



THE SECRETARY OF EDUCATION
WASHINGTON, D.C. 20202

OCT 18 1999

SENT BY FACSIMILE TRANSMISSION

Mr. Naftali Weitman
Secretary
Council for Higher Education
P.O.B. 4037
Jerusalem 91040
Israel

Dear Mr. Weitman:

Some time ago, the U.S. Department of Education wrote to inform your country about a law passed in the United States in 1992 that changed the eligibility criteria for U.S. students who wish to finance their medical education in a country other than the U.S. with a loan through our country's Federal Family Education Loan (FFEL) program. Eligible students must enroll in a medical school that is eligible to participate in the FFEL program and that meets the accreditation or approval standards of the country in which the school is located.

Further, the accreditation or approval standards used by that country must have been reviewed by a panel of medical experts appointed by the U.S. Secretary of Education, which must have determined them to be comparable to the accreditation standards applied to medical schools in the United States. This panel of medical experts is known as the National Committee on Foreign Medical Education and Accreditation (NCFMEA).

I am pleased to inform you that the NCFMEA, at its September 15, 1999, meeting, determined that the accreditation or approval standards used by the Council for Higher Education to evaluate the medical schools in Israel are comparable to those used to evaluate programs leading to the M.D. degree in the United States. The NCFMEA has requested that the Council for Higher Education submit by February 15, 2000, an interim report of its accreditation activities, with particular focus on the results of the on-site reaccreditation visit scheduled for January 2000. The interim report will be reviewed at the NCFMEA's March 2000 meeting. The Committee members also wish to express their appreciation to Dr. Carmi Margolis for attending the September meeting to share information regarding Israel's accreditation standards and processes.

This NCFMEA's determination of comparability has a maximum duration of four years from the date of this letter, unless the Committee withdraws, extends or renews its determination prior to that date. Before expiration of the four-year period, the NCFMEA will seek to confirm that your standards and procedures for accrediting or approving medical schools in Israel 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. In the event that there are any substantial changes to the standards or procedures used by the Council for Higher Education for approving, evaluating or accrediting medical schools, please immediately notify the U.S. Department of Education of these changes. In addition, please immediately notify the U.S. Department of Education if there are any changes with respect to the accreditation or approval status of any of the medical schools recognized by the Council for Higher Education.

As a result of the determination of comparability by the NCFMEA, any medical school in your country that is accredited or approved by the Council for Higher Education may apply, if it has not recently done so, to the U.S. Department of Education to participate in the FFEL program. If a medical school's application is approved, otherwise eligible students enrolled in the school who are either U.S. citizens or permanent residents of the U.S. may receive loans to finance their medical education through the FFEL program. Medical schools that wish to participate in the FFEL program may obtain the proper application forms from the Foreign Schools Team at the following address:

Foreign Schools Team
U. S. Department of Education
Room 3674, ROB-3
7th & D Streets, S.W.
Washington, D.C. 20407
U.S.A.

Please send the interim report that is due by February 15, 2000, to the Director of Accreditation and State Liaison at the address below. If you have any questions concerning the nature of the information that the NCFMEA is seeking, Dr. Kershenstein can be reached at (202) 708-7417 (telephone), (202) 708-9469 (fax), and Karen_Kershenstein@ed.gov (e-mail).

Dr. Karen W. Kershenstein, Director
Accreditation and State Liaison
U.S. Department of Education
Room 3012, ROB-3
7th & D Streets, S.W.
Washington, D.C. 20202-5244
U.S.A.

If you would like information regarding the March 2000 meeting, or if you are interested in attending or sending a representative to that meeting, please contact Ms. Bonnie LeBold, Executive Director of the NCFMEA, at (202) 260-3636 (telephone), (202) 260-5049 (fax), or Bonnie_LeBold@ed.gov (e-mail).

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I want to thank you for taking the time to respond to our requests for information about your accreditation or approval standards for medical schools. I very much appreciate the interest you have taken in this matter.

Yours sincerely,

A handwritten signature in black ink that reads "Dick Riley". The signature is written in a cursive style with a large, prominent "D" and "R".

Richard W. Riley

cc: Professor Carmi Margolis, M.D.
Vice Dean for Medical Education
Ben Gurion University

U.S. Department of Education



**Staff Analysis
of the
Standards Used by**

Israel

for the Evaluation of Medical Schools

September 15, 1999

Staff Analysis
of the Standards Used by
Israel
for the Evaluation of Medical Schools

Prepared August 1999

Background

At its October 1998 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that Israel's standards for the evaluation of its medical schools were not comparable to those used in the United States. This determination was based on the information Israel submitted about its evaluation of its medical schools. The Summary of Findings section of the staff analysis that was presented to the NCFMEA at that meeting illustrates the principal reason the Committee reached its determination of noncomparability:

"Since Israel does not have a process to [re]evaluate its medical schools once they are initially approved, it does not appear that its system of evaluating and approving its medical schools is comparable to the system used in the United States."

Israel has now submitted new information, including notification that it has established a permanent committee responsible for the re-evaluation of medical schools in Israel. Israel also submitted the standards the permanent committee will use to evaluate medical education in the re-evaluation of its medical schools and noted that these were "...generally based on those of the Liaison Committee on Medical Education (LCME) in the United States."

The staff analysis that follows is based on the new information Israel provided. Department staff notes that this information does not include specific responses to the Department's questionnaire.

According to the information provided, the official decision (Decision No. 9/257) to have a permanent "Committee for Re-Evaluation of Medical Schools in Israel" was passed by the Council for Higher Education on February 23, 1999. The entire decision reads as follows:

Council for Higher Education Decision No. 9/257
of February 23rd, 1999

"The Council for Higher Education is deciding to establish a permanent committee that will be responsible for the evaluation process of medical

schools in Israel. The goal of the committee will be to ensure the maintenance of recognized standards for medical education and the training of the physicians in Israel. The evaluations will be conducted once every 5 years, and the report will be submitted to the Council for Higher Education."

There are four medical schools in Israel. All four are supported by public funds. The dates the schools are scheduled for site visits under Israel's new process are as follows:

Jan 2000	Ben-Gurion University of the Negev: The Joyce & Irving Medical School
Jul 2000	Technion - Israel Institute of Technology: The Rappaport Faculty of Medicine
Jan 2001	The Hebrew University-Hadassah Medical School.
Jul 2001	Tel Aviv University: The Sackler School of Medicine

Summary of Findings

Based on a review of the information submitted, it appears that Israel has developed plans to operate a system for the reevaluation of its medical schools that is comparable to the system used in the United States. Department staff bases this conclusion on the fact that most of the provisions Israel submitted to the Department are based on the system used by the LCME in the United States.

However, before a decision on comparability of Israel's new system can be made, there are several issues that need further examination:

- (1) Israel has not submitted important information necessary to answer several issues about its accreditation/approval process, such as documentation of the laws governing the evaluation process and information about the site evaluation and decision-making processes.
- (2) Israel will not conduct its first site visit until January 2000, and the last of its four scheduled site visits until July 2001. For this reason, it is difficult to make determinations about Israel's new reevaluation system until these visits are concluded and the processes for reevaluation and decision-making are completed for the first time.
- (3) Israel's submission deals only with the "reevaluation" of its medical schools and does not provide standards or procedures for the evaluation of a medical school seeking its initial approval.

- (4) Israel did not submit documentation that the Council for Higher Education has the requisite legal authority to make decisions affecting the accreditation status of the medical schools in the country.

Staff Analysis

The National Committee on Foreign Medical Education and Accreditation is charged with determining whether the standards of accreditation used by a foreign country to accredit medical schools offering programs leading to the M.D. (or equivalent) degree are comparable to standards of accreditation applied to M.D. programs in the United States.

In making this determination, the Committee uses the following guidelines which it has determined provide an appropriate framework for the thorough evaluation of medical schools offering programs leading to the M.D. (or equivalent) degree. The Committee wishes to make it clear that these are in fact guidelines and that a foreign country's review and approval process can differ substantially from these guidelines and still be determined to be comparable to the standards used in the United States, provided the foreign country can demonstrate that its standards and processes of evaluation are effective alternatives to those used in the United States.

PART I: Accreditation/Approval Standards

1. Objectives

The accreditation/approval process used by the foreign country should determine whether the educational mission of the medical school serves the general public interest and whether its educational program is appropriate in light of the mission and objectives of the school. Approval should not be granted if it is determined that the educational program is inconsistent with the mission and objectives of the school.

The accreditation/approval process should determine whether the program is legally authorized to provide medical education in the country in which it is located. Approval should not be granted to a program that is not legally authorized to provide such education.

Mission and objectives

Israel's standard for Objectives is as follows:

"The main objectives of a program of medical education leading to the M.D. degree in Israel are to prepare its graduates to enter and complete graduate

medical education, to qualify for licensure, to provide competent medical care, and to have the educational background necessary for continued learning. A medical school may establish additional objectives for its educational program, consistent with its program resources. A medical school must define its objectives and make them known to faculty and students."

Legal authorization

Israel submitted no information or documentation concerning the legal authorization of its medical schools. As noted in the Background section, all of the medical schools in Israel are supported by public funds.

2. Governance

The accreditation/approval process should determine whether there is an appropriate accountability of the management of the institution to an ultimate responsible authority external to and independent of the Institution's administration. Approval should not be granted if the school lacks such a system of external accountability.

Israel's standard for Governance is as follows:

"A medical school should be a component of a university that has other graduate and other professional degree programs. The program of medical education leading to the M.D. degree must be conducted in an environment that fosters the intellectual challenge and spirit of inquiry as characterized by the community of scholars that constitutes a university."

"A medical school in Israel must be part of a not-for-profit university."

Although it is clear that Israel now has a standard for Governance, the standard does not address or indicate the accountability of the management of the institution to an ultimate responsible authority external to and independent of the institution's administration.

3. Administration

The accreditation/approval process should determine whether the administration of the school is effective and appropriate in light of its mission and objectives. Approval should not be granted if it is determined that the administration is ineffective or inappropriate in light of the stated mission and objectives.

The accreditation/approval process should determine whether the chief academic official of the medical school is qualified by education and experience to provide leadership in medical education. Approval should not be granted if the chief academic official's credentials and training background are not appropriate for fulfilling his or her responsibilities.

The accreditation/approval process should determine whether the faculty are appropriately qualified to teach and are involved in decisions involving admissions and curriculum. Approval should not be granted to schools that fail to demonstrate appropriate faculty qualifications and faculty involvement in admissions and curriculum development and delivery.

Administration

Under its Administration standard, Israel has the following statements:

"The administration of a medical school must be effective and appropriate in light of the main objectives and its particular mission and objectives."

"Administrative officers and members of a medical school faculty are appointed by, or on the authority of, the governing board of the medical school or its parent university."

"The manner in which the medical school is organized, including the responsibilities and privileges of administrative officers, faculty, students, and committees must be promulgated in medical school or university bylaws. A committee structure is the usual mechanism for involving faculty and others in decisions concerning admissions, promotions, curriculum library and research, etc. The names, membership, and functions of such committees are not prescribed by these standards, but rather are subject to local determination and needs."

"In determining the appropriate organization, emphasis should be placed on the importance of the collegiality of the medical school faculty responsible for undergraduate medical education and for the continuum of medical education."

Chief Academic Officer (Dean)

Israel's Administration standard contains the following statements concerning the chief academic officer of a medical school:

"The chief academic official of a medical school must be qualified by education and experience to provide leadership in medical education."

"The chief official of the medical school, who usually holds the title "dean," must 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 dean's office."

"The dean must be qualified by education and experience to provide leadership in medical education, in scholarly activity and research, and in care of patients. The dean should have the assistance of such associate or assistant deans and staff as are necessary for administration of admissions, student affairs, academic affairs, graduate education, continuing education, hospital relationships, research, business and planning, and fund raising."

Faculty

Israel's Administration standard contains the following statements concerning "faculty":

"The faculty of a medical school must be appropriately qualified to teach and be involved in decisions involving admissions and curriculum."

"Consideration should be given to the commitments of faculty members who have multiple academic responsibilities in several educational programs of a complex university, so as to assure each educational program adequate faculty resources. A decision must be made concerning the provision of a single faculty or of combined faculties to serve the needs of each of several health-related or other academic programs of the university, and concerning the advisability of joint faculty appointments. The school must ensure that appointments such as "clinical professors", must be made according to approved academic criteria."

In addition, Israel's curriculum standard indicates that "The program's faculty is responsible for the design, implementation, and evaluation of the curriculum. There must be integrated Institutional responsibility for the design and management of a coherent and coordinated curriculum." The curriculum standard also contains the following statements relevant to the standards for an institution's faculty:

"The medical faculty is responsible for devising a curriculum that enables students to learn the fundamental principles of medicine, to acquire skills of critical judgement based on evidence and experience, and to develop an ability to use principles and skills wisely in solving problems of health and disease. In addition, the curriculum must be designed so that students acquire an understanding of the scientific concepts underlying medicine. In designing the curriculum, the faculty must introduce current advances in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on medical care."

Finally, Israel's standard on faculty size and its effectiveness in teaching contains the following statements regarding faculty qualifications:

"Persons appointed to a faculty position must have demonstrated achievements within their disciplines commensurate with their faculty rank. The recruitment and development of a medical school's faculty should take into account its mission, the diversity of its student body, and the populations that it serves. It is expected that faculty members will have a commitment to continuing scholarly productivity, thereby contributing to the educational environment of the medical school."

"There must be clear policies for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of members of the faculty. The appointment process must involve the faculty, the appropriate departmental heads, and the dean. Each appointee should receive a clear definition of the terms of appointment, responsibilities, line of communication, privileges and benefits. Faculty members should receive regularly scheduled feedback on their academic performance and their progress towards promotion. Opportunities for professional development should be provided to enhance faculty members skills and leadership abilities in teaching and research."

4. Educational Program

The accreditation/approval process should examine whether the educational program of a medical school is of sufficient length to meet the mission and objectives of the school and to provide students with the knowledge and skills necessary to become a qualified physician. Approval should not be granted to a school that does not provide an educational program of at least 32 months in duration.

The accreditation/approval process should determine whether the curriculum provides an education in the sciences basic to medicine, a variety of clinical subjects, and various ethical, behavioral, and socioeconomic subjects pertinent to medicine. Approval should not be granted to a school whose educational program does not provide such a broad-based curriculum.

The accreditation/approval process should determine whether the requirements for successful completion of the program of medical education conform to commonly accepted standards, with a particular focus on clerkships (or their equivalent) and other forms of clinical training. Approval should not be granted if such training is of insufficient breadth, is not conducted in suitable medical facilities, or is not adequately supervised.

Program length

Israel's standard for the duration of the medical program is as follows:

"The program of education in the art and science of medicine leading to the M.D. degree in Israel must be of 6 years duration plus one year of rotating internship."

"The educational program of a medical school must be of sufficient length to meet the main objectives and its particular mission and objectives, and to provide students with knowledge and skills necessary to become a qualified physician."

Curriculum

Israel's standards addressing Curriculum include the following relevant provisions:

"The curriculum must provide a broad-based education in the sciences basic to medicine, a variety of clinical subjects, and various ethical, behavioral and socioeconomic subjects pertinent to medicine."

"The program's faculty is responsible for the design, implementation, and evaluation of the curriculum. There must be integrated institutional responsibility for the design and management of a coherent and coordinated curriculum. The chief academic officer must have sufficient available resources and authority provided by the institution to fulfill this responsibility. The curriculum of the program leading to the M.D. degree must be designed to provide a general professional education, recognizing that this alone is insufficient to prepare a graduate for independent, unsupervised practice. Medical schools must evaluate educational program effectiveness by documenting the achievement of their students and graduates in verifiable and internally consistent ways that show the extent to which institutional and program purposes are met."

"The medical faculty is responsible for devising a curriculum that enables students to learn the fundamental principles of medicine, to acquire skills of critical judgement based on evidence and experience, and to develop an ability to use principles and skills wisely in solving problems of health and disease. In addition, the curriculum must be designed so that students acquire an understanding of the scientific concepts underlying medicine. In designing the curriculum, the faculty must introduce current advances in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on medical care."

"The curriculum cannot be all-encompassing. However, it must include the sciences basic to medicine, a variety of clinical disciplines, and ethical, behavioral, and socioeconomic subjects pertinent to medicine. There should be presentation of material on medical ethics and human values. The faculty must

foster in students the ability to learn through self-directed, independent study throughout their professional lives."

"The curriculum must include the contemporary content of those expanded disciplines that have been traditionally titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine. Instruction within these basic sciences should include laboratory or other practical exercises which facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data. Teachers and teaching assistants in the biomedical sciences must be familiar with the educational objectives of the course and be prepared for their roles in teaching and evaluation."

"The faculty committee responsible for curriculum should develop, and the chief academic officer should enforce, the same rigorous standards for the content of each year of the program leading to the M.D. degree. The final year should complement and supplement the curriculum so that each student will acquire appropriate competence in general medical care regardless of subsequent career specialty. The curriculum should include elective courses designed to supplement the required courses and to provide opportunities for students to pursue individual academic interests. Faculty advisors must guide students in the choice of elective courses. If students are permitted to take electives at other institutions, there should be a system centralized in the dean's office to screen the students' proposed extramural programs prior to approval and to ensure the return of a performance appraisal by the host program. Another system, devised and implemented by the dean, should verify the credentials of students from other schools wishing to take courses or clerkships at the school approve assignments, maintain a complete roster of visiting students, and provide evaluations to the parent schools."

"All instruction should stress the need for students to be concerned with the total medical needs of their patients and the effect on their health of social and cultural circumstances."

"The school must specify how students are prepared for their role in addressing the medical consequences of common societal problems, for example, providing instruction in the diagnosis, prevention, appropriate reporting and treatment of violence and abuse. Students must be encouraged to develop and employ scrupulous ethical principles in caring for patients, in relating to patients' families, and to others involved in the care of the patients. These principles are essential if the physician is to gain and maintain the trust and respect of patients, colleagues, and the community."

"In view of the increasing pace of discovery of new knowledge and technology in medicine, The Council for Higher Education encourages experimentation that

will increase the efficiency and effectiveness of medical education. Experiments should have carefully defined goals and plans for implementation, including methods of evaluating the results. Planning for educational innovation should consider the incremental resources that will be required, including demands on library facilities and operation, information management needs and computer hardware and software."

Clerkships

Israel's standard related to clerkships includes the following statements:

"The requirements for successful completion of the program of medical education must include a particular focus on clerkships and other forms of clinical training. Students must have hands-on experience."

"All schools must provide broad-based clinical education programs that equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine. Instruction and experience in patient care must be provided in both ambulatory and hospital settings. All schools must offer a core curriculum in primary care, utilizing the disciplines or multidisciplinary approaches involved in the delivery of such care."

"Clinical education programs should include disciplines such as family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. Schools must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education. Clinical instruction should cover all organ systems, and must include the important aspects of acute, chronic, continuing, preventive, and rehabilitative care."

"The faculty must participate in a process that defines the objectives of clinical education and establishes quantified criteria for the types of patients (real or simulated), the level of student responsibility, and the appropriate clinical settings necessary to accomplish these purposes. A system for monitoring the achievement of clinical educational goals must be developed, based on these criteria, and students must be evaluated in this framework. If the level or diversity of student interactions with patients does not meet the school-based criteria, specific mechanisms must be in place to adjust the criteria or to alter the educational program. Either may be done only within appropriate, documented means that ensure continued educational quality."

"The curriculum must provide grounding in the body of knowledge represented in the disciplines that support the fundamental clinical subjects, for example, diagnostic imaging and clinical pathology. Students must have opportunities to gain knowledge in those content areas that incorporate several disciplines in providing medical care, for example, emergency medicine and the care of the

elderly and disabled. In addition, students should have the opportunity to participate in research and other scholarly activities of the faculty."

"Each required clinical clerkship 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 primary and related disciplines of the clerkship. The committee responsible for curriculum must require close faculty supervision of the learning experience of each student at the appropriate level of graded clinical responsibility. Supervision must be provided throughout required clerkships by members of the school's faculty. The required clerkships should be conducted in a teaching hospital or ambulatory care facility where residents in accredited programs of graduate medical education, under faculty guidance, may participate in teaching the students. Residents must be fully informed about the educational objectives of the clerkships and be prepared for their roles as teachers and evaluators of medical students. In an ambulatory care setting, if faculty supervision is present, resident participation may not be required. If required clerkships in a single discipline are conducted in several hospitals, every effort must be made to ensure that the students receive equivalent educational experiences."

"The medical school must have adequate resources to provide clinical instruction to its medical students. Resources must include ambulatory care facilities and hospitals where the full spectrum of medical care is provided and can be demonstrated. Each major clinical department must have a residency program accredited by the Israel Medical Association Scientific Council. The number of hospital beds required for education cannot be specified by formula, but the aggregation of clinical resources must be sufficient to permit students in each of the major clerkships to work up and follow several new patients each week."

"Since undergraduate medical education usually requires the conduct of simultaneous and mutually supportive programs of graduate medical education, clinical facilities must be adequate for both parts of the continuum of medical education. A hospital that provides a base for the education of both medical students and residents must have adequate library resources, not only for the clinical staff, but also for the faculty and the students. Ready access to areas for individual study, for conferences, and for lectures is necessary."

"The nature of the relationship of the medical school to affiliated hospitals and other clinical resources is extremely important. There should be written affiliation agreements that define the responsibilities of each party. The degree of the school's authority should reflect the extent that the affiliated clinical facility participates in the educational programs of the school. Most critical are the clinical facilities where required clinical clerkships are conducted. In affiliated institutions, the school's department heads and senior clinical faculty members

must have authority consistent with their responsibility for the instruction of students."

"Recognizing the special relationship between the medical school and its affiliated teaching hospitals, it is imperative that the academic programs remain under the control of the faculty in all medical school-hospital relationships."

5. Medical Students

The accreditation/approval process should determine whether the medical school admits only those students who possess the intelligence, integrity, and personal characteristics that are generally perceived as necessary to become effective physicians. Approval should not be granted to a school that fails to admit qualified students.

The accreditation/approval process should determine whether the medical school carefully monitors the progress of students through the educational program and graduates only those students who successfully complete the program. Approval should not be granted if the school fails to monitor students for satisfactory academic progress.

Admissions

Israel's standards for Admissions includes the following statements:

"Medical school must admit only those students who possess the intelligence, integrity, and personal characteristics that are generally perceived as necessary to become effective physicians."

"The faculty of each school should develop criteria and procedures for the selection of students, which should be published and available to potential applicants. To further the accomplishment of its purposes, each medical school should have policies and practices addressing the gender, racial, cultural and economic diversity of its students. Medical schools must strive to select students who possess the intelligence, integrity, and personal and emotional characteristics that are perceived necessary for them to become effective physicians."

"While physical disability should not preclude a student from consideration for admission, each school should develop and publish technical standards for the admission of handicapped applicants, in accordance with legal requirements."

"The selection of students for the study of medicine is the responsibility of the medical school faculty through a duly constituted committee. Persons or groups

external to the medical school may assist in the evaluation of applicants, but the final responsibility must not be delegated outside the medical faculty. There must not be any political or financial influence on the selection of students. All factors utilized in the selection process must be made public."

"A medical school's publications, advertising, and student recruitment should present a balanced and accurate representation of the mission and objectives of the educational program. The catalog or equivalent informational materials must describe all courses offered by the school, a complete description of the requirements for the M.D. degree and all associated degrees, the most recent academic calendar for each of the curricular options available, a description of the admissions process, and the enumeration of criteria used in the selection of students."

"There must be no discrimination on the basis of sex, age, race, creed or national origin. Compliance with both written and implied public policy must be assured. The student body should be drawn from a wide spectrum of economic backgrounds. Advanced standing may be granted to students for work done prior to admission. Each medical school or its parent university should define the standards of conduct in the teacher-learner relationship. Schools should develop and widely promulgate written procedures that allow medical students to report violations of these standards—such as incidents of harassment or abuse—without fear of retaliation. The procedures also should specify mechanisms for the prompt handling of such complaints, and for the educational methods aimed at preventing student mistreatment."

Monitoring of students

Israel's standards related to the monitoring of students include the following statement:

"The medical school must carefully monitor the progress of students through the educational program and graduate only those students who successfully complete the program."

6. Resources for the Educational Program

The accreditation/approval process should determine whether the medical school has physical 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. Approval should not be granted if the facilities are inadequate.

The accreditation/approval process should determine whether the faculty provides effective teaching and is of sufficient size to provide the scope of

the educational program offered. Approval should not be granted if there is an insufficient number of qualified faculty.

The accreditation/approval process should determine whether the medical school has a library sufficient in size, breadth, and depth to support the educational program. Approval should not be granted if the library is inadequate.

Physical facilities

Israel's standards for physical facilities include the following:

"Medical schools must have physical facilities that are qualitatively adequate for the size and scope of the educational program as well as of the student body."

"A medical school must have, or be assured use of, buildings and equipment that are quantitatively and qualitatively adequate to provide an environment conducive to high productivity of faculty and students. Geographic separation between facilities may be dysfunctional. The facilities must include faculty offices and research laboratories, student classrooms and laboratories, amenities for students, offices for administrative and support staff, and a library. Access to an auditorium sufficiently large to accommodate the student body is desirable. The school should be equipped to conduct biomedical research and must provide facilities for humane care of animals when animals are used in teaching and research."

Faculty

Israel's standards concerning faculty contain the following statements:

"The faculty must provide effective teaching and to be of sufficient size to provide the scope of the educational program offered."

"Members of the faculty must have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline and an understanding of pedagogy, including construction of a curriculum consistent with learning objectives, subject to internal and external formal evaluation. The administration and the faculty should have knowledge of methods for measurement of student performance in accordance with stated educational objectives and national norms."

"In each of the major disciplines basic to medicine and in the clinical sciences, a critical mass of faculty members must be appointed who possess, in addition to a comprehensive knowledge of their major disciplines, expertise in one or more subdivisions or specialties within each of these disciplines. In the clinical sciences, the number and kind of specialists appointed should relate to the

amount of patient care activities required to conduct meaningful clinical teaching at the undergraduate level as well as for graduate and continuing medical education.”

“The dean and a committee of the faculty should determine medical school policies. This committee typically consists of the heads of major departments, but may be organized in any manner that brings reasonable and appropriate faculty influence into the governance and policymaking processes of the school. The full faculty should meet often enough to provide an opportunity for all to discuss, establish, and otherwise become acquainted with medical school policies and practices.”

“A medical school should have policies which deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.”

Library

Israel’s standards for the medical school’s library include the following:

“A medical school must have a library sufficient in size, breadth and depth to support the educational program.”

“The medical school must have a well-maintained and catalogued library, sufficient in size and breadth to support the educational programs offered by the institution. The library should receive the leading biomedical and clinical periodicals, the current numbers of which should be readily accessible. The library and any other learning resources should be equipped to allow students to learn new methods of retrieving and managing information, as well as to use self-instructional materials. A professional library staff should supervise the library and provide instruction in its use.”

“If the library serving the medical school is part of a medical center or university library system, the professional library staff must be responsive to the needs of the medical school, its teaching hospitals, the faculty, resident staff, and students who may require extended access to the journal and reference book collections. The librarian should be familiar with the methods for maintaining relationships between the library and national library systems and resources, and with the current technology available to provide services in non-print materials. If the faculty and students served by the library are dispersed, the utilization of departmental and branch libraries should be facilitated by the librarian and by the administration and faculty of the school.”

“The library should also be a community resource in support of continuing medical education.”

PART II: Accreditation/Approval Evaluation Procedures

1. **There should be a clearly recognized body responsible for evaluating the quality of medical education in the country and that body should be legally authorized to accredit/approve medical schools offering educational programs leading to the M.D. (or equivalent) degree.**

The Council for Higher Education's Decision No. 9/257 of February 23rd, 1999 authorized the establishment of a permanent committee, the Committee for Re-Evaluation of Medical Schools, responsible for evaluation of medical schools in Israel. The Committee is to conduct evaluations once every five years.

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

With respect to this issue, Israel has stated only that the Committee's reports are to be submitted to the Council for Higher Education. There was no information in the materials submitted that addressed controls against conflicts of interest or inconsistent application of the accreditation/approval standards.

3. **The accreditation/approval process should provide for the regular reevaluation of approved medical schools in order to verify that they continue to comply with the approval standards.**

The Committee for Re-Evaluation of Medical Schools' "Re-Evaluation Procedures" provide for evaluations once every five years. Also, the procedures include the following:

"Schools may be asked to submit one or more progress reports in the interval, to address steps taken to correct specific areas of concern in committee reports, or describe the results of program changes underway. Interim, focused surveys may be scheduled when an on-site visit is deemed necessary."

4. **The accreditation/approval process should normally 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 that 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, curriculum, qualifications of the faculty, and facilities available to medical students. If there is not an on-site visit, there**

should be some appropriate alternative that ensures a thorough review of the school for compliance with the accreditation/approval standards.

With respect to this issue, the Committee for Re-Evaluation of Medical Schools' "Re-Evaluation Procedures" state the following:

By the Council for Higher Education (CHE) Secretariat.

Seven months beforehand, the CHE secretariat contacts a medical school to establish the dates for site visits in that year. Survey visits are two-day visits. At the same time, schools are sent a questionnaire based on the Standards used by The Committee for Re-Evaluation of Medical Schools to Evaluate Medical Education, so that they can compile a medical education database, undertake an institutional self-study and complete the report to the committee.

By the university and the school.

The school completes the medical education database, so that it can be used as the basis for the institutional self-study and the final report. The dean appoints a self-study steering committee and subcommittees corresponding to the main elements of the database (e.g., Objectives, Governance/Administration, Educational Program for the M.D. degree, Medical Students, Finances, Faculty, Facilities, Research, etc.). The summary of the self-study and the final report are mailed to the CHE secretariats and to each member of the committee three months before the site visit.

The committee's work

The committee conducts one meeting before the site visit, to assess the material received from the school.

The committee conducts a site survey to verify and update information compiled in the school's report, clarify any issues that are unclear, view the environment and facilities for learning first-hand, and meet with administrators, faculty members, and students.

The committee will meet with the dean to explain its purpose and gain decanal input in a conference at the beginning of the site visit, and meet with the dean and campus chief executive to summarize its findings about the program's strengths and problem areas at the completion of the visit.

After the site visit the committee will conduct one meeting to summarize the findings into a final report that describes the program of education and accounts

for the school's compliance with each of the standards contained in the Standards used by The Committee for Re-Evaluation of Medical Schools mentioned above.

The report will be submitted to the Council for Higher Education.

The evaluations will be conducted once every 5 years. Schools may be asked to submit one or more progress reports in the interval, to address steps taken to correct specific areas of concern in committee report, or describe the results of program changes underway. Interim, focused surveys may be scheduled when an on-site visit is deemed necessary.

5. **The accreditation/approval process should 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.**

Israel submitted a list of the members of the Committee for Re-Evaluation of Medical Schools in Israel. They are:

Prof. Irun R. Cohen, M.D. - The Weizman Institute of Science; Chairman

Prof. Efiyahu Antebi, M.D. - A representative of the Scientific Council of the Israeli Medical Association

Prof. Shimon (Seymour) Michael Glick, M.D.- A representative of the Schools of Medicine in Israel

Dr. Yitzhak Berlovitz, M.D., M.H.A. - A representative of the Ministry of Health

Mr. Gil Beler, Student - a representative of the Association of Medical Students.

No information was submitted about the competence, knowledge, qualifications or training in the basic or clinical sciences of these individuals. It is not clear if these individuals will conduct the on-site evaluations or delegate this responsibility to others, and whether they will be involved in the policy-making and/or decision-making functions.

6. **The accreditation/approval process should ensure that all accreditation/approval decisions are based on the accreditation/approval standards.**

The information Israel submitted did not address who in the accreditation process will make reevaluation decisions or how these decisions will be made.

Documentation:

Israel's "Standards Used By The Committee for Re-Evaluation of Medical Schools To Evaluate Medical Education"

The Official Decision to Establish a Permanent "Committee for Re-Evaluation of Medical Schools in Israel"

A list of members of the Committee for Re-Evaluation of Medical Schools

The Committee for Re-Evaluation of Medical Schools' Re-Evaluation Procedures

A schedule of planned site visits at all Israeli medical schools

Country
Country's Response

*to draft
staff analysis*



SENT BY FAX TRANSMISSION

August 24, 1999

Dr. Karen W. Kershenstein, Director
Accreditation and Eligibility
Determination Division
U.S. Department Of Education
Room 3915, ROB-3
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Washington, D.C. 20202-5244
U.S.A

Dear Dr. Kershenstein

Thank you for your letter of August 11, 1999.

On June 30, 1999 we sent material regarding the reevaluation process of medical schools in Israel, as part of the intention of Israel to seek reconsideration of its noncompatibility status at the September 1999 meeting of the National Committee of Foreign Medical Education and Accreditation.

We are now submitting information regarding those "issues for further examination" identified in the Department of Education staff report, and are preparing to request reconsideration at the September 1999 meeting.

We would like, however to address first of all the 2nd reservation of the staff's "Summary of Findings" (p. 2 of the analysis). The staff report indicated that "Israel will not conduct its first site visit until January 2000, and the last of its four scheduled site visits until July 2001. For this reason, it is difficult to make determination about Israel's new reevaluation system until these visits are concluded and the processes for reevaluation and decision-making are completed for the first time."

However, we understood from an email from Ms. Bonnie LeBold of May 25, 1999 that "It is not necessary for a Re-accreditation Committee review to have taken



place before June 30 in order for the NCFMEA to reconsider its decision regarding Israel at the September meeting."

There seems to be a discrepancy between these two statements and we would appreciate clarification.

Further to our correspondence, Israel now operates a reevaluation system. Moreover, it is well known among American medical educators that medical studies in Israel are of high quality, and that the schools of medicine in Israel are all veteran medical schools most of whose Faculty trained in the U.S.. Israeli graduates are recognized for their expertise in medical and academic institutions in the U.S. and around the world. We understood from Ms. LeBold's email of 25 May that the NCFMEA's decision not to insist that reaccreditation visits take place to approval of the process is consistent with the known quality of the Israeli medical schools.

Attached is the information regarding the deficiencies identified in the Department of Education staff report.

We shall be grateful if you would pass on this information and our request to NCFMEA in preparation for its next meeting on September 15th. Please let us know if you require any other material or clarification.

Very Truly Yours,

Naama Shaked

Naama Shaked

Assistant to the Secretary

Council for Higher Education of Israel

cc: Mr. Naftali Weitzman, Secretary, Council for Higher Education of Israel
Ms. Bonnie LeBold, Executive Director, NCFMEA



Accrediting body

The Council for Higher Education (CHE) is the statutory body in Israel with sole responsibility for accreditation of institutions of higher education in Israel, and it operates within the framework of the Council for Higher Education Law, 1958 (Exhibit A). The Council also authorizes accredited institutions to open academic units in all fields, including medicine, and authorizes them to grant academic degrees. The opening of a new program within any academic existing unit requires authorization from the Council to grant academic degrees.

Article 9 of this Law states that "The Council may accredit a particular institution as an institution of higher education on the basis of rules prescribed by it for the accreditation of institutions of higher education, or for types of them, in addition to the requirement of an appropriate scientific standard (such an institution being hereinafter referred to as an "accredited institution"); but those rules shall not limit the freedom of opinion and conscience". According to article 21A(a) of this Law "No person shall open or maintain or advertise the opening or maintenance of an institution not recognized under section 9 which awards or promises to award an academic degree unless such institution has been granted a permit by the Council (hereinafter referred to as a "permit"). Article 23a of this Law states that "The Council may empower an accredited institution, on the basis of rules prescribed by it for the empowerment of accredited institutions for the purposes of this section, to confer a recognized degree upon a particular person, or to confer recognized degrees generally, and it may prescribe rules concerning State examinations to be held as a condition for the conferment of a particular recognized degree by a particular accredited institution."

Hence, every accredited university that wishes to open a School of Medicine must gain the accreditation and the authorization of the CHE.



In Israel there are four schools of medicine, all of which are part of not-for-profit universities. These schools have been in existence for many years, and the universities of which they are part were both accredited by the Council and authorized to grant academic degrees in medicine.

All four schools are legally authorized by the CHE to provide medical education in Israel, and the Committee for Re-Evaluation of Medical Schools is not requested to examine this aspect.

All medical schools are responsible to the Governing Board of their University and each University is responsible to the CHE.

Legal authority to make decisions affecting the accreditation status

As already mentioned the Council for Higher Education is the statutory body in Israel with sole authority in all matters concerning accreditation of higher education institutions and programs.

According to article 9 of the Council for Higher Education Law -- 1958 the Council may accredit a particular institution as an institution of higher education on the basis of rules prescribed by it for the accreditation of institutions of higher education.

Article 18 of the Law states that "The Council may withdraw its accreditation of an accredited institution on the basis of rules prescribed by it for this purpose; but those rules shall not limit the freedom of opinion and conscience".

Article 23 of the Law establishes the authority of the Council to empower an accredited institution, to grant recognized degrees, including academic medical degrees. According to Israeli Law, the authority of a statutory body (such as the CHE) to promulgate rules and regulations inherently includes the authority to amend, change, suspend or annul these same rules and regulation.

Hence, the Council for Higher Education has the requisite legal authority to make decisions affecting the accreditation status of the accredited institutions and recognized degrees, including medical schools and medical degrees.



Initial Accreditation

A medical school in Israel must be a part of a not-for-profit university.

Any university that wishes to open a medical school, to gain accreditation and authorization to provide medical education and to grant an academic degree in medicine, must file a request with the Council. This request must include information about all aspects of the program: detailed curricula - including basic science and clinical studies, the school faculty, infrastructure and facilities for medical education, training hospitals, students and so on.

Once the Council receives the request it appoints a subcommittee, composed of professional academic medical personnel. The subcommittee examines the curriculae and facilities available to each university and the hospitals where the medical studies are held, and their suitability to the proposed curriculae. The subcommittee conducts on-site visits in order to inspect all aspects of the program and interviews the Rector (equivalent to an American Provost) of the University, the Dean, Faculty members and students, and suggests improvements. This is an interactive process culminating in a final full report submitted to the Council for Higher Education, which in turn decides whether to authorize the university to provide medical education and to grant academic degrees in medicine.

There are four Schools of Medicine in Israel, and there are no plans, in the foreseeable future, to open any new schools.

Reevaluation

Until 1999 there was no system for the reevaluation of accredited institutions after the first accreditation, including universities with schools of medicine. However, Medical Schools in Israel always maintained a procedure of "self-study" of academic quality, carried out by independent committees of experts, usually external.



In view of its authority to implement reevaluation proceedings and reach decisions regarding the status of institutions of higher education, the CHE decided on February 23, 1999 (resolution no. 9/257 – Exhibit B - this resolution was part of the material Israel submitted on June 1999) to institute a process for the reevaluation of medical schools in Israel, and to establish a permanent committee for that purpose.

Reevaluation entity

Resolution no. 9/257 of February 23, 1999 passed by the Council states that: "The Council for Higher Education decided to establish a permanent committee that will be responsible for the evaluation process of medical schools in Israel. The goal of the committee will be to ensure the maintenance of recognized standards for medical education and the training of the physicians in Israel..."

On July 1999 the Chairman of the Council for Higher Education – the Minister of Education, Culture and Sport, appointed the committee composed of the following:

1. Prof. Irun R. Cohen, M.D. – The Weizman Institute of Science, Chairman.
2. Prof. Eliyahu Antebi, M.D. – A representative of the Scientific Council of the Israeli Medical Association.
3. Prof. Shimon (Seymour) Michael Glick, M.D. – A representative of the Schools of Medicine in Israel.
4. Dr. Yitzhak Berlovitz, M.D., M.H.A. – A representative of the Ministry of Health.
5. Mr. Gil Be'er, Student – A representative of the Association of Medical Students.

The reports of the committee, and its recommendations regarding each university and its medical school, are to be submitted to the CHE. The Council has legal authority to make the actual decision regarding the accreditation status of the university (and its medical school).

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Reevaluation process

According to resolution no. 9/257 of February 23, 1999 each medical school in Israel will be reevaluated once every 5 years. This reevaluation will be conducted according to the Re-Evaluation Procedures (exhibit C - these procedures were part of the material Israel submitted on June 1999)

Before every reevaluation, schools will be required to submit detailed self-study reports regarding their compliance with the Standards used by The Committee for Re-Evaluation of Medical Schools to Evaluate Medical Education (these standards were part of the material Israel submitted on June 1999). The school will prepare this report on the basis of a self-evaluation process.

These reports will be analyzed by the committee's members.

The committee -- all of its members - will conduct a site survey to verify and update information compiled in the school's report, clarify any issues that are unclear, view at first hand the environment and facilities for learning, and interview administrators, faculty members, and students.

In case a school operates in several locations, the committee will conduct a site-visit in all of the school's separate campuses.

After the site visit the committee will hold one or more meetings to summarize the findings in a final report that describes the program of education and accounts for the school's compliance with each of the standards contained in the Standards used by The Committee for Re-Evaluation of Medical Schools to Evaluate Medical Education.

The final report will be submitted to the Council for Higher Education.

Schools may be asked to submit one or more progress reports in the interval, to address steps taken to correct specific areas of concern in the committee report, or to describe the results of program changes underway. Additional on-site visits may be scheduled as needed.



Controls against conflicts of interest

The permanent Committee for Re-Evaluation of Medical Schools in Israel is governed by policy provisions that ensure that the members of the committee are free from conflicts of interests. The committee is composed of members who are not connected directly with the schools being examined. According to resolution no. 9/257 of February 23rd 1999, the committee consists of a chairperson who is a well known scientist from the Weizmann Institute of Science, a representative of the schools of medicine in Israel, a representative of the Scientific Council of the Israeli Medical Association, a representative of the Ministry of Health and a representative of the Association of Medical Students. These members are selected in accordance to qualifications detailed below.

All evaluations and site visiting are conducted according to common evaluation instruments, i.e. the Standards used by The Committee for Re-Evaluation of Medical Schools to Evaluate Medical Education and the Re-Evaluation Procedures, and thereby maintaining consistency in evaluation.

Qualification of the members of the reevaluation committee

Members of the committee are chosen from a pool of medical educators and academic administrators, representative of medical associations, and government health officials. They all must be prominent and well-known physicians with at least one medical specialty or scientists with a specialty in basic sciences fulfilling these same criteria and they must be of high moral integrity.

All committee members will receive training on the reevaluation process and their role in conducting reviews. They will also be trained in the standards to be applied to the school under review.

EXHIBIT-A



THE COUNCIL FOR HIGHER EDUCATION LAW, 5718 - 1958*

1. Definition

In this Law,

"higher education" - includes teaching, science and research;

"an academic college" - an institution that has asked to use this appellation and is one of the following:

- (1) an institution of higher education, that is not a university, that was accredited in accordance with Sect. 9 and authorized to award to its graduates a recognized degree in one or more of its units, or which has received a permit in accordance with Sect. 21A;
- (2) it maintains at least one track of academic studies for which a university, which is authorized, with the approval of the Council, to award to graduates of the institution a recognized degree, and in which the program of study for a degree exists in full, is responsible; such an institution may include in its activities as well additional tracks of academic studies for which a university is responsible as stated, if the program of studies taking place in these tracks is to the extent of at least 75% of the program of study for a recognized degree.

2. The Council for Higher Education

There is hereby established a Council for Higher Education, the members of which shall be appointed by the President of the State (such Council being hereinafter referred to as "the Council").

3. The Functions Of The Council

The Council is the State institution for matters of higher education in the State, and it shall carry out the functions assigned to it under the Law.

3A. The Council

The Council shall be a body corporate competent in respect of any obligation, right or legal act.

3B. The Council - an Inspected Body

The Council shall be an inspected body, within the meaning of section 9(6) of the State Comptroller Law (Consolidated Version), 5718-1958.

3C. Engagement of Employees and their Terms of Employment

Employees of the Council shall be engaged and appointed by the Council in the same manner as State employees are engaged and appointed, with such modifications as shall be prescribed by regulations. The conditions of employment and remuneration of employees of the Council shall be identical with those of State employees.

* This is an unofficial translation. The Hebrew version of the Law is the binding version.

- 3D. **Prohibition of Transfer of Property**
The Council shall not sell or otherwise dispose of, pledge, or grant a lease of or lend for a period exceeding ten years, any property owned by it, save with the approval of the Minister of Education and Culture. A lease or loan for a period which together with preceding periods exceeds ten years shall also require approval as aforesaid.
- 3E. **The Budget**
The budget shall be prepared and presented to the Government for approval in the manner provided by regulations.
- 3F. **Methods of Action and Corporation**
For the purposes of sections 3A, 3C and 3D, the Council may act through a committee, from among its members or with the annexation of people who are not from among its members.
4. **The Number of Members of the Council**
The number of members of the Council shall be prescribed from time to time by the Government upon the recommendation of the Minister of Education and Culture. They shall not be fewer than nineteen and not more than twenty-five, and shall include the Minister of Education and Culture.
- 4A. **The Composition of the Council**
The members of the Council shall be proposed to the President of the State by the Government. At least two thirds of them shall be persons of standing in the field of higher education, who have been recommended by the Minister of Education and Culture after consultation with the recognized institutions of higher education and one member shall be the Chairman of the National Union of Israel Students. In the Council there shall be suitable representation of all types of institutions of higher education that have been accredited in accordance with sect. 9.
5. **Changes in the Composition of the Council:**
- (a) Where, during the term of office of any Council, the place of a member of the Council falls vacant from any cause whatsoever, another member shall be appointed in his stead, for the duration of the tenure of that council, in the manner which had been prescribed for the appointment of the member whose place has fallen vacant.
- (b) Where a member of the Council is unable to actually serve for a specific period, the Minister of Education and Culture may propose to the President of the State to appoint a substitute for that member for that period.
6. **Chairman and Deputy Chairman**
The Minister of Education and Culture shall be the Chairman of the Council, and the Council may elect from among its members a Deputy Chairman of the Council.
7. **Term of Office of the Council**
The term of office of every Council shall be five years from the date of appointment of the members of that Council, provided that the first Council shall hold office for two years only.
8. **Procedures**
The Council shall itself prescribe its procedure in so far as it is not prescribed by the Law or by regulations.

9. **Accreditation**
The Council may accredit a particular institution as an institution of higher education on the basis of rules prescribed by it for the accreditation of institutions of higher education, or for types of them, in addition to the requirement of an appropriate scientific standard (such an institution being hereinafter referred to as an "accredited institution"); but those rules shall not limit the freedom of opinion and conscience.
10. **Government Approval**
A decision of the Council to accredit an institution under section 9 shall require approval by the Government.
11. **Refusal to Accredit**
Where an institution has applied for accreditation as an institution of higher education and the Council has refused the application, the Minister of Education and Culture, or the institution through him, may bring the application and the decision of the Council before the Government, which may return the same to the Council for reconsideration. The decision of the Council upon reconsideration shall be final.
12. **Reconsideration of a Request after Refusal**
Where an application for accreditation has been refused by the Government, or where such an application has been refused by the Council upon reconsideration and the Government has approved the refusal, the institution may re-apply to the Council for accreditation after two years or such shorter period as the Government may have fixed in its decision.
13. **Certificate of Accreditation**
An institution which has been accredited as an institution of higher education shall receive a certificate to such effect from the President of the State; notice of the issue of the certificate shall be published in the official governmental gazette.
14. **An Accredited Institution - A Corporation**
An accredited institution shall be a corporation and shall be competent to sue and be sued, to acquire, possess and relinquish property, to enter into contracts and to be a party to any legal or other proceeding.
15. **Institutional Autonomy**
An accredited institution shall be at liberty to conduct its academic and administrative affairs, within the framework of its budget, as it may think fit. In this section, "academic and administrative affairs" includes the determination of a program of research and teaching, the appointment of the authorities of the institution, the appointment and promotion of teachers, the determination of a method of teaching and study, and any other scientific, pedagogic or economic activity.
- 15A. **Comptroller**
Sections 3, 4, 8-10, 12, 14B and C, and 24C of the Internal Comptrollers Law 5752-1992, *mutatis mutandis*, to the auditor of an accredited institution of higher education.

16. **Expansion of Institutions and Cooperation Between Them**
The Council may, after consultation with the accredited institutions concerned, make proposals for their consolidation, expansion, improvement and mutual cooperation; the Council may also make proposals for the advancement of scientific research and the establishment of further institutions of higher education.
17. **Budgets of the Institutions**
The Council may make proposals as to the participation of the Government in budgets of accredited institutions.
- 17A. **Criteria for Budgeting**
State budgeting for institutions of higher education and academic colleges, in budgeting of which the State participates, shall be according to equal criteria that determine, *inter alia*, taking into consideration the types of institutions and development plans, instruction and research approved by the Council, a committee from among its members, or the Ministry of Education, Culture and Sport, as relevant.
18. **Withdrawal of Accreditation**
The Council may withdraw its accreditation of an accredited institution on the basis of rules prescribed by it for this purpose; but those rules shall not limit the freedom of opinion and conscience.
19. **Government Approval for the Withdrawal of Accreditation**
A decision of the Council under section 18 shall require the approval of the Government; but the Government shall not approve such a decision until the institution, the accreditation of which has been withdrawn, has been given a reasonable opportunity to plead its case and produce its evidence before the Minister of Education and Culture or a person appointed by him in that behalf; the Government may also return the matter to the Council for reconsideration, and upon its deciding to do so, the provisions of section 11 shall apply *mutatis mutandis*.
20. **Notification of Withdrawal of Accreditation**
Where the Government has approved the withdrawal of the accreditation of an accredited institution, it shall notify the President of the State to such effect, and thereafter shall publish a notice to such effect in the official government gazette.
21. **Re-application After Withdrawal of Accreditation**
An institution, the accreditation of which has been withdrawn, may, after two years or such shorter period as the Government may have fixed, re-apply to the council for accreditation, on the basis of evidence to be produced by the institution that the reasons which prompted the withdrawal of its accreditation no longer exist.
- 21A. **Permit**
- (a) No person shall open or maintain or advertise the opening or maintenance of an institution not recognized under section 9 which awards or promises to award an academic degree unless such institution has been granted a permit by the Council (hereinafter referred to as a "permit").
 - (b) For the purposes of this section, it shall be immaterial whether the institution is opened or maintained by an institution of higher education, either as an extension or a branch or otherwise.

- (c) The contents of this section notwithstanding, an institution as stated in section 2 according to the definition of "academic college" shall be opened or maintained only with the approval of the Council, according to rules that it shall determine.

21(B) Rules and Conditions for a Permit

- (a) The Council shall, after consultation with the Committee on Education and Culture of the Knesset, prescribe rules for the granting of a permit to institutions of higher education, or for types of them. Such rules shall be published in the official government gazette.
- (b) The Council may subject the grant of a permit to conditions to be fulfilled by the institution either before or after such grant.
- (c) Rules and conditions as aforesaid shall not limit the freedom of opinion and conscience.

21C. Validity of a Permit

A permit shall be valid for four years. If the institution is not opened within four years from the date of the grant of the permit or is not accredited under section 9 either fully or partly or temporarily or conditionally, the Council may extend the validity of the permit for further periods not in the aggregate exceeding four years.

21D. Government Approval

- (a) Where the Council has decided to grant a permit, its decision shall require approval by the Government, and the Government's decision as to the permit shall be final.
- (b) The Council shall notify the applicant of a decision under subsection (a) within one year from the date of submission of the application.

21E. Cancellation of a Permit

Where one of the rules or conditions on the basis of which the permit was granted is not longer fulfilled or is infringed, the Council may, after giving the institution an opportunity to be heard, cancel the permit or suspend it for such period as it may prescribe.

21F. Appeal

- (a) Where the Council has refused to grant or extend the validity of or has canceled or suspended a permit, the Minister of Education and Culture, or the institution through him, may lodge objection with the Government.
- (b) The Government may confirm the decision of the Council or return the matter to it for reconsideration. Where the Government has returned the matter to the Council, the Council shall reconsider it, and its decision upon reconsideration shall require the approval of the Government; the Government's decision shall be final.

21G. Closure Order by a District Court

Where an institution has been opened or is maintained without a permit under Section 21A or without a license as stated in Section 25C, the District Court may, on the application of the Attorney-General, order that it shall be closed at such time and in such manner as the court may prescribe, provided that the closing order shall not come into force before the expiration of thirty days from the date thereof.

21H. Designations that Require Approval

- (a) No educational institution shall use one of the following designations: "university", *technion*, "technological institute", "faculty", "academy", *beit sefer gavoah* (lit. "high school", i.e. school above the level of a secondary school), *michlala academit* (academic college), *haskala gevoah* and *hinuch gavoah* (both "higher education", the first stressing the intellectual, the second the pedagogic aspect), either separately or in combination with another of them or as an adjectival or nounal adjunct to another designation, either in Hebrew or in a foreign language, unless the institution has been accredited under section 9 or the designation has been given it by Law or it has received approval therefor from the Council for Higher Education.
- (b) No educational institution shall use a designation which might be taken to refer to a permit or accreditation or license under this Law unless it has received such a permit or such accreditation, as the case may be.
- (c) The Council may, after consultation with the Committee on Education and Culture of the Knesset, prescribe rules for the approval of designations.
- (d) Notwithstanding the provisions of this section, an institution which holds a license as referred to in Section 25C shall be entitled to use one of the names mentioned in subsection (a), provided that it is preceded by the description branch or sub-division.

22. Recognized Degrees

The Council may recognize a particular academic degree as a recognized degree on the basis of rules prescribed by it for the recognition of academic degrees (a degree recognized as aforesaid being hereinafter referred to as a "recognized degree").

23. The Conferment of Recognized Degrees

- (a) The Council may empower an accredited institution, on the basis of rules prescribed by it for the empowerment of accredited institutions for the purposes of this section, to confer a recognized degree upon a particular person, or to confer recognized degrees generally, and it may prescribe rules concerning State examinations to be held as a condition for the conferment of a particular recognized degree by a particular accredited institution.
- (b) When authorizing an accredited institution to confer a recognized degree, as stated in sub-section (a), the Council shall not discriminate between accredited institutions because of their type. In this section, "recognized degree" - includes combinations of degrees and their customary abbreviations.

24. Supervision of Conferment of Degrees

The Council may, itself or through a person appointed by it in that behalf, supervise the conferment of recognized degrees, and it may prescribe rules for supervision under this section.

25. Protection of Recognized Degrees

A degree recognized under this Law shall be recognized for the purposes of any other law.

25A. Equality of Degrees

The status of identical recognized degrees conferred by accredited institutions of higher education of different types - are the same.

25B. Aid to Students

- (a) In the program of assistance, that the State makes available to students in accredited institutions, within the framework of the State Budget Law, criteria will be determined, inter alia, for the preference of students who are permanent residents of areas of national priority as determined by the Government, and of students in institutions of higher education or academic colleges located in these areas;
- (b) In this section, "students in accredited institutions" - includes students who are studying for a degree that has been recognized in accordance with section 28A.

25C. Operating License for Institutions which Promise Academic Degrees

No person may open or maintain an institution which confers or undertakes to confer a degree or credit points towards a degree, and shall not advertise the fact of such institution having been opened or of its existence, if the institution has not been granted a certificate of permit pursuant to Section 21A, unless the institution is granted a license by the Council (hereinafter - license).

25D. Rules and Conditions for a License

- (a) The Council will grant a license as referred to in Section 25C to an institution (hereinafter - an institution in Israel) which is a branch or sub-division of an institution for higher education which operates in another country (hereinafter - the parent institution).
- (b) A branch or sub-division of a parent institution is an institution in respect of which all the following have been fulfilled to the satisfaction of the Council:
 - (1) The institution in Israel relies and is based on the academic institutions of the parent institution and does not maintain its own appointments committee or academic institutions which lay down policy and prescribe a study program;
 - (2) The parent institution is recognized as an institution of higher education according to the law which applies in the country in which it operates (hereinafter - the base country), and is authorized according to such law to confer academic degrees, including the degree promised or which are conferred on students of the institution in Israel;
 - (3) The Council has recognized a certain process of authorization for the award of academic degrees, which is carried out in the base country and in the empowering body of the parent institution;
 - (4) The tuition conducted by the institution in Israel is recognized by the parent institution in accordance with the law which applies in the base country, and is under the supervision of the parent institution;
 - (5) All the tuition conducted by the institution in Israel is identical or only slightly different to the tuition conducted in the same field as the parent institution in the base country;
 - (6) The institution in Israel conducts its tuition through lecturers who -
 - (a) all hold an academic appointment at the parent institution;
 - (b) at least 20% of them have their primary post at the aforesaid institution, or have been lecturing there on a permanent basis for a period of not less than four years;
 - (7) The study program at the institution in Israel, to an extent of at least 30%, is implemented through lecturers who have their primary post at the parent institution;

- (8) (a) If the degree which is promised or conferred on students of the institution in Israel is identical or equivalent to a recognized bachelor's degree customarily awarded in Israel at a recognized institution of higher education (hereinafter - bachelor's degree), the scope of the studies for the degree and the duration of the studies shall not be less, or shall be only slightly less, than the scope of the studies and the duration of the studies toward the degree for the aforesaid recognized bachelor's degree customarily awarded in Israel, provided that same shall not be less than six full academic semesters as are practiced in Israel;
- (b) If the degree which is promised or awarded to students of the institution in Israel is identical or equivalent to a recognized master's degree customarily awarded in Israel at recognized institutions for higher education (hereinafter - master's degree), the scope of the studies for the degree shall not be less, or shall be only slightly less, than the scope of the studies for the recognized master's degree customarily awarded in Israel;
- (c) "Scope of the studies" and "duration of studies" shall mean - either academic studies all of which are carried out at the institution in Israel or at the institution in Israel and at the parent institution jointly;
- (d) Notwithstanding the contents of this sub-paragraph in regard to the scope of the studies and the duration of studies, the Council may, in its plenary session and with the approval of the Knesset Education and Culture Committee, prescribe rules and provisions with regard to the recognition of precious post-graduate studies.
- (9) (a) If the degree which is promised or awarded to students of the institution in Israel is a bachelor's degree, the institution in Israel shall not accept students for studies except on the strength of an Israeli matriculation certificate ("bagrut"), or an equivalent certificate, but the institution in Israel may, in accordance with the rules of the Council prescribed in regard to institutions for higher education in Israel, exempt students from the requirement;
- (b) If the degree promised or awarded to students of the institution in Israel is a master's degree, the institution in Israel may not accept students for studies except on the strength of a bachelor's degree;
- (10) The degree promised or awarded to students of the institution in Israel is recognized according to the law which applies in the base country and is identical in all respects to the degree awarded by the parent institution to its graduates in the same study program in the base country;
- (11) The institution in Israel does not maintain a study program for a doctor's degree and does not confer or promise that it will confer a doctor's degree, unless it has been recognized for this purpose as an institution for higher education in accordance with Section 9;
- (12) The parent institution undertakes to regard graduates of the institution in Israel as qualified for advanced studies according to the same conditions which apply to graduates of the parent institution, and to accept students of the institution in Israel, in the event that the institution ceases to operate, for continued studies toward the degree for which they studied in Israel;
- (13) The institution in Israel maintains and conducts the tuition and studies at an appropriate place having suitable conditions, including the means required for ensuring a proper standard of studies.

25E. Cooperation with Institutions for Higher Education

- (a) An institution in Israel which is a branch or sub-division of a parent institution shall not cooperate with an institution recognized for higher education or an institution which has received a permit pursuant to this law, unless this has been approved by the Council and on the conditions as approved by it.
- (b) The Council may, under such conditions it may prescribe, approve for an institution in Israel which is a branch or sub-division of a parent institution, the use of buildings or other means of tuition of an institution recognized for higher education or of an institution which has received a permit pursuant to this law.

25F. Participation in Budget

The State will not participate in the budget of an institution in Israel which is a branch or sub-division of a parent institution, except on special grounds, with the approval of the Government, in accordance with a recommendation by the Council.

25G. Information and Inspection

The institution in Israel shall present the Council, at any time the Council may so demand, details with regard to its structure and its activities and any other information the Council may demand from it; the Council or a person acting on its behalf shall be entitled to visit the institution in Israel in order to inspect and check that the conditions of the license are being complied with.

25H. Prescribing of Conditions

- (a) The Council shall be entitled to make the grant of a license, as referred to in Section 25C in order to comply with the provisions of Section 25D, subject to conditions, whether the institution in Israel is obliged to fulfill such conditions prior to the grant of the license or subsequent to the license being granted to it.
- (b) The provisions of Section 25D shall not prevent an institution in Israel from conducting tuition and holding examinations in the Hebrew or Arabic language, unless the Council is of the opinion that conducting tuition and holding examinations as aforesaid is likely to prejudice the possibility of the parent institution maintaining supervision over the institution in Israel for purposes of complying with the provisions of the aforesaid section.

25I. Temporary License

The Council shall be entitled to grant a temporary license to an institution in Israel, for a period to be fixed by it, which shall not exceed four years, even if the institution does not comply with any of the conditions mentioned in Section 25D, and it shall be entitled to make such license subject to conditions as set forth in Section 25H.

25J. Obligation of Disclosure in Advertisements

An institution which holds a license shall mention in all its advertisements to the public that the degree which will be awarded to students at the end of their studies is an academic degree of the parent institution abroad and is not an Israeli academic degree, and shall indicate the identity of the base country; The manner in which the institution shall indicate that it holds a license from the Council shall be prescribed in rules by the Council, with the approval of the Knesset Education and Culture Committee.

25K. Revocation of Suspension of License

Should any of the conditions of Section 25D or any of the conditions for the grant of the license in accordance with Section 25H or 25I, not be complied with or cease to be complied with, or should the institution breach the provisions of Section 25H, 25G or 25J, the Council shall be entitled to revoke the license or to suspend it for such period as it specifies; the Council shall not decide on the revocation of the license, or on the suspension thereof, until it has given the institution the opportunity of presenting its case and has fixed a reasonable period for rectifying whatever requires to be rectified in order to ensure compliance with the aforesaid conditions or provisions.

25L. Giving of Decision

The Council shall notify the applicant for a license of its decision on his application within one year from the date the application is lodged.

25M. Repeat Application for Grant of License

An institution in Israel whose application for a license has been refused, or in respect of which the license granted to it has been revoked, shall be entitled after the elapse of one year, again to present an application to the Council for the grant of a license, on the strength of evidence it shall produce showing that the grounds which served for the refusal or revocation no longer apply.

25N. Notice Regarding Grant of License, Suspension or Revocation Thereof

Notice of grant of a license, suspension or revocation thereof, shall be published in Reshumot, and the date of the grant of the license, the suspension or revocation thereof, as the case may be, shall be mentioned therein.

26O. Rules for Implementation

The Council may, with the approval of the Knesset Education and Culture Committee, prescribe rules for the implementation of its powers and authorities pursuant to Section 25D to 25M.

26P. Status of Degree from Institution which Holds a License

A degree awarded to graduates of an institution which holds a license as referred to in Section 25C shall have the same status, for all purposes, as the identical degree awarded by the parent institution in the base country, and the grant of the license to the institution in Israel shall not constitute recognition by the Council of the institution in Israel as an institution recognized for higher education, nor shall it constitute any form of authorization to the institution in Israel to grant recognized degrees within the meaning thereof under this law.

26. A person who does any of the following acts shall be liable to imprisonment for a term of one year or a fine:

- (1) supplies to or for the Council, in a matter within its competence, any information which he knows to be false;
- (2) confers, or assists in the conferment of, a degree without being competent to do so under this Law;
- (3) makes himself out to be the holder of a recognized degree conferred upon him under this Law while a degree as aforesaid has not been conferred upon him;
- (4) contravenes any of the provisions of section 21A or a regulation made thereunder;
- (5) contravenes any of the provisions of section 21H;

- (6) any person who contravenes any of the provisions of Section 25C;
- (7) any person who contravenes any of the provisions of Section 25G.

26A. Powers of the Commissioner for Consumer Protection

Without derogating from the contents of Section 26, a contravention under sub-paragraph (2) and (4) to (7) of the aforesaid section shall also be deemed to be a contravention under the Consumer Protection Law 5741-1981, and the Commissioner for Consumer Protection pursuant to the aforesaid law will, in respect of these offences, be vested with all the powers he has pursuant to Chapters E and F of that law.

27. The Law of the State

(a) The provisions of this Law shall apply to the State as well, however sections 14, 15, 17 and 17A shall not apply to an institution for the training of teachers which the State maintains.

(b) The Minister of Education and Culture may, at the proposal of the Council or on his own initiative and with the Council's agreement, and with the approval of the Committee on Education and Culture of the Knesset, prescribe rules regarding the freedom of action of an institution as set forth in section (a) and in those matters listed in section 15, in whole or in part.

28. The Education Ordinance shall not apply to an institution which has been accredited or to which a permit has been granted and an institution to which a license has been granted under this Law.

28A. Recognition of Degrees of Recognized Institutions in the Area

The Council may recognize the degree of an institution of higher education accredited or which has been granted a permit by the Council for Higher Education that has been established by the Commander, in its definition in the Emergency Regulations (Judea and Samaria and Gaza District - Judgment of Crimes and Legal Assistance) 5727 - 1967, on the basis of rules that it will determine for this purpose. The status of a recognized degree, as stated, conferred to a person or in general, is the same as the same recognized degree conferred by an institution that has been authorized to confer recognized degrees, as stated in sections 22 and 23.

29. Implementation

The Minister of Education and Culture is charged with the implementation of this Law and shall bring before the Government decisions of the Council requiring approval, and proposals of the Council, and shall bring before the President of the State every matter required to be brought before him under this Law.

30. Regulations

The Minister of Education and Culture may, after consultation with the Council, make regulations for the implementation of this Law and, *inter alia*, regulations as to reasonable times within which the handling of applications for the grant of a license for institutions and in applications for the accreditation of institutions - from the submission of the application until the decision thereon - shall be completed by the Council and the Government.

EXHIBIT-B



THE COMMITTEE FOR RE-EVALUATION OF MEDICAL SCHOOLS

Council for Higher Education Decision No. 9/257
of February 23rd, 1999

"The Council for Higher Education is deciding to establish a permanent committee that will be responsible for the evaluation process of medical schools in Israel. The goal of the committee will be to ensure the maintenance of recognized standards for medical education and the training of the physicians in Israel.

The evaluations will be conducted once every 5 years, and the report will be submitted to the Council for Higher Education."

EXHIBIT-C

COUNCIL
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THE COMMITTEE FOR RE-EVALUATION OF MEDICAL SCHOOLS

Re-Evaluation Procedures

By the Council for Higher Education (CHE) Secretariat.

Seven months beforehand, the CHE secretariat contacts a medical school to establish the dates for site visits in that year. Survey visits are two-day visits. At the same time, schools are sent a questionnaire based on the Standards used by The Committee for Re-Evaluation of Medical Schools to Evaluate Medical Education, so that they can compile a medical education database, undertake an institutional self-study and complete the report to the committee.

By the university and the school.

The school completes the medical education database, so that it can be used as the basis for the institutional self-study and the final report.

The dean appoints a self-study steering committee and subcommittees corresponding to the main elements of the database (e.g., Objectives, Governance/Administration, Educational Program for the M.D. degree, Medical Students, Finances, Faculty, Facilities, Research, etc.).

The summary of the self-study and the final report are mailed to the CHE secretariats and to each member of the committee three months before the site visit.

The committee's work

The committee conducts one meeting before the site visit, to assess the material received from the school.

The committee conducts a site survey to verify and update information compiled in the school's report, clarify any issues that are unclear, view the environment and facilities for learning first-hand, and meet with administrators, faculty members, and students.

The committee will meet with the dean to explain its purpose and gain decanal input in a conference at the beginning of the site visit, and meet with the dean and campus chief executive to summarize its findings about the program's strengths and problem areas at the completion of the visit.



After the site visit the committee will conduct one meeting to summarize the findings into a final report that describes the program of education and accounts for the school's compliance with each of the standards contained in the Standards used by The Committee for Re-Evaluation of Medical Schools mentioned above.

The report will be submitted to the Council for Higher Education.

The evaluations will be conducted once every 5 years. Schools may be asked to submit one or more progress reports in the interval, to address steps taken to correct specific areas of concern in committee report, or describe the results of program changes underway. Interim, focused surveys may be scheduled when an on-site visit is deemed necessary.

Documentation

*Country
Submissions*

The Council for Higher Education - Israel

Fax

To: Dr. Karen Kershenshtein **From:** Naama Shaked
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Date: 30/6/99 **Pages:** 21

Urgent Please Acknowledge Receipt Please Reply Please Recycle

Please see the attached documents.

ISRAEL

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SENT BY FAX TRANSMISSION

Jerusalem
June 30, 1999

Dr. Karen W. Kershenstein, Director
Accreditation and Eligibility
Determination Division
U.S. Department Of Education
Room 3915, ROB-3
7th & D Streets, S.W.
Washington, D.C. 20202-5244
U.S.A

Dear Dr. Kershenstein,

Please find attached the following 5 items that we are forwarding in response to the request of the NCFMEA for further information, for consideration at the NCFMEA meeting on September 16th, 1999:

1. Official decision to establish a permanent Committee for Re-Evaluation of Medical Schools in Israel.
2. Members of the Committee for Re-Evaluation of Medical Schools.
3. Standards used by the Committee for Re-Evaluation of Medical Schools to evaluate medical education.
4. The Committee's re-evaluation procedures.
5. Schedule of planned site visits at all Israeli Medical Schools.

I shall be grateful if you would pass on this information to NCFMEA in preparation for its next meeting on September 16th. Please let us know if you require any other material or clarification.

Professor Margolis, who attended the March 4th meeting of the NCFMEA, plans to attend the September 16th meeting.

Sincerely,

Naama Shaked
Naama Shaked
Assistant to the Secretary
Council for Higher Education of Israel

cc: Mr. Naftali Weitman, Secretary, Council for Higher Education of Israel
Ms. Bonnie LeBold, Executive Director, NCFMEA



THE COMMITTEE FOR RE-EVALUATION OF MEDICAL SCHOOLS

Council for Higher Education Decision No. 9/257
of February 23rd, 1999

"The Council for Higher Education is deciding to establish a permanent committee that will be responsible for the evaluation process of medical schools in Israel. The goal of the committee will be to ensure the maintenance of recognized standards for medical education and the training of the physicians in Israel.

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THE COMMITTEE FOR RE-EVALUATION OF MEDICAL SCHOOLS

Members

Prof. Iran R. Cohen, M.D. – The Weizman Institute of Science; Chairman.

Prof. Elyahu Antebi, M.D. – A representative of the Scientific Council of the Israeli Medical Association.

Prof. Shimon (Seymour) Michael Glick, M.D. – A representative of the Schools of Medicine in Israel.

Dr. Yitzhak Berlovitz, M.D., M.H.A. – A representative of the Ministry of Health.

Mr. Gil Be'er, Student – A representative of the Association of Medical Students.

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THE COMMITTEE FOR RE-EVALUATION OF MEDICAL SCHOOLS

Standards used by The Committee for Re-Evaluation of Medical Schools To Evaluate Medical Education*

Objectives

The main objectives of a program of medical education leading to the M.D. degree in Israel are to prepare its graduates to enter and complete graduate medical education, to qualify for licensure, to provide competent medical care, and to have the educational background necessary for continued learning. A medical school may establish additional objectives for its educational program, consistent with its program resources. A medical school must define its objectives and make them known to faculty and students.

Governance

A medical school should be a component of a university that has other graduate and other professional degree programs. The program of medical education leading to the M.D. degree must be conducted in an environment that fosters the intellectual challenge and spirit of inquiry as characterized by the community of scholars that constitutes a university.

A medical school in Israel must be part of a not-for-profit university.

Administration

The administration of a medical school must be effective and appropriate in light of the main objectives and its particular mission and objectives.

*Note: These criteria are generally based on those of the Liaison Committee on Medical Education in the United States. Since all 4 Israeli Medical Schools are supported by public funds, these criteria reflects this in the appropriate areas.

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The chief academic official of a medical school must be qualified by education and experience to provide leadership in medical education.

The faculty of a medical school must be appropriately qualified to teach and be involved in decisions involving admissions and curriculum.

General

Administrative officers and members of a medical school faculty are appointed by, or on the authority of, the governing board of the medical school or its parent university.

The chief official of the medical school, who usually holds the title "dean," must 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 dean's office.

The dean must be qualified by education and experience to provide leadership in medical education, in scholarly activity and research, and in care of patients. The dean should have the assistance of such associate or assistant deans and staff as are necessary for administration of admissions, student affairs, academic affairs, graduate education, continuing education, hospital relationships, research, business and planning, and fund raising.

The manner in which the medical school is organized, including the responsibilities and privileges of administrative officers, faculty, students, and committees must be promulgated in medical school or university bylaws. A committee structure is the usual mechanism for involving faculty and others in decisions concerning admissions, promotions, curriculum, library and research, etc. The names, membership, and functions of such committees are not prescribed by these standards, but rather are subject to local determination and needs.

In determining the appropriate organization, emphasis should be placed on the importance of the collegiality of the medical school faculty responsible for undergraduate medical education and for the continuum of medical education. Consideration should be given to the commitments of faculty members who have multiple academic responsibilities in several educational programs of a complex university, so as to assure each educational program adequate faculty resources. A decision must be made concerning the provision of a single faculty or of combined faculties to serve the needs of each of several health-related or other academic programs of the university, and concerning the advisability of joint faculty appointments. The school must ensure that appointments such as "clinical professors", must be made according to approved academic criteria.

Geographically Separated Programs

If components of the program are conducted at sites geographically separated from the main campus of the medical school, the chief academic officer of the medical school must be responsible for the conduct and maintenance of quality of the educational experience offered at these sites and for identification of the faculty at all sites. The principal academic officer of each geographically separated site must be administratively responsible to the chief academic officer of the medical school conducting the accredited program. The faculty in each discipline, in all sites, must be functionally integrated by administrative mechanisms that ensure comparable quality in the educational experiences and consistency in student evaluation at the geographically separated segments of the program.

A large number of program sites or a significant distance between sites may require extra academic and administrative controls in order to maintain the quality of the entire program.

A medical school must specify its separated campuses and the faculty that teaches in them.

Educational program for the M.D. degree

The educational program of a medical school must be of sufficient length to meet the main objectives and its particular mission and objectives, and to provide students with knowledge and skills necessary to become a qualified physician.

The curriculum must provide a broad-based education in the sciences basic to medicine, a variety of clinical subjects, and a various ethical, behavioral and socioeconomic subjects pertinent to medicine.

The requirements for successful completion of the program of medical education must include a particular focus on clerkships and other forms of clinical training. Students must have hands-on experience.

Duration

The program of education in the art and science of medicine leading to the M.D. degree in Israel must be of 6 years duration plus one year of rotating internship.

Design and Management

The program's faculty is responsible for the design, implementation, and evaluation of the curriculum. There must be integrated institutional responsibility for the design and management of a coherent and coordinated curriculum. The chief academic officer

must have sufficient available resources and authority provided by the institution to fulfill this responsibility. The curriculum of the program leading to the M.D. degree must be designed to provide a general professional education, recognizing that this alone is insufficient to prepare a graduate for independent, unsupervised practice. Medical schools must evaluate educational program effectiveness by documenting the achievement of their students and graduates in verifiable and internally consistent ways that show the extent to which institutional and program purposes are met.

The committee responsible for curriculum should give careful attention to the impact on students of the amount of work required. The committee should monitor the content provided in each discipline in order that objectives for education of a physician are achieved without attempting to present the complete, detailed, systematic body of knowledge in that discipline. The objectives, content, and methods of pedagogy utilized for each segment of the curriculum, as well as for the entire curriculum, should be subjected to periodic evaluation. Redundancies and deficiencies in the curriculum identified by the evaluations should be corrected.

Medical schools should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and program completion rates, acceptance into residency programs, postgraduate performance, and emerging measures that may prove to be valid. The results of such evaluations should be used to determine how well schools are fulfilling their objectives and to assess the need for program improvement. Schools also should evaluate the performance of their students and graduates in the framework of national norms of accomplishment. Review and necessary revision of the curriculum must be an ongoing faculty responsibility.

Content

The medical faculty is responsible for devising a curriculum that enables students to learn the fundamental principles of medicine, to acquire skills of critical judgement based on evidence and experience, and to develop an ability to use principles and skills wisely in solving problems of health and disease. In addition, the curriculum must be designed so that students acquire an understanding of the scientific concepts underlying medicine. In designing the curriculum, the faculty must introduce current advances in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on medical care.

The curriculum cannot be all-encompassing. However, it must include the sciences basic to medicine, a variety of clinical disciplines, and ethical, behavioral, and socioeconomic subjects pertinent to medicine. There should be presentation of material on medical ethics and human values. The faculty must foster in students the ability to learn through self-directed, independent study throughout their professional lives.

The curriculum must include the contemporary content of those expanded disciplines that have been traditionally titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine. Instruction within these basic sciences should include laboratory or other practical exercises which facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data. Teachers and teaching assistants in the biomedical sciences must be familiar with the educational objectives of the course and be prepared for their roles in teaching and evaluation.

All schools must provide broad-based clinical education programs that equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine. Instruction and experience in patient care must be provided in both ambulatory and hospital settings. All schools must offer a core curriculum in primary care, utilizing the disciplines or multidisciplinary approaches involved in the delivery of such care.

Clinical education programs should include disciplines such as family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. Schools must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education. Clinical instruction should cover all organ systems, and must include the important aspects of acute, chronic, continuing, preventive, and rehabilitative care.

The faculty must participate in a process that defines the objectives of clinical education and establishes quantified criteria for the types of patients (real or simulated), the level of student responsibility, and the appropriate clinical settings necessary to accomplish these purposes. A system for monitoring the achievement of clinical educational goals must be developed, based on these criteria, and students must be evaluated in this framework. If the level or diversity of student interactions with patients does not meet the school-based criteria, specific mechanisms must be in place to adjust the criteria or to alter the educational program. Either may be done only within appropriate, documented means that ensure continued educational quality.

The curriculum must provide grounding in the body of knowledge represented in the disciplines that support the fundamental clinical subjects, for example, diagnostic imaging and clinical pathology. Students must have opportunities to gain knowledge in those content areas that incorporate several disciplines in providing medical care, for example, emergency medicine and the care of the elderly and disabled. In addition, students should have the opportunity to participate in research and other scholarly activities of the faculty.

Each required clinical clerkship 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 primary and related disciplines of the clerkship. The committee

responsible for curriculum must require close faculty supervision of the learning experience of each student at the appropriate level of graded clinical responsibility. Supervision must be provided throughout required clerkships by members of the school's faculty. The required clerkships should be conducted in a teaching hospital or ambulatory care facility where residents in accredited programs of graduate medical education, under faculty guidance, may participate in teaching the students. Residents must be fully informed about the educational objectives of the clerkships and be prepared for their roles as teachers and evaluators of medical students. In an ambulatory care setting, if faculty supervision is present, resident participation may not be required. If required clerkships in a single discipline are conducted in several hospitals, every effort must be made to ensure that the students receive equivalent educational experiences.

The faculty committee responsible for curriculum should develop, and the chief academic officer should enforce, the same rigorous standards for the content of each year of the program leading to the M.D. degree. The final year should complement and supplement the curriculum so that each student will acquire appropriate competence in general medical care regardless of subsequent career specialty. The curriculum should include elective courses designed to supplement the required courses and to provide opportunities for students to pursue individual academic interests. Faculty advisors must guide students in the choice of elective courses. If students are permitted to take electives at other institutions, there should be a system centralized in the dean's office to screen the students' proposed extramural programs prior to approval and to ensure the return of a performance appraisal by the host program. Another system, devised and implemented by the dean, should verify the credentials of students from other schools wishing to take courses or clerkships at the school, approve assignments, maintain a complete roster of visiting students, and provide evaluations to the parent schools.

All instruction should stress the need for students to be concerned with the total medical needs of their patients and the effect on their health of social and cultural circumstances.

The school must specify how students are prepared for their role in addressing the medical consequences of common societal problems, for example, providing instruction in the diagnosis, prevention, appropriate reporting and treatment of violence and abuse. Students must be encouraged to develop and employ scrupulous ethical principles in caring for patients, in relating to patients families, and to others involved in the care of the patients. These principles are essential if the physician is to gain and maintain the trust and respect of patients, colleagues, and the community.

In view of the increasing pace of discovery of new knowledge and technology in medicine, The Council for Higher Education encourages experimentation that will increase the efficiency and effectiveness of medical education. Experiments should

have carefully defined goals and plans for implementation, including methods of evaluating the results. Planning for educational innovation should consider the incremental resources that will be required, including demands on library facilities and operation, information management needs and computer hardware and software.

Evaluation of Student Achievement; Due Process

The medical school faculty must establish principles and methods for the evaluation of student achievement, and make decisions regarding promotion and graduation. The evaluation of student achievement must employ a variety of measures of knowledge, competence and performance, systematically and sequentially applied throughout medical school. Each provisionally accredited program must utilize methods for determining the quality of its program and the level of achievement of its students compared to national norms.

The chairman of each discipline should set the standards of achievement by students in the study of that discipline. Narrative descriptions of student performance and of non-cognitive achievements should be recorded to supplement grade reports in all required clinical clerkships and in all courses where student-faculty interaction permits this form of assessment. The faculty committee should review the frequency of examinations and their scheduling, particularly when the students are enrolled in several subjects simultaneously. The Council for Higher education urges schools to develop a system of evaluation that fosters self-initiated learning by students, and disapproves of the use of frequent tests which condition students to memorize details for short-term retention only. Examinations (written and others) should measure cognitive learning, mastery of basic clinical skills, and the ability to use data in realistic problem solving. Institutions must develop a system of assessment which assures that students have acquired and can demonstrate on direct observation the core clinical skills and behaviors needed in subsequent medical training. Communication skills are integral to the education and effective function of physicians. There must be specific instruction and evaluation of these skills as they relate to physician responsibilities, including communication with patients, families, colleagues and other health professionals.

There must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline. If geographically separated campuses are operated, a single standard for promotion and graduation of students should be applied.

The medical school must publicize to all faculty members and students its standards and procedures for the evaluation, advancement, and graduation of its students and for disciplinary action. There should be a fair and relatively formal process for the faculty or administration to follow when taking any action that adversely affects the status of a student. The process should include timely notice of the impending action, disclosure of the evidence on which the action would be based, and an opportunity for

the student to respond. A student's records must be available for review by the student, and the student must have the right and be given the opportunity to challenge the accuracy of the record. Student records must be confidential and should be made available only to members of the faculty and administration with a need to know, unless released by the student, or as otherwise governed by laws concerning confidentiality.

Academic Counseling and Career Guidance

The chief academic officer and the directors of all courses and clerkships must design and implement a system of evaluation of the work of each student during progression through each course or clerkship. Each student should be evaluated early enough during a unit of study to allow time for remediation. Course directors and faculty assigned to advise students should consider this duty a primary responsibility. All course directors or departmental heads, or their designates, should serve as expert consultants to the chief academic officer for facilitation of performance of both students and faculty.

The Council will evaluate the programs designs to assist students in selecting a future medical career and in developing a strategy for application to residency programs. Any such system should not disrupt a student's curriculum in general medical education by external pressures to make premature application to residency programs.

Medical students

Medical school must admit only those students who possess the intelligence, integrity, and personal characteristics that are generally perceived as necessary to become effective physicians.

The medical school must carefully monitor the progress the progress of students through the educational program and graduate only those students who successfully complete the program.

Admissions

The faculty of each school should develop criteria and procedures for the selection of students, which should be published and available to potential applicants. To further the accomplishment of its purposes, each medical school should have policies and practices addressing the gender, racial, cultural, and economic diversity of its students. Medical schools must strive to select students who possess the intelligence, integrity, and personal and emotional characteristics that are perceived necessary for them to become effective physicians.

While physical disability should not preclude a student from consideration for admission, each school should develop and publish technical standards for the admission of handicapped applicants, in accordance with legal requirements.

The selection of students for the study of medicine is the responsibility of the medical school faculty through a duly constituted committee. Persons or groups external to the medical school may assist in the evaluation of applicants, but the final responsibility must not be delegated outside the medical faculty. There must not be any political or financial influence on the selection of students. All factors utilized in the selection process must be made public.

A medical school's publications, advertising, and student recruitment should present a balanced and accurate representation of the mission and objectives of the educational program. The catalog or equivalent informational materials must describe all courses offered by the school, a complete description of the requirements for the M.D. degree and all associated degrees, the most recent academic calendar for each of the curricular options available, a description of the admissions process, and the enumeration of criteria used in the selection of students.

There must be no discrimination on the basis of sex, age, race, creed or national origin. Compliance with both written and implied public policy must be assured. The student body should be drawn from a wide spectrum of economic backgrounds. Advanced standing may be granted to students for work done prior to admission. Each medical school or its parent university should define the standards of conduct in the teacher-learner relationship. Schools should develop and widely promulgate written procedures that allow medical students to report violations of these standards—such as incidents of harassment or abuse—without fear of retaliation. The procedures also should specify mechanisms for the prompt handling of such complaints, and for the educational methods aimed at preventing student mistreatment.

Geographically separated campuses. If geographically separated campuses are operated, the selection and assignment of all medical students is the ultimate responsibility of the degree granting school. Within reasonable limits, students should have the opportunity to move between the component programs of the school. Recognizing that quality and quantity of educational opportunities may vary between components, it is recommended that transfer students with advanced standing be assigned for at least half their first academic year to that component of the school which offers the most complete program and broadest variety of resources and experiences.

Students assigned to a branch campus should receive the same privileges and access to student services as students on the main campus.

Transfer and visiting students. Differences in curricula across schools require that decisions about the transfer of students between schools be based on an assurance that the courses previously taken are compatible with the program to be entered. Accepted transfer students must have demonstrated achievements in premedical education and

medical school that are comparable to those of students in the class they join. There must be sufficient institutional resources to accommodate the transfer of students. Transfer students may be accepted into the middle years of the curriculum, but must not be accepted into the final year of the program except under rare circumstances. Students visiting from other schools for clinical clerkships and electives must possess qualifications equivalent to the students they will join in these experiences. There must be sufficient institutional resources to accommodate such students without significantly diminishing the resources available to students already enrolled. Visiting students must be registered by the school for the period in which they are visiting, so as to ensure that they satisfy the school's requirements for health records, immunizations, health insurance, and liability protection.

Financial Aid; Tuition and Fee Refund Policy

A school must report its policies with regard to counseling about financial aid. To the extent possible, a school should provide financial aid to students.

Amenities for Students

A school should provide students with amenities that increase efficiency, such as study space, lounge areas and food service, if not available in the immediate vicinity of the school. The medical school should have an appropriate security system for its personnel and all properties.

Personal Counseling; Student Health Services

A school must report its system of personal counseling for students. The faculty and administrators should determine whether personal counsel is to be provided by an officer of administration, by assignment of faculty members or others for this purpose, or both.

There must be a system for preventive and therapeutic health services to students, to make health insurance available to all students and their dependents, and to make disability insurance available to students. Schools must develop policies dealing with students' exposure to infectious and environmental hazards. The policies must include: (1) education of students about methods of prevention; (2) the procedures for care and treatment after exposure, including definition of financial responsibility; (3) and the effects of infectious and/or environmental disease or disability on student education activities. Confidential counseling by mental health professionals must be available to students.

Resources for the educational program

Medical school must have physical facilities that are qualitatively adequate for the size and scope of the educational program, as well as of the student body.

The faculty must provide effective teaching and to be of sufficient size to provide the scope of the educational program offered.

Medical school must have a library sufficient in size, breadth and depth to support the educational program.

General Facilities

A medical school must have, or be assured use of, buildings and equipment that are quantitatively and qualitatively adequate to provide an environment conducive to high productivity of faculty and students. Geographic separation between facilities may be dysfunctional. The facilities must include faculty offices and research laboratories, student classrooms and laboratories, amenities for students, offices for administrative and support staff, and a library. Access to an auditorium sufficiently large to accommodate the student body is desirable. The school should be equipped to conduct biomedical research and must provide facilities for humane care of animals when animals are used in teaching and research.

Faculty

Members of the faculty must have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline and an understanding of pedagogy, including construction of a curriculum consistent with learning objectives, subject to internal and external formal evaluation. The administration and the faculty should have knowledge of methods for measurement of student performance in accordance with stated educational objectives and national norms.

Persons appointed to a faculty position must have demonstrated achievements within their disciplines commensurate with their faculty rank. The recruitment and development of a medical school's faculty should take into account its mission, the diversity of its student body, and the populations that it serves. It is expected that faculty members will have a commitment to continuing scholarly productivity, thereby contributing to the educational environment of the medical school.

In each of the major disciplines basic to medicine and in the clinical sciences, a critical mass of faculty members must be appointed who possess, in addition to a comprehensive knowledge of their major disciplines, expertise in one or more subdivisions or specialties within each of these disciplines. In the clinical sciences, the number and kind of specialists appointed should relate to the amount of patient care activities required to conduct meaningful clinical teaching at the undergraduate level, as well as for graduate and continuing medical education.

Physicians practicing in the community can make a significant contribution to the educational program of the medical school, subject to individual expertise, commitment to medical education, and availability. Practicing physicians appointed to

the faculty, either on a part-time basis or as volunteers, should be effective teachers, serve as role models for students, and provide insight into contemporary methods of providing patient care. The quality of an educational program is enhanced by the participation of volunteer faculty in faculty governance, especially in defining educational goals and objectives.

There must be clear policies for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of members of the faculty. The appointment process must involve the faculty, the appropriate departmental heads, and the dean. Each appointee should receive a clear definition of the terms of appointment, responsibilities, line of communication, privileges and benefits. Faculty members should receive regularly scheduled feedback on their academic performance and their progress towards promotion. Opportunities for professional development should be provided to enhance faculty members skills and leadership abilities in teaching and research.

The education of both medical students and graduate physicians requires an academic environment that provides close interaction between faculty members, so that those skilled in teaching and research in the basic sciences can maintain awareness of the relevance of their disciplines to clinical problems. Such an environment is equally important for clinicians, for from the sciences basic to medicine comes new knowledge which can be applied to clinical problems. A medical school should endeavor to provide a setting in which all faculty members work closely together in teaching, research, and health care delivery, to disseminate existing knowledge and to generate new knowledge of importance to the health and welfare of mankind.

Graduate medical education and graduate education in the biomedical and behavioral sciences are important parts of the academic environment of a medical school. There should be regular institutional review of the graduate programs in which medical school faculty participate, addressing the quality of education, the research and scholarship of the faculty, and the progress and achievement of the trainees.

The dean and a committee of the faculty should determine medical school policies. This committee typically consists of the heads of major departments, but may be organized in any manner that brings reasonable and appropriate faculty influence into the governance and policymaking processes of the school. The full faculty should meet often enough to provide an opportunity for all to discuss, establish, and otherwise become acquainted with medical school policies and practices.

A medical school should have policies which deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.

Library

The medical school must have a well-maintained and catalogued library, sufficient in size and breadth to support the educational programs offered by the institution. The library should receive the leading biomedical and clinical periodicals, the current numbers of which should be readily accessible. The library and any other learning resources should be equipped to allow students to learn new methods of retrieving and managing information, as well as to use self-instructional materials. A professional library staff should supervise the library and provide instruction in its use.

If the library serving the medical school is part of a medical center or university library system, the professional library staff must be responsive to the needs of the medical school, its teaching hospitals, the faculty, resident staff, and students who may require extended access to the journal and reference book collections. The librarian should be familiar with the methods for maintaining relationships between the library and national library systems and resources, and with the current technology available to provide services in non-print materials. If the faculty and students served by the library are dispersed, the utilization of departmental and branch libraries should be facilitated by the librarian and by the administration and faculty of the school.

The library should also be a community resource in support of continuing medical education.

Clinical Teaching Facilities

The medical school must have adequate resources to provide clinical instruction to its medical students. Resources must include ambulatory care facilities and hospitals where the full spectrum of medical care is provided and can be demonstrated. Each major clinical department must have a residency program accredited by the Israel Medical Association Scientific Council. The number of hospital beds required for education cannot be specified by formula, but the aggregation of clinical resources must be sufficient to permit students in each of the major clerkships to work up and follow several new patients each week.

Since undergraduate medical education usually requires the conduct of simultaneous and mutually supportive programs of graduate medical education, clinical facilities must be adequate for both parts of the continuum of medical education. A hospital that provides a base for the education of both medical students and residents must have adequate library resources, not only for the clinical staff, but also for the faculty and the students. Ready access to areas for individual study, for conferences, and for lectures is necessary.

The nature of the relationship of the medical school to affiliated hospitals and other clinical resources is extremely important. There should be written affiliation agreements that define the responsibilities of each party. The degree of the school's authority should reflect the extent that the affiliated clinical facility participates in the



educational programs of the school. Most critical are the clinical facilities where required clinical clerkships are conducted. In affiliated institutions, the school's department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.

Recognizing the special relationship between the medical school and its affiliated teaching hospitals, it is imperative that the academic programs remain under the control of the faculty in all medical school-hospital relationships.



THE COMMITTEE FOR RE-EVALUATION OF MEDICAL SCHOOLS

Re-Evaluation Procedures

By the Council for Higher Education (CHE) Secretariat.

Seven months beforehand, the CHE secretariat contacts a medical school to establish the dates for site visits in that year. Survey visits are two-day visit.

At the same time, schools are sent a questionnaire based on the Standards used by The Committee for Re-Evaluation of Medical Schools to Evaluate Medical Education, so that they can compile a medical education database, undertake an institutional self-study and complete the report to the committee.

By the university and the school.

The school completes the medical education database, so that it can be used as the basis for the institutional self-study and the final report.

The dean appoints a self-study steering committee and subcommittees corresponding to the main elements of the database (e.g., Objectives, Governance/Administration, Educational Program for the M.D. degree, Medical Students, Finances, Faculty, Facilities, Research, etc.).

The summary of the self-study and the final report are mailed to the CHE secretariats and to each member of the committee three months before the site visit.

The committee's work

The committee conducts one meeting before the site visit, to assess the material received from the school.

The committee conducts a site survey to verify and update information compiled in the school's report, clarify any issues that are unclear, view the environment and facilities for learning first-hand, and meet with administrators, faculty members, and students.

The committee will meet with the dean to explain its purpose and gain decanal input in a conference at the beginning of the site visit, and meet with the dean and campus chief executive to summarize its findings about the program's strengths and problem areas at the completion of the visit.



After the site visit the committee will conduct one meeting to summarize the findings into a final report that describes the program of education and accounts for the school's compliance with each of the standards contained in the Standards used by The Committee for Re-Evaluation of Medical Schools mentioned above.

The report will be submitted to the Council for Higher Education.

The evaluations will be conducted once every 5 years. Schools may be asked to submit one or more progress reports in the interval, to address steps taken to correct specific areas of concern in committee report, or describe the results of program changes underway. Interim, focused surveys may be scheduled when an on-site visit is deemed necessary.



THE COMMITTEE FOR RE-EVALUATION OF MEDICAL SCHOOLS

Schedule of Planned Site Visits at All Israeli Medical Schools

January 2000	Ben-Gurion University of the Negev: The Joyce & Irving Medical School.
July 2000	Technion - Israel Institute of Technology: The Rappaport Faculty of Medicine.
January 2001	The Hebrew University-Hadassah Medical School.
July 2001	Tel Aviv University: The Sackler School of Medicine