

U.S. Department of Education

Staff Analysis  
of the Standards Used by

**Sweden**  
for the Evaluation of Medical Schools

Prepared: July 2009

Background

In September 2000, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the accreditation or approval standards used by the Swedish National Agency for Higher Education (NAHE or the agency) were comparable to those used to evaluate programs leading to the M.D. degree in the United States. The NCFMEA made its decision of comparability based on information and documentation provided by the agency and a site visit to Sweden by the Chair and Executive Director of the NCFMEA, who met with Swedish officials about that agency's standards and the country's processes for evaluating medical schools.

At its September 2000 meeting, the NCFMEA also requested that the agency submit reports on its accrediting activities; the agency submitted reports for 2001, 2002 and these reports were accepted by the NCFMEA. At its September 2002 meeting, the NCFMEA asked the country to submit a report on its accreditation activities by July 2004. At the NCFMEA September 2004 meeting, the Committee accepted the agency's report and requested that the country submit another report on its accrediting activities from 2004 through 2006 along with the country's application for redetermination that was scheduled to be reviewed in September 2006. However, since the NCFMEA did not meet in 2006, the country's application and the agency's report were not reviewed.

In December 2008, the country submitted its application for a redetermination of comparability, however because most of the documentation needed for Department staff to determine comparability was either not current or available in English, the NCFMEA deferred its recommendation and requested that the country provide current documentation, translated in English for review at its fall 2009 meeting.

In response to the NCFMEA's request, the country provided current information regarding its quality assurance system for evaluating medical education. The country provided an English translation of the information detailing the agency's 2007 review of its medical schools which included a self study from Linköping University Medical School and a site evaluation team report, along with a summary report detailing its accrediting activities from 2004 through 2006. It also submitted its plans for evaluating its medical schools through 2012.

## Summary of Findings

Based on the information provided, it appears that the evaluation system in Sweden remains substantially comparable to the system used in the United States to evaluate medical education. One area that is substantially different is that the country reports that the Swedish National Agency for Higher Education (NAHE) does not make consider the performance of students after graduation in its accreditation approvals/decisions.

## Staff Analysis

### **PART 1: Entity Responsible for the Accreditation/Approval of Medical Schools**

**There should be a clearly designated body responsible for evaluating the quality of medical education in your country, and that body should have clear authority to accredit/approve/deny the operation of medical schools in your country that offer educational programs leading to the M.D. (or equivalent) degree.**

The National Agency for Higher Education, an autonomous body under the Ministry of Education and Science, is charged with monitoring, evaluating, and promoting postsecondary education in Sweden. The charter for the agency, which was issued by the Swedish government in 1995, states that the agency is the central authority for questions regarding public universities and colleges, as well as private higher education institutions that receive state support or have been given the right to award degrees. The Swedish government has conferred upon the agency the authority to decide on the right of specific universities and institutions of higher education to award degrees. In April 2000, the government also charged the agency with conducting regular evaluations every six years of all subjects and study programs offered by Swedish universities and institutions of higher education.

#### Documentation:

Letter and documentation, dated July 14, 2000 from Torsten Kalvemmark, Senior Advisor, National Agency for Higher Education, to Dr. Karen Kershenstein, U.S. Department of Education

Document (Legal status of Higher Education Institutions, and laws, and regulations that govern their activities.)

Sweden Higher Education Act

Document (Degree of Master of Science in Medicine)

Regulation: National Qualification Framework for Higher Education in Sweden

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## **PART 2: Accreditation/Approval Standards**

**The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have standards comparable to the following areas:**

### **1: Mission and Objectives**

**(a) The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school's educational program must be appropriate in light of the mission and objectives of the school.**

**(b) An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.**

The country reports in its response to the questionnaire that there is a requirement that the educational mission of the medical school must serve the public interest.

The operations of the institutions of higher education in Sweden, including the medical faculties, are regulated by the Swedish Law on Higher Education and the Higher Education Ordinance, which states the educational goals for all major programs like medicine, engineering, etc. The Degree Ordinance, the annex to the Higher Education Ordinance, establishes the following educational goals for medical education:

“In order to get the medical qualification students must:

- Acquire knowledge and skills necessary for the medical profession and for subsequent clinical training which is the precondition for registration.
- Acquire knowledge about those conditions in society, which affect the health of men and women in order to be able to work with prevention of disease.
- Develop the knowledge of oneself as well as ability for empathy and an ethical and holistic view of man, thereby developing also an ability to establish good relations with patients and persons in close proximity with them.
- Acquire knowledge about the organization and the economy of the health care system which is of importance for all doctors as well as the skills for team work and cooperation with all professional groups.”

Another important goal is that the medical training should be “of sufficient basis for the subsequent 18-month pre-registration (or pre-licensure) period as a house officer.”

Documentation:

Sweden’s response to the questionnaire

Letter dated January 10, 2000 from Torsten Kalvemark, Senior Advisor, National Agency for Higher Education, to Ms. Bonnie LeBold, U.S. Department of Education

Letter dated July 14, 2000 from Torsten Kalvemark, Senior Advisor, National Agency for Higher Education, to Dr. Karen Kershenstein, U.S. Department of Education

Document (Legal status of Higher Education Institutions, and laws, and regulations that govern their activities.)

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## **2: Governance**

**(a) The medical school must be legally authorized to provide a program of medical education in the country in which it is located.**

**(b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the school’s administration. This external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.**

Sweden reports in its response to the questionnaire that its medical schools must have legal authorization to provide medical education.

The Swedish Law on Higher Education gives the government the right to decide which types of degrees and qualifications may be awarded, and the charter for the National Agency for Higher Education gives the agency the authority to determine which institutions will be given the right to award these degrees. Thus, all institutions of higher education that provide medical education must be legally authorized by the government to do so.

Each university or institution of higher education within Sweden is managed by a governing board, which has the overall responsibility for all operations within the institution, e.g., financial administration and planning, personnel matters, etc. The Vice-Chancellor, who is appointed by the government on the basis of proposals from the Board for a period of not more than six years, is the Chairman of the Board and at

the same time the senior manager of the university or institution of higher education and its principal representative. The Board consists of 14 members, the majority of whom are appointed by the government. Appointment is for a period of not more than three years.

Sweden also reports that:

“Higher Education Institutions are accountable to a number of public authorities like the National Agency for Higher Education, The National Audit Board and, ultimately, to the Swedish Government.”

“All institutions are under the supervision of the National Agency for Higher Education, an autonomous body under the Ministry of Education, charged with the task of monitoring, evaluating and promoting the post-secondary education of the country.”

As the central government in Sweden controls much of higher education, including medical education, and there are linkages between the Ministry of Education and Science, which controls higher education, and the Ministry of Health and Social Services, which administers the Health and Medical Services Act of 1982, it would appear that there is adequate responsible authority external to and independent of the school's administration that has sufficient understanding of health and medical education to develop policies in the interest of both medical schools and the public.

Documentation:

Sweden's response to the questionnaire

Annex 1, Swedish Law on Higher Education excerpts

Annex 2, Charter for the National Agency for Higher Education excerpts

Document (Legal status of Higher Education Institutions, and laws, and regulations that govern their activities.)

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### **3. Administration**

**(a) The administration of the medical school must be effective and appropriate in light of the school's mission and objectives.**

**(i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and the other administrative functions that the medical school performs.**

**(ii) The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the chief academic officer's office.**

**(iii) In affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.**

Sweden reports that its medical schools are normally part of a university and that the president of a university must have a Ph.D. degree and is usually a professor. Sweden has also stated the following:

“To a great extent universities and institutions of higher education determine their own internal organization. The Higher Education Act and the Higher Education Ordinance provide guidelines with respect to the organization of management and certain decision-making bodies.”

The booklet, Higher Education in Sweden, states that except for certain rules related to faculty boards and the rules previously discussed under Governance for governing boards, universities and institutions of higher education may decide for themselves how they are to be organized. However, the government enters into a three-year contract with each school about resources, including resources for personnel, and the agency can remove a school's right to offer a degree for poor performance/poor quality.

Documentation:

Sweden's response to the questionnaire

Booklet entitled “Higher Education in Sweden”

Document (Legal status of Higher Education Institutions, and laws, and regulations that govern their activities.)

Sweden Higher Education Act

Document (Degree of Master of Science in Medicine)

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**(b) The chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education.**

The country reports that the Dean of a medical school must have a Ph.D. degree and is usually a professor.

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**(c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to—**

- (i) Admissions,**
- (ii) Hiring, retention, promotion, and discipline of faculty; and**
- (iii) All phases of the curriculum, including the clinical education portion;**

The agency provided the booklet, Higher Education in Sweden, which states that there are certain rules for faculty boards. All universities and institutions of higher education with a faculty organization (such as a medical school) are obliged to have faculty boards with responsibility for research and postgraduate training. The teachers are always to have a majority in the special bodies that make decisions relating to issues of research and educational content. Students have the right to appoint two representatives to the faculty board and to other decision-making bodies that deal with issues of teaching and educational content.

In its response to the questionnaire, Sweden provided the following additional information about faculty:

"As from the academic year 1993/94, each university and university college is entitled to decide on the establishment of chairs and the appointment of staff. The categories of teaching posts that may be established are, however, regulated in the Higher Education Ordinance."

"The academic staff is grouped into the following main categories: professors, senior lecturers, lecturers and research assistants. Professors have some teaching commitments but are mainly engaged in research and post-graduate supervision. To qualify for a senior lecturer, a person must have a doctorate

and be active in both research and teaching. Teaching proficiency displayed in undergraduate teaching is also a criterion for professional appointment. Especially deserving senior lecturers can be promoted to the rank of assistant professor or full professor.”

Faculty members also have an integral role in admissions, spending a significant amount of time conducting interviews with prospective students.

Documentation:

Sweden’s response to the questionnaire  
Booklet entitled “Higher Education in Sweden”  
Document (Legal status of Higher Education Institutions, and laws, and regulations that govern their activities.)  
Sweden Higher Education Act  
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**(d) If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that—**

**(i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and**

**(ii) There is consistency in student evaluations at all sites.**

The institution is responsible for setting up mechanisms to ensure consistent quality of educational instruction and student evaluations at all geographically separated sites.

Documentation:

Briefings by officials of the National Agency for Higher Education on August 28, 2000, at the agency’s office in Stockholm, Sweden  
Briefing by officials of the Karolinska Institute on August 29, 2000, at the university’s administrative offices in Stockholm, Sweden  
Document (Legal status of Higher Education Institutions, and laws, and regulations that govern their activities.)  
Sweden Higher Education Act  
Document (Degree of Master of Science in Medicine)  
Regulation: National Qualification Framework for Higher Education in Sweden.  
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#### 4. Educational Program

**(a) Duration: The program of education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.**

Sweden reports in its response to the questionnaire that the minimum length required for an educational program is five and one-half years. A degree of Master of Science in Medicine is obtained after the student has completed course requirements of 330 higher education credits, and performed the internship required for certification as a medical practitioner.

Documentation:

Sweden's response to the questionnaire

Letter dated July 14, 2000 from Torsten Kalvemark, Senior Advisor, National Agency for Higher Education, to Dr. Karen Kershenstein, U.S. Department of Education Document (Degree of Master of Science in Medicine)

Document (Legal status of Higher Education Institutions, and laws, and regulations that govern their activities.)

Sweden Higher Education Act

Regulation: National Qualification Framework for Higher Education in Sweden.

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**(b) Curricular Content: The medical school's curriculum must provide students with general professional education, i.e., the knowledge and skills necessary to become a qualified physician. At a minimum, the curriculum must provide education in the following:**

**(i) The sciences basic to medicine, including--**

**(A) Contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and**

**(B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.**

- (ii) A variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.**

**Note 1: Medical schools that do not require clinical experience in one or another of the above disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.**

**Note 2: Clinical instruction must cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.**

**Note 3: The medical school's program of clinical instruction must be designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.**

**Note 4: Instruction and experience in patient care must be provided in both ambulatory and hospital settings.**

**Note 5: Each required clinical clerkship (or equivalent) must allow the student to undertake thorough study of selected patients having the major and common types of disease problems represented in the clerkship.**

- (iii) Disciplines that support the fundamental clinical subjects, such as diagnostic imaging and clinical pathology.**

- (iv) Ethical, behavioral, and socioeconomic subjects pertinent to medicine.**

- (v) Communications skills integral to the education and effective function of physicians, including communication with patients, families, colleagues, and other health professionals.**

Sweden reports in its response to the questionnaire that the curriculum of a medical school is required to provide education in the sciences basic to medicine. The required basic sciences are anatomy, histology, cell biology, physiology, microbiology, pathology, and pharmacology.

Sweden reported in its response to the questionnaire that the clinical portion of the curriculum is required to provide education in a variety of clinical subjects. The required clinical subjects and the time devoted to each are as follows:

Internal medicine - 24 weeks  
Dermatology/Venerology - 4 weeks  
Infectious diseases - 5 weeks  
Forensic medicine - 1 week

Surgery, including Emergency Medicine and Rehabilitation Medicine - 20 weeks  
Ophthalmology/Otorhinolaryngology - 6 weeks  
Psychiatry - 7 weeks  
Drug dependence - 2 weeks  
Neurology - 5 weeks  
Obstetrics and Gynecology - 9 weeks  
Clinical genetics - 1 week  
Pediatrics - 10 weeks  
Community Health Science Medicine - 6 weeks  
Geriatrics - 2 weeks  
Family Medicine - 2 weeks  
Oncology - 2 weeks

Clinical assignments consist of 20-25 hours per week for all clinical subjects, and the length of a clinical rotation varies from 1 to 25 weeks, depending on the clinical subject

With regard to the types of medical facilities that may provide the clinical rotation, Sweden requires “an affiliation to an academic department.” As to the requirements for supervision of medical students during their clinical experience, Sweden has provided the following response:

“At each department there is one responsible physician with a M.D. or Ph.D. degree.”

Sweden did provide some information related to the competencies a medical student is expected to have achieved by the end of the “clinical pre-registration” period, the 18-month period that follows completion of the 220-week program of medical education. The documentation the country provided indicates that these competencies are set in the regulations issued in March 1999 by the National Board of Health. Students are tested for these competencies at the end of the clinical pre-registration period by means of a national exam administered by the National Board of Health. Although this examination is independent of the medical schools, the results of these tests are taken into account in the evaluation of the schools.

In other information Sweden provided, there is a statement that another important goal is that the medical training should be “of sufficient basis for the subsequent 18-month pre-registration (or pre-licensure) period as a house officer.” A representation of Karolinska Institute, in describing the medical education program at that medical school, said the goal of the program is to provide students with the knowledge and skills needed for the clinical pre-registration period.

Sweden reports in its response to the questionnaire that the curriculum for the medical program must provide education in various ethical, behavioral, and socioeconomic subjects pertinent to medicine, as evidenced by the following statement:

“Subjects such as Medical Ethics, Principles in Scientific Research, Gender issues, History of Medicine, Library Skills and Literature Search, Computer Literacy, Intercultural Awareness, Leadership Training, Presentation

Techniques, Health Economics, and Law and Medicine. The time devoted is approximately one week per semester.”

Documentation:

Sweden’s response to the questionnaire

Letter dated July 14, 2000 from Torsten Kalvemarm, Senior Advisor, National Agency for Higher Education, to Dr. Karen Kershenstein, U.S. Department of Education  
Briefing by officials of the Karolinska Institute on August 29, 2000, at the university’s administrative offices in Stockholm, Sweden

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**(c) Design, Implementation, and Evaluation:**

**(i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.**

**(ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school’s mission and objectives.**

The government, through its past national evaluations and its future reviews (to conform to the recently enacted legislation requiring reevaluation every six years), monitors the medical school’s processes for designing, implementing, and evaluating curricula as well as the school’s processes for evaluating and documenting student achievement. For example, in the self-evaluation that the Karolinska Institute prepared for the 1996 national evaluation of undergraduate medical education, the Institute reported on the ongoing evaluation of curricula by its Curriculum Committee on Undergraduate Medical Education. The self-evaluation also described a variety of

evaluation instruments such as a clinical preparatory examination, comprised of written and oral components, that covers subjects studied in the first two pre-clinical years and the testing of clinical skills by the objective structures clinical examination (OSCE) method; etc.

Documentation:

Karolinska Institute's Self-evaluation for the National Evaluation of Undergraduate Medical Education, October 1996 (English translation - July 1997)

Linköping University Self Evaluation of the Medical School

Document (Legal status of Higher Education Institutions, and laws, and regulations that govern their activities.)

Sweden Higher Education Act

Document (Degree of Master of Science in Medicine)

Regulation: National Qualification Framework for Higher Education in Sweden.

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## **5. Medical Students**

### **(a) Admissions, Recruiting, and Publications**

**(i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.**

**(ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).**

**(iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records.**

In its response to the questionnaire, Sweden has provided the following information on the issue of admitting students to study at a medical school:

"The general standards for the admission criteria are set nationally by the National Agency for Higher Education. To be eligible for medical studies,

students must fulfill these standards which entail requirements of previously passed courses in subjects like mathematics, chemistry, biology, physics and English. The selection of students is done by a combination of a national admissions system and local test and interview procedures.”

“To be admitted to higher education in Sweden, a student must first fulfill the general entrance requirements which are common to all programmes or courses, and then meet the specific course requirements which can be imposed on applicants by an individual university or university college. The latter vary according to the field of education and type of course.”

"As from July 1, 1993, the general entrance requirements are the completion of a three-year national program of the upper secondary school or other equivalent Swedish or foreign education. A very good command of English is a requirement for all applicants."

Additional information Sweden has provided indicates that the universities and institutions of higher education are generally responsible for the admission and selection of students. Within a “generally formulated framework,” the institutions decide what selection criteria should be used for admission to their programs or courses. In addition, they determine whether the admission procedure should be carried out locally or by using the services of the National Agency for Coordinated Admission to Higher Education, an agency of the central government that coordinates such matters as the admission of students. If they decide to use any special tests in the admissions process, they must first obtain permission from the NAHE.

The NAHE publishes a student handbook each year that provides information on all higher education institutions (including medical schools) in Sweden. This handbook gives students a source of information that is independent of the institutions and allows students to compare institutions by consulting one reference guide.

Any student attending a higher education institution in Sweden has the right to request to view his or her student records.

#### Documentation:

Sweden’s response to the questionnaire

Booklet entitled “Higher Education in Sweden”

Briefings by officials of the National Agency for Higher Education on August 28, 2000, at the agency's office in Stockholm, Sweden

Briefing by officials of the Karolinska Institute on August 29, 2000, at the university's administrative offices in Stockholm, Sweden

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## **(b) Evaluation of Student Achievement**

**(i) The medical school faculty must establish principles and methods for the evaluation of student achievement, including the criteria for satisfactory academic progress and the requirements for graduation.**

**(ii) The medical school's evaluation of student achievement must employ a variety of measures of student knowledge, competence, and performance, systematically and sequentially applied throughout the medical program, including the clinical clerkships.**

**(iii) The medical school must carefully monitor the progress of students throughout their educational program, including each course and clinical clerkship, must promote only those who make satisfactory academic progress, and must graduate only those students who successfully complete the program.**

In its response to the questionnaire, Sweden has provided the following information about the monitoring of medical students:

“There are regular (1-5) written and oral examinations each semester. Furthermore, programs for quality assurance are intended to ensure that the students acquire relevant knowledge and competence at the highest level of international quality.”

Additional information provided by Sweden under this heading includes the following:

“Important aspects are: clear and measurable goals, curriculum content and its relevance for employment, mainly within the biomedical field, the aptitude of the students for work in their prospective field, the teachers, subject competence and teaching ability, the physical study environment, i.e., premises and equipment, feedback from the students, feedback from employers and practicing professionals. Evaluation and follow-up are two important instruments for ensuring that the defined aims are fulfilled, e.g., with respect to educational and curricular goals.”

### Documentation:

Sweden's response to the questionnaire

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### **(c) Student Services**

**Students must have access to preventive and therapeutic health services, including confidential mental health counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program.**

Students have access to health care services and mental health counseling through the national health care system.

#### Documentation:

Briefings by officials of the National Agency for Higher Education on August 28, 2000, at the agency's office in Stockholm, Sweden

Briefing by officials of the Karolinska Institute on August 29, 2000, at the university's campus in Stockholm, Sweden

Document (Legal status of Higher Education Institutions, and laws, and regulations that govern their activities.)

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### **(d) Student Complaints**

**The medical school must have written policies for addressing student complaints related to the areas covered by the agency's accreditation standards and processes. The student consumer information provided by the medical school to students must include the school's policies for addressing student complaints as well as the name and contact information for the accrediting/approval entity to which students can submit complaints not resolved at the institutional level.**

The Country reports in its response to the questionnaire that each university has in place a process for addressing student complaints. The process makes ways for

appeals and that there is a national ombudsman who addresses equal opportunities and anti-discrimination actions.

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## **6. Resources for the Educational Program**

### **(a) Finances:**

**The medical school must have adequate financial resources for the size and scope of its educational program.**

Since 1993, the universities and institutions of higher education in Sweden have been allocated resources on the basis of the number of students enrolled and their successful completion of their "study goals." Before that it was based entirely on the planned number of study spaces. The idea behind the new funding system is to encourage institutions of higher education to tailor the courses they offer to student demand. By linking the allocation of funds to results, the institutions are also given an incentive to make the most effective use of their resources.

Appropriations for premises, furniture, and equipment are included in the lump sums disbursed by Parliament to each institution. Sixty percent of the government grant is based on the number of "credit points" earned by students, forty percent on full-time equivalents. The total amount that can be allocated (maximum) is based on an "education task contract" for a three-year period; the contract is the result of a dialogue between the Ministry of Education and each university or institution of higher education.

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Booklet entitled "Higher Education in Sweden"

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**(b) Facilities:**

**(i) The medical school must have, or be assured use of, physical facilities and equipment, including clinical teaching facilities, that are quantitatively and qualitatively adequate for the size and scope of the educational program, as well as the size of the student body.**

**(ii) The medical school should be encouraged to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research.**

Sweden reports in its response to the questionnaire that "There are no formal requirements but the general size and quality of the physical facilities are on a high international standard." As discussed in the previous section, facilities and equipment is the subject of discussion between the government and each institution.

In response to the draft staff analysis, the country reports that it has legislation that exceeds the European Union's requirement for the protection and care of animals used in biomedical research. It requires any institution or company that uses animals in research and teaching to obtain a license and be reviewed by the Swedish National Agency for Agriculture to insure proper facilities and care for the animals. The laws also require a review and authorization by a regional ethical authority that oversees the ethical use of animals in research and teaching.

Documentation:

Sweden's response to the questionnaire

Document (Legal status of Higher Education Institutions, and laws, and regulations that govern their activities.)

Sweden Higher Education Act

Document (Degree of Master of Science in Medicine)

Regulation: National Qualification Framework for Higher Education in Sweden

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**(c) Faculty:**

**(i) Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.**

**(ii) The medical school should have policies that deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.**

Sweden reports in its response to the questionnaire that "There are no formal rules for the size of the faculty. However, the staff/student ratio is quite high measured against average West European standards. Most teachers would be on a full-time assignment."

The Higher Education Ordinance contains stipulations regarding the teaching posts that occur at universities and institutions of higher education. They are Professor, Senior Lecturer, Lecturer, Research Assistant, Temporary Lecturer, and Visiting Lecturer. These stipulations establish some qualifications for these ranks.

In response to the draft staff analysis the country reported that provisions of the Higher Education Act along with The Public Employment Act (Law 1994:260) and provisions of (Law 1997:797) regulate the conflict of interest of faculty and institutional staff. The law requires the Vice Chancellor or President of the institution to oversee and monitor the incidental employment and private interest of faculty and staff. It also describes what activities are probated. Individual faculty and staff are required to report areas of perceived conflict to the institution.

Documentation:

Sweden's response to the questionnaire

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**(d) Library**

**The medical school must have a library sufficient in size, breadth, and depth to support the educational program and adequately and professionally staffed.**

The country reports in its response to the questionnaire, Sweden has indicated that there are no formal requirements that apply to medical school libraries. However, all medical libraries “are part of the general system of Swedish university libraries.”

There is no formal standard for medical school libraries, all medical schools in Sweden are state-run schools and the government, as mentioned previously, have discussions regarding facilities with each institution. On-site inspection of the medical library at the Karolinska Institute confirmed that medical students have access to a comprehensive collection of materials and professional staff to assist them.

Documentation:

Sweden’s response to the questionnaire

On-site visit to medical library at Karolinska Institute in Stockholm, Sweden, by Dr. William Deal and Ms. Bonnie LeBold, August 29, 2000

Document (Legal status of Higher Education Institutions, and laws, and regulations that govern their activities.)

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**(e) Clinical Teaching Facilities**

**The medical school should have affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.**

All the country’s medical schools must maintain affiliation agreements with each clinical teaching site that outline the responsibilities of the site (student monitoring, student evaluation, etc.) for the students studying at that clinical site.

Documentation:

Briefings by officials of the National Agency for Higher Education and the National Board of Health and Welfare on August 28, 2000, in Stockholm, Sweden

Briefing by officials of the Karolinska Institute on August 29, 2000, at the university’s campus in Stockholm, Sweden

Document (Legal status of Higher Education Institutions, and laws, and regulations that govern their activities.)

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### **PART 3: Accreditation/Approval Processes and Procedures**

**The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have processes and procedures for granting accreditation/approval to medical schools that are comparable to the following:**

#### **1. Site Visit**

**The accreditation/approval process must include a thorough comprehensive on-site review of the school to include all of the training sites (if any), during which sufficient information is collected to determine if the school is in fact operating in compliance with the accreditation/approval standards. This review includes, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to students.**

**The accreditation/approval process must include an on-site review of all core clinical clerkship sites.**

**(a) At sites that have never been visited by an accreditor (whose standards have been determined to be comparable), the accreditor must conduct an on-site review within 12 months of the accreditation review of the school.**

**(b) At sites that have been reviewed previously and approved by an accreditor whose standards are comparable, the accreditor must conduct an on-site review at least once during the accredited period.**

**(c) At new sites (sites opened during the accredited period and that have never been visited previously), the accreditor must conduct an on-site review within 12 months of the placement of students at those sites.**

**NOTE: If an accrediting body is accrediting multiple schools that use a common core clinical clerkship site, where that site has a single coordinator responsible for the educational experience of students from the multiple schools, and where the accrediting body, whenever it visits that site, interviews students from all schools, then that site does not need to be visited more than once during the accredited period.**

The country's law requires the NAHE to conduct "recurrent evaluations of all academic subjects and programmes in universities and colleges, beginning in 2001." Officials of the agency have indicated that the recurrent evaluations include site visits to the institutions. Prior to the site visit of an institution, the school will be required to submit a self-study that must address the issues listed above as well as other issues. Members of the site visit team will be selected by the NAHE and will be screened to ensure that team members have no conflicts of interest that would preclude their participation as a member of the site team.

In response to the draft staff analysis the country reported that each medical school has a teaching hospital that is the core clinical clerkship site for the school and that the site teams always visit the clinical site during their visit to the school.

Documentation:

Letter dated July 14, 2000 from Torsten Kalvemark, Senior Advisor, National Agency for Higher Education, to Dr. Karen Kershenstein, U.S. Department of Education  
Sweden's response to the questionnaire  
Briefings by officials of the National Agency for Higher Education on August 28, 2000, at the agency's office in Stockholm, Sweden  
Site Evaluation Report Linköping University Medical School  
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## **2. Qualified On-site Evaluators, Decision-makers, Policy-makers**

**The accreditation/approval process must use competent and knowledgeable individuals, who are qualified by experience and training in the basic or clinical sciences, for on-site evaluations of medical schools, policy-making, and decision-making.**

The agency reports that it selects the members of the team, to include at a minimum, individual(s) from other countries who are knowledgeable regarding medical education, medical educator(s) from Sweden, and representative(s) from the health care system. The agency also screens the members for any conflicts of interest and will provide the members with the necessary training in team procedures and with pertinent materials such as the self-study documents completed by the medical schools.

Documentation:

Sweden's response to the questionnaire  
Briefings by officials of the National Agency for Higher Education on August 28, 2000, at the agency's office in Stockholm, Sweden  
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### 3. Re-evaluation and Monitoring

**The accreditation/approval process must demonstrate the regular re-evaluation of medical schools in order to verify that they continue to comply with the approval standards. The entity must also provide for the monitoring of medical schools throughout any period of accreditation/approval granted to verify their continued compliance with the standards.**

**The accreditation/approval process must demonstrate that the accrediting/approval entity reviews complaints it receives from students and, as appropriate, investigates and takes follow-up action. The complaint review process must demonstrate that it ensures the timely, fair, and equitable handling of all complaints related to the standards and procedures for accreditation/approval. The procedures also must demonstrate that follow-up action, including enforcement action, is appropriate based on the results of the investigation. In addition, the accreditation/approval entity must consider the complaints it has received regarding a medical school when re-evaluating the medical school for accreditation.**

The country's law requires regular re-evaluations every six years.

With regard to monitoring, Sweden provided the following before the legislation establishing the current system was enacted:

“...Since Sweden is a small country with only six medical schools (all in the public sector), any problem arising would immediately be brought to the attention of the National Agency, which could start an evaluation process. Apart from this, universities and colleges are obliged to report to the Agency every year about the results of their education and research, including undergraduate examinations, etc. The Agency in its turn reports back to the government about the performance of higher education institutions. Questions may also be asked in Parliament with regard to the education in and management of medical schools.”

As part of its oversight responsibilities, the NAHE also responds to complaints from students or others regarding higher education institutions. As necessary, the agency will investigate complaints and take appropriate action. The agency has the authority to do an on-site review of an institution if it determines that the nature and severity of a complaint warrant such a review.

Documentation:

Letter dated July 14, 2000 from Torsten Kalvemark, Senior Advisor, National Agency for Higher Education, to Dr. Karen Kershenstein, U.S. Department of Education  
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#### **4. Substantive Change**

**The accreditation/approval process must require medical schools to notify the appropriate authority of any substantive change to their educational program, student body, or resources and must provide for a review of the substantive change by the appropriate authority to determine if the school remains in compliance with the standards.**

In addition to submitting annual reports to the NAHE, medical schools are required, under Swedish law, to apply to that agency for the right to award degrees and/or the right to establish areas of academic study. Resource issues are reviewed in discussions relative to the three-year contracts that institutions enter into with the agency. Furthermore, the Vice Chancellors of the institutions in the public sector (which include all medical schools in Sweden) report to the University Chancellor, who is an agency staff member. Therefore, any substantive change in resources or any other aspect of the institution's operations would be brought to the attention of the agency through regular communications between the institution and the agency, as well as through the annual reports.

Documentation:

Briefings by officials of the National Agency for Higher Education on August 28, 2000, at the agency's office in Stockholm, Sweden  
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## **5. Controls Against Conflicts of Interest and Inconsistent Application of Standards**

**The accreditation/approval process must include effective controls against conflicts of interest by those involved in the accreditation evaluation and decision process and controls against the inconsistent application of the accreditation/approval standards.**

Sweden provided the following information regarding these issues in its response to the questionnaire:

“The National Agency is an arm of the government and has the obligation at all times to work in an impartial and fully transparent manner. According to the Swedish Constitution, all documents in an accreditation and evaluation process are open for public scrutiny.”

“The decisions are taken (made) by the senior management of the board, which guarantees consistency over time.”

As mentioned previously, the NAHE ensures that all individuals being considered for participation as team members in evaluations of institutions have no conflicts of interest. In addition, since all medical schools are reviewed during the same time period as part of the evaluation, the team members are using the same assessment framework when reviewing the self-studies and conducting the on-site reviews.

### Documentation:

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## 6. Accrediting/Approval Decisions

**It is recognized that circumstances within a country may appropriately result in diverse institutional missions and educational objectives. However, those circumstances can never justify the accreditation of a substandard program of medical education leading to the M.D. degree. The accreditation/approval process must ensure that all accreditation/approval decisions are based on compliance with the accreditation/approval standards. It must also ensure that the decisions are based, in part, on an evaluation of the performance of students after graduation from the medical school.**

The country reports that the Universities and colleges are independent organizations, which are responsible for their own activities, standards and improvements. The NAHE evaluates and assesses the work done by the universities and colleges to improve their standards.”

Under the Swedish system, the quality improvement efforts of universities and colleges are evaluated by the NAHE, which monitors those efforts through quality assessments and through data collection and evaluation. Data collected include the performance of medical students on their final medical school exams as well as the performance of interns during their clinical pre-licensure program.

In response to the draft staff analysis, and unlike U.S. medical education accreditation, the country reported that NAHE does not make accreditation/approval decisions based on the performance of students after graduation.

### Documentation:

Sweden’s response to the questionnaire

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