

## U.S. Department of Education

### Hungary: Redetermination of Comparability (deferred from 2009)

Prepared October 2011

#### **Background**

In March 1997, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the accreditation standards used by the Hungarian Accreditation Committee (HAC), the accrediting body that evaluates medical schools in Hungary, were comparable to those used to evaluate programs leading to the M.D. degree in the United States. The NCFMEA reaffirmed Hungary's comparability determination in March 2003.

During its March 2009 meeting, the NCFMEA voted to defer a determination on Hungary's request for a redetermination of comparability pending receipt of additional specific information. Hungary reappeared before the NCFMEA in September 2009 and the Committee accepted the country's report on the issues identified in March 2009, but formally deferred its determination that the standards and processes used to accredit medical schools in Hungary are comparable to those used to accredit medical schools in the United States until the Spring 2010 NCFMEA meeting, pending the receipt of specific information concerning Hungary's monitoring of clinical sites abroad and its ongoing monitoring of medical schools during the eight-year accreditation period. That meeting was postponed; this report addresses those issues.

#### **Summary of Findings**

Based on its review of the information submitted by the country in its report, Department staff concludes that Hungary addressed the NCFMEA's request for additional information on the issues that had been previously identified. However, as evidence of implementation of accreditation practices is an important component of U.S. accreditation practices, the Committee may want to request additional documentation of the HAC's annual monitoring activities.

#### **Staff Analysis**

##### **Outstanding Issues**

##### **The monitoring clinical sites abroad.**

## Country Narrative

As Dr. Károly Manherz, former Deputy State Secretary for Higher Education and Science Policy indicated in his letter of 17 August 2009 to the NCFMEA, the Hungarian Accreditation Committee (hereafter: HAC) had passed a resolution on 29 May 2009 requesting Hungarian medical schools (universities) to inform the Committee about their individual university/faculty-level regulations concerning the monitoring of foreign clinical training sites (see Exhibit 1 - HAC Resolution No. 2009/5/VI/6).

Based on the information collected, HAC concluded that despite their similarities in several respects, the practices of individual Hungarian medical schools aimed at ensuring the quality of training provided to students at foreign sites of clinical training were not unified, and the mechanisms of the monitoring of foreign clinical training sites yet remained to be adequately embedded in national accreditation procedures.

With regard to the gradual expansion and growing importance of medical training programs in foreign languages at Hungarian medical schools in recent years, HAC initiated a unification process as to the monitoring of foreign clinical training sites. The process resulted in HAC's resolution of 3 December 2010 on the establishment of a national accreditation mechanism regarding the quality assurance of foreign clinical training sites in Hungarian medical training. HAC thereby set the rules of the procedure to be followed by Hungarian institutions and HAC, as well as the professional, material and staff criteria that foreign clinical training sites need to fulfil in order to be involved in medical training programs offered by Hungarian medical schools (see Exhibit 2 - HAC Resolution No. 2010/10/VI).

In formulating the new regulation, the principle of institutional autonomy (see Exhibit 3 - Cooperation of HEIs according to the Higher Education Act, Section 31) was also respected.

The regulation on conducting site visits does not apply to clinical training sites located in European Union Member States, with regard to the Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (see Exhibit 4 - Directive 2005/36/EC, especially Chapter III on the recognition on the basis of coordination of minimum training conditions and Article 24 on basic medical training), transposed into Hungarian legislation by a Decree of the Minister for Health (No. 4/2008 (I.16.)).

The recognition of qualifications at European level is underpinned by the cooperation in the field of higher education and higher education quality assurance in particular, gradually developed in the European Union in the past two decades. The comparability of qualifications acquired in European countries has figured among the main strategic objectives of the European inter-governmental cooperation in the field of higher education known as the Bologna Process since its launch in 1999, with the development of appropriate underlying quality assurance mechanisms as a tool to achieve this goal. The Standards and Guidelines for Quality Assurance in the European Higher Education Area (see Exhibit 5 - Standards and Guidelines for QA in the EHEA) developed by the European Association for Quality Assurance in Higher

Education (hereafter: ENQA) are implemented in Hungarian quality assurance policy. On the occasion of its independent external evaluation in 2008, the HAC was found to be in substantial compliance with the „Standards and Guidelines for Quality Assurance in the European Higher Education Area” and is at present a full member of ENQA, while Hungary has been a governmental member of the European Quality Assurance Register for Higher Education (EQAR) since 2008.

### **Analyst Remarks to Narrative**

The Hungarian Accreditation Committee (HAC) determined that clinical training at all foreign sites was not unified, and therefore adopted a resolution regarding the professional, material, and staff requirements for clinical site visits. The resolution covers: accreditation procedures; accreditation criteria; and program requirements in various fields such as surgery, neurology, psychiatry, obstetrics/gynecology, pediatrics, including competency lists. It is not clear however, that the HAC has conducted these visits. The resolution does not apply to clinical sites in European Union member states, which were already covered by their own requirements. The Committee may want to inquire further into the findings of the HAC in conducting the clinical site visits to foreign countries.

### **Country Response**

Since the adoption of the HAC’s Resolution No. 2010/10/VI on the establishment of a national accreditation mechanism regarding the quality assurance of foreign clinical training sites in Hungarian medical training (see Exhibit 2), the first site visits taking into account the rules of procedure set in the Resolution have been conducted. Based on the results of the visits conducted (in South Korea and in Israel), the HAC passed two Resolutions (see Exhibit 9 and Exhibit 10) presenting the findings of the visiting committees and officially awarding recognition to the sites conforming to the criteria established in Resolution No. 2010/10/VI.

For the current list of the sites accepted (published on the website of HAC, at [http://www.mab.hu/english/doc/Accr-ClinicalSites\\_List.doc](http://www.mab.hu/english/doc/Accr-ClinicalSites_List.doc) in its English version), see Exhibit 10. Accreditation questionnaires in compliance with Resolution No.2010/10/VI have been used, examples are now attached (see Exhibit 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20).

### **Analyst Remarks to Response**

In its response to the draft staff analysis, the HAC provided resolutions (reports) demonstrating that it has now conducted site visits at several non-European Union clinical sites. An on-site visit to South Korea took place on December 5-10, 2010 and included the review of two clinical sites. An on-site visit to Israel took place on April 2-6, 2011 and included the review of ten clinical sites. The reports list the visiting team members and include a brief description of each clinical site.

**The ongoing monitoring of medical schools during the eight year accreditation period.**

**Country Narrative**

Hungary previously signaled to the NCFMEA in its country report that the Hungarian Accreditation Committee (hereafter: HAC) was assessing medical schools on an eight-year basis. Since the time the report was submitted, due to a modification of the Hungarian Higher Education Act in November 2009, the length of the accreditation period was changed from eight to five years. According to the present legislation, assessment shall take place every five years: “The Hungarian Accreditation Committee shall perform its tasks specified in this Act, in particular:

(...)

- e) once in every five years and in accordance with its work plan, it shall assess
- ea) education, research and artistic activities in higher education institutions and ascertain the fields of training, disciplines of science and academic levels for which an institution fulfils to the required criteria,
- eb) the implementation of the measures aimed at the development of education, research and artistic activities as defined in the quality development schemes,
- f) upon request of the higher education institution, it shall
- fa) deliver expert opinions on the introduction of undergraduate and graduate courses, the establishment of doctoral schools,
- fb) express an opinion on education, research and artistic activities.”

(See Exhibit 6 - Higher Education Act (CXXXIX of 2005), Section 109, as of Nov 2009.)

With reference to the modification above, in a resolution of December 2009 the HAC declared to reintroduce its former practice of the assessment of annual institutional reports (see Exhibit 7 - HAC Resolution No. 2009/9/XI/32) as an instrument of monitoring institutional activities in between institutional accreditations.

**Analyst Remarks to Narrative**

Legislation has been passed requiring the Hungarian Accreditation Committee (HAC) to assess medical schools on a five-year cycle, rather than the previous eight-year cycle. This legislation requires the assessment of education, research, and artistic activities in higher education and certain fields of training and the implementation of quality assessment in these activities. HAC has also re-established its practice of requiring annual reports in order to monitor its medical schools during the course of the five-year accreditation cycle. The HAC has not provided documents that demonstrate the nature and extent of its annual monitoring activity.

Upon request of the institutions involved, the HAC will also evaluate and deliver opinions on the introduction of undergraduate, graduate, and doctoral offerings and express an opinion on the school's activities.

### **Country Response**

The annual monitoring of institutional activities in between institutional accreditations is scheduled for 2011. The HAC is going to conduct this activity by the end of the year based on the institutions' reports on the implementation of their quality development programs as defined in the Higher Education Act (see Exhibit 8). The HAC will thereby assess the continuous safeguarding of the quality of training programs in general medicine and it will issue an evaluation for each institution. In the event of deficiency, the HAC will prescribe corrective measures to be taken for the higher education institution concerned.

Evaluation by the HAC will focus on issues of quality assurance at Faculties providing training in general medicine. Evaluation will reflect requirements relevant from the point of view of training programs, laid down in Part 1 (on European standards and guidelines for internal quality assurance within higher education institutions) of the "Standards and Guidelines for Quality Assurance in the European Higher Education Area" developed by the European Association for Quality Assurance in Higher Education(see Exhibit 21), including: aspects of policy and procedures for quality assurance, approval, monitoring and periodic review or programs and awards, assessment of students, quality assurance of teaching staff, learning resources and student support, information systems and the public availability of information.

### **Analyst Remarks to Response**

In its response to the draft staff analysis, the HAC provided a copy of the "Standards and Guidelines for Quality Assurance in the European Higher Education Area" and information from its Higher Education Act. These documents provide information regarding the processes related to monitoring, but do not provide the necessary documentation, such as sample annual reports, of the HAC's monitoring activities. The HAC states that its annual monitoring activities are ongoing and will be concluded by the end of this year. The Committee may want to request documentation of these annual monitoring activities.

**Staff Conclusion: Additional Information requested**

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