

U.S. Department of Education

Staff Analysis
of the Standards Used by the

Republic of Slovakia

for the Evaluation of Medical Schools

Prepared March 2007

Background

This is an application for initial consideration by the National Committee on Foreign Medical Education and Accreditation (NCFMEA) on the evaluation of medical education in the Slovak Republic (Slovakia or country). The NCFMEA is asked to make a determination that the accreditation or approval standards and processes used by the country to evaluate the medical education at three Slovak universities that offer programs leading to the M.D. (or equivalent) degree are comparable to standards of accreditation used to evaluate medical education programs in the United States.

Summary of Findings

Based on the information provided by the Republic of Slovakia, it appears that the country has an evaluation system that may be, in many areas, comparable to that used to accredit medical schools in the United States. However, the English translation of the Application Narrative contains unfamiliar terminology. Also, significant for a comparability assessment, there is insufficient documentation, such as written procedures, site team reports, etc., to illustrate that the evaluation described in the narrative has been conducted. In addition, comparability concerns are raised in the following areas:

- Although Slovak medical education objectives do not include preparation of medical graduates to qualify for licensure examinations, it requires each graduate to complete a 12-month internship in a hospital under supervision before being allowed to practice medicine.
- The Slovak Republic law specifically provides for the discipline in the medical faculty of student infractions but not of the teachers and professors.
- It is unclear whether medical programs conduct on-going evaluations of their effectiveness using, in part, data on student performance, academic

progress and graduation, acceptance into residency programs, and postgraduate performance.

- Slovakia has not indicated that student access to preventative and therapeutic health services, including mental health counseling, is provided to international students as well as Slovak nationals.
- Slovakia has no written policies addressing student complaints related to the standards regarding educational quality. Also, there is no evidence that Slovak students have a mechanism to submit complaints to the Accreditation Commission if they are unable to resolve them satisfactorily at the institutional level.
- Slovakia does not describe its procedures, if any, by which the opening of a new clinical clerkship site would initiate an accreditation visit to that site or how it conducts quality assessments of clinical sites.
- Slovakia has not provided evidence of a systematic procedure for reviewing, investigating and following up on complaints, nor has it indicated that complaints are considered when medical schools are being reviewed for purposes of accreditation.
- Slovakia has not provided evidence in law or regulations that it has effective controls against conflicts-of-interest by members of the Accreditation Commission or workgroups who make accreditation decisions or evaluate medical faculties. In addition, there is no information to demonstrate that the country ensures against the inconsistent application of the accreditation standards by either the Accreditation Commission or workgroups.
- It appears that the country does not base its accreditation decisions, at least in part, on an evaluation of student outcomes data to determine whether a program complies with the standards of educational quality.

After the deadline for receipt of additional material, on March 7, 2007 the country sent an email in which it provided additional information regarding its standards. Due to the lateness of receipt of the additional information, an analysis of the information is not included in this report. Also, the country indicated that supporting documentation was being sent via mail. However, this documentation had not been received as of March 13, 2007.

Staff Analysis

PART I: The Entity Responsible for the Accreditation/Approval of Medical Schools

There should be a clearly designated body responsible for evaluating the quality of medical education in the foreign country, and that body should have clear authority to accredit/approve medical schools in the country that offer educational programs leading to the M.D. (or equivalent) degree.

The country has identified the Accreditation Commission of the Government of the Slovak Republic (Accreditation Commission or Commission) as the entity responsible for evaluating the quality of medical education in the Republic of Slovakia. Part Eleven, Section 102(1)(b) of Slovak Law No. 131/2002 established the Accreditation Commission. Under this statute, the Commission acts as an advisory body to the Ministry of Education by making approval/accreditation recommendations to the Ministry of Education as opinions. Slovak law requires the Ministry of Education to rely on the Accreditation Commission opinions about the quality of the teaching, research, development and other activities in higher education institutions and programs, including medical schools (referred to in Slovakia as faculties of medicine). The Accreditation Commission opines on whether the higher education institution has the capacity to implement the study program and award academic degrees to its graduates.

The laws in the Slovak Republic established the Accreditation Commission and described the procedures to select its members and the duties it performs. Based on the information provided, the Accreditation Commission has sole authority to accredit or approve faculties of medicine (or medical schools) in the country. The linkage between accreditation and degree-granting authority creates an incentive for medical school programs to maintain a level of quality that is sufficient for the higher education institutions in which they are housed to achieve and maintain accreditation. The Slovak Republic describes accreditation of a study program as “a process within the framework of which the Accreditation Commission shall assess at the request of a higher education institution its capacity to implement the study programme”.

The Minister of Education has the authority to open and close a public institution of higher education and recommend to the Government of the Slovak Republic the approval of the opinions recommended by the Accreditation Commission. Although the Slovak Republic has three kinds of educational institutions offering tertiary education, all three medical school programs are located in public higher education institutions.

Documentation:

Application Narrative, p. 3.

Exhibit 1, Law No. 131/2002, pp.4, 7, 86-93, and 107.

PART II: Accreditation/Approval Standards

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have standards comparable to the following:

1. Mission and Objectives

- (a) **The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school's educational program must be appropriate in light of the mission and objectives of the school.**
- (b) **An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.**

Law No. 131/2002 states the general "mission of higher education institutions is to develop a harmonious personality, knowledge, wisdom, goodness and creativity in man and to contribute to development of education, science, culture and health for the welfare of the whole society." This law also requires institutions of higher education to provide higher education within the framework of accredited study programs. Therefore, each higher education institution establishes its own detailed mission and addresses individual program activity in a five-year strategic plan.

The general mission of the medical faculties include disseminating scholarship and protecting intellectual property, supporting free-thinking, conducting independent, scientific research, encouraging creativity, and providing multilateral support for the evolution of the spirit within human society. The primary objective in all of the medical faculties in the Slovak Republic is to train doctors and provide them with a thorough theoretical basis that enables them to think and communicate scientifically and medically, have an understanding of basic health care and have the foundation for postgraduate specialty training, if desired. The country expects its medical graduates to have acquired knowledge of the Slovak health care system and be willing to pursue continuing education.

After successfully completing the medical education program, a graduate receives the title of Doctor of Medicine (Doktor Medicíny [MUDr. in Slovak]). The medical school graduate must then complete a 12-month internship in a hospital under supervision to obtain a Certificate of Internship before being allowed to practice as a doctor. The Slovak Republic does not formally award a license to practice medicine to its medical school graduates, although licensure is an essential requirement for U.S. medical school graduates planning to practice medicine in the United States.

Documentation:

Application Narrative, pp. 3-5.
Exhibit 1, Law No. 131/2002

2. Governance

- (a) The medical school must be legally authorized to provide a program of medical education in the country in which it is located.**
- (b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the institution's administration. The external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.**

After the Ministry of Education receives a positive recommendation from the Accreditation Commission and confirms that the graduates have satisfied the qualification requirements by completing the university study program, the Ministry of Education authorizes the medical faculty to award its graduates the doctoral of university studies in general medicine. As a legal entity, faculties of medicine implement the offerings of the medical education programs. All of the country's faculties of medicine are located in public institutions of higher education and they self-govern with respect to their administration and program offerings. For example, the scope of the medical faculty's self-government includes, among other things, internal organization, admissions procedures, design and implementation of the curricula, organization of studies, decision-making on issues concerning student academic rights and duties, objectives of research, development, and artistic or other creative activities and their organizations. However, the deans of each faculty of medicine report to the following entities outside of the medical faculty: (a) the Rector of the public institution of higher education, (b) the Ministry of Education, (c) the Ministry of Health, and (d) the Accreditation Commission.

The Ministry of Education is legally responsible for nominating professors, appointing university rectors, determining salaries, approving budgets, and ensuring that the activities of the institutional self-governing bodies are within the law and are consistent with statutory operating requirements of those bodies. The Ministry relies on the Accreditation Commission to assess the quality of medical education. If the Commission does not find that a medical school has the capacity to implement a quality medical education program, it will recommend to the Ministry the revocation of the faculty of medicine's ability to award degrees or admit new students. The Commission-recommended proposals enable the Ministry of Education to take actions in the development of policies in the best interest of the faculty of medicine and the public.

Through the institutional hierarchy and factors external to the medical faculty, the Board of Trustees of the university promotes the programs and policies that are in the public interest, particularly with respect to public funds and other institutional assets. The Board of Trustees serves the institution as a whole by approving or disapproving institutional requests to invest or transfer a university's assets. The Board of Trustees also gives the Ministry of Education its opinion regarding the institution's budget and annually reports on the activities and economic management of the public higher education.

Documentation:

Application Narrative, p. 5.

Exhibit 1, Law No. 131/2002, pp. 8-9, 40, 96, 107-112

3. Administration

- (a) The administration of the medical school must be effective and appropriate in light of the school's mission and objectives.**
 - (i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and the other administrative functions that the medical school performs.**
 - (ii) The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the chief academic officer's office.**
 - (iii) In affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.**

In Slovak public higher education institutions, the Rector is the chief executive officer. The Rector is appointed by the President of the Republic, and is accountable to the Ministry of Education for budget submissions, class sizes, and executive management of academic degree programs of the institution that the Ministry authorized. Each academic Dean within the public higher education institutions reports to the Rector. The medical faculty Dean, the chief academic officer, represents faculty and students in matters of management and school

operations before the Rector and the school's self-governing body, the Faculty Academic Senate. The Registrar, Vice-Deans, and academic department heads all report directly to the Dean, and are responsible for economic, administrative, business and civil rights matters at the Dean's discretion. The academic governing bodies of a medical faculty include the Academic Senate of the Faculty, the Dean, the Scientific Board of the Faculty, and the Disciplinary Commission of the Faculty for students. In affiliated clinical facilities (teaching hospitals, clinics or institutes), clinic heads and senior faculty clinical lecturers manage the academic programs of instruction to students in clinical settings.

In summary, the administrative structures of the faculty of medicine and university appear to be effective in ensuring an optimal use of available resources for carrying out a program of medical school instruction. Slovakia measures the quality of the administrative structure of its faculties of medicine against provisions of law.

Documentation:

Application Narrative, pp. 5-6.

Exhibit 1, Law No. 131/2002, pp. 28-29, 33-34, 36, and 40-42.

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

The Dean of the faculty of medicine is appointed by the Rector from a pool of medical school professors or associate professors submitted as proposals by the Faculty Academic Senate. The Faculty considers the teaching and research experience when proposing a suitable individual to include in the proposal pool. The country does not provide more specific information regarding the kinds of teaching and research experiences it requires, nor does the law mention any other qualifying credentials it considers in evaluating candidates for the position of Dean. However, the Dean is a representative of the faculty who manages, represents and operates Faculty matters and accounts to the Academic Senate and University Rector.

Documentation:

Application Narrative, p. 6.

Exhibit 1, Law No. 131/2002, pp. 33-34

(c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to –

- (i) Admissions;**
- (ii) Hiring, retention, promotion, and discipline of faculty; and**
- (iii) All phases of the curriculum, including the clinical education portion.**

Admissions: The academic staff at Slovak Faculties of medicine does not directly make decisions to admit students into the medical education program. The Dean makes all admissions decisions with oversight by the Rector. However, the academic staff members establish conditions for admission, prepare the entrance examination, and establish the number of applicants to be admitted. The Rector of the university may change a decision the Dean makes and not admit an applicant to the study at the medical faculty. All candidates are admitted primarily on the basis of the entrance examination scores.

Hiring, retention, promotion, and discipline of faculty: The country reports that academic staff participate in decisions related to hiring, retention, promotion and discipline of the faculty. The Slovak statutes empower the Academic Senate of an institution of higher education to approve the internal regulations by which the Faculty is governed. Job vacancies for teachers and professorships are filled through a selection procedure by posting on the institution's bulletin board and on the website of the Ministry of Education. In addition, the internal regulations govern the selection procedures for filling teacher and professor positions, employment rules, and disciplinary rules. Slovak Law No. 131/2002 requires the Faculty to award the hiring of a professor or associate professor to active experts who meet established criteria in a given field of medical study. However, Slovak law specifically provides for the discipline in the Faculty of student infractions but not of the teachers and professors.

Curriculum: The medical faculty staff craft proposals for initiating and revising curricular offerings. The Dean submits proposals to the Faculty Scientific Board, a body appointed by the Dean and composed of distinguished experts in the various medical specialty areas who teach at the faculty of medicine. After approving the study program, the Dean presents the curricular offerings to the institution's Scientific Board, which is comprised primarily of individuals who are not staff members of the institution. In addition, the institution's Scientific Board annually assesses the sufficiency of academic offerings and makes proposals for new or revised program offerings. Subsequently, the Dean presents the Scientific Board proposals to the Academic Senate for discussion and approval the proposals. Whether the Academic Senate is empowered to remand or revise such proposals is unclear. However, based on the information provided, it appears that the academic staff of Slovak faculties of medicine has considerable influence in the development and implementation of curricular offerings.

Documentation:

Application Narrative, p. 7.

Exhibit 1, Law No. 131/2002, pp. 17-18, 34-35, 59-61, 69-71, and 84-85.

(d) If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that –

(i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and

(ii) There is consistency in student evaluations at all sites.

Slovakia reports that all of its didactic instruction occurs at the main campuses of its three faculties of medicine. Clinical training occurs at specialized training facilities that are part of the public higher education institution. By statute, the specialized training facilities are parts of public higher education institutions and include affiliated teaching hospitals and teaching hospitals with health centers. In these facilities, students work with patients in small groups under the supervision of academic staff of the faculty of medicine. Supervision by faculty professors and assistant professors ensures that students are exposed to the necessary didactic and clinical experiences that are appropriate to the curriculum and consistent with program requirements. The country did not submit any information in the materials to indicate whether it uses student evaluations to determine whether each different site provides consistent educational experiences.

Documentation:

Application Narrative, pp. 8-9.

Exhibit 1, Law No. 131/2002 on Higher Education and on Changes and Supplements to Some Laws, Section 35, p. 38

4. Educational Program

(a) Duration: The program of education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.

Length of Educational Program

Slovakia Regulation 212/2004, Section 5 establishes the medical doctor qualification educational requirements. Specifically, the medical educational program leads to the Doctor of General Medicine (MUDr. Degree) degree (the medical doctor equivalent) and consists of six academic years of full-time study

with a minimum of 5,500 hours of theoretical education and practical training. These codified qualifications for professionals in the health sector also comply with credit system under European Union standards.

Documentation:

Application Narrative, p. 9.

Exhibit 13: “Final European Union Report [from the Evaluation Mission of experts from EU Member States, completed with the support of TAIEX], April 2002, p. 31

(b) Curricular Content: The medical school’s curriculum must provide students with general professional education, i.e. the knowledge and skills necessary to become a qualified physician. At a minimum, the curriculum must provide education in the following:

(i) The sciences basic to medicine, including –

(A) The contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology, and therapeutics, and preventive medicine; and

(B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.

Curriculum and content

Slovakia’s basic medical science curricula is provided during the first and second year of study, and includes:

- anatomy;
- histology and embryology;
- medical biophysics;
- medical chemistry;
- biochemistry;
- medical biology; and
- physiology.

These courses require the student to complete specialized laboratories offered at the faculties of medicine. The combination of theoretical and practical laboratory exercises is intended to foster an awareness of:

- the morphology of organ systems and their microscopic structure;

- the functional principles of the various human body systems and the interrelationships of these systems at the molecular and subcellular levels;
- the genetic components of both the healthy body as well as disease states;
- the physiological interactions of the human body with the environment; and
- the evolutionary aspect of these interactions with respect to genetic predisposition.

Documentation:

Application Narrative, p. 8-10.

Exhibit 13: “Final European Union Report [from the Evaluation Mission of experts from EU Member States, completed with the support of TAIEX], April 2002, pp. 8-9

- (ii) A variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.**

Note 1: Medical schools that do not require clinical experience in one or another of the above disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.

Note 2: Clinical instruction must cover all organs systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.

Note 3: The medical school’s program of clinical instruction must be designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.

Note 4: Instruction and experience in patient care must be provided in both ambulatory and hospital settings.

Note 5: Each required clinical clerkship (or equivalent) must allow the student to undertake a thorough study of a series of selected patients having the major and common types of disease problems represented in the clerkship.

Pre-clinical subjects are taught in the 3rd and 4th years, including:

- pathological anatomy;
- pathological physiology (clinical pathology);
- microbiology and immunology;
- pharmacology;
- epidemiology;
- hygiene;
- medical psychology;
- social medicine; and
- ethics

The subjects address human organs, diseases, the environment, prevention of disease, conditions of mental health, and principles of medical ethics, among other things.

Clinical subjects taught during the 4th, 5th and 6th years include:

- internal medicine;
- surgery;
- gynecology and obstetrics; and
- pediatrics.

The basic clinical program can be supplemented by study in specialized subjects such as:

- pneumology;
- occupational medicine;
- infectology;
- hematology and transfusiology;
- neurology;
- psychiatry;
- dermatovenerology;
- anesthesiology;
- traumatology and ortopedics;
- urology;
- neurosurgery;
- plastic surgery;
- ophthalmology;
- otorhinolaryngology;
- stomatology; and
- family medicine.

Study in these areas provides instruction in diagnostics, the use of therapeutic algorithms, practical skills in diagnostic and therapeutic processes, preventive procedures in practical medicine and prevention of disease. Students participate in clinical rotations during the summer months and, in the 6th year, participate in

block practicums in which they work as physicians in hospital wards under the supervision of experienced physicians, taking part in all diagnostic and therapeutic interventions. Students also work in out-patient departments and in intensive care units to develop skills needed in those different health delivery environments. After completing the basic clinical subjects, students take a comprehensive state examination.

Documentation:

Application Narrative, p. 10-11.

Exhibit 13, Final European Union Report, April 2002, pp. 10-12.

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

During the 3rd and 4th years of study, students studying radiology and nuclear medicine are introduced to practical skills to examine a patient that includes computer tomography and nuclear magnetic resonance. Students taking the basic clinical internal medicine course are expected to master procedures such as intravenous application of injections and infusions, diagnostic-therapeutic punctures, and evaluation of laboratory and imaging results. In addition to clinical pathology taught as a basic pre-clinical course, the diseases are covered in depth from etiopathogenesis to clinical manifestations, treatment, and prevention.

Documentation:

Application Narrative, p. 12

Exhibit 13, Final European Union Report, April 2002, pp. 10-13.

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

As part of its pre-clinical curriculum, Slovakia includes courses in medical ethics, medical psychology, social medicine, internal medicine and surgery. Students at the end of the study must be able to examine a patient, take the patient's history, perform a physical examination, evaluate the laboratory and image screening examination methods, make basic differential – diagnostic judgment and state basic therapeutic procedures. Additionally, students receive information on principles of medical ethics to understand an individual as a whole where the emphasis is placed on the relationship between medical condition of an individual and the social environment.

Documentation:

Application Narrative, p. 12

Exhibit 13, Final European Union Report, April 2002, pp. 13-14.

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

Students receive instruction on the principles and rules of communication needed by a physician during the examination of a patient and with patients, family members, colleagues, and other health professions in pre-clinical as well as clinical courses, such as medical ethics, medical psychology, internal medical and surgical procedures.

Documentation:

Application Narrative, p. 12.

(c) Design, Implementation, and Evaluation:

- (i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.**
- (ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school's mission and objectives.**

Higher education institutions in Slovakia are self-governing, independent organizations by law and each Faculty, including the medical faculty, located in a public institution of higher education has its own governing organizational structure. Accordingly, the medical staff faculty participates in the development of new accredited study programs, admissions, and the determination of the courses and organization of research and development. These activities fall within the province of the Faculty Scientific Board whose members are appointed by the Dean with the approval of the Faculty Academic Senate. The Faculty Scientific Board consists of teachers and scientific workers of the Faculty and

other scientific experts from areas where the Faculty conducts education research development, and other activities. At least one quarter and no more than one third of the members are persons not related to the members of the Faculty's academic community. Annually, the heads of each Faculty Department/Clinics and the Faculty Academic Senate assess the sufficiency of the academic offerings, including basic science and clinical education and make proposals for new or revised program offerings. Each body submits their recommendations to the Dean who presents them to the Scientific Board of the Faculty for discussion and approval. If approved, the Dean submits the recommendations to the institution's Scientific Board, for review and approval before submission to the Rector, who will then present the requests for changes to the Ministry of Health before submission to the Ministry of Education.

The Slovak Republic law requires the regular evaluations of the effectiveness of its medical education programs. The Scientific Boards conduct evaluations to support its recommendations for changes to curriculum. The course offerings and duration of program are prescribed in law, and compliance with the statutory requirements ensures an expected level of quality. However, it is unclear whether program evaluations of the effectiveness of the education program are conducted or if they include, in any part, data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance.

Documentation:

Application Narrative, p. 13.

Exhibit 2, Law No. 131/2002 on Higher Education and on Changes and Supplements to Some Laws, §§ 30 and 35, pp. 34-35 and 52-53.

5. Medical Students

(a) Admissions, Recruiting, and Publications

- (i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.**
- (ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic**

progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).

- (iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records.**

Slovak law requires medical school candidates to have successfully completed a general secondary (high school) education and to have achieved an acceptable score on an entrance examination. Since there are more applicants than vacancies at the three Faculties of Medicine, this single criterion for admission is based on the points scored on the entrance examination. According to the narrative, no other criteria for admission to the university is considered, suggesting that the admissions requirements do not assess an applicant's integrity or emotional characteristics. The admission procedure in Section 58 of Law No. 131/2002 does not address these concerns. Although, the country did not link this statute to whether it incorporates integrity and emotional characteristics into the medical education program admission process, Department staff located additional statutes related to the admission requirements in a higher education institution. For example, to ensure that applicants have the highest abilities to complete the educational program, the Faculty considers the content of knowledge gained from the secondary education curricula and whether the applicant possesses the necessary competencies, skills, and abilities to complete the program. The determination is made after the faculty verifies whether the applicant has the required competencies that may include some personal information. The country ensures that an applicant's personal data is protected under the National Council of the Slovak Republic Act, No. 428, but does not discuss whether a student may review records for accuracy.

Department staff reviewed the catalogues of the three faculties of medicine and did not find a detailed analysis of the admissions requirements, specifically addressing advertisement. Two of the three catalogues that had English translations only addressed the student's rights after admission, including for example, satisfactory progress and degree requirements. The other catalogue, primarily in the Slovak language, had only English subheadings under primary topics related to the study program.

Documentation:

Application Narrative, pp. 15-16.

Exhibit 16a, Comenius University in Bratislava, Study Regulations, pp. 99-102.

Exhibit 16b, Study Regulations of Comenius University in Bratislava Jessenius Faculty of Medicine in Martin, pp. 68-69.

Exhibit 16c, Univerzita Pavla Jozefa Šafárika v Košiciach, Študijný Program
National Council of the Slovak Republic Act, No. 42, 428/2002, Chapter 1,
§10, pp. 9-10 and Chapter 3, §20, pp. 16-17.

(b) Evaluation of Student Achievement

- (i) The medical school faculty must establish principles and methods for the evaluation of student achievement, including the criteria for satisfactory academic progress and the requirements for graduation.**
- (ii) The medical school's evaluation of student achievement must employ a variety of measures of student knowledge, competence, and performance, systematically and sequentially applied throughout the medical program, including the clinical clerkships.**
- (iii) The medical school must carefully monitor the progress of students throughout their educational program, including each course and clinical clerkship, must promote only those who make satisfactory academic progress, and must graduate only those students who successfully complete the program.**

Student achievement in Slovakia is monitored through examination by either oral questioning and/or periodic testing, the content of which varies from course to course. The most common forms of examination may include written tests, paper defenses, oral examinations, practical examinations, or a combination of these. Department heads develop the examination questions. The form and content of the examination are made available to students three weeks before the examination is administered. Grades are awarded based on the number of correct answers, with "A" meaning "excellent" and "Fx" meaning failure. A student who fails an examination may retake it twice or retake the course. Before successfully completing the medical education study program, students must receive a passing grade on a state examination and must successfully defend a thesis as part of that examination.

A graduate must take the state examination, a requirement to successfully completing a general medicine study program. A four-member Examination Board appointed by the Dean of the medical faculty administers it. The make up of the Board includes appointed faculty professors and associate professors and experts from other higher education institutions. The state examination is a legally required standardized examination administered by all faculties of medicine in the country. As mentioned earlier, students are informed of

satisfactory progress requirements and graduation requirements through the faculty of medicine catalogue.

Documentation:

Application Narrative, p. 17.

Exhibit 2, Law No. 131/2002 on Higher Education and on Changes and Supplements to Some Laws, §63, pp. 72-73.

(c) Student Services

Students must have access to preventive and therapeutic health services, including confidential mental health counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program.

The application narrative states all students have access to preventive and therapeutic health services, including confidential mental health counseling, in accordance with law governing occupational health. The law on Occupational Health and Safety appears to apply to employers of students of higher education institutions, such as clinics that have a contractual relationship with the medical faculty. The country reports that at the beginning of each course, students are provided with information about health protection, labor safety, and infectious disease prevention that is applicable to that course. The statute requires the employer to establish an occupational medical service that detects dangers and evaluates health risks forming threats to employees at work and to monitor the factors in the working environment that can influence the health of employees. In addition, Article 15, states “occupational health and safety issues and the risk prevention methods are included in courses at schools that prepare students for their professions and institutions providing training for adults.” These sections of the statute do not address whether the university provides student access to preventive and therapeutic health services, including mental health counseling or has policies regarding the student’s exposure to infectious diseases. Of particular interest to the Department is whether the country provides these student services to all students, including students from international countries.

Documentation:

Application Narrative, p.17

Exhibit 4, Law No. 367-2001 on Occupational Health and Safety, Articles 13 and 15, pp. 13-14 and 18

(d) Student Complaints

The medical school must have written policies for addressing student complaints related to the areas covered by the agency's accreditation standards and processes. The student consumer information provided by the medical school to students must include the school's policies for addressing student complaints as well as the name and contact information for the accrediting/approval entity to which students can submit complaints not resolved at the institutional level.

Slovakia reports that its students may comment on the quality of their teachers and instruction through use of an anonymous questionnaire or students may freely express their opinions regarding the system of higher medical education. The country reports that the complaints are discussed by faculty members and addressed through actions of the Dean. The country provided no evidence that written policies exist for addressing student complaints unrelated to teachers or instruction. Also, no evidence was submitted that Slovak students are provided with a mechanism for submitting complaints to an external entity, such as the accrediting agency, if they are unable to resolve them satisfactorily at the institutional level.

The statements that students have a vehicle to make comments about teachers and instructors, do not allow students to express concerns regarding the faculty of medicine's performance in complying with accreditation standards.

Documentation:

Application Narrative, p.18

Exhibit 1, Law No. 131/2002, §70, p. 77.

6. Resources for the Educational Program

(a) Finances: The medical school must have adequate financial resources for the size and scope of its educational program.

(b) Facilities:

(i) The medical school must have, or be assured use of, physical facilities and equipment, including clinical teaching facilities, that are quantitatively and qualitatively adequate for the size and scope of the educational program, as well as the size of the student body.

(ii) The medical school should be encouraged to conduct biomedical research and must provide facilities for the

humane care of animals when animals are used in teaching and research.

According to the Application Narrative, Slovak faculties of medicine are funded through a combination of state budget allocations, student tuition, student fees, asset revenues, donations, and among other things, entrepreneurial activities. With the government providing support to finance accredited study programs, research activities, social support systems for students, and development projects funds for research activities and development projects are financed through a competitive proposal submission procedure.

Each of the three Faculties of medicine has their own buildings that house basic medical sciences, pre-clinical departments, administrative offices, libraries, laboratories, audiovisual centers, sports facilities, and animal houses. The facilities also include room and board for the students, however, the number of students admitted is limited by the facilities available.

All departments and clinics of the Faculties of medicine conduct research, including animal experiments. However, Slovak law regulates the treatment of animals, and the European Union directives detail the approval procedures required to conduct animal experiments, including housing and breeding requirements. The State Veterinary and Food Administration must approve the animal research conducted by accredited medical faculties.

Documentation:

Application Narrative, pp. 18-19.

Exhibit 1, Law No. 131/2002, Financing the Public Higher Education Institutions, §89, pp. 98-100.

Exhibit 10, Ordinance of the Government of the Slovak Republic No. 289/2003

(c) Faculty:

- (i) Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.**
- (ii) The medical school should have policies that deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.**

Public employees, who are paid by the Ministry of Education, make up ninety-five percent of the Slovakian academic staff at all of the faculties of medicine. The

faculty of medicine teaching staff is typically organized hierarchically as professors, docents, lecturers, assistant lecturers, and lectors, with professors being the most highly qualified group. For example, professors with doctoral degrees deliver most lectures. At the other end of the hierarchy, lectors with the equivalent of baccalaureate degrees teach practical classes and assist with the evaluation of students. As academic staff members earn advanced credentials and greater experience, they are promoted. Slovak law requires each medical faculty to have internal regulations ensuring that its academic staff is of sufficient size and breadth and proportionate to the total number of students.

Internal and external academic staff members are selected based on the results of a competitive evaluation in accordance with rules established by each faculty of medicine. The academic qualifications of academic staff, and the individual duties of employees at the various levels, are prescribed in law. The country evaluates the qualities and skills of its teachers during the selection procedure, during promotion (i.e., after earning additional degrees), during inspection of the educational process by the academic officials, and through student surveys. Section 75 of Law No. 131/2002 requires academic teachers to take an active part in research, development, and therapeutic-preventative activities aimed at acquiring new knowledge, to ensure that the teaching activities are at the level of the latest knowledge. Section 77 of Law No. 131/2002 allows the Rector or the Dean to release an academic teacher from the faculty to pursue scientific work. Nothing in the country's application narrative indicates that Slovak law requires a medical faculty to have policies regarding the private interest of its academic staff that that may conflict with their official responsibilities.

Documentation:

Application Narrative, pp. 19-20.

Exhibit 1, Law No. 131/2002, §75, pp. 80-83 and §77, p. 87.

(d) Library: The medical school must have a library sufficient in size, breadth, and depth to support the educational program and adequately and professionally staffed.

Every medical faculty must have a library. Slovak law requires a medical faculty library to provide all necessary resources to enable the faculties to successfully deliver the educational program. Slovakia reports that each Faculty of medicine provides free access to information used as resources by the faculty to enable the successful delivery of the academic programs. Slovak law prescribes specific expectations regarding services, equipment, facilities, textbooks, journals and other attributes of a fully equipped library available to teachers, scientists and postgraduate students of the university and faculty. For example, the academic library is the repository for scientific-informational works, acts as the bibliographic coordinator and consultant workplace, and serves as the registration center for works published by teachers, scientists, postgraduate

students and undergraduate students of the university and faculty. Although the country has not developed standards to evaluate whether the library has attributes to support the educational program, it defers to its laws that outline the expectation for the required equipment and resources necessary to support learning and intellectual development. The government recommends the content of the collections, their range and quality to ensure that the holdings reflect the needs of the users. It also requires employees to attend workshops and participate in continuous training and educational activities to ensure that the medical faculty maintains up-to-date knowledge required by the rapid development in information technology.

The Accreditation Commission has identified the source documentation that a faculty and institution must include to demonstrate competence to operate a study program evaluated by the workgroups during the on-site visit. With respect to library, the workgroup will evaluate whether the material and equipment is sufficient to sustain the required information for the duration of the study program. The evaluation includes reviewing the library and, among other things, information on the laboratories and equipment, the libraries, study rooms, Internet availability, basic study literature, textbooks and journals.

Documentation:

Application Narrative, pp. 20-21.

Exhibit 1, Law No. 131/2002, §75, pp. 80-83 and §77, p. 87.

Exhibit 6, Library Regulations, Article I, §§2, 3, and 8, and Annex 1, pp. 6-7.

(e) Clinical Teaching Facilities: The medical school should have affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.

Slovak Law provides that specialized training facilities for the medical faculties, such as teaching hospitals and clinics are designated as parts of an institution of higher education, or Medical Faculties must have executed contractual agreements with privately owned and operated clinics to provide students with bedside training and experience in outpatient settings, operating rooms, and seminar rooms. The Faculty of Medicine evaluates each teaching clinic, whether established as part of the faculty or under contract, with respect to personnel qualifications, physical working conditions, and quality of equipment and instrumentation at the clinical site. However, the country did not describe the procedures it uses to open a new clinical clerkship site or disclose whether it conducts a site visit as part of the accreditation activities at a new site.

Documentation:

Application Narrative, p. 21.

Exhibit 1, Law No. 131/2002, §35, pp. 38.

PART III: Accreditation/Approval Processes and Procedures

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have processes and procedures for granting accreditation/approval to medical schools that are comparable to the following:

1. Site Visit

The accreditation/approval process must include a thorough on-site review of the school (and all its geographically separated sites, if any) during which sufficient information is collected to determine if the school is in fact operating in compliance with the accreditation/approval standards. This review should include, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to the students. The accreditation/approval process must include an on-site review of all core clinical clerkship sites.

(a) At sites that have never been visited by an accreditor whose standards are comparable, the accreditor must conduct an on-site review within 12 months of the accreditation review of the school.

(b) At sites that have been reviewed previously and approved by an accreditor whose standards are comparable, the accreditor must conduct an on-site review at least once during the accreditation period.

(c) At new sites (sites opened during the accreditation period and that have never been visited previously), the accreditor must conduct an on-site review within 12 months of the placement of students at those sites.

NOTE: If an accrediting body is accrediting multiple schools that use a common core clinical clerkship site, where that site has a single coordinator responsible for the educational experience of students from the multiple schools, and where the accrediting body, whenever it visits that site, interviews students from all schools, then that site does not need to be visited more than once during the accredited period.

Slovakia reports that the site visit evaluation includes a review of the admissions process, the curriculum of the faculty, its teaching and research faculty, student and graduate achievement, the teaching facilities, and academic support services available to all students. The site evaluation visitors work in specialized teams commissioned by the Accreditation Commission to evaluate educational programs at the faculties of medicine. The work team evaluates and verifies documents provided by each Faculty of medicine and evaluates the information in the context of applicable law to assess the physical facilities and equipment at all locations. The workgroup conducts interviews with academic staff, employees and students. The site visit includes the main campus and any clinical clerkship sites that are affiliated with the faculty of medicine, as well as personal interviews with the representatives of the academic self-government of the Faculty, its employees and its students.

According to the Application Narrative, accreditation in Slovakia assesses the capacity of an institution of higher education to implement the program. The country reports that the workgroups that conduct site visits evaluate the admissions process, curriculum, and academic staff for its teaching and research development, as well as the personnel, technical and informational activities and conditions to carry out the institution's mission. In addition, the workgroup team assesses the achievements of students and graduates, the basic science and clinical facilities, and the academic support services provided to the students. However, the statute does not mention the procedures the workgroup uses to evaluate admissions, student achievement, or academic support services. Therefore, it is perceived that the workgroup has great latitude as to its evaluation of the medical education program and its teaching facilities.

At the conclusion of the site evaluation visit, the work team prepares and submits a full evaluation report to the Accreditation Commission. The report contains a detailed analysis of the medical faculty and recommendations for changes. The report evaluates the extent to which the medical faculty fulfills its mission and offers an opinion as to the capacity of the faculty of medicine to implement an effective medical education program. However, Slovakia does not describe any procedures for the conduct of clinical clerkship site evaluations including any requirement to conduct a separate visit to the site.

Documentation:

Application Narrative, p. 22.

Law No. 131/2002, §§ 82-84, pp. 88-95.

2. Qualified On-Site Evaluators, Decision-Makers, and Policy-Makers

The accreditation/approval process must use competent and knowledgeable individuals, who are qualified by experience and training in the basic or clinical sciences, for on-site evaluations of

medical schools, policy-making, and decision-making.

The Government and Minister of Education make final accreditation decisions and appoint the Accreditation Commission (Commission) as an advisory body. Its members observe, judge and evaluate the quality of the teaching, research, development, artistic or other creative activities at higher education institutions and makes recommendations to the Ministry of Education for their improvement. Although, the Slovak Republic did not indicate that the Minister of Education had to meet any required qualifications to serve, the Minister of Education accepts recommendations in the form of proposals from the Accreditation Commission. The members of the Accreditation Commission are referred to the Ministry of Education from the Slovak medical community and represent higher education institutions and persons who work in professional and scientific capacities. Of the 21 members, one third are experts in medical specialty areas, with the remainder being persons affiliated with institutions or medical faculties. The Commission evaluates institutional conditions at the universities and makes decisions in the form of recommendations for improvement to the Ministry of Education.

The Commission appoints workgroups to carryout the evaluation of medical faculties. The selection of the members to the workgroups is based on their education, research, technical or artistic activities. The workgroup team chair is always a member of the Commission. Slovakia does not identify the entity responsible for setting accreditation policy for the evaluation and accreditation of medical schools.

Documentation:

Application Narrative, pp. 21-22.

Exhibit 1, Law No. 131/2002, §§81, pp. 86-88

Exhibit 11, Statute of the Accreditation Committee, Working groups, Articles 6 and 7.

3. Re-evaluation and Monitoring

The accreditation/approval process must provide for the regular reevaluation of accredited/approved medical schools in order to verify that they continue to comply with the approval standards. The entity must also provide for the monitoring of medical schools throughout any period of accreditation/approval granted to verify their continued compliance with the standards.

The accreditation/approval process must provide for the accrediting/approval entity's review of complaints it receives from students and, as appropriate, investigation and follow-up action. The entity's procedures need to ensure the timely, fair, and equitable

handling of all complaints related to the standards and procedures for accreditation/approval. The procedures also need to ensure that follow-up action, including enforcement action, is appropriate based on the results of the investigation. In addition, the accreditation/approval entity must consider the complaints it has received regarding a medical school when re-evaluating the medical school for accreditation.

Slovakia conducts what it refers to as complex accreditation reviews of its faculties of medicine at six-year intervals. These reviews consist of an evaluation of teaching, research, development activities, personnel, technical equipment, and physical facilities at the institutions. In addition, faculties of medicine submit annual reports to the Accreditation Commission in which they report on professional education activities, scientific and research activities, management of the faculty, human resources, information systems development, and quality enhancement efforts. Great emphasis is placed on the section of the annual report discussing the development of the medical faculty.

The country reports that it has not received serious complaints in recent years from students. It has not provided evidence of a systematic procedure for reviewing, investigating and following up on complaints, nor has it indicated that complaints are considered when faculties of medicine are being reviewed for purposes of accreditation.

Documentation:

Application Narrative, pp. 23-24.

Exhibit 1, Law No. 131/2002, §§82-84.

4. Substantive Change

The accreditation/approval process must require medical schools to notify the appropriate authority of any substantive change to their educational program, student body, or resources and must provide for a review of the substantive change by the appropriate authority to determine if the school remains in compliance with the standards.

Slovakia indicates that the Accreditation Commission, at any time, has authority to request information relevant to whether a faculty of medicine is fulfilling its obligations under Slovak law. If it finds that a medical program is not in compliance with legal requirements, it may initiate an immediate accreditation review.

The Scientific Board of a medical faculty annually assesses the sufficiency of academic offerings, including basic science and clinical education, and proposes new or revised program offerings. The Dean presents the Scientific Board

proposals to the Faculty's Academic Senate for discussion and approval of the proposals. Although it is expected that any substantive changes a faculty makes would be in accordance with applicable law, the country does not mention a procedure requiring a faculty of medicine to notify the Accreditation Commission or Ministry of Education, or other outside authority, of changes to its educational programs, student body or resources.

Documentation:

Application Narrative, p. 24.

Exhibit 1, Law No. 131/2002, §30, pp. 34-35

5. Controls Against Conflicts of Interest and Inconsistent Application of Standards

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

Slovakia reports that an Accreditation Commission member cannot also be employed as a Rector, Vice-Rector, Dean or Vice-Dean and the membership will terminate if a commission member accepts one of these positions. The country did not address conflict-of-interest policies applicable to workgroups. In addition, Slovakia does not explain its procedures for ensuring that all workgroups consistently apply Accreditation Commission standards at all faculties of medicine.

Documentation:

Application Narrative, p. 24.

Exhibit 1, Law No. 131/2002, §81, p. 87.

6. Accrediting/Approval Decisions

It is recognized that circumstances within a country may appropriately result in diverse institutional missions and educational objectives. However, those circumstances can never justify the accreditation of a substandard program of medical education leading to the M.D. degree. The accreditation/approval process must ensure that all accreditation/approval decisions are based on compliance with the accreditation/approval standards. Also, the decisions must be based, in part, on an evaluation of the performance of students after graduation from the medical school.

Department staff had difficulty understanding the meaning of the response that Slovakia provided for this section in its Petition Application. The information

provided did not appear to link clearly how the country makes accreditation decisions based, at least in part, on student outcomes and graduate performance data. It appears that Slovakia requires the medical faculties to obtain graduation rates, state examination scores, and information on graduates that seek advanced specialization education leading licensure (“profile of a graduate”). However, when the country makes an accreditation decision, it does not identify the required minimum performance levels to comply with each standard. For example, the country refers to the profile of a graduate and states that each medical facility establishes this profile, but the country does not explain the extent to which a program must comply with the profile or how it uses the profile to make consistent accreditation decisions. It appears that the country’s accreditation decisions are based on medical faculties merely having the data rather than measuring the data against standards with thresholds applicable to all medical education faculties. In its response to the draft analysis, Slovakia should describe how its decision-making uses measurable standards related to student performance and graduate outcomes data to determine whether each medical faculty complies with the standards for educational quality.

Documentation:

Application Narrative, pp. 25-26.

Exhibit 9, Law No. 104/2003, Annex 1, §5(a), (b), and (c), p. 7