5. STUDENTS

5.1 ADMISSION POLICY AND SELECTION

Basic standards: The medical college must

- 5.1.1. formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students.
- 5.1.2. have a policy and implement a practice for admission of disabled students.
- 5.1.3. have a policy and implement a practice for transfer of students from other national or international programs and institutions.

Quality development standards: The medical college should

- 5.1.4. state the relationship between selection and the mission of the school, the educational program and desired qualities of graduates.
- 5.1.5. periodically review the admission policy.
- 5.1.6. use a system for appeal of admission decisions.

Annotations:

- * Admission policy would imply adherence to possible national regulation as well as adjustments to local circumstances. If the medical school does not control admission policy, it would demonstrate responsibility by explaining relationships and drawing attention to consequences, e.g. imbalance between intake and teaching capacity.
- ❖ The statement on process of selection of students would include both rationale and methods of selection such as secondary school results, other relevant academic or educational experiences, entrance examinations and interviews, including evaluation of motivation to become doctors. Selection would also take into account the need for variations related to diversity of medical practice.
- ❖ Policy and practice for admission of disabled students will have to be in accordance with national law and regulations.
- ❖ *Transfer of students* would include medical students from other medical college and students from other study programs.
- ❖ Periodically review the admission policy would be based on relevant societal and professional data, to comply with the health needs of the community and society, and would include consideration of intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities.

5.2 STUDENT INTAKE

Basic standard: The medical college **must**

5.2.1. define the size of student intake and relate it to its capacity at all stages of the program.

Quality development standard: The medical college should

5.2.2. periodically review the size and nature of student intake in consultation with other stakeholders and regulate it to meet the health needs of the community and society.

Annotations:

❖ Decisions on *student intake* would imply necessary adjustment to national requirements for medical workforce. If the medical college does not control student intake, it would

- demonstrate responsibility by explaining relationships and drawing attention to consequences, e.g. imbalance between intake and teaching capacity.
- ❖ Other stakeholders, cf. 1.4, annotations.
- ❖ The health needs of the community and society would include consideration of intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities. Forecasting the health needs of the community and society for trained physicians includes estimation of various markets and demographic forces as well as the scientific development and migration patterns of physicians.

5.3 STUDENT COUNSELLING AND SUPPORT

Basic standards: The medical college and/or the university must

- 5.3.1. have a system for academic counseling of its student population.
- 5.3.2. offer a program of student support, addressing social, financial and personal needs.
- 5.3.3. allocate resources for student support.
- 5.3.4. ensure confidentiality in relation to counseling and support.

Quality development standards:

The medical college **should**

- 5.3.5. provide academic counseling that
 - 5.3.5.1. is based on monitoring of student progress.
 - 5.3.5.2. includes career guidance and planning.

Annotations:

- ❖ Academic counseling would include questions related to choice of electives, residence preparation and career guidance. Organization of the counseling would include appointing academic mentors for individual students or small groups of students.
- ❖ Addressing social, financial and personal needs would mean professional support in relation to social and personal problems and events, health problems and financial matters, and would include access to health clinics, immunization programs and health/disability insurance as well as financial aid services in forms of bursaries, scholarships and loans.

5.4 STUDENT REPRESENTATION

Basic standards: The medical college must

- 5.4.1 formulate and implement a policy on student representation and appropriate participation in
 - 5.4.1.1. mission statement.
 - 5.4.1.2. design of the program.
 - 5.4.1.3. management of the program.
 - 5.4.1.4. evaluation of the program.
 - 5.4.1.5. other matters relevant to students.

Quality development standard: The medical college should

5.4.2. encourage and facilitate student activities and student organizations.

Annotations:

*	Student representation would include student self governance and representation on
	the curriculum committee, other educational committees, scientific and other relevant
	bodies as well as social activities and local health care projects (cf.2.7.2).

**	To facilitate student	activities	would inc	clude cons	sideration	of prov	viding tec	chnical	and
	financial support to st	udent orgar	nizations.						