

The Council for Higher Education - Israel

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Date: 30/6/99 **Pages:** 21

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Please see the attached documents.

ISRAEL



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Jerusalem
June 30, 1999

Dr. Karen W. Kershenstein, Director
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U.S. Department Of Education
Room 3915, ROB-3
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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.

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



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.



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 Israeli Medical Schools are supported by public funds, these criteria reflect this in the appropriate areas.



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



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 disciplines 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.



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 Joyca & 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



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.