



THE SECRETARY OF EDUCATION

WASHINGTON, D.C. 20202

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MAY 23 2003

Dr. Gábor Mészáros  
General Director  
Ministry of Education  
Hungarian Equivalence and Information Centre  
Hungarian ENIC/NARIC Office  
1055 Budapest  
Szalay utca 10-14.  
Hungary

Dear Dr. Mészáros:

In March 1997, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the medical accreditation standards used by Hungary were comparable to the standards used to evaluate programs leading to the M.D. degree in the United States. On March 13, 2003, the NCFMEA reviewed the information recently provided by the Hungarian Accreditation Council (HAC) on its current medical accreditation standards in order to reassess the comparability of those standards. At the meeting, the NCFMEA members also heard testimony from Dr. László Kiss of the Hungarian Equivalence and Information Centre and Dr. Peter Kiss of the Hungarian Accreditation Committee. Their testimony was most helpful and the NCFMEA members wish to thank them for their participation in the meeting.

I am pleased to inform you that the NCFMEA, based on the most recent information and materials received from Hungary, reaffirmed its prior determination that the standards and processes used by the Hungarian Accreditation Council to accredit medical schools in Hungary are comparable to those used to accredit medical schools in the United States. This determination of comparability by the NCFMEA has a maximum duration of six years from the date of this letter, unless the Committee withdraws, extends or renews its determination prior to that date. Before expiration of the six-year period, the NCFMEA will seek to confirm that your standards and processes for accrediting medical schools in Hungary are still comparable to the accreditation standards applied to medical schools in the United States. If so, its previous determination of comparability will be extended for another period.

As a result of the determination of continued comparability by the NCFMEA, any medical school in Hungary that is accredited by the HAC may apply to the U.S. Department of Education to participate in the Federal Family Education Loan (FFEL) program by contacting the Department's Foreign Schools Team at (202) 377-3168, fax (202) 275-3486. Please note that it is not necessary for medical schools that are currently participating in the FFEL program to contact the Foreign Schools Team at this time; the status of those schools remains unchanged by the NCFMEA's decision of continued comparability. A medical school's participation in the

FFEL program allows U.S. students studying medicine at that school to apply for FFEL loan funds to finance their medical education.

In an effort to keep apprised of the accreditation activities of the HAC, the NCFMEA has requested that Hungary submit a report on its accreditation activities for review at the March 2005 NCFMEA meeting. The purpose of that report, which is requested by December 1, 2004, is to provide the NCFMEA with the following information:

- *List of medical schools and their current status:* A list of all Hungarian universities that have programs leading to the M.D. degree and the accreditation status of those programs and universities.
- *Overview of accreditation activities:* A summary of key activities by the Hungarian Accreditation Council from April 2003 through November 2004, such as a list of accreditation reviews conducted, accreditation decisions reached, and accreditation conferences or training sessions held.
- *Laws and Regulations:* An indication as to whether there have been any changes in your country's laws or regulations since March 2003 that affect the accreditation of your medical schools, and, if so, what those changes were.
- *Standards, Processes and Procedures:* An indication as to whether there have been any changes since March 2003 in the accreditation standards, processes or procedures that the AMC uses to evaluate and accredit medical schools, and, if so, what those changes were.
- *Schedule of upcoming accreditation activities:* A listing of upcoming accreditation meetings and on-site visits to medical schools and clinical clerkship sites for the two-year period covering December 2004 through November 2006.

Please provide the above report on accreditation activities to the U.S. Department of Education at the address below:

Carol Griffiths  
Chief, Accrediting Agency Evaluation Unit  
U.S. Department of Education  
1990 K Street, NW – Room 7105  
Washington, D.C. 20006-8509  
U.S.A.

If you have any questions regarding the information requested, please feel free to contact Ms. Griffiths at (202) 219-7011 (telephone), (202) 219-7005 (fax), or [carol.griffiths@ed.gov](mailto:carol.griffiths@ed.gov) (e-mail).

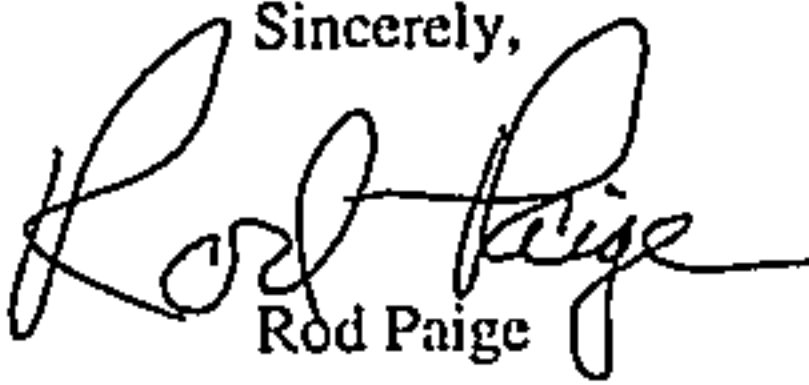
During the executive session at the meeting, the NCFMEA also requested that an answer to the following question be provided to the Committee for its September 2003 meeting: What health

care services are available to non-Hungarian students who are studying medicine in Hungary and what are the costs to students for those services? Please provide that information as soon as possible but no later than July 1, 2003, to Ms. Griffiths at the address above.

In the fall of 2004, Bonnie LeBold, the Executive Director of the NCFMEA, will contact you to provide information regarding the March 2005 NCFMEA meeting. In the interim, if you have any questions about the meeting, please do not hesitate to contact Ms. LeBold at (202) 219-7009 (telephone), (202) 219-7008 (fax), or [bonnie.lebold@ed.gov](mailto:bonnie.lebold@ed.gov) (e-mail).

I want to thank you for taking the time to respond to our requests for information about your standards and processes for accreditation of medical schools. The NCFMEA members and I very much appreciate your ongoing interest and assistance in this matter.

Sincerely,



Rod Paige

cc: Dr. László Kiss  
Deputy Director  
Hungarian Equivalence and Information Centre

Dr. Peter Kiss  
Programme Officer  
Hungarian Accreditation Committee

**U.S. Department of Education**



**Staff Analysis**

**Hungary**

**For the March 13, 2003 Meeting  
of the  
National Committee on Foreign Medical  
Education and Accreditation**

U.S. Department of Education

Staff Analysis  
of the Standards Used by

Hungary

for the Evaluation of Medical Schools

Prepared February 2003

Background

This is an application for redetermination of comparability submitted by the Government of Hungary. At its March 1997 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the accreditation or approval standards used by the Hungarian Accreditation Committee (HAC) to evaluate the medical education at four universities that offer programs leading to the M.D. (or equivalent) degree were comparable to standards of accreditation used to evaluate medical education programs leading to the M.D. degree in the United States. The NCFMEA reviews the comparability of countries' standards on a periodic basis and in June 2000 the NCFMEA revised its review guidelines. In September 2002, the HAC was provided a copy of those new guidelines and requested to provide information to demonstrate compliance with the revised guidelines. The information provided by Hungary in response to that request is the subject of this analysis.

Summary of Findings

The HAC provided Department staff with a substantial amount of information pertaining to its oversight of medical education. There were only a few areas in which Department staff was unclear as to the HAC's standards and requirements pertaining to:

- an institutional evaluation of its medical curriculum and program and how the process may include faculty and data on student performance and other student outcome indicators;
- the inclusion of communication skills integral to the education and function of physicians in the curriculum; and
- student services to be provided by institutions

Based on the information provided by the HAC, it appears that the country has an evaluation system that remains substantially comparable to the system used in the United States to evaluate the quality of medical education. At least once since 1994, the HAC has applied its standards to the four medical education

programs offered at the following universities: Semmelweis University, University of Debrecen, University of Sciences of Szeged, and the University of Sciences of Pécs.

### Staff Analysis

#### PART I: The 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 the foreign country, and that body should have clear authority to accredit/approve medical schools in the country that offer educational programs leading to the M.D. (or equivalent) degree.

The Government established the Hungarian Accreditation Committee (HAC) in 1993 under the Act LXXX on Higher Education (Act) to validate "the quality of education and scientific activity in higher education and to perfect the classification" in Hungary. Sections 80 and 81 of the Act authorize and recognize the HAC as a legal entity and an independent professional body. Section 80 created the HAC to accredit all institutions of higher education. Section 81 defines the purpose and operating authority of the HAC under a mandate to approve the operation of doctoral schools and decide on the field of science, and more specifically, on the branch of science in which the university may conduct doctoral education and award doctoral degrees. This section requires the HAC to evaluate the level of education and scientific activity in the individual higher education institutions on a regular basis, but at least every eight years. Under Section 80 of the Act, a Governmental decree established the rules governing the organization and operation of the HAC and its accreditation procedures.

#### Documentation:

Narrative, pp.1-4

The Act LXXX of 1993 on Higher Education, Section 70 (Parliament), Section 72 (Government), pp. 79-80, Section 73 (Prime Minister), p. 81; Section 74 (Minister of Education), pp. 81-85; Sections 80-81 (Hungarian Accreditation Committee), pp. 88-92

#### PART II: 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:

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 Hungarian Government has oversight of each of the four medical schools in the country. Since the government serves the general interest of the public in several ways, there is no significant difference in the curriculum and in the quality of the four Hungarian medical schools. Government Decree No. 36/1996 (III.5.) issued pursuant to Act LXXX of 1993 on higher education and Annex 1 and 2 regulates the Hungarian general objectives of educational training in the health sciences.

Annex 1 addresses the general qualification requirements of basic programs in higher education in health sciences. The Government's educational objectives for all health sciences education are "to train health professionals who have high-level professional and general knowledge and corresponding behaviour accompanied with a strong sense of responsibility and vocation; who are able to gather information from the Hungarian and foreign language professional literature, and to practice their respective specialties on a high level, based on the body of knowledge, professional skills as well as approach and behaviour appropriate to their qualification that they have acquired during their studies".

The additional objectives for the general qualification requirements of the basic program in higher education in the health sciences at the university education level, including the medical education program, are to ensure that university graduates:

- will have appropriate knowledge of the ethical and legal aspects of the profession, will adhere to these principles and implement the knowledge acquired in their practice;
- will continuously increase and update their professional knowledge and implement the knowledge acquired in their practice;
- will establish appropriate interpersonal relationships with the patient/client and his/her relatives, with other health professionals and members of the health care team; and
- will work in a team.

Annex 2 of Decree 36/1996. (III.5.) recites the objective of the basic program in general medicine as a program to train medical doctors to "work in health care and practice medical activity on the basis of the knowledge, professional skills, medical approach and behavior acquired during the period of education to ensure that they consider and respect the patients' different characteristics, their human dignity and rights, and they make decisions and act accordingly, and after completing an appropriate specialist training program, documented with a successful special examination, they perform independent specialist medical activity in their chosen special field."

Upon completion of the program graduates are expected to be familiar with the following:

- health concepts and criteria;
  - scientific foundations of the protection and restoration of health in the society;
  - working mechanisms of a healthy human system;
  - health hazards and their harmful sources;
  - reasons, symptoms, "pathomechanisms", "etiopathogenesis", early diagnostics, and the prevention possibilities and methods associated with major therapeutic procedures;
  - essence of the procedures to cure such diseases as well as the risks within these procedures and the main therapies;
  - the theoretical and practical fundamentals of prevention, diagnostics, therapy and rehabilitation;
  - clinical and instrument examination methods necessary for a general medical examination; when these examination methods are recommended/not recommended, and the diagnostic value of conclusions drawn from these examinations;
  - various psychic, behavioural and social implications of diseases;
  - economic basis of the organization and management of health care;
  - theoretical principles of medical screening tests used in Hungary as well as their practical implementation, and the system of these screening tests;
  - essence of major therapeutic procedures and the theoretical bases, expected results, possible side-effects and cost implications; and
  - principles of the operation and the scope of application of major medical equipment/instruments, their health and safety instructions, and how to handle the tools used in the course of basic medical activities.
- 
- graduates must be able to recognise frequent diseases and decide on urgent action or intervention based on the established diagnosis;
  - graduates should have the appropriate life saving skills;

- they should have sufficient knowledge of: (1) the possibilities and methods of rehabilitation; (2) the funding system of the provision of health care in Hungary; and the "etiopathogenesis" and prevention of epidemiological and public health hazards, public health and epidemiological procedures and methods, and the application of these regulations
- graduates should be able to record a focused and correct case history of the examined person and/or of the person's environment
- graduates should have sufficient experience in the following: carrying out and evaluating physical examinations; recognizing behaviour and life-styles which may be hazardous to health; giving a correct and professional description of diseases and operating a filing system; making judgments on the necessity of consultation
- graduates should have an insight into the organizational structure and working of the health insurance system and health service; and
- graduates should be able to take the appropriate official action(s) if such action is needed.

**Documentation:**

Narrative, pp. 1-5

Exhibit 2: Act LXXX of 1993 on Higher Education, §§80, 81

**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 institution's administration. The external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.**

The country indicates that it does not have a system to provide a medical school with a professional license in the same manner that a Chamber of Doctors provides medical schools with a license. Instead the Minister of Education may permit the establishment of a medical program in graduate education or withdraw that permission. Therefore, the Minister of Education has both external and internal authority to develop policies regarding the medical school and demonstrates that higher education in Hungary is linked to its central state operations.

The Minister of Education receives and reviews all institutionally developed regulations and, in conjunction with the other tasks connected with higher education, performs the following:

- a) Participates in the preparation and formation of decisions concerning higher education development and policy and make submissions in connection with this;
- b) Submits to the Government the annual budgetary report and the plan for the support of higher education on the basis of the standpoint of the Higher Education and Research Council;
- c) Exercises legal review of higher education institutions, and decide with which sphere of authority he/she may annul all such regulations and decisions of institutions conflicting with legal regulations;
- d) Approves the start of courses in certain fields of studies in graduate education on the basis of the standpoint of the Hungarian Accreditation Committee;
- e) May suspend for a fixed time in certain institutions or in certain fields of studies, the exercise of the right to conduct final examinations or to issue diplomas at the proposal of the Hungarian Accreditation Committee;
- f) Supervises the effectiveness and lawfulness of the utilization of resources made available by the state, develop in co-operation with the Higher Education and Research Council the mechanism of control and supervision, and organize the publication of the findings of supervision, also giving scope for the standpoints of the institution examined;
- g) Supports the establishment and development of the international links of higher education institutions;
- h) Makes proposals to the Government on the tasks stipulated in Section 72, Points a-d of the Higher Education Law 1993, and perform the tasks connected with the planning of higher education;
- i) Regulates the conditions for the awarding of doctoral degrees with the distinction "Promotion sub auspiciis praesidentis Rei Publice;" and
- j) Authorizes the operation in Hungary of foreign higher education institutions.

Documentation:  
Narrative, p. 5

### **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 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.**

Chapter 13 of the Act LXXX of 1993 on Higher Education addresses the administration of institutions of higher education, including those with medical schools. Although the institutions of higher education derive their legal authority from the government through the Higher Education Act, they develop regulations as autonomous bodies to decide their own necessary administrative needs. Additionally, the Higher Education Act prescribes the operation and management of Higher Education institutions, but institutions may develop their own organizational structure in a manner consistent with their mission and goals in teaching, scientific research, artistic, and other tasks, and for operating economically.

The Higher Education Act specifically entitles the teaching staff and scientific researchers to submit an application with a scientific purpose, to conduct research on scientific themes they choose, in addition to tasks derived from work-related duties, and publish scientific research results. The regulations also authorize the teaching staff to make proposals on any issue connected with the life of the institution; to directly or indirectly through a representative, participate in the decision-making affecting their interest; to lead, be elected or elect bodies operating in the institution according to the institution's regulations. The regulations also authorize complaints and ideas to be handled by the institution, assuring that consideration will be given to all labor-related issues as well.

Regarding the faculty involvement in decisions related to admissions; hiring; retention, promotion, and discipline of faculty; and the curriculum, §35 of the Act details the faculty obligations as follows:

- To participate in the teaching work at the institution, specifically by conducting activities (lectures, seminars, practicals, etc), and in conducting examinations;
- To carry on scientific work;
- To participate in the public life of the institution;
- To occupy offices in the institution won by means of elections.

**Documentation:**

Narrative pp. 6-11

Chapter 9, (33-34) of the Higher Education Act

Chapter 13, (§§ 51-59) of the Higher Education Act

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

The head of the university is a Rector, who along with Deputies ensures the efficient operation of the institution. The operation and management of an institution of higher education are defined by institutional regulations. The Rector must be a public employee who is employed full-time in the institution, and must be a member of the teaching staff and of Hungarian nationality. An individual may serve as Rector until the age of 65 and for a maximum of four years, upon a decision of the institution council and at the proposal of the Minister of Education by the President of the Republic of Hungary. The head of the higher education institution shall serve as the legal representative of the institution and head the governing body of an institution of higher education called the Institution Council.

The Secretary General, a subordinate to the Rector, heads the institution's administrative organization and acts at the direction of the Rector. The Director-General heads the economic organization of a higher education institution and performs all economic and monetary tasks related to the operation of the institution.

**Documentation:**

Narrative, pp. 6-9

Chapter 13, (§§ 53-57) of the Higher Education Act)

- (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 Institution Council acts as the governing body at each higher education institution. Its members include students, professors and readers, and faculty. The chair of the institution council is also the chief operating officer of the university or college. The Institution Council has authority over, among others, the following institutional activities:

- Deciding and sanctioning of the principles governing the activity of the institution, and accepting the institution's developmental plan;
- Framing the regulations of the institution and sanctioning other regulations;
- Establishing and sanctioning curricula;
- Establishing scientific programs and evaluating the research results;
- Initiating and dismissing rectors, college rectors, Directors General, the Directors (General) of business operations;
- Submitting the appointment and dismissal of university and college professors;
- Expressing opinions on the tenure of vice rectors and deputy college Director-Generals, heads of teaching, research, and other organizational units; nominating of university and college readers, the nominations of the Secretary-General and Director-General on economics; and opinions on the establishment of a faculty, the qualification requirements of a new major in graduate or specialized postgraduate education, the establishment of new majors and doctoral educational programs.

In addition, the Institution Council decides the Institution's budgetary proposals; accepts the report concerning the implementation of the budget and the principles governing how the institution uses and disposes of its resources. In addition, the institution council oversees the establishment and termination of education, research, and other organizational units and/or the launching of specialized postgraduate education programs.

Other duties handled by the Institution Council include:

- Admission and registration of students
- Studies, examinations, benefits, expenses, residence halls
- Discipline and liability for damage, health and accident regulations
- The organizational and operational regulations of the student self-governing body
- Regulations relating to scientific research, artistic creative activity

- In universities to doctoral education and to acquisition of the doctoral degree, regulations relating to the “habilitation procedure” and the system of teaching and research requirements,
- Student evaluation by teachers and
- The system of commemorations concerning the state holidays of the Republic of Hungary and of the institutional holidays.

**Documentation:**

Narrative, p. 10

Chapter 9, (§§ 33-34) of the Higher Education Act)

Chapter 13, (§§ 51-59) of the Higher Education Act

**(b) 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.**

Hungary does not have geographically separated campuses for its medical schools primarily because the four medical schools are located in three large Hungarian cities and the fourth is located in its capital, Budapest. Additionally the demand to have separate buildings has never occurred and the country states that the quality of education can be controlled easier with all educational buildings located in one area.

**Documentation:**

Narrative, pp. 10-13

**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.**

**Length of Educational Program**

The length of the training covers six years, but has two parts. The first part of the training includes a two-year pre-clinical study period and the second part of the training covers a four-year clinical studies period. The entire training entails at

least 6,000 hours covering twelve semesters, with the 11<sup>th</sup> and 12<sup>th</sup> semesters devoted to practical training at a university clinic or in a hospital. Upon completion of the program the qualification attained is "általános orvos" or medical doctor, and the title conferred is doctor medicinae universae, abbreviated as: dr. med. univ.

Although Hungary is not a member of the European Union (EU) Community that subscribes to the EU requirement of 5500 hours for the medical programs, it reports that the EU has surveyed Hungarian medical education and determined that the norms used by Hungary correspond to those used by the EU. The country referred to a website that contains the comparability report declaring that the Hungarian norms correspond to the norms of the EU. Department staff was not able to access the report using the URL provided.

It appears clear from the information provided regarding the medical curriculum that the program of education is of a duration comparable to that offered by medical schools in the United States.

Documentation:  
Narrative, p. 11

**(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) The 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.**

#### Curriculum and content

Hungary requires the pre-clinical training for medical students to cover both theoretical and practical subject areas that include the basic sciences. The first year (the first two semesters) medical students take the following courses:

- medical physics and statistics (135 hours), medical chemistry (180 hours), molecular biology and molecular genetics (150 hours), anatomy and

histology (210 hours), communication-training (30 hours), first aid and resuscitation (30 hours)

During the second year (the third and fourth semesters) the medical students take the following courses:

- biochemistry (180 hours), anatomy and histology (240 hours), physiology (270 hours), medical anthropology (15 hours), medical sociology (30 hours)

According to Hungary, the subjects taught during the first two years are taught in the form of lectures, seminars, and practical courses, that entails laboratory exercises, dissections courses, histology courses, etc.

Documentation:

Narrative, pp. 11-16

Government Decree No. 36/1996. (III.5) Korm. on the qualification requirements of basic programmes in higher education in health sciences

Government Decree No. 36/1996. (III.5) Korm, Annex 1: General qualifications requirements of basic programmes in higher education in health sciences

Government Decree No. 36/1996. (III.5) Korm, Annex 2: Specific qualifications requirements of basic programmes in health sciences, UNIVERSITY LEVEL, Study programme in general medicine

**(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 a series of selected patients having the major and common types of disease problems represented in the clerkship**

The medical school curricula require a clinical experience to begin in the fourth year of training and lead the student from the preclinical to clinical courses. All of the clinical subjects are divided into lectures and practical courses with a ratio of theoretical and practical courses between 30-40 and 60-70 percent. The clinical training includes attendance by students at various clinics with different specialty profiles that include the core subjects in the NCFMEA guidelines. The clinical courses are designed for the student to become familiar with common diseases found in internal medicine and surgery. Hungary expects the students in the clinical programs to develop skills that will enable them to perform and render diagnostics and prognosis; to the treatment and prevention of organic diseases; to be familiar with major neonatal and paediatric diseases; to recognize major gynaecological diseases and to acquire basic obstetrical knowledge; to be familiar with the function of the intact and pathological mind (psychiatry, clinical psychology, psychotherapy, etc.), to learn about drug treatment of diseases and about their pharmacology, and toxicology; to understand the molecular, experimental and pathological bases of drug therapy; to develop an approach to facilitate the complex understanding of diseases and disease groups during comprehensive clinical studies and to acquire basic interdisciplinary knowledge with respect to the tasks and activities of the doctor.

The clinical studies for medical students begin in the third year and cover a variety of subjects in the following areas:

- During the fifth and sixth semesters medical students take the following courses: pathology (210 hours), pathophysiology (135 hours), clinical laboratory diagnostics (75 hours), microbiology and immunology (132 hours), introduction to internal medicine (propedeutics, basic clinical examinations, 75 hours), introduction to surgery (propedeutics, 60 hours), basic surgical skill practice (30 hours), social medicine (15 hours), medical ethics (30 hours), medical psychology (30 hours)
- During the seventh and eighth semesters, medical students take the following courses: internal medicine (210 hours), general surgery (120 hours), orthopaedic surgery (60 hours), radiology (60 hours), pharmacology (165 hours), obstetrics and gynaecology (150 hours), stomatology (45 hours), clinical oncology (30 hours), pulmonology (45 hours), oxyology (30 hours), anaesthesiology and intensive therapy (60

hours), medical psychology (30 hours), public health and preventive medicine (60 hours), nuclear medicine (15 hours)

- During the ninth and tenth semesters, medical students take the following courses: internal medicine (94 hours, including 15 hours infectology), general surgery (30 hours), paediatrics (135 hours), neurology (75 hours), neurosurgery (30 hours), psychiatry (75 hours), forensic medicine (120 hours), public health and preventive medicine (135 hours), dermatology (82 hours), ophthalmology (60 hours), oto-rhino-laryngology (75 hours), urology (45 hours), traumatology (60 hours), clinical genetics (15 hours)
- During the eleventh and twelfth semesters, medical students take the following courses: 12 weeks clinical practice in internal medicine (including 2 weeks in family medicine practice); 12 weeks clinical practice in surgery (including 2 weeks traumatology and 2 weeks emergency medicine); 4 weeks clinical practice in neurology; 4 weeks clinical practice in psychiatry; 4 weeks clinical practice in obstetrics and gynaecology and 8 weeks clinical practice in paediatrics. Upon completion of the required practical in the given speciality, the student takes a final examination.

The main subjects are taught during the third year in the form of lectures, seminars, and practical courses and include pathology, microbiology, pathophysiology and medical psychology. According to the Ministry of Education, two additional subjects added this year include internal medicine and pharmacology.

All of the remaining clinical subjects are taught during the fifth year, the last in which students attend lectures and practical courses in groups. However, the clinical subjects are also divided into lectures and practical courses. The lectures are taught by professors and associate professor; the practical courses are guided by assistant professors. The courses are organized for groups of students in which the average number of students in a group for one instructor is 15 in the basic disciplines and 5 to 7 or less in bedside teaching. The curricula emphasize history taking and diagnostic measures together with the aspects of the treatment.

#### Clerkships

The sixth year is the year of clerkship (internship) in which the total teaching time is dedicated to the main clinical subjects without lectures, and following each rotation, the student takes a national board examination. During the internship the students live in the hospital or clinic and take part in the daily routine work of the staff. The clinical rotations occur as follows:

- Internal Medicine: ten weeks
- Surgery ten weeks
- Paediatrics nine weeks

- Obstetrics and Gynaecology      six weeks
- Neurology                              one month
- Psychiatry                              one month

The clinical courses aid the student in acquiring basic interdisciplinary knowledge with respect to the tasks and activities of the doctor working in basis and ambulatory patient care.

**Documentation:**

Narrative, pp. 13-14

Government Decree No. 36/1996. (III.5) Korm, Annex 2: Specific qualifications requirements of basic programmes in health sciences, UNIVERSITY LEVEL, Study programme in general medicine, pp. 6-7

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

The disciplines that support the fundamental clinical subjects must be selected from a group of mainly one-semester courses that broadens the student's knowledge in a specialty and fills the gap between the basic, traditionally theoretical subjects and those that focus exclusively on clinical practice. The following table illustrates the available courses that support fundamental clinical subjects:

Allergology	Anaesthesiology & intensive therapy	Antibiotics therapy, Infectology
Balneology	Behavioural medicine I.	Behavioural medicine II.
Biostatistics I.	Cardiovascular physiology	Cerebrovascular diseases
Clinical anatomy	Clinical biostatistics II.	Clinical endocrinology
Clinical epidemiology	Clinical genetics	Clinical haematology
Clinical immunology	Clinical microbiology	Clinical physiology
Clinicopathology	Drug abuse	Emergency surgery I.
Emergency surgery II.	Environment and biosphere	Environmental protection
Family medicine	Family medicine (surgery)	Gastroenterology
Genomics	Gerontology	Health informatics
Internal medicine, angiology	Medical history	Model membranes
Neonatology	Nephrology	Neurosurgery
Non-invasive examinations of the cardiorespiratory systems	Nuclear medicine	Occupational medicine

Oncology	Pathobiochemistry	Paediatric neurology
Physical basis of diagnostics	Psychotherapy	Rehabilitation
Rheumatology	Surgery of the locomotor system	Tropical diseases

**Documentation:**

Narrative, pp. 14-16

Government Decree No. 36/1996. (III.5) Korm, Annex 2: Specific qualifications requirements of basic programmes in health sciences, UNIVERSITY LEVEL, Study programme in general medicine, pp. 6-7

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

The Ministry of Education states that the medical subjects including medical ethics, sociology, medical psychology, clinical anthropology and communications skills are important; however, the content of these subjects is left to the University and its faculty.

**Documentation:**

Narrative, pp. 16

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

The Ministry of Education did not address this section.

**Documentation:**

None

**(b) 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.**

Department staff did not find a specific standard or regulation that addressed any section of the Act regarding faculty involvement with the design, implementation, and evaluation of all aspects of the medical education program curriculum or any relevant discussion on the manner in which the Country measures and verifies the effectiveness of the medical education program.

The Country states that each medical school operates under a committee system, which may include a Committee on Education, or a Committee of the Curriculum, or a Committee of the Credit System, that functions as a system for the evaluation, implementation and design of the curriculum. These committees may include representation from the faculty council who make recommendations to the dean for changes. Department staff is unable to determine which committee has the responsibility for developing and evaluating the curriculum to ensure that the graduates are prepared to practice or pursue further training at the graduate level. In addition, Department staff cannot determine whether the Country uses one or a variety of measures to evaluate program quality. No mention is made of data on student performance, academic progress, graduation rates, acceptance into residency programs, and postgraduate performance, licensure of graduates or other measures.

Documentation:

Narrative, pp. 16-19

**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**

The Government of Hungary pursuant to Government Decree 269/2000 (XII.26) determines the admission requirements of all institutions of higher education, except church universities/colleges and theological faculties. Institutions of higher education must submit specific information to the Ministry of Education annually for publication in the *Higher Education Admission Guide (Guide)*. This *Guide* uniformly lists the majors, program offerings and entrance examinations subjects in graduate education as well as the number of state financed students each institution will admit, based on the groups of programs, training levels, forms (i.e., full-time, part-time, correspondence, distance, etc.) and sections. Among the other things listed, the *Guide* also describes the tuition fees, processing fees, the admissions process and possibilities.

An institution's admission plan is to select the most suitable doctoral applicants for academic studies. Institutions of higher education therefore, base admission on a unified ranking system totaling 120 points that may include the grade on the "matura" examination certificate, results achieved in secondary education, in secondary school study competitions, on the entrance examination, and in accredited higher vocational education organized within the school system, aptitude tests, employment, experience in a specified post, professional practice of a specified time, and professional qualifications. The point system determines whether an applicant is admitted. The written (and oral) examination in a subject, professional aptitude test and practical examination incorporate the examinations used during the admissions process and used to determine the suitability, preparation, abilities and professional aptitude of every applicant.

Each institution must ensure that the *Guide* publishes its entrance examination requirements at least two years before their introduction, and any other condition for admission at least one year before its implementation. Any applicant who does not reach 60 percent of the maximum score without extra points cannot be admitted either to state financed or non-state financed training in an institution of higher education. Extra points may be given for documented achievements as follows:

- State language examination

- an Olympic branch of sport for at least third place at a national, or Olympic, world or European championship, at most 3 points.
- For higher vocational qualification if it fits into the profile of the given group of programs indicated in the National Qualification Register.

Institutions fulfill their admission responsibilities through an admission board comprised of student representatives and faculty appointed by the head of the institution. The admission board establishes the admission point limits and uses its discretion to award extra points or make exemptions in limited circumstances.

The Country has incorporated into its admission process several Higher Education Law provisions allowing an applicant to evaluate the process before the institution makes a final admission decision. If an applicant finds mistakes in the point counting, he/she must submit a timely written request to the head of the institution (faculty). If a violation of the regulations or the institutional regulations influenced the oral or practical examination results or the professional aptitude tests, a process to make a written complaint is allowed and includes a provision for conflicts of interest with all participants. In addition, the institution publishes the list of names and achievements of the admitted applicants and of those who took the entrance examination results. The notice also informs applicants of the point limit and the results. If an applicant is refused admission, an appeal process is provided to the applicant.

In addition, the appendix in Government Decree 269/2000 (XII.26), lists the following student data an institution must obtain for statistical purposes:

- a) Name, place and date of birth, citizenship, permanent and temporary address, telephone number;
- b) Data relating to the student's legal status, in particular:
  - data connected with the student's entrance examination;
  - an assessment and grading of the studies of the student, with data on examinations;
  - data connected with the student's disciplinary affairs or liability to pay compensations; and
  - other data with the consent of the student in question.
- c) Data for establishing the different benefits for the student (scholarships, social support, assistance, etc.), name of the parent (guardian), the address and telephone number of the latter's permanent and temporary home, and data testifying to the income and social situation of the parent (guardian) and student.

Additionally, the institution must provide the Ministry of Education with the student's data regarding the name, date and place of birth of students in accordance with the regulations and to ensure the protection of personal data. The manner in which the Country allows access to student records differs from

that used in the United States, but its systems ensures the integrity and confidentiality of the student records.

Documentation:

Narrative, pp. 19-21

269/2000. (XII.26), Government Decree on the general rules of admission requirements to institutions of higher education, 1 (§§1, 2, 5), 2 (§§1, 4, 8), 6 (§§1 – 5, 7), 9 (§§1- 2), and 11 (§§1-4), 12, 14, 15, and 17  
Act LXXX of 1993 on Higher Education, §§82, 83

**(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.**

According the statements in the narrative, institutions of higher education may develop their own examinations to evaluate student academic progress. Each institution may determine the form of cumulative assessment it uses based on its educational purpose. The Higher Education Act recognizes the following assessments:

- in five categories: (5) = excellent; (4) = good; (3) = fair; (2) = satisfactory; and (1) = unsatisfactory or
- in three categories: excellent, satisfactory, unsatisfactory

However, an institution may develop other systems such as cumulative point systems, educational units, or credits. Although there is no English version to explain the different types of assessment tools available to each university, the types may include signature, practical mark, end-semester examination, or a final examination on each subject taken during the semester.

One of the pre-requisites to taking the final examination requires a student to demonstrate his/her understanding in a special subject by submitting a thesis. Generally within three years of achieving all academic and examination requirements, the student must prepare and defend the thesis and pass a category C Intermediate level state certificate of language proficiency in English, German, French, Spanish or Russian. The student's thesis should evidence basic library research skills, the ability to express an opinion in a precise and concise manner, proper writing skills and finally, the ability to orally defend the thesis.

At the end of the six-year medical training program, the student must take a closing or final examination that includes a written test based on a national standard, an oral examination before an examination board, and a practical examination.

**Documentation:**

Narrative, pp. 8-9

269/2000. (XII.26), Government Decree on the general rules of admission requirements to institutions of higher education, 1 (§§1, 2, 5), 2 (§§1, 4, 8), 6 (§§1 – 5, 7), 9 (§§1- 2), and 11 (§§1-4)

Act LXXX of 1993 on Higher Education, §§82, 83

**(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.**

Regarding student services, the country does not have a central regulation requiring medical schools to provide health service; however, the authority to provide health services, health counseling and other related services fall within the management methods of the institution of higher education enforceable by institutional regulations. Department staff has no other information regarding how the Country handles student services since it does not have any regulations that address this topic.

**Documentation:**

Narrative, p. 23

**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.**

**(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.**

**Finances**

The financial resources of medical schools in Hungary fall within the state budgetary allocations made by the Government as determined by the Parliament. Since the institutions of higher education that house medical schools are state institutions, the financial resources to function, operate, and develop fall within the national budget. In some instances the country allocates state support to specialized majors and programs for program financing, research, and development. Medical schools may have other financial resources that include fees for services provided, or charges to students, tuition fees, and other fees, income from basic and entrepreneurial activities, donations and foundational sources.

**Facilities**

The Act on Higher Education does not detail the exact equipment a medical school must have, however, the Act of Higher Education assigns to the Government the task of ensuring the maintenance and operating conditions of state higher education institutions and the conditions necessary for the implementation of the financed tasks.

**Documentation:**

Narrative, p. 26

Act LXXX of 1993 on Higher Education, §§69, 72

**(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.**

**Faculty**

Hungary has included in its Act on Higher Education a section regarding the teaching staff and scientific researchers in higher education institutions. A teacher or academic researcher in an institution of higher education must have a university degree, no criminal record, and demonstrate suitability for performing the responsibilities required by the institution. Every institution of higher education defines its system for employment, advancement, and continued employment through institutional regulations. In state institutions, the positions of university professor, university reader, and college professor and college readers, may be filled through open competition, advertised by the institution. The procedures detailing the appointment, confirmation, placement on the payroll, termination of public employee status and termination of employment regarding the teaching staff and scientific researchers are governed by the legal regulations of the institution. The teaching staff makes recommendations regarding appointments to positions that the institution council will consider in accordance with the institution's regulations. The Act allows members of the teaching staff and researchers in higher education institutions to receive a sabbatical period up to one year every five years to promote their scientific research, their creative activity in the field of art and/or their individual scientific development. The Government also indicates that medical school teaching personnel must be full-time and include an adequate number of professors and readers. The responsibility for teaching includes the academic staff (full-time professors) and senior health service. The University has special recognition procedures to assess the competency of its teaching staff. Additionally, the governing body of a faculty is the faculty council and it has the authority to make proposals and publishes opinions in matters affecting the faculty.

**Documentation:**

Narrative, p. 26

Act LXXX of 1993 on Higher Education, §§13-26

**(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.**

Although Department staff could not find the exact section of the Higher Education Act that discussed the Country's requirements for a medical school library, the narrative indicates that the Act makes the establishment of a school

library an obligation of the institution. Although there are no size, stock, or staff requirements, every library must have a complete learning environment for students that include Internet connections to other international libraries and medical schools.

Documentation:  
Narrative, p. 27

**(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.

According to the narrative, the Act of Higher Education has addressed clinical teaching facilities in Government Decree 116/2002. (v.15); however, an English version is unavailable. In summary, the medical practical training is provided by the university clinics that are part of the clinical centers established by the universities. Only the Minister of Education in cooperation with the Minister of Finance may permit a university to establish a university clinic to offer training in the final year of the program. However, teaching hospitals are not equivalent to university clinics and must have signed contracts by the heads of the hospital and the university to offer training.

Documentation:  
Narrative, p. 27

### **PART III Accreditation/Approval Processes and Procedures<sup>1</sup>**

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

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<sup>1</sup> NOTE: This part of the analysis addresses the accreditation and approval processes and procedures used by the country. When the NCFMEA previously determined in 1997 that the medical education evaluation process used by Hungary was comparable to that used by LCME to evaluate medical education programs in the United States, the Country provided a copy of the *Accreditation Guidebook for Higher Education Institutions, 2<sup>nd</sup> revised English edition*, Budapest 1996 (*Accreditation Guidebook*). When the country submitted the current application, it did not include any documentation regarding the *Accreditation Guidebook* used by the Hungarian Accreditation Committee to assess the quality of the medical education programs or discuss this document in the narrative portion of the application. Department staff contacted the Country's Minister of Education regarding this document. In the response, the Ministry of Education indicated that no English versions of the 1996 Guidebook were available.

However, in the 1997 narrative, the Country discussed the 1996 Guidebook and at that time Department used the 1996 Guidebook to develop the 1997 analysis. Therefore, Department staff is incorporating the relevant sections of the 1996 Guidebook into this section analysis since the Country indicated that it had not updated the 1996 Guidebook.

**for granting accreditation/approval to medical schools that are comparable to the following:**

**1. Site Visit**

**The accreditation/approval process must include a thorough on-site review of the school (and all its geographically separated 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 should include, 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 Hungarian Education Law requires the Hungarian Accreditation Committee to evaluate regularly the level of education and scientific activity in the individual higher education institutions. The HAC establishes a standard accreditation process by beginning with the first round of accreditation through "Accreditation Report Nr. 1." This Report contains the institution's assessment together with the HAC's proposed actions and the accreditation schedule including a detailed assessment, possible conditions for the assessment, and the assessment scales.

The HAC sends an announcement to the higher education institution to initiate assessment. The institution acknowledges the initiation of the procedure by submitting its request by listing the organizational units to be evaluated, either the whole institution or a faculty/school. The institution's request must contain a flow chart of the institution's organization; a list by faculty/school of the undergraduate and specialist educational training, the names and telephone numbers of the contact persons for the institution and the faculties/schools. It must also disclose whether another agency has conducted accreditation at the institution, provide a copy of the documents and the outcome.

Prior to the visit, the HAC president appoints a Visiting Committee and nominates the Visiting Chair, except if an institution has several faculties/schools each may have a visiting chair. However, if different visiting chairs are appointed for different faculties/schools, one of them will serve as the coordinator for the faculty visiting chairs. If an institution has a separate visiting chair for each of their faculties/schools, an ad hoc committee will assist in the assessment of the multi-faculty institution. The members of the coordinating ad hoc committee shall be the chairs of the HAC's Specialist Committees for the Accreditation of Institutions (SCI) assigned to the faculties. Visiting Chairs may be HAC members; members of a HAC Specialist Committee for the Accreditation of Disciplines; SCI members; and outside experts.

The HAC staff assists the institution by holding a briefing at an agreed date and place. Additionally, the HAC provides technical information to the institution by telephone or in person. The institution uses the *Accreditation Guidebook* as its resources for preparing its Accreditation Request. Prior to the visit, the HAC staff member assigned to the institution checks the institution's Accreditation Request for compliance and completeness. In addition the visit chair conducts a one-day preliminary visit to the institution to decide on the date of the visit; the schedule for the visit; meeting with the heads of the institution/faculty; department visits; visits to lectures and seminars, etc.; visits to the different tracks in which education is offered; visits to libraries, laboratories, etc.; meeting with students; and other matters.

The visiting committee members receive copies of the *Accreditation Guidebook* and the Accreditation Report at least one week before the Visiting Chair convenes a meeting to assign duties to the team members. During the inspection visit, the visiting chair may call meetings with the visiting committee members.

In compliance with the Higher Education Act, accreditation must be conducted at the institution, and within each faculty or school in the institution. To assess the quality of an institution, the factors may include the following examples:

- The essentials of an institution:
- Mission statement, strategic plan;
- Statistics on the institution's basic activities, specifically the ability and suitability for conducting undergraduate education, and general and specialized further education;
- The essentials of research;
- The strategy for entrance requirements;
- Institutional infrastructure;
- The regional role of the institution.

Factors to assess the quality of an institution's governance may include:

- The institution's governance;
- The coordination of the work in different institutional units;
- The coordination of teaching and research;
- Cooperation between other domestic and/or foreign institutions, international relations;
- The activities of service departments/units;
- The institution's quality audit policy;
- The institution's policy for development.

The HAC requires a comprehensive on-site inspection of each medical school seeking accreditation or reaccreditation and forwards its opinion to the Ministry of

Education on whether the higher education institution and its certain majors or programs correspond to the educational objectives and the requirements of the Hungarian Education Law. According to the HAC, the inspection lasts three days and occurs in a predetermined and structured format.

Documentation:

Narrative, pp. 27-29

The Hungarian Accreditation Committee, *Accreditation Guidebook* for Higher Education Institutions, 2<sup>nd</sup> revised English edition (based on the 3<sup>rd</sup> Hungarian edition, Nóra Halmay, based on guidelines by Agnes Kaposi, Budapest 1996, pp. 4-5, 11-16

The Hungarian Accreditation Committee, the Accreditation Process, Supplement 3, 2<sup>nd</sup> revised English edition, Budapest 1996, pp. 2-3, pp. 7-16

## **2. Qualified On-Site Evaluators**

**The accreditation/approval process must use competent and knowledgeable individuals, qualified by experience and training in the basic or clinical sciences, responsible for the on-site evaluation, policy-making, and decision-making.**

Persons who participate in the quality assessment procedures must be thoroughly acquainted with the accreditation process, the HAC regulations, assessment methods and documents. The HAC uses visiting teams consisting of members of the Hungarian Academy of Sciences, professors or senior lecturers of other medical schools as well as leading physicians from hospitals and research institutions.

Documentation:

Narrative, pp. 27-29

The Hungarian Accreditation Committee, *Accreditation Guidebook* for Higher Education Institutions, 2<sup>nd</sup> revised English edition (based on the 3<sup>rd</sup> Hungarian edition, Nóra Halmay, based on guidelines by Agnes Kaposi, Budapest 1996, pp. 4-5, 11-16

The Hungarian Accreditation Committee, the Accreditation Process, Supplement 3, 2<sup>nd</sup> revised English edition, Budapest 1996, pp. 2-3, pp. 7-16

## **(3) Re-evaluation and Monitoring**

**The accreditation/approval process must provide for the regular reevaluation of accredited/approved 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.**

If an institution is accredited unconditionally, the next comprehensive evaluation with a site visit occurs after eight years. If the institution is accredited conditionally, either with specified conditions the institution must meet by a set deadline or accredited until a specified date, the HAC will request an interim report as part of its monitoring procedure. If a monitoring procedure is based on a simplified self-evaluation, the HAC will examine the report and will either uphold the accreditation schedule or modify the accreditation schedule and change the date of the next round of accreditation. If the institution cannot be accredited, the HAC will recommend the abolition of state recognition.

**Documentation:**

Narrative, pp. 27-29

The Hungarian Accreditation Committee, *Accreditation Guidebook for Higher Education Institutions*, 2<sup>nd</sup> revised English edition (based on the 3<sup>rd</sup> Hungarian edition, Nóra Halmai, based on guidelines by Agnes Kaposi, Budapest 1996, pp. 4-5, 11-16

The Hungarian Accreditation Committee, *the Accreditation Process*, Supplement 3, 2<sup>nd</sup> revised English edition, Budapest 1996, pp. 2-3, pp. 7-16

#### **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.**

The HAC substantive change policy requires the medical school to obtain HAC approval. A substantive change may include a plan to launch a new study program. Any substantive change granted must be announced by publication in the guidebook of high school admissions.

**Documentation:**

Narrative, p. 28

#### **5. Controls against Conflicts of Interest and Inconsistent application of Standards**

**The accreditation/approval process must include effective controls against conflicts of interest and inconsistent application of the accreditation/approval standards.**

### Controls against Conflicts of Interest

To maintain the independence of the accreditation process the HAC maintains control against conflicts of interest. For example, if the SCI chair is in any way employed by the institution or a conflict of interest otherwise exist, the HAC president has to request a substitute chair to participate in the accreditation process. The HAC may also substitute a visiting chair that is in any way employed by the institution to be assessed. In addition, if the head of the institution being review submits a written objection to the visiting chair, the HAC will substitute that person.

Although the Country has a disqualification procedure to prevent a person with a conflict of interest from serving during the accreditation process, its policy does not specifically identify the disqualification factors. For example, the policy does not disqualify from service an individual that:

- (1) Was employed by the medical college seeking accreditation and may have been employed as a full-time faculty member, administrator, or consultant to the college.
- (2) Was employed by another institution that has a substantial contractual business relationship with the medical college seeking accreditation.
- (3) Was employed by another institution that has the same ownership or governance as the medical college seeking accreditation.
- (4) Was enrolled as a full-time student or resident at the medical college seeking accreditation.
- (5) Was connected to the chief academic officer of the medical college seeking accreditation through employment by the same organization and who carried on regular professional interaction (at least once per week) at their previous place of employment.
- (6) Was employed at a medical college that maintained a substantive working relationship with the medical college seeking accreditation.
- (7) Has prejudicial views toward the college seeking accreditation.
- (8) Is related to an employee of the college by blood or marriage.

### Controls against the Inconsistent Application of Standards

The Country's narrative states that the standards are applied consistently and uniformly. The HAC uses a predetermined and structured format during each on-site inspection that will ensure that different teams evaluate different colleges with equal uniformity and consistency.

Documentation:  
Narrative, p. 29

## **6. Accrediting/Approval Decisions**

**The accreditation/approval process must ensure that all accreditation/approval decisions are based on 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.**

All of the principal steps in the accreditation process are keyed to the accreditation standards. Each medical school must provide extensive and very specific information that documents compliance with each assessment factor. However, one of the future tasks of the HAC in the accreditation process is to insist that medical school develop a feedback mechanism of the further achievements of the former graduate students. The Country states that presently, "exact data are not available, but since the examinations leading to specialization are in the hands of the medical schools, the general impression is good and we can declare that the graduates find their place in society."

Documentation:  
Narrative, p. 29



NEWDOC

Committee Name 3	Year yyy	Meeting Summer(s)-Winter(w)
NCFMEA	2003	S (W)

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01 Agenda

Country Materials for 31

Enter country-code number from the Master List.

- 21 Staff Analysis
- 23 Agency Response
- 24 Addendum
- 29 Secretary's Decision Letter

- 02 Decision Memo
- 04 Federal Register Notices
- 05 General Correspondence
- 06 Handouts
- 07 Minutes
- 08 Readers/Recusals
- 09 State Department Notice
- 10 Transcripts

Date        -        -         
          yyyy   mm   dd

30 By-Laws

- 62 Appointment Letters
- 64 Membership Lists
- 66 Guidelines
- 68 Miscellaneous

*Country  
Response  
to draft  
Staff  
Analysis*

**Greathouse, Robin**

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**From:** Kiss László [laszlo.drkiss@om.hu]  
**Sent:** Thursday, March 06, 2003 3:01 AM  
**To:** Robin.Greathouse@ed.gov  
**Cc:** Jones, Joyce F; Mészáros Gábor  
**Subject:** RE: Staff Analysis for Review for March 13, 2003

Dear Ms. Greathouse,

thank you very much for your e-mail about the possible delay of answering till the 7th March.

Fortunately we have already received the experts' comments, so we can send you the final material that we would add to your document, the Summary Findings.

I would also like to indicate you that during the meeting of NCFMEA on 13th March we are ready to answer all questions that might occur.

I would also additionally attach the TAIEX Final Report on the Hungarian Medical Education.

Yours sincerely,

Dr. László Kiss  
Deputy Director  
Hungarian Equivalence and Information Centre  
Tel: 36-1-473-7575, Fax: 36-1-332-1932  
e-mail: laszlo.drkiss@om.hu

<<TAIEX-FinalReport.doc>>    <<Summary-remarks.doc>>

3/27/2003

**Remarks to the Staff Analysis and Summary of Findings  
Prepared by the U.S. Department of Education**

**4. Educational Program  
b) Curriculum Content**

**(v) The inclusion of communication skills**

The 36/1996 Government Decree (Annex 1, point 1.1) prescribes as general requirement that the training must prepare health professionals for developing effective communication skills with patients, family members and other professionals. Consequently the first two years of the training (that is pre-clinical studies) integrates communication training and medical ethics during which students learn how to cope with communicative difficulties related to the profession. For example under the heading medical ethics they have courses like doctor-patient relationship or telling the truth.

Besides this, students have the opportunity to continuously practice and develop the acquired skills while participating in summer practice and the practice period of the 6<sup>th</sup> year, under the strict control of their doctor-professors.

*„1.1 University level education has the additional objective to ensure that university graduates will  
- ... establish appropriate interpersonal relationships with the patient/client and his/her relatives, with other health professionals and members of the health care team; and to work in a team;”*

**4. Educational Program  
Design, Implementation, and Evaluation**

i) The body that is responsible for developing and evaluating the curriculum is the Institution Council of the higher education institutions, whose sphere of authority extends to the lay-down and sanctioning of the curricula. The Institution Council has its own Regulations that lays down the organizational and procedural system of the Council. This Regulations states the exact composition of the Council, but the LXXX Act of 1993 on Higher Education (Ftv.) determines that each faculty must be represented in the Council. Moreover, the sittings of the Council are open to every employee of the institution. Consequently the extent to which faculties are involved in the development and evaluation of the curriculum is laid down in the Regulations of the Institution Council of each medical school.

**Section 53**

*(1) The governing body of a higher education institution shall be the institution council.*

*(2) To the sphere of authority of an institution council shall belong  
c) the laying down and sanctioning of curricula;”*

**Section 54**

*(1) The organisational and procedural system of the institution council shall be laid down by the Regulations.*

*(3) The proposals, minutes and decisions of the sittings of the institution council – including documents about economic management – shall be available to the teaching staff, scientific researchers, students and other workers of the institution.*

**Section 55**

*(1) At least one quarter, but at the most one third, of the members of an institution council shall be representatives of the students, and at least one third shall be representatives of professors and readers. Representation for the faculties shall be ensured in the institution council.*

*(3) With attention to Paras. (1) and (2) above, the Regulations shall establish the composition of the institution council, and shall ensure representation on the institution council for other teaching staff and for employees, and for students participating in various educational forms, or in doctoral education, within the framework of student*

*representation. The size of the membership of the institution council shall be established so as to ensure that it can work professionally and effectively.'*

ii) To determine the effectiveness of the medical school is under the obligation of the autonomy of the university. Each faculty has to establish a committee system dealing with the quality control of the educational process. According to Ftv. and in mutual understanding of the requirements of the HAC, in the yearly report the faculty has to disclose the changes in the curriculum, in the number of tutors and lecturers and so on. Beside this, every field of study is supervised by a responsible senior lecturer bearing a scientific degree.

This already existing evaluation method of program quality (supervised by the Institution Council) has been supplemented by a quality assurance policy (introduced: 31 December 2001). Accordingly the institutions establish a committee for the evaluation of qualification requirements. Detailed analysis of student performance or other measures is missing, because the first specialists trained under the new method have not finished the training yet. The quality assurance system thus comprises the evaluation of the Institution Council and that of the committee of the supplementary method. Thirdly the appropriate regulation of Ftv. prescribes that each institution together with their trainings must be revised in every eight years.

**'Section 81**

*(4) The Hungarian Accreditation Committee shall evaluate the level of education and scientific activity in the individual higher education institutions on a regular basis, but at least every eighth year.'*

**'Section 51**

*(2) The higher education institution shall determine its quality assurance system in its Regulations in accordance with the requirement system of quality policy of higher education.'*

**'Section 59**

*(1) A higher education institution shall establish a separate committee for the continuous supervision of the activities conducted there and laid down in Section 7, Para. (1) and (2) in accordance with the requirement system of quality policy of higher education. The committee is the advising body of the institution council, its director and members may be professors and researchers, and are elected by the council for a period of three years. The student self-governing body, by the approval of the institution council, may delegate a representative into this committee.*

*(2) The committee shall evaluate the enforcement of the qualification requirements, as well as the quality of the specialised postgraduate education programmes launched within the competence of the institution and of the accredited higher vocational education programmes organised within the school system, and the existence of personal and material conditions, shall summarise the results of educational and research activities and shall submit its annual report to the institution council, together with its proposals for taking measures, annually, on a regular basis.*

*(3) After confirmation, the council sends the report to the Hungarian Accreditation Committee. Exhibits included in the report are public.'*

iii) Finally certain statistics are available on graduation rates. In the academic year 2001/2002, 6572 students learnt at the Faculties of Medicines from year 1 to 6. The number of full time students who followed PhD studies at the Faculties of Medicine were:

University of Pécs: 55

University of Szeged: 56

Semmelweis University: 289 (this figure involves the faculties of general medicine, dentistry and pharmacy)

University of Debrecen: 127 ((this figure involves the faculties of general medicine, dentistry and pharmacy)

The graduation rate is about 90% in average of the accepted students and most of them find their place in the various residency programs. The best students (about 3%) follow their studies by means

of a 3-year long, state sponsored scholarships in doctoral programs to earn a PhD degree. The postgraduate training of licensed Doctor of Medicines is under the auspices of the Ministry of Health.

## **5. Medical Students**

### **b) Evaluation of Student Achievement – assessments**

In Hungary, the credit system has not been obligatorily introduced yet, only some universities took up this system of assessment in recent years. However, the system that is used in each institution of higher education to evaluate students' achievement is the system of different assessment tools. The explanation of these tools is as follows:

**1. signature ('aláírás');** The signature in the lecture book is a prerequisite of taking an examination. The conditions of signing the lecture book are defined by the Head of Department. In general the requirement to obtain signature for the purpose of taking an examination in a certain subject is to acquire 50% of the points required (average of 2.5) and 75% participation in the courses.

**2. practical course grade ('gyakorlati jegy');** If the practical application of the subject matter is possible and necessary, a practical course grade is given at the end of the semester. If a student does not meet the requirements, he/she has to retake the semester. The requirements, which must be completed during the semester, involve written tests, essays, oral presentations or practice.

**3. semi-final examination ('kollokvium');** The evaluation of the student's knowledge in the subject matter of a semester. The evaluation is based on the five-scale system of grades from 1 (unsatisfactory) from 5 (excellent). If the student fails the examination, he/she has to retake it.

**4. final examination ('szigorlat');** The evaluation of the student's knowledge in the whole subject matter of several semesters that is a whole course. The final examination can only be taken if all the practical course grades, semi-final examinations are successfully completed in the subject in question. The basis of evaluation is the five-scale system with the obligation of retake in case of failure.

The student has the right to refuse the offered grade at an examination and consequently retake it with an examination ticket issued by the Secretariat. In the evaluation only the improved grade is counted. The student is allowed to retake a failed examination twice in one examination period. At the Faculty of Medicine and Dentistry a student may have 12 failed examinations in the first six semesters for example, and 9 at the Faculty of Pharmacy.

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

Hungary does not have a central regulation requiring medical schools to provide health service, it belongs to the sphere of the institution and thus student services are included in the Regulations of each institution. Students have a legal relationship with their higher education institution, which comes into existence with registration and lasts until the issuing of the degree. If this legal relationship is alive, then the Ftv. makes it obligatory for students as well to act according to the Regulations.

Besides this, the Ftv. states that each student must acquire and apply the appropriate knowledge related to health and security matters.

#### **'Section 37**

*Teaching staff, scientific researchers, students and other workers of a higher education institution have the obligation to adhere to the rules and Regulations of the higher education institution, shall use and safeguard the resources entrusted to them or used by them.'*

#### **'Section 37/A**

*(1) A student shall attain and apply knowledge for protecting his/her health and safety as defined in the Regulations of the higher education institution, and shall report if he/she notices danger or accident.*

*(2) All information and service serving the integration, healthy lifestyle and health-care of the student during his/her studies shall be provided for him/her.'*

#### **'Section 51**

*(3) The regulations relating to the admission and registration of students, to studies, examinations, benefits, expenses, residence halls, discipline and liability for damage, health and accident regulations,...*

**6. Resources for the Educational Program**  
**(d) Library**

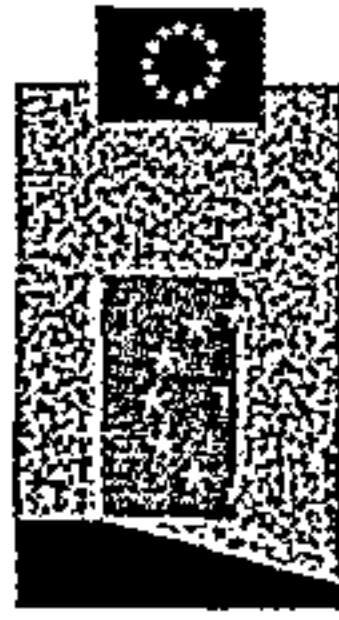
The Ftv. mentions that a medical school as well as all the other institutions of education must have a library adequate to the learning purposes and objectives of the school. Each library has databases on the Internet where information can be found on the libraries. Although Ftv. does not detail the specific requirements related to the school library, an average library of a medical school is similar to the library of the Semmelweis University:

At present the library is at 1500 m<sup>2</sup> with a stock of 250 000 books, with 2 reading halls of 110 seats, a video-reading hall of 14 seats, and a 10 seat-research information Centre. It is open 65 hours a week as the library is a nation-wide, professional library open to a public audience. It is also the professional, methodological centre of 48 institutional or clinical libraries.

**Section 3 of Ftv.:**

*"(2) A university must proportionally possess at the time of its foundation and at all times thereafter*

*b) the objective conditions necessary for education and scientific research (building, institution library, informational background, laboratory, places for experiments and practising, equipment and other resources)."*



**Peer Review  
Evaluation Mission on  
Professional Recognition  
Doctors  
in  
Hungary  
Final Report**

**TAIEX OFFICE  
Technical Assistance Information Exchange Office  
DG Enlargement / European Commission**

*in co-operation with*

**DG MARKT & DG ELARG**

The Candidate Country Experts are requested to fill in their contribution under the relevant headings under part III (Main Part) in Arial 11 without using Italics. They are also requested to add the relevant legislation and/or draft legislation to the Annex, Part V (if possible in electronic format and in English). The following master document is based on the profession of doctors and should be accordingly shortened for the professions where no specialisation is foreseen.

*The Member States' Experts are requested to fill in their comments in Arial 12, Italics in the boxes notwithstanding the possibility to add comments to those parts where no boxes were foreseen. (while the Candidate Country Experts are asked to fill in part III in Arial 11 without using Italics).*

*TAIEX experts requested to complete Part I (Executive Summary) sections 1-4 of Part II, Introduction, in particular the information in < > brackets as well as Part IV (Conclusions) and Part V (Annex) as appropriate.*

## Expert Mobilisation: Memorandum on the Profession of Doctors in Hungary.

### I. Executive Summary

#### *Experts Summary:*

*Generally speaking, the Hungarian training system complies with the directive.*

*The following topics were nevertheless thoroughly discussed.*

*First it has been underlined that it is possible to maintain the present five years postgraduate training for GP's, but that the Hungarians must be aware of the fact the same rights must be given to all foreign GP's complying with the directive's requirements.*

*Secondly it has to be stated that the right to exercise the medical profession without supervision is granted only after finishing the postgraduate training as specialist (including GP's training). Therefore the basic diploma mentioned in article 2 of the directive is identical with the specialist (including GP's) diploma*

*Thirdly we have expressed concerns about the tuition fees demanded only to foreign students and envisaged solutions...*

*Fourthly we discussed the question of the presently required examination in health and social security law (held in Hungarian language).*

*The Hungarian delegation presented a draft law already discussed in the Parliament (act 100/2001).*

*Section 55.4 of this draft provides either for a training introducing Hungarian law and ethical regulation or for the language proficiency necessary to practice the profession.*

*We expressed doubts on the possibility to maintain the law examination, and as well insisted on the conclusions of case Haim II.*

*The fifth point was about mandatory CME.*

*In Hungary the license of a doctor might be withdrawn if he fails to comply with CME regulation.*

*The question was discussed if this regulation could apply also to EU nationals, provided the directive is silent on that matter.*

## **II. Introduction**

### **1. Subject of the evaluation**

A team of experts from the EU Member States accompanied by European Commission officials performed an evaluation mission (peer review) with the support of TAIEX to Hungary from 11 to 14 February 2002. The evaluation was carried out in the area of professional qualification concerning the six medical professions. The subject of this evaluation is to consider the education and practice of Doctors in the light of the EU sectoral directives.

### **2. Purpose of the evaluation mission**

The purpose of the evaluation mission (peer review) is to evaluate the implementation and enforcement of the relevant acquis in the field of professional recognition in Hungary.

### **.3. Team members**

The evaluation mission was accomplished by the following team members:

Mr. Felix Wallner, Legal Adviser, A.  
Mrs. Isabelle Vencencic, Administratrice Civile, F.  
Dr Thomas Morandini, G.

### **4. Programme**

The report is based on a three-day visit to Budapest. During these three days the team members met with representatives from the Ministries of Health and Education, the Medical Chamber, the representatives of universities of Budapest, Debrecen, Pécs and Szeged. The mission also included a half-day workshop at which a total of 14 representatives from Ministries, Universities and Medical Chamber participated.

The expert team members would like to express their gratitude for the open discussions and the hospitality of the various representatives from organisations that were met during the assessment period. They are also grateful to the various authorities for their assistance in arranging the various meetings.

### **5. Working methods**

The discussions in the country were based on a questionnaire sent out by the European Commission. The completed questionnaire was distributed to the team members before the visit to allow adequate preparation.

### III. Main Issues (based on the memorandum elaborated by Hungary<sup>1</sup>)

#### Basic Training

##### 1. Conditions for admission- what level of qualification?

Conditions for admission are: a general school leaving certificate, as well as a successful entrance examination. In case of school leaving certificates issued by countries other than the Republic of Hungary, a certificate of recognition from the relevant authorities should be provided. In the latter case, the formal administrative procedure is complemented by an interview carried out before relevant university officials (vice-dean of the faculty and one of the professors of the pre-clinical disciplines).

**Experts Comment:**

*The number of students admitted is determined by the Ministry of Education, based on the expected number of retiring doctors, provided it cannot increase more than by 5% per year.*

*The selection procedure is based both on the school-leaving records (50%) and the entrance examination (50%).*

*This examination consists of a written test (same in all 4 universities) and, in case of success, an oral interview performed by 3 University professors.*

*Provided the number of applicants is 2 or 3 times as important as the number of places available in medical schools, this procedure is very selective.*

*Considering the fact that one third of the practicing doctors are to retire in the following five years, the authorities are aware of the fact the above mentioned limit will create a problem.*

##### **2. Numerus clausus**

The number of medical students is controlled by the professionals on the basis of *manpower planning* projections. Restrictions on admission in all medical schools exist in the Republic of Hungary. According to Act LXXX of 1993 on Higher Education, based on the opinion of the Higher Education and Research Council, the Minister of Education determines every year the number of state-financed students who may be admitted to the first year. Quotas are allocated and distributed centrally among the four universities by the Ministry of Education, which is responsible for higher education.

The number of medical students admitted in 2001 was 712. The distribution of new students among the different universities was the following:

- Semmelweis University, Budapest 281
- University of Debrecen 160
- University of Pécs 146
- University of Szeged 125

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<sup>1</sup> Prepared by Names/Titles/Functions of the Persons that made the Candidate Country contribution.

Since the number of applicants is two to four times higher than the set quota, a special selection procedure is being applied. The selection criteria are based on the combination of the results of the school leaving exam, as well as of a test and a selection interview carried out by the medical faculty officials of the universities.

*The selection procedure meets the following relevant requirements:*

- a) selection criteria are previously available for all candidates*
- b) the process is transparent*
- c) each candidate should enjoy equal opportunities during the whole process*
- d) selection criteria are the same in all the universities in Hungary*

### **3. Curriculum**

General requirements of training are regulated by Government Decree No 36/1996 (III.15.) Korm. on the qualification requirements of basic programmes in higher education in health sciences, issued pursuant to Act LXXX of 1993 on higher education.

The duration of the training is six years. The training is divided into two parts. The first one is a two-year pre-clinical study period, which, with a very few exceptions, is identical both for medical students and for dentists, and thus allows for a possible fluctuation between the two faculties without loss of time. (However it should be emphasised that admission and training is totally separated for medical students and for dentists.) The second part of training is for clinical studies. For medical students the clinical study period lasts for four years. The duration of the whole training period for medical students is at least 6000 hours during 12 semesters, the 11<sup>th</sup> and 12<sup>th</sup> semesters being used respectively for practical training (=practical year) at a university clinic or in a hospital. The ratio of theoretical and practical courses is between 30%-40% and 60-70% respectively. The ratio of theoretical and practical courses in the course of the training process, with a growing share of practical training during the final years.

The pre-clinical training for medical students covers the following subject areas (the number of hours is indicated in brackets, which includes both theoretical and practical ones) :

Ist year (1<sup>st</sup> and 2<sup>nd</sup> semesters): medical physics and statistics (135 hours), medical chemistry (180 hours), molecular biology and molecular genetics (150 hours), anatomy and histology (210 hours), communication-training (30 hours), first aid and resuscitation (30 hours)

IInd year (3<sup>rd</sup> and 4<sup>th</sup> semesters): biochemistry (180 hours), anatomy and histology (240 hours), physiology (270 hours), medical anthropology (15 hours), medical sociology (30 hours)

The clinical studies for medical students cover the following subject areas:

IIIrd year (5<sup>th</sup> and 6<sup>th</sup> semesters): pathology (210 hours), pathophysiology (135 hours), clinical laboratory diagnostics (75 hours), microbiology and immunology (132 hours), introduction to internal medicine (propedeutics, basic clinical examinations, 75 hours), introduction to surgery (propedeutics, 60 hours), basic surgical skill practice (30 hours), social medicine (15 hours), medical ethics (30 hours), medical psychology (30 hours)

**IVth year (7<sup>th</sup> and 8<sup>th</sup> semesters):** internal medicine (210 hours), general surgery (120 hours), orthopaedic surgery (60 hours), radiology (60 hours), pharmacology (165 hours), obstetrics and gynaecology (150 hours), stomatology (45 hours), clinical oncology (30 hours), pulmonology (45 hours), oxyology (30 hours), anaesthesiology and intensive therapy (60 hours), medical psychology (30 hours), public health and preventive medicine (60 hours), nuclear medicine (15 hours)

**Vth year (9<sup>th</sup> and 10<sup>th</sup> semesters):** internal medicine (94 hours, including 15 hours infectology), general surgery (30 hours), paediatrics (135 hours), neurology (75 hours), neurosurgery (30 hours), psychiatry (75 hours), forensic medicine (120 hours), public health and preventive medicine (135 hours), dermatology (82 hours), ophthalmology (60 hours), oto-rhino-laryngology (75 hours), urology (45 hours), traumatology (60 hours), clinical genetics (15 hours)

**VIth year (11<sup>th</sup> and 12<sup>th</sup> semesters):** 12 weeks clinical practice in internal medicine (including 2 weeks in family medicine practice); 12 weeks clinical practice in surgery (including 2 weeks traumatology and 2 weeks emergency medicine); 4 weeks clinical practice in neurology; 4 weeks clinical practice in psychiatry; 4 weeks clinical practice in obstetrics and gynaecology and 8 weeks clinical practice in paediatrics. Upon completion of the required practice in the given speciality, each period is closed by a final examination.

The purpose of the final practical training period is to provide an opportunity for students to get acquainted with medical work in public institutions, at places of work, in private practice and in hospitals. During this period students are expected to deepen and broaden their medical knowledge and skills acquired during the previous years of study.

By the end of undergraduate education, students have to acquire an appropriate knowledge and understanding of:

- the basic science of medicine (learning of how to acquire knowledge, understanding of research methods, ability to evaluate evidence)
- the range of problems doctors are faced with, as well as the range of solutions developed for their recognition, investigation, prevention and treatment
- diseases in terms of processes, both mental and physical
- how diseases manifest in patients of different ages, and how patients react to illness or to their belief that they are ill
- the environmental and social determinants of disease
- the principles of disease prevention and health promotion
- the principles of therapy (management of urgent and acute illness, the action of drugs, the care of chronically ill and disabled patients, pain relief, care of terminally ill patients)
- the principles of reproduction (pregnancy and child birth, fertility and contraception, their psychological aspects)
- human relationships (individual and community)
- importance of communication both with patients and with their relatives, as well as with other professionals
- ethical and legal aspects of pursuing medical activities (moral and ethical aspects, legislation, patients' rights etc.)
- the organisation, management and provision of health care

By the end of the undergraduate education the students must have appropriate (essential) skills in medicine, both in respect to clinical methods (like complex physical and mental examination, plan of further investigation, their management), and to clinical procedures, as well as basic computing skills as applied to medicine.

By the end of the course the medical student should have a definite linguistic skill to follow the relevant literature, to use handbooks and professional journals etc. A certification of proficiency examination in one of the most frequently used languages (e.g. English, German, French) is a basic condition to award a medical diploma.

Main competencies, in details, expected from the graduates

- a) Graduates of medicine should be familiar with:
  - the concept of health and its criteria; the scientific foundations of the protection and restoration of health in the society; the working mechanisms of a healthy human system; health hazards and the sources thereof; the reasons, symptoms, pathomechanisms, etiopathogenesis, early diagnostics, and the prevention possibilities and methods of frequent diseases; the essence of the procedures to cure such diseases as well as the risks within these procedures and the main therapies;
  - the theoretical and practical fundamentals of prevention, diagnostics, therapy and rehabilitation;
  - clinical and instrument examination methods necessary for a general medical examination; when these examination methods are recommended/not recommended, and the diagnostic value of conclusions drawn from these examinations;
  - the various psychic, behavioural and social implications of diseases;
  - the economic basis of the organisation and management of health care;
  - the theoretical principles of medical screening tests used in Hungary as well as the method of the practical implementation and the system of these screening tests;
  - the essence of major therapeutic procedures and the theoretical bases, expected results, possible side-effects and cost implications thereof;
  - the principles of the operation and the scope of application of major medical equipment/instruments, their health and safety instructions, and how to handle the tools used in the course of basic medical activities;
- b) graduates must be able to recognise frequent diseases and make a decision on urgent action or intervention based on the established diagnosis;
- c) graduates should have the appropriate life saving skills;
- d) they should have sufficient knowledge of
  - the possibilities and methods of rehabilitation
  - the funding system of the provision of health care in Hungary
  - the aetiopathogenesis and prevention of epidemiological and public health hazards, public health and epidemiological procedures and methods, the application of these regulations
- e) graduates should be able to record a focussed and correct case history of the examined person and/or of the person's environment
- f) they should have sufficient experience in the following:
  - carrying out and evaluating physical examinations
  - recognising behaviour and life-style which may be hazardous to health
  - giving a correct and professional description of diseases and operating a filing system
  - making judgements on the necessity of consultation
- g) graduates should have an insight into the organisational structure and working of the health insurance system and health service
- h) and they should be able to take the appropriate official action(s) if such action is needed.

**Experts Comment:**

Approximately 5% of the students fail to pass the final examination. As it can be repeated, the final failure rate is negligible.

The undergraduate training has to follow a nationally- defined pattern and therefore is the same in all four Universities.

The practical period in the sixth year has to be performed both in a university hospital and in at an accredited GP's practice.

A special training program is offered by all universities for English and German speaking students, exclusively for non-Hungarian citizens, the corresponding training posts being additional to those above mentioned (see previous box).

Whereas medical studies for Hungarian citizens are completely free of charge, tuition fees are required for these special programs.

#### 4. Methods of checking the theoretical/practical knowledge

Different types of qualifications (signature, practical mark, end-semester examination, final examination) are held at each university semester on the subjects dealt with during the given semester. This permanent control is the basis for quality control both in respect to education and to the knowledge gained through it. The assessment consists of an oral exam and/or a written test (multiple choice questions) before it. The most important subjects are assessed by final examinations.

To prove the student's through knowledge, a written *Thesis* should be prepared, corresponding to the qualification and related to a special subject. By preparing a thesis, the student has to provide evidences of having acquired the basis of library use and literature research, and that he/she is able to discuss a professional issue by expressing his/her opinion in a precise and concise way, as well as to document it in a proper written form. The facultative themes are published at latest at the beginning of the 5<sup>th</sup> year for medical students. The final phase of this process is the defending procedure, which is an oral debate in presence of a special board.

Upon completion of the six-year-training in medicine, a *Closing (Final) Examination* is organised. It consists of a written test (multiple choice questionnaire), and of an oral exam before an examination board. The candidate has to be able to fulfil practical tasks from the clinical, practical subject areas. General medical and multidisciplinary questions must be included. The candidate must obtain and examine the anamnesis of one or more patients, produce a report on it containing the anamnesis, diagnosis, prognosis, treatment plan and an epicrisis of the case. Questions on other aspects of medical work have to be included, like aspects of medical sociology, the influence of the family and of the occupation on health, as well as fundamental intellectual and ethical principles of medicine.

Main characteristics of the final examination are:

a) the prerequisites for the final examination

Within three years of the fulfilment of all academic and examination requirements prescribed in the curriculum:

- a thesis must be prepared, submitted and defended
- a category C intermediate level state certificate of language proficiency in the English, German, French, Spanish or Russian language or an equivalent certificate of language proficiency must be obtained.

(b) The components of the final examination

The complex final examination consists of:

- written (test) examination (national standard)
  - oral examination
  - practical examination
- The subject of the final examination is general knowledge of medicine

## 5. Qualification attained on completion - Full denomination?

When the student passes all the examinations, including the Closing (Final) Medical Examination and he/she has defended his/her Thesis, the University issues a *medical doctor „doctor medicinae universae”, (dr. med.univ.) diploma, in the Hungarian language: „általános orvos”* (the word by word Hungarian translation is “general medical doctor”), indicating also the final score of examinations by a mark. The mark is derived from the marks of the final exams during the university period, as well as the marks of the Closing Medical Examination. In possession of the diploma, one can apply for a professional licence, for being registered in the basic registry of doctors, and receives a licence restricted to work as a doctor participating in specialist training.

### *Experts Comment:*

*Three different titles with the same meaning are given by the universities after completion of the medical studies; általános orvos, orvosdoktor and általánosorvosdoktor. The abbreviation « dr.med.univ. » is used for every one . It has been made clear that for the choice of the thesis subject, students have to stick to the list of subjects proposed by the University, under the supervision of their mentor.*

## **6/7. Where and how is training given?**

**- Theoretical training is given in the following four universities:**

- **Semmelweis Egyetem (Semmelweis University)**  
(legal successor of Semmelweis Orvostudományi Egyetem /Semmelweis Medical University/ since 1 January 2000)
- **Debreceni Egyetem (University of Debrecen)**  
(legal successor of Debreceni Orvostudományi Egyetem /Medical University of Debrecen/ since January 1 2000.)
- **Szegedi Tudományegyetem (University of Sciences of Szeged)**  
(legal successor of Szent-Györgyi Albert Orvostudományi Egyetem /Albert Szentgyörgyi Medical University/ since 1 January 2000.
- **Pécsi Tudományegyetem (University of Sciences of Pécs)**  
(legal successor of Pécsi Orvostudományi Egyetem /Medical University of Pécs/ since 1 January 2000.

**-Practical; -criteria for recognition of establishments?**

Practical training is provided in the clinics of the university. However, vocational training during the final year is provided either by university clinics or by teaching hospitals.

## **8. Status of teachers:**

Teaching is undertaken jointly by academic staff and by senior health service staff, whose competence to teach is assessed by the University (special recognition procedure). The academic staff of medical schools are headed by professors who, among other tasks, are responsible for education. The staff is employed full time and they are public employees.

## **9. Constitution of supervisory grades in the context of clinical training**

## **10. Is there any form of specific vocational training?**

## **11. How are knowledge or competencies assessed in the education of trainees?**

Clinical training is provided by university clinics and teaching hospitals. The supervisory grades are all qualified in medicine and would normally be of professorial, senior lecturer grade at university clinics. Senior training grades working in the public health service are supervised by one of the members of the university staff.

## **12. Acquired rights – What important changes in training and education have taken place in the past and when they occurred?**

Preceding the issuance of Act LXXX of 1993 on Higher Education, pursuant to Section 10 of Decree 41/1985. (X.5.) issued by the Council of Ministers in accordance with Act I. of 1985, the Minister in charge approved the professional curriculum, the programme of study and the course and exam schedule, consulting with the four universities concerned. Pursuant to the earlier Decree-Law 22 issued by the Council of Ministers in 1962 in accordance with Act III of 1961 on Education, the so-called curricular guidelines, the professional curricula and the course and examination schedule had also been approved by the Ministry in charge of medical training

based on the proposal of the university council composed of the best experts of the universities. Up to 1993, the Ministry in charge was the Ministry of Health. The essence of the curriculum has been amended and expanded to allow for the inclusion of developments in medical sciences and technology (e.g. information technology, new diagnostic tools etc.). On the other hand, the so called "ideological subjects" were abandoned in 1990, which released time for professional courses.

Until January 1, 2000, all faculties of medical sciences used to be expressively part of a university of medical sciences, being separated from other disciplines. As a result of recent integration processes in Hungarian higher education, the majority of these faculties have become part of universities of classical structure, i.e. of one comprising several disciplines.

Consultations with the European Union and its Member States have been carried out with respect to the education at medical faculties and to specialist training. The Hungarian medical faculties, looking back to a long history, provided specific details of their curricula. The basic principles of training have long been in line with international, and specifically European, Community requirements. Developments of recent years serve the fine-tuning of adaptation both to implementing Community legislation and to recent developments in medical sciences. All Hungarian universities actively participate in the ERASMUS student exchange programme, so international educational and scientific connections are permanent.

***Experts Comment:***

*The only change in training following political events is that scientific socialism has been replaced by new topics such as medical sociology, communication, medical psychology and ethics.*

*Since 1993, the responsibility for the curriculum and examination schedule belongs to the Ministry of Education.*

### **13. Specialist General Medical Practice**

**13.1. Organisation:**

**13.2. Structure:**

**13.3. Trainee posts**

**13.4/5. How and where is training given:**

**13.6. Status of teachers:**

**13.7. Constitution of supervisory grades in the context of theoretical and practical training?**

Details in relation to specialist general medical practice are described under the detailed requirements for post-graduate training in family medicine.

It might be reasonable to clarify some questions of Hungarian denomination and its English translation that might lead to misunderstanding in the qualification requirements for Specialist General Medical Practice in Hungary.

The official Hungarian denomination of the medical diploma, issued upon passing all the necessary examinations after the six-year undergraduate training period is "általános orvos", and its word by word English translation is "general medical doctor". (Most probably the word "general" before the medical doctor simply serves to make an evident distinction from dentists, whose Hungarian name is "fogorvos", "dental doctor" in the Hungarian language.) The diploma of "általános orvos" "general medical doctor" does not authorise its holder to enter into any kind of independent medical practice, including general medical practice. Those having received their medical diploma, as indicated above, can apply for a professional licence, for being registered in the basic registry of doctors, and receives a restricted licence allowing to work as a doctor participating in specialist training.

Medical doctors with a specialisation in family medicine are entitled to pursue the activities of Specialist General Medical Practice in Hungary. To attain such a specialisation, first requirements of undergraduate education described above should be met (6 years) to be followed by the specialist training in family medicine (5 years), described in details under the chapter on postgraduate training. Only specialists undergoing this 11 years of training are entitled to work independently, without supervision as General Practitioners (family doctors) in Hungary.

**Experts Comment:**

*In the past no mandatory training was required for GP's.*

*20% of them had a special training in general medicine on a voluntarily basis, 40% were specialists in different disciplines and 40% only had the graduate degree.*

*In 1993, mandatory training for general medicine was introduced, transitional provisions being foreseen for doctors totalizing in 1998 either 25 years work as a GP or only 10 years if they have completed the training in internal medicine.*

*Those not complying with these conditions had to pass an examination before 1999 after having attended 300 hours of theoretical training and 200 days of clinical practice.*

*Since 1993, a mandatory postgraduate training is required for GP's.*

*It consists of a common trunk lasting 26 months (described in detail in point 14.2) and a 36 months training in family medicine.*

*That part of the training has to be taken in the practice of an accredited GP, under permanent supervision.*

*The accreditation, renewed every 2 years, is given by the university to a number of practices three times higher than needed so as for the GP's not to be under constant pressure.*

*For the moment the trend is to stick to that pattern, although we have discussed thoroughly its consequences.*

*Therefore it has been accepted that after accession EU citizens must be awarded the same rights as soon as they comply with the requirements of the directive, even if the training thus undertaken is shorter than the one above mentioned.*

## **14. Specialist training**

### **14.1. Organisation?**

The new system of postgraduate training of health professionals in Hungary is based on recommendations by UEMS. All respective statutes, government and ministerial decrees

follow the spirit of UEMS principles. The regulation is extended to cover the activities of dentists and of pharmacists, as well.

The main aspects of the new regulations are the following:

The definition of specialities and the duration of training is in line with recommendations of the UEMS/Spec. Board

The list of medical specialities follows provisions of Commission Directives 98/21/EC, 98/63/EC and 99/46/EC. There are 17 specialities listed in Article 5 (3) and 26 which are identical both in their duration and in their program in all EU Member States and in Hungary. They are the following:

<u>In the EU :</u>	<u>In Hungary:</u>
<u>name of speciality</u>	<u>name of speciality</u>
<u>and the duration of training</u>	<u>and the duration of training</u>
Anaesthesiology (5 years)	<i>Aneszteziológia és intenzív terápia (5 év)</i>
Diagnostic radiology (5 years)	<i>Radiológia (5 év)</i>
General (Internal) Medicine (5 years)	<i>Belgyógyászat (5 év)</i>
General Surgery (6 years)	<i>Sebészet (6 év)</i>
Laboratory Medicine (5 years)	<i>Orvosi laboratóriumi diagnosztika (5 év)</i>
Neurology (5 years)	<i>Neurológia (5 év)</i>
Neurosurgery (6 years)	<i>Idegsebészet (6 év)</i>
Obstetrics and Gynaecology (5 years)	<i>Szülészet és nőgyógyászat (5 év)</i>
Ophthalmology (4 years)	<i>Szemészet (5 év)</i>
Orthopaedic Surgery (6 years)	<i>Ortopédia (6 év)</i>
Oto-rhino-laryngology (5 years)	<i>Fül-orr-gégegyógyászat (6 év)</i>
Pathology (5 years)	<i>Patológia (5 év)</i>
Paediatrics (5 years)	<i>Csecsemő- és gyermekgyógyászat (5 év)</i>
Psychiatry (5 years)	<i>Pszichiátria (5 év)</i>
Radiotherapy (5 years)	<i>Sugárterápia (5 év)</i>
Respiratory medicine (5 years)	<i>Tüdőgyógyászat (5 év)</i>
Urology (6 years)	<i>Urológia (6 év)</i>

There are further 15 specialities listed in Article 7 (2) and 27 which are different in more than three Member States. They are different both in respect to their definition and program, and, in some cases, to their duration. These specialities exist in Hungary with a similar duration.

<u>In the EU :</u>	<u>In Hungary:</u>
<u>name of speciality</u>	<u>name of speciality</u>
<u>and the duration of training</u>	<u>and the duration of training</u>
Accident Surgery (6 years)	<i>Traumatológia (6 év)</i>
Cardiac Surgery (6 years)	<i>Szívsebészet (7 év)</i>
Clinical Microbiology (5 years)	<i>Orvosi mikrobiológia (5 év)</i>
Dermatology and Venerology (5 years)	<i>Bőrgyógyászat (5 év)</i>
Family Medicine (5 years)	<i>Háziorvostan (5 év)</i>
Forensic Medicine (5 years)	<i>Igazságügyi Orvostan (5 év)</i>
Geriatrics (4 years)	<i>Geriátria (5 év)</i>
Infectious Diseases (5 years)	<i>Infektológia (5 év)</i>
Nuclear Medicine (4 years)	<i>Nukleáris medicina (5 év)</i>
Oro-maxillo-facial Surgery (6 years)	<i>Oro-maxillo-faciális sebészet (6 év)</i>
Occupational Medicine (4 years)	<i>Foglalkozás-orvostan (4 év)</i>
Paediatric Surgery (6 years)	<i>Gyermekeksebészet (6 év)</i>
Public Health Medicine (5 years)	<i>Megelőző orvostan, népegészségtan (4 év)</i>
Reumatology (5 years)	<i>Reumatológia (5 év)</i>
Transfusion Medicine (5 years)	<i>Transzfúziológia (4 év)</i>

There are, however, 3 specialities in Hungary which are unknown in EU Member States:

*Military and Catastrophe Medicine*

*Aviation and Space Medicine*

*Oxyology*

Finally, there are 10 specialities which are basic or first specialities in most of the EU Member States and are listed as second specialities in Hungary. They are the following:

In the EU :

name of speciality

Allergology and Clinical Immunology

Cardiology

Child- and Adolescent Psychiatry

Clinical Haematology

Endocrinology

Gastroenterology

Nephrology

Plastic, Reconstructive and Aesthetic Surgery

Thoracic Surgery

Vascular Surgery

In Hungary:

name of speciality

*Allergológia és klinikai immunológia*

*Kardiológia*

*Gyermek- és ifjúság-pszichológia*

*Klinikai haematológia*

*Endokrinológia*

*Gasztraenterológia*

*Nefrológia*

*Plasztikai sebészet*

*Mellkasebészet*

*Érsebészet*

*Universities are responsible for postgraduate training and education. (In the past, postgraduate training and education was directed and organised by a centrally located body and institution.)*

**The National Council of Specialist Training and Continuing Education in Health**

The National Council of Specialist Training and Continuing Education in Health is a special body comprising representatives of universities, the specialist boards of the different professions, the Chambers, the Scientific Societies etc. The Council is the consultative body of the Minister of Health, its operation is regulated by Decree No 10/1998. (XII. 11.) of the Minister of Health on the structure and operation of the National Council of Specialist Training and Continuing Education in Health.

**The Council:**

makes initiatives for the preparation or modification of legislation aiming at modifying, developing, supporting education, training and postgraduate training in health;

provides its opinion on concepts related to the above mentioned areas;

provides its opinion on principles and conditions for developing educational, training quotas in education, training, and postgraduate training in health, by preparing a priority list of professional areas, based on labour market projections, employment statistics and the professional distribution of candidates;

Participates in determining the uniform principles and programmes of professional conditions of the education and training of specialist medical doctors, specialist dentists, specialist pharmacists and specialist clinical psychologists, as well as of the education and training of those working in the health sector but holding diplomas of other disciplines.

The Council consists of the President and 22 members, altogether 23 persons, with the following composition:

7 members representing high level educational institutions participating in the special training and postgraduate training in health,

1 member representing the institution co-ordinating basic, medium level and high level education of allied health professionals,

5 members representing professional chambers and scientific societies,

5 members representing the specialist bodies of the different professions (professional colleges),

5 members directly appointed by the Minister to represent scientific and health care institutions.

Activities of the Council are supported by 3 committees:

Professional and Quality Assurance Committee,

The Committee of High Level Specialist Training and Postgraduate Training in Health

The Committee of Special and Postgraduate Training of Allied Health Professionals.

*The training itself is separated from the procedure of final qualification.*

The National Council of Specialist Training and Continuing Education in Health is responsible both for qualification and for issuing the certifications.

The qualification procedure (final examination) consists of two parts: a practical examination at one of the university clinics of the given speciality, and an oral examination before the examination board (the members of which are university professors). The certification is issued by the National Council to demonstrate state guarantee.

*The number of trainees is regulated in accordance with national manpower planning projections.*

Government Decree No. 125/1999 (VIII.6.) on the central trainee system for health professionals participating in specialist training regulates, in line with recommendations of the European Training Charter for Medical Specialists (1.5. Article 5 and 2.6. Article 6), the process of applications to postgraduate training. Based on Section 4.(1) of the decree, universities announce the number of applications to be accepted for common trunk training. The distribution of the number of trainees among the different specialities is published each year in the official journal of the Ministry of Health.

It is a complex task to calculate the number of doctors „the health care needs”. The number of physicians/population in Hungary is higher than in the United Kingdom, Sweden or in the Netherlands, however, it is lower than in Belgium or in Germany. In general, the medical doctor / population ratio in Hungary (37.275 medical doctors for 10 million inhabitants) is close to the „European average”. Similarly to EU member states, special attention should be paid to some specialities (including diagnostic specialities like laboratory medicine, microbiology, diagnostic radiology, as well as some important disciplines like pathology, psychiatry, ophthalmology, radiotherapy, traumatology) due to the shortage of experts in these areas in Hungary. In addition, the uneven distribution of medical doctors (and of vacant positions) between Budapest and rest of the country, as well as between different regions of the country should be considered.

The number of trainees needed in the given speciality is determined by the profession, in agreement with the Medical Chamber and the Ministry of Health. The process of selecting applicants is regulated by Decree No. 36/2001. (X.17.) of the Minister of Health on rules applying to admission to the central trainee system.

**Experts Comment:**

*It is understood that either forensic medicine or transfusion medicine are not yet recognised as specialisations by the directive*

*Traumatology is not identical with accident medicine which is listed in the directive.*

*It has been made clear that the speciality of oro-maxillo-facial surgery is based only on medical studies.*

*The National Council of Specialist Training and Continuing Education is an independent body advising the Ministry of Health and issues the specialists diplomas (including that in Family Medicine now required for GP's).*

*Except for some specialisations such as diagnostic radiology, dermatology, anaesthesiology and ophthalmology the numbers of trainees is limited according to the proposals of the above-mentioned council, taking in account the expected medical population fluctuation (number of retirements, newcomers) and the optimal geographic repartition.*

#### **14.2. Structure:**

In Hungary, the postgraduate training of each speciality starts with the completion of *common trunk programs* (in line with recommendations of the Charter on Training of Medical Specialists, Chapter 2.3. Article 3.).

One of the advantages of the common trunk program is that it allows to change the speciality without loss of time. However, the opportunities for that are more and more restricted with the time elapsed. (During the first part of the common trunk training, switching to any other speciality is possible, because each program starts with the completion of training in emergency medicine. Later on, the programs are only identical in similar types of specialities, therefore switching to another speciality is restricted to the choice of similar disciplines, for example among surgical disciplines: surgery, orthopaedic surgery, traumatology, urology, etc.)

*Types of common trunk practices:*

*Internal medicine as common trunk for aviation and space medicine, dermatology, family medicine, geriatrics, internal medicine, laboratory medicine, neurology, nuclear medicine, respiratory medicine, rheumatology and transfusion medicine*

*Surgical common trunk practice for accident surgery (traumatology), cardiac surgery, gynaecology and obstetrics, neurosurgery, oro-maxillo-facial surgery, oto-rhino-laryngology, ophthalmology, orthopaedic surgery, paediatric surgery, surgery, urology*

*Mixed (surgical and internal medicine) common trunk for anaesthesiology and intensive therapy, military and catastrophe medicine, radiology*

*Mixed (paediatrics and internal medicine) common trunk for infectious diseases, clinical microbiology*

*Mixed surgical, paediatric and internal medicine common trunk for oxiology*

*Paediatric common trunk for paediatrics*

*Psychiatric common trunk for psychiatry*

*Pathological common trunk for forensic medicine and for pathology*

*Special training is started after the successful completion of the common trunk program. The detailed specification of each speciality is prepared by the relevant Professional College of Speciality and it is described in the log-book, too.*

All of the trainees have their registration and log-book in which the detailed program and the expected achievements are described. The resident has to report his/her achievements on one side, and the teacher has to justify it on the other. The most important part is the control of the expected interventions, operations, procedures.

*As indicated above, the structured program starts with common trunk training, lasting for 26 months (2 months are separated for holidays). The order of the programs within the first two years may change in the different specialities. The timing of the different specific elements may depend, among others, on the actual training capacity and on the optimal teacher/trainee ratio.*

It is important that the trainee has to participate in all medical activities of the training institutions including on-call duties (maximum 3 weekdays' and 2 days to be kept as a holiday per month).

Each specified program comprises both theoretical and practical instructions and has to be concluded by controlling the achievement (i.e. documentation of tasks and qualification of knowledge of the given topic). In the case of failed account, the program has to be completed and the examination be repeated. The annual reports and examinations are parts of the control both in the common trunk program and during the period of special training. It is necessary to mention that the second part of the training (the special program) cannot start without successful completion of the common trunk training.

This continuous assessment of the trainee is the basis of quality assurance of education. The feed-back is also important.

*The detailed program of the specialities is listed below.*

#### *Accident Surgery*

The Hungarian name of the speciality is „Traumatológia”, and the length of training is 6 years. It is important to know that two disciplines – orthopaedics and traumatology – are separated and independent specialities in Hungary, similarly to Austria, Germany and to many Central and Eastern European Countries. The training includes:

*26 months common trunk training, including*

*3 months anaesthesiology and intensive therapy*

*3 months ophthalmology*

*1 month neurological surgery*

*4 months general traumatology*

*2 months emergency medicine practice*

*7 months general surgery*

*1 month thoracic surgery*

*1 month vascular surgery*

*2 months for special courses, including the common trunk ones*

*48 months special training program, including*

*33 months training in traumatology*

*3 months paediatric surgery*

*3 months hand surgery*

*4 months orthopaedic surgery*

*2 months thoracic surgery*

*3 months facultative programs*

*(plastic surgery, combustion surgery, transplantology, microsurgery, spinal surgery)*

*definite number and type of traumatological interventions*

***Anaesthesiology and intensive therapy***

The Hungarian name of the speciality is „*anesteziológia és intenzív terápia*”.

The duration of the training is 5 years. The common trunk is one of the mixed forms of internal medicine and of surgery. The program is in line with the UEMS recommendation that training in pain relief, practice in reanimation, emergency medicine and intensive care is obligatory. The training includes:

*26 months common trunk training, including*

*6 months practice in emergency medicine*

*3 months training in internal medicine (cardiology)*

*3 months training in one of the surgical specialities*

*12 months basic training in anaesthesiology and intensive therapy*

*(including basic course of anaesthesiology and reanimation)*

*36 months special training in anaesthesiology and intensive therapy*

*18 months training in anaesthesiology*

*18 months training in intensive therapy*

***Aviation and Space Medicine***

This speciality is not registered in the UEMS documents. The duration of the training is 50 months (approx. 4 years) and the common trunk is internal medicine and some basic training for the speciality. The training includes:

*26 months common trunk program, including*

*6 months training in emergency medicine*

*including 1 month-service on a searching-rescuing helicopter*

*5 months common trunk program in internal medicine*

*6 months clinical investigation in aviation medicine*

*surgical, neurological, stomatological, oto-rhino-laryngological, ophthalmological and internal medicine aspects*

*3 months special functional diagnostic and psychological tests in aviation and space medicine*

*8 weeks basic course for aviation and space medicine*

*8 weeks special course for aviation and space medicine*

*24 months medical service at an airport*

***Cardiac Surgery***

The speciality became a first (or basic) speciality 2 years ago. In the previous period one had to specialise in surgery first, before the specialisation in cardiac surgery. Cardiac surgery as an independent speciality is not known in EU Member States, where either cardio-thoracic surgery or cardio-vascular surgery is registered as a speciality.

The Hungarian name of the speciality is „*szívsebészet*”. The minimum length of training is 7 years, and the common trunk is surgery. The training includes:

*26 months common trunk program, including*

*6 months training in emergency medicine*

*6 months general surgery*

*2 months traumatology*

*1 month plastic and aesthetic surgery*

*1 month urology*

*1 month neurosurgery*

*2 months thoracic surgery*

*1 month vascular surgery*

*4 months anaesthesiology and intensive therapy*

*common trunk courses*

*58 months special training in cardiac surgery, including*

*6 months training at the haemodynamic laboratory*

*definite number and types of the cardiac surgical procedures*

#### ***Clinical Microbiology***

The Hungarian name of the speciality is „*Orvosi mikrobiológia*” (=Medical Microbiology). The title of qualification is not uniform in the Member States: clinical microbiology or clinical bacteriology, or medical microbiology and virology, as well as hygiene and microbiology are used. The duration of the training is 5 years both in Hungary and in the EU Member States. The training includes:

*26 months common trunk program, including*  
*12 months clinical practice*  
*5 months internal medicine, onco-haematology, infectology*  
*3 months paediatrics (including PIC)*  
*3 months intensive therapy (internal medicine, surgery, and emergency medicine)*  
*1 month STD outpatient service*  
*6 months laboratory medicine, including*  
*2 months molecular biopathology*  
*common trunk courses*  
*36 months special practice in microbiology, including*  
*5 months epidemiological bacteriological as well as geno- and fenotypisation laboratory practice*  
*4 months virology and virological immunology*  
*1 month parasitology, parasitological immunology*  
*1 month micology*  
*1 month micobacterium-diagnostics*  
*1 month microbiological molecular biological techniques*  
*1 month practice in a culture-medium laboratory*  
*6 months obligatory special courses*

#### ***Dermatology***

The Hungarian name of the speciality is „*Bőrgyógyászat*” (=Dermatology) which includes Venerology without mentioning it in the official title. In most of the EU Member States the title of the speciality is Dermatology and Venerology. The duration of the training in Hungary is 5 years and the common trunk is internal medicine. The training includes:

*26 months common trunk training, including*  
*6 months training in emergency medicine*  
*6 months internal medicine*  
*3 months STD outpatient service (including AIDS in-patient clinics)*  
*1 month practice in photo-diagnostics and photo-therapy*  
*1 month micological laboratory practice*  
*2 months dermato-histopathology*  
*3 months dermatological surgery*  
*2 months dermatological out-patient service*  
*common trunk courses*  
*39 months special training in dermatology*  
*(The special program includes all of the important topics both in dermatology and in venerology which was published in the Charter on Training of Medical Specialists in the EU Requirements for the Dermatology-Venerology.)*

#### ***Diagnostic (General) Radiology***

The Hungarian name of the specialty is „*Radiológia*”. The duration of the training is 5 years, and the common trunk is a mixed one: internal medicine and surgery. The training includes:

*26 months common trunk program, including*

*6 months training in emergency medicine*  
*3 months surgical type of common trunk training*  
*3 months common trunk training in internal medicine*  
*12 months basic radiological training program*  
*36 months special training in diagnostic radiology*  
*including 3 months training in onco-radiology*  
*(Both basic and special programs include all the important topics of radiology which was published in the Charter on Training of Medical Specialists in the EU Requirements for (General) Radiology and was approved by the UEMS Specialist Section of Radiology in Vienna, 1995.)*

#### *Family Medicine*

The Hungarian name of the speciality is „*Háziorvostan*” and the duration of the training is 5 years. The training includes:

*26 months common trunk training, including*  
*8 months internal medicine*  
*4 months paediatrics*  
*10 weeks (general) surgery*  
*6 weeks gynaecology and obstetrics*  
*1 month neurology*  
*1 month psychiatry*  
*4 months basic practice in family medicine*  
*the training in emergency medicine has to adapt to the*  
*programs of the listed specialities, and the training in*  
*oxyology should be completed during the internal medicine program*  
*common trunk courses*  
*36 months special training under the direction of a qualified teacher (mentor)*

Some related questions should be answered here because of the difference in training.

In Hungary, the vocational training in general practice is part of the overall postgraduate, residency type training programme and it is regulated by Government Decree no. 125/1999. (VIII.6.). It contains a two-year core training period which is followed by the three-year long so-called professional (vocational) training. The core training is concluded by final (licensing) exam organised at the University. (It is necessary to mention, however, that in some EU Member States a two-year duration post-initial training in general medicine was introduced, too. A medical doctor who completed the course successfully was entitled to describe himself as a general practitioner (GP). With the licence the residents can seek a GP position either by joining another GP's practice or work independently under a formal supervision of accredited GP tutors ("mentor"). After further three years -- altogether 5 years -- vocational training the resident is prepared for taking a board examination in family medicine. While the training is guided by the medical faculty (university), the examination for specialisation is to be performed in front of an independent state board (representing the state guarantee and the even quality in the whole country).

The major part of the core training consists of rotation in different clinical departments or in accredited teaching hospitals and includes four months training in the GP tutor's practice. The detailed core programme is listed above, which is identical with the common trunk training programme of other internal medicine type disciplines.

The number of trainees, their selection is identical with that described above. Their number and their distribution is controlled by the National Council of Specialist Training and Continuing Education in Health and finally the Minister of Health. The technique of selection of applicants is regulated by Decree No. 36/2001. (X.17.) of the Minister of Health. The training is supervised permanently by the tutor of the trainee, and controlled occasionally by one of the university staff members.

The topics of theoretical training are usually matched with the actual sort of rotations and complemented by extra general topics like communication skills, management, transfusion, pre-hospital emergency etc. Another important part of the curriculum is the special aspects of general (family) practice. It involves the specialities of primary care, prevention, patient management and follow up, social and stressful implications of, as well as violence in the family, teamwork in primary health care, practice in rural and remote areas, special legal aspects of family medicine etc. During these rotations a continuous evaluation activity takes place made by the tutors and/or by the staff members.

Similarly to other cases, teachers at the University are full time employed public servants, but some instructors in the practice are independent contractors and their teaching activity is part time.

#### *Forensic Medicine*

The Hungarian name of the speciality is „*Igazságügyi Orvostan*” and the duration of the training is 5 years. The common trunk is pathology (histo-pathology). The training includes:

*26 months common trunk training, including*

*12 months forensic histo-pathological general training*

*12 months special aspects of forensic pathology*

*common trunk courses*

*36 months special training, including*

*3 months Internal medicine training*

*3 months training in psychiatry*

*3 months traumatology*

*1 month training in diagnostic of falling off the ability to work*

*2 weeks training in toxicology*

*2 weeks practice in local medical inquiry and activity as a medical doctor of a prison*

*25 months practice as a forensic medical expert*

#### *General (Internal) Medicine*

The Hungarian name of the speciality is „*Belgyógyászat*” and the duration of the training is 5 years. The common trunk is internal medicine.

(Internal medicine is a multidisciplinary speciality, primarily dealing with diagnosis, treatment and prevention of diseases affecting one and sometimes many organs. In most of the European countries it is divided into subspecialties e.g. cardiology, endocrinology, gastroenterology, haematology, pneumology, rheumatology, infectious diseases. This separation of specialities not yet exists in Hungary, except some disciplines like pneumology, rheumatology, infectology. However, there is a definitive effort to produce independent subspecialties separating them from the internal medicine. It is a crucial question from the side of health policies. In most cases the treatment is medical, but in some cases with complex or multiple diseases the general internist should have the necessary competencies to make a total evaluation of the patient and prioritise treatment, which might include surgery. To fulfil these requirements, internists must have an expert knowledge of diagnosis and treatment of a broad range of common acute medical diseases besides their speciality training in one of the sub-specialities. Therefore most specialists in internal medicine must have a strong training in basic internal medicine as a common trunk. The problem is not solved yet whether the sub-specialisation (first specialities are cardiology, gastroenterology, haematology, endocrinology, etc.) is the best system or it is better to have first internal medicine qualification before specialisation. There are advantages and disadvantages of both variations.)

The training includes:

*26 months common trunk training, including*

*6 months training in emergency medicine*

*6 months internal medicine (common trunk)*  
*12 months basic training in internal medicine, including*  
*14 weeks cardio-pulmonology*  
*10 weeks gastroenterology*  
*8 weeks endocrinology and metabolic diseases*  
*6 weeks nephrology, immunology*  
*6 weeks haemato-oncology*  
*4 weeks rheumatology, rehabilitation*  
*4 weeks infectology*  
*common trunk courses*  
*36 months special training program, including*  
*33 months practice in internal medicine*  
*2 months practice in family medicine*  
*1 month for special courses*

### ***General Surgery***

The Hungarian name of the speciality is „*Sebészet*” and the duration of the training is 6 years. The surgeon must have acquired specialised knowledge relating to the diagnosis, preoperative, operative and postoperative management in the following areas of primary responsibility: alimentary tract, abdomen and its content, general thoracic surgery, breast, skin and soft tissue, head and neck, vascular system, urogenital tract, endocrine system, surgical oncology, trauma and care of critically ill patients. The training includes:

*26 months common trunk training, including*  
*6 months training in emergency medicine*  
*6 months traumatological training*  
*3 months basic surgical disciplines (anatomy, skill training, etc.)*  
*9 months surgical emergencies, surgical outpatient service*  
*common trunk courses*  
*48 months special training, including*  
*3 months training in vascular surgery*  
*2 months training in thoracic surgery*  
*1 month training in paediatric surgery*  
*42 months general surgical training*  
*during this period as an alternative one of the following specialities can be chosen for half-a-year: cardiac surgery, endoscopic surgery, gynaecology and obstetrics, hand surgery, neurosurgery, ophthalmology, plastic and aesthetic surgery, urology.*  
*definite number and types of operations*

### ***Geriatrics***

The Hungarian name of the speciality is „*Geriatríia*” and the duration of the training is 5 years. The common trunk is internal medicine followed by a strong training in geriatrics. The training includes:

*26 months common trunk program, including*  
*6 months training in emergency medicine*  
*6 months common trunk training in internal medicine*  
*12 months general (internal) medicine practice*  
*common trunk courses*  
*48 months special training program, including*  
*2 months infectology*  
*2 months neurology*  
*2 months family medicine*  
*2 months psychiatry*  
*1 month rheumatology*  
*2 months pneumology*

*2 months oncology*  
*4 months training at a ward specialized for elderly*  
*2 months rehabilitation*  
*2 months cardiology*  
*1 month traumatology*  
*6 months scientific work*  
*1 month theoretical courses*  
*1 month practical course in geriatrics*

#### ***Gynecology and Obstetrics***

The Hungarian name of the specialty is „Szülészeti és nőgyógyászati” and the duration of the training is 5 years. The common trunk is surgery. (The Hungarian system follows all requirements requirements published by the European Board of Gynecology and Obstetrics.) The training includes:

*26 months common trunk program, including*  
*6 months training in emergency medicine*  
*6 months training in general surgery*  
*6 months general training in gynecology*  
*6 months general training in obstetrics, including*  
*practice at a delivery room*  
*pathological pregnancy*  
*practice at puerperal ward*  
*training in neonatology*  
*pregnant care practice*  
*common trunk courses*  
*36 months special training, including*  
*12 months education in obstetrics*  
*12 months training in gynecology*  
*5 months gynecological oncology*  
*3 months gynecological endocrinology and assisted reproduction*  
*3 months diagnostic ultrasonography*  
*2 months obstetrical anaesthesia*  
*1 month urology*  
*required courses: colposcopy*  
*neonatology*  
*endoscopy*  
*ultrasonography*  
*postmenopausal hormon-therapy*  
*psycho-somatics in gynecology and obstetrics*  
*definite number and types of operations*

#### ***Infectious Diseases***

The Hungarian name of the speciality is „Infektológia” (former: Contagious diseases i.e. *Fertőző betegségek*). The duration of the training is 5 years and the common trunk training is one of the mixed group: internal medicine and paediatrics The training includes:

*26 months common trunk training, including*  
*6 months training in emergency medicine*  
*3 months common trunk training in internal medicine*  
*3 months training in paediatrics*  
*1 month practice in family medicine*  
*1 month practice at a microbiological laboratory*  
*10 months basic training in infectology*  
*common trunk courses*  
*36 months special training at an infectological Institution (ward)*

*2 months practice at a microbiological laboratory*  
*1 month practice in family medicine*  
*2 months training at an epidemiological section of one of the*  
*Regional Public Medical Officer Service*  
*1 month training at a hospital hygienic section*  
*general infectological course*

#### **Laboratory Medicine**

The Hungarian name of the speciality is „*Orvosi Laboratóriumi Diagnosztika*” (=Medical Laboratory Diagnostics) and the duration of the training is 5 years. The common trunk is internal medicine. The training includes:

*26 months common trunk training, including*  
*6 months internal medicine*  
*including emergency laboratory practice*  
*6 months molecular biopathology*  
*12 months clinical biochemistry, including*  
*6 months practice in clinical chemistry*  
*2 months laboratory tests for drug level, toxicology*  
*2 months chromatography*  
*2 months endocrinological diagnostics*  
*common trunk courses*  
*36 months special training, including*  
*6 months haematology, haemostaseology, transfusiology*  
*6 months clinical microbiology*  
*4 months immunological practice*  
*12 months scientific educational program*  
*5 months elective special training*  
*3 months for courses and for additional programs*

In the past the minimum length of the training was 4 years and allowed some exceptional permissions: the system permitted the qualification for those doctors who were working in an experimental laboratory for 3 years and who completed 1 year practice in an accredited clinical laboratory. The same technique was used for those who completed their PhD program. The 3 years practice in scientific field and/or in experimental laboratory was accepted as the part of the training. This system does not exist any more.

#### **Military and Disaster Medicine**

The Hungarian name of the speciality is „*Honvéderorvosok és Katasztrófa Orvosok*” and it requires 5 years of special training with a strong training element in emergency medicine and traumatology. The common trunk is one of the mixed group: surgery and internal medicine. This type of speciality is not known as a basic discipline in Europe.

The training includes:

*26 months common trunk program, including*  
*6 months emergency medicine*  
*3 months surgical type of common trunk training*  
*3 months common trunk program in internal medicine*  
*6 months practice as a military medical controller*  
*1 month epidemiological training*  
*1 month preventive medicine*  
*5 weeks mandatory common trunk courses*  
*2 weeks transfusiological course*  
*2 weeks ECG-course*  
*36 months special training program, including*  
*6 months surgery*  
*6 months internal medicine*

*4 months anaesthesiology and intensive therapy*  
*1 month radiology*  
*1 month clinical laboratory investigations*  
*1 month epidemiology*  
*1 month occupational medicine practice*  
*2 months practice in examinations for fitness for military service*  
*2 months military operative practice*  
*mandatory courses:*  
*6 weeks surgical course*  
*6 weeks internal medicine knowledge*  
*4 weeks military and logistic course*  
*4 weeks epidemiological course*  
*2 weeks course for sanitary management, guidance and organisation*  
*1 week course for neurology and mental health*

#### ***Neurology***

The name of the speciality in Hungary is „*Neurológia*“. The minimum length of training is 5 years, including the common trunk. The common trunk is internal medicine. The training includes:

*26 months common trunk program, including*  
*6 months training in emergency medicine*  
*including 1 month strong training in neurointensive care*  
*6 months internal medicine*  
*12 months basic neurological training*  
*common trunk courses*  
*36 months special training in neurology, including*  
*2 months clinical electrophysiology*  
*2 months epileptology*  
*1 month neuro-radiology*  
*2 months cerebrovascular diseases, neurosonology*  
*1 month neuropathology, CSF-diagnostics*  
*2 months psychiatry*  
*1 month neurological surgery*  
*2 weeks neuro-infectology*  
*2 weeks paediatric neurology*  
*1 week neuro-rehabilitation*  
*6 months practice at a neurological outpatient service*

#### ***Neurosurgery***

The Hungarian name of the speciality is „*Idegsebészet*“ and the minimum length of the training is 6 years, including the common trunk, which is surgery. The training includes:

*26 months common trunk training, including*  
*6 months training in emergency medicine*  
*6 months surgical type of common trunk program*  
*1 month neuroanatomy, neuropathology, laboratory skill training*  
*3 months neurology and neurophysiology*  
*3 months neuro-intensive practice*  
*2 months neuro-radiology*  
*3 months general neurosurgical practice*  
*common trunk courses*  
*48 months special neurosurgical training*  
*definite number and types of operative procedures*  
(The programs and the requirements are in line with the recommendations of the European Association of Neurological Surgeons.)

### ***Nuclear Medicine***

The Hungarian name of the speciality is „*Nukleáris medicina*”. The minimum length of the training is 5 years, and the common trunk is internal medicine. The training includes:

*26 months common trunk training, including*  
*6 months training in emergency medicine*  
*9 months internal medicine practice*  
*6 months training in radiology*  
*3 months clinical oncology*  
*common trunk courses*  
*36 months special training, including*  
*practice for overall protection from irradiation*  
*practice in isotope-technique*  
*definite number of isotope-diagnostic procedures*  
*definite number of therapeutical interventions*

### ***Occupational Medicine***

The name of the speciality in Hungary is „*Foglalkozás-orvostan*”. The minimum length of the training is 4 years. The training includes:

*26 months common trunk training, including*  
*6 months training in emergency medicine*  
*18 months common trunk training for occupational medicine, including*  
*6 months internal medicine and occupational related internal medicine practice*  
*2 months clinical training in occupational diseases*  
*6 weeks out-patient service*  
*2 weeks infectology*  
*5 months occupational hygiene and other occupational medical basic knowledge*  
*5 months most significant occupational ramifications and their functional diseases*  
*common trunk courses*  
*24 months special training in occupational medicine*

### ***Ophthalmology***

The Hungarian name of the speciality is „*Szemészet*” and the minimum length of the training is 5 years. The common trunk is surgery. The training includes:

*26 months common trunk program, including*  
*6 months practice in emergency medicine*  
*1 month practice as an ambulance doctor*  
*2 months training in intensive therapy*  
*2 months training in anaesthesiology*  
*1 month for courses*  
*6 months surgical type of common trunk, including*  
*1 month training in neurosurgery*  
*5 months ophthalmological microsurgical training*  
*12 months ophthalmological training at a university hospital*  
*common trunk courses*  
*36 months special training in ophthalmology*

### ***Orthopaedic Surgery***

The Hungarian name of the speciality is „*Ortopédia*”. The duration of the training is 6 years including the surgical type of common trunk practice. (Orthopaedic Surgery and Traumatology (accident surgery) are well separated and independent specialities in

Austria, in Germany and in most of the Central and Eastern-European Countries, including Hungary.) The training includes:

*26 months common trunk program, including*  
*6 months training in emergency medicine*  
*6 months surgical type of common trunk training*  
*12 months traumatology*  
*common trunk courses*

*48 months special training, including*  
*6 months paediatric orthopaedic surgery*  
*6 months training in the frontiers of orthopaedics*  
*physiotherapy, neurosurgery, rehabilitation of locomotion system, rheumatology, septic bone-surgery*

*12 months traumatology of extremities*  
*definite number and types of operative procedures*

With the above program of orthopaedic surgery, Hungary's intention is to realise a training system which meets recommendations by the UEMS Specialist Section of Orthopaedics. Basic surgical skill training and the study of general surgical approaches are concentrated in the first part of the training. Traumatology is represented much more in this program than it used to be earlier. The duration of orthopaedic training meets European requirements.

#### *Oto-rhino-laryngology*

The Hungarian name of the speciality is „*Fül-Orr-Gégegyógyászat*” and the minimum length of the training is 6 years. The common trunk is surgery. (It might be of interest to mention that some of the Hungarian university clinics have changed their classic name and they have become „*Clinic of oto-rhino-laryngology and cervico-facial surgery*”. The training includes:

*26 months common trunk training, including*  
*6 months emergency medicine*  
*12 months surgical type of common trunk training*  
*6 months general surgery practice*  
*2 months practice in neurosurgery*  
*2 months practice in oro-maxillo-facial surgery*  
*2 months practice in traumatology*  
*3 months general pathology*  
*3 months training in oto-rhino-laryngology (propedeutics)*  
*common trunk courses*

*48 months special training, including*  
*1 week audiological course*  
*1 week allergological and immunological course*  
*4 weeks course before board examination*  
*definite number and types of operative procedures*

#### *Oxyology*

The Hungarian name of the speciality is „*Oxiológia*” and requires 5 years of training. The common trunk is internal medicine and surgery with a strong training element in emergencies. No equivalent speciality exists in the EU. The training includes:

*26 months common trunk training, including*  
*6 months training in emergency medicine*  
*3 months training at an intensive care unit*  
*3 months emergency care center, outpatient service, ambulance*  
*18 months common trunk program, including*  
*2 months internal medicine*  
*2 months general surgery*

*2 months paediatrics*  
*2 months perinatal intensive centrum (PIC)*  
*2 months gynaecology and obstetrics*  
*2 months traumatology*  
*1 month neonatology*  
*1 month neurology*  
*2 months interactive courses, including*  
*oxylogical and ECG courses*  
*2 months controlled practice as an emergency personnel*  
*common trunk courses*  
*36 months special training, including*  
*18 months training as an independent ambulance physician*  
*(emergency personnel on an emergency transport vehicle)*  
*18 months special training, including*  
*3 months imaging diagnostic training*  
*3 months practice in anaesthesiology and intensive therapy*  
*7 months emergency care center practice (incl. disaster-medicine course)*  
*4 months medical person on duty*  
*1 month psychiatry*

#### *Paediatrics*

The Hungarian name of the speciality is „*Csecsemő- és gyermekgyógyászat*” (=Infant and Paediatric Medicine). The duration of the training is 5 years. The training includes:

*26 months common trunk training, including*  
*6 months training in emergency medicine*  
*12 months basic training in paediatrics*  
*6 weeks clinical chemical laboratory training*  
*6 weeks imaging diagnostic training*  
*3 months healthy and pathological newborn babies (PIC, NIC)*  
*common trunk courses*  
*36 months special training, including*  
*3 months healthy and pathological newborn babies (PIC, NIC)*  
*3 months paediatric cardiology*  
*3 months paediatric pneumonology and allergology*  
*3 months paediatric neurology*  
*3 months paediatric nephrology*  
*3 months paediatric haemato-oncology*  
*3 months paediatric gastroenterology*  
*3 months paediatric endocrinology*  
*3 months paediatric infectology and immunology*  
*3 months paediatric family medicine*  
*3 months paediatric surgery and intensive care*  
*3 months metabolic disorders and clinical genetics*

#### *Paediatric Surgery*

The Hungarian name of the speciality is „*Gyermeksebészet*” and the duration of the training is 6 years. The common trunk is surgery. The training includes:

*26 months common trunk training, including*  
*6 months emergency medicine*  
*6 months surgical type of common trunk training*  
*6 months general (adult) surgical training*  
*6 months paediatric surgical training*  
*common trunk courses*  
*48 months special training including*  
*3 months practice at a Perinatal Intensive Centrum*

*3 months paediatric intensive therapy*  
*12 months general paediatric surgical training*  
*6 months adult traumatological (accidental surgical) training*  
*24 months special paediatric surgical practice*  
*definite number and types of operative procedures and interventions*

#### ***Pathology***

The Hungarian name of the speciality is „*Patológia*” and the duration of the training is 5 years. The training includes:

*26 months common trunk program*  
*36 months special pathological program*  
*in certain places where the below listed specialities are not the parts of the every day routine program, the special training in an accredited institute is recommended:*  
*4 weeks gynaecological pathology*  
*4 weeks diagnostic cytology*  
*4 weeks renal pathology*  
*4 weeks hepato-pathology*  
*4 weeks haemato-pathology*  
*3 weeks pathology of movement system*  
*2 weeks urological pathology*  
*2 weeks pulmonological pathology*  
*2 weeks pathology of oto-rhino-laryngology*  
*2 weeks neuropathology*  
*3 weeks dermato-pathology*  
*3 months training at a hospital*  
*definite number of obductions and special cytological procedures*

#### ***Psychiatry***

The Hungarian name of the speciality is „*pszichiátria*” and the duration of the training is 5 years. The training includes:

*26 months common trunk training, including*  
*6 months emergency medicine practice, including 3 months internal medicine*  
*12 months basic training in psychiatry*  
*3 months practice in paediatric neurology*  
*3 months training in child and adolescent psychiatry*  
*common trunk courses*  
*36 months special training program, including*  
*6 months psychiatric outpatient service,*  
*including 3 months in a community psychiatric practice*  
*3 months psychiatric practice in geriatry*  
*3 months psychiatric rehabilitation*  
*3 months psychotherapy*  
*3 months training in addictology (at an alcohol and drug unit)*  
*6 months training at a university hospital*  
*12 months elective training*  
*continuing theoretical psychiatric and psychotherapeutic education on the basis of a definitive teaching program*

#### ***Public Health Medicine***

The Hungarian name of the speciality is „*Megeelőző orvostan és népegészségtan*” (*Preventive and Public Health Medicine*) and the duration of the training is 4 years. The training includes:

*26 months common trunk program, including*  
*6 months clinical practice, including*  
*2 months internal medicine*

*2 months infectious diseases*  
*2 months emergency medicine*  
*6 months scientific education on the field of public health and preventive medicine*  
*12 months common trunk program for public health and preventive medicine common trunk courses*  
*24 months public health practice, including*  
*2 months clinical laboratory investigations*  
*2 months laboratory practice in microbiology*  
*1 month special course for public proceedings*

#### ***Radiotherapy***

The Hungarian name of the speciality is „*Sugárterápia*” and the duration of the training is 5 years. The training includes:

*26 months common trunk training, including*  
*12 months practice in the field of imaging techniques*  
*6 months CT*  
*2 months MRI*  
*2 months isotope diagnostics*  
*1 month ultrasonography*  
*1 month general radiology*  
*12 months clinical practice*  
*2 months internal medicine*  
*2 months general surgery*  
*2 months paediatrics*  
*2 months oto-rhino-laryngology*  
*2 months gynaecology*  
*1 month neurology*  
*1 month dermatology*  
*common trunk courses*  
*36 months special training in radiotherapy*

#### ***Respiratory Medicine***

The Hungarian name of the speciality is „*Tüdőgyógyászat*” and the duration of training is 5 years. The common trunk is internal medicine. The training includes:

*26 month common trunk training, including*  
*6 months emergency medicine, including*  
*2 months intensive therapy for respiratory disturbances*  
*6 months internal medicine common trunk*  
*6 months special aspects of internal medicine*  
*6 months pulmonological practice, including*  
*1 month pulmonological oncology*  
*1 month allergology of upper respiratory tract*  
*6 weeks infectology*  
*2 months practice in family medicine*  
*6 weeks for special courses*  
*(including common trunk courses)*  
*36 months special training in respiratory medicine*

#### ***Rheumatology***

The Hungarian name of the speciality is „*Reumatológia*” and the duration of the training is 5 years. The common trunk is internal medicine. The training includes:

*26 months common trunk training, including*  
*6 months emergency medicine*  
*12 months internal medicine as a common trunk*

*2 months orthopaedic surgery*  
*2 months neurology*  
*2 months rehabilitation*  
*common trunk courses*  
*36 months special training*  
*30 months training at an accredited reumatological unit (clinic)*  
*6 months rheumatological outpatient service*

***Transfusions Medicine***

**The Hungarian name of the speciality is „*Transzfúziológia*” and the duration of training is 4 years. The common trunk is internal medicine. The training includes:**

*26 months common trunk training, including*  
*6 months training in emergency medicine*  
*6 months internal medicine*  
*(practice in paediatrics or in laboratory medicine can be an alternative possibility)*  
*9 months basic education in transfusiology*  
*3 months elective courses, including*  
*courses for immunology and for haematology*  
*common trunk courses*  
*24 months special training in transfusiology*

***Urology***

**The Hungarian name of the speciality is „*Urológia*” and the duration of training is 6 years. The common trunk is surgery. The training includes:**

*26 months common trunk program, including*  
*6 months training in emergency medicine*  
*14 months common trunk surgical training*  
*2 months traumatology (accidental surgery)*  
*2 months vascular surgical practice*  
*common trunk courses*  
*48 months special training, including*  
*4 months training at an urological outpatient service*  
*1 month ultrasonographic practice in urology*  
*3 months paediatric urology*  
*2 months andrology*  
*1 month gynaecological practice*  
*37 months special training, including*  
*basic course for ultrasonography*  
*definite number and types of operative procedures*

***Experts Comment:***

*The details of the training in each speciality are described in a log- book whose content is identical all over Hungary.*

*The log-book is elaborated by a professional college established for each speciality, which consists of the university professors of the respective speciality and additional members elected by the profession.*

*It has to be noted that oxyology covers the field of pre-hospital emergency medicine and is used only within the national ambulance emergency service.*

### 14.3. Trainee posts:

#### **The residency (central trainee) system**

Government Decree No. 125/1999. (VIII.6.) on the central trainee system for health professionals participating in specialist training introduced the residency system („central trainee system“) for the period of the common trunk training (2 years). The system is financed by Government and has many advantages from the point of view of the profession, of health care policy and of financing.

Trainees are full time employees, being paid from central government funds by the universities. The actual place of training is either a university clinic or an accredited teaching hospital, depending on available training capacities. Trainees participate in on call duties, as well, under supervision. Professional supervision of the trainee is provided by a tutor, being either a university staff member or an accredited staff member of the teaching hospital. The director and chairman of the relevant university clinic is exercising the second level professional supervision responsibilities.

When the first two years, the period of central trainee ship expires, the medical doctor continues his/her specialist training as an employee either of a university or of a hospital. Specialist training cannot be offered by health institutions that are not recognised. (Conditions of recognition are described below.)

*Experts Comment:*

*Trainees undergoing the common trunk part of the training are employed by the universities and therefore paid.*

*After the common trunk, they are employed either by an accredited hospital or by the university hospital.*

### 14.4/5. How and where is training given:

The training should take place in an institution meeting quality requirements necessary for the training program recognised by the National Council of Specialist Training and Continuing Education in Health.

Theoretical training establishments are the four universities. Practical training is provided by either a university clinic or an accredited teaching hospital, depending on available training capacities.

Decree No. 36/1999 (VIII.13) of the Minister of Health on the regulation of training institutions and of teachers regulates the procedure of qualification of health institutions to participate in specialist training in line with UEMS recommendations and Directive 93/16/EEC. The regulated procedure of qualification and the fact that it should be repeated every second year is a guarantee to ensure and maintain quality.

The main criteria for institutions to qualify for participation (accreditation) in postgraduate training are the following:

indication of the speciality

introduction of the chief and the staff

detailed presentation of the professional work of the institution (number of hospital beds, number of patients in the hospital and/or in the outpatient service, number of interventions, and of operative procedures and their types, etc.)

diagnostic methods and laboratories (quality assurance)

indication and qualification of the associated specialities

quality assurance of the institution

teaching infrastructure

possibilities of self-education (library, journals, audio-visual equipment, teaching programs, Med-Line connection, Internet, etc.)

postgraduate courses, conferences, seminars, scientific meetings

social background

There is a separate accreditation for each specialisation. Accreditation can be full or partial. The level and qualification of accreditation is determined during the accreditation process. Full accreditation of an institution means that the institution is prepared to fulfil more than 80% of training requirements for the given specialisation. Consequently, those institutions not meeting these criteria can only receive partial accreditation. Partial accreditation means that the institution receives its accreditation for a special field specifying the duration of training it might offer. As a result, if someone is employed by a hospital accredited for a restricted training period, than he/she has to spend part of his/her practical training in a higher level recognised institution. This system provides guarantees for the quality assurance of training.

Practically all university clinics and most departments of county hospitals are recognised for full training.

***Experts Comment:***

*Full-time training is mandatory for all specialities.*

*Exceptions are made only for occupational medicine.*

*All four universities are accredited, and accreditate surrounding hospitals.*

*Most accreditations being partial, a rotation of the trainees has to be organised.*

**14.6. Status of teachers:**

Tutors are full-time public employees, except for "mentors" in family medicine, who are private specialists in family medicine practice recognised by the universities as teaching facilities.

**-Ask for full list of Minimum periods of training for General Medical Practice.**

See under family medicine.

#### **14.7. Constitution of supervisory grades in the context of theoretical and practical training?**

Officially both types of training is supervised by the faculty and by the university. Theoretical training is controlled on the basis of an agreement between the universities. The universities regularly invite each others' teachers, speakers for lecturing. The control of practical training is exercised by one of the staff members of the university clinic, as a first level. The second level is the visitation of the university professor of the speciality. The National Council of Specialist Training and Continuing Education in Health has a special committee, the Professional and Quality Assurance Committee, which is responsible for the periodical supervision and control of accreditation.

#### **15. Continuing education**

Practising medical doctors had to, and still have to, participate in professional training every five years in order to update their knowledge and learn about the current novelties in the field. This practice ensures that the expertise of medical doctors who graduated earlier remains relevant.

The continuing medical education (CME) for updating and maintaining skills and knowledge of authorised medical doctors is regulated by Decree No 73/1999. (XII.25.) of the Minister of Health on continuing education of medical doctors, dentists, pharmacists and clinical psychologists. While CME is a moral obligation or a voluntary action in the EU, in Hungary it is a mandatory requirement.

On the basis of Act LXXX of 1993 on Higher Education and Act CLIV of 1997 on Health, universities are responsible for organising CME in their respective region. The CME system developed in Hungary follows recommendation of UEMS Charter, 1994.

In Hungary the CME-credit-hour system is used. 250 credit points are recommended over a 5-year-period, meaning that the requirement is 50 credit points per year. The CME consists of two important parts: practical and theoretical activity. The practical part is working in the given speciality, and it is recognised by 20 credit points. The theoretical part consist of further two types of educational activity: external (formally planned) learning programs and internal (personal) activities. Half of the remaining 30 credit points per year (15 points) has to be gained through external programmes, while the second half by the internal part. The credit points are registered in a CME log-book.

List of the upper limit of CME credit points:

- in cases of previously planned, qualified and recognised CME programs: 1 hour is equivalent to 1 point if someone is a participant, while for the lecturer it means 3 points. If the program is finished by a written examination, the credit-hours have to be doubled
- participation in any organised, previously not recognised CME activities (conferences, scientific meetings, seminars, workshops, journal club activities, etc.) means 2 credit points, independently from the duration of the program
- professional study-tour: 5 points if the duration is less than 3 months, 10 points if it is between 3-6 months, 15 points for half-a-year study and 2 points for every further months
- credit points for scientific activities
  - 10 points for participation in a scientific, professional congress

- 20 points for being a lecturer on a scientific, professional congress
- 30 points for a first author of a scientific publication and 10 points for the co-authors
- 50 points for publication as first author in a scientific journal with high impact factor, and 30 points in the case of a co-author
- 40 points by chapter for preparing a scientific hand- or text-book, and 30 points for editorial work
- 20 points for preparing university lecture notes, and 10 points for editorial work
- 30 points as a teacher of a PhD program (after successful defending process)
- 20 point for participation in a qualification activity as a member of the board in cases of PhD or doctor dissertation
- personal CME activity (10 points per year)
- teleconferences or interactive distant learning activities (10 points per year).

Universities, county hospitals, scientific societies may organise courses or programmes for continuing education. The qualification and the selection of the externally organised learning programs is exercised by the university as first level, to be followed by the control of the relevant professional body (specialist board of the profession). The final decision (harmonisation) is made by one of the Committees of the National Council of Specialist Training and CME in Health. The last step is the publication in the official journal of the Ministry of Health of externally organised learning programmes.

The successful completion of requirements of continuing medical education is the basis for re-qualification in the medical practice register controlled by the Hungarian Medical Chamber. This Body and the Chief Medical Officer can make proposal for the renewal of licence by the completion of the educational program.

CME expenses are not subject to tax-relief in Hungary.

## **16. Practice of the profession**

### **16.1. How is the profession organised:**

All medical doctors who wish to pursue their activities should be registered in the Medical Practice Register, and membership in the Hungarian Medical Chamber is mandatory for all of them. Only specialist medical doctors are allowed to practice independently (i.e. without supervision) their activity.

Conditions of membership in the Hungarian Medical Chamber:  
 diploma issued in Hungary or issued in another country but recognised or nostrified in Hungary  
 registration as a medical doctor (being registered in the basic registry of medical doctors, operated by the Ministry of Health)  
 pursuing or intending to pursue medical profession in Hungary  
 residence in Hungary.

Those applying for membership in the Hungarian Medical Chamber should meet all these requirements. No exceptions can be made by the Medical Chamber either on a discretionary basis, or in the interest of providing health care. There is just one exception to that, in justified cases, the condition of residence in Hungary can be disregarded. Examining the question from

the other point of view, the Medical Chamber cannot refuse accepting the applicant in case he/she fulfils the above conditions.

Requirements to practice medicine are the following:  
have a diploma issued in Hungary or issued in another country but recognised or nostrified in Hungary  
registration as a medical doctor (being registered in the basic registry, operated by the Ministry of Health)  
medical practice register licensing (being registered in the medical practice registry operated by the Hungarian Medical Chamber)  
membership of the Hungarian Medical Chamber  
specialisation in one of the specified professions  
liability insurance for those who wish to conduct a private practice  
participation in the continuing medical education programs.

There is a possibility for foreign citizens, to be permitted to pursue medical activities without membership in the Hungarian Medical Chamber. The Office of the Chief Medical Officer has the right to issue a temporary licence for those medical doctors who wish to practice their profession for a limited period of time (up to a duration of one year) and at a definite health service provider, in a given activity. However, also these applicants have to meet the basic general conditions, namely:

have a valid diploma  
being registered in the National Medical (basic) Register.  
Although no mandatory membership in the Hungarian Medical Chamber is required, but no temporary licence is issued without the consent of the Hungarian Medical Chamber.  
The temporary licence should be issued within 30 days.

Modifications of the relevant legislation have already been introduced in order to allow for the simplified procedure for those professionals of EU member states who wish to provide services in Hungary without being established in our country, after Hungary's accession to the EU.

According to the present legislation in force, one of the conditions of being included in the medical practice register is to pass an examination on health and social security legislation in force in Hungary in the Hungarian language. Recent modifications in the relevant legislation, in line with Community legislation, allow for seeing to the possession of Hungarian language skills up to the level necessary for the conduct of the given profession. After accession, new, modified, less stringent procedures will be applied in respect to knowledge of health and social security legislation as well.

An occupational health examination certifying that the health status of the person makes him/her suitable for the given activity is required for being employed as a medical doctor, in line with general requirements for employment. A regularly repeated medical examination is aiming at controlling the state of health of the employee.

***Experts Comment:***

*There are two different registers.*

*One is the basic register kept by the Ministry of Health and only lists the persons who have obtained their medical diploma at one of the Hungarian universities.*

*Therefore the universities have to notify automatically each graduation to the Ministry of Health.*

*The other is the register of actively practicing doctors, maintained by the medical chamber.*

*This last registration is a pre-requisite to exercise the medical profession.*

*The examination on health and social security legislation, which is now held only in Hungarian language, will in the future be held in english and german.  
The EU delegation expressed substantial doubts whether this examination can be maintained after accession.*

#### **16.2. How is access organised:**

The University Centre for Postgraduate and Continuing Medical Education is the most important information centre for all medical doctors who wish to practice their professions – as far as education is concerned. Concerning employment and other regulatory issues, the Hungarian Medical Chamber and its offices are responsible for providing information to those who need it.

As part of EU integration activities, an office responsible for the mutual recognition of diplomas and certificates in the health professions issued in EU Member States will be established in the Ministry of Health. This office is planned to be given tasks in respect to providing information for medical doctors who wish to practice their profession in Hungary.

#### **16.3. Disciplinary rules:**

Disciplinary rules comprise professional and ethical ones. Professional rules are contained in ministerial decrees, university curricula, professional guidelines issued by the Ministry of Health and by the specialist professional boards (professional colleges).

Ethical rules of the profession are issued and applied by the Hungarian Medical Chamber. First and second instance appeal is provided by the Medical Chamber, while third level is by the Court.

#### **16.4. Status of practitioners in public hospitals:**

Most specialists working in public hospitals, university clinics or out patient clinics are full time permanent employees with public employee status. All GPs in private practice and most of the private dentists are contracted with the social insurance system.

### **IV. Conclusions**

- 1. Overall Assessment(see point I- executive summary)**
- 2. Recommendations ( see point I- executive summary)**

### **V. Annexes**

