or adjust timetables to minimize travel strain on students (if not already done informally).
4. Enhance the library and study facilities by adding more study carrels or opening additional reading rooms (perhaps repurposing underused space during exam periods) and increasing the number of networked computers or power outlets for student laptops.
5. Ensuring technical support staff are available is also key. While the IT centre is run by skilled personnel, a dedicated team to maintain laboratory equipment, simulation models, and IT infrastructure will prolong the life of these investments and prevent downtime.
6. In line with modern learning environments, the Faculty could develop more informal learning spaces (student commons with whiteboards, etc.) for collaborative work, since current descriptions focus on formal classrooms.
7. Given the heavy use of clinical sites, it's advisable to keep updating the memoranda of understanding with hospitals and institutes (which the Faculty already does every four years) and include expectations about maintaining sufficient teaching space and resources in those sites as well. By proactively managing and upgrading its infrastructure, the Faculty will continue to provide an optimal learning environment and accommodate its strategic growth.

## Standard 6.2: Clinical training resources

### Evaluation

The Faculty's clinical training is supported by a well-organized network of teaching sites and resources, integrated with the healthcare system. The principal teaching hospital, the University Clinical Centre of RS (UCC RS), serves as the primary clinical training base, where students rotate through all its departments as per a defined schedule. This schedule is established in advance and communicated via notice boards and the website (including a dedicated Medicine-in-English bulletin), ensuring both staff and students know when and where rotations occur. At UCC RS, clinical education is hands-on and mentorship-driven: faculty and assistants select appropriate patients, and students (in small groups of about 5–7) engage in taking histories, performing physical exams, and formulating diagnoses under supervision. Emphasis is placed on classical clinical skills (history and physical, or propedeutics), which ensures students spend substantial time with patients to build fundamental competencies. The structure encourages active learning; students work through cases and discuss differentials and management with their teaching assistant, who guides them towards proper reasoning while encouraging independence. Importantly, the program includes elective components and selective clinical placements: students choose some practical experiences or elective courses, giving them a degree of agency in their clinical education (mentioned in context of “students choose elective courses and the practical placement planned for them”). Information for students regarding clinical practice is readily accessible: rotation schedules are always available online and updates or changes (like class postponements) are disseminated via multiple channels (website, social media, and via the Registrar or student reps), showing a commitment to clear communication in clinical



training. Beyond the main hospital, the Faculty has ensured adequate clinical exposure through multiple affiliated sites: Community Health Centre, Public Health Institute, Rehab Hospital, Occupational Medicine Institute, Transfusion Institute, Forensic Institute, Gerontology Center, etc., are all used for practical training. This breadth means that if certain cases or volumes are lacking at the main hospital, students can still fulfill their learning objectives at specialized centers. The Faculty has formal cooperation agreements with these centers and renews them regularly, ensuring sustained access to clinical material. Regarding clinical teaching staff, around 240 professors and assistants are involved in clinical training. This high number of educators allows teaching in small groups, aligning with the educational strategy of close supervision and interaction. Senior clinicians mentor junior faculty, and the Vice-Dean for Teaching oversees that the best approach is used for skills training.

The Faculty also provides ongoing development to clinical educators: regular courses/workshops introduce modern clinical teaching methods such as Problem-Based Learning (PBL), the Peyton four-step method for skills, and Objective Structured Clinical Examinations (OSCE). This indicates an effort to keep clinical instruction methodologies up-to-date and evidence-based. Student feedback through surveys again feeds into improving clinical teaching quality and suggests changes each year. Assessment in clinical training is continuous and rigorous: students' acquisition of clinical competencies is evaluated by a combination of midterms, practical exams, and finals. Pre-clinical and clinical coursework assessments allocate 50% of the grade to ongoing practical/assignments and 50% to final exam (oral). All competencies to be attained are listed in course syllabi and a clinical skills catalogue (especially for the internship), which ensures that teaching and assessment are aligned with learning outcomes. To formally certify skills, at the end of rotations or semesters, responsible assistants and department heads sign off in students' logbooks that required skills have been successfully performed. Final-year students undergo a 6-month clinical internship under mentors in major departments (Surgery, Medicine, Pediatrics, etc.), using a clinical practice booklet that lists all required skills to be mastered during that period. Students can even do this internship at partner hospitals in their home region, adding flexibility while maintaining oversight via the booklet system and mentor sign-off. The Faculty provides each intern with an official letter of introduction to the hospital, and the designated hospital tutor must verify and stamp completion of all skills, which the Faculty then reviews. Additionally, the Faculty's simulation center complements real-patient training. Altogether, these elements confirm that clinical training resources (sites, staff, and equipment) are sufficient and effectively utilized to ensure students meet all clinical competencies – a strong compliance with WFME standards.

The clinical training system is robust; however, a few areas to watch emerge from the analysis. First, while small-group learning is excellent, it is resource-intensive; maintaining a 5–7 student group size requires careful scheduling of 240 staff across departments. The Faculty will need to continuously ensure that number of clinical tutors keeps pace if student intake rises (especially with foreign students joining rotations). Any shortage of teaching personnel in a high-demand specialty could strain the small group model. Second, although multiple sites are used when UCC RS has insufficient patient numbers, coordination between sites must be smooth; it's not explicitly detailed how students are transported or if they face any inconvenience moving between faraway clinics. This could be a minor challenge, though manageable with planning. Third, the internship booklet approach is excellent for ensuring completion of skills, but it relies on each hospital mentor's diligence. There is an implicit



trust that external mentors fully engage; quality control of the internship experience might need the Faculty's attention. Additionally, while OSCE and PBL are available, it's not clear if OSCEs are actually implemented as part of student assessment. If not yet standard, that could be an area for development to objectively assess clinical skills at scale. Lastly, though students can do internships in other hospitals, it is unclear whether all such partner hospitals are formally vetted for having appropriate case mix and supervision.

### Recommendations:

1. Maintain the favourable instructor-to-student ratio by recruiting additional clinical educators or involving more hospital specialists as needed, especially as the English program expands. Set targets for how many teaching assistants or part-time clinical instructors each department needs per student cohort.
2. To ensure consistency, the Faculty could implement regular calibration meetings or training for clinical tutors so that all are clear on the learning objectives and assessment standards for students in their departments.
3. Enhance the oversight of the final-year internship by introducing a brief evaluation form for students and mentors to help the Faculty identify if any partner site needs support or if any skill is consistently hard to achieve at certain hospitals. If geographical spread is an issue, consider organizing some rotations in blocks (to minimize daily travel) or providing shuttle services between the Faculty and major clinical sites at peak times.
4. Since simulation training is highlighted, the next step is to incorporate OSCEs or simulation-based assessments formally: for example, at the end of a clinical skills course, have students rotate through stations testing key skills on mannequins or standardized patients (the Faculty has trained staff and equipment to do this). This would objectively validate their competencies in a controlled environment complementing the subjective evaluations during hospital rotations.
5. The Faculty should continue renewing and strengthening its agreements with teaching hospitals, possibly adding explicit clauses about teaching responsibilities of hospital staff and facility access, and continue leveraging government support (which has been strong in providing equipment and infrastructure) to perhaps create a unified Medical Education Unit within the main hospital that coordinates all teaching activities.
6. Finally, celebrate and communicate the successes of the clinical training system. E.g., track and publish high pass rates on licensing exams or alumni performance to ensure continued buy-in from external stakeholders. By doing so, the Faculty will not only maintain but elevate the quality of its clinical training resources in the years to come.

## III/7 Quality assurance

### Standard 7: The quality assurance system of the medical school

#### Evaluation:

The medical school's quality assurance system is fully integrated into the wider institutional QA structure of the University, which has recently undergone successful re-accreditation. The University operates under a comprehensive Quality Policy and Quality Assurance Strategy aligned with ESG principles, and the Faculty follows these frameworks in its own



processes. The Faculty-level QA structure is coordinated through the Quality Monitoring and Improvement Committee, chaired by the Vice-Dean for Teaching and including the Vice-Dean for Scientific Research, the QA Coordinator, programme heads, administrative representatives, and a student member. This committee works in coordination with the University's central QA Committee, ensuring alignment between institutional and faculty processes. Responsibilities for QA are shared across governance bodies, academic staff, administrative staff, and students, reflecting a distributed and participatory QA model.

Quality assurance at the medical school is governed by a set of documents, including the Quality Policy, the Quality Assurance Strategy, the Rulebook on Self-Evaluation and Quality Assessment, and the Rulebook on Surveying Students. These documents define principles, responsibilities, and procedures for monitoring and enhancing quality. They are publicly accessible on the University's website via the legal and administrative framework portal. Self-evaluation reports, programme quality assessments and analyses of student surveys are also published online, ensuring transparency. The currently ongoing 2021–2024 self-evaluation cycle is being conducted under the updated AHERS accreditation standards.

The medical school derives its quality objectives from the University's Development Strategy as well as its own Faculty Development Strategy. These objectives span key domains such as teaching quality, student support, internationalisation, research, infrastructure, and organisational development. Progress toward these objectives is formally monitored through the annual self-evaluation process, which is informed by student surveys, academic performance indicators, staffing data, and resource analyses.

Nevertheless, during meetings with staff and stakeholders, the panel noted that although areas such as internationalisation and research are increasingly prioritised, there is limited systematic analysis to measure progress in these domains. The medical school has articulated strategic intentions, but the mechanisms for translating these intentions into measurable indicators, regularly analysing progress and demonstrating outcomes are still developing.

QA activities span all areas addressed in Standards 1–6, including governance, curriculum design, student support, educational resources, teaching quality, and assessment. The medical school employs several QA mechanisms, such as regular student surveys, annual self-evaluation exercises, curriculum reviews, monitoring of student progression, engagement with healthcare partners, as well as analyses of key performance indicators. These activities indicate the presence of a formally defined QA framework intended to support systematic and continuous quality enhancement. However, during the review, the panel acknowledged that while these QA processes are formally in place, their implementation varies across domains. An organised alumni community has not yet been fully established, and stakeholder groups (both internal and external) are not consistently defined or integrated into the QA cycle. As a result, mechanisms that rely on stakeholder input, such as curriculum review or graduate tracking, are not yet functioning to their full capacity.

Institutional documents reference the PDCA methodology, and elements of this cycle, particularly the planning and review components, are visible in the organisation's self-evaluation practices and annual reporting. The panel observed that these processes provide a foundation for ongoing quality improvement. At the same time, the review showed that the degree of systematisation varies across different areas of the programme. While some domains, such as teaching organisation and regulatory compliance, show more consistent



application of QA procedures, others (such as stakeholder engagement, tracking of graduate outcomes or monitoring of newer strategic priorities) are still evolving. As a result, the practical implementation of the full PDCA cycle is not yet equally embedded in all processes.

While the medical school has established the formal components of a QA system and aligned its documentation with the institutional and ESG frameworks, the panel observed that the practical understanding and implementation of QA processes are still at an early stage of development. The roles and responsibilities of the various structures involved in QA are not yet fully internalised across the Faculty, and the system appears, at present, more procedural on paper than functionally embedded in everyday practice. As the medical school continues to grow and evolve, a shared appreciation of quality assurance as a central element of its academic development, together with a clearer internal articulation of responsibilities and refinement of existing mechanisms, will naturally contribute to the emergence of a more mature and sustainable quality culture.

### Recommendations:

1. Clarify, further define and communicate clear roles and responsibilities for all structures and positions involved in quality assurance to support a more coherent and effective internal QA system;
2. Strengthen the practical implementation of QA processes to ensure that procedures described in formal documentation are consistently applied across all areas of the medical school;
3. Broaden the quality assurance feedback mechanisms by complementing student surveys with additional tools – such as focus groups or structured discussions – to obtain a more comprehensive picture of assessment practices.
4. Foster a more established quality culture by enhancing awareness of QA principles and expectations among staff, students, and stakeholders, in line with ESG standards;
5. Further systematise the involvement of stakeholders, including clinical partners, employers and alumni, to ensure their feedback meaningfully contributes to programme development and evaluation;
6. Consolidate and operationalise graduate tracking and alumni engagement mechanisms to support evidence-based improvements and strengthen feedback loops;
7. Refine existing QA mechanisms to better monitor progress in strategic areas such as internationalisation, research or student support, ensuring that objectives are accompanied by measurable indicators.

## III/8 Organisational frameworks

### Standard 8.1: Structure and organisation

#### Evaluation:

The Faculty's structure and governance are clearly defined and comply with the legal framework for higher education. As per the Law on Higher Education, the Faculty of Medicine is a constituent member of the integrated University of Banja Luka, and its organization is shaped by the University Statute, Faculty Statute, and rulebooks on internal



organization. The academic governance structure is centred on the Faculty's Academic Council (the main decision-making body on academic matters) and the Dean (the executive head of the Faculty). This aligns with standard university governance models and ensures that academic decisions are collegial while operations are led by a designated authority. The Faculty has established several sub-organizational units to support its specialized functions: the Centre for Biomedical Research (supporting research activities), the Centre for Specialist Studies and Continuing Medical Education (overseeing postgraduate specialization programs and lifelong learning), a "Dental Clinic" Specialist Centre (a special centre in which students of Dental Medicine perform clinical training), and a Medical Specialist Centre (which includes, for example, the student health clinic and possibly other outpatient specialist services). These units indicate that the Faculty's structure is comprehensive, covering education, research, and healthcare services, and they are officially part of the Faculty's organizational chart.

On the administrative side, the Faculty's functioning is managed by a centralized Administrative Office, which is subdivided into specific departments per an internal rulebook. The Administrative Office includes an Administrative-Legal Office (handling legal and general administration), the Registrar's Office (student records and academic affairs), Finance and Accounting Office, and notably a Department for Organization and Teaching Quality (which likely serves as the quality assurance and academic scheduling unit). There's also a Working Body for Monitoring Academic Staff Obligations (monitoring that faculty fulfil teaching loads and duties). This administrative structure ensures that there are dedicated teams for each facet of faculty operations, supporting the academic mission.

Decision-making processes are well-defined by statutes: The Academic Council deliberates on major issues and makes decisions by voting, with a quorum and majority requirements clearly specified. The composition of the Council is broad (all faculty members and elected student representatives constituting at least 15%) and is updated annually; currently 60 members with 9 students, which exceeds the 15% minimum. This ensures students have a significant voice (15% or more) in the top faculty governance body, satisfying WFME expectations for student involvement. Furthermore, the statutes allow that any interested party (dean, heads of departments/programs, individual professors, assistants, students, or administrative units) can initiate proposals for the Council's consideration. This means the governance system is relatively open and participatory, issues aren't solely top-down, and stakeholders at various levels can bring matters to the table. Students participate not only through presence but have voting rights on specific issues in Council (with the statute outlining which matters students can vote on). Students can also engage governance via external bodies: the University's Student Parliament and the RS Union of Students represent them at higher levels, and at the faculty level, the Student Union and student elections ensure representation is refreshed democratically. All these points confirm that the Faculty's organisation is democratic, statutory, and incorporates checks and balances. The Faculty also interacts with the University governance: decisions often require University Senate confirmation (like the approval of the teaching staff lists or amendments to rules), embedding the Faculty within the university-wide governance structure. Overall, the Faculty's structural and decision-making arrangements show compliance with WFME governance standards by being clearly documented, representative (including students), and in line with national higher education laws.



The formal structure appears sound; any limitations likely revolve around efficiency or clarity of certain processes in practice. One possible challenge is that having such a large Academic Council (60 members) can make decision-making cumbersome or slow, especially if the quorum is 31, although this is mitigated by majority voting, large bodies may have protracted discussions. However, this is typical in academia and ensures inclusivity. Another subtle gap might be the potential overlap or delineation of responsibilities between the Faculty and University levels. For instance, the Faculty's autonomy in certain decisions (curriculum changes, hiring, etc.) might be limited by needing University approvals, which could introduce delays. The self-assessment doesn't mention any issues, but one could monitor whether faculty-specific needs get prompt attention within the larger University bureaucracy. Additionally, while the structure lists units like the Department for Organization and Teaching Quality and the Working Body for monitoring staff obligations, the effectiveness of these relatively unique units isn't described. It would be useful to know if, for example, the Working Body has successfully addressed any faculty workload issues or if the Department for Teaching Quality actively coordinates improvements. Without that detail, one limitation is we don't see how the structure actively solves problems, just that it exists. Also, the Faculty has multiple sub-units (CBMI, specialist centres); coordinating these under the Faculty governance might be complex. Ensuring that those sub-units align with Faculty policies might require additional committees or managers. Lastly, student involvement is clearly provided for, but student awareness and training to participate in governance remains unclear.

### Recommendations:

1. To enhance governance efficiency without sacrificing representation, the Faculty could consider using committees or working groups under the Academic Council for preliminary reviews. For example, a curriculum committee, a research committee, etc., can vet issues in detail and bring recommendations to the full Council, streamlining meetings.
2. Strengthening the link between sub-units and core Faculty governance is also key: institute regular reporting from each centre/unit (CBMI, Specialist Centers) to the Academic Council or Dean's office to ensure their activities support the Faculty's mission and that any issues (resource needs, policy conflicts) are addressed collaboratively. Clarify any overlapping jurisdictions between Faculty and University by developing a delegation matrix and communicate this to faculty leaders so they understand the process and avoid bottlenecks.
3. Since students form a notable part of governance, invest in a brief orientation program for student Council members (perhaps run by a previous student rep or the Quality Coordinator) to help them engage confidently and understand which issues they can vote on (Statute limitations). This will make their participation more effective.
4. It is also beneficial to increase feedback to the broader faculty community about governance decisions. For instance, share key Academic Council decisions or policy

changes in a newsletter or faculty-wide email. This transparency will encourage continued engagement and trust in the decision-making process.

## Standard 8.2: Organisational units supporting the operation of the medical school and its educational and academic activities

### Evaluation:

The Faculty has developed several organisational units that provide essential support to its educational and academic activities, to ensure the stable operation of the medical school and support its educational activities. These units are formally integrated into the Faculty's organisational structure and coordinated through central administrative services, contributing to institutional continuity, regulatory compliance, and the effective delivery of teaching programmes.

Administrative support is provided through specialised offices responsible for financial and legal affairs, student administration, international student support, and information technology. Central administrative functions ensure compliance with University regulations. Student-related administrative services are delivered through dedicated units that support both students throughout the study cycle. Administrative support provided by the Students Office and Registrar's Office covers enrolment, academic records, examination procedures, diploma project coordination, and certification. The Faculty has also established an Office for Foreign Students, staffed by dedicated personnel who provide targeted administrative assistance to international students, whilst additional support related to accommodation and residence permit procedures is arranged through external partner. However, the boundaries between the responsibilities of the Office for Foreign Students and the external partner agency are not always clearly defined, which may lead to gaps in service delivery or confusion among international students.

Beyond core administrative offices, specialised support units operate with dedicated administrative structures, including the Centre for Biomedical Research, Centre for Specialist Studies and Continuing Medical Education, Dental Clinic, Medical Specialist Centre, and Department of Nuclear Medicine. These units are supported operationally by central administrative services within a unified organisational framework, ensuring consistency in standards and resource management across the Faculty.

The Faculty maintains a reliable IT infrastructure that supports administrative processes, teaching delivery, and communication. Computing facilities are available in all administrative work areas, complemented by campus-wide wireless network coverage, ensuring accessibility for staff and students. Dedicated high-speed connectivity guarantees reliability for critical functions. A specialised IT Centre, directed by qualified personnel with technical expertise, manages the Faculty's infrastructure and ensures effective system operations. Every student receives a mandatory email address for institutional communication, and the information system is fully online, utilising platforms such as



Google Classroom, Moodle, and email groups to support administrative coordination and learning delivery. Lectures are delivered in multiple formats—in-person, online, and hybrid—with recording capabilities managed by individual instructors to accommodate diverse learning preferences. A computer room with 20 dedicated workstations supports student and faculty use, whilst a server room established in 2013 currently undergoes reconstruction to enhance capacity. Data security is prioritised in system design, ensuring the protection of institutional and personal information.

Professional development of administrative staff is supported through training on operational procedures, system usage, and specialised administrative functions. Regular inter-departmental coordination facilitates knowledge-sharing across units and promotes alignment of practices. Mandatory annual safety training ensures workplace compliance, whilst supervisory structures monitor staff performance and identify development needs, creating systematic opportunities for continuous improvement.

The Faculty employs a sufficient number of qualified administrative and technical staff to support its educational objectives. Roles, responsibilities, and reporting lines are clearly defined through institutional regulations, ensuring accountability and effective supervision. The performance of administrative staff is monitored through established supervisory mechanisms, allowing for corrective actions where necessary, thus maintaining operational effectiveness and service quality across all administrative functions.

### Recommendations:

1. It is recommended that the Faculty clarifies and formalises the responsibilities between the Office for Foreign Students and the external partner agency to prevent gaps in service delivery or confusion among international students. Over time, it would be advantageous for administrative responsibilities currently managed by the external agency to be gradually transferred to the Faculty.
2. Develop a comprehensive, structured professional development programme for all administrative staff that extends beyond current ad-hoc and basic trainings.
3. Expand the Office for Foreign Students staffing from two employees to a level adequate for managing the growing complexity of international student support. A needs assessment should determine appropriate staffing levels based on the number of international students enrolled and the range of services required.
4. Conduct annual training needs assessments for all administrative staff to identify skill gaps and professional development priorities, tailoring programs to roles and career goals.
5. Evaluate staffing levels in each administrative unit to ensure personnel can meet workload demands and deliver quality services without overload.

**Chair:** Prof. Dr. Miklós Kellermayer

**Co-Chair:** Prof. Dr. Med. Horst Olschewski

**Members:**

Prof. Dr. Mihály Boros

Dr. Simona Zamfir

dr. Péter Lakatos Levente

Lukas Jehlicka

**Dates of the site-visit:**

13-14 October, 2025,

& the 3<sup>rd</sup> of November 2025.

	STANDARD		ASSESSMENT		
	NO.	TOPIC	COMPLIANT	PARTIALLY COMPLIANT	NON-COMPLIANT
<b>MINIMUM CRITERIA</b>	2.1	<b>Educational programme</b>	X		
	5.1	<b>Selection of academic staff</b>	X		
	4.1	<b>Admission and selection of students</b>	X		
	6.1	<b>Educational infrastructure</b>	X		
	6.2	<b>Clinical training resources</b>	X		
	8.1	<b>Structure and organisation</b>	X		
	8.2	<b>Organisational units supporting the operation of the medical school and its educational and academic activities</b>	X		
<b>QUALITY ASSURANCE PROCESSES</b>	1.	<b>Mission statement</b>		X	
	2.2	<b>Development and review of the educational programme</b>		X	
	3.2	<b>Quality assurance of assessment</b>		X	
	7.	<b>Quality assurance</b>		X	



<b>SUPPORT PROCESSES</b>	<b>2.3</b>	<b>Educational methods used to deliver the educational programme</b>		X	
	<b>3.1</b>	<b>System of assessment</b>		X	
	<b>4.2</b>	<b>Student support system</b>		X	
	<b>5.2</b>	<b>Performance, training and development of academic staff</b>		X	