



THE SECRETARY OF EDUCATION

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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).

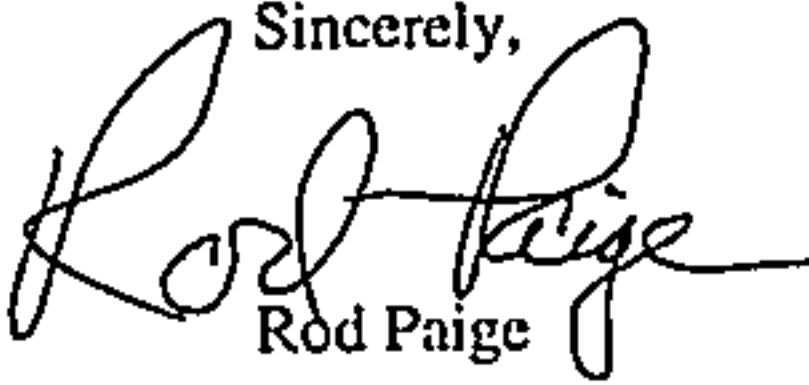
During the executive session at the meeting, the NCFMEA also requested that an answer to the following question be provided to the Committee for its September 2003 meeting: What health

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 pay-role, 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 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

#### **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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### Document Class

circle one

01 Agenda

Country Materials for 31

Enter country-code number from the Master List.

- 21 Staff Analysis
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- 02 Decision Memo
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Date        -        -         
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30 By-Laws

- 62 Appointment Letters
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- 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



