



THE SECRETARY OF EDUCATION

WASHINGTON, D.C. 20202

SENT BY FACSIMILE TRANSMISSION

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.

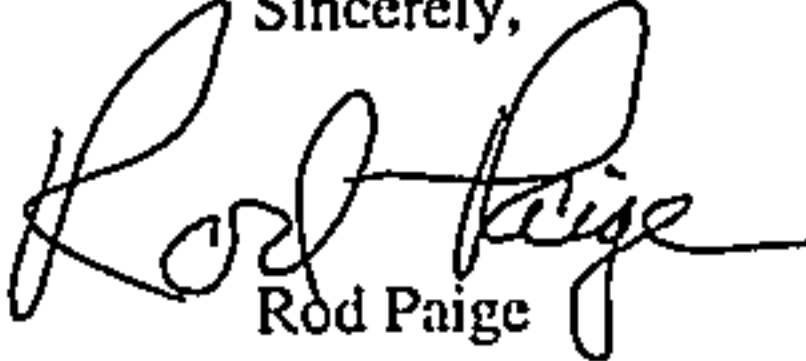
If you have any questions regarding the information requested, please feel free to contact Ms. Griffiths at (202) 219-7011 (telephone), (202) 219-7005 (fax), or carol.griffiths@ed.gov (e-mail).

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 (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.
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- 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 11th and 12th 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**