COLLEGE OF MEDICAL SCIENCES "REZONANCA"

INSTITUTIONAL AND PROGRAM EVALUATION

REACCREDITATION

REPORT OF THE EXPERT TEAM

Zagreb, June 19, 2019

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1. INTRODUCTION

1.1. Context

Date of site visit: June 5, 2019

Expert Team (ET) members:

- Prof. Dr. Melita Kovačević, University of Zagreb, Croatia
- Prof. Dr. Danica Železnik, Faculty of Health and Social Sciences, Slovenj Gradec, Slovenia
- Prof. Dr. Zdravko Lacković, University of Zagreb, Croatia
- Adrian Tudor Stan, student

Coordinators from Kosovo Accreditation Agency (KAA):

- o Avni Gashi, Acting Director of KAA
- o Shkelzen Gerxhaliu, Senior Officer for Evaluation and Monitoring
- o Arianit Krasniqi, Senior Officer for Evaluation and Accreditation

Sources of information for the Report:

- Self-evaluation report
- Meeting with the Management of Faculty and academic staff, students, administrative staff and other stakeholders
- The Code of good practice and guidelines for site-visit, provided by the Kosovo Accreditation Agency
- Site-visit of the facilities and equipment
- On-site visit June 5, 2019 and discussion and observations during that visit

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Criteria used for institutional and program evaluations

- *KAA Accreditation Manual*

1.2. Site visit schedule

08.40	Meeting at the reception of the hotel and Meeting at KAA premises
09.00 – 10.30	Meeting with the management of the institution
10.40 – 11.30 services	Meeting with quality assurance representatives and administrative
11.30 – 12.30	Meeting with the heads of study programs
12.30 – 13.30	Lunch break
13.40 – 14.30	Visiting tour of the facilities and infrastructure
14.30 – 15.20	Meeting with teaching staff
15.20 – 16.00	Meeting with students
16.00 – 16.40	Meeting with graduates
16.40 – 17.20	Meeting with employers of graduates and external stakeholders
17.20 – 17.30	Internal meeting – Expert Team and KAA

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17.30 – 17.45   Closing meeting with the management of the institution

1.3. A brief overview of the institution under evaluation

College of Medical Sciences "Rezonanca" was established in 2003. According to decision no. 452 / 18D, dated 18.05.2018, the State Council of Quality (SCQ) extends the period of institutional accreditation and study programs for a period of one year (1 October 2018 to 30 September 2019). The College of Medical Sciences "Rezonanca" is a private higher education institution. The College of Medical Sciences "Rezonanca" offers bachelor studies in BSc Biochemistry Laboratory, BSc in Community Pharmacy, BSc in Physiotherapy, BSc in Nursing, BSc Sanitary Medicine, BSc in Diagnostic Radiology, Integrated Dentistry Program (300 ECTS Dr.stom.), and two master programs: MSc in Pharmacy and MSc in Nursing. The College of Medical Sciences "Rezonanca" offers high-level studies only for medical fields for the population of Kosovo. The College has a mission to organize university studies, based on European standards for higher education, professional and scientific research standards, which will contribute to overall regional development, as a precondition for equalizing with the developed area of Europe. The college currently has 1453 students.

2. INSTITUTIONAL EVALUATION

2.1. Public mission and institutional objectives

According to the self-evaluation report, the mission statement of the institution is multifolded:

Development and application of new concepts of the medical education: offering, promoting and developing qualitative curricula following international standards;increasing the general capacities for academic and scientific research work for the higher education; creation of institutional infrastructure to serve academic and scientific research and to enrich the health system on a national level. Institutional mission is based on three pillars: teaching, research and community service. It is specialized higher education institutions and focused only on the programmes in the filed of health. All the objectives are in accordance with the mission statement and supported by the staff, both academic and administrative. There is an alignmnent among mission statement, institutional objectives and strategic programmes developed in order to meet the objectives.

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The mission statemeny provides an effective guide to decision making processes. All the procedural and academic issues are regulated with the adequate documents, regulations and guidelines. All the relevant documents are publicly available. The expert team holds the Mission statement to be acceptable and in compliance with other documents and procedures.

Compliance level: Fully compliant

ET recommendations: NO

2.2. Strategic planning, governance and administration

The College of Medical Sciences 'Rezonanca' has a strategic plan for a five years period, 2019 to 2023. The documents has been approved by the Steering Council of the College. The College established a Committee in charge of developing the Strategic Plan, and the final documents has been approved by the Steering Committee and the Senate. The documents is publicly available. All the staff memebrs had a chance to participate in the document preparation and it has been finally approved on the level of individual departments. The Strategic plan has been monitored in its implementation and according to short term and medium term realization.

The College governing bodies are well developed and structured, from the top leadership to the level of the departments. However, it is not clear and distinctive role between the President and the Rector. Although it has been reported that the President does not attend Senate sessions, it has not been transparent what is the scope of the rector's role during the site-visit. It also appears that individual members of leadership are much more acquainted with any topics and do respond to wide range of issues. In other words, it seems that it is not clear division of roles and expertise.

Students have their representatives in all the decision-making bodies and they have a right to vote. They participate also in executive and consultative bodies. Students also have their Student Parliament and they are autonomous as an organization.

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College also developed well structured system with number of administrative units that offer service to the university governing and management, academic staff and students.

The selection of staff is transparent and competitive. Institution also has a Code of Ethics that regulates, among other things, college employees. Steering Council is in charge of publishing annual report on the completion of the College performance and it covers all main areas of institutional performance, both in academic life as well related to finances and governing issues. However, very limited information, and almost no documents could be find on the website of the College.

Compliance level: Substantially compliant

ET recommendations:
1. *To better differentiate roles in leadership, both in documents but also in practice*
2. *Ensure that all the internal regulations, documents, procedure are publicly available on the web site*
3. *In general, enrich the web site with all the relevant institutional information, including the programmes curricula, information on staff etc.*
4. *More forcely promote ethics within academic community, and ensure that the Code of Ethics is publicly available*

2.3. Financial planning and management

According to the SER fianacial resources are sufficient for the delivery of the programmes. A three years planning is present, while the system is flexible enough to assure effective management. There are also space for allocations for new initiatives. The college issues regular financia reports prepared by the programme manager. They enable monitoring of the expenditures and possible adjustements if needed. Quality of financial planning nd management is also followed by the audit reports and budget statements. Internal audit is carried out through the audit department of the Finance Offcie. On the other side, there is also external auditor.

The budget is also aligned with the institutional mission and its objectives. The main spending authority is delegated to the Steering Council.

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Compliance level: Substantially compliant

ET recommendations:
1. *Assure more transparent allocation of resources for research purposes*

2.4. Academic integrity, responsibility and public accountability

The College adopted the main document that regulates academic integrity The Code of Ethics. This document should protect the values such as academic freedom, institutional autonomy and ethical integrity. In its scope covers professional conduct of all the stakeholders in the process of education and academic life. All the members are supported to follow rules of a proper and ethical behaviour. However, it is not transparent enough what are the mechanisms and processes in case of different kind of misconduct, and the docuents itsel is not publicly available. Although, there is an emphasis on avoiding plagiarism, the tool-software has not been purchased yet.

The Ethics Committee, appointed by the Steering Council, has 3 academic staff members, two administrative and one student who participates only in sessions when the subject of decision are the students.

Although the SER reported on published all internal regulations, procedures, self-asesment reports and decisions of the governing bodies on the website, ET could not find them. Indeed, the web site is very modest, with very limited quantity of information, but decorated with photos. In addition, according to the SER, a new web page has been developed (new domain) with all the relavant information, documents, reports, academic and research activities etc., however visiting the site, although having some more content areas, it is still very limited in quantity of information and it does not follow the SER information (in addition, the number of students are significantly different on the website compared to the SER).

Compliance level: Substantially compliant

ET recommendations:
1. *Purchase the soft ware for plagiarism and start implementing it as soon as possible*
2. *Further develop mechanisms and procedures in case of misconduct*

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3. *Ensure that all the internal regulation, documents, decisions and other relevant information are uploaded on the publicly available website*

2.5. Quality management

The College has defined QA Policies and Procedures that are part of the Statute and the QA Policy Framework. It describes the system of institutional QA, mechanisms, reporting system, data collection, responsibilities etc. There is alsoestablished the Office for Quality Assurance, however, it appeared that the administrative staff is not professionally trained. Moreover, it seems that they are responisble for tasks that do not fit to the role of the Office (such as for example, 'feeding' the Moodle system with questions for exams, service that some academic staff asks for).

There is an institutional Committee comprised of members both from academic and administrative staff, as well as of students and external expert. At the same time, there is also a new structure, The Quality Assurance Directorate, managed by the Director. It is not quite transparent is it necessary to have one structural, organisational unit more as well as it is not clear division of the responsibilities between the office and Directorate, and members of the Office and and committee on one side, and Directorate on the other. Considering the size of the institution, it might be administrative overburden with too many administrative units. At the same time, apparently, the majority of tasks are distributed across academic staff and there is very little efforts to professionalise the administrative staff.

On a positive side, there are relevant financial resources allocated for the purpose of quality assurance.

Institution is implementing regular evaluation processes on different levels and being focused on different stakeholders. Evaluations are followed with the reports. The whole process is maintained within the QA Office. There are also regular, periodic review of the study programmes and they serve for further improvement of their content and implementation. The Programme Council will be in charge of this process, as planned in the Strategy.

Compliance level: Substantially compliant

ET recommendations:

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1. *Revisit the rational for establishment of too many units in charge for QA*
2. *Invest in training and profesionalisation of administrative staff*
3. *Make clear distinction between the responsibilities of staff, both academic and non-academic*

2.6. Learning and teaching

College Rezonanca has developed procedures and relevant documents to approve new programmes as well as to monitor the implementation of the existing ones. All the new programmes are approved by the Senate. Regular assessmentsof the programmes are done every three years.

The teaching process is also in a focus and there is a continuous attempt to improve the existing programmes. Each course has its own syllabus in which also learning outcomes are stated. Each course has allocated ECTS. Students have also a chance for practical work and this practice can be performed either on national or international level.

Teaching staff also has opportunity to attend trainings in order to improve their cademic and teaching skills. However, what we learned during the site visit, not all the staff members are equally aware of all the information. What is lacking is the system of transferring the information, The consequence is that often certain number of information never reach the proper audience.

The College has Key performance indicators for the programmes, which also contributes to the quality, better monitoring and implementing improvements. However, it does not seem that all the KPI are really linked, or relevant for the programmes itself. Some of them seem to be more relevant for the individual teachers and their performance and probably should not be directly linked to the programme.

Compliance level: Substantially compliant

ET recommendations:
1. *Try to make improve the access to all the information*
2. *Provide more trainings for different teaching methods*
3. *Rethink how to make the best of KPIs and how to differentiate between the performance of the study programmes and individual performance of teachers/researchers*

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2.7. Research

The college has a responsible person within the institutional leadership for research (Vice Rector for Research) and a newly established unit Institute for Research and Science (probably 'science' should be dropped, although there is a difference, in the given context is tautology). According to the SER, the Institute has many different tasks, howevder, majority of them are very vaguely defined (such as, for example, to motivate, to promote, care for, support….). There are clearly stated expectations form the staff memebrs to publish and to be research active, at least in the written format, however it is a question how much it is a reality. According to the collected information during the site visit, it apparently, quite often, research work and individual publicatins, as well as their external activites such as participation in conferences, is very much left to the individual researcher himself. Some of the performance indicators are odd when speaking of research today (such as division of type of research).

A big portion of dedicated research activities is *pro future,* and it is not possible to evaluate their implementation at this point. A division to number of so called research programmes might be a good motivating factor, but it seems to be overambitious in terms of real capacity, not only in terms of human resources and finances, but also in terms of available time.

In such a small academic community, publishing in-house scientific journal, certainly raises many question about quality, objectivity, conflict of interest etc. and following the experience of others and good practice, this is definitely not highly advisable. It requires a lot of resources of different kinds and it odes not assure the beneficial outcome (except to have a published paper).

Compliance level: Partially compliant

ET recommendations:
1. *Make a better and more transparent allocation of financial funds for research*
2. *Make sure that the allocated money is really used for research*
3. *Ensure a proper flow of information and improve the channels of communication*
4. *Match research capacity with actual research planning*
5. *Update terminology and division of research when developing indicators,or for any other research purposes*

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unusual that I is prescribed how long the meetings take (15 min), bearing in mind that different studenst need different kind of help, and it could be very hard to predefine the time.

The College offers also a financial support (scholarship). In addition to that, there is a claim that students could get a different needed support and help, dependent on their condition and status.

Students also have a chance to report, assess the sevices that are available. Such surveys serve to improve the available services.

Students and their families are provided with medical services.

Compliance level: Substantially compliant
ET recommendations:
1. *Students with special needs should have an access to be enrolled and to have adequate support*
2. *Regular data collection and analysis on students, their drop-out rat, completion rate shuld be performed*

2.10.   Learning resources and facilities

During the site visit, ET has an opportunity to see that the College has good learning-teaching space, it is directly linked to the clinical setting and as a whole represents a good teaching environmnent. In addition, students already have, and will have even better, conditions for physical activities and different sports. College has also very ambitious plans for a new part of the campus which will significantly upgrade the learning and teaching conditions. The whole building is well maintained and well equipped.

There are also computer rooms and students could easily have access to use them. Moodle platform is available and used for different purposes in a teaching process.
However, though the library claims to have access to data basis, it appeared a problem. The person in charge of the library is unskilled (with extremely low IT skills, and neededa help from a senior academic staff) which comes back to the issue of trained, profesionalised administrative staff. However, the biggest problem appeared to be the no-access to data basis and journals. During the site visit, ET collected information reported by different stakeholders, that the access to journals and publishe papers isnon/existant, or never used. Students, still,mainly depend on papers and literature assured by individual professors. This is definitely

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contradictory to the SER which report on different available data basis and number, hundreds of available journals.

Research facilities, in particular considering very ambitious research programmes plan are very modest. In particular, in the filed of a basic research (and experimental research as stated in the SER).

Compliance level: Substantially compliant

ET recommendations:
1. *To harmonise and clarify information related to data basis and access to them*
2. *Start use databasis as a regular resurce in teaching process, in order to move away from teachers duty to supply papers and other publications for students*
3. *Match the research plan with the available facilities*

2.11.   Institutional cooperation

The College has internatinalisation strategy part which is focused on enhancing the international collaboration and mobility of students. There are number of other international activities Colege is planning to support and further develop.

Presently, the College has six agreements, MoUs with European and non-European institutions, and they are all relatively recent agreements (the oldest one from 2016). Up to know , the College did not participate in any international project, either as a leader or as a partner. However, the College organizes different international gatherings, such as conferences, workshops, seminars.

Compliance level: Substantially compliant

ET recommendations:
1. *To further develop action plans for internationalisation and to monitor strategy plan*

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3. OVERALL EVALUATION AND JUDGEMENTS OF THE ET

According to the KAA Accreditation manual, in order to be granted a positive decision for institutional re/accreditation, every education provider has to demonstrate at least a **substantial compliance** level in the overall judgment. Therefore, failure in meeting at least an overall substantial compliance level entails delaying, withdrawing, suspending or denying accreditation.

In conclusion, in line with the Manual requirements, tthe College REZONANCA is **substantially compliant** and the Expert Team recommends **to reaccredit** the institution.

Expert Team

Chair

Melita Kovačević

| (Signature) | (Print Name) | (Date) |

Member

Danica Železnik

| (Signature) | (Print Name) | (Date) |

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Member

Adrian Tudor Stan

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Member

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