



# BACHELOR OF MEDICINE

UNIVERSITY OF LUXEMBOURG

EXTERNAL EVALUATION • ASSESSMENT REPORT

JULY 10<sup>TH</sup>, 2025

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# 1 Executive summary

This document reports on the external evaluation of the Bachelor of Medicine (BMED) of the University of Luxembourg (UL). The evaluation was carried out by an international expert panel convened by the Accreditation Organisation of The Netherlands, Flanders and Luxembourg (NVAO).

The panel studied the self-assessment report, and the annexes put at its disposition by the University of Luxembourg and discussed the state of play of the programme with a variety of stakeholders on June 4th and 5th, 2024 at the UL campus in Esch-sur-Alzette.

First, the panel valued UL's hospitality, open attitude during discussions and willingness to provide the panel with additional information.

The university has succeeded in establishing a complete and attractive Bachelor's programme in Medicine in Luxembourg, a milestone that did not exist before 2020. The steady improvement in student retention and academic performance indicates that the programme is effectively addressing a national need and fulfilling its initial mission: to strengthen national healthcare needs, reduce dependence on foreign-trained physicians, and develop Luxembourg's own medical education system. The programme is clearly valued and supported by a wide range of stakeholders, both within and beyond the university. BMED graduates integrate well and succeed in the subsequent phases of their medical training abroad.

During the discussions the panel had the opportunity to talk to dedicated staff, students and stakeholders, who appeared committed to the development and continuous improvement of the BMED programme. It appreciated the courage and ambition to embark on the establishment of a new medical faculty. The panel was particularly impressed by the infrastructure and campus, which provide excellent conditions for an engaging and enriching medical education.

While acknowledging these positive findings, the panel also identified a number of areas that offer room for improvement in order to further enhance the quality of the programme. The panel encourages the programme to address the recommendations arising from the dialogues following a constructive and favourable exchange of perspectives:

## Criterion 1. The quality of the programme with regard to national requirements and international standards

- The panel recommends the MESR and the Ministry of Health and Social Security to jointly address the existing constraints by revising the Luxembourgish legal framework, so university-affiliated clinical teaching environments can be created. In addition, the panel advises the introduction of the appropriate legal and financial mechanisms to engage medical doctors in teaching roles in a way that is both attractive and sustainable and that guarantees dedicated teaching time.

## Criterion 2. The educational quality with regards to pedagogy and documentation

- The panel recommends that the pedagogical principles (such as problem-based and blended learning) of the programme are clearly defined and systematically embedded in

the curriculum. This requires appropriate measures to ensure that all teaching staff consistently apply the intended pedagogical methodologies.

- The panel recommends that the curricular logic and the spiral organisation receive sufficient attention in the further development of the programme.
- The panel recommends working towards a more cohesive and consistent, pedagogically aligned programme. Within such a framework, it should be clear to all stakeholders how each module and course contributes to the achievement of specific learning outcomes, and in what way the assessment, as an integral part of and for the learning process, supports students in attaining these learning outcomes.
- The panel recommends that the programme consider introducing early exposure to research or integrating research components into the curriculum, for example by exploring possible partnerships with actors in the Luxembourgish medical field such as the Luxembourg Institute of Health (LIH), where such exchange has already occurred.
- The panel recommends that the programme develop a comprehensive assessment policy plan that lays out the different aspects of assessment (summative, formative, continuous, examination formats etc), that fosters students' learning and that contributes to the communication of critical information about assessment expectations and formats to students in a systematic and timely manner.
- The panel recommends developing more structured quality assurance mechanisms, with clearly defined roles, regular data analysis and systematic follow-up to ensure continuous quality improvement.
- The panel recommends facilitating the sharing of data and statistics, with the aim of better supporting and empowering the BMED team in the continued development of their programme.

### Criterion 3. The effectiveness of student's lifecycle management

- The panel recommends intensifying efforts to maintain strong connections with students and alumni, in order to encourage their return to Luxembourg.
- The panel recommends fully incorporating the alumni survey in the quality assurance system of the programme.

### Criterion 4. The availability and performance of professors and educators

- The panel recommends further increasing the number of internal teaching staff with protected time for teaching.
- With regard to the external teaching staff, the panel recommends improving communication and thus enhancing the coherence of the programme.
- The panel recommends appointing a dedicated administrative team to the programme, which can empower and support staff to the fullest extent possible, in particular with respect to quality assurance, data collection, statistics and psychometric analysis of assessments and selection processes.
- With respect to the faculty development, the panel recommends developing a structured programme of teacher training, preferentially supported by a medical educational scientist.

### Criterion 5. The administration and governance of the programme

- The panel recommends that the UL establish more structured support and a dedicated quality assurance team within the medical faculty to strengthen governance and decision-

making processes, the pedagogical support of lecturers and the interaction with the acute hospitals.

- The panel recommends that all stakeholders explore the legal reforms necessary to introduce appropriate academic titles and contractual frameworks for clinical educators.

#### **Criterion 6. The capacity and infrastructure and facilities**

- The panel recommends continued planning for infrastructure expansion, in line with projected growth and developments in educational technology.

#### **Criterion 7. The implementation of the UL's mission regarding medical education**

- Prior to establishing the MMED, the panel recommends the creation of an appropriate legal framework to enable the introduction of suitable clinical professorial statuses, and to ensure adequate funding for clinical education.
- The panel recommends the establishment of advisory boards including representatives from the partner universities, to support the design and implementation of the MMED.

#### **Criterion 8. The effectiveness of collaborations with the national partners (local hospitals and health care providers) and the student internships**

- The panel recommends that all stakeholders – the university, the hospitals and the involved Ministries – work together to develop a shared vision and strategy for medical education. This would ensure a structured approach to quality assurance and sustained support for clinical teaching and supervision of all medical students.

#### **Criterion 9. The partnerships with partner universities in Belgium and France where students continue to complete their basic medical training**

- The panel recommends that the programme develop more structured collaboration with the partner universities 1) to strengthen communication concerning curricular alignment and changes, and 2) to facilitate a more systematic exchange of information on the academic performance of the BMED alumni.
- The panel recommends improving direct communication with alumni and establishing a more robust and granular quality assurance system that goes beyond the use of student surveys.
- The panel recommends that students be better prepared for the entry-level expectations and possible preparatory requirements of their chosen Master's programme, for example through dedicated information sessions.

The Hague, July 10<sup>th</sup> 2025

On behalf of the expert panel convened to evaluate the Bachelor of Medicine:

Jan Eggermont  
(chair)

Inge Verbeeck  
(secretary)

## 2 Examination of the panel

### 2.1 Procedure

The University of Luxembourg requested the Accreditation Organisation of the Netherlands, Flanders and Luxembourg (NVAO) to carry out an evaluation of the Bachelor of Medicine (BMED) of the University of Luxembourg (UL) in Esch-sur-Alzette, Luxembourg. The programme was launched in September 2020 as part of the Department of Life Sciences and Medicine (DLSM) of the Faculty of Science, Technology and Medicine (FSTM).

Given the particular features of this request, the NVAO convened an international panel of experts consisting of:

- Prof. dr. Jan Eggermont, Belgium (chair)
- Prof. dr. Michael Larvin, United Kingdom (member)
- Prof. dr. Marieke van der Schaaf, the Netherlands (member)
- Prof. dr. Patrick Truffert, France (member)
- Mr. Patryk Hebda, Poland (student member).

The composition of the panel reflects the expertise deemed necessary by NVAO for this external evaluation, taking into account the Terms of Reference provided by the University of Luxembourg. Short CVs of the panel members are provided in Annex 3. On behalf of NVAO, Dr. Mark Frederiks was responsible for the coordination of the evaluation process. The external secretary, Ms. Inge Verbeeck, drafted this report in close cooperation with all panel members and in agreement with the chair. All panel members and the secretary signed a statement of independence and confidentiality.

The panel carried out the evaluation following the NVAO “Framework for the external evaluation of the Bachelor of Medicine, University of Luxembourg”. NVAO will forward the conclusion of its Board regarding the alignment with the Framework and the underlying evaluation report, to the University of Luxembourg, and subsequently publish the report online.

The panel members studied the self-assessment report (SAR) and the annexes and submitted their first impressions on the materials prior to the preparatory panel meeting, which was held online on May 26<sup>th</sup>, 2025. The site visit took place on June 4<sup>th</sup> and 5<sup>th</sup>, 2025. The panel talked to the management of the institution, the faculty, the department and the programme, as well as to the Ministry of Research and Higher Education (MESR), the teaching and administrative staff, students, alumni, and representatives of the professional field, national partners and partner universities in Belgium and France. The schedule of the visit is presented in annex 4. Annex 5 lists the materials made available by the programme before and during the site visit.

Immediately after the discussions, the panel formulated its considerations and preliminary conclusions. These were based on the findings of the site visit and built on the evaluation of the documents. The external secretary then drafted the advisory report and circulated it to all panel members for review and feedback. The comments of the panel were incorporated in a second version, which was validated by the chair and submitted to the University of Luxembourg for comments on factual errors. Following this review, a final draft was prepared and submitted on behalf of the panel to NVAO, which in turn will send the report to the University of Luxembourg.

## 2.2 Panel Report

The following discussion is structured according to the criteria of the framework for the external evaluation. After the discussion of each criterion, the panel summarises its considerations. Findings and considerations regarding the criteria can lead to recommendations.

### 2.2.1 Criterion 1. The quality of the programme with regard to national requirements and international standards

- a. The programme's learning outcomes constitute a transparent and programme-specific interpretation of the international requirements regarding level, content, and orientation.
- b. Compliance and benchmarking: Compliance with national and European Union (EU) regulations. Benchmarking of the programme against similar ones in Grande Region.
- c. Financial planning: Review the financial planning for the programme. Sustainability and room for growth and development.

#### *Findings*

The BMED is a full-time, three-year **programme** amounting to 180 ECTS credits. The standard duration of the programme is six semesters. The primary language of instruction is French (70%), some courses are delivered in German (20%), and English (10%). The programme was first launched in September 2020. The first cohort of 13 students graduated from the BMED programme in 2023, followed by a second cohort of 28 students in 2024.

The programme culminates in a Bachelor's degree (Level 6 of the Luxembourg Qualifications Framework) and prepares students for subsequent entry into the Master's programme in Medicine (MMED). Intake of students in the BMED programme is capped at 130. Upon successful completion of the first year (60 ECTS) of the BMED, students can pursue their bachelor studies at UL (where the current capacity is limited to 33 students) or at one of the partner institutions in France (34 places), Belgium (15 places), or Germany (3 places). Alignment of the curriculum with those of the partner universities in France and Belgium is also ensured after the entire Bachelor's programme. Students who wish to pursue their studies in Germany, need to go abroad after having finished the first year, as the programme of the BMED and the programmes at the German universities are generally different (for example, there is no bachelor-master division in Germany) and administrative issues prevent students from continuing their studies abroad after the third year.

The documentation shows that the BMED programme complies with both EU and national **regulations** and incorporates recommendations issued by the World Federation of Medical Education (WFME), the Swiss Catalogue of Learning Objectives (SCLLO), and the professional competency framework CanMeds (Canada). The conceptual structure of the curriculum is comparable to that of Bachelor's programmes in neighbouring European countries and has been developed in alignment with the **academic standards** of the partner universities.

During the site visit the panel learned that initially the programme was built on the French curriculum, particularly that of the University of Strasbourg, but is also aligned with the curricula of universities of the French Community in Belgium. The study programme director is in contact with the Deans of the partner universities to keep the BMED aligned and to initiate adaptations when necessary. It was however mentioned that programme adaptations are lengthy procedures and keeping up with alterations can be challenging.

According to the SAR, **funding** is primarily based on a multi-annual allocation by the state, formalised through an agreement. Furthermore, a quadrennial budgetary plan is submitted to the UL's governing bodies and the government. Financial projections over the four-year period are based on anticipated student enrolments, infrastructural and equipment requirements, and the academic, administrative, and technical resources necessary to run the programme. The budget for medical and health professions is maintained separately from the university's general budget. Since 2024, current and projected recruitment numbers have increased considerably resulting in a marked rise in costs. This trend is expected to continue in the coming years.

The panel inquired about the programme's funding, especially in light of the envisaged student growth and future developments such as an MMED and additional specialisations. It was informed by the representative of the MESR that since 2018, a separate agreement between the UL and the MESR has provided the programme with a dedicated budget. The Ministry of Health and Social Security, however, presently lacks a legal basis to contribute to the funding of the BMED, or, eventually, the MMED, and any involvement would require coordination with the MESR. (See criterion 8)

#### *Considerations of the panel*

The overall concept of the programme is well described, solid and well-aligned with both EU and national requirements. It has been developed in accordance with recommendations from international frameworks, including WFME, SCLO, and CanMEDS. The panel valued the programme management's efforts to keep the BMED aligned with the medical curricula of the partner universities in France, Belgium and Germany, so swift transitions of students after the first or last bachelor year are ensured.

The financial planning appears to be sound, as the budget for medical and health professions is ring-fenced and separated from the broader university budget. However, the absence of a university hospital and the limited legal possibilities of engaging medical doctors in a financially worthwhile manner (see criterion 4) necessitate the involvement of both the MESR and the Ministry of Health and Social Security to adapt the Luxembourgish legal framework. The panel **recommends** the MESR and the Ministry of Health and Social Security to jointly address these constraints by revising the Luxembourgish legal framework, so university-affiliated clinical teaching environments can be created. In addition, the panel advises the introduction of the appropriate legal and financial mechanisms to engage medical doctors in teaching roles in a way that is both attractive and sustainable and that guarantees dedicated teaching time.

#### 2.2.2 Criterion 2. The educational quality with regards to pedagogy (e.g. curriculum design, didactics) and documentation (e.g. programme documentation, learning objectives)

- a. The teaching and learning environment encourages the students to play an active role in the learning process and fosters smooth study progress.
- b. Learning goals and outcomes of the programme. Are the pedagogical and didactical means appropriate to allow the students' achievement of the learning outcomes?
- c. Programme's compliance with recent developments in the professional field and education. Integration of available technologies in the curriculum.
- d. Assessments and their alignment with learning goals and outcomes: The assessment of students reflects the learning process and concretises the intended learning outcomes.
- e. Availability of the programme and courses descriptions: The programme provides comprehensive and readable information on all stages of study.

- f. Continuous quality enhancement: Mechanisms in place for continuous quality enhancement. Is feedback from students, educators and other stakeholders collected and considered?
- g. Information regarding the quality of the programme is publicly accessible.

### *Findings*

#### **Curriculum**

The six semesters of the BMED are each divided into **modules**. These modules are assigned weighted ECTS credits and consist of one or more theoretical or practical **courses**. According to the SAR, in the first year, students undertake compulsory courses in fundamental sciences and (pre)clinical sciences.

The second year introduces a **spiral curriculum** whereby courses on organs or systems follow a progressive learning path with subjects being revisited in greater depth in a recurring manner. As the BMED is aligned with the curricula of partner universities, certain subjects – such as cardiovascular medicine – are introduced early in the BMED and complete the full spiral cycle, while for other subjects the spiral is not completed, because more advanced contents are part of the Master’s programmes. Nevertheless, according to the teaching staff this curriculum concept allows for revisiting subjects and deepening of topics.

According to staff and management, alignment between courses has been approved but remains a challenge. Although communication channels exist to exchange relevant information about courses, they are not fully used. This is largely due to the fact that many external clinicians involved in the programme – who typically assume limited teaching responsibilities (see criterion 4) and do not reside on campus – have limited availability and are unable to engage in programme-related discussions. Coordinators attempt to organise yearly meetings with all teaching staff, but attendance is inconsistent due to significant logistical difficulties (coordination with people affiliated with different hospitals who are already heavily burdened). Nevertheless, the teaching staff acknowledges the importance of curricular alignment and is aware of the fact that this requires further work.

In the second (2 ECTS) and third year (2 ECTS), students complete two ‘Compétences transversales’ courses, where generic **academic and research skills** (critical analysis of medical literature, statistical analysis with R, and data management) are trained. These are minor elements of the programme, as its focus is on (pre)clinical training and clinical reasoning, and not on research skills. There is no clear integration of the development of research skills in the programme. Although students visit the National Health Laboratory, they do not participate in actual research, nor is there an honours programme or a dedicated research module for students at this stage. Conversely, there was general consent among the various stakeholders that the programme could benefit from more structured incorporation of research opportunities for students.

#### **Pedagogical methodologies**

Teaching is organised in small groups, which allows for active student involvement. In its SAR, the programme explains that the learning goals are achieved through diverse **pedagogical methodologies**. In some courses, interactive teaching, critical thinking and problem-solving are promoted: team-based projects in the first-year practical courses and in some third-year courses (e.g. ‘Action des médicaments’) aim to enhance collaboration skills. Also simulation

training and medical imaging are incorporated in several courses. Fifth-semester workshops organised in collaboration with healthcare professionals and including role-play exercises, intend to cultivate effective communication with patients, peers, and other healthcare professionals.

The SAR mentions that some courses are based on problem-based learning (PBL). However, in discussions with the students and teaching staff, it was not clear to the panel to which extent PBL was a pedagogical cornerstone of the programme rather than an *ad hoc* approach.

Although students spontaneously cited the small class sizes and the ease of interaction with teaching staff as strengths of the programme, they expressed a number of concerns regarding the pedagogical methodologies. Firstly, they criticised the high number of weekly contact hours (40 to 45 hours), which leaves them with too little time for individual study. Secondly, they do not always find this extensive contact time to be meaningful, for several reasons: some (external) lecturers merely read aloud their PowerPoint presentations, and do not actively encourage interaction, nor do they add value to the slides. Also, they observed that the same course content is sometimes taught several times. Therefore, they found it necessary for the teaching staff to coordinate course contents more effectively. Finally, they noted that the content of certain courses is not always presented in a logical order. Sometimes this is due to organisational issues and availability of lecturers, but they also reported that they felt that some sessions are scheduled too early in the programme, such as the one in 'Compétences transversales' course that addresses female patients who experience violence.

Academic staff members with clinical responsibilities ensure the curriculum remains informed by current **medical developments**. The programme also pursues an active policy to integrate state-of-the-art **educational technologies**. The simulation centre (SimUL) is equipped with high-fidelity mannequins and a virtual dissection table (see criterion 6). The UL's e-learning specialist assists the programme in integrating innovative teaching methods (such as 'flipped classroom' and blended learning), although implementation varies significantly across courses, largely due to the high percentage of external medical professionals whose hospital duties leave limited time for pedagogical development. Additionally, university policy currently restricts online or hybrid teaching, unless the lecturer resides a considerable distance from campus. As such, while flipped classroom techniques are conceptually supported, their application is constrained. Despite these challenges, there is commitment among staff and optimism for broader implementation in the future.

### Assessment

According to the SAR, **assessment methods** vary according to the course. Theoretical courses are mainly assessed through written or oral examinations, multiple-choice or open questions, end of semester or continuous assessment, and project-based evaluations. In courses such as 'Action des médicaments' and 'Programming for Medical Students' the students' projects are the primary mode of assessment. Practical internships and simulation sessions are assessed based on attendance. Final module grades represent the weighted average of the grades awarded for each course within the module.

The panel was informed that a university-wide assessment policy was developed in 2020 and is now under review, mainly because of AI developments. This policy outlines procedural standards and expectations for assessment design, though implementation is left largely to the faculties. However, it was not clear to the panel to which extent BMED has a formal assessment

policy that encompasses both summative assessment to accredit learning outcomes, and formative assessment to support the learning process.

The programme management reported that the team is currently working on strengthening continuous practice-oriented assessment techniques to better support the training of the expected clinical reasoning skills.

According to the teaching staff, students are informed about assessment of a course at the beginning of the semester, and teachers are expected to provide examples. However, students reported mixed experiences. While in some courses formative tests or example questions are provided, students said they often felt insufficiently informed about the expectations or about modifications in assessment types and did not receive samples of exam questions.

### Constructive alignment

The panel was unable to clearly discern from the SAR or from the public information on the website the **constructive alignment** between the programme's learning objectives, the teaching methodologies, and the assessment practices and therefore addressed the topic during the site visit. The programme management explained that the team is working towards an improved alignment of these elements and mentioned the SimUL as an example. These facilities offer all the necessary equipment to organise simulation and clinical reasoning sessions.

With the large number of external staff, module coordinators play an important role in overseeing internal consistency of the modules and the sharing of teaching materials. Finally, the Miller pyramid is used as a reference for practical learning outcomes and a 'teachers' corner' on Moodle serves as a source of pedagogical information, for those who wish to make use of it.

During all the discussions, the team expressed a clear intent to further align learning goals and curriculum design with assessments, though they acknowledged coherence needs to be further improved. A new staff member, a Master in Clinical Pedagogy, has recently joined the team part-time and will advise on the redesign of the curriculum and on constructive alignment.

### Quality Assurance

The panel read in the documentation that feedback on the **quality of the programme** and the courses is collected through various channels, at both institutional and programme levels: statistical analysis, student and alumni surveys, focus groups (for the 'Cellular and Molecular Biology' course) and general student feedback. However, it could not establish how the programme precisely organises and closes its PDCA-cycle and ensures continuous quality improvement.

During the discussions, the panel gathered that a university-wide quality-assurance (QA) committee, consisting of representatives from each department, meets bi-monthly and discusses quality-related topics of all faculty programmes at a general level. However, the discussion with the supportive staff pointed out that collecting useful educational data at the programme level remains a challenge due to the small size of the QA team. Additionally, the survey formats are not adapted to the specifics of the BMED programme, such as the high number of external lecturers contributing to a course.

The students reported that surveys often are distributed before or during exams, are not adapted to multiple lecturers being involved in one course and are perceived as somewhat impersonal. They expressed a stronger connection to interactive and more formative feedback mechanisms directly managed by the BMED, such as the recently established semesterly town hall meetings, discussions with student representatives, and personal interactions with staff. Students highlighted that their input is regularly acted upon and leads to change. For instance, when they requested free access to the simulation labs, a solution was implemented within two weeks.

### Public information

Comprehensive and readable **information** regarding the programme is available on the UL website. This includes detailed information about each course (language of instruction, ECTS credits, objectives, content), as well as general information about facilities, staff, partner universities, and admissions. The website also provides publicly accessible information about academic quality procedures and standards.

### *Considerations of the panel*

The panel valued the programme's intention to focus on promoting student engagement through active learning methods. The panel appreciated the diversity of pedagogical methods employed in some courses, such as flipped classrooms, problem-based learning, and simulation-based learning in the SimUL. However, the panel observed that not all members of the teaching staff apply these principles, and that certain lectures – specifically those in which lecturers merely read out their presentations – are not regarded as meaningful by the students. The panel thus established a difference between the curriculum as intended, the curriculum as carried out, and the curriculum as experienced. These findings led the panel to conclude that interactive teaching appears to depend largely on the willingness or competence of individual teachers. The panel therefore **recommends** that the pedagogical principles (such as problem-based and blended learning) of the programme are clearly defined and systematically embedded in the curriculum. This requires appropriate measures to ensure that all teaching staff consistently apply the intended pedagogical methodologies.

The panel observed that curriculum content and pedagogical methods are broadly aligned with the intended learning outcomes, which include transversal competencies (such as reading scientific literature and evidence-based medicine), communication training, and team-based learning. However, due to the limited availability of the large number of lecturers involved, classes within a single course are sometimes not delivered in the correct sequence, and the alignment of content is not always optimal. This does not always benefit the coherence of the modules nor the programme as a whole. The panel **recommends** that the curricular logic and the spiral organisation receive sufficient attention in the further development of the programme.

Students are currently not involved in research activities, and the development of research skills receives limited attention. The panel **recommends** that the programme consider introducing early exposure to research or integrating research components into the curriculum, for example by exploring possible partnerships with actors in the Luxembourgish medical field such as the Luxembourg Institute of Health (LIH), where such exchange has already occurred. An overarching curriculum map could support alignment among faculty members, enhance the coherence of the programme and improve transparency within the teaching teams.

The panel recognised that the programme offers a broad range of assessment practices, although well-balanced assessment practices with formative and summative functions are not yet consistently embedded across the programme and tend to depend heavily on individual teaching staff. The panel **recommends** that the programme develop a comprehensive assessment policy plan that lays out the different aspects of assessment (summative, formative, continuous, examination formats etc), that foster students' learning. This would also help in the communication of critical information about assessment expectations and formats to students in a systematic and timely manner.

Constructive alignment remains a work in progress. The panel **recommends** working towards a more cohesive and consistent, pedagogically aligned programme. Within such a framework, it should be clear to all stakeholders how each module and course contributes to the achievement of specific learning outcomes, and in what way the assessment, as an integral part of and for the learning process, supports students in attaining these learning outcomes. Teaching materials should indicate clearly which specific learning outcomes are being addressed.

With regard to quality assurance, the panel found that staff of the BMED are dedicated to quality and engaged in continuous improvement. Students are heard, and when possible, their suggestions are acted upon. While individual feedback loops between students, staff and the programme are active, a structured quality assurance system with clearly defined roles, regular data analysis, and systematic follow-up is still in development. The panel therefore **recommends** developing more structured quality assurance mechanisms, with clearly defined roles, regular data analysis and systematic follow-up to ensure continuous quality improvement.

The panel observed a disconnect between the efforts of the quality assurance office at university and faculty levels on the one hand, and the quality assurance needs of the programme on the other. The panel **recommends** facilitating the sharing of data and statistics, with the aim of better supporting and empowering the BMED team in the continued development of their programme.

Finally, the panel is convinced that the programme could benefit from a sharpened overall systemic vision and strategy for medical training in Luxembourg, including the role of the BMED as a key component of this national ambition. This requires not only improved coordination within the university, but also the resolution of legal and political obstacles (see criteria 4 and 8).

### 2.2.3 Criterion 3. The effectiveness of student's lifecycle management

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| <ul style="list-style-type: none"><li>a. Students' selection and admission: Selection criteria, description of admission process, diversity and inclusion, communication with candidates, selection committee.</li><li>b. Students counselling and support. The professional and personal support of the students. Role of the students in the programme.</li><li>c. Alumni: Is the data collected/planned to be of alumni?</li></ul> |
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#### *Findings*

Candidates are selected by an **admissions** committee composed of the Study Programme Director (SPD) and the co-SPD of the BMED, and the SPD of the Bachelor in Life Sciences.

Selection is based on academic performance in science- or mathematics-focused secondary education and proficiency in French (C1), German (C1) and English (B2). The panel was informed that the majority of admitted students are from Luxembourg, due largely to the language requirements. While international applicants do show interest in the programme, most do not meet the linguistic prerequisites. Among the eligible applicants, 25% are French, German, or Belgian, and 1% are non-EU-students. Additionally, candidates are required to write a motivation letter on a specific subject, which is evaluated based on formal criteria. A maximum of 130 first-year students is admitted each year. The BMED team maintains internal records on student admissions and progress to compensate for delays in data provision by the university's Office of Statistics (OS).

According to the students, gaining admission to the programme was less challenging than progressing from the first to the second year, where the cohort is reduced from 130 to 85 (33 at UL and 52 abroad).<sup>1</sup> The data provided in the SAR indicate a high success rate from the second to the third year: of a cohort of 33 students, only three did not validate all credits, but they could still progress to the next year.

The high staff-to-student-ratio, with class sizes of maximum 33 students in the second and third years, facilitates **personal** and intensive academic **guidance and support**. The Study Programme Administrator (SPA) serves as a liaison between students and staff.

A peer tutoring project, initiated by second- and third-year students, has been set up to support first-year students and help them prepare for exams. These sessions are not mere repetitions of lectures but focus on complex topics and offer additional exercises. The initiative promotes a sense of solidarity and community among the students.

Although student wellbeing issues have not yet been reported, the Ministry of Health and Social Security's first aid course on mental health is expected to be integrated into the second year of the programme.

The programme collects **alumni** data via the UL-wide Graduate Survey and the LinkedIn data gathered by the Alumni Network Office. An anonymous satisfaction survey targeting alumni of the BMED programme was launched in February 2025. Of the 41 graduates, nine responded. Their feedback suggests that, while graduates are generally satisfied with the BMED, they are less satisfied with the clinical training in hospitals they had received (see criterion 8). They appreciated the small cohort size of the programme, but they also expressed the need for more structured courses with greater depth and analytical focus. Alongside the survey, graduates are encouraged to join the Luxembourg Association of Medical Students (ALEM) and will be invited to the town hall meetings.

Programme management is convinced that the contacts between students and the four hospitals in Luxembourg during the first three years of their studies may serve as an incentive to return to Luxembourg following completion of their Master's degree abroad, although the availability of a wider range of medical specialisation training programmes would be necessary to make Luxembourg a more competitive and attractive option. They demonstrated an awareness of the need to maintain contact with alumni in a more systematic manner and acknowledged that information regarding the progress of alumni in their master's programmes

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<sup>1</sup> After having completed the first year of their education at UL, 52 students continue their bachelor's studies abroad.

– and, in future, beyond graduation – should be collected and used in a more structured and consistent way.

#### *Considerations of the panel*

The panel valued the active policy in place to welcome and support students throughout their academic journey. This includes the Study Programme Administrator as a designated contact person, the implementation of peer tutoring, the organisation of the BMED Town Hall meeting, and the provision of financial assistance, as well as sports and culture facilities on campus.

Given the importance of the BMED in strengthening the Luxembourgish medical workforce, it is crucial that students return to Luxembourg after completing their Master's degree abroad. As the MMED and additional specialisations are not yet in place, the panel **recommends** intensifying efforts to maintain strong connections with students and alumni, in order to encourage their return to Luxembourg. Furthermore, the panel **recommends** fully incorporating the alumni survey in the quality assurance system of the programme.

#### 2.2.4 Criterion 4. The availability and performance of professors and educators

- a. Educators. Their expertise, support for the educators and continuous education of the educators. The staff allocated to the programme provide the students with optimum opportunities for achieving the learning outcomes.
- b. Students' and course coordinators' feedback regarding educators.

#### *Findings*

The **faculty** of the programme comprises 225 teaching staff, of whom 34 are internal and 191 are external. The external teachers include professors and academic staff from partner universities, as well as physicians and healthcare professionals from hospitals across Luxembourg. Among the 34 internal members of staff, eight are medical doctors and professors, some of whom hold part-time appointments at the UL alongside part-time clinical responsibilities.

Many of the first-year courses are delivered and coordinated by internal (non-medical) staff, supported by adjunct lecturers. The proportion of external lecturers increases in the second and third years of the BMED. As often multiple lecturers are involved in delivering a course, each course has an appointed coordinator responsible for documentation, teaching, assessment and course development.

The panel learned that although the external staff bring valuable professional expertise and was crucial to the establishment of the BMED, the large number of external teaching staff presents challenges. Concerns were raised regarding the programme's sustainability and coherence, as participation in medical pedagogy sessions, and involvement in the development and alignment of the programme and the assessment can hardly be expected of highly occupied medical professionals who are not formally affiliated with the university. Furthermore, it became clear to the panel that recognition and incentivisation for clinical educators are limited. External instructors contribute out of idealism rather than contractual obligation or financial reward.

According to the SAR, the BMED currently lacks a structured framework for gathering **feedback** from students and course coordinators. The existing UL feedback questionnaire is not adequately suited for courses taught by multiple instructors. At present, course feedback is

collected exclusively from students, for example through a focus group on a first-year BMED course and through informal feedback channels.

#### *Considerations of the panel*

Although recruiting clinically qualified teaching staff for a new medical faculty has undoubtedly been a major challenge, the panel observed that the teaching staff it could speak with during the site visit are diverse and committed to the programme and to the students. They seemed willing to contribute to delivering a high-quality programme. Nevertheless, the limited number of internal professors leads to heavy reliance on external staff and challenges programme coherence and sense of belonging among lecturers. Furthermore, it places a considerable organisational burden on management, course coordinators, and administrative staff. In general, the workload for internal staff is therefore particularly high. Therefore, the panel **recommends** further increasing the number of internal teaching staff with protected time for teaching. With regard to the external teaching staff, the panel **recommends** improving communication and thus enhancing the coherence of the programme. The panel also appreciated the plans to set up pedagogical units directly in the hospitals to support the clinical teaching staff. With respect to the pedagogical professionalisation of the teaching staff, the panel **recommends** to develop a structured programme of teacher training, preferentially supported by a medical educational scientist.

While some hospitals offer part-time arrangements for teaching doctors, the panel, based on input from various stakeholders, concluded that broader structural reform – including protected teaching time, clearer career pathways, and legal changes enabling medical doctors to hold professorships – is required to ensure long-term commitment to BMED and its quality.

The panel also noticed a lack of alignment between the initiatives on the central UL level – such as those concerning pedagogical expertise, data management, and quality assurance – and the needs of the programme management and teaching staff, who are not adequately supported by the institution. The panel **recommends** appointing a dedicated administrative team to the programme, which can empower and support staff to the fullest extent possible, in particular with respect to quality assurance, data collection, statistics and psychometric analysis of assessments and selection processes.

#### 2.2.5 Criterion 5. The administration and governance of the programme

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| <ol style="list-style-type: none"><li>a. Coordination and governance of the programme: Effectiveness of the coordination and management of the programme, existing lines communication and responsibilities, SOPs, risk assessments, and mitigation.</li><li>b. Recruitment and career policies.</li></ol> |
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#### *Findings*

The **coordination and governance** of the BMED rest with the SPD and the Deputy SPD. The SPD and the head of the DSLM hold regular meetings to monitor the programme. According to the SAR, the programme is embedded within university- and faculty-wide procedures, supported by the offices of the FSTM and assisted by the DSLM administrative staff. Several roles, such as the Student Counsellor and a part-time Master in Clinical Pedagogy have been introduced to further support the programme.

As increasing the number of internal academic staff would help to address several of the aforementioned issues, the programme is in the process of **recruiting** additional qualified

academic staff who can provide clinical teaching while continuing their clinical practice and, where possible, engaging in research. As detailed in the SAR, three measures are being implemented to improve the recruitment and retention of academic staff: 1) the creation of the Affiliated Clinical Professor Status in order to attract local clinicians in teaching and research; 2) the Joint Professor Status which enables dual employment (50% at UL, and 50% at one of the hospitals); 3) the recruitment of 15 part-time Clinical Lecturers (20-50% FTE) to cover the main teaching needs and contribute to the qualitative improvement of the programme.

#### *Considerations of the panel*

Enthusiastic administrative staff at both faculty and departmental levels support the BMED with the resources and capacity available. However, the panel observed that a gap appears to exist between the efforts developed by support staff and how these are integrated into the learning environment at the level of teaching staff. As a result, the panel is convinced that additional support dedicated specifically to the BMED is required. It **recommends** that the UL establish more structured support and a dedicated quality assurance team within the medical faculty to strengthen governance and decision-making processes, the pedagogical support of lecturers and the interaction with the acute hospitals.

Clinicians currently have limited incentives to assume teaching roles, as regulatory constraints hinder their formal engagement in the programme. Given that such engagement is an essential prerequisite for the establishment of a MMED, the panel **recommends** that all stakeholders explore the legal reforms necessary to introduce appropriate academic titles and contractual frameworks for clinical educators.

#### 2.2.6 Criterion 6. The capacity and infrastructure and facilities

- a. The programme offers the students adequate and easily accessible services.
- b. Physical facilities for teaching and learning. Clinical training resources.
- c. Campus: Review of the university premises that are available to the programme. Logistics between the teaching facilities for students and educators.

#### *Findings*

The UL is distributed across three campuses: Limpertsberg, Kirchberg, and the main campus in Belval. Most teaching and simulation activities of the BMED take place on the Belval Campus in dedicated auditoria, classrooms, and in the SimUL, the specialised simulation unit where authentic medical scenarios can be simulated in consultation rooms, equipped with microphones and video cameras. Upon students' request, access to SimUL has been broadened outside the classical teaching hours so that students have extra practise sessions.

From September 2025 onwards, also the practical sessions in chemistry, physics, biology, and histology, currently held at the Limpertsberg Campus, will be relocated to new buildings on the Belval Campus. These new facilities will provide students with updated equipment and spaces, including wet and dry laboratories. This will also facilitate transport logistics for students.

During the site visit, the panel visited the facilities and noted that the UL offers extensive facilities for clinical practice. Students described the facilities as the university's strongest asset. From September 2025, the SimUL will be shared with nursing and midwifery students. This will provide opportunities for students to engage in interprofessional educational activities as part of preparation for professional practice.

As the premises are state-owned, they are also shared with external users. In light of the anticipated growth of the student population in both the BMED and nursing and midwifery programmes, which will share the infrastructure, there will be a need to increase classroom capacity and expand facilities.

Students enrolled in the BMED also have access to the Luxembourg Learning Centre, which provides a library, database access, study spaces, and conference rooms. Campus Belval is equipped with modern, fully furnished classrooms. More generally, it offers a pleasant environment for students.

As there is no university hospital, all BMED Students complete their clinical internships in the country's four hospitals (see criterion 8). These are geographically separate from the university campus, so students must factor in travel time between academic activities and clinical placements.

#### *Considerations of the panel*

The BMED benefits from modern infrastructure with excellently equipped facilities. The SimUL is technologically advanced and inspiring. Additionally, students have access to all the necessary facilities. Given the expanding student number (in the BMED and in nursing and in midwifery) and the future possibility of introducing a MMED, a capacity issue regarding infrastructure appears imminent, although it offers an opportunity for excellent interprofessional education. The panel **recommends** continued planning for infrastructure expansion, in line with projected growth and developments in educational technology.

#### 2.2.7 Criterion 7. The implementation of the UL's mission regarding medical education

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| <ol style="list-style-type: none"><li>a. Background information: Original motivations and goals for starting the programme.</li><li>b. Relevance of the curriculum to current needs and trends in Luxembourg.</li><li>c. Current status: Description of the programme. Success and challenges the programme faces. Statistics of the programme (number of admissions, number of students, graduation rates).</li></ol> |
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#### *Findings*

For over 50 years, Luxembourg offered only first-year medical training, after which students continued their medical training abroad. While some graduates returned to the Grand Duchy, the system's reliance on other countries proved fragile. As half of the country's medical workforce is over 55 years of age and expected to retire within the next decade, the government established the BMED at the University of Luxembourg in 2020, marking the beginning of a complete medical education track. The future development of a full curriculum, including a Master's degree and additional specialisations, is expected to enhance Luxembourg's appeal as a destination for both medical study and practice, thereby strengthening the country's medical workforce.

Across all interviews, stakeholders unanimously acknowledged that the **establishment of the BMED** was in itself the most significant achievement, not in the least given the absence of a university hospital in Luxembourg, which necessitated the involvement of four acute hospitals, general practitioners and a large number of external lecturers. The initial phase was characterised by rapid growth: the programme quickly reached its maximum capacity of 33 students. The programme is now entering a consolidation phase in which a curriculum revision, a strengthening of course alignment, enhancing constructive alignment with assessments,

hiring a larger proportion of affiliated staff and the further development of partnerships with the medical professional field are among the priorities.

The representatives of both the professional field and the students emphasised the importance of introducing BMED students early in the programme to the Luxembourgish medical landscape as a means of encouraging people to pursue their medical careers in the country. Representatives of the professional field highlighted Luxembourg's international character and its broad opportunities as major assets, noting that increasing the offer of specialisations would further enhance its attractiveness.

Programme management acknowledged the importance of establishing a **Master's programme (MMED)**, which would be a strong incentive for graduates to stay in Luxembourg. Also, the availability of more training specialisations – currently there are only oncology, general medicine, and neurology – would encourage graduates to return. However, programme management maintains that the Luxembourgish system is not yet ready for such an expansion. Prerequisites include stronger organisational structures within the hospitals (e.g. the proposed 'cellules universitaires', see criterion 8), addressing the teaching infrastructure needs with a growing student population, collaboration with hospitals to build clinical research infrastructure, and the employment of medical staff at the university. Programme management estimates that a period of four years will be necessary to prepare for this next phase.

There is political and institutional support for the development of a Master's programme. The MESR confirmed that dedicated budgets have been allocated to support future expansion into specialisation tracks and an MMED. However, the Ministry also emphasised the need to clarify the legal framework for financing clinical training and to coordinate efforts with the Ministry of Health and Social Security. The panel learned that the Ministry of Health and Social Security currently lacks the legal authority to fund medical training and research.

#### *Considerations of the panel*

Despite the difficulties of the pandemic, the university has succeeded in establishing a complete and attractive Bachelor's programme in Medicine in Luxembourg, a milestone that did not exist before 2020. The steady improvement in student retention and academic performance (see criterion 9) indicates that the programme is on its way to effectively addressing a national need and fulfilling its initial mission: to strengthen national healthcare needs, reduce dependence on foreign-trained physicians, and develop Luxembourg's own medical education system. All stakeholders, including students and the professionals, expressed strong enthusiasm and support for the programme.

The panel valued the realistic and transparent approach taken by the programme management and the MESR with regard to the development of an MMED. While all stakeholders are clearly enthusiastic about the prospect of introducing an MMED, they are equally aware that several key obstacles must first be addressed. Prior to establishing the MMED, the panel **recommends** the creation of an appropriate legal framework to enable the introduction of suitable clinical professorial statutes, and to ensure adequate funding for clinical education. The panel also **recommends** the establishment of advisory boards including representatives from the partner universities, to support the design and implementation of the MMED.

## 2.2.8 Criterion 8. The effectiveness of collaborations with the national partners (local hospitals and health care providers) and the student internships

- a. Environment and stakeholders: Stakeholders involved, their roles and interactions with each other (department, faculty, hospitals in Luxembourg, private practitioners).
- b. Clinical training resources.

### *Findings*

The entire Luxembourg healthcare sector, and the four acute hospitals in particular, all host students for their clinical training. BMED students complete a four-week nursing **internship** at the end of their first year, which takes place in any recognised institution except the Care Home of the Intercommunal Hospital of Steinfort. In their second and third years, students undertake system-based clinical internships in the country's four hospitals. In the fifth semester, students complete a two-week general practice internship. Additionally, emergency care training takes place at the National Fire and Rescue Centre (CNIS) in the third and fifth semesters.

Students are assigned to a senior physician through the hospital's administrative internship staff. The UL has formalised an agreement with the hospitals, via the Federation of Luxembourg Hospitals, under which it reimburses the institutions for providing this supervision.

Initial student feedback revealed issues such as supervision by assistant doctors, limited opportunities for practical experience and various organisational issues. In response, the programme appointed a dedicated **student counsellor** in February 2024. This person manages hospital placements, oversees placement agreements, communicates the programme's expectations for internships, and acts as a liaison in the event of problems. Her efforts have reportedly improved communication and coordination with the hospitals.

However, without sufficient financial support for clinical supervision of students, it remains challenging to find individual doctors willing to take on this responsibility. Ongoing discussions concern the establishment of dedicated **university departments** within the hospitals ('cellules universitaires'), which would have coordinative teaching and research duties in specific medical domains. These departments would increase both the exchange between the hospitals and the university and the overall quality of clinical education.

Although several aspects of the collaboration still require further formalisation, there is a clear and broadly shared willingness among stakeholders – including hospitals, individual physicians, and the university – to contribute to the education of future medical doctors. This shared commitment provides a foundation for the further development and professionalisation of the clinical training component of the BMED.

### *Considerations of the panel*

The panel observed a strong engagement from the national healthcare partners and from the four hospitals in particular, in supporting the BMED. Clinicians are generally open to hosting students and contributing to educational activities, although they lack formalised responsibilities or funding for teaching, which may reduce the educational value of clinical placements. Nevertheless, students are able to gain experience in a broad range of healthcare settings, in both clinical and non-clinical centres. Formal agreements with the hospitals are being established or in preparation.

The creation of the student counsellor role to serve as liaison with the hospitals, has significantly improved internship coordination and enhanced communication between the university and hospital staff. This development, along with other initiatives, such as the proposed establishment of pedagogical units within hospitals, represents a promising step toward strengthening the quality of clinical education.

To be successful, all such initiatives must be embedded in a jointly supported and coordinated framework. The panel therefore **recommends** that all stakeholders – the university, the hospitals and the involved Ministries – work together to develop a shared vision and strategy for medical education. This would ensure a structured approach to quality assurance and sustained support for clinical teaching and supervision of all medical students.

Especially when the plans to set up a MMED proceed, additional legal and financial structures will be required to support the financing of clinical educators, clinical student training, and the organisation of research-related activities. This would necessitate the involvement of the Luxembourg Institute of Health, the Federation of Luxembourg Hospitals, the Association of Medical Doctors, and the Ministry of Health and Social Security. There is a need to establish a more robust legal and financial framework to underpin both clinical education and research.

#### 2.2.9 Criterion 9. The partnerships with partner universities in Belgium and France where students continue to complete their basic medical training

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| <ol style="list-style-type: none"><li>a. Students' performance in partner universities.</li><li>b. Students' satisfaction with continuing their education at partner's universities.</li></ol> |
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##### *Findings*

The BMED programme partners with universities in Belgium and France, where BMED graduates continue their Master's studies. The first cohort of graduates is currently in their fifth year and expected to complete their studies next year. Intergovernmental agreements with France and Belgium are in place to secure a guaranteed number of available places for BMED graduates.

Representatives of the partner universities reported that BMED students integrate easily and have equivalent competencies. According to them, minor discrepancies are easily addressed. The students confirmed that, although they had to make considerable efforts to catch up in certain subjects where they lacked sufficient in-depth knowledge, they were able to integrate well into the Master's programmes. For example, students noted that anatomy and pharmacology were less thoroughly covered at UL compared to expectations abroad. These gaps only became apparent after transitioning to the Master's programme. Some students reported having to self-study to meet the required level. Nevertheless, they also mentioned that they were well prepared in practical terms, thanks to the diverse internships' experiences and the simulation-based training. Students considered assessment at the various partner universities comparable to that at the UL.

Inter-university agreements with partner institutions in Belgium and France are currently being finalised in order to create dedicated bilateral committees composed of representatives from the UL and the respective partner universities. These committees will meet biannually to review student performance, satisfaction, and other relevant matters such as curriculum adaptations. The representatives of the partner universities emphasised that the latter could be improved.



They also expressed interest in participating in advisory boards related to the development of a future Master's programme at UL.

#### *Considerations*

The panel valued the strong cooperation with the partner universities and noted that, while some discrepancies were mentioned, BMED students are generally performing well in their Master's programmes.

The panel **recommends** that the programme develop more structured collaboration with the partner universities 1) to strengthen communication concerning curriculum alignment and changes, and 2) to facilitate a more systematic exchange of information on the academic performance of the BMED alumni. The panel also **recommends** improving direct communication with alumni and establishing a more robust and granular quality assurance system that goes beyond the use of student surveys. Such a system could contribute to sustained alumni engagement and encourage graduates to return to Luxembourg. Finally, the panel **recommends** that students be better prepared for the entry-level expectations and possible preparatory requirements of their chosen Master's programme, for example through dedicated information sessions.

### 3 Conclusion

The university has succeeded in establishing a complete and attractive Bachelor's programme in Medicine in Luxembourg, a milestone that did not exist before 2020. The steady improvement in student retention and academic performance indicates that the programme is effectively addressing a national need and fulfilling its initial mission: to strengthen national healthcare needs, reduce dependence on foreign-trained physicians, and develop Luxembourg's own medical education system. The programme is clearly valued and supported by a wide range of stakeholders, both within and beyond the university. BMED graduates integrate well and succeed in the subsequent phases of their medical training abroad.

During the discussions the panel had the opportunity to talk to dedicated staff, students and stakeholders, who appeared committed to the development and continuous improvement of the BMED programme. It appreciated the courage and ambition to embark on the establishment of a new medical faculty. The panel was particularly impressed by the infrastructure and campus, which provide excellent conditions for an engaging and enriching medical education.

While acknowledging these positive findings, the panel also identified a number of areas that offer room for improvement in order to further enhance the quality of the programme. The panel encourages the programme to address the recommendations arising from the dialogues following a constructive and favourable exchange of perspectives:

#### Criterion 1. The quality of the programme with regard to national requirements and international standards

- The panel recommends the MESR and the Ministry of Health and Social Security to jointly address the existing constraints by revising the Luxembourgish legal framework, so university-affiliated clinical teaching environments can be created. In addition, the panel advises the introduction of the appropriate legal and financial mechanisms to engage medical doctors in teaching roles in a way that is both attractive and sustainable and that guarantees dedicated teaching time.

#### Criterion 2. The educational quality with regards to pedagogy and documentation

- The panel recommends that the pedagogical principles (such as problem-based and blended learning) of the programme are clearly defined and systematically embedded in the curriculum. This requires appropriate measures to ensure that all teaching staff consistently apply the intended pedagogical methodologies.
- The panel recommends that the curricular logic and the spiral organisation receive sufficient attention in the further development of the programme.
- The panel recommends working towards a more cohesive and consistent, pedagogically aligned programme. Within such a framework, it should be clear to all stakeholders how each module and course contributes to the achievement of specific learning outcomes, and in what way the assessment, as an integral part of and for the learning process, supports students in attaining these learning outcomes.
- The panel recommends that the programme consider introducing early exposure to research or integrating research components into the curriculum, for example by exploring possible partnerships with actors in the Luxembourgish medical field such as the Luxembourg Institute of Health (LIH), where such exchange has already occurred.

- The panel recommends that the programme develop a comprehensive assessment policy plan that lays out the different aspects of assessment (summative, formative, continuous, examination formats etc), that fosters students' learning and that contributes to the communication of critical information about assessment expectations and formats to students in a systematic and timely manner.
- The panel recommends developing more structured quality assurance mechanisms, with clearly defined roles, regular data analysis and systematic follow-up to ensure continuous quality improvement.
- The panel recommends facilitating the sharing of data and statistics, with the aim of better supporting and empowering the BMED team in the continued development of their programme.

#### Criterion 3. The effectiveness of student's lifecycle management

- The panel recommends intensifying efforts to maintain strong connections with students and alumni, in order to encourage their return to Luxembourg.
- The panel recommends fully incorporating the alumni survey in the quality assurance system of the programme.

#### Criterion 4. The availability and performance of professors and educators

- The panel recommends further increasing the number of internal teaching staff with protected time for teaching.
- With regard to the external teaching staff, the panel recommends improving communication and thus enhancing the coherence of the programme.
- The panel recommends appointing a dedicated administrative team to the programme, which can empower and support staff to the fullest extent possible, in particular with respect to quality assurance, data collection, statistics and psychometric analysis of assessments and selection processes.
- With respect to the faculty development, the panel recommends developing a structured programme of teacher training, preferentially supported by a medical educational scientist.

#### Criterion 5. The administration and governance of the programme

- The panel recommends that the UL establish more structured support and a dedicated quality assurance team within the medical faculty to strengthen governance and decision-making processes, the pedagogical support of lecturers and the interaction with the acute hospitals.
- The panel recommends that all stakeholders explore the legal reforms necessary to introduce appropriate academic titles and contractual frameworks for clinical educators.

#### Criterion 6. The capacity and infrastructure and facilities

- The panel recommends continued planning for infrastructure expansion, in line with projected growth and developments in educational technology.

#### Criterion 7. The implementation of the UL's mission regarding medical education

- Prior to establishing the MMED, the panel recommends the creation of an appropriate legal framework to enable the introduction of suitable clinical professorial statuses, and to ensure adequate funding for clinical education.

- The panel recommends the establishment of advisory boards including representatives from the partner universities, to support the design and implementation of the MMED.

**Criterion 8. The effectiveness of collaborations with the national partners (local hospitals and health care providers) and the student internships**

- The panel recommends that all stakeholders – the university, the hospitals and the involved Ministries – work together to develop a shared vision and strategy for medical education. This would ensure a structured approach to quality assurance and sustained support for clinical teaching and supervision of all medical students.

**Criterion 9. The partnerships with partner universities in Belgium and France where students continue to complete their basic medical training**

- The panel recommends that the programme develop more structured collaboration with the partner universities 1) to strengthen communication concerning curricular alignment and changes, and 2) to facilitate a more systematic exchange of information on the academic performance of the BMED alumni.
- The panel recommends improving direct communication with alumni and establishing a more robust and granular quality assurance system that goes beyond the use of student surveys.
- The panel recommends that students be better prepared for the entry-level expectations and possible preparatory requirements of their chosen Master's programme, for example through dedicated information sessions.

## 4 Review process

The assessment was carried out in line with the 'Framework for the external evaluation of the Bachelor of Medicine, University of Luxembourg.

The panel prepared itself for the evaluation on the basis of the self-assessment report submitted by the institution. Prior to the preparatory meeting of the panel, each panel member formulated initial impressions and questions were listed. During a preparatory online meeting on May 26<sup>th</sup>, 2025, the panel discussed all information received in the self-assessment report and also prepared the dialogue with the programme.

This site visit took place on June 4<sup>th</sup> and 5<sup>th</sup>, 2025. During the dialogue the panel investigated the context of the programme and collected all required information to evaluate the quality of the programme.

During a closed meeting of the panel on June 5<sup>th</sup>, 2025, the panel discussed all information obtained as well as the main conclusions and recommendations which are elaborated in this report.

All information obtained led to a draft assessment report that has been sent to all panel members. The feedback from the panel members has been processed. The assessment report adopted by the chairman was submitted to NVAO on July 11<sup>th</sup> 2025.

## Annex 1: Administrative data regarding the institution and the programme

Institution	University of Luxembourg
Address, institution website	Belval Campus 2, avenue de l'Université L-4365 Esch-sur-Alzette Luxembourg
Status institution	Publicly funded university
Programme	Bachelor in Medicine
Level and orientation	EQF level 6
(Additional) title	-
(Parts of) field of study(s)	Medical Sciences/Health Sciences
Specialisations	-
Programme routes	Full-time
Location where the programme is offered	University campuses - Belval and Limpertsberg
Teaching language	French, German, English
Study load (in credits)	180 ECTS
Programme-specific learning outcomes	See Annex 2
Connecting options and potential further education	Students graduating with a Bachelor's degree move to universities in France and Belgium (based on inter-governmental agreements), to complete their basic medical training. Cooperation agreements are being established with partner universities in France (25 places: Sorbonne Université, Université Paris Cité, Université de Strasbourg and Université de Lorraine) and Belgium (8 places: Universities of Brussels, Louvain and Liège).

## Annex 2: Programme-specific learning outcomes

- a) Use acquired knowledge to solve problems through clinical reasoning.
- b) Research and synthesize information.
- c) Communicate in a structured manner with various types of interlocutors.
- d) Work effectively in a team and collaborate in a multidisciplinary environment.
- e) Engage in continuous learning.
- f) Understand public health issues.
- g) Demonstrate critical and creative thinking.
- h) Exhibit professional and ethical behaviour.

## Annex 3: Composition of the panel

The assessment was made by a panel of experts convened and appointed by the NVAO. The panel is composed as follows:

- **Prof. dr. Jan Eggermont** (chair), full professor Cell Physiology, Faculty of Medicine, KU Leuven
- **Prof. dr. Michael Larvin** (panel member), MD, Pro-Vice Chancellor, Head of the College of Medicine & Health, Dean of the North Wales Medical School, Bangor University
- **Prof. dr. Marieke van der Schaaf** (panel member), full professor of Research and Development of Health Professions Education at University Medical Center Utrecht
- **Prof. dr. Patrick Truffert** (panel member), Assesseeur pédagogie, Service de médecine néonatale Hôpital Jeanne de Flandre, CHRU de Lille (University Hospital of Lille)
- **Mr. Patryk Hebda** (student panel member), Doctor of Medicine student at Andrzej Frycz Modrzewski Krakow University, Member of the Quality Assurance Students Experts Pool of the European Students' Union (ESU).

The panel was assisted by:

- **Mark Frederiks**, senior policy advisor NVAO, process coordinator;
- **Inge Verbeek**, external secretary.

*All panel members and the process coordinator/secretary have signed NVAO's code of deontology.*

## Annex 4: Schedule of the site visit

### Wednesday 4 June 2025

**Address:** 2, place de l'Université, 4365 Esch-sur-Alzette

**Meeting room:** 17<sup>th</sup> floor of the Maison du Savoir: Salle Germain Dondelinger

Time	Meeting
12.00 – 14.00	<b>Lunch and panel preparatory meeting</b>
14.00 – 14.45	<b>Meeting 1 with University, Faculty and Department Management</b> Vice-Rector for Research Head of Department of Life Sciences and Medicine Strategic Advisor to the Vice-Rector
14.45 – 15.00	<b>Break</b>
15.00 – 15.30	<b>Meeting 2 with Ministry of Research and Higher Education</b> First Government Counsellor, General Coordination, Relations with National and European Institutions, Student Aid, General Affairs: Online
15.30 – 16.45	<b>Meeting 3 with Programme Management</b> Study Program Director BMED Deputy Study Program Director BMED
16.45 – 17.00	<b>Break</b>
17.00 – 18.00	<b>Meeting 4 with BMED students and alumni (hybrid mode)</b> Alumnus Alumna Four second year students One third year student Alumnus
18.00 – 18.30	<b>Panel meeting</b>

### Thursday 5 June 2025

**Address:** 2, place de l'Université, 4365 Esch-sur-Alzette

**Meeting room:** 17<sup>th</sup> floor of the Maison du Savoir: Salle Germain Dondelinger

Time	Meeting
08.30 – 09.00	<b>Arrival of panel and preparations</b>
09.00 – 10.00	<b>Meeting 5 with BMED professors and teaching staff</b> <b>Internal:</b> Full Professor in Biology Study Program Director - Specialized Diploma in General Medicine Full Professor Full Professor in Biochemistry Full Professor in Medicine - Founding Director of BMED <b>External:</b> MD - Gynaecologist (CHdN) MD - Chief Physician of the Immunology-Allergology Department (CHL) Medical Geneticist (LNS) MD - Paediatrics (CHL)
10.00 – 10.15	<b>Break</b>
10.15 – 11.15	<b>Meeting 6 with representatives of the professional field and national partners (local hospitals, health care providers, providers of student internships and clinical training): hybrid mode</b>

	<p>Medical Director – CHL          Medical Director – CHEM          Medical Director – CHdN          General Practitioner - Teaching Staff of the DES          Director of the National Institute for Emergency Services Training (CGDIS)</p>
<b>11.15 – 11.30</b>	<b>Break</b>
<b>11.30 – 12.30</b>	<p><b>Meeting 7 with administrative/support staff with responsibilities for finances, HR, student admission/selection/support/counselling, QA</b>          Two study Programme Administrators          Student Officer - SEVE (Admissions)          Team Leader of Student Administration          Project Manager          HR Partner – FSTM          Financial Controller          E-Learning Specialist          Two quality and Process Specialists</p>
<b>12.30 – 13.30</b>	<b>Lunch and panel meeting</b>
<b>13.30 – 14.20</b>	<b>Tour of facilities (SimUL, Learning centre)</b>
<b>14.20 – 14.30</b>	<b>Break</b>
<b>14.30 – 15.30</b>	<p><b>Meeting 8 with representatives of partner universities in Belgium and France: online</b>          Dean of the Faculty of Medicine - University of Strasbourg (telephone call)          Dean of the Faculty of Medicine – ULB          Advisor to the Rector - University of Liège          Dean of the Faculty of Medicine – UCL</p>
<b>15.30 – 16.40</b>	<b>Panel meeting and short break</b>
<b>16. 40 – 17.00</b>	<p><b>Final feedback meeting of panel and BMED/University representatives</b>          Head of Department of Life Sciences and Medicine          Study Program Director BMED          Strategic Advisor to the Vice-Rector          Deputy Study Program Director BMED</p>
<b>17.00</b>	<b>End of site visit and departure of panel</b>

## Annex 5: Overview of the material studied

### *Information file*

- Self-Assessment Report

### *Mandatory annexes to the information file*

- Administrative Data

### *Other annexes*

- a. Annexe 1 - Directive 2005.36.EC
- b. Annex 2 - Organisation de l'UL\_Loi du 27 juin 2018 modifiée
- c. Annex 3 - Règlement d'ordre interieur du 21 janvier 2025 (2025A)
- d. Annex 4 - Règlement des études du 24 septembre 2024 (2024A)
- e. Annex 5 - RE 2024-25 Annexe 1.912.1 BMED
- f. Annex 6\_Convention-pluriannuelle-2022-2025-Uni-CP2-22-fully-signed
- g. Annex 7 - VRA\_Disciplinary procedure fraud plagiarism\_directive\_v4\_EN\_28012025
- h. Annex 8 - Graduate survey BMED\_vf
- i. Annex 9 -Loi du 22 juin 2000 concernant l'aide financière de l'Etat
- j. Annex 10 - Politique du multilinguisme -version officiel française
- k. Annex 11\_Intro\_check list\_2ème et 3ème années\_Final 24-25
- l. Annex 12 - Mai 2024\_CONVENTION\_BACHELOR\_MEDECINE\_FHL\_UNI\_SIGNE
- Programme des études\_Université du Luxembourg

### *Documents made available during or leading up to the dialogue*

- BLED – Graduate Survey 2025
- Course feedback\_BMED
- DLSM facts and future
- Points 1-4\_Requested by NVAO:
  1. Regarding learning goals and outcomes of the programme, could you please provide examples (e.g. of student work and course materials):
  2. Could student-staff ratios be provided for each year of the programme?
  3. What is the Student progress from year to year?
  4. Concerning evaluation/feedback from students and graduates: could you show some results?
- Présentation ARC\_JFM
- UNILU INtroduction\_BMED Eval\_20250605

## Annex 6: List of abbreviations

ALEM	Luxembourg Association of Medical Students
BMED	Bachelor in Medicine
DLSM	Department of Life Sciences and Medicine
ECTS	European Credit according to the European Credit Transfer and Accumulation System
FSTM	Faculty of Science, Technology and Medicine
LIH	Luxembourg Institute of Health
MESR	Ministry of Research and Higher Education
MMED	Master's programme in Medicine
NVAO	Accreditation Organisation of the Netherlands, Flanders and Luxembourg
OS	Office of Statistics
PBL	Problem-based learning
QA	Quality Assurance
SAR	Self-assessment report
SimUL	Simulation centre
SPA	Study Programme Administrator
SPD	Study Programme Director
UL	University of Luxembourg

## Colophon

BACHELOR OF MEDICINE

UNIVERSITY OF LUXEMBOURG (LU01-25)

External evaluation • Assessment report

*July 10<sup>th</sup>, 2025*

Composition: NVAO • Flanders & Luxembourg



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