AQU CATALUNYA

ACCREDITATION OF PROGRAMMES

External review report

Centre	Faculty of Medicine
University	UNIVERSITY OF ICELAND
Date of the site visit	7-8-9/10/2025
Study programmes	Medical Studies: • BS degree in Medicine • Candidatus degree in Medicine

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CONTENTS

INTRODUCTION

In 2021, the World Federation for Medical Education (WFME) recognised AQU Catalunya as an accrediting agency for medical study programmes in accordance with the WFME standards for Basic Medical Education (BME).

In addition, in 2023 AQU was recognised by the WFME to conduct such accrediting procedures in Iceland.

In 2023 the University of Iceland and AQU Catalunya signed an agreement for the evaluation according to the WFME standards for Basic Medical Education.

To carry out reviews according to WMFE, AQU Catalunya has adopted the structure and content of the 2020 BME standards and has incorporated those other aspects which, in accordance with the **Standards and Criteria for the Quality Assessment of University Bachelor's and Master's Degrees**, it is mandatory to include and/or are required by Catalan and Spanish legal regulations.

The methodology has been adapted to the singularities of the legal Icelandic context.

This report is the result of an external evaluation process carried out collegiately by a committee of experts, after the analysis of the self-report and the evidence presented and a visit to the centre.

The report, in its preliminary version, is sent to the evaluated centre so that it can report on the possible factual errors; in its final version, it is sent to the corresponding specific commission as the main evidence for the accreditation of the programme.

Centre and study programme reviewed

FACULTY OF MEDICINE	
University	University of Iceland
Campus (Teaching units)	Landspitali University Hospital in Iceland – Hringbraut Campus Landspitali University Hospital in Iceland – Foosvogur Campus Akureyri Hospital
BS degree in Medicine in place 2025 (Founded: 1911, divided into BS and Cand.med. in 2010) **Candidatus degree in Medicine** in place 2025	

External review panel

Role	Name	Institution
Chair	Hannu Halila	University of Helsinki
Academic	Francesc Cardellach López	University of Barcelona
Student	Klara Nilsson	University of Linköping
Professional	Gudrun Aspelund	Centre for Health Security and Communicable Disease Control, Directorate of Health
Methodological Secretary	Carme Edo	AQU Catalunya

The studies of medicine in Iceland

The University of Iceland is the only one in the country offering studies leading to the qualification of licensed physicians.

The University of Iceland is organised into 5 schools (Social Sciences, Health Sciences, Humanities, Education, Natural Sciences and Engineering) and 27 faculties.

Likewise, the Schools are divided into faculties. The School of Health Sciences is structured around six faculties: Food Science and Nutrition, Medicine, Psychology, Pharmaceutical Sciences, Odontology, Nursing and Midwifery.

The medical program at the University of Iceland's Faculty of Medicine (FoM) is a six-year course of study. The program is divided into two consecutive three-year degrees: a preclinical Bachelor of Science (BS) degree, followed by a clinical Candidatus Medicinae (Cand.med.) degree. Each degree consists of 180 ECTS credits.

The structure is considered traditional, with three years of "pre-clinical" studies and three years of "clinical subjects," which is similar to the medical education in other Nordic countries.

Bachelor of Science (BS) Program (Years 1-3) - This three-year, 180 ECTS program serves as the preclinical foundation of the medical education.

The curriculum is organized into three main domains: basic training, clinical training, and ethics/communication skills.

- Years 1 and 2: The primary focus is on robust training in basic sciences, covering the normal structure and function of the human body. This is supplemented with courses on interpersonal relationships, the doctor-patient relationship, medical ethics, problem-based learning, and the basics of physical examination.

- Years 2 and 3: The focus shifts to abnormal function, organ structure, and the causes and treatments of diseases.
- Final Semester: The last semester is dedicated to research methodology, including biomedical statistics and epidemiology, during which students work on a final thesis.

Educational Methods: Teaching is delivered in a "block teaching" format, where courses are taught intensively over a few weeks. Lectures are the most common method, accounting for approximately 70% of classes. Other methods include practical laboratory training (almost 20%), discussion sessions (10%), problem-based learning, and skills labs.

Candidate (Cand.med.) Program (Years 4-6) - Following the BS degree, students proceed to the three-year, 180 ECTS clinical program to earn the Cand.med. degree.

Curriculum Content: The emphasis shifts heavily toward clinical and hands-on training.

- Year 4: Focuses on integrating basic and clinical training. Students are introduced to specialities like internal medicine, surgery, radiology, and clinical biochemistry.
- Year 5: Covers subjects such as obstetrics and gynaecology, paediatrics, neurology, psychiatry, ophthalmology, and dermatology.
- Year 6 (Final Year): Includes family medicine, anaesthesiology, oncology, and emergency medicine. A significant part of this year is a mandatory 6-week period of practical clinical training (a short internship) where students are responsible for patients under supervision. There is also a four-week elective period for specialized rotations or research.

The program culminates with students taking the Comprehensive Clinical Science Examination (CCSE) from the National Board of Medical Examiners (NBME).

For more information on the medical studies in Iceland see the ANNEX.

ACRONYMS

UI	University of Iceland
FoM	Faculty of Medicine
SoSH	School of Health Sciences
LUH	Landspítali University Hospital
SAk	Akureyri Hospital
PHC	Primary Healthcare Centre
BS	Bachelor of Science
Cand.med.	Candidatus Medicinae
IQAS	Internal Quality Assurance System
EHEA	European Higher Education Area
ECTS	European Credit Transfer System
CCSE	Comprehensive Clinical Science Examination
NBME	National Board of Medical Examiners
IQFHE	Icelandic Qualifications Framework for Higher Education
QEF	Quality Enhancement Framework
LO	Learning Outcomes
SDG	United Nation's Sustainable Development Goals

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Site visit schedule

DAY 1: October 7th

THE FoM AND PRIMARY HEALTH CARE

MEETING	LOCATION, ATTENDEES, CONTACTS	START TIME	DURATION
Pick up at the hotel and transportation to the Faculty of Medicine		7:30-7:45	0:15
Welcome	**Eirberg Entrance** **Eiríksgata 34** **101 Reykjavík** Dean, Faculty Head, Faculty vice Head, university representatives and other people selected by the university	7:45-7:55	0:10
Panel Briefing	**Room EIR023B (50 PAX)**	8:00-8:20	0:20
Governing body Introductory Meeting including a short formal presentation (10') of the UI Medical education	Dean, vice deans Faculty Head, Faculty vice Head, Head of education, and Heads of the relevant departments, BS and Candidatus programme's coordinator/s, Head of Administration Staff **Room EIR023B (50 PAX)**	8:20-9:20	1:00
Medical Education Department staff and medical study programmes coordinators	Heads of the unit or, failing that, the coordinators of studies, vice-deans of teaching and coordinators (of selected subjects and Courses) representing the University Teaching Hospitals (Aku, Rei. & Med School Teaching Unit **Room EIR023B (50 PAX)**	9:20-10:05	0:45
Faculty of Medicine - Teaching staff	Teachers (including teachers of the selected subjects) of BS and Candidatus programmes and the Management team/person in charge of the school teaching unit coordinating learning activities and assessment methods, including the use of technology and simulation. **Room EIR023B (50 PAX)**	10:05-10:50	0:45

Faculty of Medicine facilities walk-around	On site visit to the premises of the institution: Medical Education Dept. and Teaching, (i.e. library, labs, teaching rooms, research facilities, Skills Lab, Training & tutoring resources). Including a small representation of management team and head of clinical simulation The Simulation Centre visited (in house) The Medical Park visited (walking) The new SoHS buildings presented (in house presentation with slides)	10:50-12:05 *10:50-11:15* *11:20-11:45* *11:50-12:05*	1:15
Panel meeting and working lunch **Room EIR103A (10 PAX)**		12:10-13:20	1:10
Students Medicine, BS	A meeting with a group of 1st, 2nd and 3rd year students (8-10) or/and their representatives attending BS Medicine subjects. **Room EIR023B (50 PAX)**	13:20-14:05	0:45
Students Medicine, Candidatus	A meeting with a group of 1st, 2nd and 3rd year students (8-10) or/and their representatives attending Medicine, Candidatus subjects. **Room EIR023B (50 PAX)**	14:05-14:50	0:45
Graduates	UI Graduates / MIR & PhD representing all University Hospitals **Room EIR023B (50 PAX)**	14:50-15:35	0:45
Transport from Medical Park to Primary Health Care		15:40-15:55	0:15
Manager and Teaching staff at Primary Health Centre	**Heilsugæslan Kirkjusandi** **Hallgerðargata 13** **105 Reykjavík** A Meeting with Health centre management team, and teaching staff involved in the training programmes and clinical tutors coordinating primary Health care clerkships	16:00-16:45	0:45
Transport from PHC to hotel		16:50-17:05	0:15

DAY 2: October 8th

The initial agenda included a site visit at Akureyri Hospital (Sak). Due to adverse weather conditions, transportation to Akureyri was not reliable and the onsite visit had to be cancelled. Instead, the visit to Akureyri was held online; including the interviews previously planned and the tour to the facilities. In addition, the panel visited other facilities in Reykjavík not included in the initial agenda.

FACULTY OF MEDICINE AND AKUREYRI HOSPITAL (SAk)

MEETING	ATTENDEES REQUESTED	START TIME	DURATION
Pick up at the hotel and transportation to the Faculty of Medicine		10:15-10:30	0:15
Panel meeting		10:30-11:10	0:40
Transport to the Centre of Public Health and Stats Consult Centre		11:10-11:20	0:10
On site visit	Dean of SoSH, Project Manager at Health Centre Institute	11:20-11:50	0:30
Transport to Sturlugata 8 - Laboratory of basic sciences		11:50-12:00	0:10
Lunch		12:00-12:40	0:40
On site visit	Head of FoM, Head of basic sciences laboratory.	12:40-13:10	0:30
Transport to Faculty of Medicine		13:10-13:20	0:10
Akureyri Management team (virtual)	A Meeting with the Health centre academic management team, and members of the University teaching Hospital staff involved in the BME training programme. Person in charge of the teaching unit management and coordination with the Med School, clinical tutors, clinical skills assessment coordinator/s and clerkships coordinator **TEAMS Meeting**	13:20-14:45	1:25
Site visit (virtual)	University Teaching Hospital training centre academic facilities walk-around with a small representation of management team, tutors, head/s of medical unit/s, and student's representatives of the medical	14:45-15:30	0:45

	unit/s visited. (5 people) for the facilities visit **Mobile phone Meeting**		
Panel meeting		16:45- 18:15	0:30
Transport to hotel		18:15 – 18:30	0:15

DAY 3: October 9th

LANDSPÍTALI UNIVERSITY HOSPITAL (HRINGBRAUT AND FOSSVOGUR) AND THE FoM

MEETING	ATTENDEES REQUESTED	START TIME	DURATION
Pick up at the hotel and transportation to the Landspitali University Hospital in Iceland - Hringbraut campus **Eiríksgata 5** **101 Reykjavík**		7:30-7:45	0:15
Welcome	**LUH entrance**	7:45-7:55	0:10
Management team	A Meeting with the Health centre academic management team, and members of the University teaching Hospital staff involved in the BME training programme. Person in charge of the teaching unit management and coordination with the Med School, clinical tutors, clinical skills assessment coordinator/s and clerkships coordinator **Room Ásinn**	8:00-9:00	1:00
Teaching staff - Hringbraut	A Meeting with members of the University teaching Hospital staff involved in the training programme and responsible for training clinical medical sciences subjects, academic tutors for FT, clinical tutors focus on selected subjects, and clinical skills assessment. **Room Ásinn**	9:00-09:50	0:50
On-site visit - Hringbraut	University Teaching Hospital training centre academic facilities walk-around with a small representation of management team, tutors, head/s of medical unit/s, and student's	09:50-10:50	1:00

	representatives of the medical unit/s visited. (5 people) for the facilities visit **LUH Hringbraut main buildings**		
Transport from Hringbraut to Fossvogur **Áland 6** **108 Reykjavík**		10:55-11:10	0:15
Teaching staff - Fossvogur	A Meeting with members of the University teaching Hospital staff involved in the training programme and responsible for training clinical medical sciences subjects, academic tutors for FT, clinical tutors focus on selected subjects, and clinical skills assessment **Room Blásalir**	11:10-11:55	0:45
On-site visit - Fossvogur	University Teaching Hospital training centre academic facilities walk-around with a small representation of management team, tutors, head/s of medical unit/s, and student's representatives of the medical unit/s visited. (5 people) for the facilities visit **LUH Fossvogur main building**	11:55-12:40	0:45
Transport from Fossvogur to Sturlugata 8		12:40-12:50	0:10
Panel meeting and lunch Grótta Meeting Room		12:50-13:50	1:00
Transport from Sturlugata 8 to FoM		13:50-14:00	0:10
Quality Assurance	Debriefing meeting with Deanery staff managing QA data, resources: Faculty's head of QA, QA Commission, Administrative staff managing QA **Room 124, Medical Park**	14:00-14:45	0:45
Administration personnel at Faculty of	A meeting with members of the Med School and University Teaching Hospitals administrative staff: Administrator, head	14:45-15:30	0:45

Medicine and at University Teaching Health Centres (hybrid session)	of library, head of de secretary's office for students, head of mobility and international relations, head of general affairs, head of CRAI… **Room 124, Medical Park**		
Employers **(hybrid session)**	A meeting with public and private institutions managers hiring graduates in Medicine **Room 124, Medical Park**	15:30-16:15	0:45
Open hearing	An open meeting with internal and external stakeholders who wish to raise new issues with the panel and have not previously participated **Room 124, Medical Park (201 also possible)**	16:20-16:50	0:30
Panel briefing **Head of Faculty Meeting Room** **(MP 4th floor)**		16:50-17:50	1:00
Panel Conclusions	Dean, university representatives and other people selected by the university **Room 124, Medical Park (201 also possible)**	17:50-18:20	0:30
Transport from FoM to hotel		18:30	

Preliminary considerations

The external review panel would like to extend a heartfelt gratitude for the warm welcome and hospitality received from the University of Iceland, the Faculty of Medicine, the Landspítali University Hospital (Hringbraut and Fossvogur), the Akureyri Hospital and the Primary Health Care during the site visit. Their meticulous preparation and openness greatly facilitated our review process.

The panel also appreciates the Faculty of Medicine efforts to provide a Self-Evaluation Report (SER) and the linked evidence providing detailed, clear and transparent information, which facilitated both the assessment of facilities and equipment during the site visit and the discussion with the different groups interviewed, providing a frank and open discussion to detail some points that the panel considered to benefit of some detail

In addition, the panel wants to express appreciation with the arrangements made to facilitate the transfers to the different venues scheduled in the agenda.

Finally, the panel would like to thank the absolute willingness of all people involved in the degree with whom it had the opportunity to dialogue, and their interest in solving the queries raised. The organization behind the visit was carefully planned and this resulted in a smooth and very well-arranged visit.

The increase in student numbers

In recent years, the FoM has received requests from government bodies to increase the number of students in order to meet the country's needs.

The FoM has begun an step by step approach to increase in the number of students, which is thought to be very appropriate in order to adjust teaching progressively without affecting the quality of training.

The panel considers that this increase must be accompanied by an increase in funding in order to provide the required quality of education.

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ASSESSMENT OF SPECIFIC QUALITY CRITERIA

C1. Mission and values

The school has a public statement that sets out its values, priorities, and goals (BME 1.1).

☐ Non-compliant	☐ Compliant with conditions	■ Compliant	☐ Progressing towards excellence

1.1 The school has a public statement that sets out its values, priorities, and goals (BME 1.1).

Compliant

The Faculty of Medicine is the only one of its kind in Iceland, graduating over 80% of all licensed physicians in the country. In 2024, the FoM undertook a comprehensive process to formulate its mission and vision statements, involving key stakeholders such as students, hospital executives, the Director of Health, and medical associations. These statements were formally approved in December 2024.

> Mission: "To provide Icelandic society with physicians who deliver high quality healthcare nationally and internationally through excellent education and innovative research. The medical programme educates exemplary physicians who collaborate to practice socially responsible and science-based medicine".
>
> Vision: "The medical programme at the UI aims to become an example to other medical schools while also positively impacting the health and wellbeing of Icelandic society through its education and research".

The FoM's mission and vision is aligned with the University strategy and the medical programme learning outcomes:

In line with the title "A Better University for a Better Society", the mission statement emphasises the service of medical graduates to Icelandic society. The UI seeks to be a channel for social innovation, rhyming well with missions' emphasis on innovative medical research.

The UI aims to be a thriving international research university, as mirrored in missions' emphasis on education grounded in science and research driven by innovation both locally and abroad.

UIs Guiding Principles are Quality, Trust and Agility. The mission statement highlights that the medical programme provides excellent education, yielding exemplary medical professionals. Trust is maintained with a strong ground in science and active research – by ensuring that the foundations of the medical programme are firmly grounded in science. Agility is reflected in that the programme responds to developments in knowledge and understanding by delivering knowledge of evidence based best practice at each time.

The competences which must be developed by students include the needs of the community and demonstrate an alignment with the UN Sustainable Development Goals (SDGs). As an example, one LO of each programme is shown below:

BS -> 1.10 “He has gained knowledge and training in human interaction, the patient doctor relationship, medical ethics, professionalism and the basics of clinical examination.”

Candidatus -> 14 “He has gained knowledge and training in human interaction, the patient doctor relationship and medical ethics.”

These LO are developed further at course level:

Candidatus 3er year Family Medicine:

- Be capable of following the patient-centred method and tending to the common complaints and problems of people of all ages and both genders, i.e. those who come to healthcare centres.
- Realise the importance of community-based, continuous, comprehensive and personalised healthcare.

Candidatus 3er year Preventive Medicine

- Recognize and understand the evidence-base for the main avenues of prevention/health promotion in modern society including ... the role of environmental protection and urban planning in public health promotion.

Mission and Vision are publicly available although they are hard to find. Since Mission and Vision should be strongly linked to IQAS (see later on this report) the panel recommends publishing it connecting both.

Recommendations

- To increase the visibility of the mission and vision by publishing them connected to the IQAS.

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C2. Curriculum

The curriculum responds adequately to the discipline(s) and training objectives of the study programme. The learning outcomes correspond to the level of the medical study programme, in accordance with the Higher Education Act, no. 63/2006, the Regulation for the University of Iceland, no. 569-2009 and the National Qualification Framework. The rollout schedule, allocation of ECTS credits to subjects, and teaching staff assigned are appropriate and acceptable (AQU S2).

☐ Non-compliant	☐ Compliant with conditions	■ Compliant	☐ Progressing towards excellence

2.1 The school has defined the learning outcomes that students should have achieved by graduation, as well as the intended learning outcomes for each part of the course (BME 2.1).

Compliant

The medical school defined clear learning outcomes aligned with the national qualifications requirements for the educational level of the study programme (regulations issued by the Ministry of Health "Regulation on the education, rights and obligations of doctors and the conditions for receiving a medical license and specialist license. (nr. 856/2023)", as well as the regulations of the Icelandic Qualification Framework for Higher Education "IQFHE"), as well as other relevant international regulatory documents (WFME).

Learning outcomes addressed to the practice of the medical profession are listed both for the Bachelor's degree and the Candidatus and all together consist on a coherent profile to potentially achieve high standards of competence for the future professional.

2.2 The school has documented the overall organisation of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines (BME 2.2).

Progressing towards excellence

The curriculum is aligned with the mission and values of the Faculty of Medicine and addresses very adequately the basic and the specific medical competences established in accordance with the Icelandic legal framework.

The organization of the curriculum is well explained, in a rather "traditional" model. The principles underlying the curriculum provide a comprehensive foundation in basic

sciences (BS program) in the first three years and clinical subjects during the last years (Candidate program) and evaluated in credits (ECTS). Educational methods are the ones usually applied to medical teaching and are adequate to prepare the students to achieve the curricular outcomes in addition to specific training of the clinical skills.

The curriculum structure is quite similar to medical education in the other Nordic countries. This has facilitated specialist training of Icelandic physicians in those countries since there were very few specialist training programmes in Iceland.

The medical program is almost exclusively made up of mandatory courses, with only eight elective ECTS in the last year of the medical program. During that period, students can choose between either doing clinical rotations in Iceland or devoting time to scientific work (most students opt for the former).

Major curriculum changes are decided by the Faculty Meeting (FM), with the collaboration of the Medical Program Curriculum Council (CC) (which includes six student members, one by course). The Educational Project Manager, in collaboration with supervisory teachers and in consultation with student representatives, drafts timetables and practical training for both programs. Two project managers organize Skills lab and Simulation Centre Training.

Communication skills are applied early in BS program studies.

In 2020, BS program was reviewed. Before the revision, emphasis was on what students should learn. After the revision, LO ‘s domains and content increased emphasis on students demonstrating and applying acquired (1) knowledge, (2) skills and (3) abilities. LO’s in Candidate programme are currently under revision to prepare students for work as doctors. The plan is to implement 11 Entrustable Professional Activities benchmarks into the Candidate program, each with several well-defined competences describing students’ abilities during and at the end of studies.

The FoM has teaching agreements with two hospitals (Landspítali University Hospital in Reykjavik, and Akureyri Hospital, 400km far from capital) and Primary Health Centers. The geographical dispersion of the faculty clinical teaching is not an inconvenient for students, according to their opinion. Students can choose Akureyri hospital depending on their family house and/or personal preferences. The surveys and opinions expressed by students at our meetings confirm the high level of satisfaction with this hospital (teaching staff, Residents, and facilities). All these teaching agreements allows strong clinical immersion and represents one of the strengths of the medical curriculum at the FoM. This ensures that graduates are well-prepared for their role as junior doctors. The curriculum integrates theoretical knowledge with practical experience, including clinical rotations, simulations, and real-world patient interactions. This approach equips students with the necessary skills to diagnose, treat, and prevent diseases, as well as to communicate effectively with patients and healthcare teams.

The curriculum is centrally coordinated at distinct levels by specific governing bodies (Faculty Board, Standing Committee). At peripheral level, there is a degree coordination team, course coordination of each of the teaching units and subject coordination. The relationship between course coordination and students (suggestions, proposals, feedback) is ensured by the Student Council (representatives elected).

During the site visit the panel could ratify that stakeholders (students, teaching staff) are satisfied with the deployment of the curriculum: 86% at the final of 3er year and 95% at the final of the 6th year.

2.3 The school can justify inclusion in the curriculum of the content needed to prepare students for their role as competent junior doctors and for their subsequent further training (BME 2.3.a).

Content in at least three principal domains is described: basic biomedical sciences, clinical sciences and skills, and relevant behavioural and social sciences (BME 2.3.b).

Compliant

The organization of the curriculum is well detailed and distributed in well balanced semesters. Educational methods are adequate to prepare the students to achieve the curricular outcomes and clinical skills.

The curriculum structure facilitates specialist training of Icelandic physicians in Nordic countries.

Curriculum content (with 360 ECTS) can be classified into three broad domains: 1. Basic training, 2. Clinical training and 3. Ethics, communication skills and behavioural sciences.

Year 1st and 2nd: robust training in basic science, teaching of normal structure and function of the human body and interpersonal relationships, the doctor–patient relationship and medical ethics, problem-based learning, and basics in physical examination.

Years 2nd and 3rd: focus on abnormal function, organ structure, causes of disease and methods to counteract disease. The last semester of the BS program is dedicated to research methodology, including biomedical statistics and epidemiology, while the student works on a final thesis.

The last semester of the BS program (Year 3rd) is dedicated to a final thesis where to apply research methodology. There is a wide range of research opportunities available for the 3rd year BSc project, including basic research, clinical research, and epidemiology.Teaching staff of all courses can participate as a director and students have the following 3 last years to complete, improve and publish the study. All

students interview expressed high levels of satisfaction with the structure and organization of the final project as it for many opened the door into research early on. With this approach, the panel considers the students get good introduction to research work during their studies and as a result many of them continue further to PhD.

Year 4th: emphasis on integration of basic and clinical training, introduction of internal medicine, surgery, radiology, otorhinolaryngology, and clinical biochemistry.

Year 5th: includes obstetrics and gynaecology, paediatrics, neurology, psychiatry, ophthalmology, genetics, dermatology and sexually transmitted diseases and interdisciplinary cooperation in health sciences.

Year 6th: includes family medicine, anaesthesiology, oncology, and emergency and intensive care medicine, in addition to management and quality issues, information technology in health sciences and preventive medicine. Candidate students have a mandatory 6-week period of practical clinical training and can choose between a four-week elective period for specialized rotations or research.

Since 2022, there has been a 12 ECTS course covering 6-week clinical hospital rotation (short internship) where the students are responsible for a limited number of patients and fulfil all duties as junior doctors.

At the end of the 6th year, students undergo a standardized examination from the National Board of Medical Examiners (NBME), the Comprehensive Clinical Science Examination (CCSE).

The curriculum integrates theoretical knowledge with practical experience, including clinical rotations, simulations, and real-world patient interactions. This approach equips students with the necessary skills to diagnose, treat, and prevent diseases, as well as to communicate effectively with patients and healthcare teams.

In clinical rotations, the number of students assigned to each professor is currently two or three. The collaboration of the Resident physicians and the rest of the hospital staff in teaching is appreciated.

Hospitals' and Primary care Centres' facilities are high valued and appreciated by students

The panel considers that the likely increase in the number of students from 75 to 90 represents a risk to maintaining the quality of teaching, especially at the clinical level.

The FoM has has taken into consideration the feedback from former graduates.. The panel considers that the use of systematic fedback from former graduates could be a very useful practice for the development of the curriculum;this practice that could be organized systematically to graduates a few years after their graduation from the FoM.

2.4 The school employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum (BME 2.4).

The study programme encourages students to take an active role in the learning process. This approach is reflected in the teaching method and activities, and in the student assessment (AQU S5).

Compliant

The Bachelor's Degree in Medicine employs a diverse range of teaching methods and activities to engage students actively in their learning. These include traditional methods like lectures and laboratory sessions, as well as more innovative approaches such as problem-based learning, clinical simulations, and clinical rotations.

The study programme encourages students to take an active role in the learning process. This approach is reflected in the teaching methods and activities and in the student assessment.

Teaching methodologies include:

- General courses of directed instruction: Lectures (LS), Discussion sessions (DS), Laboratory Practices (LABP), Seminars (SEM), Problem-solving sessions (PSS), Workshops and Problem-Based Learning (PBL).
- Specific teaching courses directed by the health field: Practical Training, Skills Labs activities, Clinical Skills Practices, Clinical Simulation Practices.
- General supervised teaching course: basically, those used in the 3rd year Final Project (FP).

In the BS program the most common teaching method is lectures (70% of classes, with different methods), practical training (20% of scheduled teaching), and discussion classes (10%). The last semester is dedicated to a research project, which requires self-study, deep engagement, and a considerable amount of independent work from the students' side (55% agreed that teaching methods encouraged them to actively participate in class).

In the Candidate program teaching methods consist of a mixture of lectures (21%), discussion sessions (10%), problem-based learning, case orientated learning at hospital departments, case presentations with a teacher, flipped-classroom, skills labs, simulation and most importantly, clinical rotations (65%) in hospitals and primary health centers. In recent years, seminars and skills-labs have become more common, partly in response to students' requests for more training of skills and in response to increasing number of students. A positive point in the curriculum is the strong clinical immersion in Hospitals and Primary care centers and the emphasis on simulation and communication skills training. 77% of 6th year students agreed that teaching methods encouraged them to actively participate in class.

Students' absenteeism is present in BS program, with some exceptions (e.g., team-based learning/problem-based learning in biomedical sciences). Teachers have been encouraged to adapt their teaching methods attending pedagogic courses to better meet the needs of students and increase an active participation. Student participation is much more significant in the Candidate program. Teacher participation in courses or events at the CTL/DAA would be relevant to quality assurance of teaching.

Skill Labs and Simulation Center Training are increasingly used and requested by teachers and students. The HERMÍS Simulation Centre in Iceland has well structured teaching methods and offers the possibility of collaborative participation of students from different studies (nursing, medicine, trainees of emergency services).

Satisfaction of students and teaching staff with the deployment of the curriculum is high.

Best practices

- Contribution of Landspítali University Hospital, Akureyri Hospital, and Primary Health Centers in clinical practices is outstanding. There is a strong clinical immersion in Hospitals and Primary care centers, as along with greater emphasis on simulation and communication skills training.

Recommendations

- Adapt teaching metods to a modern design os in the BS program to decrease absenteeism.
- Coordination between academic staff of BS and Candidate programs could be improved through a committee "ad hoc" to avoid overlaps (non-necessary contents).
- Teachers should be still encouraged to adapt their teaching methods to stimulate active participation of the students.
- A centralized registry of teaching methods used at the FoM could be implemented.
- A formal registry of attendance at pedagogic courses of teaching staff could be created to be considered when assessing teachers' progress in their personal academic advancement.
- The use of systematic fedback from former graduates for the development of the curriculum.

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C3. Assessment and results

Assessment systems and criteria are varied, promote student participation and are relevant to certifying and distinguishing learning outcomes (AQU S5c).

Study programme final-year projects and external work placements are monitored and assessed with relevant and appropriate criteria (AQU S5d).

☐ Non-compliant	☐ Compliant with conditions	■ Compliant	☐ Progressing towards excellence

3.1 The school has a policy that describes its assessment practices (BME 3.1.a).

It has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with its curriculum outcomes (BME 3.1.b).

The policy is shared with all stakeholders (BME 3.1.c).

Compliant with conditions

The Higher Education Act No. 63/2006 specifies that assessment arrangements are determined by each higher education institution, while Regulation No. 569/2009 for the University of Iceland requires schools to establish clear rules on assessment, including objectives for teaching quality and the criteria on which these are based.

Although actions are being taken informally currently, the Faculty of Medicine (FoM) has not a comprehensive, written policy or coherent model that describes assessment practices in detail. Oversight and quality control of assessments are limited.

Assessment practices are determined at course level and are well described in the CANVAS learning management system and, more generally, in the online course catalogue Ugla. Supervisory teachers have primary responsibility for designing and implementing assessments, which are typically shaped by course content, teaching methods, and established traditions. The assessments appear well aligned with the intended learning outcomes and are transparent to students and other stakeholders through online systems.

A wide range of formative and summative assessment methods is used. In the Bachelor's programme, these include written examinations, practical sessions, OSCEs, and home assignments. In the Candidate programme, assessment focuses mainly on clinical performance and written examinations. A few courses assess through continuous evaluation.

Student feedback suggests that while most students are satisfied with assessment procedures, the transparency of marking criteria could be improved. In a 2023 survey, only about 65% of third-year students agreed that assessment criteria were made clear in advance. This indicates a need for greater consistency, clearer communication, and stronger institutional oversight of assessment practices across the programmes.

3.2 The school has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses and helps them to consolidate their learning (BME 3.2.a).

These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential (BME 3.2.b).

Compliant

The school has a system of assessment in place; however, it does not consistently provide students with actionable feedback or effectively identify their strengths, weaknesses, and areas for improvement. The nature and quality of feedback vary considerably between teachers and courses. There are no formal rules or protocols defining expectations for formative or actionable feedback, and students reported that it can be difficult to obtain exam reviews or personalised feedback. In many cases, feedback is limited to checkmarks about attendance or general comments that do not address individual performance. Unstructured bedside feedback during clinical rotations however often valuable.

Findings from the 2024 student survey indicate that around 70% of third-year students and Candidate students were satisfied with the fairness of marking and assessment in theoretical studies. However, only 48% of third-year students and 30% of Candidate students agreed or strongly agreed that feedback had helped them improve. For practical studies, satisfaction levels were higher, with 86% of Candidates satisfied with fairness and 74% agreeing that feedback supported their learning.

The university provides support services for students with disabilities or specific educational needs, helping to ensure equitable access and opportunity for success.

Greater oversight and coordination of assessment practices across courses and instructors are needed. The absence of formal quality assurance mechanisms for feedback and assessment is a concern, and teachers would benefit from clearer guidance and institutional support in this area. Developing a more structured and reliable system for providing timely, constructive feedback to students would enhance the overall learning experience and support continuous improvement.

3.3 The school has in place a system of assessment that informs decisions on progression and graduation (BME 3.3.a).

These summative assessments are appropriate to measuring course outcomes (BME 3.3.b).

Assessments are well-designed, producing reliable and valid scores (BME 3.3.c).

Compliant

The assessment system of FoM ensures that students achieve the intended learning outcomes and supports reliable certification of competence. A wide variety of assessment methods are employed for measuring the intended learning outcomes across the range of subjects, including the final thesis and clinical placements. and academic results demonstrate consistently high performance and employability.

Evaluation of clinical performance in hospital placements typically involves teacher observation, checklists and/or logbooks, and in some cases, problem-based learning or peer review. In the Bachelor's Programme, the final thesis is assessed through a written evaluation and a pass/fail grade.

Information on the assessment of knowledge, skills, and competencies is readily accessible to students for each course through Ugla, the university's course management platform.

The school has an assessment system that informs decisions on student progression and graduation.

Although assessment practices appear to be functioning effectively at course level, there is currently no centralised registry of assessment methods or outcomes, limiting institutional oversight and opportunities for quality enhancement. Establishing such a registry would support greater consistency, transparency, and monitoring across the programmes.

3.4 The school has mechanisms in place to assure the quality of its assessments (BME 3.4.a).

Assessment data are used to improve the performance of academic staff, courses, and the institution (BME 3.4.b).

Compliant with conditions

Mechanisms to assure the quality of assessment at the school show some shortcomings. Formal quality assurance of assessment is limited at all levels of the University of Iceland (UI), and in practice, responsibility for ensuring assessment quality rests primarily with individual supervisory teachers.

The absence of a formal assessment policy and systematic quality assurance mechanisms limit consistency and oversight. Feedback practices remain uneven, and greater pedagogical support for teachers is needed.

The use of assessment data to enhance the performance of academic staff, improve courses, or inform institutional development is not systematic. Tools for analysing and visualising assessment data in a comprehensive way, beyond individual course level, are lacking, which restricts the ability to identify trends or areas for improvement across the programmes.

Although all teachers at the Faculty of Medicine (FoM) are encouraged to participate in pedagogical training, only a small proportion have received formal education in pedagogy (lack of time due to clinical work). Expanding access to, and participation in, structured professional development in assessment and teaching methods would strengthen quality assurance and support greater consistency across the faculty.

3.5 The results of the training programme are adequate both with regard to the achievement of the learning outcomes and the indicators of academic performance, satisfaction, and employability (AQU S7).

Progressing towards excellence

Essential data and performance indicators are collected and appear consistent with the profile of the student body. There is no other medical school in Iceland but results are broadly in line with similar medical programmes abroad. Graduates consistently achieve the intended learning outcomes, reflected in high graduation rates, strong academic performance, and excellent employability.

The programme's graduation rate exceeds 95%, with very low dropout rates, and overall student satisfaction of around 90%. These indicators suggest that the learning outcomes are being met effectively. In the 2024 graduate survey, more than 90% of respondents reported that their studies at the Faculty of Medicine (FoM) had prepared them "rather well" or "very well" for work as clinical doctors. Employment rates after graduation are also high.

Best Practices

- Strong academic outcomes with graduates feeling well prepared to work as doctors after graduation

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Enhancement Areas

- Develop and implement a comprehensive assessment policy at FoM or University level, defining minimum standards for assessment and feedback.
- Establish formal quality assurance mechanisms for assessment, including regular review, and benchmarking across programmes and teaching sites.

Recommendations

- Create a centralised digital registry of assessment practices and results to enhance transparency, enable data-driven analysis, and support oversight.
- Expand pedagogical and assessment training opportunities for academic and clinical staff to improve assessment and feedback quality.
- Encourage innovation and continuous improvement in assessment design.
- Address resource and learning environment limitations to sustain high learning outcomes and satisfaction.

C4. Students

The centre has processes in place for fair, reliable, equitable and public student access and admission. The procedures implemented make it possible to reliably certify students' progression and the achievement of learning outcomes and to recognise previously achieved learning outcomes (AQU S3).

☐ Non-compliant	☐ Compliant with conditions	☐ Compliant	■ Progressing towards excellence

4.1 The medical school has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students (BME 4.1).

Progressing towards excellence

The UI has established clear and transparent admission policies and procedures, which are publicly available on the university and FoM websites in advance and ensure fairness and equity. These policies outline the eligibility criteria, application process, and necessary documentation for prospective students. The university also provides comprehensive information on academic regulations, including credit transfer, progression, and graduation requirements (Regulation for the UI, no. 569-2009). These measures ensure fairness and equity in the selection and admission process. Proposal of students' number depends on how many clinical study spaces are available in years 4 to 6. The entrance exam is performed in Reykjavik (in June 2025 it has also been held in the north of the country) and admits around 20% of candidates.

Students are admitted, after passing the general university entrance examination (in terms of content but specific for the FoM), according to common criteria that ensure principles of advertising, equality, merit and ability, and equal opportunities in the allocation of places.

All medical students at the FoM have access to the services of UI´s Student Counselling Centre and to the SoHS office, where they can receive help and support. At the FoM, students can have direct access to the Head and Head of Education upon request regarding academic or personal matters.

At the graduation ceremony, BS and Candidate students receive a graduation package, including a graduation certificate, Diploma supplement, overview of grades and a letter from the Rector.

The number of enrolled medical students has increased from 48 in 2018 to 75 in 2024. To ensure an adequate number of physicians due to the increasing population in

Iceland, governmental requirements are focused on the need to increase the number of students graduating from medical schools. In order to achieve this goal, the plan is to increase them to 90 by 2028/2029, given that financial requirements are met.

Students admitted to the medical program have been a fairly homogeneous group because many of them come from one junior college in Reykjavík. In recent years the group is slowly becoming more diverse, reflecting the changes in society. Females are always in majority, both in the BS and the Candidate program.

The demographics of new students the academic year 23-24 were as follows:

- Junior college: Reykjavík Junior College (MR) = 27 (44%); Commercial College of Iceland = 14 (23%); Other = 20 (33%)
- Average age: 21,15 years (min = 18, max = 39, mode = 20)
- Gender proportions: Female 42 (69%), male 19 (31%)

4.2 The degree programme has or has access to adequate and effective guidance services and resources for student learning (AQU S6).

The medical school provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance (BME 4.2).

Progressing towards excellence

The FoM has implemented a robust student support system that provides comprehensive guidance and support throughout students' academic journey, from admission to graduation. The FoM complies with rules and conditions set by The Higher Education Act, no. 63/2006 for accreditation, including rules pertaining to working conditions for teachers and students (including career and study counselling as well as psychological services or other special needs) as well as their support structures, such as facilities for students with disabilities.

There exists a mentoring system of the medical program, although it is not structured, and it is carried out basically by older students (5th year students). There is an orientation meeting by SoHS for new BS students and a two-week introductory course (named “To become/be a doctor”) for medical students by FoM. There is also a UI’s Student Counselling Centre oriented to labour market and/or professional development. Through these initiatives, the FoM aims to create a supportive learning environment and empower students to achieve their academic and professional goals.

Academic advisors offer personalized support, addressing students' academic needs and concerns (students that underperform in more than one subject or have longer absences due to illness), monitored by the Educational Project Manager to give some

advice and encouragement. Additionally, the FoM organizes various workshops and seminars to enhance students' skills and knowledge.

Academic guidance services adequately support the learning process. The medical school promotes integration of the students in society and provides guidance services that facilitate their incorporation in labour market needs.

The panel met with highly motivated students and very identified with the medical unit where they belong.

4.3 The medical study programme has relevant regulations for the recognition of students' prior learning, and these are properly applied (AQU S3e).

Progressing towards excellence

The UI has established relevant and comprehensive regulations and procedures (Regulation for the University of Iceland, no. 569-2009) for the FoM for the recognition of prior learning, ensuring that students receive appropriate credit for their previous academic achievements. The university's Academic Regulations outline the criteria for recognizing credits from various sources, including official university education, higher vocational training, and non-formal learning. The university's Academic Management Office reviews and processes applications for credit recognition, ensuring a fair and efficient evaluation process. The grade for the courses to be evaluated must not be lower than 6 out of 10, and generally, the exams should not be older than 3-4 years. If a student has abandoned study at the FoM, rules regarding exam retakes, re-enrolment, and transfers from other faculties stipulate that they can re-enrol after fulfilling the same requirements as other applicants that year, including the requirement to pass the entrance exam. The panel considers remarkable that recently FoM decided to cease accepting credits for anatomy and cell biology outside the medical program, as these courses in this program are more advanced.

The plan of studies and the programme are framed by appropriate regulatory documents. The UI's Academic Regulations encompasses the recognition and transfer of credits applicable to the plan studies. The professional guidance is suitable, considering the available evidence and the suitability of the activities carried out.

4.4 The degree has a procedure to check that the students' graduation profile corresponds to the expected profile (AQU S3g).

The certification of students' learning achievements and the passing of credits for the award of the degree is appropriate and complies with current regulations (AQU S3h).

The degree makes appropriate use of the European Diploma Supplement (AQU S3i).

Progressing towards excellence

The FoM has implemented a rigorous procedure to ensure that students' graduation profiles align with the expected standards. This process includes evaluating students' performance, competencies, and fulfilling the required criteria.

The certification of students' learning achievements and the allocation of credits for degree completion adhere to current regulations. The university follows established guidelines and procedures to assess and validate students' academic progress and accomplishments.

Grades from the BS and the Candidate program are stored by the Student Registry on Ugla to ensure that students' graduation profile corresponds to the expected profile. A newly formed administrative *graduation team*, comprised of the Education Manager of the SoHS and representatives from the relevant department, has formalized the procedure to check students' graduation profile.

At the graduation ceremony, students receive a degree Certificate and a Diploma Supplement (according to the Regulation for the University of Iceland no. 569-2009). The certificate is issued in Icelandic with a certified translation into English, but the Diploma Supplement is issued in Icelandic and English. All universities in Iceland have used Diploma Supplements for their graduates since 2005. They all follow closely the template from the UNESCO/Council of Europe/European Commission Working Group, and they have all received the Diploma Supplement Label.

Rules and regulations regarding certification and graduation are clear, and the certification process is well established. The newly established administrative *graduation team* is a guarantee for the strengthening of this process.

Best practices

- The UI has established clear and transparent admission policies and procedures, that ensure fairness and equity.
- The UI has established for the FoM clear procedures for the recognition of prior learning, including official university education, higher vocational training, and non-formal learning.
- The degree has a rigorous procedure (Student Registry on Ugla) to check that the students' graduation profile corresponds to the expected profile.
- The FoM has implemented a robust student support system that provides comprehensive guidance and support from admission to graduation (counselling, psychological services, or special needs like disabilities).
- The newly administrative *graduation team* that oversees students' graduation profile.

Recommendations

- A mentoring system that includes faculty could increase the security and reliability of advice and solutions to students' questions.
- The consolidation of the entrance exam outside Reykjavik (already initiated). This was a clear desire we detected among the students we interviewed.
- Number of students should not be increased without a verifiable commitment to sufficient funding (facilities and staff) and with due notice.

C5. Academic staff

There are enough teaching staff for the training programme, and they are competent, suitable and have opportunities for personal and professional development (AQU S4).

☐ Non-compliant	☐ Compliant with conditions	■ Compliant	☐ Progressing towards excellence

5.1 The school has the number and range of qualified academic staff required to put the school's curriculum into practice, given the number of students and style of teaching and learning (BME 5.1).

Progressing towards excellence

Academic staff needs to have Doctoral degree or being qualified by a special evaluation committee. Thus the number of PhDs in the teaching staff is remarkable. Schools, and faculties may also recruit staff for scientific or research work without teaching duties. Vacancies are recruited through an open, advertised process.

Practicalities, obligations, and rights of new employers are well described in Ugla's Staff Handbook.

The medical program has 163 academic teachers in the equivalent of 64 full-time teaching positions. Overall mean age of teaching staff is 50,5 years. Ratio of males/females in academic staff is 58 % to 42%, and 4 men to 1 woman among professors. Number of students/full-time academic staff in medical program has increased from 5,6 to 7,03 (from 2023 - 2024 to fall 2024). In the Candidate program, most positions are part-time (25-50%) due to too much work routines as clinicians.

The division in staff between males and females in all categories is acceptable.It is projected that more females are the situation in the future especially when it comes to professors.

To be promoted to the next position title, after 3 years, the applicant must have achieved a certain minimum number of teaching and research points in the Evaluation System of public universities.The promotion system in place encourages productivity and professional accomplishment. Many highly active researchers among faculty staff, and a high number of professors among staff, provides excellent opportunities for student learning in different subjects

Students are overall satisfied with the number of teachers presently. The students in the candidate program with the 75 students yearly are somewhat worried about the quantity of clinical teachers in the future.

New staff members are offered mentorship, invited to an introduction meeting and introduced to the staff handbook. However, mentoring with more emphasis on teaching is needed. It has recently been decided that at least short courses in teaching methods should become mandatory for new academic employers.

Academic staff is strongly motivated to teach, they have ”a thirst for teaching”. This is partly due to the small number of students and a well close collegial relationship between the teachers and students. There is an environment that ”everyone knows everyone”, well appreciated by both teachers and students.

During the site visit many times questions were put up whether there is adequate time for research on top of teaching and clinical work. The new regulation of 36 hours working week poses also some challenges unless number of teaching staff is increased.

Overall, the school has the number and range of qualified academic staff, but efforts need to be put to increase teaching positions (if an increase in number of new students up to 90 yearly is expected), and for academic research of part-time teachers in the Candidate program.

5.2 The school has specified and communicated its expectations for the performance and conduct of academic staff (BME 5.2).

Compliant

Duties and responsibilities for teaching staff are well defined and distributed (online staff handbook on Ugla, UI´s Code of conduct and Code of Ethics). New staff members are introduced to practicalities and regulations relevant to their position.

Assessment of the teaching staff performance is based on an evaluation system valid for the University of Iceland as a whole. The evaluation is performed according to their work in terms of research, teaching, and management ("teaching resumé"), and interviews are also conducted between staff member and their closest superiors.

Teaching is evaluated in four categories and involves turning in a report card detailing their work in the previous year, the purpose being i.e. assessing how well staff is meeting the expectations. Evaluation is done regularly.

However, no formal information is given about decisions on those teachers who do not pass the annual report. Failure to meet prescribed work duties is addressed continually in a less formal way – conversation and analysis between head, managing director and head of relevant discipline – and more formally in job appraisal interviews annually or bi-annually. This is fairly rare and dealt with efficiently when occurs.

Discussions in different forums regarding job environment, staff performance and other teaching matters are also held at different times.

It is good to hear that there is lot of discussion between members of the teachers and their superiors. More information about the improvement plan for teachers based on their discussions would be useful.

Performance and conduct of academic staff could be communicated to them regularly.

The school measures the performance and conduct of academic staff but does not develop actions to improve the performance and conduct.

5.3 The school implements a stated policy on the continuing professional development of its academic staff (BME 5.3).

Compliant

Courses on teaching and teaching methods are organized for staff and are included into their own annual report.

Teaching professionals can apply for a sabbatical. Academic staff, mostly physicians, who are part-time at the FoM and part-time at the LUH, applies for a sabbatical close to their retirement. This tendency is trying to be reverted. However, applying for a sabbatical close to the retirement in part-time at the FoM and the LUH should be reverted since it is not useful for advancing in research or teaching.

Many opportunities exist for academic staff willing to continue their professional development such as pedagogical workshops, discussion hours, courses, assistance seeking a diploma in pedagogy and the possibility to take a sabbatical, and its all stated to be encouraged. However, from the provided evidence participation in workshops is very low (1-participants, except for the one regarding TBL which had 14 participants). Statistics on how many participates in discussions, courses, takes sabbaticals etc. are lacking.

A supportive atmosphere for advancing ones teaching methods within the faculty is great but a stated policy is missing.

A comprehensive CPD system for the teaching staff is lacking and formal procedures for professional development are not in place at FoM. Perhaps teachers´ satisfaction surveys about their possibilities to have CPD would be beneficial.

Most likely the academic staff would benefit much from participation in international meetings about medical education, especially AMEE. It would also be beneficial to some medical students, especially those who are members in different committees and therefore interested in further developing the teaching methods.

Best practices

- The number of teaching staff seems adequate for the time being. The teachers have strong motivation. The learning environment is very good also due to the friendly collegial atmosphere, “everybody knows everybody”.
- Duties and responsibilities for teaching staff are well defined and distributed. New staff members are introduced to practicalities and regulations relevant to their position.

Recommendations

- The FoM should not accept further increase in the number of students unless the resources and number of teaching staff is increased.
- To promote sabbaticals earlier in the professional career to improve the teaching and research skill of the academic staff.
- To develop plans and actions to improve the performance and conduct of the academic staff.
- To clarify and keep record about decisions on those teachers who do not pass the annual report.
- To develop actions to increase participation in workshops and other inicitives for the professional development of the academic staff.
- A comprehensive Continuing Professional Development system for the academic staff would be beneficial. There is a need for more systematic training in teaching methods for academic staff, as well as supervision training for clinical personnel.
- To facilitate the attendance to international congresses in medical education, such as AMEE.

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• C6. Educational resources

The degree programme has or has access to adequate and effective guidance services and resources for student learning (AQU S6).

☐ Non-compliant ☐ Compliant with conditions ■ Compliant ☐ Progressing towards excellence

6.1 The school has sufficient physical facilities to ensure that the curriculum is delivered adequately (BME 6.1).

Compliant with conditions

The Faculty of Medicine (FoM) provides a generally adequate and effective infrastructure to support learning, teaching, and clinical training. The available clinical and digital resources align with the programme's objectives, and students express overall satisfaction with their clinical experience and access to learning tools.

However, the physical infrastructure presents some shortcomings, particularly in classroom and study facilities. While the existing spaces and equipment are generally adequate for current operations, student surveys in 2024 revealed concerns: only 28% of Bachelor's and 41% of Candidate students agreed that classrooms were adequate, and only 41% of Bachelor's and 18% of Candidate students found study and social spaces sufficient.

If student numbers increase, the Faculty of Medicine (FoM) will require additional facilities or restructuring of current space use. Capacity for basic science teaching is already limited, and future expansion plans could exacerbate this. However, facilities outside the capital area, such as Akureyri Hospital (SAk), primary care centers, ambulatory clinics and doctors' private offices, appear underutilized and could help meet increasing needs.

The FoM uses multiple buildings and clinical sites, which sometimes require time-consuming travel between locations. New facilities currently under construction for the School of Health Sciences (SoHS) and Landspitali University Hospital (LUH) will substantially improve the situation once completed, though this remains several years away. Online and recorded lectures have improved flexibility and student satisfaction, though attendance has decreased.

The HERMÍS simulation centre offers a modern, safe training environment with potential for interprofessional education across health disciplines. Sustainable funding for its operation is needed.

Finally, there are no dissection rooms or dedicated anatomical laboratories, though limited options exist within HERMÍS for anatomy-related training.

6.2 The school has appropriate and sufficient resources to ensure that students receive the required clinical training (BME 6.2).

Compliant

The curriculum provides strong clinical training opportunities that meet learning needs and ensure achievement of intended outcomes. Clinical placements are supported by qualified tutors responsible for student supervision and assessment. Students expressed satisfaction with the quality, functionality, and accessibility of clinical sites.

Landspitali University Hospital serves as the main teaching hospital, complemented by rotations at Akureyri Hospital (optional site) and in primary care. The introduction of the internal medicine specialty training programme at Landspitali has strengthened clinical teaching overall. Specialty trainees contribute positively to undergraduate training; however, in procedure-oriented specialties, capacity remains limited and additional resources are needed to accommodate more students.

Reliance on simulation-based training is expected to increase, requiring secure funding and careful planning. The HERMÍS centre and other simulation facilities are well equipped, and both teachers and students report high satisfaction.

While most hospital-based staff are motivated to teach, not all physicians view teaching as part of their role, and not all have formal university affiliation. The hospital administration could better acknowledge teaching responsibilities. Administrative support for teachers remains insufficient, and the recent 36-hour work week adds further strain. Growing government pressure to increase student intake, potentially to 90 students, will require careful resource planning.

6.3 The school provides adequate access to virtual and physical information resources to support the school's mission and curriculum (BME 6.3).

Compliant

The FoM provides appropriate access to both virtual and physical information resources that support the curriculum.

Students and staff have access to study spaces and library services through the National and University Library of Iceland on the main campus and the Health Sciences Library located at Landspitali Hospital. The latter offers extensive electronic databases and e-journals (e.g., Scopus, PsycInfo, Cinahl, UpToDate). However, full remote access to the Health Sciences Library remains limited to those logged into university or hospital systems. Increasing online access to resources remains a financial challenge.

Survey results show moderate satisfaction: around 60% of Bachelor's students and 64% of graduate students rated library and IT resources as good or very good, though these figures are below the UI and SoHS averages. The reasons for this discrepancy are not yet clear.

The university's IT Division provides extensive support and manages core systems including Ugla (intranet and administration), CANVAS (learning management), and Inspera (secure online exams). Dedicated staff, including a project manager and e-learning assistants, provide technical and pedagogical support for teachers in digital teaching and assessments.

Enhancement areas

- Expand and optimise physical learning spaces, including study areas and social facilities, to accommodate current and projected student numbers.

Recommendations

- To increase the use of regional facilities—notably Akureyri Hospital and primary care centres—to free up spaces, balance teaching loads and strengthen rural exposure.
- To analyze the reasons for the lower student's satisfaction with IT and library services compared to other programmes in the University.
- Ensure stable funding for simulation-based learning and promote interdisciplinary use of the HERMÍS centre.
- Improve support for teaching staff, including administrative assistance, clearer recognition of teaching roles, and sustainable workload models.
- Enhance remote access to library resources through expanded digital licences and offsite login options.
- Conduct an analysis of student satisfaction trends regarding IT and library services to identify underlying causes and improvement actions.
- Plan proactively for upcoming infrastructure projects, ensuring that the new SoHS and LUH facilities address identified spatial and logistical challenges.

C7. Quality assurance and public information

The medical study programme collects information for the analysis and improvement of its training activities and the processes of its IQA system (AQU S7).

The medical study programme is reviewed and improved periodically. The review leads to an improvement plan that is kept up to date. The planned actions are communicated to all stakeholders (AQU S9).

The study programme suitably informs all stakeholders about the characteristics of the medical education provided (AQU S8).

☐ Non-compliant	■ Compliant with conditions	☐ Compliant	☐ Progressing towards excellence

7.1 The school has implemented a quality assurance system that addresses the educational, administrative, and research components of the school's work (BME 7.1).

Compliant with conditions

The Icelandic Agency for Quality Assurance (IAQA) is an independent quality assurance agency, recognised by the Icelandic government in charge of developing the Icelandic Quality Enhancement Framework (QEF) and carrying out external quality assurance reviews for all higher education institutions in Iceland.

The QEF provides an environment within which accredited Icelandic higher education institutions secure the quality and enhancement of their activities. IAQA oversees the institution wide reviews (conducted in accordance with the quality enhancement framework handbooks and QEFs).

The UI has an institution wide institutional quality system that covers all schools and faculties. The first institution wide review if UI was conducted on 2015 by de IAQA (QEF1) followed by a second review on 2021 (QEF2). Self-evaluation reports (QEF1 2011-2017, and QEF2 2017-2024) have been published and include an action-plan where specific points of improvement are mapped out.

The current Handbook for the formal internal quality assurance system (IQAS) at the University of Iceland was approved by the Strategy and Quality Assurance Board 18 February 2025 and confirmed in the University Council 6 March 2025. The IQAS handbook describes the policy, accountability, implementation, supervision and follow-up of internal quality assurance.

The IQAS also includes processes describing quality assurance activities: Study programmes and micro-learning – planning and approval, ongoing monitoring and periodic reviews:

Study programmes and micro-learning – planning and approval to ensure the quality of education and that laws and regulations are followed for new study programs or new micro-studies.

Ongoing monitoring, understood as a continuous process of systematically monitoring key data. It is conducted over Central administration divisions, Schools, Faculties Interdisciplinary units and two types ***periodic reviews*****: "**periodic school reviews" based on monitoring reports from faculties and interdisciplinary units and "periodic study programme reviews" to discover whether any changes are required, whether there is cause to discontinue the programme or merge it with other programmes.

All together, these processes allow the enhancement of the quality of the program.

This structure and processes established foster continuous improvement and constitute a strong and reliable design of the UI's IQAS encompassing the activities carried out centrally for all UI schools and faculties Centres.

However, the IQAS at the FoM is still under development and not will be fully implemented until a few months from now. During the site visit, through interviews with stakeholder groups, the panel confirmed that actions are being taken at the FoM although not all of them are documented as evidences of the IQAS.

UI takes care of the information management with a centralized data warehouse, the Ugla´s Dashboard. The panel considers the dashboard should contain all data necessary to allow a comprehensive analysis including, among others, students and teachers satisfaction data.

Inputs from teaching and course evaluation surveys (TCES) and student satisfaction surveys provides information to the IQAS but, as stated it the SER, "TCES aren't working as intended at the medical program." In this regard, the panel noted that surveys are being carried out in a non-systematic way.

Data analysis results in an improvement plan which is updated on a regular basis. For each item the improvement plan includes the goal and the action proposed; in general, the actions are fit for purpose. Data analysis proves effective, as shown by the fact that the panel's proposed improvement actions frequently mirror those identified by the faculty.

The UI has an IQAS and processes for quality assurance publicly available.

The management team has easy access to all relevant information for monitoring the programmes.

7.2 The degree programme suitably informs all stakeholders about the characteristics of the training provided (AQU S8).

Compliant

The information regarding the programmes is complete, well structured, and easy to access for all stakeholders.

The university website gives access to information shared by all programmes, including access, recognition, exchange studies, academic calendar, student counselling …as well as specific programme information: admission requirements, study plan, teaching staff, study guides for each course (including learning outcomes, learning resources, research project, potential careers) etc.

Quality assurance information such as main indicators, surveys and outcomes of external evaluation procedures are not accessible directly though the programmes website. The IAQA publishes in its website the universities' self-assessment reports and the evaluation reports conducted.

Enhancement areas

- To fully implement the IQAS at the FoM introducing a quality assurance culture among the FoM stakeholders, following quality assurance procedures and systematizing and documenting all activities undertaken within the framework of the IQAS.
- To consolidate all relevant indicators and data in the Ugla´s Dashboard, enabling a comprehensive analysis of the academic programs. (Including results of students and teachers surveys)
- To publish information on academic results and on student and teacher satisfaction, as well as on the results of internal and external assessment processes in a way that is easily accessible from the programme's website.

C8. Governance and administration

The activity of the training programme is integrated into the institution's quality assurance strategy and policies. The chain of responsibility is well established and effective, and key stakeholders are involved in decision-making (AQU S1).

☐ Non-compliant	☐ Compliant with conditions	■ Compliant	☐ Progressing towards excellence

8.1 The school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and accessible to all stakeholders, aligns with the school's mission and functions, and ensures stability of the institution (BME 8.1).

Progressing towards excellence

The University is organized into schools, faculties, departments and institutes. Governance of the University, School of Health Sciences (SoHS) and FoM are well presented, transparent and accessible to all stakeholders with all the roles of staff well defined. The Head of Faculty, the Faculty Head of Education, the Faculty Administrative Officer, and the Medical Program Curriculum Council have specific and well-defined roles.

The school has a defined and transparent governance structure in all levels, with the participation of all stakeholders depending on the structure. The different university structures, and the different positions of responsibility and committees, are presented in clear images. It is also accessible.

The levels of the governance structure follow a logic; University, schools (SoHS) overseen by the dean and governing board, faculties (FoM) guided by the faculty board, head, vice head and head of education.

The well-defined governance aligns with the mission of the medical program and ensures stability of the institution.

Faculty meetings are held twice per semester and Faculty board meetings 3-4 times per semester.

The medical program curriculum council oversees the medical education, and the Health Science Institute is the center for research at the SoHS. Each study year of the medical program has its own teaching coordinator.

8.2 The school has policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes (BME 8.2).

Compliant

Staff and student representation at university level (Academic, Equal Rights, Finance, Planning, Science, Salaries, Consultation, Strategy and Quality, and other Committees), the University Forum, Staff and student representation at School level, and Staff and student representation at Faculty level are clearly specified in terms of their different members.

Academic staff and students take an active role in management and educational activities at every level, with representatives from both groups present in all relevant committees at university, school, faculty, and program.

Students are also represented in the different boards, with student representants in almost all of the committees and forums. This means that they are involved in many key aspects of the educational management, and their opinions are heard and hopefully also considered when making decisions.

In the UC there are two students, in accordance with the law. There is also mentioning of the "Icelandic Medical Students Association", which sounds promising. Academic staff is also well represented. All committees and forums listed in the report are well defined in terms of members.

Students are thus well represented in the various committees of the faculty. Their numbers are rather low in comparison to the entire composition of these committees. This raises question about their actual possibilities to be heard and influencing the decisions.

8.3 The school has appropriate and sufficient administrative support to achieve its goals in teaching, learning, and research (BME 8.3).

Compliant

UI´s central administration is made by eight Divisions which give supportin teaching, learning, management and research: Division of Academic Affairs (61 members), Division of Finance (20members), Division of Human Resources (20 members), Division of Information Technology (53 members), International Division (13 members), Division of Marketing and Public Relations (21 members), Division of Operations and Resources (41 members) and Division of Science and Innovation (24 members).

At the SoHS level, Administration Office provides general support through 15 members and through the Health Sciences.

The university and the SoHS seems to have appropriate and sufficient administrative support in terms of teaching, learning, and research services.

At the Faculty of Medicine level, the administrative officer along with project managers in education, finance and student services provide staff and students with various support. Total administrative staff and "support" limited to FoM administration is not clear. This may be shared with SoHS.

The organization of administration at university level is in different divisions and seems to be sufficient for all different needs. Also at school level administrative and supportive services seems to be appropriate and sufficient.

This applies to the faculty level as well and all helps the school to achieve its goals in teaching, learning and research.

There could be administrative staff connected to each course, uploading things to canvas etc.

During our discussions it became evident that with the increasing numbers of students there are more and different kinds of problems and challenges in regard to support for the students from the administrative staff. This needs to be taken into consideration in the future in connection with the resources of the admininistration and their preparedness to give support in the new situations.

It would have been interesting to hear more about the collaboration with the outside society and the Icelandic government.

Best practices

- The governance structure is very well described as well as the role of the various stakeholders.The well-defined governance aligns with the mission of the medical program and ensures stability of the institution.

Recommendations

- The numbers of students of the different committees are rather low in comparison to the entire committees composition. This raises question about their actual possibilities to be heard and influencing the decisions.
- The administration support system is well described at the University level. The actual situation at the medical faculty level remains a bit unclear.
- The resources of the administrative staff should be secured with the increasing number of students. Also, they have to be prepared to be able to give support to the more diversified problems students are facing.
- Academic staff, as well as the leadership of the FoM, benefits from ongoing discussion with the outside society and the Icelandic government, especially in times of increasing student population.

AQU CATALUNYA

RESULT

CRITERIA	STUDIES IN MEDICINE (BS+CAND)
1. Mission and values	**Compliant**
2. **Curriculum**	**Compliant**
2.1. Intended curriculum outcomes	Compliant
2.2. Curriculum organisation and structure	Progressing towards excellence
2.3. Curriculum content	Compliant
2.4. Educational methods and experiences	Compliant
3. Assessment and results	**Compliant**
3.1. Assessment policy and system	Compliant with conditions
3.2. Assessment in support of learning	Compliant
3.3. Assessment in support of decision-making	Compliant
3.4. Quality control	Compliant with conditions
3.5. Academic results	Progressing towards excellence
4. Students	**Progressing towards excellence**
4.1. Selection and admission policy	Progressing towards excellence
4.2. Progression, student counselling and support	Progressing towards excellence
4.3. Recognition and transfer of credits; prior learning	Progressing towards excellence
4.4. Certification	Progressing towards excellence
5. Academic staff	**Compliant**
5.1. Academic staff establishment policy	Progressing towards excellence
5.2. Academic staff performance and conduct	Compliant
5.3. Continuing professional development for academic staff	Compliant
6. Educational resources	**Compliant**
6.1. Physical facilities for teaching and learning	Compliant with conditions
6.2. Clinical training resources	Compliant
6.3. Information resources	Compliant
7. Quality assurance and public information	**Compliant with conditions**
7.1. The quality assurance system	Compliant with conditions
7.2. Public information	Compliant
8. Governance and administration	**Compliant**
8.1. Governance	Progressing towards excellence
8.2. Student and academic staff representation	Compliant
8.3. Administration	Compliant
GLOBAL RESULT FOR ACCREDITATION	**ACCREDITED**

The chairperson of the External Assessment Committee states that this document constitutes the external review report of the institution indicated above.

Hannu Halila
Helsinki, 6 December 2025

ANNEX. MEDICAL STUDY PROGRAMS IN ICELAND

Medical education characteristics in Iceland

Education for access to the medical profession is regulated in Iceland by the following regulations:

- Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications. **Error! No s'ha definit el marcador.**
- Government, Ministry of Health
  Regulation on the education, rights and obligations of doctors and the conditions for receiving a medical license and specialist license. (nr. 856/2023):
  The law outlines the education, rights and obligations of doctors. It also describes who can refer to themselves as doctors and specialists. It lists the criteria for specialisation studies.
  https://files.reglugerd.is/pdf/0856-2023/current
  Medical license according to Paragraph 1 Article 3 can be awarded to those who have completed an official degree (cand. med.) in medicine from Faculty of Medicine, University of Iceland.
  Studying in medicine must be a minimum of 5 years of study and contain a minimum of 5,500 hours. of teaching. At the end program must ensure that the following knowledge and skills are achieved:

  1. Adequate knowledge of the fundamentals of medicine and a broad understanding of scientific methods, including how to assess biological activity, evidence-based medicine and data interpretation;
  2. Sufficient understanding of the structure, activities and behavior of healthy and sick individuals, as well as the relationship between health and the person's real and social environment;
  3. Adequate knowledge of clinical disciplines and procedures and have thus acquired a comprehensive picture of mental and physical diseases, of medicine from the perspective of prevention, diagnosis and treatment, and of human reproduction;
  4. Appropriate clinical experience in healthcare facilities under appropriate supervision.

- REGULATION on the education, rights and obligations of medical doctors and criteria for granting of licences to practise medicine and specialist medical licences, No. 856/2023, amended in Regulation No. 640/2024.
  Recognition of professional qualifications and competence of a medical doctor who meets the criteria of Directive 2005/36/EC, on the recognition of professional qualifications and competence, with subsequent amendments, is subject to Regulation on recognition of professional qualifications and competence of healthcare practitioners from other EEA states, No. 510/2020, or to agreements reached by Nordic governments, which have been ratified with respect to Iceland and which make provision for general rules for mutual recognition of professional qualifications.

- Icelandic Qualification Framework for Higher Education
  https://english.enicnaric.is/iqfhe.html

Medical studies

The medical program at the University of Iceland's Faculty of Medicine (FoM) is a six-year course of study. The program is divided into two consecutive three-year degrees: a preclinical Bachelor of Science (BS) degree, followed by a clinical Candidatus Medicinae (Cand.med.) degree. Each degree consists of 180 ECTS credits.

The structure is considered traditional, with three years of "pre-clinical" studies and three years of "clinical subjects," which is similar to the medical education in other Nordic countries.

Bachelor of Science (BS) Program (Years 1-3) - This three-year, 180 ECTS program serves as the preclinical foundation of the medical education.

The curriculum is organized into three main domains: basic training, clinical training, and ethics/communication skills.

- Years 1 and 2: The primary focus is on robust training in basic sciences, covering the normal structure and function of the human body. This is supplemented with courses on interpersonal relationships, the doctor-patient relationship, medical ethics, problem-based learning, and the basics of physical examination.
- Years 2 and 3: The focus shifts to abnormal function, organ structure, and the causes and treatments of diseases.
- Final Semester: The last semester is dedicated to research methodology, including biomedical statistics and epidemiology, during which students work on a final thesis.

Educational Methods: Teaching is delivered in a "block teaching" format, where courses are taught intensively over a few weeks. Lectures are the most common method, accounting for approximately 70% of classes. Other methods include practical laboratory training (almost 20%), discussion sessions (10%), problem-based learning, and skills labs.

Candidate (Cand.med.) Program (Years 4-6) - Following the BS degree, students proceed to the three-year, 180 ECTS clinical program to earn the Cand.med. degree.

Curriculum Content: The emphasis shifts heavily toward clinical and hands-on training.

- Year 4: Focuses on integrating basic and clinical training. Students are introduced to specialities like internal medicine, surgery, radiology, and clinical biochemistry.
- Year 5: Covers subjects such as obstetrics and gynaecology, paediatrics, neurology, psychiatry, ophthalmology, and dermatology.
- Year 6 (Final Year): Includes family medicine, anaesthesiology, oncology, and emergency medicine. A significant part of this year is a mandatory 6-week period of practical clinical training (a short internship) where students are responsible for patients under supervision. There is also a four-week elective period for specialized rotations or research.

The program culminates with students taking the Comprehensive Clinical Science Examination (CCSE) from the National Board of Medical Examiners (NBME).

Access to medical education

The access to the Medicine BS is established in the regulations:

Regulation on admission requirements for undergraduate study at the University of Iceland, no. 331/2022. https://english.hi.is/regulation-admission-requirements-undergraduate-study-university-iceland/no-3312022

Regulation on the admission of new students to medicine or physical therapy sciences at the University of Iceland Faculty of Medicine, no. 1042/2003. https://english.hi.is/regulation-admission-new-students-medicine-or-physical-therapy-sciences-university-iceland-faculty

To access the Candidatus Ms., the BS degree in Medicine from the Faculty of Medicine, University of Iceland is required.

Medical specializations

Medical specializations are regulated by:

Reglugerð 856/2023 on the education, rights and obligations of doctors and the conditions for obtaining medical licenses and specialist licenses.
https://island.is/reglugerdir/nr/0856-2023

In order for a physician to be entitled to obtain a specialist license he/she must meet the following requirements:

- have completed a medical degree from the Faculty of Medicine of the University of Iceland or have completed a comparable degree abroad,
- have received a medical license in Iceland,
- can present a certificate of completion of studies confirming that the doctor has completed recognized specialist training, including a specialist training foundation, or a comparable certificate of training in another state, and has acquired the competence, skills and knowledge required for the relevant specialty and that his/her specialized training is defined within the specialty covered by his/her application for a specialist license.

The total duration of study in a specialist programme shall be a minimum of five years (60 months) in the main subject, preceded by a specialist training foundation or vocational training according to the 8th paragraph of Article 18. The total duration of study in a subspecialty or additional specialty shall be a minimum of two years (24 months) each, cf. however, the 5th paragraph.

Specialist training in medicine shall include academic and practical training at a healthcare institution recognized by the health authorities in this country or a university or healthcare institution recognized for such specialist training in the country where the specialist training is pursued.

All specialty specialities shall be based on a solid academic foundation and have a counterpart in a recognized international forum.