



ROMANIA
MINISTRY OF EDUCATION, RESEARCH, YOUTH AND SPORT
UNIVERSITY OF MEDICINE AND PHARMACY OF CRAIOVA



FACULTY OF MEDICINE

Self evaluation Report

**With a view to the external evaluation by experts from
the Medical University of Vienna and the University of
Szeged**

STUDY PROGRAMME

MEDICINE

Graduate studies field: HEALTH

Form of study : FULL-TIME CLASSES

Craiova, 2012

***University of Medicine and
Pharmacy Craiova***

Registration No. ____ / ____ 2012

SELF EVALUATION REPORT

for

Study Programme: MEDICINE

Graduate studies field : HEALTH

Form of study : GRADUATE STUDIES, FULL-TIME CLASSES

Contact person : Associate Professor Cristian GHEONEA, MD PhD – Dean

Phone : + 40 251 522458

Fax : + 40 251 426688

E-mail: medicine@umfcv.ro

In charge: Associate Professor Florin PETRESCU, MD PhD

The data contained in this self report are complete, accurate and comply with the university ethics.

Rector,
Prof. Ion Rogoveanu, MD, PhD

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1 INTRODUCTION

The necessity of evaluation

The Faculty of Medicine of the University of Medicine and Pharmacy Craiova was evaluated with a view to reaccreditation by ARACIS in 2009 for the programme study Medicine. In 2012, the same quality insurance agency evaluated the programme study Medicine – in English language, with a view to being launched in the 2012-2013 academic year.

Upon proposal of the UMF Craiova team of experts involved in the POSDRU project entitled "**European Professional Quality and Competence in Education and Management**", the management of the Faculty of Medicine accepted to conduct a self-evaluation process followed by the visit of a committee of experts from international partners in the above-mentioned project.

The beginnings of the Faculty of Medicine

On February 10, 1970 the Decree setting up the Faculty of Medicine of the University of Craiova was published. The inauguration of the Faculty of Medicine took place on October 1, 1970, along with the new academic year. The college opened its doors for the 101 students from the first year of study.

The Faculty of Medicine of UMF Craiova is an institution with a highly defined position in the Romanian higher medical education and an active presence at an international level. Politically independent, the institution operates based on academic and administrative separation of functions; however the relations between the latter are very well established.

The legislative framework

In 1998, the Romanian Parliament established the University of Medicine and Pharmacy Craiova by separation from the University of Craiova, by Law no. 119/05.06.1998. The Faculty of Medicine is the mainstay of the university. The study programme in Medicine currently enrolls a total of 1,651 students, of which 314 in the first year.

Based on the Charter and the Strategic Institutional Plan of UMFCV, the missions and objectives are clearly defined by the Dean, the Vice Dean, the Faculty Council and the heads of department.

The main objective of the educational process is the quality assurance and assessment in higher education, as formulated in accordance with all EU declarations and agreements (Sorbonne Declaration 1998, the Bologna Declaration 1999, the Message from Salamanca 2001). Teaching takes place in classrooms, laboratories, university clinics and research centers. Students are distributed by years of study, teaching series, groups and subgroups.

The Faculty of Medicine hosts the Committee for evaluation and quality assurance (CEACFM); thus, the evaluation of responsibility in the medical educational process is permanent, involving both the academic management and the teaching staff, as well as the administrative management of the faculty and its students.

The Faculty of Medicine form Craiova is organized according to the National Education Law no. 1/2011 in 8 DEPARTMENTS (basic structural units for education and research activities), subject each including several study subjects. All data contained in the report are valid as of January 1, 2012.

The curriculum is detailed and published before the beginning of the academic year.

Admission of students

The admission of students at the Faculty of Medicine is made under clear rules, in accordance with the legislation in force.

The entry and participation of all high school graduates with Bacalaureate degree is permitted, with no discriminatory selection criteria regarding religion, race or political affiliation.

The admission is publicly announced (press, Internet) at least 6 months previously; the entrance examination consists of a multiple choice test, comprising 100 questions: 60 questions in biology - Human Anatomy and Physiology and 40 questions at choice between Organic chemistry and Physics. Papers are secret..

An entrance examination simulation is organised annually, in order to evaluate the addressability of high school graduates (for this year, the simulation of the entrance examination is established for the 25th of April), but also acquaintance so that the future candidates should get acquainted to the development of the entrance examination.

The only criterion for selection on the entrance examination is the competence of the candidates.

Equity and relevance of the admission as well as its reliability are strongly ensured. Transparency is ensured by publishing correct answers and results. Results may be appealed within 24 hours from the moment of posting.

Final results are announced within 2 days after the deadline for the appeals.

The number of students is established according to the capacity of the faculty, with periodic adjustment depending on the needs of the community and the society. The Faculty of Medicine lately proposed 80 fee places for Romanian citizens and 210 state-supported places, for the Medicine study programme.

Foreign students are also accepted, with various forms of funding (scholars of the Romanian state, fee studies, etc.) up to the maximal 1st year study capacity approved by Decision of the Romanian Government, following the results of the evaluation process, for the study programme in Medicine (6 years) the maximal approved number of foreign students / year of study being 325.

The Faculty of Medicine, in the programme study Medicine, currently hosts 1,651 students, of which 1,509 are Romanian and 142 are foreign students. The distribution per year of study is presented in the following table:

Year	Romanian Students	Foreign Students
I	294	20
II	312	31
III	224	33
IV	234	19
V	200	22
VI	245	17

Responsibility and public accountability

The Faculty has internal audit practices on key areas of academic activity to ensure that the taken commitments are strictly observed.

Internal audits are being performed periodically by the Internal Public Audit Department. This control is already set for the year 2012,.

The administrative management of the Faculty of Medicine is coordinated by the Dean of the Faculty, with the direct support of the Economic Management of UMF Craiova as well as of the other managerial structures for the administrative activity of UMF Craiova, such as the public internal audit and the legal department.

The structure for the curricular management is based on information from the environment the graduate is expected to work in.

There are institutional mechanisms for the approval of the curricula, for periodic evaluation and monitoring. Only impartial and objective, quantitative and qualitative information on all curricula is made public.

The graduates' ability to be employed in the field they are qualified for

For the students of the Faculty of Medicine, university studies finish with a graduation examination, as medicine is regulated in the European Union with 6 years of study; graduation exams are accredited, with institutional mechanisms for the approval of the study programmes with regular monitoring and evaluation.

Continuous information is provided on the degree of success in postgraduate preparation and the employment of graduates.

The annual operational plan provides for the compatibility of syllabi with those of the greatest institutions, the development of certain activities outside the university hospital and in conditions as close as possible to the future working place of most of the graduates.

After graduating the Faculty of Medicine, young doctors can enrol in Master's / doctoral studies or can participate in the national qualification examination organized by the Ministry of Health on an annual basis. Of a total number of graduates of the Faculty of Medicine in 2010, 283 graduates were admitted after the national qualification, of the 307 attending, i.e. 92%.

The programme study Medicine is regulated in the European Union, including the Bologna graduate and the master's studies. All students attend 6 years of classes. According to current Romanian legislation, in order to obtain the right to free practice, graduates have to continue their studies by specialisation, lasting from 3 to 7 years. The maintenance of the free practice right thus acquired is conditioned by the accumulation of hours of continuous medical education, by publishing specialty articles, books, treaties, monographs and by participating in scientific manifestations such as those accredited by EMC.

Graduates can enrol in doctoral studies, in the complementary Master's programme or in the postgraduate courses organized by the faculty.

DESCRIPTION OF THE SELF EVALUATION PROCESS

Self evaluation processes in Romania were initiated by the National Council of Academic Evaluation and Accreditation (CNEAA) which was founded in 1993, by Law No. 88. From 1993 to 2006, the Council developed evaluation activities, accreditation of institutions and of newly set up study programmes.

Along with Romania's participation in the Bologna Process since 1999, developments in the European Higher Education Area have required a new approach of concepts and procedures of evaluation and quality assurance.

Thus, ARACIS was founded in 2005 based on the Government Emergency Ordinance no. 75/2005, approved with amendments through Law no. 87/2006.

The new institution took over the assets and all the rights and obligations, logistic infrastructure, technical personnel and the database of the National Council for Academic Evaluation and Accreditation. Its mission and operation are defined in accordance with the European trends set by the ministers responsible with higher education in the conferences developed every two years, starting with 2001.

The present self evaluation report mostly contains descriptive and quantitative information that have been requested and included in the requested evaluation reports completed by ARACIS, but also new information, considered relevant, obtained as a result of internal quality self evaluation processes.

The elaboration team

The self evaluation report has been prepared based on data processed and prepared by the following group of teachers and auxiliary teaching staff:

Name	Subject	Position
Mândrilă Ion	Human Anatomy	Curriculum commission
Sorin Dinescu	Epidemiology	Vice-dean
Mihai Caragea	-	General administrative manager
Petrescu Florin	Internal Medicine	Vice-dean
Sfredel Veronica	Physiology	Quality committee
Moldoveanu Adriana	-	Economic manager
Mihai Răzvan	-	Students' representative
Nechita Florina	Psychology	The counseling and vocational guidance center
Cușsa Augustin	Infectious diseases	Vice-rector
Gărăiman Dan	Computer science	Director – Computer science, communications and statistics
Osiac Eugen	Biophysics	
Bălșeanu Adrian	Physiology	Quality Commission
Petrisor Catalin	Internal Medicine	Quality Commission
Șurlin Valeriu	Surgery	Quality Commission
Crisitian Gheonea	Podiatry	Dean

Compendium of abbreviations

<i>ALUMNI</i>	UMFCV Alumni Association
<i>ARACIS</i>	Romanian Agency for Quality Assurance in Higher Education
<i>CA</i>	The Administrative Board of UMFCV
<i>Charter</i>	UMFCV Charter
<i>CCF</i>	Faculty curriculum committee
<i>CCOP</i>	Counseling and Vocational Guidance Center
<i>CEACF</i>	The evaluation and quality assurance Committee of the Faculty of Medicine
<i>CEM</i>	The Center of Medical Education
<i>CF</i>	Faculty Council
<i>CMR</i>	Doctors' College in Romania

<i>ECTS</i>	European Credit Transfer System
<i>EMC</i>	Continuous Medical Education
<i>IOSUD</i>	Institution Organizing University PhD studies
<i>LEN</i>	National Education Law, 2011
<i>MECTS</i>	Ministry of Education, Youth and Sports
<i>WHOWHO</i>	World Health Organization
<i>POSDRU</i>	Sectoral Operational Programme of Human Resources Development
<i>PSDI</i>	Institutional Development Strategic Plan
<i>President</i>	President of the UMFCV Senate
<i>Rector</i>	UMFCV Rector
<i>RNCIS</i>	National Register of high education qualifications
<i>SEAC</i>	The Evaluation and Quality Assurance System
<i>Senate</i>	UMFCV Senate
<i>SMC</i>	System of Curricular management
<i>SSM</i>	Medical Students' Society
<i>UMFCV</i>	University of Medicine and Pharmacy of Craiova

2. STANDARDS IN BASIC MEDICAL EDUCATION ACCORDING TO EUROPEAN SPECIFICATIONS

2.1. MISSION AND OBJECTIVES

2.1.1. Specification of mission and objectives

2.1.1.1 Description of existing situation

WFME Standards

Basic standard:

The medical school must define its mission and objectives and make them known to its constituency. The mission statements and objectives must describe the educational process resulting in a medical doctor competent at a basic level, with an appropriate foundation for further training in any branch of medicine and in keeping with the roles of doctors in the health care system.

Quality development:

The mission and objectives should encompass social responsibility, research attainment, community involvement, and address readiness for postgraduate medical training.

Annotations:

- Statements of mission and objectives would include general and specific issues relevant to institutional, national and regional policy.

- Any branch of medicine refers to all types of medical practice and medical research.

- *Postgraduate medical training would include preregistration training, vocational training, specialist training and continuing medical education/professional development.*

BS The quality development standard is considered a basic standard.

BS Statements of mission and objectives must take into consideration the European perspective in the Higher Education and Research Areas.

BS The medical school must be part of a university or be an institution of equivalent level.

Basic standards:

Medical education must define its mission and objectives and communicate them to customers.

The mission and objectives are clearly defined in the UMFCV University Charter, a public document endorsed by MECTS.

The study programmes are reviewed annually, based on dialogues with graduates, employers and other stakeholders; the educational curricula are detailed and published prior to the beginning of the academic year both their topics as well as the bibliography. The mission of UMFCV has three main components: education, research and health care, detailed below:

- Basic academic training in the fields of medicine, dentistry and pharmacy, the current level of knowledge by full time classes of study programmes in the component faculties
- the University is training highly educated specialists after the modern principle of direct co-participation in the choice and development of the career path, through an educational process able to stimulate thought and creativity, by offering them real chances to compete in the open labour market.
- Advanced post-graduate professional development through national qualification, professional or research Master's programmes, PhD studies and postdoctoral programmes.
- Training and professional development through national qualification, training courses, complementary studies in order to obtain certificates or continuous medical and pharmaceutical education, organization of congresses, conferences, scientific symposiums and update workshops.
- Promoting scientific research as part of the basic activity of all teachers.
- Providing services in its mission area both for their own community as well as for society.
- Opening the University towards all society sectors, by constructively combining tradition with the requirements imposed by the developmental and modernization processes.

The main objectives that to be achieved in view of accomplishing the mission are described in the Charter and the PSDI.

As for the education of the future physicians, the main objectives are:

- acquiring adequate knowledge of fundamental sciences during preparation as well as a good understanding of scientific methodology, including principles of biological functions measurement, the assessment (evaluation) of scientific results and data analysis;
- acquiring, during preparation, adequate knowledge for the structure, functions and behaviour of a healthy or sick human being, as well as the relation between the health state and the physical and social environment;
- acquiring, during preparation, adequate knowledge of clinic subject and practice, providing coherent vision on physical and mental illnesses, of medicine under its preventive diagnostic and therapeutic aspects, as well as human reproduction;
- acquiring, in hospitals, adequate clinical experience under competent supervision (extending practical activities in the curriculum, generalization of annual practice in prophylactic units of the health care system, of primary care and hospital, by accrediting these activities within an overall budget of 60 ECTS credits per year) during preparation.

The results of the scientific research are directly proportional with the attraction of funding for research which takes an upward trend in recent years and has represented the main indicator in the process of ranking of universities and fields of study, as the Medicine field of UMFCV is ranked on the 4th position out of the 13 Faculties of Medicine in Romania.

2. The specifications of the mission and objectives should describe the educational process whose outcome are the physicians with primary level skills, with corresponding educational foundation for further improvements in any sector of medicine, and in the same time it should describe the educational process whose purpose is to maintain the role of physician s in the sanitary system.

The diagram of competencies as well as the curricular process leading to their acquisition are to be regulated at a national level by conducting a strategic POSDRU project, coordinated by MECTS, the proposals being analyzed and adopted by the Association of the Universities of Medicine and Pharmacy and the Association of Deans of Faculties of Medicine in Romania.

3. The mission and objectives should emphasize social responsibility, research achievements, community involvement and the availability of address for improvement in postgraduate health care.

Professional and transversal skills as well as knowledge and skills regarding the above mentioned aspects are presented in the Diagram of graduates' skills.

4. The specifications of the mission and objectives has to take into consideration the European perspective in what academic training and research are concerned.

The UMF Charter details the tasks and objectives connected to the European perspective in terms of academic preparation and scientific research.

5. The Faculty of Medicine is a part of the University of Medicine and Pharmacy from Craiova, public state university, as established by Law no. 119 of 1998 issued by the Romanian Parliament.

2.1.1.2 Strengths and weaknesses

One of the major advantages of the Faculty of Medicine Craiova is the successful separation, in 1998, from the University of Craiova, a heterogeneous university with many faculties and study programmes, resulting in UMF Craiova, a university with a campus concentrated in two close areas, of which one is located right next to the Emergency County Hospital, the largest hospital in Romania.

In addition to the already existing spaces, that have been upgraded to an extent of more than 90%, another 3 buildings were built and equipped for education and research as well as a new student hostel and sports grounds.

Even though it is the youngest University of Medicine and Pharmacy in Romania, our institution received the visit of TAIEX experts of the EUE in 2003-2004, in order to standardize the curricula for recognition of diplomas and the free circulation of the professions of physician, dentist, pharmacist, nurses and midwives in UE.

From EU perspectives, there is still much to be done about greater openness, both in terms of medical education but also scientific research, where some steps were made, by contracting two FP7 projects and by the organization or participation to other projects with European partners.

2.1.2 Participation in the statement of mission and objectives

2.1.2.1 Description of real situation

Basic standard:

The mission statement and objectives of a medical school must be defined by its principal stakeholders.

Quality development:

Formulation of mission statements and objectives should be based on input from a wider range of stakeholders.

Annotations:

- *Principal stakeholders would include the dean, members of the faculty board/council, the university, governmental authorities and the profession.*

- *A wider range of stakeholders would include representatives of academic staff, students, the community, education and health care authorities, professional organisations and postgraduate educators in the European perspective in the Higher Education and Research Areas.*

BS The quality development standard is considered a basic standard.

A Principal stakeholders would include regulatory authorities.

Basic standards:

1. The specification of the mission and objectives of a Faculty of Medicine should be defined by major shareholders.

The mission and objectives of the university Charter took into consideration both the proposals of MECTS (The Ministry of Education, Research, Youth and Sports) and those of the academic community, the projects being the subject of a public debate before the approval. All the proposals coming from the involved persons were taken into consideration, including those of the students.

2. The formulation of the specified mission and objectives has to be based on information coming from a variety of stakeholders.

The curricula, subject records, competences and graduates' abilities are approximately uniform in all medical schools in Romania, by peer-to-peer involvement of decisional factors with a view to the recognition of diplomas and professions specified in section 2.1.1.2.

The previously mentioned documents were discussed with the special committees from the structure of the Faculty of Medicine and with collective managerial board, being approved in meetings at the beginning of every academic year.

2.1.2.2 Analysis of strengths and weaknesses

The main strength is represented by the involvement of many decisional factors at a national level (rectors, deans and so on) and the achievement of a uniformity of at least 80 percent of the documents underlying the training in the medical profession, the rest of 20% remaining at the disposal of each faculty of medicine.

The weak point is represented by the lack of coherent answer from the Ministry of Health or subordinate structures on consultations.

2.1.2.3 Improvement proposals, planned measures

A better consultation with the Ministry of Health and the College of physicians from Romania regarding the formulation of health service providers' requirements scheduled as activity in the POSDRU e-Medical project.

2.1.3 University Autonomy

2.1.3.1 Description of existing situation

Basic standard:

There must be a policy for which the administration and faculty/academic staff of the medical school are responsible, within which they have freedom to design the curriculum and allocate the resources necessary for its implementation.

Quality development:

The contributions of all academic staff should address the actual curriculum and the educational resources should be distributed in relation to the educational needs.

The entire curriculum of the study program Medicine was reformed after 2004, as suggested by the EU TAIEX expert committee. Fortunately, from the common trunk, the Faculty of Medicine Craiova had introduced only three subjects in addition to those functioning since 1970: First aid, Behavioural sciences and Family medicine.

For purposes of approval the proposed amendments of some parts of the curriculum were developed specific procedures, which were mostly respected.

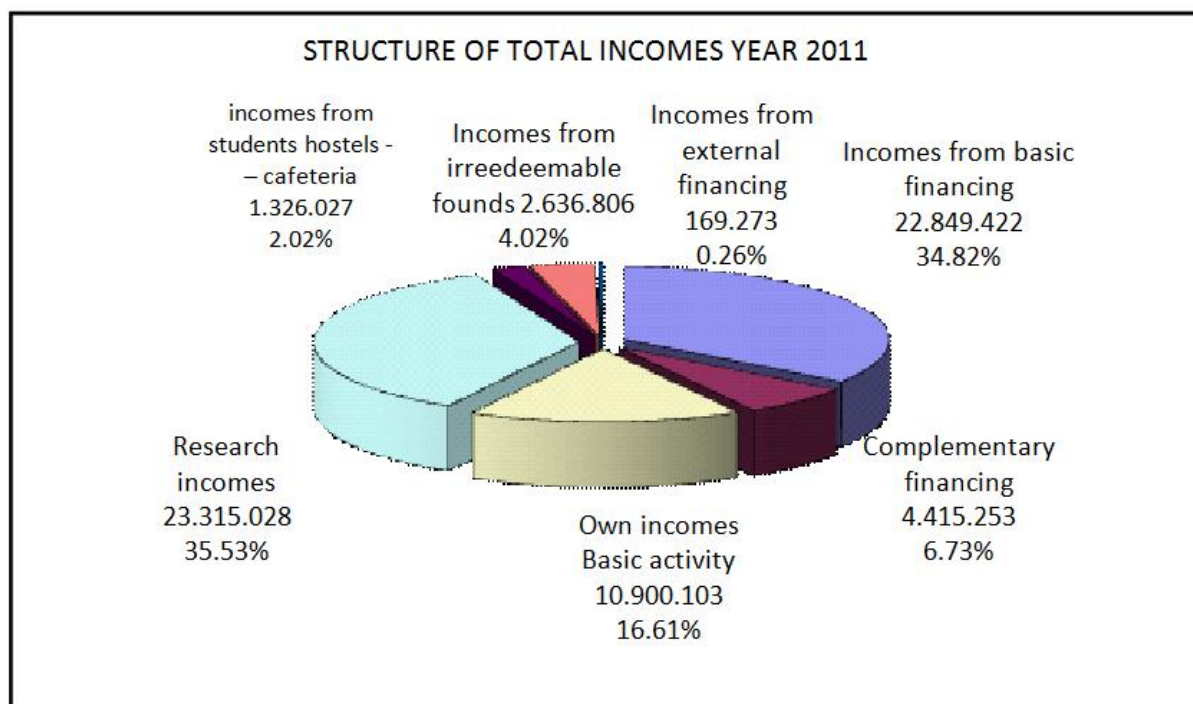
Standard of quality development:

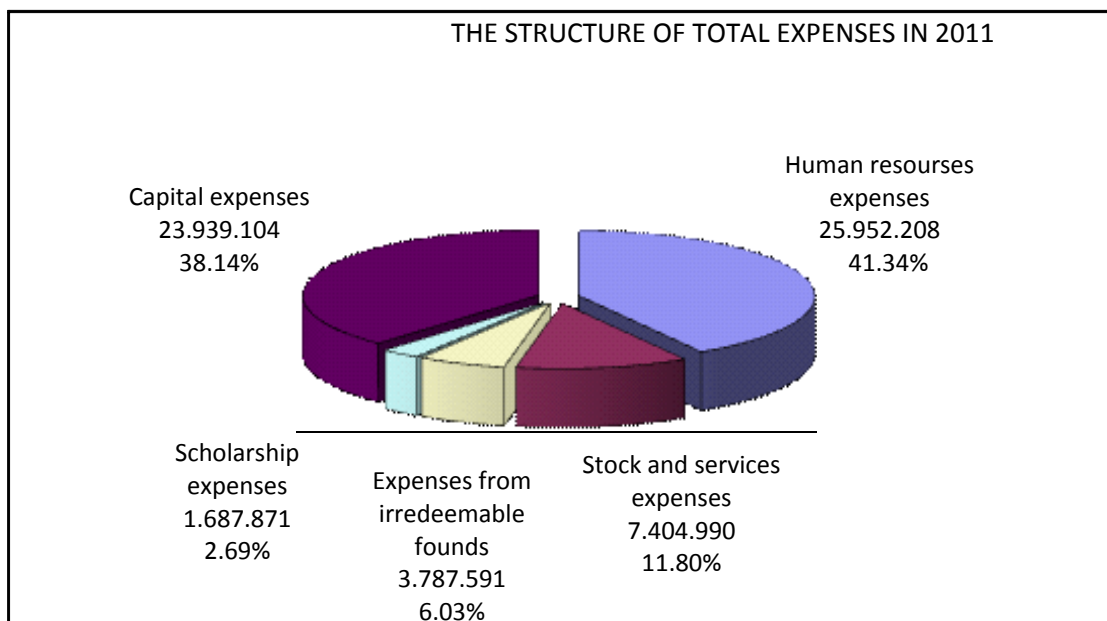
2. The contributions brought by the entire didactic staff from higher education should address the current curriculum and educational resources have to be distributed according to educational needs.

Budgets are allocated on a unitary basis, for purposes of good operation of the Departments of the Faculty of Medicine. One of the principles of the New Educational Law is the increase of funding for well performing departments, which was also made before the publication of this law, even though there have been situations where even less performing departments received additional support, in order to mitigate some discrepancies. The Faculty of Medicine provided developmental funds to the new Faculties of Pharmacy and Dental Medicine.

The distribution of budget resources is shown in the Budget of revenues and expenditures.

In the figures below are presented the revenues and expenditures of UMF Craiova for 2011:





2.1.3.2 Analysis of strengths and weaknesses

Although university autonomy is regulated both in LEN and in the Charter in all its aspects, financial and resources autonomy is extremely limited but numerous other laws in force relating to public finance and the annual spending restricting distribution without strict forecasting, carried out at least 6 months before grounding the state budget for the next financial year.

Wherever possible, financial allocations have been provided to ensure laboratory equipment provision in order to meet national standards established by the specialty committees of ARACIS regarding minimal criteria for accreditation of health related studies.

2.1.3.3 Improvement proposals, planned measures

A better evidence of supporting documents of the two procedures mentioned in chapter 2.1.3.1, often being skipped some of the steps mentioned by them or even if they were respected, they were not archived with a view to justifying such proposals. Making suggestions to the Line Ministry of for moving to multiannual budgets.

2.1.4 Educational Objectives

2.1.4.1 Description of the actual situation

Basic standard:

The medical school must define the competencies that students should exhibit on graduation in relation to their subsequent training and future roles in the health system.

Quality development:

The linkage of competencies to be acquired by graduation with that to be acquired in postgraduate training should be specified. Measures of, and information about, competencies of the graduates should be used as feedback to programme development.

Annotations:

- Educational outcome would be defined in terms of the competencies the students must acquire before graduation.

- Competencies within medicine and medical practice would include knowledge and understanding of the basic, clinical, behavioural and social sciences, including public health and population medicine, and medical ethics relevant to the practice of medicine; attitudes and clinical skills (with respect to establishment of diagnoses, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving); and the ability to undertake lifelong learning and professional development.

BS In defining competencies, the medical school must take into account current European developments in defining European core learning outcomes.

A Definition of competencies would consider the European Framework of Qualifications and the results of the Tuning medical education project of MEDINE and other related initiatives.

Basic standards:

1. The Faculty of Medicine should clearly specify the skills acquired by students on graduation day concerning further improvement and future roles held in the healthcare system .

The qualification profile described in the Diagram of competences achieved nationally annexed to the report.

2. In defining skills, the faculty of medicine must take into consideration the registered European

Taking into consideration the fact that the previously mentioned diagram represents the result of a large consultation of decisional forums and is one of the results of a POSDRU project administered by the MECTS structures, this takes into account actual European developments.

The standard of quality development :

3. The connection between the skills to be acquired until graduation and those to be gained from post-graduate improving will be indicated. Measurement and information on the skills that graduates will be used as feedback for programme development.

If the diagram of skills, knowledge, objectives and abilities which are to be acquired to complete university training is well defined and under implementation, those related to the residency training programs are defined only at the level of knowledge and skills.

2.1.4.2 Improvement proposals, planned measures

The transfer of the responsibility to prepare residents from the level of the Ministry of Health to the UMF sites will allow us to initiate discussions and consultations, also at national level for a completion of the matrix of competencies and for the national qualification examination as well.

2.1.4 Educational Objectives

2.1.4.1 Description of real situation

Basic standard:

The medical school must define the competencies that students should exhibit on graduation in relation to their subsequent training and future roles in the health system.

Quality development:

The linkage of competencies to be acquired by graduation with that to be acquired in postgraduate training should be specified. Measures of, and information about, competencies of the graduates should be used as feedback to programme development.

Annotations:

- Educational outcome would be defined in terms of the competencies the students must acquire before graduation.

- Competencies within medicine and medical practice would include knowledge and understanding of the basic, clinical, behavioural and social sciences, including public health and population medicine, and medical ethics relevant to the practice of medicine; attitudes and clinical skills (with respect to establishment of diagnoses, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving); and the ability to undertake lifelong learning and professional development.

BS In defining competencies, the medical school must take into account current European developments in defining European core learning outcomes.

A Definition of competencies would consider the European Framework of Qualifications and the results of the Tuning medical education project of MEDINE and other related initiatives.

Basic standards:

1. The Faculty of Medicine should clearly specify the skills acquired by students on graduation day concerning further improvement and future roles held in the healthcare system .

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Taking into consideration the fact that the previously mentioned diagram represents the result of a large consultation of decisional board and is one of the results of a POSDRU project administered by the MECTS structures, this takes into account actual European developments.

The standard of quality development :

3. Indicate the connection between the skills to be acquired until graduation and those to be gained from post-graduate training. Measurement and information on the skills that graduates will be used as feedback to program development.

If the diagram of skills, knowledge, objectives and abilities which are to be acquired to complete university training are well defined and under implementation, those related to the residency training programs are defined only at the level of knowledge and skills.

2.1.4.2 Improvement proposals, planned measures

With the transfer of the responsibility to prepare residents from the level of the Ministry of Health to the UMF sites will allow us to initiate discussions and consultations, also at national level for a completion of the matrix of competencies and at the level of national qualification examination as well.

2.2. EDUCATIONAL PROGRAMME

2.2.1 Curriculum models and instructional methods

Basic standard: The medical school must define the curriculum models and instructional methods employed.

Quality development: The curriculum and instructional methods should ensure that students have responsibility for their learning process and should prepare them for lifelong, self-directed learning.

Annotations:

- Curriculum models would include models based on subject, system, problem and community, etc.*
- Instructional methods encompass teaching and learning methods.*
- The curriculum and instructional methods should be based on sound learning principles and should foster the ability to participate in the scientific development of medicine as professionals and future colleagues.*

BS The quality development standard is considered a basic standard.

BS In EU member states the curriculum must comply with the EU Directive 2005/36/EU of 7 September 2005 on the recognition of professional qualifications.

BS It must be clearly stated if a one or two cycle system (according to the Bologna Declaration) is used in structuring the curriculum.

QD The instructional methods should be based on modern adult learning theory.

2.2.1.1 Description of real situation

Medical academic education is laid down by Law and ARACIS norms and recommendations. This takes place within 6 years that group 5804 hours of study divided in 12 semesters, being respected though the stipulated regulations of EU Directives 2005/36/EU of September 7, 2005 concerning recognition of professional qualifications.

Curricula include fundamental subjects, specialty and complementary subjects, grouped in their turn in compulsory, optional and facultative subjects, in accordance with specific regulatory requirements established nationwide.

Courses are structured differently within the 6 years of study. In the first two years the greatest share is represented by fundamental subjects which include basic biomedical sciences

and one part of the socio-human traditionally defined ones, as pre-clinic subjects (63,3% of the total number of hours). The third year of study is a transitional one in which the fundamental subjects share falls (37,4%) making space to specialty subjects (59,7%). Contact with clinical medicine is provided from the first year of study through medical practice and partly in the subject of first medical aid that approaches student to the patient and makes him/her familiar to hospital environment and primary activities in addressing a patient.

The second step in forming medical graduates is strengthened in the 4th, 5th and 6th year in which the main dominants are specialty subjects (93,3%). Overall, in a complete cycle of studies graduates take benefit of over a third from the total number of hours of attending specialty subjects, fundamental subjects representing 27%, and complementary ones 6%.

The curriculum also follows the promotion of higher rates of practical activities (66,4%) from the total number of hours. Within specialty subjects the share of practical activities is even greater, reaching over 70%.

The used curricular model mainly in the curricula is the classic one based on subject, mainly in the preclinical cycle, in the subjects Anatomy, Physiology, Biochemistry and so on. There is still the concern to develop an integrated curriculum and course, reflected through the efforts of the subjects Anatomy and Physiology to change the approach of theoretical work in an integrated one. The beginning of a curriculum implementing with horizontal integration based on the body can be seen in the clinical cycle, together with the implementation of the e-Medical project.

Curriculum basis has a horizontal structure existing a permanent concern for the development of vertical structure. The structure with horizontal integration is characteristic for the first years of study, being however discovered later in clinical years as well.

The average number of students per groups is 12-14. In the pre-clinic cycle the number of students per groups is larger, practical activities being carried out by 20 groups divided into three series, each of series being a teaching unit of the course. Starting from the 4th year the number of students per group is halved (6-8 students) allowing practical activities to take place in small groups, and the course to cover a number of 70-80 students.

2.2.1.2 Analysis of strengths and weaknesses

Strengths

- Facilitating early contact with patients and their needs and acquaintance to hospital environment which ensures students a more profound and practical vision.
- The relatively small number of students in the groups from clinical cycle reported to the number of available beds in hospitals and clinical departments.

Weaknesses

- Insufficient modelling of existing curricular model towards modern curricular models.
- Working units with the students from the first 2 years of study make it difficult to achieve optimum efficiency in practical activities in fundamental sciences.
- Orientation of teaching methods is predominantly classical, a greater adaptability to modern methods and proven results being required.

2.2.1.3 Improvement suggestions, planned measures.

Curriculum readjustment starting from existing situation towards new curricular models based on acquired institutional experience and teachers training, of those involved of course in various educational projects.

Defining a medium or long term strategy of curriculum revising in order to redirect it towards a vertical model.

Analysis and resizing of the number of students/group in the pre-clinic cycle.

Encouraging the inclusion of individual and active learning.

2.2.2 Scientific method

Basic standard: The medical school must teach the principles of scientific method and evidence-based medicine, including analytical and critical thinking, throughout the curriculum.

Quality development: The curriculum should include elements for training students in scientific thinking and research methods.

Annotation: Training in scientific thinking and research methods may include the use of elective research projects.

2.2.2.1 Description of real situation

Working principles of scientific research are addressed from the very first year inside the subjects of Biostatistics (28 hours) and Medical Informatics (56 hours), in which student acquires the ability to collect, process, interpret and synthesize data. These are detailed in the subject of Primary Health Care from the 2nd year of study (28 hours) and gets familiar to the principles of evidence –based medicine. Its placement in the 4th year of studies in the curriculum is justified by the need to appropriate students already found in the years of clinical training required advanced training principles in scientific research. The total number of hours in which scientific method is used is of 2,4% from the total amount of hours of the study programme Medicine and of 4% from the total number of hours offered to pre-clinic cycle. Also, scientific method is addressed by many pre-clinic subjects for the collection and interpretation of experimental data (Biophysics, Biochemistry, Physiology, Cell Biology, and so on).

During Medical Informatics and Biostatistics classes students have the obligation to present projects that include collection, management, statistical analysis, data interpretation and presentation and conclusion presentation.

So far students were not included in the training curriculum the preparation of the license degree, as these were regulated now. The students will choose the title of license degree starting with the 5th year and the activities is being coordinated by diploma supervisor.

2.2.2.2 Analysis of strengths and weaknesses

Strengths

Students have several courses available addressing method and scientific thinking inside pre-clinical and clinical cycles.

Preparation by students of scientific projects in which they gain computer based working skills and medical statistic data processing, in addition to purely scientific ones in which they work next to an entire crew of scientific research. Active involvement of students in the student scientific circles.

Craiova annually hosts the International Conference of medical students, reaching now the 14th edition (14th Craiova International Medical Students Conference).

Weaknesses

Scientific thinking is not sufficiently addressed during learning cycles, in clinical years being necessary a better correlation with related subjects.

The diversification of the offer of courses that stimulate scientific thinking and the increase of a number of hours.

Developing a methodology for conducting the diploma that should support in addition to the usage of theoretical knowledge into practice and consultation of the recommended literature and scientific research methods and practices.

2.2.2.3 Improvement proposals, planned measures

The diversification of the offer of courses on a given thematic that supports development of scientific thinking especially in clinical cycle so that their share from the total number of hours in the curriculum to reach 4%.

The introduction of a new module of preparing license in the curriculum, that should include an important segment since the 5th year, together with the choice of the diploma theme.

The increase of the share of practical activities and projects inside subjects from the segment of Scientific research methodology.

2.2.3 Basic biomedical studies

Basic standard: The medical school must identify and incorporate in the curriculum the contributions of the basic biomedical sciences to create Understanding of the scientific knowledge, concepts and methods fundamental to acquiring and applying clinical science.

Quality development: The contributions in the curriculum of the biomedical sciences should be adapted to the scientific, technological and clinical Developments as well as to the health needs of society.

Annotation:

- The basic biomedical sciences would - depending on local needs, interests and traditions - typically include anatomy, biochemistry, physiology, biophysics, molecular biology, cell biology, genetics, microbiology, immunology, pharmacology, pathology, etc.

BS The quality development standard is considered a basic standard.

QD Proper integration between basic medical sciences and clinical sciences and skills should be assured.

2.2.3.1 Description of real situation

Basic biomedical subjects furnished to students through a large variety of courses ensure the fundament necessary to the acquiring and application of clinical information. In the educational offer are included the following basic biomedical subjects:

Year of study	Discipline (course)	Course	Practice	Total hours	Credits
1	Anatomy. Embryology	56	168	224	16
1	Physiology	42	28	70	6
1	Biophysics and Medical Physics	28	28	56	5
1	Biochemistry	84	70	154	11
1	Cell and Molecular Biology	28	28	56	6
2	Human Anatomy	28	84	112	9
2	Topographical and sectional anatomy	28	28	56	4
2	Physiology	70	56	126	10
2	Histology	56	70	126	9
2	Medical Genetics	28	28	56	4
2	Microbiology. Virology. Parasitology	70	70	140	9
3	Morphopathology	56	56	112	8
3	Physiopathology	56	56	112	8
3	Pharmacology	56	56	112	8
3	Immunology	14	14	28	2

During the three years of the cycle, basic biomedical sciences are structured in 15 subjects (5 subjects in the first year, 6 subjects in the second and 4 subjects in the third year). The amount of biomedical subjects hours is of over in the first two years of study and of 37% in the third year. Almost one third (26%) from the total amount of hours is given to basic biomedical sciences.

The share of credits allocated to basic biomedical sciences is 31,9% out of a total of 360 credits. The relationship between theoretical and practical activities is of 1:2.

Curricular content is actualized and adapted to scientific, technical and technological progresses.

The experience of teachers from basic biomedical subjects is supported by their realizations in the research field, they are being able to offer an optimal equilibrium between students' needs and scientific and technologic progress.

The traditional dichotomy of Romanian medical education in the two primary cycles (clinic and pre-clinic) left some space to vertical integration of competencies related to clinical studies. However, the need to ensure closeness of clinic to basic biomedical sciences pushed the introduction of teaching approaches of the diseased based type inside some of the subjects (Anatomy) and the inclusion of some clinical subjects in pre-clinic cycle (Biochemistry). Thus, medical and surgical semiology are being taught in the third year along with an important stock of clinical subjects such as physiology and morphopathology.

Also in the 4th year of study, students are being offered an optional course of Pharmacology and Clinic toxicology or Clinical Immunology in the 5th year. Medical practice from pre-clinic years participated in the integration of medical studies from the first years with clinical studies. On the

other hand, most teachers of basic biomedical sciences are clinicians from medical and surgical specialties.

2.2.3.2 Analyses of strengths and weaknesses

Strengths:

Offering students an important package of basic medical sciences with an important share during the formation classes of the students from the study programme in medicine.

Availability of some clinical sciences from pre-clinic cycle and the other way around facilitates vertical integration with basic biomedical sciences.

Weaknesses:

The balance between basic knowledge and clinical capacities is not optimal, a more profound integration between biomedical sciences on the one side and clinical sciences and abilities on the other are being required.

The ratio between the number of theoretical hours and that of practical activities is too small. Together the others medical universities and ARACIS we will try to change the national standard.

2.2.3.3 Improvement proposals, planned measures

The introduction of clinical activities in clinical years and the integration of some clinical subjects from the first two years. Reducing loading rates with theoretical concepts belonging to clinical subjects and the introduction of the "learning spiral" by reference to the content of courses in these subjects when appropriate.

The increase of the number of hours allocated to practical activities in the pre-clinic cycle.

2.2.4. Behavioural and social studies and medical ethics

Basic standard: The medical school must identify and incorporate in the curriculum the contributions of the behavioural sciences, social sciences, Medical ethics and medical jurisprudence that enable effective communication, clinical decision making and ethical practices.

Quality development: The contributions of the behavioural and social sciences and medical ethics should be adapted to scientific developments in medicine, to changing demographic and cultural contexts and to health needs of society.

Annotations:

- Behavioural and social sciences would - depending on local needs, interests and traditions - typically include medical psychology, medical sociology, biostatistics, epidemiology, hygiene and public health and community medicine etc.

- The behavioural and social sciences and medical ethics should Provide the knowledge, concepts, methods, skills and attitudes necessary for understanding socio-economic, demographic and cultural determinants of causes, distribution and consequences of health problems.

BS The quality development standard is considered a basic standard.

QD Behavioural and social sciences should be integrated with other knowledge and skills, and medical ethics with biomedical and clinical sciences.

2.2.4.1 Description of the actual situation

Social, behavioural and those connected to medical ethics studies benefit inside the programme study medicine of a number of 7 mandatory subjects: to these mandatory subjects are being added two optional ones: Medical Sociology (28 hours), studied in the 1st year and Medicine of Extreme Conditions studied in the 5th year (28 hours).

Year of study	Discipline (course)	Course	Practical	Total hours	Credits
1	Behavioural Sciences	14	28	3	16
2	Primary Health Care	14	14	28	2
2	Bioethics and Medical Deontology	14	14	28	3
4	Hygiene. Environmental health	28	28	56	4
6	Epidemiology	14	14	28	2
6	Public Health, Healthcare management	28	14	126	4
6	Family Medicine	42	56	98	7

Compulsory subjects addressing this type of science accumulate a total of 350 hours of classes. The amount of credits corresponding to this type of sciences is of 7% from the total number of credits. The main theoretical and conceptual aspects involved in behavioural sciences are discussed from the first semester. In the first semester of the second year the course of Medical psychology also becomes compulsory. Students' acquaintance to community and social medicine starts from the second year of study by introducing a new subject (Primary Health Care Assistance) that address health integration in community context by identifying the main determinants of health. An enrichment of the social side of medicine is granted to those students who choose the optional course of Medical Sociology from the 2nd year. This subject is the most requested by students. The bioethics and deontological medical course is placed in the curriculum still in the pre-clinical cycle, in the second year of study, facilitating student contact to the principles of ethics, morality and medical deontology. This class deals with new or delicate challenges of ethics and medical deontology such as human medically assisted reproduction, genetic manipulation, cloning or euthanasia, placing problems in a social, cultural and scientific context.

The place of social, behavioural and bioethical sciences in the curriculum was chosen in order to allow students a precocious achievement of some fundamental principles of these sciences but also the vertical integration of some subjects. Thus, in the 4th year students are following in parallel the course of Hygiene – Medium Health, in which almost half of the thematic is dedicated to nutrition hygiene with a course on Diabetes, nutritional diseases and metabolism. In the 6th year, Infectious diseases and Epidemiology are being performed simultaneously in order to facilitate clinical understanding of infectious diseases in epidemiological context. It is still in the last year of study that Public Health and sanitary management and Family medicine are grouped.

2.2.4.2 Analyses of strengths and weaknesses

Strengths

The provision of 7 compulsory subjects covers to an important extent the students' need of knowledge in the field of social, behavioural and of medical ethics sciences.

The existence of a partial vertical integration of some subjects from these sciences.

Weaknesses

The lack of a more generous offer concerning behavioural sciences that should not include optional classes of doctor-patient and doctor-doctor communication, and so on.

The spectrum of subjects aiming at developing social and psychological sciences addressing issues of social psychology, oncologic psychology, developmental psychology / ages psychology etc.

2.2.4.3 Improvement proposals, planned measures

The best vertical inclusion of subjects, with optimal covering of bioethics from clinic cycle (assisted and cloned reproduction along with obstetrics, the ethics of tissues and organs transplant, along with surgery, assisted suicide and palliative care along with medical oncology) and so on.

2.2.5 Clinical studies and abilities

Basic standard: The medical school must ensure that students have patient contact and acquire sufficient clinical knowledge and skills to assume appropriate clinical responsibility upon graduation.

Quality development: Every student should have early patient contact leading to participation in patient care. The different components of clinical skills training should be structured according to the stage of the study programme.

Annotations:

-The clinical sciences would - depending on local needs, interests and traditions – typically include internal medicine (with subspecialties), surgery (with subspecialties), anaesthesiology, dermatology & venereology, diagnostic radiology, emergency medicine, general practice/family medicine, geriatrics, gynaecology & obstetrics, laboratory medicine, neurology, neurosurgery, oncology & radiotherapy, ophthalmology, orthopaedic surgery, oto-rhino-laryngology, paediatrics, pathological anatomy, physiotherapy & rehabilitation medicine and psychiatry, etc.

-Clinical skills include history taking, physical examination, procedures and investigations, emergency practices and communication and team leadership skills.

-Appropriate clinical responsibility would include health promotion, disease prevention and patient care.

Participation in patient care would include relevant community experience and teamwork with other health professions.

As was shown in Chapter 2.2.1, the curriculum provides subjects with clinical character from the start by entering the first year of medical practice (160 hours) and the first medical aid, allowing early access at contact students patient and the formation of clinical skills.

Clinical subjects comprise a number of 3455 hours, their share was of 59.1% in the curriculum. Clinical rotations and practical works accumulate 2,445 hours and represent over 70% of the total hours for clinical subjects and 63.5% of the total hours of the 6 years of study. Clinical rotations take place in hospitals and include direct clinical bedside patient-centred practice. More than half of the ECTS credits are distributed to clinical subjects.

Medical subjects represent the greatest part of the allocated hours for clinical studies (840 hours, out of which 556 are clinical stages). Out of them, internal medicine with related specialties

is being studied in two years and occupies almost half of the total number of hours (420 out of which 280 are clinical stages). Surgical subjects have 20% of the total number of hours from clinical cycle (640 hours).

Contact with patients includes a wide range of activities: from patient history to physical examination and specific examination techniques. Internships are facilitated by the reorganization of groups of students in preclinical years cycle with a decrease of the number of students / group (6-8) from the 4th year.

Also, students may choose an optional course from the study packages offered to every year of study. Thoracic surgery, cardiovascular surgery, oncological surgery, diagnostic and therapeutic techniques in gastroenterology, cardiology emergencies, and so on.

Year of study	Discipline (course)	Course	Practical	Credits	Total hours
3	MEDICAL SEMIOLOGY	84	168	18	252
3	SURGICAL SEMIOLOGY	56	112	12	168
3	INTERNAL MEDICINE 4TH YEAR	70	126	16	196
4	PHTHISIOLOGY	14	14	2	28
4	NUTRITION DISEASES AND METABOLISM	14	14	2	28
4	GENERAL SURGERY	56	126	12	182
4	PLASTIC SURGERY	14	28	3	42
4	A.T.I.	14	28	2	42
4	UROLOGY	14	28	3	42
4	ORTHOPEDECS AND TRAUMATOLOGY	14	28	3	42
4	OCCUPATIONAL MEDICINE AND PROFESSIONAL DISEASES	28	14	3	42
4	RADIOLOGY AND IMAGISTICS	28	28	4	56
5	INTERNAL MEDICINE 5TH YEAR	70	154	15	224
5	CLINICAL HEMATOLOGY	14	28	3	42
5	PEDIATRICS AND CHILDCARE	56	140	12	196
5	PEDIATRIC SURGERY AND ORTHOPEDICS	14	14	2	28
5	NEUROLOGY *-NEUROSURGERY)	42	42	7	84
5	O.R.L.	28	28	4	56
5	O.M.F.SURGERY	7	7	2	14
5	OPHTHALMOLOGY	14	28	3	42
5	ENDOCRINOLOGY	21	28	4	49
5	ONCOLOGY	21	28	4	49
6	OBSTETRICS - GYNECOLOGY	56	140	12	196
6	NEONATOLOGY	14	14	2	28
6	INFECTIOUS DISEASES	42	70	8	112
6	PSYCHIATRY	42	42	6	84
6	PHYSICAL MEDICINE AND REHABILITATION THERAPY	14	14	2	28
6	DERMATOLOGY	28	28	5	56
6	LEGAL MEDICINE	28	28	5	56

6	FAMILY MEDICINE	42	56	7	98
6	EMERGENCY MEDICINE	28	42	5	70
	MEDICAL PRACTICE (YEARS I-V)		800	10	800

2.2.5.2 Analysis of strengths and weaknesses

Strengths

A large number and a wide spectrum of clinical training in the medical and surgical field. A High Share of the total number of internship hours. Early and frequent contact in preparing medical students in most subjects.

Weaknesses

Redundancy of courses 'themes

The malfunctioning of an integrated center of clinical abilities, but only of some segments functioning separately.

2.2.5.3 Improvement proposals, planned measures

Building a database that should include the thematic content of the courses and preclinical and clinical stages in order to avoid covering the same thematic content in various forms, thus providing "the learning spiral".

Mobilization of various training facilities used for clinical skills in an operational clinical skills center for all students of medicine, with the inclusion in the curriculum of a particular mode of clinical skills in preclinical years.

2.2.6 Curricular structure, composition and duration

Basic standard: The medical school must describe the content, extent and sequencing of courses and other curricular elements, including the balance between the core and optional content, and the role of health promotion, preventive medicine and rehabilitation in the curriculum, as well as the interface with unorthodox, traditional or alternative practices.

Quality development: Basic sciences and clinical sciences should be integrated in the curriculum.

Annotations:

- Core and optional content refers to a curriculum model with a combination of compulsory elements and electives or special options. The ratio between the two components can vary.
- Integration of subjects would include both horizontal (concurrent) and vertical (sequential) integration of curricular components.

QD Organisation of the curriculum should be based on estimated student workload as expressed in the European Credit Transfer System (ECTS).

QD At least one third of the study period should be spent in contact with patients in relevant clinical settings. The medical school should specify the amount of time spent in training in medicine, surgery, pediatrics, obstetrics and gynaecology, psychiatry and general practice/family medicine.

2.2.6.1 Description of the actual situation

As it has been already shown in chapter 2.2.1. medical education is regulated through laws, norms and various recommendations. The educational plan proposed by the Council of the Faculty and approved by the Senate, annexed in this document, regulates formal aspects connected to its content, succession and equilibrium, in accordance with present regulations and with the needs and their covering capacity.

The compulsory base is established, according to the educational plan and it is represented by the 5804 obligatory hours. Optional courses cumulate a total number of 504 hours, the number of hours offered for optional courses representing 8,7%. In reality the limitation in students' choice to only one optional course/year, leads to a share of optional courses in the curriculum of 3%. The optional courses offer is still small in the first years of study.

Curriculum organization is based on the estimation of students' workload expressed in European credit Transfer System (ECTS). Duration of Medical studies is expressed in 360 credits, 60 credits /year, which allow students to ensure European mobility's by maintaining recognition of periods of study and quality within the European space. Under European regulations, after graduation students receive a Diploma Supplement noting that certain periods of study were conducted in other higher education institutions.

There is a number of five subjects addressing preventive medicine and / or health promotion (Primary Health Care, Hygiene, Health Environment, Occupational Medicine and Professional Diseases, Epidemiology, and Public Health - Healthcare Management), the number of hours allocated to these subjects was 196 (3.4%). A number of subjects addressing preventive medicine in the syllabi of compulsory and optional courses: Family Medicine, Paediatric and childcare, Obstetrics and gynaecology, Infectious diseases, Metabolic diseases and Nutrition, Phtihisiology, etc. The curriculum integrates a lesser extent rehabilitation and interface unorthodox practices, traditional or alternative, these being made in some subjects like Medical Rehabilitation and Physical Medicine, Medical Oncology.

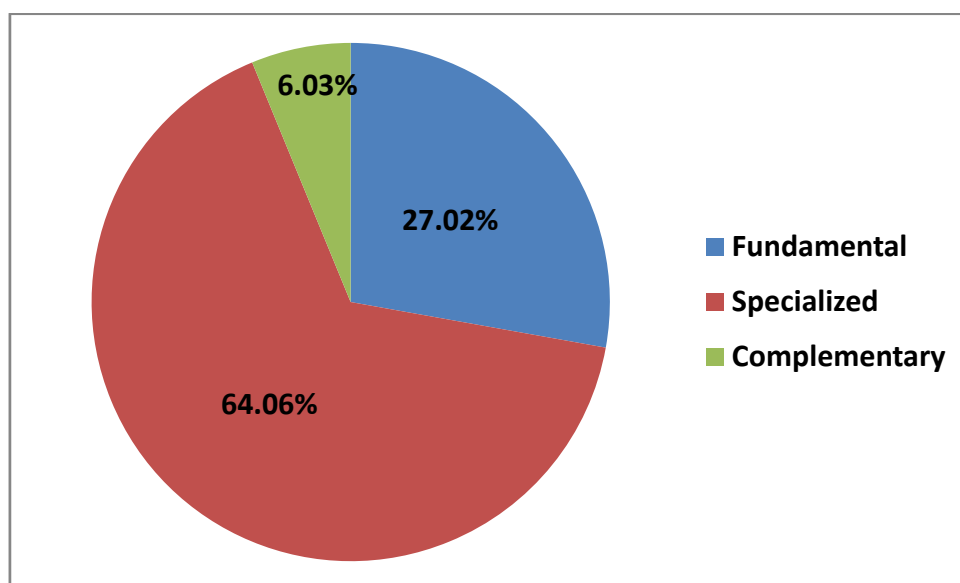


Figure - Distribution of hours depending on the type of subject in the curriculum.

Curriculum structure provides notification of the type of subject, almost two thirds of the hours are granted to specialty subjects (3718 hours, from which 72% are hours of practical work) and to fundamental subjects are reserved 27.02% from the total number of hours, that means another 1568 hours. Complementary subjects gather a number of 350 hours in total, representing 6.03%.

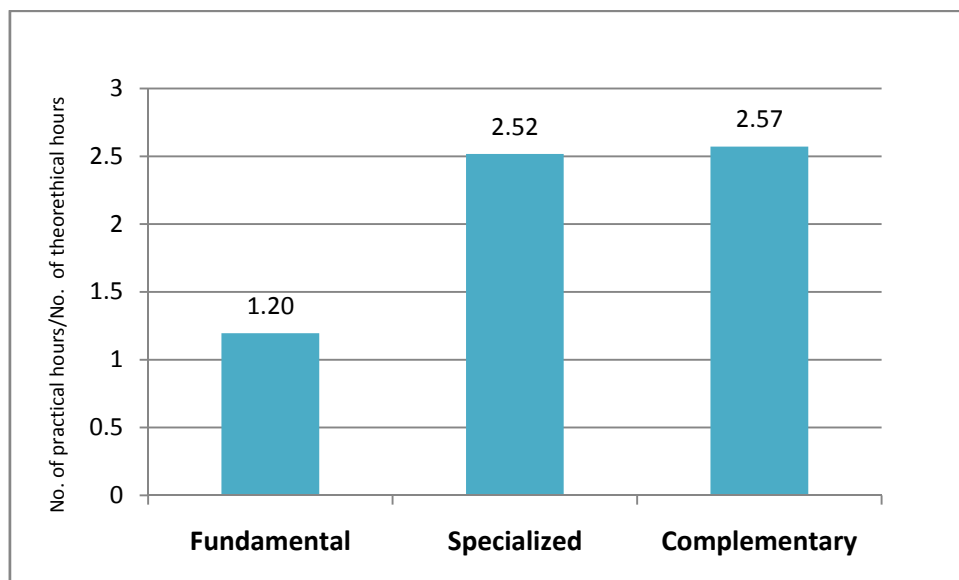


Figure - The ratio between the number of hours allocated to practical activities or internships and the theoretical classes by types of subjects.

Contact with patients is available in the 2,417-hour curriculum, i.e. 41.64%.

Medical practice is mandatory in 5 of the 6-years of study being allocated 160 hours/year thus totalling 800 hours of medical practice. Practice in the curriculum share is of 13.8%. Students have a number of 80 hours prescribed in the curriculum supporting the diploma (1.4%).

2.2.6.2 Analysis of strengths and weaknesses

Strengths

A large number of hours when students have the opportunity to work by the bedside.

A wide range of clinical subjects.

Weaknesses

A limited offer of optional and facultative courses available for each year of study.

A lower share of practical activities in preclinical subjects.

A better representation of rehabilitation subjects or traditional practices and alternative approaches.

2.2.6.3 Improvement proposals, planned measures

The inclusion of a greater number of optional courses for each of the six years of study in medicine and considering of the possibility of allowing students to choose more than one optional course / year.

Balancing the number of practical activities classes in preclinical subjects.

Supporting curriculum development towards a better rehabilitation and the identification alternative or unorthodox practices.

2.2.7 Program management

Basic standard: A curriculum committee must be given the responsibility and authority for planning and implementing the curriculum to secure the objectives of the medical school.

Quality development: The curriculum committee should be provided with resources for planning and implementing methods of teaching and learning, student assessment, course evaluation, and for innovations in the curriculum. There should be representation on the curriculum committee of staff, students and other stakeholders.

Annotations:

-The authority of the curriculum committee would include supremacy over specific departmental and subject interests, and the control of the curriculum within existing rules and regulations as defined by the governance structure of the institution and governmental authorities.

-Other stakeholders would include other participants in the educational process, representatives of other health professions or other faculties in the University.

-BS The representation on the curriculum committee of staff and students is considered a basic standard.

2.2.7.1 Description of the actual situation

1. *The Curricular Committee will have the competence and authority to plan and implement the curriculum in order to ensure the objectives of the Faculty of Medicine.*

Within the UMFCV Senate functions the *Committee for Education, curriculum development and internal academic evaluation* for which there are equivalent faculty committees, including at the level of the Faculty of Medicine.

Since at present are clearly defined the aspects related to the curriculum, approved procedures refer to the assessment and modification of the existing one and the introduction of new units.

Basically, the introduction of a new course unit is based on the initiative of a teacher or of a team of specialists who complete order forms and attach all documentation supporting the proposal and are submitted to the Faculty Curriculum Committee. After completing the analysis of the correspondence on additions and demands, in the case in which the Curriculum Committee agrees, the documentation is submitted to the Council of the Faculty of Medicine, then, after Commission approval to the Senate. The Senate approves the introduction of the new course unit in the curricula before the beginning of the new academic year.

Regarding the existing units these are the subject of a periodic review, according to specific procedure from *Periodic evaluation of institutional academic unit*.

The application of the study plan is the task of their curriculum director (folder / directory plus 3 representatives).

2. Students will be represented in the curricular committee

Students are represented on the curriculum both at the level of the University as well as at the level of the Faculty of Medicine.

Development of quality standard:

3. Curriculum Committee will have the needed resources to plan and implement teaching and learning, student assessment, evaluation of courses and curriculum innovations. Staff and stakeholders will be represented in the curriculum committee.

Curricula can change both at faculty proposal and as a result of some decisions taken at institutional or national level, whose applicability begins with the 1st year students. Such a change occurred recently starting with the 1st year, academic year 202-2013, by introducing the new curriculum structure of 14 weeks/semester of study, the rest of the study years continuing training on curricula structured on 15 weeks/semester, as a result of ARACIS recommendations and of a national decision of the Medical Faculties deans.

Study subjects sheets are updated annually in accordance with the procedures set out in Chapter 2.2.7.1.

If until now curricular commissions lacked resources, from this academic year has been allocated a space equipped with office equipment, purchased through a POSDRU project.

2.2.7.2 Analysis of strengths and weaknesses

Strengths: Education plans are well structured, with their teachers observing the minimum amount required by national ARACIS standards and sufficient learning resources. All study programs are accredited by ARACIS, the entire university is also an accredited institution.

2.2.7.3 Improvement proposals, planned measures

Weaknesses and improvement proposals: There is no wide openness towards the introduction of more options and attractive teaching/learning/assessment methods, proposing in this way the revival of Medical Education Center. We also intend a bigger involvement of specialized committees and of managerial bodies in the organization and control of students' clinic activities.

2.2.8 Relations with medical practice and the healthcare system

Basic standard:

Operational linkage must be assured between the educational programme and the subsequent stage of training or practice that the student will enter after graduation.

Quality development:

The curriculum committee should seek input from the environment in which graduates will be expected to work and should undertake programme modification in response to feedback from the community and society.

Annotations:

- Subsequent stages of training would include pre-registration training, and specialist training.

- Operational linkage would imply clear definition and description of the elements and their interrelations in the various stages of training and practice, and should pay attention to the local, national, regional and global context.

BS The quality development standard is considered a basic standard.

2.2.8.1 Description of real situation

Basic standards:

1. Operational links between the educational program and the subsequent phase of improvement or practice adopted by the student after graduation must be ensured.

Preparing graduates through residency is by promoting a national contest, held usually in November each year. Preparation takes place in specialized clinics, where students performed practical training during undergraduate studies, where work both academics and specialists or primary care health care from the network of medical assistance, next to resident doctors.

Also, graduates of the Faculty of Medicine may choose to continue their studies at PhD, Masters or different post graduate courses, continuing medical education.

2. Curriculum Committee will continuously have information from the environment in which is expected to work the work and therefore will make any changes necessary to meet the academic curriculum feedback from community and society.

Most curricular Commission members are teachers who work as doctors in university hospitals in Craiova and are in constant contact with all types of physicians, residents and other teachers.

2.2.8.2 Analysis of strengths and weaknesses

Strengths:

Good and very good results of graduates at the entrance exam in residency, in the last years, the biggest scores in the entire country being obtained by our graduates.

Participation next to the other UMF s in the country to strategic projects dedicated to graduates (POSDRU projects for young PhD students, the establishment of graduates' competencies and so on).

Weaknesses:

Unfortunately, the entrance exam for residency is purely theoretic, without taking into consideration the skills or graduate's wishes to follow a certain specialty, being chosen the specialty from the number of points obtained in the theoretical examination, existing lots of cases in

which graduates can only choose between specialties that they do not really want, having as a result the sustaining in the year to come of a new entrance exam, hoping that they will obtain a score that will permit them to followed the desired specialty.

2.2.8.3 Improvement proposals, measures

Unfortunately the problem of entrance to the desired specialty above mentioned can only be solved at a national level.

As improvement measures we propose the following:

- completion of the practical abilities notebook developed by the e-Medical project;
- obtaining funding with a view to merging the clinical ability labs that function now separately, in different buildings and do not cover all types of abilities.

2.3 ASSESSMENT OF STUDENTS

2.3.1 Assessment methods

Basic standard: The medical school must define and state the methods used for assessment of its students, including the criteria for passing Examinations.

Quality development: The reliability and validity of assessment methods should be documented and evaluated and new assessment methods developed.

Annotations:

-The definition of methods used for assessment may include consideration of the balance between formative and summary assessment, the number of examinations and other tests, the balance between written and oral examinations, the use of normative and criterion referenced judgements, and the use of special types of examinations, e.g. objective structured clinical examinations (OSCE).

-Evaluation of assessment methods may include an evaluation of how they promote learning.

-New assessment methods may include the use of external examiners.

BS European best practice implies that documentation of reliability and validity of assessment methodologies is considered a basic standard.

QD Assessments and methodologies used should be open to scrutiny by external authorities.

2.3.1.1 Description of the actual situation

Basic Standards:

1. The Faculty of Medicine will have to present and specify the methods used for student assessment, including here criteria for exam promotion.

2. The veracity and validity of assessment methods will be documented upon.

Students' knowledge assessment rules and procedures are contained in the Methodology of Students' Assessment, available on the University website. This document complies with present legislation and University Charter and was adopted by the Senate of UMF Craiova after previous consultation with students' representatives.

3. Assessment of students' knowledge is done for each separate subject through exams or test samples.

The appreciation of student's knowledge is being done with marks from 1 to 10, the minimal promotion grade being 5. Each subject establishes its way and the evaluation criteria that are being clearly defined in subject files and are listed at each subject headquarters. Currently, the most used evaluation method is summary evaluation, during exam sessions, consisting of a practical test (in order to check practical skills, competencies and abilities) and an oral and/or written editorial or grid type (for verification of theoretical knowledge). There is also the possibility to choose partial exams in subjects spanning on two semesters. During session, the student can choose the sequence and support for scheduled evaluations.

There are also subjects with complex incentive assessment methods established after consultations between examiners and students (Eg. Human Anatomy: formative evaluation conducted by the group assistant+ practical summary assessment –depending on the outcome of formative assessment + MCQ test, the last two being performed by independent review teams).

Students promote to the next year of study based on the number of study credits (ECTS) gathered in that year, according to the provisions of *Teaching Regulation and of Students' professional activity* (promoted - over 80% of the loans, postponed for loans recovery – between 50 and 80% of the credits and expelled – less than 50% of the loans).

Implementation of quality standards:

3. Reliability and validity of assessment methods will be evaluated and thus will be implemented new evaluation methods. So far, through subject sheet at the beginning of each academic year were proposed and approved methods of student assessment, most often teachers proposals remaining final.

Student assessment results are reviewed quarterly by the Faculty Council. Based on this analysis, the Faculty Council sets out recommendations for subjects.

Both the University Charter and the Regulation of professional activity and didactic activity of students and Student examination methodology explicitly provide that faculty dean may interfere at any petition or complaint in any form, of any intended or attempted to defraud the assessments, having the right to cancel the exam and have it reorganized, with a commission from which the teacher may or may not be part.

2.3.1.2 Analysis of strengths and weaknesses

Strengths

In clinical subjects practical exam is taken by the bedside, thing that allows a better assessment of skills, abilities and competencies acquired by the student and consists at least in the anamnesis, clinical evaluation of the patient, request of some paraclinical examinations, accurate shaping of diagnosis and prescription of therapeutic indications.

Possibility of small group assessment planning and which is considering students' choices and improves the quality of the assessment process.

Weaknesses

Time spent by final evaluations in each subject.

Large number of sustained exams.

Non-uniformity of assessments in subjects having multiple coordinators.

An uneven practical evaluation within each subject makes difficult the standardization process of required skills and abilities' assessment.

2.3.1.3 Improvement proposals, measures

Introduction of modern assessment methods to reduce the number of exams sustained and the possibility of standardizing assessment of acquired skills and abilities.

2.3.2 Relation between assessment and learning

Basic standard: Assessment principles, methods and practices must be clearly compatible with educational objectives and must promote learning.

Quality development: The number and nature of examinations should be adjusted by integrating assessments of various curricular elements to encourage integrated learning.

The need to learn excessive amounts of information should be reduced and curriculum overload prevented.

Annotation:

- Adjustment of number and nature of examinations would include consideration of avoiding negative effects on learning.

2.3.2.1 Description of the actual situation

The subject sheets detail the number of hours assigned for course / practical / clinical training / seminars / projects, teacher name, general and specific learning objectives, theoretical and practical issues to be taken by students, recommended literature, the skills acquired, teaching methods used in teaching-learning process, recoveries schedule (absences, consultations, student scientific class, program for students poorly prepared), forms of assessment (written, oral and written, oral test, practical application, MCQ, etc.), and their percentages of final average note and allocated data for guidance and counselling programs (2 hours/month).

At the beginning of each academic year, the subjects must display the topics and performance of the theoretical exam and detail on the ways of performance and content of practical exam, well as other conditions that may contribute to achieving the final grade (topics and recommended bibliography, the conduct of examination, continuous assessment tests, activity in internship, assistant characterization, reports and etc).

All forms of student assessment must comply methodology for examining students in the *Methodology of Students' Assessment*.

Regular analysis of content of sheet subject by the Curriculum Commission and teacher activity by Quality Commission, involving students in the evaluation of teachers' activity.

2.3.2.2 Analysis of strengths and weaknesses

Strength:

Evaluation based on educational objectives and competencies acquired, defined within each subject.

Students' involvement in teaching evaluation.

Examinations take place in the presence of at least two examiners, who signed catalogues of the evaluation results.

Weaknesses:

There are still many subjects which have not provided in the subject sheet forms of periodic formative assessments.

Insufficient uniformity of oral assessments that could give rise to complaints from the students when results are displayed.

2.3.2.3 Improvement proposals, planned measures

To pay more attention from the specialized committees which validates sheets subjects before being approved by the Faculty Council, with pursuing the inclusion of alternative methods of formative assessment as well as use new teaching methods leading to more effective teamwork and individual work (problem based learning, portfolios, e-learning, practical opportunities to practice skills, etc).

2.4 STUDENTS

2.4.1 Policy of admission and selection

Basic standard: The medical school must have an admission policy including a clear statement on the process of selection of students.

Quality development: The admission policy should be reviewed periodically, based on relevant societal and professional data, to comply with the social responsibilities of the institution and the health needs of community and society. The relationship between selection, the educational programme and desired qualities of graduates should be stated.

Annotations:

- The statement on process of selection of students would include both rationale and methods of selection and may include description of a mechanism for appeal.

- The review of admission policies and the recruitment of students would include improvement of selection criteria, to reflect the capability of students to become doctors and to cover the variations in required competencies related to diversity of medicine.

2.4.1.1 Description of the actual situation

Admission in the Faculty of Medicine of the University of Medicine and Pharmacy Craiova is being done through admission, based on the *Organizing methodology of the admission contest* and according to the provisions of National Education Law no.1/2011.

The registration and participation of all high school graduates with a Baccalaureate degree is allowed, with no discrimination by religion, race or political affiliation.

Admission is publicly announced (press, Internet) at least six months before.

The entrance examination consists of a multiple choice test of 100 questions (60 questions in Biology – Human Anatomy and Physiology and 40 questions at choice between Chemistry or Physics). Papers are secret. Admission is done in descending order of the general admission average marks obtained by the candidates, within the number of places for which the contest is being organized. In order to support the candidates, the faculty has developed volumes of admission tests, and annually organizes a simulation of the entrance exam, having the purpose of getting prospective candidates acquainted with exam conditions and proper time management.

The only selection criterion is the competence of the candidates.

Admission equity and relevance as well as reliability are ensured. The transparency of the entrance examination is being ensured by publishing correct answers and results, with a possibility to appeal within 24 hours from their display. Settling disputes and result communication happens within 2 days from the deadline of lodging appeals.

The number of students is established by faculty's capacity for training and education regularly adapted according to community and society necessities; the Faculty of Medicine proposed in recent years for Romanian student citizens a number of 80 fee seats as compared to the 210 budgeted seats from the study programme Medicine.

Although there was a temptation to increase the number of seats for the Faculty of Medicine, the University considered as more important the limitation of the risk of quality compromise and the keeping of a constant number of seats at the expense of financial advantages offered by the increase of fee seats.

Quality standards

The decrease of the inflow towards the health curricula pushed most of the medical faculties in Romania towards the reduction of materials included in the entrance examination, just in Biology. UMFCV considered appropriate the maintenance of a high quality standard of admission into medicine by including also the evaluation of the readiness to Chemistry or Physics together the Biology.

2.4.1.2 Analysis of strengths and weaknesses

Strengths :

- degree of secrecy and extremely high accuracy (similar and even higher for residency admission)
- transparency ensured by the fact that each candidate leaves the examination room with a copy of the paper .
- the results are displayed and posted on site on the very day of the contest.

Weaknesses :

- the admission system is based on MCQ from questions testing especially the storage capacity of candidates.

2.4.1.3 Improvement suggestions, planned measures

Elaboration of tests that should contain logical thinking evaluation questions by introducing a higher proportion of effective problems of physics or chemistry.

2.4.2 Student intake

2.4.2.1 Description of real situation

Basic standard:

The size of student intake must be defined and related to the capacity of the medical school at all stages of education and training.

Quality development:

The size and nature of student intake should be reviewed in consultation with relevant stakeholders and regulated periodically to meet the needs of community and society.

Annotations:

- The needs of community and society may include consideration of balanced intake according to gender, ethnicity and other social requirements, including the potential need of a special admission policy for underprivileged students.

- Stakeholders would include those responsible for planning and development of human resources in the national health sector.

Basic standard :

1. *The volume of admitted students will be indicated and correlated with the capacity of the faculty of medicine, at all stages of study and training.*

Quality implementation standard:

2. *The volume and the type of students' admission will be revised after consultation with relevant stakeholders and shall be periodically regulated in order to meet the needs of community and society.*

Student intake is determined by the training and education capacity of the faculty existing a periodical adaptation according to the needs of community and society. In recent years the Faculty of Medicine has proposed for Romanian citizen students a number of 80 fee seats as compared to the 210 toll budgeted ones for the study programme Medicine, figure approved by the Senate and transmitted to MECTS for the issuance of Government Decision in this regard.

The maximum tuition capacity for each study programme is established by ARACIS, as a result of the examination visits, taking into consideration the infrastructure and existing human and financial resources. For the study programme Medicine from UMF Craiova the maximal school capacity is of 325 seats.

2.4.2.2 Analysis of strengths and weaknesses

Strengths :

The Faculty of Medicine from UMF Craiova has a number of 1651 students, the intake capacity for all years of study being of 1920, being one of the few medical schools in Romania completing the intake number approved through Government Decision.

2.4.3 Student support and guidance

2.4.3.1 Description of real situation

Basic standard:

A student support programme, including counseling, must be offered by the medical school.

Quality development:

Counseling should be provided based on monitoring of student progress and should address social and personal needs of students.

Annotation:

- Social and personal needs would include academic support, career guidance, health problems and financial matters.

1. Basic standards :

The Faculty of Medicine will provide a program dedicated to students' support, including their counselling.

The Center of Counselling and Vocational Guidance (CCOP) and the ALUMNI Association operate within UMF Craiova.

The professional guidance that takes place in CCOP is achieved by psychological and pedagogical assistance, testing of individual ability and orientation towards corresponding fields of skill profiling. ALUMNI, the association of UMF Craiova graduates, primarily aims to open communication with graduates in order to solve the main encountered problems in the process of professional formation or social integration.

Counselling is based on monitoring results in education, existing for this CCOP collaboration with teaching and auxiliary teaching staff. CCOP and ALUMNI elaborate psychosociologic studies on final year students' and graduates' options, studies that aim the professional route and the evaluation of instructional educational process that takes place in the faculty.

Contact between teachers and students is being maintained directly and through e-mail and scheduled and on request consultations are being offered.

The students of the Faculty of Medicine may be members of student organizations, SSM constantly supporting activities in terms of scientific sessions, travelling to various congresses but also extra-curricular, social and recreational activities.

2. Counselling should be made available based on the monitoring of student progress and will have to meet students' personal and social needs.

Teachers are available for consultancy at least 2 hours per week; there are also forms of association between students and a teacher as well as peer tutoring. Counselling is based on the monitoring of outcomes in education, by developing psycho-social studies regarding students' options and the evaluation of the educational process.

The teaching staff of our institution always involve students in the teaching activity, the process being adapted to students' rhythm and way of learning.

For the poorly prepared students there is a permanent offer of programs in order to bring them to the medium level (the classes take place permanently starting from a school failure of 10% per year).

Inside the Faculty it is also being practiced collegial tutoring between the students in final years and the others, along with forms of association between a teacher and a group of students.

The Dean's Office, through the Dean and the Vice Dean on student problems keeps permanently in touch with students, having displayed the audience schedule.

In many subjects of study there are „scientific clubs”, that provide stimulating programs for high-performing students through their involvement in scientific research.

Psychologists from CCOP are available to students with problems and for the psychological counselling and psychotherapy sessions.

From the scholarship fund allocated from the state budget, the faculty of Medicine is assigned by the UMF Craiova the following types of scholarships:

- merit scholarships;
- study scholarships;
- social aid scholarships.

Merit scholarships and study scholarships are granted to students based on the obtained results. Social aid scholarships are granted on request, depending on the financial situation of student's family. Students receive scholarships in relation to the scholarship fund allocated from the state budget and the amount of the scholarship.

Specific criteria for granting merit, study and social aid scholarships are being annually established in the Senate of the University of Medicine and Pharmacy Craiova.

Scholarships amounts are determined by the Senate of U.M.F. Craiova, depending on budgetary allocations with special destination, namely for scholarships.

Scholarships funds are distributed to the faculty on years of study, proportional to the number of enrolled students.

The average of the scholarship represents the arithmetic mean of the marks obtained on the scheduled tests/examinations.

Checking the accuracy of students' situation for compliance with the provisions of social scholarships is made based on the Enrolment Sheet, under student's signature.

Do not constitute criteria for scholarships from state budget: age, sex, religion, political affiliation of the candidate or of his/her family, the membership of legally constituted organizations or with an activity according to Romanian legislation, studies performed abroad as well as free access to scholarships from other sources.

2.4.3.2 Analysis of strengths or weaknesses

Strengths:

- Successful operation of CCOP ever since 2006.
- Granting of scholarships for school and social performance

Weaknesses:

- Lack of a functional controlling system of guardians' activity
- Shy response of the ALUMNI Association members (many of them being young teachers or resident doctors / specialists in the clinics where students operate) to Dean's requests to get more involved in students' support.

2.4.3.3 Improvement suggestions

- Reviving ALUMNI activities as well as thinking and applying a monitoring tutorial system.

2.4.4 Students' representation

2.4.4.1 Description of real situation

Basic standard:

The medical school must have a policy on student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.

Quality development:

Student activities and student organisations should be encouraged and facilitated.

Annotation:

- Student activities and organisations would include students' self-government and representation on educational committees and other relevant bodies as well as social activities.

BS The quality development standard is considered a basic standard.

Basic standard:

1. A medical school must have a policy of student representation and an appropriate participation in the development, management and evaluation of the curriculum, but also in other sectors relevant to students.

According to the Charter provisions, from the total number of Senate members (30 teachers and 10 students) and the Council of the Faculty of Medicine (30 teachers and 10 students), at least 25% are students' representatives. Students' representatives are elected by students through elections (direct, secret and equal vote) organised by SSM.

The SSM president is a member with complete rights in the Administrative Council of UMF Craiova.

Also, in all the Senate Committees as well as in those who work next to Faculty Councils, are co-opted student representatives as full members.

Students' representatives living in dormitories are part of the accommodation Committees and are working effectively to student repartition in living quarters.

2. Student activities and organisations should be encouraged and facilitated.

All student organizations have social headquarters in faculties provided by the university.

Annually, the Administrative Board allocates a budget of expenses for SSM, especially for the participation of society's members to working meetings of IAFMSA (the international organisation of medical students).

Students benefit of preferential rates at both daily dining in the canteen restaurant and sport-based activities.

The Faculty actively involves in supporting students from the organizing committees of the events organized by students and in those conducted by society departments, especially the organisation and conduct of international exchanges involving students.

Inside the Faculty of Medicine functions the Student Society of Surgery Romania, Craiova branch, the institution providing them a space for experimental surgery in the Department of Anatomy and two operating rooms for small animals and animals within the Biobase.

Students are actively involved in the process of teachers' evaluation, but the collection of specific forms rate is not very high.

2.4.4.2. Analysis of strengths or weaknesses

Strengths

A very good communication with students that participate to all the activities of collective managerial bodies through appointed representatives.

Weaknesses

SSM management is elected annually, thing that leads to change of opinions. Even though all traditional processes are successfully developing, there is a certain lack of initiative in what the involvement in new processes is concerned.

2.5 TEACHING STAFF / FACULTY

2.5.1 Recruitment Policy

2.5.1.1 Description of real situation

Basic standard: The medical school must have a staff recruitment policy which outlines the type, responsibilities and balance of academic staff required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, and between full-time and part-time staff, the responsibilities of which must be explicitly specified and monitored.

Quality development: A policy should be developed for staff selection criteria, including scientific, educational and clinical merit, relationship to the mission of the institution, economic considerations and issues of local significance.

Annotations:

- *Balance of academic staff/faculty would include staff with joint responsibilities in the basic and clinical sciences, in the university and health care facilities, and teachers with dual appointments.*
- *Issues of local significance may include gender, ethnicity, religion, language and others of relevance to the school.*
- *Merit can be measured by formal qualifications, professional experience, research output, teaching experience, peer recognition, etc.*

Basic standards:

1. The faculty of Medicine must conduct a recruitment policy outlining the type, responsibilities and the balancing of staff responsibilities, necessary in order to provide the appropriateness of the curriculum, here included the equilibrium between medical and non-medical staff, but also of the full time and part time employed personnel, clearly specifying and monitoring their responsibilities.

The Faculty of Medicine from UMF Craiova, just like the complete higher education system in Romania works with the following teaching positions in ascending order: junior lecturer, senior lecturer, associate professor and professor.

The equivalent positions for scientific research are research assistant, scientific researcher, scientific researcher 3rd degree, scientific researcher 2nd degree, scientific researcher 1st degree (equivalent for professor).

The Faculty of Medicine from UMF Craiova has a well defined policy concerning the recruitment of academic didactic personnel, comprised in the Charter of UMF Craiova). Are taken into consideration the responsibilities, the structure of the personnel needed for an adequate application of the curricula, the relationship between teachers/students as well as that between the teaching staff/ non-teaching staff. In the Charter of UMF Craiova and in the regulations, codes and subsequent methodologies to this one, there are clearly stated the selection criteria for didactic staff, including scientific performance, with a system of evaluation and improvement of promoting criteria.

University teaching positions may be filled by people who meet the study conditions provided by law and are able to fully exercise their rights, have an adequate moral conform with

professional deontology, are Romanian citizens or of another EU Member State and are medically able to serve according to the provisions of Law 1/2011.

Inside the Faculty of Medicine can also function associate teachers for all vacant teaching positions. These positions are open for competition, with temporary employment by health professionals from outside the institution. The filling of vacant teaching positions with associate teachers from outside the Faculty of Medicine is being made by competition organized by the Department, consisting in at least one resume and an interview.

The teaching staff of the Faculty of Medicine from Craiova meets the legal requirements for filling teaching positions.

Contest methodology for filling vacant teaching positions with associate teaching staff is approved by the Senate of UMF Craiova. The given positions are being occupied for a period of 1 year and do not represent an academic title. Employment is approved by Faculty Council and approved in the UMF Senate.

Vacant academic positions are open for competition, at Department request, being approved by Faculty Council and UMF Senate.

Vacancies are open for competition at the beginning of each semester and published in the Official Monitor and on the dedicated site, administrated by MECTS.

Until their filling, vacant teaching positions may be filled temporarily, with annual reconfirmation by permanent teachers of the Faculty of Medicine and associate didactic staff through hourly paid working.

The teaching staff meets the legal requirements in order to fill didactic positions, and permanently employed teaching staff in the faculty covers one, maximum two didactic norms in one academic year.

For the academic year 2011-2012, in the Faculty of Medicine, out of the 445 legally constituted posts 358 are occupied by own teaching staff, as follows:

- professors = 46
- associate professors = 62
- senior lecturers = 69
- junior lecturers = 181

The percentage of occupied positions was of 80,45%, and the ratio teachers : students was of 1 : 4,6

Tenure teachers are doctors in medical sciences and all the other teachers have initial training or competencies in the field they teach. Teachers filling the position of junior lecturer are enrolled in or graduates of the psycho-pedagogical training module.

Teachers have their basic labour time in the Faculty of Medicine and may perform maximum one other didactic norm to be paid on an hourly basis. The organization and conduct of

contests for occupying teaching positions prescribed in the conduct of competitions for filling available teaching positions.

Each didactic position has a university labour time, created according to legal provisions, made up of the teaching and/or research time as well as other activities such as: graduate orientation of development work, guiding the development of master or doctoral dissertations, assessment, tutoring, consultations, the scientific guidance, participation in committees and councils in the interest of education, residency tutoring and so on.

The time sheet distribution of teaching staff is quantified in conventional hours. Thus, 1 hour of course is considered 2 conventional hours, while one hour of practical activities (clinical stage, practical works or seminars) corresponds to one conventional hour.

In the master's and doctoral education, teaching time is of 2,5 conventional hours, and the practical work class equals 1,5 conventional hours. In the case of lines taught in a language of international circulations, teaching and seminar activities may multiply with an additional factor of 1,25.

A university professor has mandatory in his basic norm 7 conventional hours, out of which 4 are conventional teaching hours. The Associate Professor: 8 conventional hours /week out of which 4 are conventional teaching hours. Lecturers have in their norm 10 conventional hours /week, out of which at least 2 teaching hours and Assistant lecturers -11 conventional hours, without teaching hours. The teaching norm may not exceed 16 conventional hours/week.

All teaching positions are included in the Pay Rolls of the Faculty and are grouped by Departments and Disciplines of study, hierarchically, first the occupied ones, then the vacancies. The Pay Rolls are provided annually, 15 days before the beginning of the academic year, are approved by the Faculty Council and Senate and cannot be modified during the academic year in accordance with LEN.

The number of posts and didactic positions from the Pay Rolls are established taking into consideration curricula, learning formations and academic norms.

Teachers from clinic subjects have integration into clinics in the units of sanitary assistance and one part occupies managerial functions: heads of clinical departments, directors of university hospitals, and various positions in the organizational College in Romania.

In UMF Craiova and implicitly in the Faculty of Medicine is being applied the SEAC Guide.

The evaluation procedures suppose self-evaluation, collegial evaluation and student evaluation as well as evaluation from the head of the department or subject.

The main objective of the educational process being the higher education quality assurance and assessment, staff focuses on student educational activity.

The Faculty of Medicine of UMF Craiova has an annual evaluation based on five criteria for each teacher and promotion grills that contain clearly defined objective conditions.

A separate chapter of the Evaluation Sheet is represented by the quality of scientific research materialized through research projects and publishing of scientific articles.

Teacher promotion also depends on the results of the evaluation, in which are also taken into consideration the results of the peer review and those completed by students.

Evaluation is periodic and compulsory.

Regarding peer review, the Head of Department annually analyzes the peer evaluations of department members, by preparing an annual report available for faculty and university management.

Regarding the auxiliary teaching staff, in the Faculty of Medicine operate a number of 55 persons that support teachers directly in their activities.

2. Personnel policy should ensure that there is both a sufficient number of experts from the academic level to provide a suitable curriculum and a sufficient number of caliber researchers for various subjects.

All teaching positions are filled through competition which consists in the evaluation of professional, didactic and scientific qualities of candidates by the contest commission, in accordance with the methodology approved by the Senate for this purpose.

All course owners have the specialization in the domain of the taught clinical subject, being primary doctors and doctors in medical sciences. In the case of fundamental subjects and of the complementary ones, all course owners have specializations in the activity field and are doctors in sciences.

3. A policy on staff selection criteria will be implemented, including scientific, educational and clinic merits, the relationship to the mission of the institution, economic premises and aspects of local significance.

The teaching staff annually evaluates himself and is being evaluated by the department head based on an evaluation form which includes several criteria for teaching, scientific and research activities, promoting the image of the institution. These forms are synthesized and processed at the level of heads of departments and faculty management and represent criteria on whose bases can be realized the promotion of teaching staff.

2.5.1.2 Analysis of strengths and weaknesses

Strengths:

Teachers are engaged in education, research and health care.

Weaknesses:

The existence of some subjects where teachers do not have consistent results of scientific research.

2.5.1.3 Improvement proposals, planned measures

The proposal of interdisciplinary scientific research themes in which to be co-opted teachers from the subjects without significant results.

2.5.2 STAFF POLICY AND DEVELOPMENT

5.2.1 Description of real situation

Basic standard:

The medical school must have a staff policy which addresses a balance of capacity for teaching, research and service functions, and ensures recognition of meritorious academic activities, with appropriate emphasis on both research attainment and teaching qualifications.

All teachers teaching performing teaching and scientific research, most of them, including those from preclinical subjects are engaged in health care in the clinics or departments of university hospitals.

Also, teachers are be in included in boards of professional associations either have quality of member in one or more professional associations. They have the status of expert in committee of the Ministry of Health, ARACIS CMR, CNADTCU or are members of the Academy of Medical Sciences of Romania.

Charter of UMF Craiova provides, in chapter University Autonomy, the possibility of granting honours and awards as a tribute to the activities carried out by people, groups or institutions with outstanding results. Similarly, the Senate of UMF Craiova approved awarding of diplomas, honours, awards of excellence, jubilee diplomas and so on, based on the Faculty Councils or the Administrative Board proposal.

The Senate of UMF Craiova may confer the honorary title of "Professor Emeritus" for excellence in teaching and/or research, for teachers who have reached retirement age. On the basis of professional performance and financial position of the Senate may approve continuation of the activity for professors after retirement, under a fixed-term contract of one year with possibility of extension under a fixed-term contract of one year with possibility of extension according to the University Charter without age limit, according law and methodology approved for this purpose.

For this purpose, it is ensures exercise of informed consent about contests, programs and opportunities for study and research. In addition, it offers opportunities for each member of the University can make decisions on their career.

When the new implementation of LEN and with the entry into application of the new University Charter, was preferred proposal to develop a guide to for granting awards criteria, which is under development.

The Senate has approved the Regulation for merit gradations granting which is done by competition, a total of 45 employees of the Faculty of Medicine benefiting from an increase of 25% in salary.

Teachers' employment salaries vary between a minimum and a maximum for each teaching position and seniority-. The results of teachers' teaching, research and complementary evaluations were taken into account when placing between minimum and maximum salary level

Scientific research was the main component of the scoring grid, as shown in the figure below, due to its special importance in the composition of the dossier for a higher teaching position.

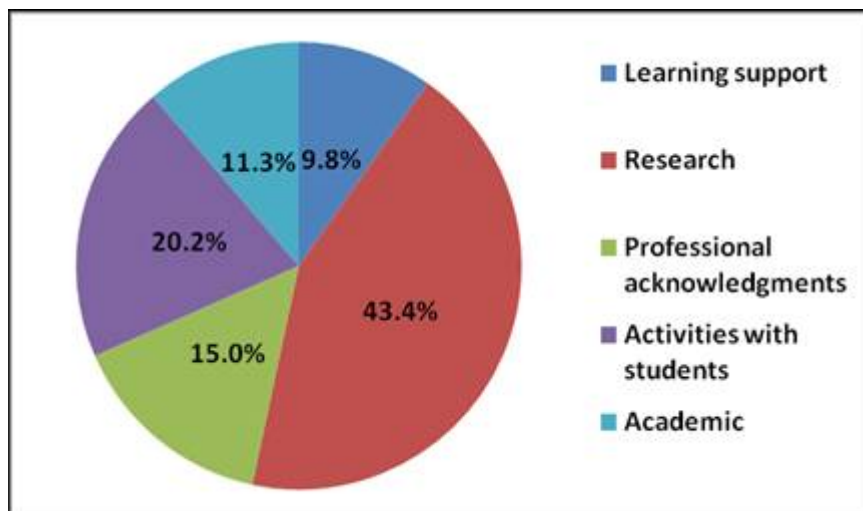


Figure – The share of teaching staff activities included in the self-assessment grid.

In the first week of June of each year shall organize scientific meetings under the aegis University of Medicine and Pharmacy of Craiova Days, where valuable presentations are proposed for publication in journals active in the institution.

Within the UMF of Craiova has functioned until last year Teacher Training Department whose modules have been attended by both students from final years who wishing to embrace a teaching career, but also by young teachers, giving a score in the evaluation grid in a view to occupying teaching positions for attending these modules

Were organized separate teaching modules for medical specialties particular for medical teachers, but unfortunately their interest was not as expected.

With changing of legislation the Teacher Training Department, at national level, which was turned into teaching Master's programme. Some of the DPPD activities were transferred to the Centre for Medical Education, reactivated after the publication of the new Charter.

UMF Craiova organizes annually a series of postgraduate courses attended by graduates, and teachers.

In the last years were organized workshops in collaboration with PRIME - Partnerships in International Medical Education, within the program "Faculty Development" for training of trainers.

2.5.2.2 Analysis of strengths and weaknesses

Strengths :

Existence of correspondence between the results of evaluations and wage levels

Preservation of teaching positions pyramid, the teaching assistant are the majority and they are the basis of selection for future teaching staff

Weaknesses:

- No criteria have been developed yet for awards user
- Low response of teachers to teaching training courses

2.5.2.3 Improvement measures, planned measures

Developing a mechanism that would lead to a systematic and mandatory didactic training.

Successful performance of e-Mediqua project activities with teachers with purpose of training in the use of new teaching methods and the introduction of the integrated curriculum

Introducing in the guide awards criteria and of some forms of reward excellence in teaching.

2.6 EDUCATIONAL RESOURCES

2.6.1 Physical facilities

Basic standard:

1. The medical school must have sufficient physical facilities for the staff and the student population to ensure that the curriculum can be delivered adequately

2.6.1.1 Description of the actual situation

The base material was included in a process of development and transformation currently being renovated most teaching spaces, renovated and modernized appropriate to higher education medical requirements. University of Medicine and Pharmacy headquarters is situated in Street Petru Rares, No. 2.

The university performs its activity in Craiova in two campuses:

Building A (Old Medicine), Building A' (Expand educational facilities) and Building E (Biobase) - in Petru Rares St., no. 2

Building B (the new building) and Building C - May 1 av., no. 66 and 68 - spaces

In these buildings is located 21 classrooms and 48 seminar rooms and 87 laboratories, libraries with reading rooms (50,000 volumes and 20,000 periodicals) located in the current spaces of the University of Medicine and Pharmacy Craiova. In addition to these additional 50 classrooms / labs / tutorials / demonstrations are located in hospitals under collaborative agreements signed with them.

UMF Craiova has a computer Intranet network (with a total of 450 PCs connected to the Internet).

To support research Faculty of Medicine of UMF Craiova is equipped with research laboratories (anatomy, histology, physiology, histopathology, cell biology, genetics, immunohistochemistry, immunology, biophysics, pharmacology, pathophysiology, microbiology, parasitology, virology); two research centers accredited: "Center for microscopic morphology and immunology studies" with 4 departments (histology, pathology, immunology, medical benefits) and

"Research Center in Gastroenterology and Hepatology" and 1 more research center of Rheumatology approved by the Senate which has not yet entered in the evaluation process.

Clinical basis is represented by university clinics with adequate facilities (total 4300 beds) located in Clinical Emergency County Hospital, "Victor Babes" Infectious Disease Hospital, Neuropsychiatry Hospital, "Philanthropy" Municipal Hospital, "CFR" Hospital and "Dr. Stefan Odoobleja" Clinical Military Hospital.

Classrooms are equipped to European standards, with new furniture, modern presentation equipment courses (projection screen, projector, computer / laptop, retro projector, and others). Natural and neon lighting, parquet, windows and permanent sanitizing facilities and provide comfort environment for carrying out of teaching and research.

2. The medical school must have appropriate rules to ensure the learning environment is safe for staff, students and patients.

All own buildings of UMF Craiova where it operates the Faculty of Medicine have running authorization awarded by Department of Public Health and the Inspectorate for Emergency Situations, most problems reported by the supervisory bodies being resolved in a timely manner so as to ensure hygiene, safety work and fire safety.

Annually are scheduled and conducted simulations to produce earthquakes and fire burst so that intervention committees to carry out practical applications in real conditions.

Quality development: The learning environment for the students should be improved by regular updating and extension of the facilities to match developments in educational practices. The studying environment for students will be provided by periodically updating and extending the features that follow the developments in educational practices

For the students of The Faculty of Medicine, the material basis consists of laboratories, library, reading halls, lecture rooms, recreational facilities etc. The teaching areas are highly represented and recently modernized, the teaching activity taking place in the two buildings (A and B) of The University of Medicine and Pharmacy of Craiova, and from 2010 the New Building, which has been designed and erected according to European standards, is functional.

The laboratories have been supplied with computers connected to the central network of The University of Medicine and Pharmacy of Craiova in order to ensure the practical activities in laboratories equipped with the latest computing.

The Faculty of Medicine has an institutional structure that manages the resources and the medium- and long-term development plans depending on the educational practices. The Faculty has software for each subject in the curricula and has the license to use them.

The institution provides the students and the PhD students with various research resources in an appropriate environment, at the library, using the informatics technology both in a classical way and electronically. The monographs, the treaties, the national and foreign journals can be consulted for free, and the holdings and subscriptions to different journals are renewed every year after consulting with the Administration Council.

The faculty is preoccupied with the postgraduate training of the students, thus it offers two Master's Degrees programs accredited by ARACIS and it also comes forward with PhD studies included in IOSUD.

The Faculty of Medicine students from The University of Medicine and Pharmacy of Craiova also benefit from their own modern accommodation areas (rooms with TV-sets, refrigerators, TV network and Internet etc.) located in the dorms, where there are various student committees.

In the immediate precincts there is a restaurant-cafeteria, a gym and a sports complex with mini-basketball fields, tennis fields fitted on a synthetic surface with nocturne lighting.

The investments for building a new student hostel in the campus with rooms and studio flats for 2 dwellers with a capacity of 176 students and residents have also been finalized.

There are continuous attempts to redesign both the educational and recreational areas.

2.6.1.2 Analysis of strengths and weaknesses

Strengths:

- The existence of new buildings and the recent renovation of the older ones
- A relaxed occupancy of the rooms graphic that allows a planning of the schedule that provides a two-hour lunch break for the students
- Setting the activities in two close campuses and in the immediate precincts of the County Emergency Hospital (the greatest hospital in Romania), where 70% of the clinical internships take place
- The continuous concern for computerization and replacing the old computers with the latest ones
- All the buildings have an approach ramp for the disabled

Weaknesses:

- Full occupancy of the building area, which will not allow further constructions.

2.6.2 Clinical training resources

2.6.2.1 Description of the actual situation

Basic standard:

The medical school must ensure adequate clinical experience and the necessary resources, including sufficient patients and clinical training facilities.

Quality development:

The facilities for clinical training should be developed to ensure clinical training which is adequate to the needs of the population in the geographically relevant area.

Clinical training facilities would include hospitals (adequate mix of primary, secondary and tertiary), ambulatory services, clinics, primary health care settings, health care centres and other community health care settings as well as skills laboratories.

Facilities for clinical training should be evaluated regularly for their appropriateness and quality regarding medical training programmes.

QD Clinical training should be organised using a mix of clinical settings and rotations throughout all main subjects.

2.6.2.1 Description of the actual situation

Faculty of Medicine of UMF Craiova provides the appropriate framework necessary resources for clinical training through hospitals, outpatient services, primary care services and clinical laboratories, through cooperation agreements concluded with all health units there clinical grounds.

Clinical training take place in more than 70% in university clinics in the Clinical Emergency County Hospital Craiova, under the direction of teachers employed at UMF Craiova, the remaining stages taking place in the other 4 Clinical Hospital of Craiova.

Clinical basis includes the following clinical departments, laboratories or centers:

- 2 Clinics of Internal Medicine - Medical Semiology
- 3 Clinics of Internal Medicine - years of study IV and V
- 2 Laboratories of digestive endoscopy and ultrasound
- 1 Clinical Department of Diabetes - nutrition diseases
- 1 Clinical Compartment of Diabetes - nutrition disease
- 2 Clinics of Cardiology
- 1 Clinic of Haematology
- 1 Clinic of Rheumatology
- 1 Clinic of Gastroenterology
- 1 Clinic of Nephrology – Haemodialysis
- 1 Center of Diagnostic and Research in Gastroenterology
- 2 Clinics of Oncology
- 1 Clinic of Radiotherapy

- 1 Clinic of Endocrinology
- Clinic of Neurology
- 1 Clinic of Neurological Recovery;
- Clinic of Psychiatry
- 1 Laboratory of Medical Psychology;
- Clinics of Pneumo-phthysiology
- 50 Family Medicine Offices
- 1 Unit of Emergency Medicine
- 1 Clinic of Anaesthesia and Intensive Care
- 2 Clinics of Infectious Diseases for adults
- 1 Clinic of Infectious Diseases for children
- 1 Clinic of Infectious diseases – HIV/AIDS
- 2 Clinics of Rehabilitation and Physical Medicine
- 3 Clinics of Podiatry
- 2 Clinics of Childcare
- 1 Clinic of Dermatology
- 8 Laboratory of Radiology
- 1 Department of Computer Tomography
- 1 Department of MRI
- 2 Laboratory of Ultrasound
- 2 Clinics of Surgery Semiology
- 3 Clinics of Surgical Pathology
- 1 Compartment of Laparoscopy
- 1 Compartment of Vascular Surgery
- 1 Clinic of Oro-maxillo-facial surgery
- 1 Clinic of Pediatric Surgery and Orthopedics
- 1 Clinic of Thoracic Surgery
- 1 Clinic of Neurosurgery
- 1 Clinic of Plastic Surgery and Reconstructive Microsurgery
- 1 Clinic of Ophthalmology

- 1 Clinic of O.R.L. for adults
- 1 Clinic of O.R.L. for children
- 1 Clinic of Urology
- 1 Clinic of Labour Health and Occupational Diseases
- 2 Laboratory of Hygiene
- 2 Public Health Laboratories
- 1 Clinical Pharmacy
- 1 Clinic of Orthopaedics and Traumatology
- 4 Clinics of Obstetrics and Gynecology
- 1 Clinic of Epidemiology
- 4 Clinics of Dentistry

Outside work to "the patient level" steps have been taken to develop some core of development of clinical skill through the purchase of mannequins and simulators, and build and equip an animal biobase.

2.6.2.2 Analysis of strengths and weaknesses

Strengths:

Free access of students in clinical hospitals based on student cards so that they spend as much time with patients and teachers, including visiting program or night shift in clinics or emergency unit.

Weaknesses:

Although was mentioned a strengths, there are some students who do not benefit at maximum of this opportunity, resuming to make just the mandatory program in clinical internship.

2.6.2.3 Improvement measures, planned measures

Complete the manual of practical skills and reallocation of sufficient space for arranging and providing a dedicated center by concentrating resources and acquisition of new equipment for this purpose.

Create and implement a policy that should make students able to realize that they have to be learned from all clinical rotations

2.6.3 Information technology

2.6.3.1 Description of real situation

1. Basic standard: The medical school must have a policy which addresses the evaluation and effective use of information and communication technology in the educational programme.

Information is an essential resource of the modern world and the traditional structures that provide information and documentation – Libraries - were forced to change their focus of activity from access to primary documents to providing information access to meet users requirements.

Given the importance of the library as a place of communication on several levels and given her current educational functions, of information, training and social integration, the fundamental purpose of the library is as it has always been - to support the education and research from University of Medicine and Pharmacy Craiova.

Library UMF Craiova operates in a new space, modern being in the process of computerization and diversifying its services in accordance with the requirements of complex information, study and research. Structured on 3 levels, U.M.F. Craiova Library provides its users reading rooms with direct access to publications, long-term loan service, reference room, consultation room for an electronic catalogue (OPAC), a computer network that includes 45 workstations for Internet access and modern warehouse for storage of publications fund providing a proper environment.

Library's mission is to acquire, organize and provide access to a wide variety of information, materials and services to meet the intellectual needs of all users:

- reading room for books - with direct access to publications, with over 5,000 books and 90 places for study, provides its users Romanian and foreign books;
- periodicals reading room with 32 places for study, provides its users Romanian and foreign periodicals;
- Multimedia room with a network of 45 workstations provides e-mail, Internet services and access to databases;
- references hall with a capacity of 48 seats provides its users reference materials: dictionaries, atlases, encyclopaedias, PhD theses.

To create technological and technical conditions for the use of modern means of information was made available to users on a network of 45 workstations, all library specific activities (acquisition, cataloguing, user registration, issuing cards, loan) are made using the integrate electronic system Liberty 3 and active fund of the library can be found by browsing the online catalogue (OPAC).

There are regulations, revised periodically, which defines electronic data format required for documenting faculty decisions, analysis of these data being used both in decision making at all levels of university management and the mechanisms to improve the quality of teaching and research processes .

2. Quality development: Teachers and students should be enabled to use information and communication technology for self-learning, accessing information, managing patients and working in health care systems.

All students go through the subjects of Medical Informatics and Biostatistics. There is Also Offered postgraduate courses for thus who have not developed enough skills to use information technology.

UMF Craiova is connected to two high-speed internet providers to be secured backup. In addition to the existing LAN and developed for wireless access is available in most areas.

There are periodicals online subscriptions paid by the university or with access provided from national funded projects.

Administrative management has available support programs for management of student records, financial resources, employees, fixed assets (facilities, equipment, etc.).

2.6.4 Research

2.6.4.1 Description of real situation

Basic standard: The medical school must have a policy that fosters the relationship between research and education and must describe the research facilities and areas of research priorities at the institution.

For students of Faculty of Medicine, university studies are completed by licence exam, medicine being a profession sectoral regulated in the European Union after completion of the six years of study.

The license exam consists of two tests established by the Senate, Fundamental and specialized knowledge assessment is made through multiple choice test and support licence thesis in front of a committee.

Examination committees are established on study programme trough the organizing institution rector decision at the proposal of faculty and with the approved of the Senate.

Faculty has inclusion programs for students in research projects so as to develop their scientific capacities, and get them acquainted with procedures for drafting specialty articles and research grants.

2. The interaction between research and education activities should be reflected in the curriculum and influence current teaching and should encourage and prepare students to engagement in medical research and development.

Faculty of Medicine aims at promoting education and research, research topics being included into the scientific area license domain.

Preparation of students in research is distributed in several subjects studied in curriculum, this topic being developed in Chapter 2.2.2, providing them with a solid basic training in research. Elaboration of license thesis is made within License Laboratories.

Some are equipped with minimal research infrastructure which is required for scientific approach of research projects addressed by theme of license, while others are grouped near the research centers already existing or attached to students' scientific classes, facilitating access and ensuring their involvement in the priority research areas of the faculty. Some of the students License thesis are elaborates on projects started since the first years within the student scientific classes which are developed in the following years, the research being supported by scientific articles and attending at scientific meetings and congresses. The research-oriented students often continue their research career after graduation as researchers in research projects or become teachers of UMF of Craiova.

The faculty has a body of teachers recruited, selected, trained and promoted on professional, scientific and ethical objective criteria, which covers teaching activities provided in the curriculum. Teaching and research staff is involved in many research grants won by national competition and funded. At faculty level there are two research centers accredited: Research Center for Microscopic Morphology and Immunology Studies accredited by CNCSIS since 2001 by the certificate CC - 129/21.05.2001, and Center for Research in Gastroenterology and Hepatology - accredited by CNCSIS in 2005 by certificate no. 95.

It aims to create new strong research centers to highlight the human and technological potential of the institution able to address high impact socio-economic research themes with the involvement of academic community in scientific research, including students with research vocation.

For properly running of scientific research activity are constantly made sustained efforts to ensure and develop the infrastructure and resources research through a pragmatic policy of investment in equipment and of encouragement educational and scientific research programs.

A special mention must be made about the project developed by competing POSCCE + CAPACITĂȚI, with the acronym TARGET, under which they were achieved: a new building with 3 levels representing the Department of imagistic, completed at a rate of about 98% and arrangement of space in existing buildings (basement and ground floor); acquisition of 25 medical and research high performance equipment in imaging and molecular biology. During 2012 will be acquire two high-performance systems, a PET-CT and a 3T NMRI.

Also, the faculty are actively involved in the organization of scientific meetings, medical conferences and congresses, many of them being with international participation. The organization and progress mode of scientific research and results achieved in this field are reviewed periodically (quarterly and annually), by the departments and the Faculty Council, Evaluations are requested by the context of the new Law of National Education and subsequent documents, particularly those relating to classification and ranking university study programs, where component of scientific research results is predominant. Following these evaluations UMF Craiova Faculty of Medicine was ranked 4th in Romania.

2.6.4.2 Analysis of strengths and weaknesses

Strengths:

Offering a rich curricular offers addressing areas of scientific research methodology and encouraging student participation in research projects.

Choosing themes of license thesis since of 5 year of study which gives enough time to complete, students having available over 18 months.

Conduct of numerous research projects and research infrastructure projects that had in their framework the acquisition of new equipment, which allowed adequate equipping of laboratories.

2.6.4.3 Improvement suggestions, planned measures

Making the proposal to other medical universities from the country to create a common license thesis basis in Romanian. The first step has already been performed by introduce a compulsory license thesis submission electronically also.

2.6.5 Educational expertise

2.6.5.1 Description of the actual situation

1. Basic standard: The medical school must have a policy on the use of educational expertise in planning medical education and in development of teaching methods.

As was specified in content of this report, both at the faculty and university level operating the curriculum committee that have been recently equipped with an office equipped with computer equipment for better functioning. There are specific procedures that apply to future changes in the curriculum.

Curricular Committee's members are involved in the e-Mediqual project activities, which is a big challenge in trying to change the mentality.

Quality development: There should be access to educational experts and evidence demonstrated of the use of such expertise for staff development and for research in the subject of medical education.

Faculty of Medicine and Pharmacy Craiova was interested in collaborating with experts in pedagogy. During 6 years, as Teacher Training Department functioned in our institution, not only that succeeded in including in program and improving the medical specialties teaching of several teachers in our institution, but were closely tied relationships and partnerships with fellow educators and psychologists from the University of Craiova.

2.6.5.2 Analysis of strengths and weaknesses

Strengths:

Almost half of the teachers of the Faculty of Medicine attended Teacher Training modules provided by Department.

2.6.6 Educational exchanges

2.6.6.1 Description of real situation

Basic standard: The medical school must have a policy for collaboration with other educational institutions and for the transfer of educational credits.

The University of Medicine and Pharmacy of Craiova is one of the members of the ERASMUS programme, with the code RO CRAIOVA 02 and with the Erasmus University Charter reference number: 210204-IC-1-2007-1-RO-ERASMUS-EUCX-1.

The next table features the mobility's performed under the ERASMUS programme, which are managed by the Community Programmes Office.

Nr crt	Mobility type	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012	
		out-going	in-coming	out-going	In-coming	out-going	in-coming	out-going	in-coming	out-going	in-coming
1.	SMS	7	0	7	0	7	4	9	2	11	0
2.	SMP	1	0	1	0	3	0	3	0	1	0
3.	STA	1	4	1	1	2	2	1	1	1	1
4.	STT	0	0	0	0	1	0	1	0	0	0
TOTAL		9	4	9	1	13	6	14	3	13	1

SMS = Study Mobility for Students

SMP = Placement Mobility for Students

STA = Teaching Mobility for the Faculty Members

STT = Training Mobility for the Staff Members

Each year over 20 student mobilities managed by the SSM organization are performed towards and from The Faculty of Medicine.

Below there is a list of the bilateral agreement partners who have signed for the mobility of the students and the PhD students.

1	Aristotle University of Thessaloniki
2	Adana University
3	Universite Montpellier 1
4	Ernst-Moritz-Arndt University Greifswald
5	University of Maastricht
6	Universite de Picardie Jules Verne, Amiens
7	Adiyaman University
8	Universita degli Studi di Foggia
9	Universite Pierre et Marie Curie, Paris
10	Universidade de Lisboa
11	Universita Politenica delle Marche, Ancona
12	University of Copenhagen
13	Universite Paris Descartes
14	University of Bari, Italy
15	Universite de Mons Hainaut
16	University Paris- Sud 11

17	University of Medicine, Ljubljana Slovenia
18	University of Medicine Radboud Nijmegen Olanda
19	University of Medicine Amsterdam Olanda
20	Università Politecnica delle Marche, Italia
21	Ospedali Riuniti Umberto I - GM Lancisi - G. Salesi, Italia
22	University Hospital Strasbourg, France
23	University Wilhelm Westfall din Munster Germania
24	Karolinska Istitutet Department of Oncology - Pathology - Stockholm, Suedia
25	University Hospital Alexandra, Atena, Greece
26	University of Pisa, Italy
27	University of Magdeburg, Germany
28	University of Liverpool, Great Britain
29	Rey Juan Carlos University, Madrid, Spain
30	Centre Hospitalier universitaire de Bicetre
31	University Hospital Paris-Seine-Saint-Denis, France
32	Kings College Hospital, London, Great Britain
33	Ospedale Maggiore Policlinico & Fondazione D`Amico per la Ricerca sulle Malattie Renali
34	Royal Brompton & Harefield National Hospital, London, Great Britain
35	Univeristy Montpellier II
36	Hospital Georgios Papanikolaou
37	Hospital de la Timone, Marseille
38	Hospital Nord Marseille
39	Universitee Paris Est
40	Ecole Nationale d'Ingenieurs de Tarbes

Quality development: Regional and international exchange of academic staff and students should be facilitated by the provision of appropriate resources.

In 2002, at The University of Medicine and Pharmacy of Craiova, an International Affairs Office was established, which was later reorganized as the Community Programmes Office, with two positions.

Apart from the University's ERASMUS coordinator, there is a coordinator for each Faculty.

The funding of the student and PhD students mobility's is provided by:

- The Erasmus agreement
- The POSDRU programmes for the young PhD students
- Research programmes earned within the human resources and PhD students competitions
- Student exchanges where the costs are met by the hosting institution

3. Exchange of students should be facilitated by implementing the European Credit Transfer System (ECTS).

At the University of Medicine and Pharmacy of Craiova the ECTS system is applied for all the study levels.

4. The requirements regarding courses should be interpreted flexibly for exchange of students.

The University of Medicine and Pharmacy of Craiova Senate has approved the Methodology regarding the acknowledgement and equivalence of studies performed at other Romanian or foreign institutions.

5. Administrative staff should be included in exchange programmes.

The Administrative staff has also been involved in these mobilities, as shown in the mobilities table.

2.6.6.2 Analysis of strengths and weaknesses

Strengths:

Raising the number of fellowship months, given the past-performance criteria

Raising the number of students and PhD students involved in these mobilities, apart from the ERASMUS programme, since it only comes forward with a financial support and this grant does not cover all the necessary costs at the hosting institution

Weaknesses:

The number of incoming students from the EU is still low, as the majority of students and PhD students come from acceding countries (Turkey) or other nations.

2.6.6.3 Improvement suggestions, planned measures

Increasing the number of incoming students both from EU and outside EU by signing of collaborations with other universities and particularly by increasing visibility in the European educational space.

2.7 PROGRAMME EVALUATION

2.7.1 Mechanism for programme evaluation

2.7.1.1 Describing the actual situation

Basic standards: The medical school must establish a mechanism for programme evaluation to monitor the curriculum and student progress, and ensure that concerns are identified and addressed.

Due to a continuous concern for improving the quality of education, the Faculty of Medicine has developed a strategy for quality (continuous improvement based on plans with annual targets) and quality management.

Quality of study programs is guaranteed by quality committees that also include student representatives; there is also external evaluation which is carried out at an interval of at least 4 years by ARACIS or other institutions, including the assessment of which this report is part of.

The faculty SMC committees (System that Manages the Curriculum), the curriculum committees (CC) organized at department level and those responsible for the curriculum periodically review the quality of the curriculum in relation to institutional goals.

In the Faculty of Medicine of Craiova there is a functioning Evaluation and Quality Assurance Commission, established under order no. 3928/21.04.2005. The purpose of this committee is to improve the quality of educational services by creating policies, strategies and procedures for quality assurance, approval methodologies, monitoring and evaluation of study programs, student assessment methodologies, quality assurance for the teaching body, assessment of learning resources, organization of database necessary for internal evaluation, as well as through regular publication of information on the quality of offered study programs.

The commission elaborates the annual internal assessment and makes it public through posting and publishing. Furthermore, the Commission also formulates measures in order to improve the quality of education, measures that are subsequently implemented by the institution.

Another committee in the Faculty of Medicine of Craiova is the Curriculum Committee of the Faculty (CCF), composed of teachers and students. CCF attributes are: development of informative materials, instructions, recommendations and standard forms for faculty curricular activities; monitoring the adequacy of current course units in regards to academic/institutional and educational objectives, supervision of integration and scheduling of course units depending on years of study; control over the quality and quantity of bibliographical material recommended for course units and the level of coverage by the UMFCV library; determining if the desired level of training needed by the faculty graduate is reached; interaction with course leaders from different years of study in order to assure a better coordination between contents and avoid duplication and redundancy; checking the quality of curriculum content for the course unit, verifying the manner in which curriculum information is disseminated at the level of faculty, department, course unit; logging changes in structure, composition and organization for each course unit; endorsement of original course materials, of editing and reediting; evaluation, analysis and submission of proposals to the Faculty Council regarding educational spaces, as well as general and specific educational materials and media; regular review of course units; comparing the faculty curriculum with the curriculum of prestigious institutions in the country and abroad; curricular documentation activities and dissemination of curricular updates in the academic community.

The Faculty of Medicine of The University of Medicine and Pharmacy (UMF) Craiova participated in the elaboration of the System of Evaluation and Quality Assurance (SEAC) Guide for services provided by UMF Craiova.

System of Evaluation and Quality Assurance:

- sets objectives, allowing - where possible - faculty / specialization freedom to design procedures and structures according to their own specific needs;
- emphasizes the concepts of performance, equity and fairness;

- provides solid documentation for recommended strategies and procedures, easily accessible to all partners;
- carefully and continuously monitors the effectiveness of quality assurance procedures, their correlation with good practice principles in the interests of internal and external beneficiaries and maintains academic standards.

The evaluation principles lying at the basis of the SEAC are:

Responsibility –The Faculty of Medicine is responsible for all services offered, including internal evaluation of its activities.

Equity - refers to the fact that members of the academic community, as beneficiaries of educational programs and services offered by the Faculty of Medicine, should receive equal treatment in the application of academic regulations and procedures regarding evaluation and access to accurate and current information.

Externality –refers to the adoption and systematic introduction of internal evaluation mechanisms, which will be in direct correlation with reports and recommendations of external evaluators, data from comparative statistical analysis, points of view from beneficiaries etc.

Continuous improvement of the system - is conducted through a pro-active and prompt response, continuous review of policies and procedures, identification and dissemination of good practice rules and continuous personnel training.

Transparency –another basic principle that refers to strategies and decisions, as well as internal and external evaluation results.

At faculty level, with the approval of the Faculty Council, there is a Commission for Evaluation and Quality Assurance of the Faculty of Medicine (CEACFM), composed of 8 members, representatives of teachers and students:

President:	Senior Lecturer Sorin Dinescu, MD, PhD
Members:	Associated Professor Ion Mandrila, MD, PhD
	Associated Professor Cristin Vere, MD, PhD
	Associated Professor Eugen Osiac, PhD
	Senior Lecturer Surlin Valeriu, MD, PhD
	Junior Lecturer Cătălin Adrian Petrișor, MD, PhD
	Student Mihai Razvan Ionuț

The purpose of this committee is to improve the quality of educational services by creating policies, strategies and procedures for quality assurance, approval methodologies, monitoring and evaluation of study programs, student assessment methodologies, quality assurance for the

teaching body, assessment of learning resources, organization of database necessary for internal evaluation, as well as through regular publication of information on the quality of offered study programs.

The Faculty Commission for evaluation and quality assurance has the following attributes:

a) coordinates the application of procedures and general activities regarding evaluation and quality assessment, approved by the Senate, and adapted to the Faculty;

b) develops the SMC program documents in the faculty;

c) presents annually, by the date set by the ECAC, a report on the quality of academic education and suggests methods for improvement. The report summarizes the internal self-assessment, is presented to all the beneficiaries of educational services, by posting on the university website or publication, and is deposited in the ECAC;

d) assesses periodically, according to its schedule, the quality of the teachers' activity and each study program;

e) conducts annual surveys to investigate the opinions of beneficiaries: students, graduates and employers on the quality of educational services; analyzes and processes data and based on the conclusions self-regulates their quality improvement activities;

f) develops its own database and information on the quality of educational services provided, structured by standards and performance indicators at the institutional level and of each study program;

g) launches research programs on quality assurance;

h) develops proposals to improve quality based on standards and good practices proposed by CEACUMFCV, as well as their own experiences;

i) cooperates with CEACUMFCV for the continuous improvement of UMFCV SMC.

The operational management is carried out by a pro-dean appointed by the dean and approved by the faculty.

The head of the subject in the department is responsible for the quality of education, scientific research, services provided to beneficiaries by the subject.

Services offered by the Faculty of Medicine are evaluated annually by the central management of UMF Craiova, being also the subject of a quality improvement program, according to SEAC.

Regarding quality assurance, SEAC defines the following objectives regarding internal policy (teaching / learning, scientific research and professional services provided to internal and external beneficiaries) of the Faculty of Medicine, which are assumed in the UMF Craiova:

1) Ensures a high quality educational process, adapted to the requirements of a knowledge-based society in line with contemporary advances in medical sciences, education and labour market needs;

2) Ensures and maintains a favourable institutional framework to the symbiosis between academic training and research;

3) Encourages the participation of all members of the academic community to develop and implement a modern and efficient system of quality assurance in education, research and institutional management;

4) Ongoing monitoring and regular evaluation of the quality of education processes based on defined standards and timely identification and correction of failures and non-compliance;

5) Continuous improvement of academic staff;

6) Develops at the institutional level an information technology environment (IT) to enable collection, analysis and more effective use of relevant information for better management of programs offered to beneficiaries;

7) Develops and maintains an academic environment, in order to respect the quality requirements of direct and indirect beneficiaries;

8) Cooperation with national and international quality assurance structures in higher medical education.

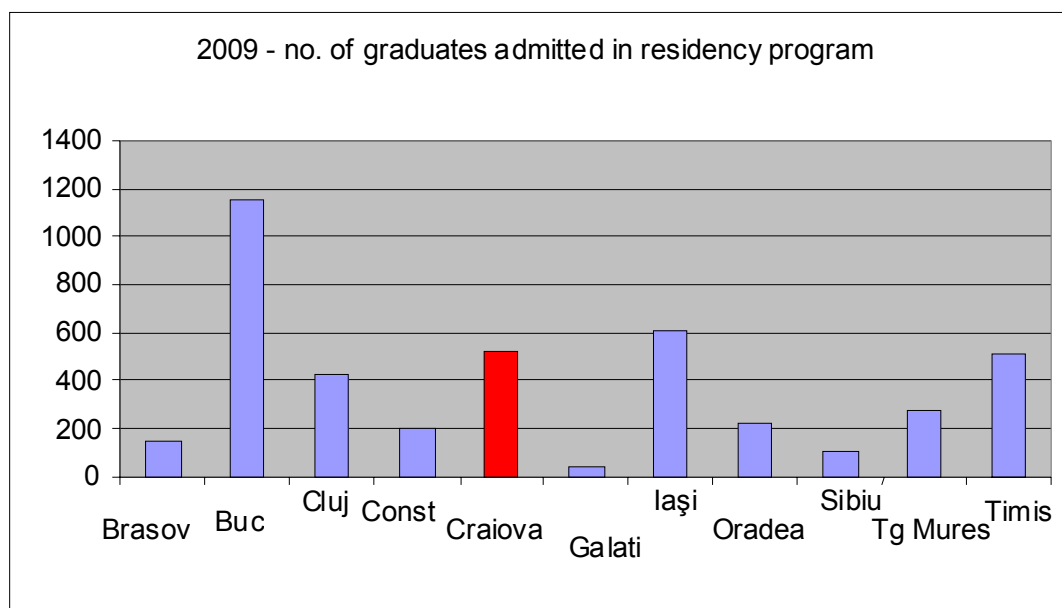
Quantitative studies have been conducted on medical faculty graduates, whose results showed that over 90% of graduates are employed in the first 2 years after graduation in the residency healthcare network. A minority of graduates work in pharmaceutical distribution or medical hardware companies and some are continuing their training as residents abroad.

The e-Mediqua POSDRU project includes activities relating to the quality of graduates and the collection of data regarding the level of satisfaction of employers in regard to them.

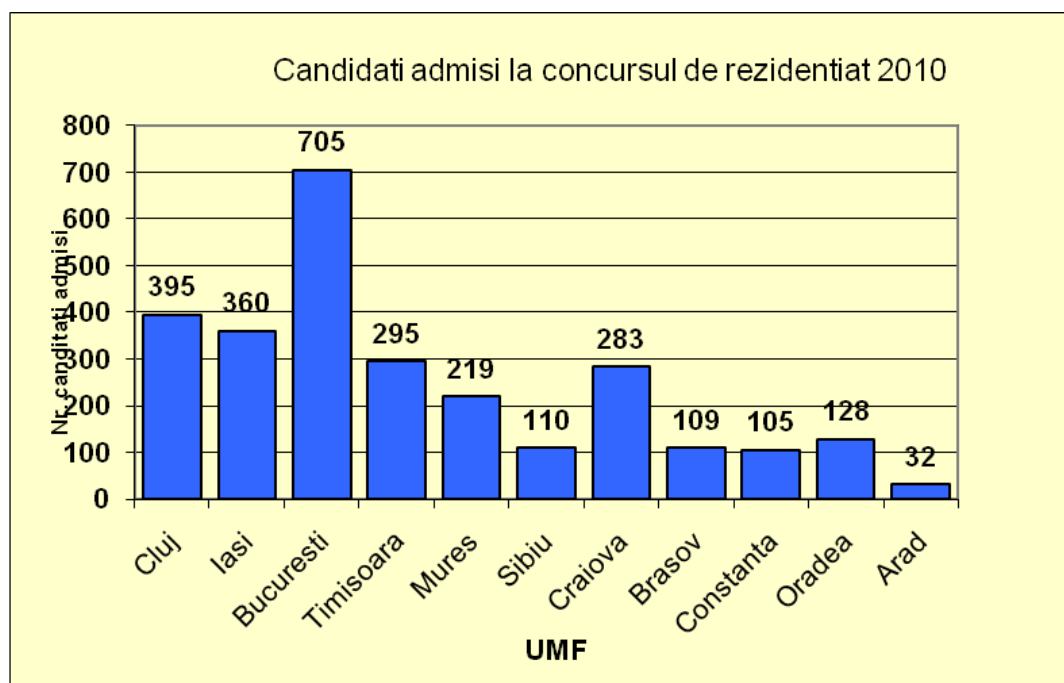
Below are some statistics showing results of UMF Craiova graduates compared to other universities, revealing that the number of those who obtain a residency is greater than the number of graduates, which is due to participation of graduates from previous promotions in the exam, graduates that have not obtained a job / national qualification position or want to change specialty.

The November 2011 national qualification session (the first year when the admission in residency was decentralized), resulted in a total of 295 graduates of the University of Medicine and Pharmacy Craiova occupying a permanent position / job.

For previous years, statistics are shown in the figures below:



Number of graduates admitted in the national qualification programme in 2009



Number of graduates admitted in residency program in 2010

The Association of graduates (ALUMNI) is responsible for collecting data on graduates. Beside means of electronic communication and personal ties between colleagues, each year

celebration meetings for graduates are organized, celebrating 10, 15, 20, 25, 30 and 35 years from graduation. These meetings involve between 30% and 75% of graduates, teachers, members of the current and former (when is possible) faculty management and a representative of the ALUMNI, who gathers current data on each graduate (job, specialty, address, phone, email etc.). The process is still in its early stages, but in a cycle of six years (two have already passed) data will be continuously collected on all medical graduates. The collection rate is quite high, because even if some graduates fail to reach the meeting, their colleagues who have kept in touch with them can fill in data on their behalf.

2.7.1.2 Analysis of strengths and weaknesses

Strengths:

Existence of an institutional, transparent and flexible System of Evaluation and Quality Assurance Guide

Implementation of SEAC and the Charter on evaluation and quality assurance

Identification of means of keeping in touch with graduates

Weaknesses:

The implementation of the SEAC Guidelines and quality and curricular committees activities are not fully transposed into documents, which should include proposed measures to monitor implementation (perhaps due to the fact that after the 2012 academic elections, committees have new constituents).

2.7.1.3 Suggestions for improvement, planned measures

Better cooperation between special committees of the Senate and those of the Faculty of Medicine and regular monitoring followed by recommendations from the vice-rector and vice-dean in charge with evaluation and quality assurance, leading to a smoother process and follow up regarding the implementation of programme.

2.7.2 Teacher and Student Feedback

2.7.2.1 Description of Current Situation

Basic standard: Both teacher and student feedback must be systematically sought, analysed and responded to.

Feedback from teachers and students is a systematic procedure applied in the Faculty of Medicine from UMF Craiova. This is made in order to evaluate the educational program, learning outcomes, and the obtained data are used in situation and response analysis. Relation between teacher and student is treated as a partnership aimed to achieving learning outcomes.

The analysis of student achievement is related to curricula, goals and objectives of the institution. The student performances include information about the duration of studies, marks, success and failure rates in the examinations.

The cognitive and professional relevance of study programs is defined according to the rhythm of knowledge and technology in the field. UMF Craiova and implicitly the Faculty of Medicine departments have mechanisms for annual peer review of knowledge activity transmitted

and assimilated by the students. Study programs are continuously reviewed by the Curriculum Board of the Faculty.

Within the process of evaluation and quality assurance, there is carried out periodically the evaluation of teachers by students and by colleagues and management, under the responsibility of the Faculty of Medicine CEAC and Senate CEAC. The evaluation of teachers by students is anonymous and is conducted according to the procedures included in the System Guide of Quality Evaluation and Assurance, which provides all the procedures included in the evaluation and quality assurance system.

2. Quality development: Teachers and students should be actively involved in planning programme evaluation and in using its results for programme development.

The main objective of the educational process being the quality assurance and assessment of upper education, teachers focus their educational activity on the student.

The Faculty of Medicine from UMF Craiova has a multicriterial annual evaluation form for each teacher and promotion multiple choice including clearly defined objective conditions.

Teachers promotion depends on the results of the evaluation where there are considered both the results of the peer and students evaluation.

The evaluation is mandatory and periodic.

Regarding the peer evaluation, the head of department analyses annual peer evaluations of department members, making a report made available to Faculty and University management.

The evaluation of teachers by students is mandatory and it is done according to a file where there are mentioned aspects regarding both practical activities and the taught course.

The results are confidential and are accessible only to the Dean, Rector and evaluated person and are statistically analysed for transparency and quality of the training strategy formulation.

2.7.2.2. Analysis of Strengths and Weaknesses

Strengths:

Periodical evaluation of the programs include mutual complex evaluation by all partners of the educational process: students, teachers, management.

Weaknesses:

Evaluation of programmes by teachers is not consistent, thus, maintaining the availability of curriculum seems to be unproductive.

On-line system available for teachers evaluation to facilitate rapid data processing and to provide more confidence is still unused.

2.7.2.3. Suggestions for improvement, planned measures

Development of global evaluation tools regarding the teachers' opinion and suggestions about program development.

Optimization of existing on-line evaluation system, in order to offer a reliability to evaluators and to facilitate centralization, analysis and feedback by the evaluators in a more efficient and faster manner.

2.7.3. Student Performance

2.7.3.1. Describing the real situation

Basic standard: Student performance must be analysed in relation to the curriculum and the mission and objectives of the medical school.

Student performance is reviewed periodically and continuously throughout the 6 years of study. Students are assessed in 12 semester exam sessions corresponding to the academic years. The student goes through a number of 82 final examinations divided in 53 exams and 29 essays.

The average annual number of annual final essays (13.67) ranging from 11 to 16. Scoring is done using a scale of 1 to 10, examination graduation being conditioned by getting mark 5. Each examination includes a practical part which is mandatory and eliminatory.

The success rate of students after the first session compared between 2007 and 2011 is shown in the figure below:

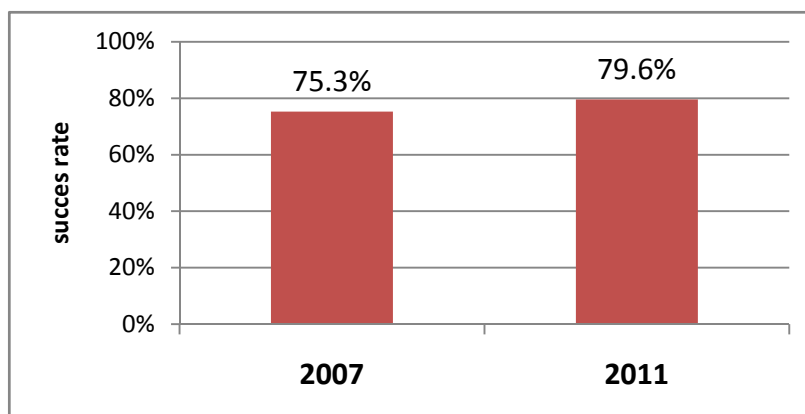


Figure - Success rate depending on years of study compared between 2007 and 2011:

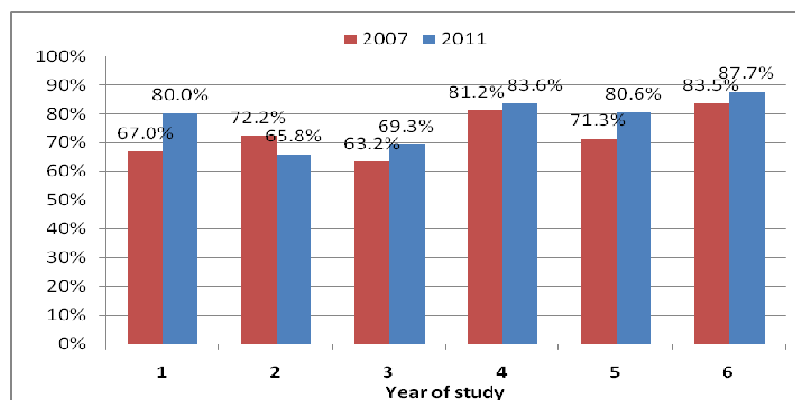
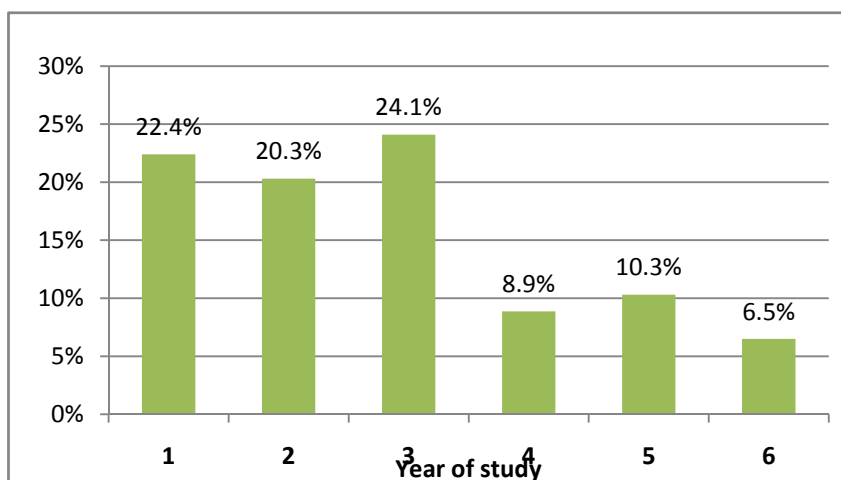


Figure - Failure rate at first presentation, depending on the year of study:

2. *Quality development: Student performance should be analysed in relation to student background, conditions and entrance qualifications, and should be used to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.*

Annotation: Measures of student performance would include information about average study duration, scores, pass and failure rates at examinations, success and dropout rates, student reports about conditions in their courses, as well as time spent by the students on areas of special interest.

At the beginning of each academic year, subjects have the obligation to display the themes and conduct of theoretical examination and making specifications about the conduct and content of practical exam and other conditions that may contribute to granting final grade (topics and recommended bibliography, the conduct of the examination, continuous assessment tests, workout activity, assistant characterization, reports and so on). The conduct of practical examination meets the specifics and requirements of each subject. To providing practical exam grade will take into account the student's work during the year, periodical evaluations and group assistant characterization. Practical exams will cover the entire theme proposed for the practical activity. Share of practical exam grade from the final grade is determined by subject and communicated to students.

The University of Medicine and Pharmacy Craiova applies transferable credit system to all years of study. The number of credits evaluates the student's work to assimilate theoretical and practical knowledge in the subject including: lectures, tutorials, workshops, seminars, individual study, other teaching curricular activities. Credits do not measure the activity of the teacher (teaching) but student work (learning). Credits do not replace student evaluation by the note and thus they don't have the purpose to evaluate study quality, which is achieved by scoring. Credit package is obtained (or not) full (credits do not fragment) as provided in the curriculum. Credits can be carried semester / academic year under the terms of academic and professional activities of the students Regulation.

UMF Craiova organizes a complex evaluation in relation to the environment from which the student comes, with the conditions and qualifications obtained prior to entrance examination and

other parameters that can contribute to the professional development that aims at prospective graduates who enrol in simulations of all entrance examination candidates. CCOP also periodically assess student satisfaction on services provided by UMF Craiova. The data are collected and processed by the Center for Counseling and Vocational Guidance (CCOP) and the findings are reported and analysed by specialized Committees of the Senate and Dean's office. Study results are public: <http://www.umfcv.ro/RO/ccop>.

2.7.3.2. Analysis of Strengths and Weaknesses

Strengths:

Permanent interrogation of the study progress, the data basis including the results of student evaluation being updated after every examination period.

Disposing of an evaluation system and monitoring the student performances.

Weaknesses:

Non-standard methods of examination leads to a difficult objective evaluation of student performances.

Insufficient feedback regarding the evaluation of student examination results in various subjects.

Although there exists a permanent interest in the relationship between the student background and the circumstances and qualifications obtained up to the entrance examination, this is not valued enough within the complex evaluation of the students.

2.7.3.3. Suggestions for improvement, planned measures

Optimizing the data basis including the results of student evaluation and providing a feedback regarding not only the fact that the student did not pass the examination (mark 4 or absent) but also the type of examination (laboratory, practice, clinical examination, etc or theoretical examination) related to the afferent subject.

Standardizing the evaluation methods within the same subject in all teaching series.

2.7.4. Involvement of Stakeholders

2.7.4.1. Describing the real situation

Basic standards: Programme evaluation must involve the governance and administration of the medical school, the academic staff and the students.

Annotation: A wider range of stakeholders would include educational and health care authorities, representatives of the community, professional organisations and those responsible for postgraduate education.

The programme evaluation benefits from both evaluation components, internal and external ones. The internal evaluation is performed periodically and it is systemized by the System Guide of Quality Evaluation and Assurance. This includes 4 components: teaching staff self-evaluation, colleague evaluation, student evaluation and direct superior evaluation. The internal evaluation is controlled by the university CEAC.

External evaluation must be carried out regularly and may be linked to formal accreditation.

The Faculty of Medicine is authorized and re-accredited according to the regulations of the Ministry of Education, Research, Youth and Sports and of the ARACIS. In 2009 UMFCV was institutionally evaluated by the ARACIS, being awarded with the maximum qualification of High Confidence.



In 2009 as well, there was successfully evaluated the Medicine Studies Programme by the ARACIS, for re-accreditation. In 2012 the ARACIS reevaluated the Faculty of Medicine for starting the programme of English Medicine Studies, which began in the academic year 2012-2013.

Also, as a result of the process of classification of universities and ranking the study programs in Romania, UMF Craiova was included in the category of “university focused on research and education”, the Medicine Study Program being the first in “B” category, ranked place 4 out of the 13 Medicine faculties in Romania. There should be mentioned here that this classification process involved only the results of scientific research activity (articles published in ISI indexed journals, with a mere calculated influence score higher than 0.5).

Quality development: A wider range of stakeholders should have access to results of course and programme evaluation, and their views on the relevance and development of the curriculum should be considered.

The evaluation reports were published on the institution web site. Also, the ARACIS evaluators conclusions are published on the ARACIS web site.

2.7.4.2. Analysis of Strong and Weak Points

Strengths:

All study programs within UMF Craiova are accredited, except for the new English Medicine program, which is authorized.

The Faculty of Medicine complies with the maximum educational capacity approved by the government decision.

A permanent connection with the clinical hospitals where students undergo clinical practice, the teaching staff also being doctors within hospitals, Consultants and even Managers.

Weaknesses:

There is no specific reaction of the representatives of the healthcare system, except for those of clinical hospitals.

2.7.5.3. Suggestions for improvement, planned measures

We propose to meet with representatives of the Public Health Care House (the representative of the Ministry of Health in the area) and with those of the Romanian College of Doctors in order to discuss the results of the questionnaires that have already been sent regarding the graduates training expectations.

2.8. GOVERNANCE AND ADMINISTRATION

2.8.1. GOVERNANCE

2.8.1.1. Description of current situation

Basic standards:

1. The structure of the management strategy, the functions of medical schools, including the relationship to the university must be defined

The Faculty of Medicine from Craiova has a managerial system and a functioning regulation in accordance to present regulation (Organisational and Functional Chart of UMFCV, Organisational and Functional Chart of management structures).

Faculty's management is composed of :

A. Faculty Council - represents the decisional and deliberative body of the faculty and, in addition to teachers and student representatives at a rate of 25%.

B. The Dean - The Dean represents the faculty and is responsible of management and operational management of the faculty. He is responsible of the entire activity in the Faculty, represents the Faculty in UMFCV and in communities of other faculties of the kind in the country and abroad, seeking to enforce the decisions of the Board, proposing the dismissal of the administrative and technical staff of the faculty, proposes registration and expelling of students, signs official documents of the faculty.

C. Vice – Deans have responsibilities in the areas of:

- Education - plans and curricula, entrance exam, graduation exams, license exams, competition for teaching positions, paying rolls, postgraduate education and performance evaluation of staff;

- The facilities, investment, development and student issues;

- scientific research, institutional developmental strategy, new research structures and units, research financing, integration of fundamental teaching in clinics, external and internal scientific mobility

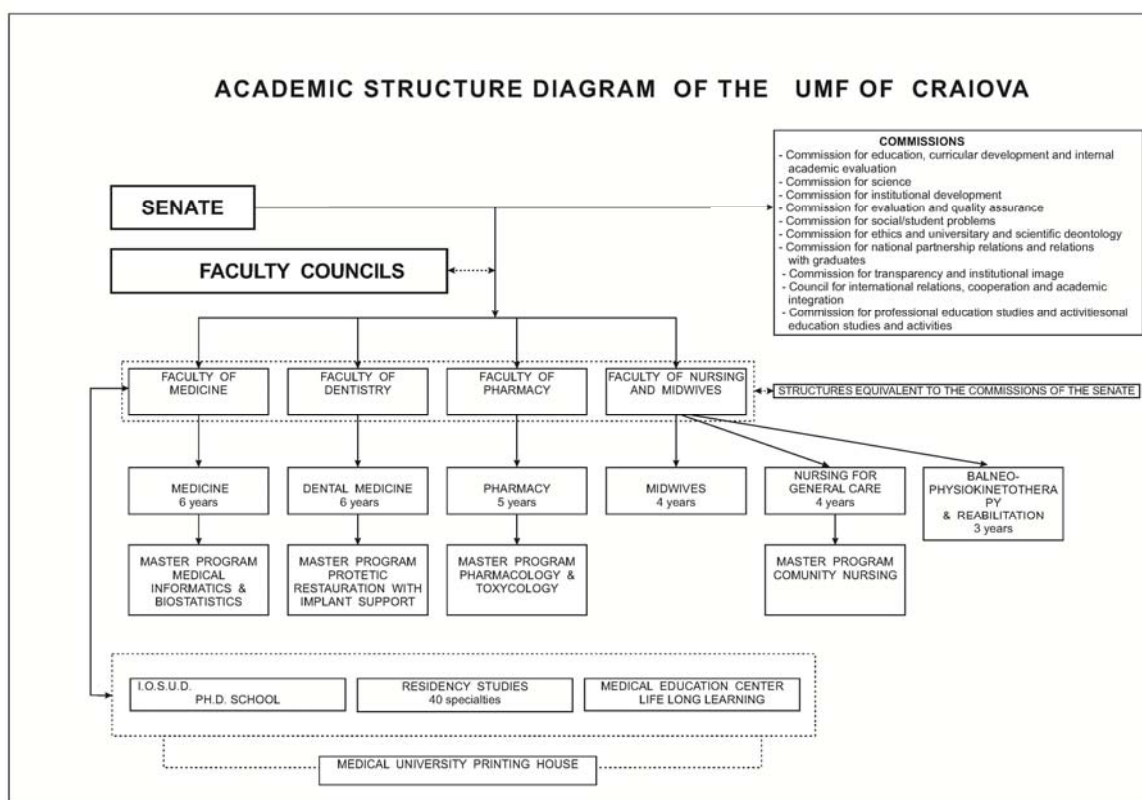
At Departmental level academic management is ensured by Department Manager and Department Council, whose duties and responsibilities, along with election modality can be found in the Organizational and functional Regulation of managerial structures posted on the website of the institution.

Election mechanisms are briefly described in the Charter of UMF Craiova.

Managerial structures must establish the structure of their committees within them so that all parties shall be represented : teachers, students and other parties.

In all working committees of the Senate and Faculty are student representatives, the committees being proposed and approved by the governing collective bodies that includes the 25% students.

The Organizational Chart of academic management is in the next figure:



Development of quality standard:

3. Committee areas of responsibility should be clearly defined

All governing bodies of the university and faculties as well as administrative responsibilities are clearly set out in the Charter of the UMF Craiova and in the Organizational and operational regulations and in that of internal organization which are published on the website www.umfcv.ro

4. The publication of documents on the adopted strategies and the decision-making processes.

Strategic plans, annual operating plans, decisions Senate and Board of Directors are published in electronic form on the website, but are sent by courier to interested parties based on signature.

2.8.2 Educational budget and resource allocation

8.2.1 Description of the current situation

Basic standards

1. The Faculty of Medicine must have a clear area of responsibility and authority for curriculum and resources, including a dedicated budget for education.

In accordance with the U.M.F. Craiova Charter, in financial terms, the university autonomy is accomplished through the right of management, according to the law and personal responsibility, of all the University's own incomes arising from the institutional and complementary contract annually signed with MECTS and the revenues generated by tuition fees, sponsorships, rental agreements, research and service contracts.

All incomes are managed for the exclusive use of education and scientific research according to the criteria agreed with the Ministry of Education, Research, Youth and Sports, which approves budgets for income and expenditure, plan tabs for capital expenditures and fixed assets lists that will be acquired.

The distribution of funds is done annually by the Senate, after consulting the Faculties' Councils and following the recommendation of the Board of the University (Administrative Council), which includes the Dean of the Faculty of Medicine.

The evolution of the University's income in the last 5 years shows a decrease of basic funding through institutional contracts for the last three years, a decrease that has been compensated by increasing its own income from fees, scientific research activities and non-refundable funds.

2. There has to be sufficient autonomy to direct resources, including the remuneration of teachers accordingly, in order to achieve the general objectives of the faculty concerned.

According to LEN, well performing subjects and departments have had priority to additional funding, but the departments that have not reached an optimal operating standard were not neglected either.

The share of the budget allocated to institutional development was 38.15%, representing an average of the last five years sums allocated to capital expenditure and investment.

Staff costs represented an average percentage of 46.80% of the total.

The research represented an average of 16.25% and non-refundable funds represented an average of 3.11% in the last 4 years .

According to budget implementation in 2011, total income from both budgetary revenues and own revenues of the university were in the amount of 65,096,935 lei (14.465.986 euro). As it can be observed, the share of receipts from own revenue coming from taxes, services, sponsorships, research income, non-reimbursable funds, dormitories-canteen represents 58.12% of total incomes, compared to budgetary revenues which accounted for 41.88%.

The total payments in 2011, recorded by their nature or purpose towards articles and aligned to the budget classification into force were 62.772.742 lei (13,949,498 euro).

Of total payments, 41.72% were personnel costs, goods and services; 11.35% to support education activities, research, dormitories-canteen; endowments and investments - 38.15%; scholarships, student transportation - 2.82%; non-refundable funds payment - 5.96%.

Every year there was a budget surplus which reached in 2011 more than 7 million euro.

Budgetary surplus was mainly used to support the financial running of non-reimbursable projects (ensuring cash flow) until reimbursement of expenditure.

Development of quality standards

3. The Faculty of Medicine should have a strategic budget plan and funding sources and financing conditions should be specified in a transparent manner.

UMF of Craiova has sufficient financial sources and financial resources, both short-term (annually) and long term, which are allocated in order to have its established mission and objectives accomplished, it has a realistic annual budget and also short-term and medium-term financial policies with reference to financial sustainability.

A summary of income and expenditure budget for 2007-2011, in EURO, is presented in the following table:

No.	Year	2007	2008	2009	2010	2011
1	Indicator of previous year	1 816 118	4 938 827	5 106 537	6 793 663	6 552 624
2	Current year Income (2.1 to 2.6)	12 629 321	14 980 361	13 790 017	12 587 796	14 465 986
2.1	Basic funding	5 222 729	5 875 248	6 465 156	6 150 067	5 077 649
2.2	Complementary funding	5 168 892	5 035 864	3 398 250	1 875 292	981 167
2.3	Own revenues	1 219 329	1 570 659	2 062 122	2 034 016	2 097 666
2.4	Research	858 725	2 276 369	1 450 804	1 630 780	5 177 851
2.5	Non-reimbursable funds	0	63 216	213 577	602 035	837 648
2.6	Revenues from dormitories	159 646	159 005	200 109	295 607	294 004

A	TOTAL INCOMES (1+2)	14 445 439	19 919 188	18 896 554	19 381 459	21 018 610
B	TOTAL EXPENDITURES	9 513 576	14 812 650	12 102 891	12 828 885	13 949 498
C	BUDGET SURPLUS (A-B)	4 931 863	5 106 538	6 793 663	6 552 574	7 069 112
	Share of state budget funding	82.28%	72.84%	71.53%	63.76%	41.88%
	Share of other incomes	17.72%	27.16%	28.47%	36.24%	58.12%

2.8.2.2. Analysis of strengths and weaknesses

Strengths :

The institution has identified financing sources on long and medium term, existing a special interest for projects on infrastructure development (ex. The development of TARGET project, worth over 10 million EUR), European funding projects, both educational and research but also for increasing the amounts from advanced medical services.

Management of financial resources was monitored both by the Court of Auditors and the Internal Audit Department of the institution there were no penalties, but some recommendations for improvements that have been successfully implemented.

Administrative management benefits from efficient communicational support, including: Internet, intranet (with dedicated servers of different services and departments that are loaded databases of students, staff, assets, accounts, etc.).

Weaknesses:

Difficulty lies in the foundation of the BVC, both because of its own (failure to send on time the predictions) and low rates for forecasting the success rate of projects submitted to various national and international competitions.

Insufficient promotion of activities that provide advanced medical services in order to increase revenues from these types of activities.

2.8.2.3 Improvement suggestions, planned measures

One of institutional objectives is to increase the means of raising funds being made steps, yet timid towards the valorization of scientific research contracts results and the provision of medical assistance, taking benefits from laboratory support developed through infrastructure projects.

2.8.3. Management and administrative personnel

2.8.3.1. Describing the real situation

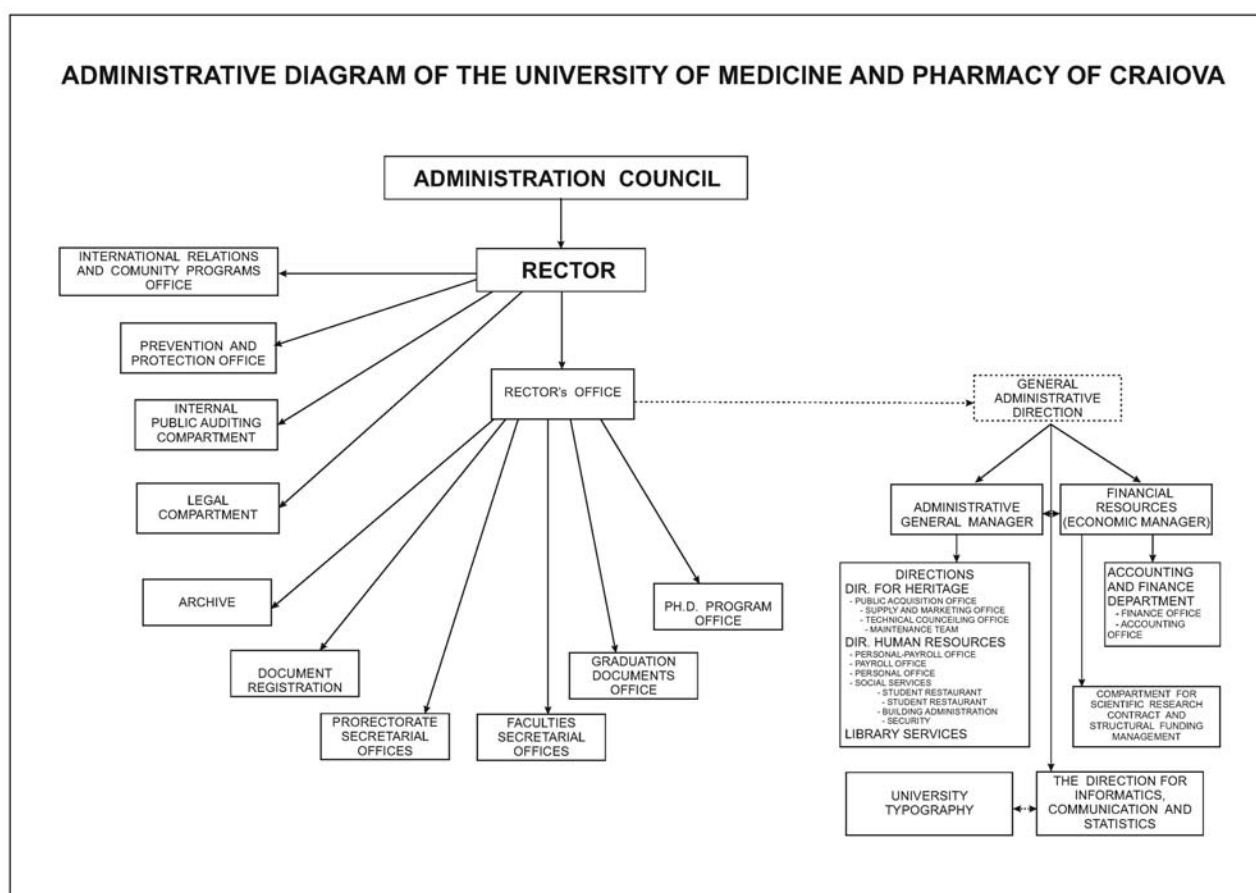
Basic standards

1. *The personnel administrating the Faculty of Medicine and Pharmacy must be elected accordingly in order to support the implementation of the educational programs. Moreover they must ensure a good management and implementation resources.*

The Faculty of Medicine has auxiliary teaching staff (laboratory, technicians, secretaries and referees) who are in the administrative functions of the college and their main task is to support teachers to organize and conduct smoothly the educational process.

Regarding the remaining administrative workload, the faculty relies on the general administration of the university, which has the main role to maintain the normal use of university property, with all its contents: buildings, educational facilities and accommodation, facilities, equipment and teaching materials.

Another important task is to efficiently use all human and material resources to achieve strategic and operational plans of the university, following decisions of the Senate and the Administration Council, in accordance with the law on the protection, hygiene and safety, prevention of fire hazards, the rights and obligations of employees, working time and rest. The administrative organization chart is shown below:



Each administrative structure has clearly defined roles and responsibilities described in Charter of UMF of Craiova and the Regulation of organization and operation.

Development of quality standards:

2. Management should include a quality control program which to implement at regular intervals and always take into account the need to improve quality.

The University of Medicine and Pharmacy Craiova implemented the internal management control system during the 2011-2012 academic year, performing the following activities:

- The update of the structure responsible for monitoring, coordination and methodological guidance;
- Development and approval of the program for the internal control system development / management;
- Updating objectives, their number reaching 49;
- There are being developed the indicators associated to the objectives;
- Total number of activities has been updated, identifying 243 activities, of which a total of 236 are procedural;
- There have been updated / developed a number of 160 procedures, the other 76 procedures are being developed;
- Has been updated the Risk register, and as a result a total of 142 risks were identified and recorded.

2.8.3.2 Analysis of strengths and weaknesses

Strengths:

Management Board benefits from efficient communication, including: Internet, intranet (with dedicated servers assigned to different services and departments that are loaded with databases of students, staff, assets, accounts, etc.).

The size of the administrative apparatus (1/3 of total employment) was carefully analyzed in order to ensure proper functioning of UMF Craiova without significantly increasing specific expenses.

Continuous implementation of the internal management control system.

2.8.4. Interaction with the Health Sector

Basic standards

The Faculty of Medicine must maintain a constructive partnership with all sectors concerning health, alongside with social and governmental institutions.

The Faculty of Medicine and Pharmacy Craiova has a close relation with the other Faculties in Romania, Ministry of Education, Ministry of Health, The Medic's College in Romania. Our institution representatives are part of the Association of Universities of Medicine and Pharmacy in Romania and the Association of Deans of Faculties of Medicine in Romania.

Development Standards:

2. *Working with partners in the health sector should be formalized.*

The Faculty of Medicine collaborates effectively with hospital managements but there are signed contracts with all clinical hospitals where medical higher education activities are being performed.

2.9 CONTINUOUS RENEWAL

Basic standard:

1. The Faculty of Medicine, as a dynamic institution, you must initiate procedures for reviewing and updating the structure and functions and must rectify deficiencies documented.

The following are the main changes that have taken place:

1998 - University of Craiova separation and establishment of the University of Medicine and Pharmacy Craiova issued by the Romanian Parliament by law;

1999 - signing the first contracts with the main funder, the Ministry of Education

2000 - the first four-year strategic plan, the duration being that of the mandate of the authorizing officer

2002 - the establishment of the Community programs, UMF Craiova has opened its doors to internationalization

2004 - reorganizing curricula in accordance with European Union's TAIEX experts' suggestions

2004 - the second strategic plan

2005 – establishment of the grants management department for research that led to the financial smooth attracting and research projects

2006 - establishment of the Department of Teacher Training in attracting teachers, sociologists and psychologists towards the University, or through collaboration with the University of Craiova

2006 - signing annual contracts between UMF Craiova and clinical hospitals.

2008 - the third strategic plan

2012 – advancing to 14 weeks per semester of teaching activities with students

Annual operational plans were prepared, both at University and Faculty level.

Contracts were signed and complementary institutional annual reports with MECS following the number of participants and quality indicators set by the financer, indicators have always been subject to analysis and have been improved.

Regarding the University property in the time 1999-2011 most existing spaces were refurbished and equipped. Moreover four new buildings were built to current standards.

With the implementation of the new LEN were restructured University Charter, approved by MECTS and all codes, regulations and its subsequent methodologies.

Development of quality standards:

2. The renewal process should be based on prospective studies and analysis and should lead to a review of policies and practices within the Faculty of Medicine, according to past experiences, present activities and future prospects. This should address the following issues:

- Adapting training methods should take into account the latest research in educational theory, methodology, adult learning, active learning principles, etc.

Course teachers have the freedom to propose ways and means of instruction and student assessment. Unfortunately, adaptation to new research in the field has not yet been implemented to many subjects. Regarding that issue, alongside with other universities in the country, the University focused on working on filing and winning HRD project, e-Medical, which has as main activity the above request. Awareness of the project led to the implementation of new means and methods of learning and assessment.

- Adapting the mission and objectives of the Faculty of Medicine at the scientific, socio-economic and cultural life of society.

Each new strategic plan was revised in the light of this requirement. Finalizing the new strategic plan is in progress and it will be valid until 2016. In this direction, UMF Craiova Senate approved the establishment of a Commission of diagnosis, prognosis and development of a new institutional strategic plan.

- Modifying skill requirements for graduate students, according to documented needs of the environment in which the graduates will enter. The amendment will include clinical skills and training in public health and patient care involvement in all appropriate responsibilities encountered after graduation.

By running the HRD by MECTS, regarding the implementation of the National Register of Qualifications in Higher Education in Romania (NRQHE) medical schools in the country have completed diagram of general skills and specific skills and learning objectives to be included in NRQHE, to the subjects of study and course credits.

- The modifying of relevant curriculum and teaching methods in order to ensure that they are appropriate and relevant. Changing curricular elements and their relation in accordance with developments in biomedical sciences, behavioral sciences, social sciences, clinical sciences, changes in demographic profile and model health / disease population and socio-economic and cultural conditions. The amendment will ensure incorporation of the new knowledge, concepts and methods relevant alongside with the exclusion of those pieces of information exceeded.

Annually, up to a maximum of 30%, subject sheets are being changed by updating current topics and practical work and the bibliography. Exceeding this threshold leads to the result of procedural steps to overhaul the current program unit.

Development of evaluation principles and methods and the number of tests based on changes in educational goals and learning objectives and methods.

An analysis of this requirement will be conducted as a part of e-Mediqua project.

- Adaptation of student recruitment policy and selection methods tweaked to expectations and changing circumstances, the need for human resources, changes in premedical education system and the requirements of educational programs.

In the last five years, every simulation of the entrance examination, and even before the contest for admission, staff counseling and Vocational Guidance distribute questionnaires that are completed by candidates. These questionnaires are then pooled and interpreted in a report, which is published on the institution's website.

Following these reports, competition materials have been retained, even in a reduced influx of applicants to medicine in some years to ensure the quality of future students.

- Adaptation academic recruitment policy in relation to the dynamic needs of the faculty of medicine

The institution has always had a definite policy of staff but there were, especially after 2009 (when the political decision to block employment positions for budget savings), difficulties emerged of new applications in conjunction with LEN, which forced teachers to a retirement age of 65 resulting in over 20 teachers and lecturers leaving the institution. However, due to the policy of recruitment and promotion of teachers, ARACIS indicators on the needs of teachers was observed and followed.

- Renewal of educational resources according to changing needs of the medical school (number of students, professors and their academic profile, educational programs and contemporary educational principles).

Renewal means and resources will be made with the implementation of new learning and assessment methods developed by the project e-Mediqua.

- Refining of the monitoring and evaluation of program

SEAC Guide is flexible, new members of the evaluation and quality assurance can adapt to specific proposals in order to benefit from effective monitoring.

- Development of organizational structure and management principles to meet changing circumstances and needs of medical school and, over time, to accommodate the interests of different target groups.

As stated in Chap. 2.8.3.1, the UMF Craiova has implemented management control system (MCS) internally, which is a continuous process of updating the manual of procedures and risk identification and mitigation measures.

2.10 STRENGTHS, WEAKNESSES/LIMITATIONS, OPPORTUNITIES, AND THREATS (SWOT)

Besides the strengths and weaknesses presented in this Self-evaluation report for the Faculty of Medicine, we are going to present in the form of a SWOT analysis, other aspects that we consider relevant:

Strengths

- UMF Craiova is an Organizing Institute for Doctoral Studies in Medicine, with 41 doctoral supervisors.
- The institution has teachers who took training courses at universities in developed countries or teachers who actually worked abroad (scientific research) and are currently working at UMF Craiova.
- There are numerous collaborations with research groups and specialists from other universities at home and abroad.
- Membership of AMEE (Association of Medical Education in Europe), AMSE (Association of Medical Schools in Europe), AUF (Association of Francophone Universities).
- Many of the laboratories and research centers of UMF Craiova are equipped with state-of-the-art research equipment.
- The size of investments made in recent years to teaching and research facilities, in example equipment.
- Significant IT and communication equipment.
- The development of a comprehensive website devoted to presenting the institution's image.
- The large number of Romanian and foreign periodicals subscriptions, both printed and online, with access from the internal network of the University (based on IP).
- The increase in the number of scientific research contracts with various contracting authorities.
- Contracting the first two research projects as a partner in FP7 (ECRIN and TANDEM).
- A significant increase in the number of articles for the ISI Web of Science.
- The permanent update to the Handbook of Procedures, both teaching and administrative.
- Strict observance of the advancement conditions provided by law.
- The existence of an endowment on campus that allows self-organisation of scientific events with over 400 participants.
- High rate of absorption into the labour market or further education programs.
- The commencement of the Medicine study program in English.

- The quality of social services offered to students and the comfort they enjoy.
- The increase in the number of laboratories performing diagnostic and treatment services.

Weaknesses (Measures)

- Availability of research equipment that is not used to its full potential (the creation of "core facilities" has been proposed that will be implemented in each department).
- There are discrepancies between the scientific results of various research teams (the future research projects submitted must be interdisciplinary, with the inclusion of teachers from departments with fewer results, but with new initiatives).
- The institution's magazine, Current Health Science Journal has not yet been indexed in international databases (there are steps being taken for a regular appearance, entirely in English, and the adjustment of the editorial staff, with the introduction of foreign personalities in the field).
- Insufficient promotion of advanced medical service activity (the editing and distributing of dedicated brochures and constant updating of a dedicated page within the institution's website are just a few suggestions).
- The English-language section of the institutional website is far from completed / updated.
- The number of research centers is also small due to CNCSIS no longer recognizing their activities and also the lack of initiative of some research groups with activities and results that do not see the immediate usefulness of these structures (UMF Craiova's research strategy proposes an increase in the number of research centers).
- Much of the legislation governing health care providers disregards the medical institutions of higher education, thus eliminating their ability to earn income from such activities that would allow performing specialized practice in the institution (steps are being taken to the Ministry of Health and the National Health Insurance House, along with other higher education institutions for finding legislative solutions).

Opportunities

- Constant requests from the labour market regarding the employment of graduates of the Faculty of Medicine at the level of their academic qualification.
- An increasing interest of high-school graduates for the Medicine study program.
- Harnessing the advantage of having a teaching staff with a low average age and the opportunities of professional development.

- The opportunity to access European funds, in addition to the POS-DRU, the POR and POS-CCE projects have not yet been accessed.
- The valuable use of the infrastructure developed within the TARGET project and the use of research laboratories that use unique equipment in Romania (PET-CT, MRI with 3T magnet etc.).
- Growth for the visibility of the activities held by the Center for Counselling and Professional Orientation and the Center of Medical Education, with the involving of young specialists in attracting educational projects with the student organizations and their graduates.
- Efficient use of facilities offered by the website (which now allows the implementation of an anonymous online questionnaires system for the assessment of teachers by students, thus eliminating the suspicion of subjectivism in both directions).

Threats

- An increasing rate of graduates leaving the system (most often valuable), who are drawn to the need for qualified personnel in the EU countries and the remuneration level in these states.
- Keeping the current system of admission to residency using a test grid from thick bibliographies that distracts students in their final years from their specialized practical training.
- The low number of resident physicians who train in their desired specialization, often satisfied with the specialization obtained through the choice procedure of score descending order in the admission exam.
- Lack of possibilities for some students to pay for their tuition, due to the South West Oltenia region being classified as a disadvantaged area in terms of economic development.
- The decrease of funds allocated to investment and core funding due to budget restrictions in the context of the current economic crisis.