Annex B. Assessment frameworks for external quality assurance in Hungary

Overview of procedures, standards and indicators implemented by the Hungarian Accreditation Committee (MAB)

Annex B provides a detailed overview of the procedures for which the Hungarian Accreditation Committee (MAB) bears responsibility to assure the quality of higher education in Hungary, including an overview of the number of procedures carried out between 2018 and 2021. It also presents a detailed overview and analysis of the standards and indicators included in the assessment frameworks used by MAB for the accreditation of higher education institutions and doctoral schools in five-year cycles, the standards and indicators used for the *ex ante* accreditation of bachelor's, and master's programmes, as well as standards and indicators used for the cyclical review of medical training programmes.

The analysis of the standards and indicators covers four dimensions:

- *Number of indicators*. For each procedure, the total number of indicators for which institutions are required to provide evidence is presented;
- *Level and focus of indicators*. For each indicator, an assessment is made as to whether it focuses on requirements at the institution, programme, course, or individual student/instructor level, as well as whether it focusses on the inputs, processes or outputs of education, and includes any specific considerations or requirements for digital education;
- *Evidence*. For each indicator, an assessment is made as to whether it requires HEIs to provide quantitative or qualitative evidence, or both; and
- *Assessment*: For each indicator, the tables specify whether they are a mandatory or optional requirement for higher education institutions to meet.

Analysis of procedures for the external quality assurance of higher education in Hungary

Table B.1. Overview of MAB procedures

Level	Initiated by	Evaluated by	Procedure	Length of validity of accreditation	Specific standards or criteria for digital education?	Stage
A. Within scope of the National Act on Higher Education (2011) and the European Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015)						
Institution level						
1. Initial accreditation of <u>new</u> institutions (incl. initial programmes)	Educational Authority	MAB Disciplinary Committee Educational Authority	MAB expert opinion Operating authorisation by Educational Authority	Up to 5 years	No	Ex ante
2. Accreditation of institutions in <u>five-year cycles</u>	Educational Authority	MAB site visit committees	Institutional self-evaluation report MAB site visit MAB evaluation report Operating authorisation by Educational Authority	Up to 5 years	Yes (but minor: e.g., digitalisation standards under ESG 1.8: Public information)	Ex post
Programme level						
3. Initial accreditation of <u>new</u> doctoral schools	Educational Authority	MAB Disciplinary Committee MAB Standing Committee on University Professor and Doctoral School Applications Educational Authority	Doctoral school self-evaluation report MAB site visit MAB evaluation report Registration by the Educational Authority	Up to 5 years	Yes (but minor: e.g. digitalisation standards under ESG 1.8: Public information)	Ex ante
4. Accreditation of doctoral schools in <u>five-year cycles</u>	Educational Authority	MAB Disciplinary Committee MAB Standing Committee on University Professor and Doctoral School Applications MAB Site Visit Teams Educational Authority	Doctoral school self-evaluation report MAB site visit MAB evaluation report Registration by the Educational Authority	Up to 5 years	Yes (but minor: e.g. digitalisation standards under ESG 1.8: Public information)	Ex post
5. Initial evaluation of education and learning outcome framework requirements of <u>new</u> higher VET, bachelor's, and master's programmes	HEI or Minister	Hungarian Rectors Conference (MRK) Higher Education Planning Board (HEPB) MAB Disciplinary Committee	MRK, HEPB and MAB issue expert opinion Registration by the Educational Authority	No time limit (KKK law reviewed by MRK every five years)	No	Ex ante

Level	Initiated by	Evaluated by	Procedure	Length of validity of accreditation	Specific standards or criteria for digital education?	Stage
		Educational Authority				
6. Initial accreditation of <u>new</u> higher VET, bachelor's, and master's programmes	HEI or Minister	MAB Disciplinary Committees Educational Authority	MAB expert opinion Registration issued by the Educational Authority	No time limit (KKK law reviewed by MRK every five years)	Yes (for distance education programmes)	Ex ante
[Between 2017 and 2019: Accreditation of bachelor's and master's programmes in <u>disciplinary clusters</u>]	HEI or Minister	Disciplinary committees	MAB expert opinion Registration by the Educational Authority	Ad hoc (there are plans to integrate in institutional accreditation review cycle)	Yes (for distance education programmes)	Ex post
B. Within scope of the National Act on Higher Education (2011) and Global Standards of the World Federation for Medical Education (WFME) and for the accreditation of foreign residencies and work experiences, the National Committee on Foreign Medical Education and Accreditation (NCFMEA)						
Programme level						
7. Medical training accreditation	HEI	MAB Disciplinary Committee Educational Authority	Institutional self-evaluation report MAB site visit MAB evaluation report Operating authorisation by Educational Authority	Up to 8 years	Yes (but only for criterion 8.2.2: medical school maintains various **IT support systems** in order to support administrative activities)	Ex post
8. Accreditation of sites for foreign residencies and work experiences for medical students	HEI	MAB Disciplinary Committee	Institutional self-evaluation report MAB site visit MAB evaluation report MAB decision	Up to 5 years	No	Ex ante
C. Within scope of the National Act on Higher Education (2011)						
Individual level						
9. University professor applications	HEI	MAB Disciplinary committee MAB Standing Committee on university professor and doctoral school applications Ministry of Culture and Innovation	MAB Application documents for University Professor title MAB evaluation report Ministry of Culture and Innovation notification	No time limit	No	Ex ante

Source: Adapted from Szlamka et al. (2015[1]), *Referencing and Self-certification Report of the Hungarian Qualifications Framework to the EQF and to the QF-EHEA*, Hungarian Education Authority (Oktatási Hivatal), Budapest https://www.oktatas.hu/pub_bin/dload/LLL/HuQF/HuQF_referencing_report.pdf; MAB (2022a[2]), *MAB Procedures*, Hungarian Accreditation Committee (MAB), Budapest, https://www.mab.hu/en/procedures/

Table B.2. Number of MAB procedures carried out between 2018 and 2021

Level and type of procedure	2018	2019	2020	2021	Total
1. Accreditation of institutions in five-year cycles					
Approved	6	10	21	8	45
Rejected	0	0	1	0	1
Total	6	10	22	8	46
2. Accreditation of doctoral schools and in five-year cycles					
Approved	9	93	14	26	142
Rejected	5	7	3	1	16
Total	14	100	17	27	158
3. Initial evaluation of education and learning outcome framework requirements of new higher VET, bachelor's, and master's programmes					
Approved	11	12	7	3	33
Rejected	10	11	11	4	36
Total	21	23	18	7	69
4. Initial accreditation for the launch of higher VET, bachelor's, and master's programmes					
Approved	68	81	22	66	237
Rejected	52	67	58	45	222
Total	120	148	80	111	459
5. Accreditation of bachelor's and master's programmes in disciplinary clusters					
Approved	30	3	N/A	N/A	33
Rejected	11	0	N/A	N/A	11
Total	41	3	N/A	N/A	44
6. Medical training accreditation					
Approved	N/A	N/A	N/A	2	2
Rejected	N/A	N/A	N/A	0	0
Total	N/A	N/A	N/A	2	2
7. University professor applications					
Approved	116	122	107	86	431
Rejected	13	18	20	11	62
Total	129	140	127	97	493

Source: Based on information provided to the OECD review team by MAB as well as MAB (2022b[3]), *MAB Decisions*, Hungarian Accreditation Committee (MAB), Budapest, https://www.mab.hu/en/decisions/

Standards and indicators for the accreditation of higher education institutions in five-year cycles

Table B.3. MAB standards and indicators for the accreditation of institutions in five-year cycles

STANDARDS AND INDICATORS	Evidence		Focus				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	**Institution** **Programme** **Course** **Individual**	**Accredited /** **Accredited** **with** **monitoring /** **Not accredited**
Part I: The general situation of the institution, its management, and the actions taken following the previous institutional accreditation								
1. Describe how the self-evaluation was prepared: preparation, the process of self-evaluation, which bodies gave their opinion and approval.	0	1	0	N/A	N/A	N/A		
2. Describe the general situation of the institution at the time of preparing the institutional report.	0	1	0	N/A	N/A	N/A		
3. Participation in the management of the institution, including student and doctoral student representative bodies, the conditions provided for the operation and tasks of the student, student and faculty representatives, e.g., funding, infrastructure, staff.	0	1	0	N/A	N/A	N/A		
4. Provide evidence of management commitment to quality and excellence. Also describe the specific tools (management and analysis of indicators) used in the management processes.	0	1	0	N/A	N/A	N/A	Institutional context	Pass/fail
5. Summarise the main features, principles, and indicators of the institution's management. Describe the trends in changes in external and internal resources	0	1	0	N/A	N/A	N/A		
6. Describe the quality improvement measures taken according to the ESG 2015 standards based on the recommendations of the previous institutional accreditation report and their impact. /Can be in tabular form, institutional measures can be listed if they are explained in the institutional report for the given standard. In this case, please provide the reference here. If the measure does not appear in the rest of the report, please provide more details here.	0	1	0	N/A	N/A	N/A		
TOTAL for PART I	**0**	**6**	**0**	**N/A**	**N/A**	**N/A**	**Institution**	**Pass/fail**
2. Part II: Compliance with Part I of the ESG (2015) pass/fail								
ESG 1.1: Policy for quality assurance Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.								
1. Describe the quality assurance system of the institution, and its main actors (powers, responsibilities).	0	0	0	0	1	0	Institutional policy for quality assurance	Pass/fail

STANDARDS AND INDICATORS	Evidence		Focus				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Accredited / Accredited with monitoring / Not accredited
2. Briefly summarise the institution's quality policy and quality strategy quality objectives, how are they supported by the mission statement and strategic documents and strategic objectives? Specify the quality policy, quality strategy, quality objectives document(s) containing the quality objectives and targets.	0	1	0	1	0	0		Pass/fail
3. How (according to processes and procedures) are strategic and quality policy documents developed, approved, and reviewed throughout the institution? System (both educational and non-educational), and internal stakeholders (students, faculty, non-teaching staff)?	0	1	0	0	1	1		Pass/fail
4. How are the above processes (drafting, approval, review) involving external stakeholders - in particular apprenticeships, dual training partners, employers, and any other users relevant to student outcomes?	0	1	0	1	0	0		Pass/fail
5. How does the institutional quality assurance system monitor the application of the quality policy for all actors?	0	1	0	0	1	1		Pass/fail
6. If the specificities of a training area justify the definition of specific quality criteria, please present a document containing them and explain any additional quality criteria other than the procedures laid out in point 3, in a maximum of 1000 characters.	0	1	0	1	0	0		Pass/fail
7. How can you describe and share good practices, which help to fulfil and implement the quality policy? How do you disseminate good practice in the various training areas and departments? Describe this through examples! (max. 5 examples)	0	1	0	0	1	0		Pass/fail
8. Give three strategic objectives that have been achieved and 3 strategic examples of good practice in the last 5 years 3 strategic objectives that have not been fully met. Describe in detail the achievement of each, the process, and the results.	0	1	0	1	0	0		Pass/fail
9. Give two of the strategic objectives and quality targets for quality development over the last 5 years that have been met or not fully met. Describe in detail both cases, as well as the process and results of the follow-up of the achievement or non-achievement.	0	1	0	1	1	1		Pass/fail
10. The role of non-teaching staff and students in quality assurance (developing quality awareness).	0	1	0	0	1	0		Pass/fail
11. Describe how quality assurance policies support academic integrity and freedom.	0	1	0	0	1	0		Pass/fail
12. Describe the procedures in place that ensure that staff and students are protected against all forms of intolerant and discriminatory behaviour.	0	1	0	0	1	0		Pass/fail
TOTAL for ESG 1.1	**0**	**11**	**0**	**5**	**8**	**3**	**Institution**	**Pass/fail**
ESG 1.2 & 1.9: Design and approval of programmes & Ongoing monitoring and periodic review of programmes								

STANDARDS AND INDICATORS	Evidence		Focus				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Accredited / Accredited with monitoring / Not accredited
ESG 1.2: Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area. **ESG 1.9:** Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.								
1. Number of courses per semester or per study cycle.	1	0	0	1	0	0		Pass/fail
2. Information on institutional regulations regarding: a. Establishment of courses b. The processes and criteria for re-evaluating existing courses c. Administrative supports for students (on choosing, registering and de-registering from modules) d. The allocation of credits to modules	0	1	0	1	0	0		Pass/fail
3. During the latest strategic review of the HEI, was the number and provision of courses examined? If yes, which courses?	1	0	0	1	0	0	Design, approval, and monitoring of programmes	Pass/fail
4. Procedures (incl. stakeholders consulted) to determine the establishment or re-evaluation of courses.		1	0	0	1	0		Pass/fail
5. Please describe the use of graduate tracking, student enrolment and employer feedback data for the establishment and re-evaluation of courses.	0	1	0	0	0	1		Pass/fail
6. Please describe the ways in which the practical training opportunities are provided for all courses where this is relevant.	0	1	0	0	1	0		Pass/fail
7. Provide examples of scientific results leading to changes in the course content.	0	1	0	0	0	1		Pass/fail
8. Is there a HEI-level, formalised system for collecting student feedback about courses? If yes, how does it work?	0	1	0	0	0	1		Pass/fail
9 Ways in which students are involved in the development of course content.	0	1	0	0	1	0		Pass/fail
10. Provide examples of student skills development and the way in which these skills are linked to the subject studied.	0	1	0	0	1	0		Pass/fail
11. Recognition of previous "informal experiences" of students	0	1	0	0	1	0		Pass/fail
TOTAL for ESG 1.2 & 1.9	**2**	**9**	**0**	**3**	**5**	**3**	**Programme**	**Pass/fail**
**ESG 1.3: Student-centred learning, teaching and assessment**								

STANDARDS AND INDICATORS	Evidence		Focus				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Accredited / Accredited with monitoring / Not accredited
Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.								
1. Number of courses per semester per study cycle.	0	0	0	0	0	0		Pass/fail
2. Information on institutional regulations regarding: a. Measuring competence (where this is done systematically, in a systematic way as per laid down in the regulations) b. Methods and formats of knowledge transfer c. Procedures for student redress and complaint handling d. Any other factors considered to be relevant for the implementation of the standards and guidelines in the functioning of the institution	0	1	0	1	0	0		Pass/fail
3. What other complaints procedures exist in the HEI?	0	1	0	1	0			Pass/fail
4. Please describe the procedures used by the HEI to implement and monitor the standards set out above.	0	1	0	1	0	0		Pass/fail
5. In cases where the HEI uses non-standard, discipline-specific implementation procedures, please describe these here	0	1	0	1	0	0	Teaching, learning and assessment practices	Pass/fail
6. Describe special provisions made for disabled, foreign, athlete, exceptionally talented students, as well as students from disadvantaged background.	0	1	0	1	0	0		Pass/fail
7. Describe the formal complaints and appeals procedures of the HEI. Statistics regarding formal complaints and appeals by students in the last 5 years.	0	1	0	1	0	0		Pass/fail
8. Procedures to evaluate and monitor student feedback. Changes made to educational content or practices as a result of these feedback procedures.	0	1	0	0	1	0		Pass/fail
9. Describe how student assessment results (means, standard deviation) and trends in these indicators are analysed.	0	1	0	1	0	0		Pass/fail
10. Please summarise the characteristics of compliance with the standards and guidelines set out in ESG 1.8 in your institution. (max. 2500 characters).	0	1	0	1	0	0		Pass/fail
TOTAL for ESG 1.3	**0**	**9**	**0**	**8**	**1**	**0**	**Course**	**Pass/fail**
ESG 1.4: Student admission, progression, recognition, and certification								
Institutions should consistently apply pre-defined and published regulations covering all phases of the student "life cycle", e.g., student admission, progression, recognition, and certification.								
1. Regulations concerning the execution of the HEI's legally defined teaching and research activities e.g., academic registration, course validating, thesis regulations, etc.	0	1	0	1	0	0	Students (admission, progression,	Pass/fail

STANDARDS AND INDICATORS	Evidence		Focus				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Accredited / Accredited with monitoring / Not accredited
2. What are the processes by which the institution's quality assurance system collects and evaluates the experiences of users (students, teachers, administrators, administrators)?	0	1	0	0	1	0	recognition, and certification)	Pass/fail
3. Examples of instances when student feedback led to a change in procedures.	0	1	0	0	0	1		Pass/fail
4. Describe whether the institution applies course-specific requirements in the admission procedure. What are these tests (medical fitness, career aptitude, etc.)?	0	1	0	0	1	0		Pass/fail
5. Describe how the institution ensures the objectivity and impartiality of its own selection procedures.	0	1	0	0	1	0		Pass/fail
6. What procedures and tools does the institution use to collect information on the progress of students and at what intervals? How does the institution support the progress of students at an appropriate pace, according to the model curriculum?	0	1	0	0	1	0		Pass/fail
7. How and to what e1tent are students provided with the opportunity to study their subjects in a foreign language?	0	1	0	1	0	0		Pass/fail
8. Procedures to monitor that all advertised core courses are offered every semester.	0	1	0	0	1	0		Pass/fail
9. Is it possible to do voluntary activities instead of elective modules?	0	1	0	1	0	0		Pass/fail
10. Procedures to determine assessment and grading criteria. Procedures to make these criteria publicly accessible?	0	1	0	0	1	0		Pass/fail
11. What procedures does the institution have in place to examine the methods used to establish 75% content equivalence of credit recognition and their compliance with the Lisbon Recognition Convention?	0	1	0	0	1	0		Pass/fail
12. Procedures to calculate credit values in line with the Lisbon recognition agreement.	0	1	0	0	1	0		Pass/fail
13. In what way and with what regularity does the institution assess whether the competences of graduates attain the standards set out in the CCI? Does it compare this with the competency measurements at entry? How do you use the results of these assessments?	0	1	0	0	0	1		Pass/fail
14. How do instructors, tutors and persons involved in academic administration ensure that the policies on academic progress, assessment and recognition, including the correct use of the uniform system of study, are known and consistently enforced? How does the institution assess compliance with this?	0	1	0	0	1	0		Pass/fail
15. Procedures to monitor that teaching staff consistently apply standardised teaching and grading norms.	0	1	0	0	1	0		Pass/fail

STANDARDS AND INDICATORS	Evidence		Focus				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Accredited / Accredited with monitoring / Not accredited
16. Procedures to monitor the application of special support measures relating to admission, course progression, recognition of studies, and the awarding of qualifications?	0	1	0	0	1	0		Pass/fail
17. Please briefly describe the specific rules applicable to international joint courses (if any), admission, progression, recognition of studies, award of qualifications.	0	1	0	1	0	0		Pass/fail
18. Please summarise the characteristics of compliance with the standards and guidelines set out in ESG 1.8 in your institution. (ma1. 2500 characters). If certain disciplines require specific measures, please describe them here.	0	1	0	0	1	0		Pass/fail
TOTAL for ESG 1.4	**0**	**18**	**0**	**4**	**12**	**2**	**Individual**	**Pass/fail**

ESG 1.5: Teaching staff

Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.

STANDARDS AND INDICATORS	Quantity	Quality	Digital	Input	Process	Output	Level	Assessment
1. Procedures for hiring and employing teaching staff (including selection criteria and codes of conduct)	0	1	0	0	1	0	Teaching staff (hiring and professional development)	Pass/fail
2. Models and criteria for professional development of teaching staff	0	1	0	0	1	0		Pass/fail
TOTAL for ESG 1.5	**0**	**2**	**0**	**0**	**2**	**0**	**Individual**	**Pass/fail**

ESG 1.6: Learning resources and student support

Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

STANDARDS AND INDICATORS	Quantity	Quality	Digital	Input	Process	Output	Level	Assessment
1. Procedures/resources to facilitate the acquisition of foreign language skills	0	1	0	0	1	0	Students (support and social activities)	Pass/fail
2. Scholarships, including application and selection criteria for scholarships	0	1	0	1	0	0		Pass/fail
3. Procedure for accessing academic or social support systems at the HEI	0	1	0	0	1	0		Pass/fail
4. Additional, paid-for services for students	0	1	0	1	0	0		Pass/fail
5. Regulations governing TDK and study circle admission and participation	0	1	0	1	0	0		Pass/fail
6. Regulation regarding student-organised events	0	1	0	1	0	0		Pass/fail
TOTAL for ESG 1.6	**0**	**6**	**0**	**4**	**2**	**0**	**Individual**	**Pass/fail**

ESG 1.7: Information management

Institutions should ensure that they collect, analyse, and use relevant information for the effective management of their programmes and other activities.

STANDARDS AND INDICATORS	Quantity	Quality	Digital	Input	Process	Output	Level	Assessment
1. What data do the institution's global and departmental units use systematically to inform decisions at the departmental level?	0	1	0	0	0	1	Methods and processes for data collection, analysis, and use	Pass/fail
2. What indicators does the institution use to assess its quality objectives? Based on the analyses and evaluations, what improvements has the institution initiated?	0	1	0	1	0	0		Pass/fail

STANDARDS AND INDICATORS	Evidence		Focus				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Accredited / Accredited with monitoring / Not accredited
3. How does the institution manage - collect, analyse, and use the following information: enrolment and completion data; curriculum progression data; drop-out data; DPR data; OMHV data; student and graduate student satisfaction data (from the training and assessment of the data on training programmes and student services); TDK, talent management outcome data?	0	1	0	0	1	0		Pass/fail
4. How does the institution involve e1ternal and internal stakeholders in the collection, analysis, and subsequent action planning of data?	0	1	0	0	1	0		
5. What are the specific tools and features of the institution's internal information system?	0	1	1	1	0	0		Pass/fail
6. What does the institution do to ensure data and information security?	0	1	1	1	0	0		Pass/fail
7. What is the interface for data and analyses that are not available on the public website and who has access to this interface?	0	1	1	1	0	0		Pass/fail
8. Summarise the specificities of the institution's compliance with the standards and guidelines set out in ESG 1.7 (max. 2 500 characters) If specific solutions are justified for certain fields of education/disciplines, please describe the main points per field max. 1 000 characters per field of specialisation.	0	1	0	0	1	0		Pass/fail
TOTAL for ESG 1.7	**0**	**8**	**3**	**4**	**3**	**1**	**Institution**	**Pass/fail**

ESG 1.8: Public information

Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible.

STANDARDS AND INDICATORS	Quantity	Quality	Digital	Input	Process	Output	Level	Assessment
1. What are the processes for updating web content? What are institutional regulations about the standards to which web content must conform?	0	1	1	0	1	0	(Online) public information on institutional policies, processes, and programmes	Pass/fail
2. What procedures does the institution follow to check that the websites of the various departments of the institution comply with the above rules? Procedures to assess that the institution's websites provide relevant information and useful contact details for users?	0	1	1	0	1	0		Pass/fail
3. Do you display the date of the most recent update on web sites? If yes, in what percentage of web sites?	0	1	1	0	1	0		Pass/fail
4. How and where can different stakeholders consult key internal document of the HEI (such as internal codes of conduct, regulations, senate, and management board meetings, etc.)? Where does the HEI communicate changes in these documents?	0	1	1	0	1	0		Pass/fail
5. Provide hyperlinks to display publicly accessible performance indicators (including indicators based on previous standards). Please describe the ways in which these are communicated to students.	0	1	1	0	1	0		Pass/fail

STANDARDS AND INDICATORS	Evidence		Focus				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Accredited / Accredited with monitoring / Not accredited
6. Where can prospective students find information (on admission procedures, admission requirements, fees, qualifications, e1pected qualifications, learning outcomes and diploma requirements)? Is it available somewhere in an e1tract/simplified language?	0	1	1	0	1	0		Pass/fail
7. Is there publicly available information on achievement indicators for each course or subject, as well as information on the placement of graduates, and the results of student satisfaction/education evaluation surveys?	0	1	1	0	1	0		Pass/fail
8. Does the institution use other (e.g., paid) channels to publicise its activities, in particular to recruit applicants? If so, please give a brief description.	0	1	1	0	1	0		Pass/fail
9. Please describe the availability and up-to-datedness of the HEI's course offering (curricula, pre-study schemes, subject programmes/requirements) on the institution's website.	0	1	1	0	1	0		Pass/fail
10 How does the institution ensure the public dissemination of information on the compositions, meetings, and decisions of its governing bodies?	0	1	0	0	1	0		Pass/fail
11. Please provide the contact details of the institution's brochure and briefly describe the process of by which this brochure was produced.	0	1	0	0	1	0		Pass/fail
12. How and to what e1tent does the management of the institution inform the e1ternal and internal public about their institutional accreditation process with MAB or other accreditation agencies? How and to what e1tent does the management inform the e1ternal and internal public about the development and outcomes of these processes?	0	1	0	0	1	0		Pass/fail
13. Please summarise the characteristics of compliance with the standards and guidelines set out in ESG 1.8 in your institution. (ma1. 2500 characters). If certain disciplines require specific measures, please describe them here.	0	1	0	0	1	0		Pass/fail
TOTAL for ESG 1.8	**0**	**13**	**9**	**0**	**13**	**0**	**Institution**	**Pass/fail**
ESG 1.10: Cyclical external quality assurance								
Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.								
1. What other external quality assurance procedures are used in the institution and what organisational level, programme? Briefly describe the procedure, its frequency, its results, and the actions taken as a result	0	1	0	0	1	0	Other external quality assurance procedures	Pass/fail
TOTAL for ESG 1.10	**0**	**1**	**0**	**0**	**1**	**0**	**Institution**	**Pass/fail**
Part III: The academic, scientific, and educational activities of the HEI								

STANDARDS AND INDICATORS	Evidence		Focus				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Accredited / Accredited with monitoring / Not accredited
1. The way in which the HEI's research and teaching activities contribute to achieving the institution's strategic objectives?	0	1	0	0	0	1	Organisation and support for research activities	Pass/fail
2. The organisational structure of the institution, which coordinates the scientific and research activities of the institution and how those are linked to the institution's quality assurance system.	0	1	0	1	0	0		
3. The procedures for developing, approving, and monitoring of research programmes.	0	1	0	0	1	0		
4. Indicators and measures to monitor and support artistic workshops, applications to tenders and inter-institutional collaboration	0	1	0	1	1	0		
5. Procedures to identify and support particularly talented students and incentivise their participation in scientific activities	0	1	0	0	1	0		
6. Recognition of student work in TDKs and study circles.[4]	0	1	0	0	1	0		
TOTAL for PART III	**0**	**6**	**0**	**2**	**4**	**1**	**Institution**	**Pass/fail**

Source: MAB (2021a[4]), *Önértékelési útmutató (Institutional accreditation)*, Hungarian Accreditation Committee (MAB), Budapest, https://www.mab.hu/wp-content/uploads/OnertUtmut_Intakkr2021.pdf

Standards and indicators for the accreditation of doctoral schools in five-year cycles

Table B.4. MAB standards and indicators for the accreditation of doctoral schools in five-year cycles

STANDARDS AND INDICATORS	Evidence		Focus				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Accredited / Accredited with monitoring / Not accredited
1. Profile, management, and brief history of the doctoral school								
1.1 In which institution, for how long and with what degree of autonomy does the doctoral school operate? What is its brief history?	0	1	0	N/A	N/A	N/A	Institution	Pass/fail
1.2 What are the characteristics and main strengths of the doctoral school?	0	1	0	N/A	N/A	N/A		Pass/fail
1.3 Place the school in the landscape of doctoral schools in Hungary: in what ways does it offer more, better, or different than other doctoral schools with a similar profile, especially in terms of international competitiveness?	0	1	0	N/A	N/A	N/A		Pass/fail
TOTAL for Part I.1	**0**	**3**	**0**	**N/A**	**N/A**	**N/A**	**Institution**	**Pass/fail**
2. Profile, management, and brief history of the doctoral school								
2.1 Who prepared the self-assessment, through what process, what division of labour and through what series of steps?	0	1	0	N/A	N/A	N/A	Institution	Pass/Fail
TOTAL for Part I.2	**0**	**1**	**0**	**N/A**	**N/A**	**N/A**	**Institution**	**Pass/fail**
2. Part II: Compliance with Part I of the ESG (2015)	**_6_**	**_2_**	**_1_**	**_9_**	**_15_**	**_4_**	**_Institution_**	**_Overall assessment_**
ESG 1.1: Policy for quality assurance Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.								
1. Presentation and evaluation of the **actions taken on the basis of the recommendations** made during the previous accreditation procedure of the doctoral school	0	1	0	0	1	0	Institutional policy for quality assurance	Pass/fail
2. The doctoral school has defined its **mission and vision**	0	1	0	1	0	0		
3. The doctoral school has a **quality evaluation system** that effectively supports the continuation and further development of its teaching and research/academic activities, the professional development of its staff and doctoral students, and the appropriate level of participation in international academic/academic life.	0	1	0	0	1	0		

4. **Broader environmental, social, and societal changes** affecting the doctoral school	0	1	0	0	1	0		
5. The doctoral school has an officially approved, regularly reviewed, and systematically documented **quality assurance subsystem**, developed with the involvement of external and internal stakeholders, within the institution's quality assurance system, and is an integral part of it.	0	1	0	0	1	0		
6. The implementation of quality assurance policies is an effective in protecting the **integrity and freedom of higher education and academic life**, and combatting fraud, intolerance, and discrimination.	0	1	0	0	1	0		
TOTAL for ESG 1.1	**0**	**6**	**0**	**1**	**5**	**0**	**Institution**	**Pass/fail**

ESG 1.2 & 1.9: Design and approval of programmes & Ongoing monitoring and periodic review of programmes

ESG 1.2: Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.

ESG 1.9: Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.

1. The training programme of the doctoral school is in line with the national and international research directions of its discipline, the objectives and strategy of the parent institution, thereby allowing the parent institution to adequately support the realisation of the mission and vision of the doctoral school.	0	1	0	1	0	0	Design, approval, and monitoring of programmes	Pass/fail
2. The training programme will be developed, adopted, regularly reviewed, and improved on the basis of appropriate analyses (labour market, enrolment, graduate outcomes, academic impact), with the inclusion of relevant external and internal stakeholders (current and previous students, academics, research institutions, employers, etc.), in a transparent process.	0	1	0	0	1	0		
TOTAL for ESG 1.2 & 1.9	**0**	**2**	**0**	**1**	**1**	**0**	**Programme**	**Pass/fail**

ESG 1.3: Student-centred learning, teaching and assessment

Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.

1. The **content and structure of the training**, whether the teaching and learning support methods used are up to date, whether the HEI meets professional expectations and whether the HEI is able to achieve the set learning outcomes.	0	1	0	1	0	0	Course delivery (teaching, learning and assessment practices)	Pass/fail
2. Whether the intensity of **contact between supervisors and doctoral students** is adequate. Whether the training process is suitable for doctoral students to master the application of scientific and artistic methods, to achieve and demonstrate an appreciable scientific or artistic result.	0	1	0	0	1	0		

3. The doctoral school's **assessment policies and procedures** are suitable for monitoring students' progress, and the impartiality of the assessment is ensured.	0	1	0	0	1	0		
4. The doctoral school promotes the **teaching/research orientation, employability, and active citizenship** of doctoral students.	0	1	0	0	0	1		
TOTAL for ESG 1.3	**0**	**4**	**0**	**1**	**2**	**1**	**Course**	**Pass/fail**

ESG 1.4: Student admission, progression, recognition, and certification

Institutions should consistently apply pre-defined and published regulations covering all phases of the student life cycle, e.g., student admission, progression, recognition, and certification.

1. The admission procedure and admission requirements are clearly set out.	0	1	0	1	0	0	Students (admission, progression, recognition, and certification)	Pass/fail
2. The procedures of the doctoral school ensure that sufficient information on the progress of students is available to both the student and the supervisor.	0	1	0	0	1	0		
3. The involvement of doctoral students in teaching activities is clearly set out in the institutional regulations.	0	1	0	0	1	0		
4. The HEI provides credit for PhD students' research activities abroad, participation in part-time training or other forms of international mobility.	0	1	0	0	1	0		
TOTAL for ESG 1.4	**0**	**4**	**0**	**1**	**3**	**0**	**Individual**	**Pass/fail**

ESG 1.5: Teaching staff

Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.

1. The doctoral school has the appropriate **number of regular members** as required by the relevant legislation). The core members shall hold a scientific/academic degree relevant to the doctoral school and have an active, continuous, documented record of achievement in the field of training/research/academic activity of the doctoral school.	1	0	0	1	0	0	Teaching staff (number and professional development)	Pass/fail
2. The **number of lecturers, subject supervisors and subject tutors** is adequate. Their professional requirements are clearly defined. The relevance and quality of their professional activities and their workload ensure adequate support for the scientific/artistic activities of doctoral students.	1	0	0	1	0	0		
3. Support for effective **teaching and the professional development** of academics.	0	1	0	0	1	0		
TOTAL for ESG 1.5	**2**	**1**	**0**	**2**	**1**	**0**	**Individual**	**Pass/fail**

ESG 1.6: Learning resources and student support

Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

The quantity, quality and accessibility of the **infrastructure required for doctoral training** (research/artistic activities, teaching and learning facilities, literature, library, databases, laboratories, instruments, IT systems) are adequate.	1	1	1	1	0	0	Students (infrastructure and support)	Pass/fail
Students can rely on a **sufficient administrative body** to facilitate their effective research and development	1	1	0	1	0	0		
Doctoral students have the **opportunity to participate in international academic life.**	0	1	0	0	1	0		

Standards and indicators for the ex ante accreditation of bachelor's programmes

Table B.5. MAB standards and indicators for the *ex ante* accreditation of bachelor's programmes

STANDARDS AND INDICATORS	Evidence		Focus				Level			
	Quantitative	Qualitative	Digital	Input	Process	Output	Institution	Programme	Course	Individual
Part I: Programme Content	**0**	**8**	**0**	**5**	**3**	**0**	**0**	**5**	**3**	**0**
1. Educational plan										
1.1 All core elements of the discipline are present in the programme plans compulsory modules	0	1	0	1	0	0	0	1	0	0
1.2 The educational plan allows for the acquisition of core competences	0	1	0	1	0	0	0	1	0	0
2. Core/Discipline-specific subjects and competences										
2.1 Presence of core subjects in the educational plan	0	1	0	1	0	0	0	1	0	0
2.2 The proposed teaching plan allows for the acquisition of core competencies and subject knowledge	0	1	0	1	0	0	0	1	0	0
3 Pedagogical methodologies										
3.1 Effective and varied institutional teaching practices	0	1	0	0	1	0	0	0	1	0
3.2 Provision of high-quality practical teaching even during external practical learning elements (e.g., internships)	0	1	0	0	1	0	0	0	1	0
3.3 Suitable student evaluation practices	0	1	0	0	1	0	0	0	1	0
4. Foreign language teaching provisions										
4.1 Equivalence between quality and content between Hungarian and Foreign language modules/components	0	1	0	1	0	0	0	1	0	0
Part II: Personnel responsible for the programme	**2**	**5**	**0**	**5**	**0**	**0**	**0**	**1**	**0**	**4**
1. Academic tutors in charge of the discipline and sub-disciplines										
1.1 Professional requirements and regulations for Programme Heads	0	1	0	1	0	0	0	0	0	1
1.2. Regulations for maximum student numbers and course delivery	1	1	0	1	0	0	0	1	0	0
2. Teaching personnel										
2.1 Regulations for maximum student numbers and course delivery per teaching staff	1	1	0	1	0	0	0	0	0	1
3. Personal and professional information of the teaching personnel										
3.1 Professional requirements and regulations for teaching staff	0	1	0	1	0	0	0	0	0	1
4. Components delivered in a foreign language										

4.1 Language competency requirements for teaching staff delivering courses in a foreign language	0	1	0	1	0	0	0	0	0	1
Part III: Infrastructure	**1**	**4**	**0**	**5**	**0**	**0**	**0**	**5**	**0**	**0**

1. Sufficient material conditions e.g.
  a. Classrooms
  b. Laboratories
  c. Study spaces
	0	1	0	1	0	0	0	1	0	0

2. Adequate numbers of teaching and administrative personnel	1	0	0	1	0	0	0	1	0	0
3. Presence of practical training facilities/opportunities	0	1	0	1	0	0	0	1	0	0
4. Guaranteed access to necessary study materials e.g., all the titles on compulsory reading lists	0	1	0	1	0	0	0	1	0	0
5. All the following conditions are also guaranteed for all offered foreign-language courses/versions of courses	0	1	0	1	0	0	0	1	0	0
Part IV: Capacity and Student Caps	**1**	**1**	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**0**
1. Programme teaching capacity evidence of sufficient teaching staff numbers and material resources	1	1	0	1	0	0	0	1	0	0
Part V: Teaching Activities Outside of Hungary	**1**	**3**	**0**	**3**	**0**	**0**	**1**	**0**	**0**	**2**
1. At least 50% of teachers must also be (able to) teach at the main campus.	1	1	0	1	0	0	0	0	0	1
2. Local campuses must employ a number of locally based teaching staff. They must also have a designated contact person who is authorised to make decisions in academic and administrative matters locally.	0	1	0	1	0	0	0	0	0	1
3. The material conditions provided on the local campuses must be sufficient to student's needs. The material conditions at local campuses must satisfy the same baseline criteria as those in the HEIs main campus in Hungary.	0	1	0	1	0	0	1	0	0	0
Part VI: Special Provisions for Distance learning	**0**	**10**	**10**	**7**	**3**	**0**	**0**	**10**	**0**	**0**
1. Clearly defined and adapted academic model, including key study outcomes and allotted study timeframes.	0	1	1	0	1	0	0	1	0	0
2. Guaranteed access to sufficient teaching resources (printed or electronic).	0	1	1	0	1	0	0	1	0	0
3. Clearly defined regulations on grading and student evaluation.	0	1	1	1	0	0	0	1	0	0
4. Opportunities to consult with teaching and academic staff.	0	1	1	0	1	0	0	1	0	0
5. A FT or PT employee dedicated to overseeing course content	0	1	1	1	0	0	0	1	0	0
6. A manager of tutors to oversee the activities of participating teaching staff. This person must have at least 5 years' experience with distance learning.	0	1	1	1	0	0	0	1	0	0
7. Tutors must not be responsible for 1) more than 50 students or 2) more than 3 subjects per semester.	0	1	1	1	0	0	0	1	0	0

8. A clear distance-education framework plan is in place for the infrastructure	0	1	1	1	0	0	0	1	0	0
9. Conditions for methodological development of infrastructure	0	1	1	1	0	0	0	1	0	0
10. Local consultation centres must provide access to IT, study materials and practical teaching facilities.	0	1	1	1	0	0	0	1	0	0

Source: MAB (2017a[6]), *SZAKMAI BÍRÁLATI SZEMPONTJAI (SzBSz) alapképzési szak/szakirány indításának véleményezésében (COMMITTEE OF EXAMINERS OF PROFESSIONAL EXAMINATION (CEAS) for the opinion on the opening of a bachelor's degree course/sub-discipline)*, Hungarian Accreditation Committee (MAB), Budapest, https://www.mab.hu/wp-content/uploads/BA_I_b%C3%ADr%C3%A1lati-szempontok.pdf

Standards and indicators for the ex ante accreditation of master's programmes

Table B.6. MAB standards and indicators for the *ex ante* accreditation of master's programmes

STANDARDS AND INDICATORS	Evidence		Focus				Level			
	Quantitative	Qualitative	Digital	Input	Process	Output	Institution	Programme	Course	Individual
Part I: Programme Content	**0**	**8**	**0**	**5**	**3**	**0**	**0**	**5**	**3**	**0**
1. Educational plan										
1.1 All core elements of the discipline are present in the programme plan's compulsory modules	0	1	0	1	0	0	0	1	0	0
1.2 The educational plan allows for the acquisition of core competences	0	1	0	1	0	0	0	1	0	0
2. Core/Discipline-specific subjects and competences										
2.1 Presence of core subjects it the educational plan	0	1	0	1	0	0	0	1	0	0
2.2 The proposed teaching plan allows for the acquisition of core competencies and subject knowledge	0	1	0	1	0	0	0	1	0	0
3. Pedagogical methodologies										
3.1 Effective and varied institutional teaching practices	0	1	0	0	1	0	0	0	1	0
3.2 Provision of high-quality practical teaching even during external practical learning elements (e.g., internships)	0	1	0	0	1	0	0	0	1	0
3.3 Suitable student evaluation practices	0	1	0	0	1	0	0	0	1	0
4. Foreign language teaching provisions										
4.1 Equivalence between quality and content between Hungarian and foreign language modules/components	0	1	0	1	0	0	0	1	0	0
Part II: Personnel responsible for the programme	**2**	**5**	**0**	**5**	**0**	**0**	**0**	**1**	**0**	**4**
1. Academic tutors in charge of the discipline and sub-disciplines										

1.1 Professional requirements and regulations for Programme Heads	0	1	0	1	0	0	0	0	0	1
1.2. Regulations for maximum student numbers and course delivery	1	1	0	1	0	0	0	1	0	0
2. Teaching personnel										
2.1 Regulations for maximum student numbers and course delivery per teaching staff	1	1	0	1	0	0	0	0	0	1
3. Personal and professional information of the teaching personnel										
3.1 Professional requirements and regulations for teaching staff	0	1	0	1	0	0	0	0	0	1
4. Components delivered in a foreign language										
4.1 Language competency requirements for teaching staff delivering courses in a foreign language	0	1	0	1	0	0	0	0	0	1
Part III: Sufficient scientific expertise to enable the programme	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**
1. Are there at least 2 nationally and internationally recognised research groups/ateliers in Hungary?	1	1	0	1	0	0	0	1	0	0
2. The proposed teaching stuff must regularly publish in the discipline of the programme or present evidence of other recognised scientific or artistic activity.	0	1	0	0	0	1	0	0	0	1
Part IV: Infrastructure	**1**	**4**	**0**	**5**	**0**	**0**	**0**	**5**	**0**	**0**
1. Sufficient material conditions e.g. a. Classrooms b. Laboratories c. Study spaces	0	1	0	1	0	0	0	1	0	0
2. Adequate numbers of teaching and administrative personnel	1	0	0	1	0	0	0	1	0	0
3. Presence of practical training facilities/opportunities	0	1	0	1	0	0	0	1	0	0
4. Guaranteed access to necessary study materials e.g., all the titles on compulsory reading lists	0	1	0	1	0	0	0	1	0	0
5. All the following conditions are also guaranteed for all offered foreign-language courses/versions of courses	0	1	0	1	0	0	0	1	0	0
Part V: Capacity and Student Caps	**1**	**1**	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**0**
1. Programme teaching capacity – evidence of sufficient teaching staff numbers and material resources	1	1	0	1	0	0	0	1	0	0
Part VI: Teaching Activities outside of Hungary	**1**	**3**	**0**	**3**	**0**	**0**	**1**	**0**	**0**	**2**
1. At least 50% of teachers must also be (able to) teach at the main campus.	1	1	0	1	0	0	0	0	0	1
2. Local campuses must employ a number of locally based teaching staff. They must also have a designated local contact person who is authorised to make decisions in academic and administrative matters locally.	0	1	0	1	0	0	0	0	0	1

3. The material conditions provided on the local campuses must be sufficient to students' needs. The material conditions at local campuses must satisfy the same baseline criteria as those in the HEI's main campus in Hungary.	0	1	0	1	0	0	1	0	0	0
Part VII: Special Provisions for Distance Learning	**0**	**10**	**10**	**7**	**3**	**0**	**0**	**10**	**0**	**0**
1. Clearly defined and adapted academic model, including key study outcomes and allotted study timeframes.	0	1	1	0	1	0	0	1	0	0
2. Guaranteed access to sufficient teaching resources (printed or electronic).	0	1	1	0	1	0	0	1	0	0
3. Clearly defined regulations on grading and student evaluation.	0	1	1	1	0	0	0	1	0	0
4. Opportunities to consult with teaching and academic staff.	0	1	1	0	1	0	0	1	0	0
5. A FT or PT employee dedicated to overseeing course content	0	1	1	1	0	0	0	1	0	0
6. A manager of tutors to oversee the activities of participating teaching staff. This person has to have at least 5 years' experience with distance learning.	0	1	1	1	0	0	0	1	0	0
7. Tutors must not be responsible for 1) more than 50 students or 2) more than 3 subjects per semester.	0	1	1	1	0	0	0	1	0	0
8. A clear distance-education framework plan is in place for the infrastructure	0	1	1	1	0	0	0	1	0	0
9. Conditions for methodological development of infrastructure	0	1	1	1	0	0	0	1	0	0
10. Local consultation centres must provide access to IT, study materials and practical teaching facilities.	0	1	1	1	0	0	0	1	0	0

Source: MAB (2017b[7]), *SZAKMAI BÍRÁLATI SZEMPONTJAI (SzBSz) (osztott és osztatlan) mesterképzési szak / szakirány*, tanárszak indításának véleményezésében (PROFESSIONAL JUDGEMENT POINTS in the assessment of the start of a Master's degree programme (split and undivided))*, Hungarian Accreditation Committee (MAB), Budapest, https://www.mab.hu/eljarasok/

Standards and indicators for the accreditation of medical training programmes

Table B.7. MAB standards and indicators for the accreditation medical training in eight-year cycles

STANDARDS AND EVALUATION CRITERIA	Scope		Type				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Compliant Partially compliant Non-compliant
	0	64	1	27	31	8	Mix	N/A
1. MISSION STATEMENT The medical school has a public mission statement that sets out its values and goals.								
1.1. The medical school has a publicly available and up-to-date **mission statement**.	0	1	0	1	0	0	Institutional mission statement	One of these may be 'partially compliant'
1.2. The mission statement **aligns with the mission statement of the higher education institution** that the medical school is part of, and its content meets the requirements set out above in the explanatory section.	0	1	0	1	0	0		
1.3. The mission statement has been developed with the **involvement of a wide range of stakeholders**.	0	1	0	0	1	0		
1.4. The content of the mission statement is taken into account by the medical school in **developing and reviewing its educational programme**.	0	1	0	0	1	0		
1.5. The goals and values set out in the mission statement are reflected in the **quality assurance processes** (planning, measurement, evaluation).	0	1	0	0	1	0		
1.6. The goals and values set out in the mission statement are reflected in the **operational processes** of the medical school.	0	1	0	0	1	0		
TOTAL for 1:	**0**	**6**	**0**	**2**	**4**	**0**	**Institution**	**Overall assessment**
2.1 EDUCATIONAL PROGRAMME The medical school has a publicly available educational programme (also known as 'model curriculum') that is in line with its programme and outcome requirements and its mission statement.								
2.1.1. The medical school has a publicly available educational programme.	0	1	0	1	0	0	Programme content and learning outcome requirements	Full compliance on all indicators is required
2.1.2. The educational programme of the medical school is responsive to the needs of the region.	0	1	0	0	0	1		

STANDARDS AND EVALUATION CRITERIA	Scope		Type				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Compliant Partially compliant Non-compliant
2.1.3. Disciplines of study (biomedical sciences, clinical sciences and skills and behavioural and social sciences) are clearly included in the educational programme.	0	1	0	1	0	0		
2.1.4. The educational programme enables the acquisition of clinical and professional skills.	0	1	0	0	0	1		
TOTAL for 2.1	**0**	**4**	**0**	**4**	**0**	**2**	**Programme**	**Overall assessment**

2.2 DEVELOPMENT AND REVIEW OF THE EDUCATIONAL PROGRAMME

The medical school has a publicly available educational programme (also known as 'model curriculum') that is in line with its programme and outcome requirements and its mission statement.

2.2.1. The medical school has clear **processes for adopting, reviewing, and monitoring** the educational programme.	0	1	0	0	1	0		
2.2.2. The educational programme is **reviewed on a regular basis**, and the review criteria are clear.	0	1	0	0	1	0		
2.2.3. The **development and review of the educational programme** are carried out by considering advances in science and feedback from students and the labour market.	0	1	0	0	1	0	Design and review of programmes	One of these may be 'partially compliant'
2.2.4. The **360 credit points** required to obtain a professional qualification are distributed among mandatory courses, courses chosen on a mandatory basis and freely chosen courses in a proportional manner and in line with the outcome requirements.	0	1	0	1	0	0		
TOTAL for 2.2	**0**	**4**	**0**	**1**	**3**	**0**	**Programme**	**Overall assessment**

2.3 EDUCATIONAL METHODS USED TO DELIVER THE EDUCATIONAL PROGRAMME

The medical school employs a range of educational methods to ensure the acquisition of the competences defined in the programme and outcome requirements and the achievement of the learning outcomes set out in the educational programme.

2.3.1. The medical school applies a range of different **educational methods** (as proven by examples).	0	1	0	0	1	0		
2.3.2. The medical school has a clear process for the **selection of teaching and pedagogical methods**.	0	1	0	0	1	0	Course delivery	Multiple indicators may be classified as 'partially compliant' as long as the majority of indicators are compliant
2.3.3. The medical school has processes in place for the **review of the educational methods** applied.	0	1	0	1	0	0		
TOTAL for 2.3	**0**	**3**	**0**	**1**	**2**	**0**	**Course**	**Overall assessment**

3.1 SYSTEM OF ASSESSMENT

STANDARDS AND EVALUATION CRITERIA	Scope		Type				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Compliant Partially compliant Non-compliant
The medical school defines and publishes its student assessment principles, methods, practices, and requirements. It maintains a system of requirements and assessment that allows for the provision of regular feedback to students regarding the effectiveness of the learning process. The assessment system used by the medical school is based on uniform principles that ensure that only suitable students will obtain a professional qualification.								
3.1.1. The medical school has **publicly available, up-to-date assessment requirements** (policies and other documents).	0	1	0	1	0	0	Course delivery and review	Multiple indicators may be classified as 'partially compliant' as long as the majority of indicators are compliant
3.1.2. The medical school has clear **processes for developing and reviewing assessment requirements**.	0	1	0	0	1	0		
3.1.3. The assessment methods applied by the medical school are **distributed in a balanced manner** over the entire period of the educational programme.	0	1	0	1	0	0		
3.1.4. There is a clear relationship between the assessment methods and the expected **learning outcomes**.	0	1	0	0	1	1		
3.1.5. The medical school has **transparent processes for the selection of assessment methods** and for the development of arrangements governing assessment (responsibilities, processes).	0	1	0	0	1	0		
3.1.6. The final examination, as an assessment system, is suitable for measuring the professional competences acquired during the programme and **guarantees the quality of output**.	0	1	0	0	0	1		
TOTAL for 3.1	**0**	**6**	**0**	**2**	**3**	**2**	**Course**	**Overall assessment**
3.2 QUALITY ASSURANCE OF ASSESSMENT								
The medical school has processes in place to provide feedback on the effectiveness of assessment methods and procedures and other academic requirements. Assessment data are fed back to those concerned (students, academic staff, other stakeholders).								
3.2.1. The review of the assessment system is ensured in the medical school. The **review criteria are defined** and known for those involved in assessment.	0	1	0	1	0	0	Course assessment	One of these may be 'partially compliant'
3.2.2. The medical school regularly **collects feedback on assessment procedures**, which is then fed back to those concerned.	0	1	0	0	1	0		
3.2.3. Concrete interventions and **improvements are made on the basis of the feedback received** on assessment processes.	0	1	0	0	1	0		
TOTAL for 3.2	**0**	**3**	**0**	**1**	**2**	**0**	**Course**	**Overall assessment**

STANDARDS AND EVALUATION CRITERIA	Scope		Type				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Compliant Partially compliant Non-compliant
4.1 ADMISSION AND SELECTION OF STUDENTS								
The medical school has a clear and publicly available policy that sets out the process for the selection and admission of students, as well as the criteria for admission.								
4.1.1. **The admission requirements and policies** applying to medical education are accessible and kept up to date. .	0	1	0	1	0	0	Students	Full compliance on all indicators is required
4.1.2. All **policies and documents relating to the admission process** are made available to foreign students in foreign languages.	0	1	0	1	0	0		
4.1.3. The medical school has **clear rules for deferred entry and for transfer** from other schools or programmes, and these rules are kept up to date and accessible.	0	1	0	1	0	0		
4.1.4. The medical school ensures that its **prospective students are informed** about the admission process as extensively as possible	0	1	0	1	0	0		
TOTAL for 4.1	**0**	**4**	**0**	**4**	**0**	**0**	**Individual**	**Overall assessment**
4.2 STUDENT SUPPORT SYSTEM								
The medical school has in place means of human, social and financial support that facilitate the achievement of learning outcomes and career planning for students and contribute to the physical and mental wellbeing of students.								
4.2.1. The medical school has a complex **system of human, social and financial support** that covers the entire student life cycle.	0	1	0	0	1	0	Students	Multiple indicators may be classified as 'partially compliant' as long as the majority of indicators are compliant
4.2.2. Students' access to this complex support system is governed by unambiguous, clear, and **publicly available regulatory and other documents**.	0	1	0	1	0	0		
4.2.3. Organisations representing **student interests are actively involved** in the development of the system and criteria of access and in the management and review of the means of support offered.	0	1	0	0	1	0		
4.2.4. **Feedback** on the services and means of support relating to this standard is collected, analysed, and evaluated on a regular basis by the medical school.	0	1	0	0	0	1		
TOTAL for 4.2	**0**	**8**	**0**	**2**	**4**	**2**	**Individual**	**Overall assessment**
5.1 SELECTION OF ACADEMIC STAFF								
The medical school has the number and range of competent academic staff required to implement its mission statement and to deliver the educational programme to the intended number of students, and it has in place clear and transparent processes for the recruitment and selection of academic staff.								

STANDARDS AND EVALUATION CRITERIA	Scope		Type				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Compliant Partially compliant Non-compliant
5.1.1. The medical school **determines the composition of academic staff** in such a way that is in line with its mission statement and educational programme.	0	1	0	1	0	0	Academic staff	Full compliance on all indicators is required
5.1.2. The academic staff involved in the delivery of the educational programme is **capable of ensuring that students acquire the competences defined** in the programme and outcome requirements.	0	1	0	1	0	0		
5.1.3. The medical school **regularly monitors the adequacy of the composition** of academic staff in the light of the educational programme and the number of students.	0	1	0	0	1	0		
5.1.4. The medical school regularly monitors **whether the number of academic staff is sufficient** to deliver the educational programme to the given number of students.	0	1	0	0	1	0		
5.1.5. It has in place clear and unambiguous **rules regarding the selection, recruitment, and responsibilities** of academic staff.	0	1	0	1	0	0		
TOTAL for 5.1	**0**	**5**	**0**	**3**	**2**	**0**	**Individual**	**Overall assessment**

5.2 PERFORMANCE, TRAINING AND DEVELOPMENT OF ACADEMIC STAFF

The medical school sets clear and unambiguous requirements for its academic staff regarding their teaching, research and other activities and conduct in the implementation of the educational programme. The medical school ensures the continuous training and development of its academics

5.2.1. The medical school clearly **defines the tasks and responsibilities of academic staff** in relation to the teaching, research and other activities of the higher education institution.	0	1	0	1	0	0	Academic staff	Multiple indicators may be classified as 'partially compliant' as long as the majority of indicators are compliant
5.2.2. It has a **code of ethics** that lays down the medical school's requirements regarding the conduct expected from academic staff. These requirements (for performance, responsibilities and conduct) are published and awareness of them is ensured.	0	1	0	1	0	0		
5.2.3. The medical school has in place **a system for the evaluation of academic staff performance**, the criteria of which are developed and reviewed with the involvement of academic staff.	0	1	0	0	1	0		
5.2.4. The medical school **prepares academic staff and supervisors** in clinical settings for the delivery of the outcomes required under the educational programme.	0	1	0	0	1	0		

STANDARDS AND EVALUATION CRITERIA	Scope		Type				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Compliant Partially compliant Non-compliant
5.2.5. In addition, it ensures that academic staff **develop their skills**.	0	1	0	0	1	0		
TOTAL for 5.2	**0**	**5**	**0**	**2**	**3**	**0**	**Individual**	**Overall assessment**

6.1 EDUCATIONAL INFRASTRUCTURE

The medical school has the infrastructure required for the fulfilment of the programme and outcome requirements.

	Quantity	Quality	Digital	Input	Process	Output	Level	Assessment
6.1.1. The medical school has the **infrastructure required for the successful delivery** of the educational programme (classrooms, seminar rooms, computer-equipped examination rooms and the related technical and social rooms and facilities).	0	1	0	1	0	0		
6.1.2. There are **tools available to support different methods of teaching and learning**.	0	1	0	0	1	0	Infrastructure	Full compliance on all indicators is required
6.1.3. The medical school offers adequate lib**rary services to support the implementation of the educational programme**.	0	1	0	0	1	0		
6.1.4. The medical school regularly **measures and evaluates the adequacy of infrastructure** (in terms of its condition, functionality, modernity, and efficiency).	0	1	0	0	1	0		
TOTAL for 6.1	**0**	**4**	**0**	**1**	**3**	**0**	**Institution**	**Overall assessment**

6.2 CLINICAL TRAINING RESOURCES

The medical school has the resources, facilities and staff required to ensure that students acquire the necessary clinical experience.

	Quantity	Quality	Digital	Input	Process	Output	Level	Assessment
6.2.1. The medical school has a **system of clinical training sites** that adequately supports the delivery of the educational programme and the acquisition of a professional qualification.	0	1	0	1	0	0		
6.2.2. Students receive adequate **information and support from the medical school** for the completion of their clinical practice.	0	1	0	0	1	0	Clinical training resources	Full compliance on all indicators is required
6.2.3. The medical school ensures the **acquisition of clinical skills** (by ensuring the necessary professional, human and infrastructural conditions).	0	1	0	1	0	0		
TOTAL for 6.2	**0**	**3**	**0**	**2**	**1**	**0**	**Institution**	**Overall assessment**

7. QUALITY ASSURANCE

The medical school has a quality assurance organisation and quality assurance processes and documents that support the implementation of its educational programme.

	Quantity	Quality	Digital	Input	Process	Output	Level	Assessment
7.1. The medical school has its own **independent organisation and processes for quality assurance**, which fit into the structure of	0	1	0	0	1	0	Quality assurance	One of these may be 'partially

STANDARDS AND EVALUATION CRITERIA	Scope		Type				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Compliant Partially compliant Non-compliant
the quality assurance system maintained by the higher education institution that the medical school is part of.							processes	compliant'
7.2. The **documents relating to the quality assurance activities** of the medical school are clear and kept up to date. The quality document and quality assurance policy of the school are publicly available.	0	1	0	1	0	0		
7.3. The medical school sets **quality objectives on an annual basis**. It monitors the achievement of quality objectives, and keeps stakeholders informed.	0	1	0	1	0	0		
7.4. The medical school has **extensive quality assurance processes** that address the activities covered by standards 1 to 6 relating to the implementation of the educational programme.	0	1	0	0	1	0		
7.5. The medical school **performs quality assurance activities in a systematic and regular manner**, using a PDCA approach.	0	1	0	0	1	0		
7.6. The **results of the quality assurance activity are made accessible** to external and internal stakeholders.	0	1	0	0	0	1		
TOTAL for 7	**0**	**6**	**0**	**2**	**3**	**1**	**Institution**	**Overall assessment**

8.1 STRUCTURE AND ORGANISATION

The medical school has transparent organisational frameworks. The organisational framework ensures that decision-making processes relating to education, academic activities and management are transparent for all external and internal stakeholders. The organisational framework of the medical school ensures the stability of its operation, as well as the active participation of students and faculty in decision-making processes. The institution has an internal control system that monitors on a regular basis the regularity and effectiveness of operation and management and is capable of identifying and managing risks.

	Quantity	Quality	Digital	Input	Process	Output	Level	Assessment
8.1.1. The medical school has a **management structure that is transparent** in terms of decision-making levels and processes and ensures the involvement of student and faculty in decision-making.	0	1	0	1	0	0	Management structure and organisation	Full compliance on all indicators is required
8.1.2. The **documents and regulations** on the operation and organisation of the medical school are up-to-date and publicly available.	0	1	0	1	0	0		
8.1.3. The management structure and management practices of the medical school are **clear and regulated**.	0	1	0	1	0	0		

STANDARDS AND EVALUATION CRITERIA	Scope		Type				Level	Assessment
	Quantity	Quality	Digital	Input	Process	Output	Institution Programme Course Individual	Compliant Partially compliant Non-compliant
8.1.4. The medical school has an **internal control system** that is suitable to monitor the regularity of decision-making and to assess and manage operational risks.	0	1	0	0	1	0		
TOTAL for 8.1	**0**	**4**	**0**	**3**	**1**	**0**	**Institution**	**Overall assessment**

8.2 ORGANISATIONAL UNITS SUPPORTING THE OPERATION OF EDUCATIONAL AND RESEARCH ACTIVITIES

The medical school has administrative units that ensure the stability of its operation and of its educational and research activities and support the achievement of its educational objectives. The medical school has the number of highly qualified administrative staff required to implement its educational objectives and to ensure the operation of the medical school.

	Quantity	Quality	Digital	Input	Process	Output	Level	Assessment
8.2.1. The medical school ensures **administrative support** in the fields of operation, management, and teaching.	0	1	0	0	1	0		
8.2.2. The medical school maintains various **IT support systems** in order to support administrative activities.	0	1	1	0	1	0	Administrative and IT support	Full compliance on all indicators is required
8.2.3. The medical school ensures the **training and development of administrative staff** in an organised manner.	0	1	0	0	1	0		
TOTAL for 8.2	**0**	**3**	**1**	**0**	**3**	**0**	**Institution**	**Overall assessment**

Source: MAB (2021b[8]), *Az orvosképzés akkreditációs eljárásainak dokumentumai - Értékelő lap (Documents on accreditation procedures for medical training - Evaluation sheet)*, Hungarian Accreditation Committee (MAB), https://www.mab.hu/eljarasok/

References

MAB (2017b), "A MAB akkreditációs elvárásai, SZAKMAI BÍRÁLATI SZEMPONTJAI (SzBSz) (osztott és osztatlan) mesterképzési szak / szakirány*, tanárszak indításának véleményezésében", in *[MAB's accreditation requirements, ASSESSMENT CRITERIA in the evaluation of the establishment of a Master's degree programme (short and long cycle) / specialisation*, or teacher training programme]*, Magyar Felsőoktatási Akkreditációs Bizottság (MAB), Budapest, https://www.mab.hu/wp-content/uploads/MA_I_b%C3%ADr%C3%A1lati-szempontok.pdf (accessed on 28 March 2022).   [7]

MAB (2021b), *Az orvosképzés akkreditációs eljárásainak dokumentumai - Értékelő lap [Documentation required for the accreditation of medical training - Evaluation sheet]*, Magyar Felsőoktatási Akkreditációs Bizottság (MAB), Budapest, https://www.mab.hu/eljarasok/ (accessed on 15 March 2022).   [8]

MAB (2022b), *Decisions – MAB*, Magyar Felsőoktatási Akkreditációs Bizottság (MAB), Budapest, https://www.mab.hu/en/decisions/ (accessed on 7 November 2022).   [3]

MAB (2021b), *Doktori akkreditációs útmutató: Önértékelési szempontrendszer [Doctoral accreditation guide: self-evaluation criteria]*, Hungarian Accreditation Committee (MAB), Budapest, https://www.mab.hu/eljarasok/ (accessed on 19 December 2022).   [5]

MAB (2021a), *Intézményakkreditáció [Institutional Accreditation Procedures]*, Magyar Felsőoktatási Akkreditációs Bizottság (MAB) , Budapest, https://www.mab.hu/wp-content/uploads/OnertUtmut_Intakkr2021.pdf (accessed on 16 November 2022).   [4]

MAB (2022a), *Procedures – MAB*, Magyar Felsőoktatási Akkreditációs Bizottság (MAB), Budapest, https://www.mab.hu/en/procedures/ (accessed on 7 April 2022).   [2]

MAB (2017a), *SZAKMAI BÍRÁLATI SZEMPONTJAI (SzBSz) alapképzési szak/szakirány indításának véleményezésében [MAB's accreditation requirements, ASSESSMENT CRITERIA for the evaluation of the establishment of Bachelor's degree programmes/sub-disciplines]*, Hungarian Accreditation Committee (MAB), Budapest, https://www.mab.hu/wp-content/uploads/BA_I_b%C3%ADr%C3%A1lati-szempontok.pdf (accessed on 19 December 2022).   [6]

Szlamka, E. et al. (2015), *Referencing and Self-certification Report of the Hungarian Qualifications Framework to the EQF and to the QF-EHEA*, Hungarian Education Authority (Oktatási Hivatal), Budapest, https://www.oktatas.hu/pub_bin/dload/LLL/HuQF/HuQF_referencing_report.pdf (accessed on 31 March 2022).   [1]

From:

Ensuring Quality Digital Higher Education in Hungary

Access the complete publication at:
https://doi.org/10.1787/5f44fd6f-en