

U.S. Department of Education

Czech Republic: Redetermination of Comparability

Prepared October 2011

Background

At its March 1998 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the accreditation standards used by the Czech Republic Accreditation Commission (CRAC) to evaluate medical schools were comparable to those used to evaluate programs leading to the M.D. degree in the United States. (The NCFMEA had initially examined the Czech Republic's application during its October 1997 meeting, however, a decision was deferred until more detailed information was received.) In addition, the NCFMEA requested the country to submit periodic reports describing its accrediting activities involving medical schools. Those periodic reports were subsequently submitted and reviewed.

The country appeared before the NCFMEA during its March 2004 meeting for a redetermination of comparability review. However, a decision was deferred pending receipt of additional documentation. During its September 2004 meeting, the NCFMEA determined that the Czech Republic's accreditation process remained comparable to that used in the United States. In addition, a periodic report covering medical school accrediting activities was requested.

Due to the hiatus in NCFMEA meetings, that periodic report was not scheduled to be reviewed until the Committee's spring 2008 meeting. At the request of the Czech Republic, however, the submission and review of that report was delayed until the NCFMEA's fall 2008 meeting.

During the fall 2008 meeting the Czech Republic reported that all seven of its medical schools received continued accreditation until the year 2013. Those currently accredited schools are Palacky University Medical School at Olomouc, Charles University Medical School at Pilsen, Charles University 3rd Medical School at Prague, Charles University 2nd Medical School at Prague, Charles University 1st Medical School at Prague, Masaryk University Medical School at Brno, and Charles University Medical School at Hradec Kralove.

Also during the fall 2008 meeting, the Czech Republic reported that a standardized questionnaire for evaluating the quality of education had been recently developed, thus making it possible to compare medical schools. Furthermore, the country reported that it would start using the new standardized questionnaire as part of its evaluation process during the 2008-09 academic year. As a result, the NCFMEA expressed its desire that the Czech Republic

would discuss that new accreditation instrument in its next redetermination application.

The materials for consideration by the NCFMEA today are for the country's redetermination of comparability.

Summary of Findings

Based on the information provided, it appears that the Czech Republic has an evaluation system that remains substantially comparable to that used to accredit medical schools in the United States.

However, while the Czech Republic has provided significant information regarding the country's quality assurance system standards for medical education, the country provided no documentation of its implementation of the quality assurance process. The NCFMEA may wish to request, as it has of other countries, that the Czech Republic provide the Committee with documents that reflect its application of its quality assessment process, such as program evaluation reports, letters, decision meeting notes, etc.

In addition, the NCFMEA may wish to seek additional information regarding the applicant pools available to medical schools, the comparison of medical schools, the evaluation of clinical facilities, the planned standardized questionnaire, the evaluation of annual reports, and plans to obtain and share information on the success of medical school graduates.

Staff Analysis

PART 1: Entity Responsible for the Accreditation/Approval of Medical Schools

Section 1: Approval of Medical Schools, Question 1

Country Narrative

The Czech Republic Parliament amended its Higher Education Act (HEA) by resolution on April 22, 1998. Under Section 78(1) of HEA, the Ministry of Education, Youth and Sports (Ministry) is the entity designated to grant accreditation in the country. The HEA has delegated the responsibility for evaluating the quality of higher education to the Czech Republic Accreditation Commission (CRAC). The CRAC does not have the authority to grant accreditation, but functions as an advisory body which makes recommendations on institutional and medical program accreditation to the Ministry. In addition, the approval of the Ministry of Health on the accreditation of medical education programs is required before the Ministry of Education, Youth and Sports may

make a final accreditation decision.

Analyst Remarks to Narrative

According to the “working translation” (Exhibit 1) of the country’s Higher Education Act (HEA), if a degree program is not accredited by the Ministry then it is not possible to admit applicants or to hold classes (cf. Sec 78 #1 & 2). The “Doctor of Medicine” program is specifically listed (cf. Sec 46 #4c). Furthermore, unless otherwise noted in the HEA, the Ministry/Minister refers to the Ministry/Minister of Education, Youth and Sports (cf. Sec 10 #2).

The relationship between the Ministry and the Czech Republic Accreditation Commission (CRAC) is presented in the HEA. The Minister nominates all the members of CRAC but their actual appointment is done by the government (cf. Sec 83 #1). Representative bodies of higher education institutions are expected to submit recommendations to the Minister for membership on CRAC (cf. Sec 92 #4). In addition, the HEA allows for CRAC to establish advisory working groups, composed of persons corresponding to the degree program under review, to prepare “high-quality background materials for its sessions” (cf. Sec 83 #7). The country’s application notes that the Permanent Working Group for Medicine and Health Sciences (PWG), which actually conducts the medical school on-site visits, is a standing work group created by CRAC. Authority to establish the PWG is found in the “Statute of the Accreditation Commission” (cf. Exhibit 2, Art 3 #3 & Art 6 #1a).

The section on private higher education institutions indicates that prior to making its final decision on an applicant institution’s request for state approval, the Ministry asks CRAC for its “standpoint” (cf. Sec 39 #7). That “standpoint,” however, must be “affirmative” or the Ministry will not grant approval (cf. Sec 39 #8a). CRAC may also ask the Ministry to revoke the accreditation of an institution when justified (cf. Sec 85 #4).

Elsewhere in the HEA, it is noted that the Ministry can ask CRAC to reconsider or “renew the procedure for issuing its standpoint” if the Ministry learns that any of the facts were incorrect that led to the initial negative standpoint (cf. Sec 79 #8). The HEA requirements on the accreditation of habilitation procedures (for initial appointment of associate professors), and of procedures for professor appointments, also specify that a negative standpoint from CRAC prevents the Ministry from granting that particular type of accreditation as well (cf. Sec 82 #6d).

The Ministry of Health also has a limited role in the accreditation of an institution. When discussing the accreditation of a degree program in the field of health services, the HEA specifies that the “standpoint of the Ministry of Health with respect to the possible employment of graduates in this field is also required (cf. Sec 79 #1e).

However, it is not clear whether the Ministry of Health’s “standpoint” must always

be “affirmative” in order for the Ministry of Education, Youth and Sports to accredit the degree program. In reference to this particular type of standpoint, the HEA notes that the Ministry of Education, Youth and Sports will “inform” the Ministry of Health regarding its decision to grant accreditation to the health services program (cf. Sec 87s).

The NCFMEA may wish to seek additional information on the following:

-- Must the Ministry of Health’s “standpoint” always be “affirmative” in order for the Ministry of Education, Youth and Sports to accredit the degree program?
[Part 1, Section 1: Approval of Medical Schools, Q1]

Country Response

The Ministry of Health "standpoint" must be "affirmative" in order for the Ministry of Education, Youth and Sports to accredit the degree programs in the field of health services.

Analyst Remarks to Response

In response to the draft staff report, the country affirmed the necessity of a positive recommendation from the Ministry of Health.

Staff Conclusion: Comprehensive response provided

Section 1: Approval of Medical Schools, Question 2

Country Narrative

Yes, the entities sub 1) regulate the certification of the medical schools in the Czech Republic.

Analyst Remarks to Narrative

According to the HEA, although the terms certification or licensure are not typically used, there is no entity ultimately responsible for medical schools other than the Ministry of Education, Youth and Sports (hereafter, Ministry). In addition, the Ministry relies on the recommendation of CRAC regarding a medical school before the Ministry’s decision is finalized.

Section 1: Approval of Medical Schools, Question 3

Country Narrative

The Ministry of Education, Youth and Sports.

Documentation to Section 1:

Exhibit 1: The Higher Education Act Sections 78, 83-86

Analyst Remarks to Narrative

As previously discussed, only the Ministry can close a medical school.

Section 2: Accreditation of Medical Schools

Country Narrative

The CRAC has created a standing work group, the Permanent Working Group for Medicine and Health Sciences that conducts the medical school on-site visits. In addition to evaluating higher education institutions and the quality of the institution's accredited study programs, the CRAC also publishes the results of its evaluations, assesses other issues pertaining to the system of higher education presented to it by the Ministry and expresses its opinion over these issues.

Documentation to Section 2:

Exhibit 1: The Higher Education Act Sections 83-86

Analyst Remarks to Narrative

CRAC conducts in-depth evaluations of each medical school through its Permanent Working Group for Medicine and Health Sciences. In turn, CRAC reports its recommendation on the medical school to the Ministry, which makes the final decision in conformity with the CRAC recommendation.

Part 2: Accreditation/Approval Standards

Section 1: Mission and Objectives, Question 1

Country Narrative

In the Czech Republic, the HEA authorizes higher education institutions and their subparts (faculties, schools, institutes, etc.) to establish, among other things, their objectives, their internal organizational structure, and self-government regulations. Therefore, all of the medical schools have internal regulations specific to their educational programs, an internal governing structure, and a mission congruent with that of the institution of higher education in which they are located. The Ministry of Education, Youth and Sports issued Decree 42 on February 10, 1999, requiring an application for study program accreditation to have, among other things, objectives that have a reasonable

connection to the scientific, research, developmental, artistic or other creative activity of the institution, a demonstrated social need, and articulated opinions of professional associations, legal entities, and persons interested in employing graduates. All professional program applications should include the economical, social, and demographical characteristics of the regional area, where the institution is located.

Analyst Remarks to Narrative

The country's application points to a decree published by the Ministry that requires an accreditation applicant to show that its objectives have a reasonable connection to the scientific, research and developmental activities of the institution, a demonstrated social need, and articulated opinions of professional associations, legal entities, and persons interested in employing graduates (cf. Exhibit 3 - Ministry Decree 42). Elsewhere in the country's application it is apparent that the faculty is expected to develop all aspects of the educational experience, which would include the objectives. However, there is no stated expectation in the supplied materials that those objectives should be expressed in outcomes-based terms.

The NCFMEA may wish to seek additional information on the following:

-- Does the Ministry expect an accreditation applicant's objectives to be expressed in outcomes-based terms? [Part 2, Section 1: Mission and Objectives, Q1]

Country Response

The Ministry expects the accreditation applicant's objectives to be expressed in outcomes-based terms.

Analyst Remarks to Response

In response to the draft staff report, the country affirmed that the objectives are to be expressed in outcomes-based terms.

Staff Conclusion: Comprehensive response provided

Section 1: Mission and Objectives, Question 2

Country Narrative

The CRAC requires that medical school graduates be prepared to enter a specialized postgraduate medical education program, to qualify for a license in various specializations, to provide competent medical care and to have an education background for continuous medical education. Upon graduation from a master's study program in medicine that includes a rigorous state

examination, the "Doktor medicíny (i.e. "Doctor of Medicine," abbreviated as MUDr.) is awarded in the field of medical studies. The Czech Parliament passed the Harmonization Law of March 3, 2004 (Act No. 95/2004 Coll.) which specifically sets forth requirements for the education, specialization, professional certification and continuing education of the members of the health professions in order to make them compatible with European Union Directives (the Czech Republic became a member of European Union on May 1, 2004). Article 4, Section 1 of Act. No. 95/2004 Coll. (Harmonization Law) specifies that a program leading to the practice of medicine must take place in an accredited program of master's medical studies of at least six years' duration.

Documentation to Section 1:

Exhibit 1: The Higher Education Act Section 6(1)(f)

Exhibit 2: The Statute of the Accreditation Commission Article 1

Exhibit 3: 42 Decree issued by Ministry of Education, Youth and Sports
Sections 9 and 10

Exhibit 7: Act No. 95/2004 Coll. (Harmonization Law) Article 4(1)

Exhibit 9: Studies and Examination Regulations of Charles University in
Prague

Exhibit 10: Rules for Organization of Studies of the First Faculty of
Medicine

Analyst Remarks to Narrative

The country's application points to generic passages in the HEA and CRAC Statutes, a parliamentary law intended for harmonizing Czech and European Union expectations, and the regulations that one school has adopted for its own operations. However, none of these documents refer to the country's requirements related to how medical schools must prepare graduates to qualify for licensure and to provide competent medical care.

The NCFMEA may wish to seek additional information on the following:

-- What document contains the Czech Republic's requirements related to how medical schools must prepare graduates to qualify for licensure and to provide competent medical care? [Part 2, Section 1: Mission and Objectives, Q2]

Country Response

Standards of Accreditation of Medical Schools programs (Exhibit 5), Section 4.

Analyst Remarks to Response

In response to the draft staff report, the country affirmed that the requirements related to licensure and quality care are found in Section 4 of the country's standards.

Staff Conclusion: Comprehensive response provided

Section 2: Governance, Question 1

Country Narrative

All medical school study programs in the Czech Republic are accredited and authorized by the Ministry of Education, Youth, and Sports (Ministry). This Ministry will only authorize an institution to provide a medical education study program if recommended by the Czech Republic Accreditation Commission (CRAC), and approved by the Ministry of Health after determining the possibility of graduates obtaining employment in health sciences. Each of these Ministries represents external authorities with interest in the medical schools and the public.

Analyst Remarks to Narrative

The Ministry, through its CRAC in concert with its working group for medical schools, requires and provides for the legal authorization needed to provide a program of medical education. In addition, those entities work together ensuring that the management of the medical school remains accountable to them. The Ministry is the sole entity that can grant the legal authorization for a medical school to operate.

Section 2: Governance, Question 2

Country Narrative

All medical schools in the Czech Republic are parts of the university in which they are housed and not separate legal entities. Therefore, external accountability also lies within the framework of the university hierarchy. The Dean heads the medical school, and makes and acts on decisions in all matters pertaining to the medical school. However, the Dean reports to and accounts to the Rector or head of the university.

Documentation to Section 2:

Exhibit 1: The Higher Education Act Sections 6-9, 20, 23-28, 70

Analyst Remarks to Narrative

The country's application notes that accountability for the administrators of medical schools is overseen by the university of which the medical school is a constituent part. The application states that there are no separate medical schools in the Czech Republic. Therefore, the medical school would be under the authority of the university, which is in turn responsible to the Ministry.

Subsection 3.1: Administrative Personnel and Authority, Question 1

Country Narrative

The Higher Education Act (Section 33) requires institutions and the schools within them to develop self-governance internal regulations. An institution's academic community consists of the academic staff and the students. The academic community is responsible for managing admissions, student affairs, academic affairs, hospital and other health facility relations, business and planning and other administrative functions. The internal regulations that a medical school may develop to manage its affairs include study and examination rules, scholarship rules, electoral rules and rules of procedure of the Academic Senate of the medical school, rules of procedure of the Scientific Board of the medical school, and disciplinary rules for students. These independent academic bodies of the medical school include:

The Academic Senate of the medical school;
The Dean;
The Scientific Board of the medical school;
The Disciplinary Commission of the medical school.

The Academic Senate of the medical school is the independent representative of the academic body. It consists of at least nine members elected by the academic staff of the school. At least one third and no more than half of this body includes students. The Academic Senate of the medical school performs the following tasks:

Approves the allocation of the school's financial resources and supervises their use;

Approves the annual report on activities and the annual report on economic management of the school presented to it by the Dean;

Approves conditions of admission to studies in the study programs provided by the school;

Approves proposals of the Dean for nominating or dismissing members of the Scientific Board and the Disciplinary Commission of the School;

Resolves proposals for nominating or dismissing the Dean;

Approves, in conjunction with the Scientific Board of the School, long-term plans in the areas of educational, scholarly, research, developmental, artistic or other creative activity of the school that complies with long-term plans of the higher education institution.

The Dean makes all decisions affecting the operation of the medical school. Regarding admissions, however, the teaching faculty may participate in developing the medical school's entrance examination questions. A member of the teaching faculty may have more input on the medical school administrative responsibilities by voting for particular members who serve on the Academic Senate of the School or by running for membership.

The members of the Scientific Board of the School (Scientific Board) are appointed and dismissed by the Dean. The members of the Scientific Board are

representatives of the medical fields that are the focus of educational, research, development, artistic or other creative activity of the school. At least one third of the Scientific Board members are not current members of the academic community within the school. The Scientific Board responsibilities include: Discussion of the long-term plans of the school in the area of educational, scholarly, research, developmental, artistic or other creative activity in compliance with the long-term plans of the public higher education institution; Approves the study programs that the school will provide; Develops the procedures for obtaining "venium docendi" (habilitation of associate professors) and procedures for the appointment of professors.

The Disciplinary Commission of the medical school includes members of academic community and medical students who represent no more than one half of the members of the Disciplinary Commission. The Dean appoints all members of the Disciplinary Commission. The Disciplinary Commission of the medical school reviews disciplinary actions of students enrolled in the medical school and presents the Dean with proposals for resolution.

Analyst Remarks to Narrative

The Czech Republic's application indicates that a strong requirement for self-governance is central to the country's approach to these matters, and that all these administrative matters are handled internally by the school. However, the HEA passage cited by the application (cf. Sec 33) is solely concerned with the faculty, and would appear to indicate that the faculty is responsible for organizing all approaches and responses to administrative matters. The application narrative also supports that whatever approaches are used in a school are ultimately the responsibility of the faculty and those with designated positions of authority who are connected in some way to the faculty.

The NCFMEA may wish to seek additional information on the following:

-- What document covers the specific responsibilities of the various administrative positions? [Part 2, Subsection 3.1: Administrative Personnel and Authority, Q1]

Country Response

The Higher Education Act (Exhibit 1) Section 32 (1) reads: The Faculty Bursar is responsible for the financial management and internal administration of the Faculty (i.e. medical school) to the extent determined by the Dean. The document Standards for Accreditation of Medical Schools Programs (Exhibit 5) specifies on page 2: Section 3. Administration the role of the Faculty Bursar and the Chief Economist of the Faculty (i.e. medical school).

Analyst Remarks to Response

In response to the draft staff report, the country affirmed that Section 32 of the Higher Education Act identifies the Faculty Bursar as the one responsible for financial management and administration of the faculty as permitted by the Dean. In addition, Section 3 of the country's Standards provides additional information regarding the administrative role of the medical school's Faculty Bursar and Chief Economist.

Staff Conclusion: Comprehensive response provided

Subsection 3.1: Administrative Personnel and Authority, Question 2

Country Narrative

The Higher Education Act (Section 28) defines the authority of the Dean of the Faculty.

The Dean is the head of the Faculty. If not otherwise stipulated by the Act, the Dean acts and makes decisions in all matters pertaining the Faculty. The Dean is appointed and dismissed by the Rector upon a proposal of the Academic Senate of the Faculty.

Analyst Remarks to Narrative

As previously discussed, the application stresses the overall authority of the faculty in the administration of the school. The Dean is the head of the faculty, and except for grave instances, cannot be dismissed without the approval of the Academic Senate (cf. HEA Sec 28 #1, 2 & 3). In addition, the medical school Dean's responsibilities are still exercised within the overall purview of the entire university.

Elsewhere in the application, it is indicated that the Academic Senate "approves the allocation of the school's financial resources and supervises their use." However, the application did not discuss how the financial resources of the medical school may be affected by the resources and needs of the entire university.

The NCFMEA may wish to seek additional information on the following:

-- How may the financial resources of the medical school be affected by the resources and needs of the entire university? [Part 2, Subsection 3.1: Administrative Personnel and Authority, Q2]

Country Response

The Higher Education Act (Exhibit 1) specifies in Section 9 (1) (c) the role of The Academic Senate of a public higher education institution (University). It approves the budget of the higher education institution (University), which is submitted by the Rector, and monitors the financial management of the higher education institution (University). Standards for Accreditation of Medical Schools Programs (Exhibit 5) in Section 6, Finances describes that the Faculty (i.e. medical school) is financed by the State Budget through the Ministry of Education and through the University Rector's (President) Office.

Analyst Remarks to Response

In response to the draft staff report, the country affirmed that the Academic Senate approves and monitors the budget. And as noted in another response, the Academic Senate does include representatives of the medical faculty.

Staff Conclusion: Comprehensive response provided

Subsection 3.1: Administrative Personnel and Authority, Question 3

Country Narrative

Section 93 of the Higher Education Act states the following regarding teaching hospitals:

(1)

Clinical as well as practical instruction in the field of medicine ... and other branches of health services takes place particularly in teaching hospitals. These hospitals perform scholarly, research and developmental activities as well.

(2)

Details of the arrangement are provided in special regulations.

The Higher Education Act also defines the discretionary powers of the individual faculties of the schools regarding the right to make decisions involving:

Design and implementation of study program;

Objectives and organization of scholarly, research, developmental, artistic or other creative activity;

Relations between an employer and an employee;

Procedures for obtaining "venium docendi" (habilitation) and procedures for the appointment of professors;

International relations and activities;

Constitution of independent academic bodies of the faculty and internal organization of the faculty;

Utilization of allocated financial means.

Documentation to Subsection 3.1:

Exhibit 1: The Higher Education Act Sections 27(e), 33, 72(1), 93

Analyst Remarks to Narrative

As previously noted, the faculty (including department heads) exercises its authority through the Academic Senate, which “approves the allocation of the school's financial resources and supervises their use.” However, as also previously noted, the application did not discuss how the financial resources of the medical school may be affected by the resources and needs of the entire university.

The NCFMEA may wish to seek additional information on the following:

-- How are the financial needs of the medical school balanced within the resources and needs of the entire university? [Part 2, Subsection 3.1: Administrative Personnel and Authority, Q3]

Country Response

The financial needs of the medical school (Faculty) are balanced within the resources and needs of the entire University by the decision of the Academic Senate of the University, where the medical school (Faculty) has its elected representatives.

Analyst Remarks to Response

In response to the draft staff report, the country affirmed that the Academic Senate, which contains medical school faculty representatives, approves and monitors the use of university resources.

Staff Conclusion: Comprehensive response provided

Subsection 3.2: Chief Academic Official, Question 1

Country Narrative

The chief academic official of a medical school is the Dean of the Faculty. The requirements for the position of the Dean are defined in the Statutes of the Medical Faculties. As a rule the Dean is elected by the Academic Senate of the Faculty from Professors and Associate Professors of the Faculty who possess sufficient (at least five years) experience in teaching at the Faculty.

Analyst Remarks to Narrative

Each medical school sets out its own expectations and requirements for the Dean of the medical school, who is also its chief academic official. The country's application notes that the Dean is generally selected from among the faculty members who have taught at least five years.

Subsection 3.2: Chief Academic Official, Question 2

Country Narrative

Under Section 28 of the Higher Education Act the Dean is appointed and dismissed by the Rector upon a proposal of the Academic Senate of the Faculty. The Act permits a Dean to serve a four-year term of office of not more than two consecutive terms.

Documentation to Subsection 3.2:

Exhibit 1: The Higher Education Act Section 7(1) and 7(2), Sections 17-21, Sections 23-33, Section 28

Analyst Remarks to Narrative

The medical school's Academic Senate, which represents the faculty, makes a proposal to the university rector who then makes the actual appointment. The HEA permits a term of four years with a limit of two consecutive terms.

Subsection 3.3: Faculty

Country Narrative

The Dean of a medical school makes all administrative decisions regarding admissions to a medical school. The decisions include establishing the admissions criteria regarding the number of applicants admitted for the academic year, the conditions of admission, the selection of applicants, the time limit to submit applications, the form and terms of entrance examinations, and the evaluation of the results of the admission procedure. According to the Higher Education Act, Section 27(1)(e) the Academic Senate of the school approves the conditions of admission to study. The internal regulations of any school, including a medical school, fall within its self-governing competence established in the provisions of the Higher Education Act under Section 33(1). However, the procedures for each medical school may differ. For example, all medical schools adhere to the Deans admissions criteria. However, one medical school may use a scoring system for admissions as specified by the Dean. The institutional internal regulations may authorize the medical school to limit the number of applicants admitted based on the size of the medical school and the particular programs offered. Selection criteria may include the score received on the entrance examination that tests the applicant's knowledge, verification of the applicant's documents, and submission of a timely application and payment of fees. The medical school publishes the scores and gives the applicant access to the documents to review for errors. Any appeal an applicant takes regarding admission to studies is regulated by the Admission Regulations of the University. All decisions regarding hiring, retention, promotion, and discipline of the academic staff (teaching faculty) are done by the Dean of the medical school. However, the Dean will consider recommendations from established academic staff committees prior to making a decision.

Documentation to Subsection 3.3:

Exhibit 1: The Higher Education Act Sections 27(1)(e), 33(1) and 48-53

Analyst Remarks to Narrative

The Dean makes all decisions that concern admissions, however, the Academic Senate of the school first approves the conditions of admission to study (cf. HEA Sec 27 #1e). Furthermore, the application notes that each school may differ in its approach to admissions based on its use of scoring systems, and limitations imposed by the size of the school. In addition, the application notes that the student selection criteria may include the score received on the entrance examination, verification of documents, and timely submission of the application and fees. The application also notes that the medical school publishes the scores and gives applicants opportunities to appeal.

Although all decisions regarding hiring, retention, promotion and discipline of faculty are made by the Dean, the Dean is expected to consider recommendations from established academic staff committees prior to making a decision. In addition, as noted elsewhere, the faculty is deeply involved in all the aspects of the educational program.

Subsection 3.4: Remote Sites

Country Narrative

Each medical school response denied that any one of them maintained a branch campus or location geographically separate from the main medical school. Specifically, one medical school indicated that any provision for a branch campus would have to be included in the "Statute of the Faculty," under the section describing the organizational parts of the faculty and no faculty statute contained this provision.

Higher Education Act Section 93, refers to teaching hospitals and states that "clinical as well as practical instruction in the field of medicine, pharmacy and other branches of health services takes place particularly in teaching hospitals." Decree No. 394/1991 of the Ministry of Health of the Czech Republic entitled the "Statute, Organization and Activities of Teaching Hospitals and other Hospitals, Selected Specialized Therapeutic Institutes and Regional Sanitation Clinics" indicates that the authorities over these facilities fall within the scope of the Ministry of Health. However, the heads of the clinical departments are selected by public competition and appointed for a defined period of time by the joint agreement of the Minister of Education and Minister of Health. The teaching staff of the clinical departments of teaching hospitals are members of the medical faculties. Medical schools have contracts with the respective teaching hospitals geographically linked to their main locations.

Documentation to Subsection 3.4:
Exhibit 1: The Higher Education Act Section 93

Analyst Remarks to Narrative

None of the medical schools operate a geographically separate campus.

Subsection 4.1: Program Length, Question 1

Country Narrative

The length of the training in all of the medical schools in the Czech Republic covers six years, or twelve semesters, offered during the winter and summer. The medical education program incorporates lectures, tutorials, and practicum training. Upon completion of the program the academic degree "doctor of medicine" (abbreviation MUDr. before name) is awarded to the University graduates of study in the master's study programs.

Analyst Remarks to Narrative

Medical training takes place over six years or twelve semesters.

Subsection 4.1: Program Length, Question 2

Country Narrative

The Czech Republic became a member of the European Union on May 1, 2004. The Czech Parliament passed the Harmonization Law of March 3, 2004 (Act No. 95/2004 Coll.) which specifically sets forth requirements for the education, specialization, professional certification and continuing education of the members of the health professions in order to make them compatible with European Union directives. Article 4, Section 1 of the Harmonization Law specifies that a program of study leading to the practice of medicine must take place at an accredited program of master's medical studies of at least six years' duration.

Documentation to Subsection 4.1:
Exhibit 4: Studies Curriculum - Charles University in Prague - First Faculty of Medicine
Exhibit 7: Act No. 95/2004 Coll. (Harmonization Law) Article 4(1)

Analyst Remarks to Narrative

The country is a member of the European Union and requires that the program of medical studies must be at least six years in length.

Subsection 4.2: Curriculum, Question 1

Country Narrative

The general medicine education program covering the basic theoretical disciplines is offered by all of the medical schools in the Czech Republic. The basic disciplines are taught during the first four terms of the first two years of the medical education program. The third and fourth years of study are devoted to pre-clinical disciplines and the introduction to clinical medicine that includes internal and surgical procedures. In the fifth and sixth years, the medical curriculum exclusively covers clinical disciplines. All of the medical schools have their own curricula, but the curricula of all the schools are similar, with only minor differences in specific areas.

Analyst Remarks to Narrative

The country notes that the basic disciplines are covered by each of its medical schools in a similar manner over the six-year period of training.

Subsection 4.2: Curriculum, Question 2

Country Narrative

The basic sciences curriculum content includes biophysics and biostatistics, biology and genetics, chemistry and biochemistry, anatomy, histology and embryology, physiology, medical computer science, patient care, first aid, medical ethics and philosophy, and preventative medicine, among others. Teaching focuses on a detailed knowledge of the structural and functional relationships of the human body from the molecular level to the level of organs and systems. The third and fourth years of study are devoted to pre-clinical disciplines such as pathological anatomy, pathophysiology, microbiology, immunology, and pharmacology.

Analyst Remarks to Narrative

The country has provided the list of subjects covered in its narrative and has provided a sample school's outline as documentation.

Subsection 4.2: Curriculum, Question 3

Country Narrative

All the basic sciences subjects have an obligatory component of practical exercises which covers approximately 50% of the time allocated to the subject. All these subjects are finished by an examination including the laboratory part.

Documentation to Subsection 4.2:

Exhibit 4 : Studies Curriculum - Charles University in Prague -
First Faculty of Medicine

Analyst Remarks to Narrative

The country reports that 50 percent of the time spent covering the basic sciences consists of practical exercises.

Subsection 4.3: Clinical Experience, Question 1

Country Narrative

Clinical Science subjects, which conclude with the final state examination of the master six years' study program, having both oral and practical parts, are: internal medicine, surgery, gynecology and obstetrics, pediatrics, preventive medicine and hygiene. Other clinical subjects included in the curricula of all schools are: propaedeutics of internal medicine and surgery, neurology, psychiatry, dermatovenereology, dentistry, ophthalmology, otorhinolaryngology, infectious diseases and epidemiology, oncology and radiotherapy, family medicine.

Analyst Remarks to Narrative

The country lists the following topics as basic to the final state examination: internal medicine, surgery, gynecology and obstetrics, pediatrics, preventive medicine and hygiene. Additional subjects taught at all schools include: propaedeutics of internal medicine and surgery, neurology, psychiatry, dermatovenereology, dentistry, ophthalmology, otorhinolaryngology, infectious diseases and epidemiology, oncology and radiotherapy, family medicine.

Subsection 4.3: Clinical Experience, Question 2

Country Narrative

The sixth year of master study program of general medicine is entirely devoted to a clinical and hospital practice and practice in outpatient departments in the University Hospital. The sixth year courses involve bedside practice in the following subjects: internal medicine, surgery, gynecology and obstetrics, pediatrics and in preventive medicine and hygiene. The sixth year instruction in the above subjects is completed by the final state exams.

Clerkships:

During the eleventh and twelfth semesters, medical students in the medical schools in the Czech Republic take courses geared toward clinical and hospital practice and practice in outpatient departments that may include: clinical practice in internal medicine, surgery, neurology, psychiatry, obstetrics and gynecology, pediatrics, epidemiology, orthopedics, hygiene and social medicine, exercise and sports medicine, among others. Upon completion of the required practical, the student takes a final examination.

All curricula for each of the medical schools in the Czech Republic require students to participate in a variety of clinical subjects. In the sixth year of training, the total teaching time is dedicated to the main clinical subjects without lectures, and following each rotation, the student takes a final state examination. The clinical subjects offered by the medical schools include a variety of clinical specializations. For example, one medical school requires the student to take the following clinical subjects:

Internal Medicine

Nephrology two weeks

Hematology two weeks

Rheumatology one week

Clerkship before the state exam nine weeks

Surgery

Clerkship before the state exam six weeks

Pediatrics

Clerkship before the state exam six weeks

Obstetrics and Gynecology

Clerkship before the state exam four weeks

Clinical Neurology and Psychiatry two weeks

Urology two weeks

Primary Care two weeks

Other medical schools require clinical and hospital practice courses offered in the sixth year that correspond with the course listed above.

Permanent Working Group for Medicine and Health Sciences (PWG) of CRAC has designed Standards for Accreditation of Medical School Programs approved by CRAC in 1998. On the basis of these standards all of the medical schools in the country were evaluated by CRAC and its PWG during the years 1998/1999 and again 2005/2006.

Analyst Remarks to Narrative

The country's narrative provides more detail, but in summary, the sixth year of study is entirely devoted to clinical and hospital practice.

Subsection 4.3: Clinical Experience, Question 3

Country Narrative

Coverage of all organ systems is essential for all clinical subjects, especially for the subject Internal Medicine. Curriculum of one medical school prefers an integrated approach of theoretical and clinical instruction, where the organ oriented and problem based approach is dominant, whereas others prefer a more systematic way of instruction in individual clinical subjects and in the respective clerkships. One medical school applies following system of clerkships of Internal Medicine in the University Hospital during the fifth year of the general medicine program:

Cardiology four weeks

Gastroenterology three weeks

Endocrinology and Metabolism three weeks

Tuberculosis and Pulmonary Diseases one week

Nephrology two weeks

Rheumatology one week

Hematology two weeks

Infectious Diseases three weeks

The subject Internal Medicine starts already in the third year of the study program with the subject Propedeutics in Internal Medicine

In the fourth year there are following clerkships:

Primary Care one week

Geriatrics one week

Infectious Diseases three weeks

Occupational Diseases one week

In the sixth year there are following clerkships:

Primary Care two weeks

Emergency Medicine two weeks

Internal Medicine - clerkship before final state examination three weeks

During the state examination, which includes also the practical part, the integrated approach prevails, stressing also acute, chronic, preventive and rehabilitation care. Acute care is also treated in the subjects Primary Care and Emergency Medicine, chronic, continuing and rehabilitative care in the subjects Geriatrics and Rehabilitation and preventive care in the subjects Hygiene and Epidemiology.

Analyst Remarks to Narrative

The country narrative and documentation covers the typical breakdown of weeks dedicated by the medical schools ensuring that the organ systems are adequately covered.

Subsection 4.3: Clinical Experience, Question 4

Country Narrative

Whereas knowledge and skills are described in the curricula of individual subjects of the study program, each medical school in the Czech Republic is aware of the ethical, behavioral and socioeconomic aspects pertinent to medicine. They are not only part of everyday program of teaching and education in the relationships of teacher/student and student/patient, but also parts of the subjects Medical Ethics and Philosophy, Medical Psychology and Psychotherapy, National Health Services and Medical Law.

Analyst Remarks to Narrative

Those aspects are covered in the following subjects: Medical Ethics and Philosophy; Medical Psychology and Psychotherapy; and National Health Services and Medical Law.

Subsection 4.3: Clinical Experience, Question 5

Country Narrative

The subject Patient Care is taught individually as a bedside training under the supervision of qualified nurses at the beginning of the study program, in the first or second year of studies in the University Hospital, but also as a three-week summer clerkship in a selected hospital out of the University campus.

Analyst Remarks to Narrative

Patient care is learned under nurse supervision during the first or second year of training, and also as a summer clerkship.

Subsection 4.3: Clinical Experience, Question 6

Country Narrative

Students of the study program General Medicine obtain the List of Practical Skills (Log book) on the day of enrolment to the second year. Students are obliged to fulfill all requirements from this list of practical skills during clerkships and have it signed. This will be checked and classified before the last part of state exam in the sixth year in the subject "Minimum of Practical Skills." Curricula of all subjects offer the possibility to the students to get acquainted with the major and common types of disease problems.

Documentation to Subsection 4.3:

Exhibit 4: Studies Curriculum - Charles University in Prague -
First Faculty of Medicine

Exhibit 5: Standards for Accreditation of Medical Schools
Programs

Analyst Remarks to Narrative

Students are provided with a log book for documenting their experience with the various required practical skills.

Subsection 4.4: Supporting Disciplines

Country Narrative

Disciplines that support the clinical subjects are:

Radiology (imaging methods)

Clinical Biochemistry

Nuclear Medicine

Forensic Medicine

Sports Medicine

Primary Care

First Aid

In the preclinical part of studies during the third and fourth years:

Pathology

Pathophysiology

Pathobiochemistry

Microbiology

Immunology

Pharmacology

Medical Psychology

Each subject is closed by a final examination.

Documentation to Subsection 4.4:

Exhibit 4: Studies Curriculum - Charles University in Prague -

First Faculty of Medicine

Exhibit 5: Standards for Accreditation of Medical Schools

Programs

Analyst Remarks to Narrative

The country narrative provided the extensive list of supporting disciplines covered by the medical degree program.

Subsection 4.5: Ethics, Question 1

Country Narrative

Medical schools in the Czech Republic have following subjects as parts of their curricula:

Medical Ethics

Medical Psychology and Psychotherapy

Medical Philosophy

Social Medicine

Medical Law

Each subject is closed by a final examination.

Analyst Remarks to Narrative

Medical ethics and human values are covered in the curricula within the following subjects: Medical Ethics, Medical Psychology and Psychotherapy, Medical Philosophy, Social Medicine, and Medical Law.

Subsection 4.5: Ethics, Question 2

Country Narrative

Medical schools in the Czech Republic have their Specialized Boards as parts of their Statutes and the Dean's Advisory Bodies:

Education Board

Evaluation Board

Disciplinary Board

These Boards regularly monitor and evaluate, among other issues, the success of the instruction in medical ethics and human values.

Documentation to Subsection 4.5:

Exhibit 4: Studies Curriculum - Charles University in Prague -
First Faculty of Medicine

Exhibit 5: Standards for Accreditation of Medical Schools
Programs

Analyst Remarks to Narrative

The required monitoring is conducted by a number of specialized bodies as part of their official obligations.

Subsection 4.6: Communication Skills, Question 1

Country Narrative

Communication skills are taught as a part of the subjects Medical Psychology and Psychotherapy, Medical Ethics and Philosophy and Primary Care.

Analyst Remarks to Narrative

The required skills are taught within Medical Psychology and Psychotherapy, Medical Ethics and Philosophy, and Primary Care.

Subsection 4.6: Communication Skills, Question 2

Country Narrative

The fact that all examinations at the medical schools in the Czech Republic have an oral component strongly supports the importance of the teaching of communication skills in the overall curriculum and enables its monitoring and evaluation, which is also a part of the activity of the Specialized Boards: Education Board and Evaluation Board.

Documentation to Subsection 4.6:

Exhibit 4: Studies Curriculum - Charles University in Prague -
First Faculty of Medicine

Exhibit 5: Standards for Accreditation of Medical Schools Programs

Analyst Remarks to Narrative

The aforementioned specialized bodies evaluate communication skills as part of their work. In addition, the country reports that all medical examinations have an oral component that serves to evaluate the acquisition of necessary communication skills.

Subsection 4.7: Design, Implementation, and Evaluation, Question 1

Country Narrative

As stated previously, the Higher Education Act requires institutions of higher education to have a Scientific Board of the medical school whose duties include, among other things, the approval of the study programs provided by the various schools in the institution.

Analyst Remarks to Narrative

The Scientific Board of each medical school is charged with approving all the study programs. However, since the country's response did not address how the Board makes its determinations, the NCFMEA may wish to seek additional information on the following:

What are the expectations of the Scientific Board in its determination to approve the design and implementation of a study program? [Part 2, Subsection 4.7: Design, Implementation, and Evaluation, Q1]

Country Response

The expectations of the Scientific Board in its determination to approve the design and implementation of a study program are to meet the criteria defined by Standards for Accreditation of Medical Schools Programs (Exhibit 5).

Analyst Remarks to Response

In response to the draft staff report, the country affirmed that the Scientific Board bases its approval on the success of the medical school study program in meeting the country's Standards regarding medical school program accreditation.

Staff Conclusion: Comprehensive response provided

Subsection 4.7: Design, Implementation, and Evaluation, Question 2

Country Narrative

Each medical school maintains its internal regulations that provide for the design, implementation, and evaluation of the medical curricula. Additionally, the Scientific Board of the medical school implements the internal regulations with the assistance of Education Boards (pedagogical committees) and Evaluation Boards.

Analyst Remarks to Narrative

The aforementioned Scientific Board of each school is assisted by evaluation boards and pedagogical committees.

Subsection 4.7: Design, Implementation, and Evaluation, Question 3

Country Narrative

Although the procedures vary in each medical school, the processes may include Education Boards (pedagogical committees) and Evaluation Boards regularly evaluating student and graduate responses to questionnaires and making recommendations based on those evaluations to the Scientific Board of the medical school. The Academic Senate of the medical school provides the 'final approval before submission to the Dean.

Analyst Remarks to Narrative

The faculty is involved in curriculum evaluation through participation on evaluation boards and pedagogical committees, and in particular, through the Academic Senate.

Subsection 4.7: Design, Implementation, and Evaluation, Question 4

Country Narrative

Changes approved through the evaluation process may allow the medical schools in the Czech Republic to establish curriculum compatibility that enables students to pursue parts of their study at various medical schools in other European countries within the European Credit Transfer System. At least one medical school refers the success of its graduates on the USMLE to the US Department of Education as a part of "tracking reports". Moreover Permanent Working Group for Medicine and Health Sciences (PWG) of CRAC has designed Guidelines for Evaluation of Medical School Programs approved by CRAC in 1998. On the basis of these standards all of the medical schools in the country were evaluated by CRAC and its PWG during the years 1998/1999 and again 2005/2006.

Documentation to Subsection 4.7:

Exhibit 1: The Higher Education Act Section 30

Exhibit 6: Guidelines for the On-site Evaluation

Analyst Remarks to Narrative

The Permanent Working Group for Medicine and Health Sciences of CRAC periodically evaluates each medical school, including its curriculum, based on the Guidelines for the On-site Evaluation (Exhibit 6).

Subsection 5.1: Admissions, Recruiting, and Publications, Question 1

Country Narrative

The decisions regarding the admissions of students are governed by the Higher Education Act Sections 48-50. As stated previously, each medical school establishes its own admissions regulations and procedures. Generally, applicants must have completed a comprehensive secondary education. All medical schools require an applicant to take an entrance examination. The written test, usually in a multiple-choice format, examines the applicant's knowledge in biology, physics, and chemistry. Some medical faculties include a second round of entrance tests that may include a personal interview with a panel or a presentation to measure an applicant's ability to make logical decisions based on a written set of hypothetical facts. One medical school only accepts transfer students from Czech or Slovak medical schools, and only if the student completed the year in which he/she was last registered. Medical schools may also limit the number of students admitted (although they have met the admission requirements), establish admission conditions for foreign students to programs of study established through international contracts, or specify different conditions of admission for applicants with advanced standing.

Generally, the decision on admission to study is made by the medical school Dean.

Analyst Remarks to Narrative

Since the country's response did not address certain aspects of the admissions process, the NCFMEA may wish to seek additional information on the following:

- Are the criteria and procedures for the selection of students readily available to potential applicants and to their advisors?
- Although the medical school Dean generally makes the decision on admission to study is there a significant role in the process for a duly constituted faculty committee?
- Does each medical school have an applicant pool that is sufficiently large and possessing national level qualifications to fill its entering class?
- How is the size of the entering class and of the medical student body as a whole related to the adequacy of the teaching resources? [Part 2, Subsection 5.1: Admissions, Recruiting, and Publications, Q1]

Country Response

Standards for Accreditation of Medical Schools Programs (Exhibit 5) deals in Section 5 with Medical Students Admissions. It specifies that the admission criteria must be publicized, usually on the web-pages of the Faculty (medical school).

The Higher Education Act (Exhibit 1) in Section 27 (1) c) specifies that the Academic Senate of the Faculty approves the admission regulations for the degree programs offered by the Faculty (medical school). The Faculty has a special Education Board consisting of experienced teachers and representatives of students which make recommendations for the Academic Senate and the Dean.

The document Standards for Accreditation of Medical Schools Programs (Exhibit 5) specifies in Section 6 that the number of enrolled students must be in proportion with the approved budget in order to ensure a high quality of teaching. It also defines that the student / faculty ratio should be maximally 5:1.

Analyst Remarks to Response

In response to the draft staff report, the country noted that its Standards for medical schools (Section 5) specify that the admission criteria must be publicized, and that this information is typically made available by the school via a website.

In addition, the country noted that the Higher Education Act (Section 27 (1) c) specifies that the Academic Senate of the Faculty approves the admission regulations for the degree programs offered, and that the Faculty has a special Education Board consisting of experienced teachers and representatives of students which make recommendations for the Academic Senate and the Dean.

Furthermore, the country noted that its medical school Standards (Section 6) specifies that the number of enrolled students must be in proportion with the approved budget in order to ensure a high quality of teaching, and that a 5:1 ratio of students to faculty is the expected limit.

However, the country did not address whether each medical school has an applicant pool that is sufficiently large, and possessing national level qualifications, to fill its entering class.

Therefore the NCFMEA may wish to inquire further regarding this matter.

Staff Conclusion: Additional Information requested

Subsection 5.1: Admissions, Recruiting, and Publications, Question 2

Country Narrative

Neither the Higher Education Act nor any of the responding medical schools referenced internal regulations addressing advertising, catalogs or other publications used in recruiting. However, some medical schools publish the admission tests from the previous years or advertise the admission requirements on their internet web-pages.

Analyst Remarks to Narrative

There are no internal regulations addressing medical school catalogs and recruiting materials. Therefore, the NCFMEA may wish may wish to seek additional information on the following:

- Is anyone responsible for the accuracy of materials used to promote the medical school program?
- Does each medical school publish the primary language of instruction, and any alternative language of instruction?
- Does each medical school publish and make available to medical students its annual costs for attendance, including tuition, fees, and required health insurance? [Part 2, Subsection 5.1: Admissions, Recruiting, and Publications, Q2]

Country Response

The responsibility for the accuracy of materials used to promote the medical school program is committed to the Dean and the Vice-Dean for Education. Each medical school publishes the primary language of instruction and the alternative language of instruction on its web-pages.

Each medical school publishes and makes available to medical students its annual cost of attendance, including tuition, fees and adequate health insurance on its web-pages.

Analyst Remarks to Response

In response to the draft staff report, the country noted that the Dean and the Vice-Dean for Education at each medical school is responsible for the accuracy of the promotional materials.

In addition, the country noted that the primary language of instruction and the alternative language of instruction for each medical school is published on the each school's website.

Furthermore, the country noted that these matters are published on each school's website

Staff Conclusion: Comprehensive response provided

Subsection 5.1: Admissions, Recruiting, and Publications, Question 3

Country Narrative

Each of the medical school indicated that access to student records is guaranteed by university internal regulations that authorize a student to access to his or her records. To ensure the confidentiality of those records, some medical schools have designed access limitation measures that only the student may access.

Analyst Remarks to Narrative

The country reports that student access to their own records is guaranteed by regulation.

Subsection 5.1: Admissions, Recruiting, and Publications, Question 3

Country Narrative

The Czech Republic Higher Education Act requires every higher education institution to maintain a register of students as specified in Section 88. It states that the higher education institution will provide the relevant records contained in the register of students to those who can demonstrate legal interest. The individual medical faculties have internal regulations allowing a student to access student records that ensures the integrity and confidentiality of the student records.

Documentation to Subsection 5.1:

Exhibit 1: The Higher Education Act Sections 48-50, 88.

Analyst Remarks to Narrative

The country's HEA ensures that student records are only available to those with a demonstrated legal interest in viewing them.

Subsection 5.2: Student Achievement, Question 1

Country Narrative

At the national level the HEA defines in Section 53 conditions of State Examinations. In Section 46(3) it specifies that studies in the field of medicine are completed in due form passing a Rigorous (Advanced Master) State Examination. In Section 57 it defines among Documents of Studies: Student Identity Card, Student Record Book (also called Index), Higher Education Diploma and Diploma Supplement. The Diploma Supplement is issued to graduates of degree programs. In the Standards of the PWG of CRAC the subjects of final Rigorous State Examination are specified (internal medicine, surgery, gynecology and obstetrics, pediatrics, hygiene and social medicine). A student graduate in the Master degree program in Medicine is awarded the academic degree "Doctor of Medicine", abbreviated as MUDr., before name. (HEA Section 46(4)(c).)

Analyst Remarks to Narrative

The country reports that overall student achievement is primarily measured by the state-sponsored examinations, which include targeted examinations for the specialty areas. Interim measures of student achievement are covered under in the next section.

Subsection 5.2: Student Achievement, Question 2

Country Narrative

Medical schools may develop their own study and examination rules, including scoring, when evaluating student academic progress pursuant to internal regulations of the medical school. Each institution may determine the form of cumulative assessment it uses based on its educational purpose and may use various evaluation tools to assess student progress. Generally, the curriculum specifies the program of study for each year of study in terms of the sequence of subjects, their duration, whether they are compulsory, elective, or optional courses, and may specify the names of the teachers responsible for teaching the courses. Each study subject is a basic unit of the study program and ends by a credit, credit with marks or credit and examination. Some medical schools have determined that credit represents whether a student completed the conditions of the subject. Confirmation of completion by credit is classified as credit received or credit not received by some medical faculties. Examinations also test a

student's knowledge and skills and can be performed orally, in writing, or as a practical or in any combination thereof. The results of examinations may be classified as follows:

Excellent -1

Very well -2

Good -3

Failed-4

Another medical school uses the following forms of review to review a student's progress:

Current assessment

Subject colloquy

Credit

Credit with marks

Written test

Examination

In all medical schools, the final year of the medical study program concludes with a rigorous state examination in the fields of medicine covering internal medicine, surgery, gynecology and obstetrics, pediatrics, hygiene and social medicine.

One medical school also includes two other state examinations covering neurosciences and preventive medicine.

The internal regulations of each medical school contain provisions for a student to repeat an examination, but in the event of three unsuccessful attempts, the student must repeat the year.

Analyst Remarks to Narrative

Each medical school is free to devise its own methods of evaluating student achievement throughout the study period. Whether the medical school's evaluation methods were adequate is indicated by student success on the final state examinations.

Subsection 5.2: Student Achievement, Question 3

Country Narrative

The Czech medical schools have not established student performance outcome measures, such as acceptable number of graduates from the school passing a licensing examination, whether to grant accreditation to the medical school. At least one medical school reports the results of its graduates on the USMLE to the US Department of Education in the form of annual tracking reports.

Documentation to Subsection 5.2:

Exhibit 1: The Higher Education Act Sections 33, 46(3), 46(4)(c), 53.

Exhibit 5: Standards for Accreditation of Medical Schools Programs

Exhibit 9: Studies and Examination Regulations of Charles University in Prague

Exhibit 10: Rules for Organization of Studies of the First Faculty of

Medicine

Analyst Remarks to Narrative

The country reports that its medical schools have not established any student performance outcomes measures, although one school does report the results of its graduates on the USMLE to the US Department of Education annually.

It has been reported elsewhere in the country's narrative that the final year of the medical study program at each school concludes with a rigorous state examination. The state-sponsored testing covers internal medicine, surgery, gynecology and obstetrics, pediatrics, hygiene and social medicine. However, it does not appear that student success on the established state examination is used in the evaluation of individual medical school programs.

Therefore, the NCFMEA may wish to seek additional information on the following:

-- Is consideration being given to using student success on the final state examination as a way to compare the individual medical school programs during the accreditation process? [Part 2, Subsection 5.2: Student Achievement, Q3]

Country Response

At present there are no objective criteria available within the Czech Republic to compare the individual medical school programs on the basis of student success on the final state examination.

Analyst Remarks to Response

In response to the draft staff report, the country stated that there presently are no objective criteria available to compare individual medical school programs on the basis of student success on the nationally-administered tests.

However, the country did not address whether it was possible to make objective criteria available, or if any consideration was being given to the matter. Therefore, the NCFMEA may wish to seek additional information on the following:

-- Is it possible to obtain objective criteria to compare individual medical school programs on the basis of student success on the nationally-administered tests? And if so, is any consideration being given to the matter?

Staff Conclusion: Additional Information requested

Subsection 5.3: Student Services

Country Narrative

The Czech Republic Higher Education Act, Section 62(2) provides that students performing practical training are subject to general regulations on work safety and health protection and working condition of women, pursuant to Articles 101 through 108 of the Czech Republic Labor Code. In addition, the Decree of the Ministry of Health of the Czech Republic No. 56/1997 requires preventive entrance medical check-ups for all enrolled students. Additionally, the students have access to confidential mental health consulting at the Charles University Student Health Center in Prague and at the Department of Psychiatry at the First Faculty of Medicine. All Czech Republic medical schools report that students receive an entrance medical examination at the beginning of the first year of study and a preventive examination during and before the end of the study program that include vaccinations against hepatitis B, tests for tuberculosis, and in women, vaccinations against German measles. One medical school has a student health service and a therapeutical psychologist available to students. Another medical school employs a general practitioner to provide medical care to the students and pays to run the doctor's office.

Documentation to Subsection 5.3:

Exhibit 1: The Higher Education Act Section 62(2)

Exhibit 8: Act No. 262/2006 Coll.(Labor Code) Articles 101-108

Analyst Remarks to Narrative

Since there does not appear to be uniformity among the medical schools regarding the extent of student services that should be provided, the NCFMEA may wish to seek additional information on the following:

- How does the country assure that each medical school provides its students with access to preventive, diagnostic and therapeutic health services, including confidential mental health counseling?
- How does the country assure that each medical school provides its students with effective financial aid and debt management counseling?
- How does the country assure that each medical school has a system to assist students in their career choice; their application to graduate, residency or fellowship programs; and to guide students in choosing elective courses and rotations?
- How does the country assure that each medical school allows students to review and challenge their records? [Part 2, Subsection 5.3: Student Services, Q1]

Country Response

As already mentioned, the Decree of the Ministry of Health of the Czech Republic No. 56/1997 requires preventive entrance medical check-ups for all enrolled students. During the entrance examinations the enrolled students are instructed about the access to preventive, diagnostic and therapeutic health services, including confidential mental health counseling.

The students may address the respective Vice-Dean for Social Affairs and the Financial Departments of the Dean's Offices to be provided with effective financial aid and debt management counseling.

The students may address the respective Vice-Deans for Education and the respective tutors who would assist them in their career choice, their application to graduate, residency or fellowships programs and to guide them in choosing elective courses and rotations.

Study and Examination Regulations are obligatory parts of the Internal regulations of each University (Exhibit 9), which state that examinations are public and that the student has the right to apply for being examined before a board of examiners during the reexamination.

Analyst Remarks to Response

In response to the draft staff report, the country noted that the enrolled students are instructed about their access to the student services specified above during the entrance examinations.

In addition, the country noted that the students may request these services from their school's Vice-Dean for Social Affairs and the Financial Department of the Dean's Office.

Furthermore, the country noted that to obtain this assistance the students would need to address their tutors and their Vice-Dean for Education.

As well, the country indicated that published regulations ensure the results of the examination are available, and that the student can request a board of examiners for a re-examination.

Staff Conclusion: Comprehensive response provided

Subsection 5.4: Student Complaints, Question 1

Country Narrative

HEA defines in Sections 62 and 63 Student's Rights and Duties, in Sections 64-67 Disciplinary Misdemeanours and in Section 68 Decision Making on Students' Rights and Duties. Section 62(h) gives the student the right to elect members and be elected as a member of the Academic Senate of the Faculty and the University. Section 8(1) and Section 26(1) specify that at least one third and at most one half of these bodies constitute students. Other Academic Bodies of the University and/or Faculty are Disciplinary Commissions (Section 7(1)(d) and Section 25(1)(d)). Section 13(1) and Section 31(1) state that students represent one half of the members of the Disciplinary Commissions of the University and/or Faculty. Disciplinary Rules for students are parts of the Internal Regulations of the University (Section 17(1)(h)) and/or Faculty (Section 33(2)(f)). Parts of the Internal Regulations of the University (Section 17(1)(i)) and/or Section

33(2)(g))are also Evaluation Procedures supervised by the Education Commission (Board) and Evaluation Commission (Board) of the University and/or Faculty with the proportional representation of students. Most of the students´complaints are solved at the level of the Faculty and/or University.

Analyst Remarks to Narrative

Although the country requires the presence of students on significant bodies, including disciplinary commissions, there appears to be no uniform standards or procedures regarding how medical schools should address student complaints. Therefore, the NCFMEA may wish to seek additional information on the following:

- Does the country expect each medical school to have written policies for addressing student complaints?
- Does the country expect each medical school to publicize to all faculty and students its standards and procedures for the evaluation, advancement and graduation of its students?
- Does the country expect each medical school to publicize its standards for student conduct and procedures for disciplinary action? [Part 2, Subsection 5.4: Student Complaints, Q1]

Country Response

The Ministry of Education expects each medical school:

- to have written policies for addressing student complaints
- to publisize to all faculty and students its standards and procedures for the evaluation, advancement and graduation of students
- to publisize its standards for student conduct and procedures for disciplinary action

HEA (Exhibit 1) Section 33 (2) d) requires the Student Disciplinar Code of the Faculty (medical school) as a constituent part of the internal regulations of the Faculty (medical school).

Analyst Remarks to Response

In response to the draft staff report, the country noted that the Ministry of Education expects each medical school to have written policies for addressing student complaints.

In addition, the country noted that the Ministry of Education expects each medical school to thoroughly publicize the identified standards and procedures.

Furthermore, the country noted that the Ministry of Education expects each medical school to publicize its standards for student conduct and procedures for disciplinary action. As well, the country's Higher Education Act requires that each school's Student Disciplinary Code be included within the internal regulations of the school's faculty.

Staff Conclusion: Comprehensive response provided

Subsection 5.4: Student Complaints, Question 2

Country Narrative

Complaints from the students against medical schools would be investigated primarily at the level of the respective Faculty and/or University. If they were of a more serious nature, they would be submitted to the PWG for medicine and health sciences of the CRAC and then eventually to the plenary session of the CRAC.

Analyst Remarks to Narrative

Serious complaints may rise to the level of the Czech Republic Accreditation Commission (CRAC), but it is unclear if the students are aware of that possibility. (It also appears that CRAC has not investigated a student complaint within the past year.)

Therefore, the NCFMEA may wish to seek additional information on the following matter. Are students made aware that CRAC could investigate one of their complaints if it reached a certain level of seriousness? [Part 2, Subsection 5.4: Student Complaints, Q2]

Country Response

The students are made aware that CRAC could investigate their complaints if they reached certain level of seriousness.

Analyst Remarks to Response

In response to the draft staff report, the country affirmed that the students are made aware of the potential investigation by CRAC.

Staff Conclusion: Comprehensive response provided

Subsection 5.4: Student Complaints, Question 3

Country Narrative

There is no mechanism for students to address a complaint to CRAC. As medical schools are not independent legal subjects but only a part of the University, the complaints against medical schools can be realized only to the Rector.

Analyst Remarks to Narrative

The country reports that it has no mechanism for students to address a complaint to CRAC. Therefore, the NCFMEA may wish to seek additional information on the following matter. Since CRAC would consider serious complaints against a medical school, would it also consider requiring medical schools to provide students with the contact information for CRAC, where they may submit complaints not resolved at the institutional level? [Part 2, Subsection 5.4: Student Complaints, Q3]

Country Response

If the complaints against the medical school cannot be resolved at the Rector's level, the medical school is required to provide students with the contact information for CRAC.

Analyst Remarks to Response

In response to the draft staff report, the country noted that the medical school is required to provide a student with the contact information for CRAC, if the complaint cannot be resolved at the Rector's level.

Staff Conclusion: Comprehensive response provided

Subsection 5.4: Student Complaints, Question 4

Country Narrative

N/A
See above.

Analyst Remarks to Narrative

It appears that CRAC has not investigated a student complaint within the past year.

Subsection 5.4: Student Complaints, Question 5

Country Narrative

N/A
See above.

Analyst Remarks to Narrative

Although it appears that CRAC has not investigated a student complaint within the past year, there also does not appear to be any provision for including a medical school's record of complaints during reevaluation or monitoring. Therefore, the NCFMEA may wish to seek additional information on the following matter. Would CRAC consider a medical school's record of complaints during the school's reevaluation process? [Part 2, Subsection 5.4: Student Complaints, Q5]

Country Response

CRAC would consider a medical school's record of complaints during the school's reevaluation process.

Analyst Remarks to Response

In response to the draft staff report, the country affirmed that CRAC would consider a medical school's record of complaints, implying that CRAC would be aware of that record and would include that information in its review if the situation warranted it.

Staff Conclusion: Comprehensive response provided

Subsection 6.1: Finances, Question 1

Country Narrative

The Higher Education Act identifies the financial resources available to public Higher Education Institutions that house all Czech Republic medical schools. Section 18 of the Act requires all public higher education institutions to prepare a budget for each calendar year and manage its institutions in conformity with the budget. Regarding budget preparation and financial accountability, the Dean of the medical school proposes the budget and submits it to the medical school's Academic Senate for approval, before it is forwarded to the university administration. In addition, each institutional budget proposal must be presented to the Ministry for clearance. In addition, each medical school must submit an annual report on its financial management to the university administration. The medical school Academic Senate also approves the report before the university administration receives it. It is then forwarded to the Ministry.

The Ministry issued a Decree mandating that any study program must include in the application for accreditation evidence of its finances. It should include the presumed expenses for the length of the program, investments, wages, and other non-investment expenses required per student, and for scientific, research, developmental, artistic or other creative activity related to the study program.

Analyst Remarks to Narrative

Although the country requires “evidence” of a study program’s finances, it is unclear if that evidence includes an officially audited financial statement. Therefore, the NCFMEA may wish to seek additional information on the following matter. Does the country expect an officially audited financial statement to be included among the evidence of a medical school’s finances? [Part 2, Subsection 6.1: Finances, Q1]

Country Response

Medical Faculties (Medical Schools) are integral parts of their respective Universities, which are public Higher Education Institutions primarily responsible for the administration of finances allotted by the Ministry of Education. Administration of the medical school’s budget cannot report its financial situation directly to the Ministry of Education, as the medical schools are not separate legal entities. Therefore the Ministry of Education does not expect an officially audited financial statement to be included among the evidence of a medical school’s finances. Medical schools prepare audited financial statements only for the purpose of their participation in the U.S. federal loan programs.

Analyst Remarks to Response

In response to the draft staff report, the country noted that the Ministry of Education allots financial resources to the university of which the medical school is one of many parts. Therefore, each medical school audit is not expected to prepare a separate audit, although it may need to undergo a separate audit by virtue of its involvement with the student loan programs funded by the United States.

Staff Conclusion: Comprehensive response provided

Subsection 6.1: Finances, Question 2

Country Narrative

Ministry of Education, Youth and Sports decides on the size and scope of the educational program, on the recommendation of CRAC.

Documentation to Subsection 6.1:

Exhibit 1: The Higher Education Act Section 18

Exhibit 3: 42 Decree issued by Ministry of Education, Youth and Sports Section 7

Analyst Remarks to Narrative

The country narrative indicates that based on the recommendation of CRAC, the Ministry of Education, Youth and Sports decides on the size and scope of the educational program.

Subsection 6.2: Facilities, Question 1

Country Narrative

The Higher Education Act does not detail the facilities resources a medical school must have. However, in the 42 Decree issued by the Ministry, Section 8 the contents of the application for accreditation requires the study program to provide evidence of material and technical provisions that includes the following:

- Information on building or buildings utilized by the study program, including their location, information on the number and capacity of lecture rooms, laboratories, workshops, including other instruction rooms;
- Listing of specialized laboratories for instruction and a description of their technical level;
- An opinion of a competent public health authority on appropriateness of rooms destined for study program provision as to building where no teaching activity has yet occurred; and
- Copies of ownership titles or lease or loan contracts or other documents certifying the study program's right to use building or rooms where teaching is to take place and the standard length of study.

Analyst Remarks to Narrative

Although the country's regulations do not mandate detailed requirements regarding facilities for medical schools, there is a requirement that detailed information on the school's facilities be included in the application for accreditation. However, there does not appear to be any requirements regarding facilities for the humane care of animals, as appropriate, if animals are used in teaching and research.

Therefore, the NCFMEA may wish to seek additional information on the following matter. Are there any requirements regarding facilities for the humane care of animals, as appropriate, if animals are used in teaching and research?
[Part 2, Subsection 6.2: Facilities, Q1]

Country Response

Standards for Accreditation of Medical School Programs (Exhibit 5) Section 6 General Facilities reads as follows:

The Faculty (medical school) should be equipped to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research.

At the Dean's Office level there are a special Animal Experiment Board and Ethical Committee which give approval for the use of animals in teaching and

research and are responsible for the humane care of animals.

Analyst Remarks to Response

In response to the draft staff report, the country affirmed that its Standards (Section 6) clearly expect that when animals are used in teaching and research the facility be equipped to provide for the humane care of animals. In addition, the country noted a special Animal Experiment Board and Ethical Committee at the Dean's Office level approves the use of animals in teaching and research, and maintains responsibility for the humane care of animals.

Staff Conclusion: Comprehensive response provided

Subsection 6.2: Facilities, Question 2

Country Narrative

These determinations are made as a part of the accreditation of a study program by the Ministry of Education, Youth and Sports.

Documentation to Subsection 6.2:

Exhibit 3: 42 Decree issued by Ministry of Education, Youth and Sports
Section 8

Analyst Remarks to Narrative

As the country narrative indicates, the Ministry of Education, Youth and Sports makes the determinations regarding the adequacy of the available facilities during the accreditation process. However, since the country's response did not address how the Ministry makes its determinations, the NCFMEA may wish to seek additional information on the following:

-- What are the expectations of the Ministry of Education, Youth and Sports in determining the adequacy of the facilities of a study program? [Part 2, Subsection 6.2: Facilities, Q2]

Country Response

The expectations of the Ministry of Education in determining the adequacy of the facilities of a study program are defined in the Standards for Accreditation of Medical School Programs (Exhibit 5) Section 6 General Facilities.

Analyst Remarks to Response

In response to the draft staff report, the country noted that the Ministry of Education's expectations regarding adequate facilities are discussed in its Standards for medical schools (Section 6). Department staff found those expectations to be basic, general in nature, and concisely stated.

Staff Conclusion: Comprehensive response provided

Subsection 6.3: Faculty, Question 1

Country Narrative

The number of students and the teaching staff determines the size of the school. The ratio of students to the academic staff should be maximally 5:1.

Analyst Remarks to Narrative

The country requires that a maximum ration of 5:1 be maintained between the students and the corresponding medical faculty.

Subsection 6.3: Faculty, Question 2

Country Narrative

The Higher Education Act defines the academic staff as employees of the higher education institution. The academic staff consists of professors, associate professors, senior assistants, assistants, lecturers as well as scientific, research and development workers taking part in pedagogical activities who perform pedagogical, scholarly, research, developmental, and other creative activity. The Rector of the higher education institution appoints Associate Professors on the basis of a habilitation procedure. The habilitation procedure establishes the scientific qualifications of an applicant based on the habilitation thesis and its defense, other scholarly work, as well the applicant's competence based on an evaluation of the habilitation paper and previous lecturing experience. The applicant submits a proposal with a curriculum vitae, papers documenting acquired higher education and pertinent academic degrees awarded, documents proving lecturing experience, a list of scholarly work, and other documents demonstrating scholarly qualifications to the Dean of the medical school. The Dean submits the proposal to the Scientific Board of the respective school to assess the qualifications of the applicant. If the Board approves the nomination of the application, the Dean forwards the nomination to the Rector for the appointment of an associate professor.

A professor in a specific field is appointed by the president of the Czech Republic upon a request of the Scientific Board of a higher education institution that the Minister mediates. The review procedure is similar to the habilitation procedure, except the applicant must have two nominations from professors in the same or similar field, or a recommendation from the Dean or the Rector

before the nomination is presented to the Scientific Board of the medical school. The teachers of clinical subjects must have Board specialization and all teachers must provide research.

The Higher Education Act allows members of the teaching staff and researchers in higher education institutions to receive a paid sabbatical period once every seven years.

Analyst Remarks to Narrative

The country has described its thorough and well-delineated process for ensuring the sufficiency of the qualifications of those appointed to serve on the medical faculty.

Subsection 6.3: Faculty, Question 3

Country Narrative

Conflict of interest by the teaching staff between personal and professional interests are prevented by internal and external audits and by the internal regulations of the medical school.

A specific statutory provision exists to prevent conflict of interest and maintain fairness in accreditation procedures. Pursuant to the Article 9(5) of the Statute of the CRAC the chief workers of the schools and universities (Deans and Rectors) may not serve as members of CRAC working groups.

Documentation to Subsection 6.3:

Exhibit 1: The Higher Education Act Sections 70-75, 76(1)and(2)

Exhibit 2: The Statute of Accreditation Commission Article 9(5)

Exhibit 5: Standards for Accreditation of Medical Schools Programs page 9

Analyst Remarks to Narrative

The country reports that audits are conducted to discourage conflicts between the personal and professional interests of the faculty. In addition, deans and rectors are specifically prohibited from serving as members of work groups within CRAC.

Subsection 6.4: Library

Country Narrative

The Standards for Accreditation of Medical Education Programs approved by CRAC in 1998 state that the Faculty must have a well maintained and catalogued library , sufficient in size to support the educational program of the Faculty. The library should receive the leading biochemical and clinical periodicals, the current numbers of which should be readily accessible. In

addition each student must have free access to the Medline database, the World Wide Web and the Internet.

Several medical faculties itemized library resources as follows:

The modernization of the medical library allows Internet connections in the reading room, and also internet connections in seminar rooms and classrooms enables free access to databases and electronic teaching programs.

The library is sufficiently supplied to ensure access to all library resources.

The library must have all the books used in teaching, current international medical journals and Internet connections with free access for the students.

Documentation to Subsection 6.4:

Exhibit 5: Standards for Accreditation of Medical Schools Programs page 10

Analyst Remarks to Narrative

The country publishes its standards regarding the basic requirements for the library of a medical school in order to provide for some uniformity of among the various schools.

Subsection 6.5: Clinical Teaching Facilities, Question 1

Country Narrative

HEA defines the role of Teaching Hospitals in Section 93 and their Statute, Organization and Activities are enumerated in the Ministry of Health of the Czech Republic Decree No. 394/1991. The affiliation agreements are required and approved by the Dean of the Faculty and the Director of the Teaching Hospital.

Analyst Remarks to Narrative

The country does publish its expectations regarding the role of teaching hospitals, and also requires that approved affiliation agreements are maintained.

Subsection 6.5: Clinical Teaching Facilities, Question 2

Country Narrative

The Head of the Faculty Hospital and the Heads of the Clinical Departments are appointed by the Minister of Health in agreement with the Minister of Education as a result of a public competition. The Heads of the Clinical Departments are proposed for appointment by the Dean of the Faculty. The quality of clinical teaching sites is evaluated by standards elaborated by the Education and Evaluation Commissions of the Faculty.

Documentation to Subsection 6.5:

Exhibit 1: The Higher Education Act Section 93

Analyst Remarks to Narrative

According to Section 93 of the country's Higher Education Act, the Ministry of Health is responsible for ensuring the quality of teaching sites and provides the standards used to maintain that quality. Therefore, the NCFMEA may wish to seek additional information on the following matter. What are the standards used by the Ministry of Health to evaluate and ensure the quality of the clinical teaching sites? [Part 2, Subsection 6.5: Clinical Teaching Facilities, Q2]

Country Response

The standards used by the Ministry of Health to evaluate the quality of clinical teaching in University (Faculty) Hospitals are set out in close cooperation with the Dean's Office and the Education and Evaluation Boards of the Faculty (Medical School), which use the criteria of Standards for Accreditation of Medical School Programs (Exhibit 5) Section 6 General Facilities.

Analyst Remarks to Response

In response to the draft staff report, the country noted that the Ministry of Health's standards regarding the quality of clinical teaching in university hospitals are "set out in close cooperation with the Dean's Office and the Education and Evaluation Boards of the [Medical School] Faculty" using the medical school Standards on general facilities (cf. Exhibit 5, Section 6).

However, the only reference to clinical teaching sites in the medical school Standards on general facilities is that "the Ministry of Health requires that practical teaching facilities of Medical Faculties are Faculty Hospitals."

Therefore, the NCFMEA may wish to inquire further regarding the following matter:

-- What is the meaning and extent of the cooperation of the Ministry of Health with both the Dean's office, and the medical school faculty's Education and Evaluation Board, regarding the evaluation of clinical teaching facilities?

Staff Conclusion: Additional Information requested

Part 3: Accreditation/Approval Processes and Procedures

Section 1: Site Visit, Question 1

Country Narrative

The members of the Permanent Working Group for Medicine and Health Sciences of the Czech Republic Accreditation Commission conduct site visits to medical faculties as an integral part of the accreditation process. Each medical school selected for the evaluation and accreditation process prepares a written application for study program accreditation (self-study) and submits it to the Ministry of Education, Youth, and Sports. The Working Group reviews the application for accreditation eligibility prior to the site visit.

The institution's application must include among other things:

The study program title;

The titles and characteristics of the study branches, if applicable;

The objectives of studies in relation to the entire study program with the specific objectives of each study branch;

A profile of program graduate describing the general, professional and particular knowledge and abilities;

Characteristics of the professions which graduates should be prepared to perform, the possibilities of their employment and characteristics of graduates that employers expect;

The curriculum in conjunction with the study and examination rules;

The method, content and depth of the state final exams;

The curricula vitae of all academic staff, including full-time and distance employees;

Information of financial resources;

Information on technical provisions regarding the buildings, laboratories for instruction, and an opinion of competent health public health authority on the appropriateness of rooms;

Information on library, its accessibility, technical facility and capacity; and

Overview of existing computer technology equipment, use of local computer networking capabilities and the internet.

Prior to making conclusions and recommending an accrediting decision, the Working Group performs the following functions during a site visit:

Reviews admission procedures, admission examinations, and the results of the procedures and examination;

Reviews the research achievements of the school, with attention to the number and quality of publications and the degree of success in grant competition;

Reviews the curriculum;

Elicit the opinion of students as to the quality of teaching; and

Reviews the achievements of students by reviewing the number of the schools graduates who enter PhD studies.

Ministry of Health must approve the medical studies program before the CRAC submits its conclusions and accreditation recommendation to the Ministry of Education, Youth and Sports.

Site visits are performed by at least 3 members of the Permanent Working Group. The procedure complies with the Statute of CRAC approved by the Czech Government. When a school is selected for on-site visit, a letter is sent to the University Rector with a request that the school co-operates in the evaluation process. The Dean of the school receives a similar notification. A self study questionnaire amended to reflect the specific circumstances related to requirements of Ministry of Education decree 42/1999 Coll. and medical

education is mailed to the Dean. The filled out questionnaire is returned to CRAC together with the required enclosures and any other material the school wishes to provide. The evaluation group analyzes the school's questionnaire and visits the school. The discussion with the academic staff and students of the school are an inseparable part of the visit. At the end of the visit the evaluating group provides the representatives of the school with the preliminary conclusions about it and any recommendations it might have.

The Permanent Working Group in consultation with members of the evaluating groups prepares some draft conclusion about the medical schools and presents them for discussion in the plenary session of CRAC. Representatives of the medical schools are invited to participate in this discussion. After the discussion final conclusions are adopted by vote to CRAC.

The last report of CRAC on the evaluation of seven medical schools in the Czech Republic was submitted to NCFMEA on June 25, 2008.

Analyst Remarks to Narrative

Every five to seven years members of the Permanent Work Group (PWG) of CRAC conduct site visits to medical faculties as an integral part of the accreditation process. Each medical school selected for the evaluation and accreditation process prepares a written application for study program accreditation (self-study) and submits it to the Ministry of Education, Youth, and Sports. The PWG reviews the application for accreditation eligibility prior to the site visit.

The country's narrative, and corresponding documentation (Exhibits 3 and 5), provided a summary of the various elements that are considered during the on-site visit. (As noted in the background section, the next series of on-site visits will not take place until 2013.)

However, the Ministry of Health is responsible for the evaluation of clinical sites. Therefore, the NCFMEA may wish to seek additional information on the following matter. Are there any clinical evaluation site reports produced by the Ministry of Health that can be provided to the NCFMEA? [Part 3, Section 1: On-Site Review, Q1]

(Note: The suggestion was made under Part 2, Subsection 6.5: Clinical Teaching Facilities, Q2 that the NCFMEA obtain a copy of the official standards used by the Ministry of Health to evaluate and ensure the quality of the clinical teaching sites.)

Country Response

At present CRAC does not possess any separate clinical evaluation site reports produced by the Ministry of Health, which could be provided to the NCFMEA. The evaluation of clinical teaching is a part of the on-site visits of PWG of CRAC and its evaluation reports.

Analyst Remarks to Response

In response to the draft staff report, the country noted that it did not possess any separate clinical evaluation site reports produced by the Ministry of Health. However, the country also noted that the evaluation of clinical teaching is a part of the on-site visits of CRAC. Therefore, it appears that although the site reports from the Ministry of Health may be helpful, they are not necessary to obtain.

Staff Conclusion: Comprehensive response provided

Section 1: Site Visit, Question 2

Country Narrative

Seven medical schools in the Czech Republic indicated that they had no branch campuses.

Documentation to Section 1:

Exhibit 1: The Higher Education Act Section 84

Exhibit 2: The Statute of Accreditation Commission Article 3

Exhibit 3: 42 Decree issued by Ministry of Education, Youth and Sports

Exhibit 6: Guidelines for the On-site Evaluation

Analyst Remarks to Narrative

Although the country reported that its accredited medical schools have no branch campuses, it did not discuss whether the accreditation process must include an on-site review of all core (required) clinical clerkship sites. Therefore, the NCFMEA may wish to seek additional information on the following matter. Does the accreditation process in the Czech Republic require that an on-site review must be conducted to every core (required) clinical clerkship site? [Part 3, Section 1: On-Site Review, Q2]

Country Response

All core (required) clinical clerkship sites are Clinical Departments of the Faculty (University) Hospitals. Part of the on-site review of the Faculty (medical school) is also the visit of the Faculty (University) Clinical Departments.

Analyst Remarks to Response

In response to the draft staff report, the country noted that all core (required) clinical clerkship sites are actually in the University Hospitals. Therefore, the on-site review to each school does include a visit to the component sites.

Staff Conclusion: Comprehensive response provided

Section 2: Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

The Czech Republic Accreditation Commission members appoint the persons who conduct on-site evaluations and serve on the Permanent Work Group. The Permanent Work Group members are members of staff at medical schools and the Czech Academy of Sciences.

The members of the Permanent Working Group for the Medicine and Health Sciences, from whom evaluation groups are selected, must be experienced in various areas of medical and other sciences and in economics. They are proposed by the chairman of the group and approved by the CRAC on the basis of their professional achievements, clinical and research experience, and professional reputation.

Documentation to Section 2:
Exhibit 6: Guidelines for the On-site Evaluation

Analyst Remarks to Narrative

Although the country response noted the general qualifications expected of those appointed to serve throughout the accreditation process, there was no indication that they receive any specialized training in order to fulfill their designated duties in an optimal manner. Therefore, the NCFMEA may wish to seek additional information on the following matter. What type of training is provided to the individuals selected to participate in the accreditation process as on-site evaluators, and as policy and decision-makers? [Part 3, Section 2: Qualifications of Evaluators, Decision-makers, Policy-makers, Q1]

Country Response

The individuals selected to participate in the accreditation process as on-site evaluators and as policy and decision-makers are not provided any special training. Section 83 of HEA (Exhibit 1) (3) states that members of Accreditation Commission must be persons widely regarded as authorities in their fields. Section 83 (7) of HEA states that composition of advisory working groups must correspond to the type of the degree program under consideration, its mode and its study objectives. The Statute of Accreditation Commission (Exhibit 2) is available on internet pages of CRAC. On-site evaluators receive the Guidelines for the On-site evaluation (Exhibit 6).

Analyst Remarks to Response

In response to the draft staff report, the country noted that no special training is provided. However, all participants have access to the statutes online, and the on-site evaluators are specially provided with the necessary guidelines to conduct their evaluations.

Staff Conclusion: Comprehensive response provided

Section 3: Re-evaluation and Monitoring, Question 1

Country Narrative

According to Section 80 of the Higher Education Act the accreditation of a study program is awarded for ten years at most, beginning from the day on which the decision takes legal effect. Validity of accreditation can be extended repeatedly. In the Guidelines for the "on-site" evaluation approved in 1998 CRAC has decided to perform the evaluation of the medical schools in regular periods of a minimum of five and maximum of seven years. HEA Section 27 Section 27(1)(d) requires the Deans of medical schools to submit annual reports on activities including compliance with the standards, and annual financial report to the Academic Senate for approval.

Documentation to Section 3:

Exhibit 1: The Higher Education Act Section 27(1)(d), 80

Exhibit 6: Guidelines for the On-site Evaluation of Medical Schools

Analyst Remarks to Narrative

The re-evaluation process for medical schools is conducted on a cycle of between five and seven years. During its last periodic report to the NCFMEA in 2008, the country indicated that it was going to begin the next cycle of official reevaluations in 2013.

However, the country did not take the opportunity provided to elaborate on its incorporation of student complaints into the medical school evaluation process. Therefore, the NCFMEA may wish to seek additional information on the following matters. How does the accreditation process demonstrate that CRAC reviews complaints it receives from students and, as appropriate, investigates and takes follow-up action? How does the complaint review process ensure the timely, fair, and equitable handling of all complaints related to the accreditation standards, and that follow-up action, including enforcement action, is appropriate based on the results of the investigation? And finally, does CRAC consider the complaints it has received regarding a medical school when re-evaluating the medical school for accreditation? [Part 3, Section 3: Re-evaluation and Monitoring, Q1]

Country Response

As already mentioned most of the students' complaints are resolved at the level of the Faculty (medical school) and University (Subsection 5.4).

More serious complaints reaching the level of ACCR would be dealt with by the PWG of ACCR as given by Article 11 of the Statute of the Accreditation Commission (Exhibit 2) and finally by the plenary session of ACCR and its Rules of Procedure (Article 12).

CRAC would consider the complaints it has received regarding a medical school when re-evaluating the medical school accreditation.

Analyst Remarks to Response

In response to the draft staff report, the country noted that most of the student complaints are resolved at the medical school or university level, and that there is a process for more serious complaints to be heard by the Accreditation Commission. In addition, the country affirmed that CRAC would consider any complaints it had received as part of its reevaluation of a medical school.

Staff Conclusion: Comprehensive response provided

Section 3: Re-evaluation and Monitoring, Question 2

Country Narrative

Members of the Permanent Working Group monitor any changes related to the standards for accreditation. If the Working Group suspects a decrease in expected quality at a medical school, the Working Group may propose to reevaluate the medical school or conduct an immediate site visit.

Documentation to Section 3:

Exhibit 1: The Higher Education Act Section 27(1)(d), 80

Exhibit 6: Guidelines for the On-site Evaluation

Analyst Remarks to Narrative

The country's narrative indicated that monitoring is conducted to determine if changes related to the accreditation standards have occurred, and that an immediate site visit could be proposed, if appropriate. However, there was no indication of how this monitoring is accomplished, or with what frequency it is conducted.

In addition, the country indicated (during its last periodic report) that during the 2008-2009 academic year it was going to begin using "a standardized questionnaire for evaluating the quality of education, thus making it possible to compare medical schools." As a result, the Czech Republic was asked o

elaborate on that new instrument in its current application to the NCFMEA.

However, Department staff was unable to identify that particular standardized questionnaire among the provided documents. Furthermore, it is unclear if the questionnaire was used as planned, whether it is still being used, whether the potential comparison of medical schools was undertaken, and if the questionnaire was intended to be an annual monitoring tool.

Therefore, the NCFMEA may wish to seek additional information on the following matters. What is the status of the standardized questionnaire that would allow a comparison of medical schools? Was a comparison of medical schools based on their responses to the standardized questionnaire conducted? And most importantly, how does CRAC monitor its medical schools throughout the accreditation period to verify their continued compliance with the standards? [Part 3, Section 3: Re-evaluation and Monitoring, Q2]

Country Response

CRAC plans the next cycle of official reevaluations in 2013. Due to personal changes in the membership of PWG the standardized questionnaire for evaluating the quality of education, thus making it possible to compare medical schools, planned for the academic year 2008/2009, could not be finalized. Attached is the version of Evaluation Questionnaire 1998 (Exhibit 11). CRAC monitors the medical schools throughout the accreditation period on the basis of their compliance with the Standards for Accreditation of Medical School Programs (Exhibit 5) and on the basis of their Annual Reports. Attached is a draft of Annual Report 2010 of the First Faculty of Medicine (Exhibit 12).

Analyst Remarks to Response

In response to the draft staff report, the country noted that it monitors its schools by means of an annual report. In addition, the country provided a copy of a standardized questionnaire that has questions about the years 1993 through 1996. However, it is unclear if the provided sample is the same as the planned questionnaire that was never finalized or was never administered due to personnel changes.

The planned questionnaire to compare medical schools figured very prominently in a previous report by the country, and was a matter of special interest to the NCFMEA. Therefore, the NCFMEA may wish to inquire further regarding the following matters:

-- Has the standardized questionnaire that would allow a comparison of medical schools been finalized? When do you estimate that the comparison of medical schools based on their responses to the standardized questionnaire will be conducted, and the results become available?

Staff Conclusion: Additional Information requested

Section 4: Substantive Change

Country Narrative

It is assumed that re-evaluation and the re-accreditation will come into force when proposed changes in the curriculum exceed 20% of the whole range of the study plan. It is expected that in such cases, the medical school itself will submit a new proposed curriculum to the Ministry of Health and then, with the Ministry positive recommendation, to the CRAC.

Analyst Remarks to Narrative

As the country narrative indicated, “It is assumed that re-evaluation and the re-accreditation will come into force when proposed changes in the curriculum exceed 20% of the whole range of the study plan. It is expected that in such cases, the medical school itself will submit a new proposed curriculum to the Ministry of Health and then, with the Ministry positive recommendation, to the CRAC.”

However, without a written policy, law or regulation governing substantive changes at a medical school, how would the school know when it was expected to submit a new proposed curriculum to the Ministry of Health for a recommendation?

Therefore, the NCFMEA may wish to seek additional information on the following matter. In the absence of written policies and procedures, how is a medical school made aware of the point at which a change is considered substantial, and requires submission of a request for approval? [Part 3, Section 4: Substantial Changes, Q1]

Country Response

In this respect it is a matter of the Faculty’s (medical school’s) self-evaluation to estimate the percentage of changes of the whole curriculum teaching hours or credits. ACCR may monitor the changes in the published List of Lectures of the Faculties (medical schools) and in their Annual Reports.

Analyst Remarks to Response

In response to the draft staff report, the country noted that it was up to the school to decide. The response also noted that the country might monitor changes in the annual report and in the published list of lectures at each school.

Since the monitoring and approval of substantive changes is an important concern, the NCFMEA may wish to inquire further regarding the following matter:

-- How often are the published lists of lectures examined by the ACCR, and how

closely are the annual reports examined?

Staff Conclusion: Additional Information requested

Section 5: Conflicts of Interest, Inconsistent Application of Standards,
Question 1

Country Narrative

Because all of the medical schools are parts of a public institution, and not private, a financial conflict is less likely to occur. Additionally, the final votes of a Working Group in which one member involved in evaluating a medical school is also a member of the academic faculty of the medical school would not create a conflict of interest because the decisions are based on a majority vote. The collegiate composition of the Working Group and the Accreditation Commission, and the competence and character of their members assist each entity in achieving a fair and consistent accreditation process. The members of the Accreditation Commission are appointed by the Prime Minister and approved for appointment by the Parliament of the Czech Republic. Before the nomination the Prime Minister requests references from representatives of higher education institutions, the Governmental Board of the Czech Republic for Research and Development, and from the Academy of Sciences of the Czech Republic.

Analyst Remarks to Narrative

The country narrative indicated that financial conflicts of interest are not likely because every medical school is in a public institution. As well, it is believed that potential conflicts would not cause a problem if someone was on a work group because the final decisions are based on a majority vote. Furthermore, it is held that the collegiate composition of the committees responsible for accreditation have the competence and character of their members, who are approved and appointed at the highest levels of government, to achieve a fair and consistent accreditation process. Nonetheless, the country does have a regulation preventing deans and rectors from serving as members of CRAC or its Working Groups.

Notwithstanding all of the above, it is unclear if there is a common understanding of the term “conflicts of interest,” or if there are any official reminders regarding the need to minimize potential conflicts throughout the accreditation process.

Therefore, the NCFMEA may wish to seek additional information on the following matter. In the absence of comprehensive written policies and procedures, how does the country remind participants involved in every aspect of the accreditation process to carefully avoid potential conflicts of interest? [Part 3, Section 5: Conflicts of Interest, Inconsistent Application of Standards, Q1]

Country Response

Potential conflicts of interest are monitored by the elected Academic Senates of the Faculties (medical schools) and Universities and by the Education, Evaluation and Disciplinary Boards of the Dean's Office.

Analyst Remarks to Response

In response to the draft staff report, the country noted that the academic senate of each medical school monitors potential conflicts of interest. In addition, the country reported that the Education, Evaluation and Disciplinary Boards in each school will monitor these issues as well.

Staff Conclusion: Comprehensive response provided

Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

A specific statutory provision exists to prevent conflict of interest and maintain fairness in accreditation procedures. Pursuant Article 9(5) of the Statute of the CRAC, the chief workers of the schools and universities (Deans and Rectors) may not serve as members of CRAC Working Groups. In general, the possibility of conflict of interest is minimized due to the diversity maintained among members of the CRAC, who are selected by the Czech government upon recommendation of the Minister of Education, Youth and Sport and representation of higher education institutions (see Section 92 of the Act), which at present consists of Council of Higher Education Institutions and Czech Conference of Rectors.

Documentation to Section 5:

Exhibit 1: The Higher Education Act Section 92

Exhibit 2: The Statute of Accreditation Commission Article 9(5)

Analyst Remarks to Narrative

Other than the previously noted regulation preventing deans and rectors from serving as members of CRAC or its Working Groups, it is unclear if the country takes any special precautions to ensure that its medical school accreditation standards are applied consistently.

Therefore, the NCFMEA may wish to seek additional information on the following matter. In the absence of comprehensive written policies and procedures, how does the country ensure that its standards for the accreditation of medical schools are applied consistently to all schools? [Part 3, Section 5:

Conflicts of Interest, Inconsistent Application of Standards, Q2]

Country Response

PWG of ACCR is responsible for continuous monitoring whether the Standards for Accreditation of Medical School Programs (Exhibit 5) are applied consistently to all schools.

Analyst Remarks to Response

In response to the draft staff report, the country noted that it was one of the responsibilities of the ACCR to continuously monitor whether the country standards were being consistently applied to the medical schools.

Staff Conclusion: Comprehensive response provided

Section 6: Accrediting/Approval Decisions, Question 1

Country Narrative

The Ministry of Health may provide information on the performance of medical school graduates. If it is determined that the graduates from a particular medical school do not meet the required levels of theoretical knowledge or clinical skills, the Ministry of Health will immediately initiate a reevaluation procedure which could lead to an accreditation withdrawal. CRAC does not have any outcomes data reflecting graduate performance that would assist in making accrediting decisions regarding medical faculties.

After the Work Group prepares its draft conclusions based on the self-study and its own evaluation, it prepares its conclusions for the adoption of the conclusions and recommendations by the Accreditation Commission. The Accreditation Commission meets three times a year to discuss the applications for accreditation. During the meetings, the Accreditation Committee finalizes its conclusions and recommendations regarding accreditation with the approval of at least two thirds of the members of the Accreditation Commission. The contents of these actions are forwarded to the Ministry of Education, Youth, and Sports to render and publish the accreditation decision.

Analyst Remarks to Narrative

The narrative notes that after the Work Group prepares its draft conclusions based on the self-study and its own evaluation, it prepares its conclusions for consideration by CRAC. CRAC then finalizes its conclusions and makes its recommendations regarding each medical school's accreditation. The recommendations of CRAC need the approval of at least two thirds of its members before the deliberations are forwarded to the Ministry of Education, Youth and Sports for a final decision. The published accreditation standards are used throughout the process to help ensure that the final decisions are based on

those published standards.

Section 6: Accrediting/Approval Decisions, Question 2

Country Narrative

In the Czech Republic, there is no systematic, formalized procedure for evaluating the performance of medical school graduates, on a country-wide basis. In fact and in practice, any physician whose performance fell below recognized standards would lose his or her right to continue practicing medicine. But even in the rare instances when this occurs, there exists nothing to relate the person's performance to the medical school he or she graduated from.

Analyst Remarks to Narrative

It is clear that the Czech Republic does not use any information on the performance of a medical school's graduates in reaching its decision on granting accreditation to the school. That being the case, the NCFMEA may wish to seek additional information on the following matter. Are there any official discussions underway to promote consideration of the performance of the graduates when evaluating a medical school for accreditation? [Part 3, Section 6: Accrediting/Approval Decisions, Q2]

Country Response

There are unofficial discussions underway to promote consideration of the performance of the graduates when evaluating a medical school for accreditation. Most Faculties (medical schools) lack the feedback response of the performance of their graduates.

Analyst Remarks to Response

In response to the draft staff report, the country indicated that there are no official discussions underway, although there are some unofficial ones. The country also noted that most medical school faculties have no access to the performance of their graduates.

Since the evaluation of student performance after graduation is an important concern, the NCFMEA may wish to inquire further regarding the following matter:

-- Is it possible for a mechanism to be developed that would allow medical schools faculties, and the ACCR, obtain feedback on the success of graduates?

Staff Conclusion: Additional Information requested

Section 6: Accrediting/Approval Decisions, Question 3

Country Narrative

The Czech Republic currently does not establish student performance outcome measure benchmarks or requirements, or information regarding numbers of graduates passing a licensing examination, in determining whether to grant accreditation to that school.

Documentation to Section 6:

Exhibit 2: The Statute of Accreditation Commission Article 12

Analyst Remarks to Narrative

As noted under the previous section, the Czech Republic does not have a systematic, formalized procedure for evaluating the performance of medical school graduates. Therefore, the country has not established any student performance outcomes measures, benchmarks, or other related requirements for medical schools that would impact their accreditation.

(Note: The question was raised under the previous section whether any official discussions were underway to promote consideration of the performance of the graduates when evaluating a medical school for accreditation.)
