



THE SECRETARY OF EDUCATION  
WASHINGTON, D.C. 20202

DEC 4 2003

SENT BY FACSIMILE TRANSMISSION

Dr. Leszek Sikorski  
Minister of Health  
ul. Miodowa 15  
00-952 Warsaw  
Republic of Poland

Dear Dr. Sikorski:

On September 11-12, 2003, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) met in Washington, D.C., to review materials from 14 countries, including the information and documentation provided by the Accreditation Committee of Polish Universities of Medical Sciences (ACPUMS) and your office for the purpose of reassessing the comparability of Poland's medical accreditation standards to those used in the United States. At the meeting, the NCFMEA members also heard testimony from Professor Maciej Gembicki, Dr. Roman Danielewicz, and Ms. Anna Niewiadomska. Their testimony was most helpful, and the NCFMEA members wish to thank them for their participation in the meeting.

I am pleased to inform you that the NCFMEA, based on the information and materials submitted and the testimony presented, reaffirmed its prior determination that the standards and processes used by the Ministry of Health and the ACPUMS to accredit medical schools in Poland are comparable to those used to accredit medical schools in the United States. This determination of comparability by the NCFMEA has a maximum duration of six years from the date of this letter, unless the Committee withdraws, extends or renews its determination prior to that date. Before expiration of the six-year period, the NCFMEA will seek to confirm that your standards and processes for accrediting medical schools in Poland are still comparable to the accreditation standards applied to medical schools in the United States. If so, its previous determination of comparability will be extended for another period.

As a result of the determination of continued comparability by the NCFMEA, any medical school in Poland that is accredited by the ACPUMS may apply to the U.S. Department of Education to participate in the Federal Family Education Loan (FFEL) program. If a medical school's application is approved, students enrolled in the school who are either U.S. citizens or permanent residents of the U.S. may receive FFEL loans to finance their medical education if they meet all other eligibility requirements. Medical schools that wish to participate in the FFEL program may obtain the proper application

forms from the Foreign Schools Team by calling (202) 377-3168 or by writing to the following address:

Foreign Schools Team  
FSA/Schools Channel/CMO  
U.S. Department of Education  
Room 73C3  
830 First St., NE  
Washington, DC 20202-5340  
U.S.A.

Please note that it is not necessary for medical schools that are currently participating in the FFEL program to contact the Foreign Schools Team at this time; the status of those schools remains unchanged by the NCFMEA's decision of continued comparability.

At the September meeting, the NCFMEA also requested that Poland provide (1) a report describing the evolution of the relationship between ACPUMS and the State Accreditation Committee for review at the September 2004 NCFMEA meeting and (2) a full report on accreditation activities involving Polish medical schools for review at the September 2005 NCFMEA meeting.

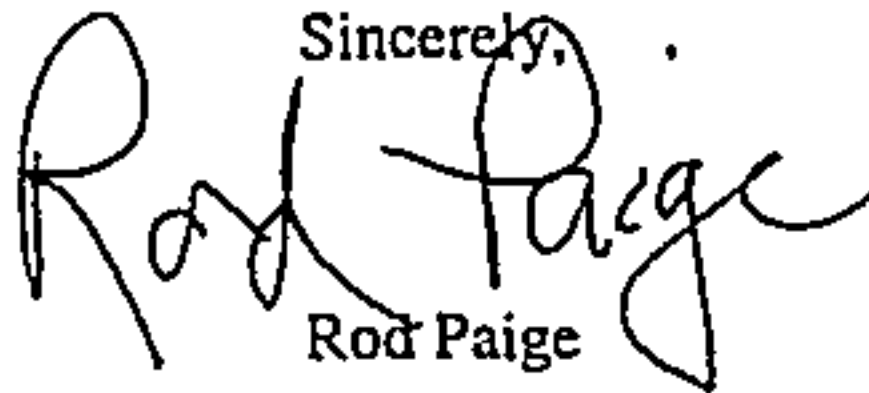
We would appreciate receiving the requested report on the relationship between ACPUMS and the State Accreditation Committee by June 15, 2004, so we have sufficient time to review the information prior to the September 2004 NCFMEA meeting. Please send the information to the U.S. Department of Education at the address below.

Mr. John Barth  
Director, Accreditation and State Liaison Staff  
U.S. Department of Education  
1990 K Street, NW – Room 7105  
Washington, DC 20006-8509  
U.S.A.

If you have any questions regarding the information requested, please feel free to contact Mr. Barth at (202) 219-7011 (telephone), (202) 219-7005 (fax), or [john.barth@ed.gov](mailto:john.barth@ed.gov) (e-mail).

The Executive Director of the NCFMEA, Bonnie LeBold, will contact you in the late spring or early summer to provide information regarding the September 2004 NCFMEA meeting. In the interim, if you have any questions, please do not hesitate to contact Ms. LeBold at (202) 219-7009 (telephone), (202) 219-7008 (fax), or [bonnie.lebold@ed.gov](mailto:bonnie.lebold@ed.gov) (e-mail).

Thank you very much for providing information regarding your country's accreditation of its medical schools. The NCFMEA members and the U.S. Department of Education appreciate your ongoing assistance in this matter.

Sincerely,  
  
Rod Paige

cc: Dr. Roman Danielewicz  
Director, Department of Science  
and Higher Education  
Ministry of Health

Dr. Maciej Gembicki  
Chairman, Accreditation Committee of  
Polish Universities of Medical Sciences

Ms. Anna Niewiadomska  
Counselor  
Embassy of the Republic of Poland

**U.S. Department of Education**



**Staff Analysis**

**Poland**

**For the September 11-12, 2003 Meeting  
of the  
National Committee on Foreign Medical  
Education and Accreditation**

U.S. Department of Education  
Staff Analysis  
of the Standards Used by  
Poland  
For the Evaluation of Medical Schools

Prepared July 2003

Background

This is an application for a re-determination of comparability submitted by the Government of Poland. Poland was initially reviewed at the September 1996 meeting of the National Committee on Foreign Medical Education and Accreditation (NCFMEA) as to the comparability of its accreditation/evaluation of its medical schools to the system used to accredit medical schools in the United States. At that meeting, the Committee determined that Poland's standards for the evaluation of medical schools were not comparable to those used to evaluate medical school in the United States. Poland provided additional information that was considered at the October 1997 NCFMEA meeting and the Committee determined at that meeting that the accreditation standards used by the Ministry of Health and Social Welfare to evaluate the medical schools in Poland are comparable to those used to evaluate programs leading to the M.D. degree in the United States.

Accreditation of Polish medical schools is currently conducted by the Accreditation Committee for Polish Universities of Medical Sciences (ACPUMS). ACPUMS, established by the Conference of Presidents of Polish Medical Schools in 1997, is composed of one academic teacher from each medical school, one student, one representative of the Center for Post-graduate Medical Education, and a representative from the Ministry of Health and Social Welfare. Each member of the Committee serves a term of three years and can serve one additional term.

Summary of Findings

Based on the information provided by Poland, it appears that the country has an evaluation system that is in many ways comparable to that used to accredit medical schools in the United States; however, Department staff notes that Poland did not provide information on some areas of the questionnaire. For example:

- Under the area of Administration, the country did not discuss how it ensures that student evaluations are consistent at affiliated clinical sites;
- Under the area of Educational Program, there was no indication that the curriculum included instruction in clinical pathology nor was there any discussion on how the country ensured that a medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program;

- Under the section entitled Medical Students, there was no indication that the standards required medical schools to maintain the confidentiality of a student's records; and
- Under the section entitled Resources for the Educational Program there was neither a discussion on how ACPUMS ensures that the faculty of a medical school are sufficient in size, breadth, and depth to provide a program of medical education nor was there a policy that addressed faculty conflicts of interest.
- A few accreditation processes/procedures such as not requiring medical schools to submit substantive changes to ACPUMS for review in order to allow the Committee an opportunity to determine if the changes affect an institution's compliance with the standards.

### Staff Analysis

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

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

Poland reports that the Higher Education Act of 1990 as amended (referred to as the Act) identifies the Minister of Health and Social Welfare as the government office that oversees the medical universities in Poland. The law states that, "the powers of appropriate for higher education issues in the field of his supervision shall be vested in other competent ministers as regards the university supervised by them." Therefore, the "competent" minister responsible for medical education would be the Minister of Health and Social Welfare. The law also notes that the entity responsible to evaluate the quality of medical education within the universities is the State Accreditation Committee (SAC). The law notes that the composition of the SAC will include at least 50 but not more than 70 from various professions including medicine. Terms of the Commissioners will be for a period of three years.

In its last application for comparability, the country noted that the Conference of Presidents of Polish Universities of Medical Sciences (CPPUMS) established and appointed individuals to serve on the Accreditation Committee of Polish Universities of Medical Sciences (ACPUMS) and it was this body that evaluated the medical education program at Polish universities. The ACPUMS had and still has the full support of the Ministry but is completely independent of the Ministry.

In its current application, the country notes that Article 38 of the Act does not exclude the existence of non-governmental entities from evaluating and accrediting programs of medical education; therefore, CPPUMS reaffirmed its intention to continue evaluating medical programs within Polish universities. It would appear that CCPUMS and its accrediting body ACPUMS continues to have the full support of the Ministry. Although



the Act notes that the responsible entity is the State Accreditation Committee, emails from the ACPUMS Director noted that the Accreditation Committee has focused its activities on new, non-academic, schools and has not conducted any accreditation activities at any of the 11 medical schools (10 are free standing universities and one is imbedded within a university). The Director notes that the Ministry of Health and Social Welfare accepts the accrediting activities conducted by ACPUMS.

## **PART II: Accreditation/Approval Standards**

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

### **1. Mission and Objectives**

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

Poland notes that medical schools are required to describe their educational mission and must ensure that it takes into account the needs of the community or region in which the medical school is located. Medical schools are required to develop objectives that outline the expected competencies that graduates must attain to enter the field of medicine. Medical schools are required to make students aware of both the mission and objectives that they have established.

### **2. Governance**

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

The Higher Education Act establishes the authority for universities to offer a program of medical education. The Act (Article 31) notes that Ministry of Health and Social Welfare is responsible for the medical education programs offered in universities. These Ministries ensure that the medical programs abide by the statutes and have the power to sanction the medical programs if they are found to be in noncompliance with the law. Further, there are two external bodies that review medical schools whose composition includes professional medical staff: the SAC and ACPUMS.

### **3. Administration**

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

The country notes that the Act outlines the administrative structure of the universities. The Act states that each university should have a President and an Administrative President. Therefore, the fact that each university has an administrative staff as described in the Act would not indicate that the medical academies have an effective and appropriate administrative staff. Emails from Poland noted that the chief academic officer of the 10 free standing medical universities would be the Rector. Each university also has a Dean of the medical school. Additionally, there are several Deputy Deans for Student Affairs, Clinical Training, and Academic Carrier. The self-study questionnaire that medical academies must fill out clearly indicates that medical schools must have Department Chairs for the basic and clinical sciences. Poland notes that the Dean is in constant contact with the Rector.

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



As stated above, the Rector of the medical school is the chief academic official of the medical school. Deans and Vice-Deans are responsible for the teaching program and are elected by the faculty for a period of three years. The country notes that these individuals would have extensive experience in the field of medical education.

- (c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to--**
  - (i) Admissions;**
  - (ii) Hiring, retention, promotion, and discipline of faculty; and**
  - (iii) All phases of the curriculum, including the clinical education portion;**

The country states that faculty has no role in the selection of students. Students are selected by the score they achieve on an entrance test that is developed and administered by the Center of Medical Examinations (CME). The CME is an external body that has no association with the universities. Poland did note that administrators evaluate faculty on their teaching and scholarly skills and the evaluation can impact their promotion and continued employment. The Director of ACPUMS noted in an email that the faculty have a "decisive" voice in the hiring, promoting, and disciplining of the faculty through their participation in Faculty Councils, Faculty Committees, and the Faculty Senate. The standards also state that the faculty is involved in the evaluation of the curriculum.

- (d) If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that--**
  - (i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and**
  - (ii) There is consistency in student evaluations at all sites.**

The country notes that teaching entities located outside of the university are rare and those that do exist primarily provide clinical instruction; however, the outside entities that are used to provide instruction are reviewed by the medical dean for the appropriateness and quality of instruction. The country did not address the issue of ensuring that student evaluations are consistent at all sites.

#### **4. Educational Program**

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

The agency's standards note that the medical program will be at least six years in length and not less than 5700 hours of instruction. The 5700 hours are broken down into the following categories: 4200 hours covering core subject matter (1170 hours of basic subjects, 695 hours of pre-clinical training, and 2335 hours of clinical training); 800 hours of electives; and 700 hours of compulsory holiday training practice. The country did not elaborate on what constitutes holiday training practice. The country noted that the academic year begins on September 31 and consists of two semesters.

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

- (i) The sciences basic to medicine, including—**

- (A) The contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and**
- (B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.**

The minimum requirements for the curriculum are established by the Medical Section of the Chief Council of Higher Education in consultation with the medical schools and ACPUMS. The required curriculum includes anatomy, histology, biophysics, general and organic chemistry, biochemistry, physiology, pathomorphology, microbiology, immunology, genetics, pharmacology, public health, and epidemiology.

All basic science classes are delivered through a lecture with classes of 20 to 30 students. The country was silent about the use of laboratories or practical exercises incorporated into the basic sciences courses. The standards state that basic pre-clinical sciences are to be held in appropriately equipped laboratories. The country defines pre-clinical courses as pathomorphology, pathophysiology, microbiology, genetics, pharmacology, epidemiology, and laboratory diagnostics. The country noted in its application that, "practical exercises in basic subjects are conducted by academic teachers in student groups of 2-6 persons."

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

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

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

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

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

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

The country's standards require that all students receive clinical training in the following subjects: internal medicine, pediatrics, surgery, gynecology and obstetrics, neurology, laryngology, ophthalmology, dermatology, psychiatry, orthopedics, radiology, anesthesiology, oncology, rehabilitation, nuclear medicine, and emergency medicine. The standards note that the curriculum must not only provide basic medical education, but also should provide students with the necessary skills to enable students to develop critical thinking skills that can be used to solve problems related to health and sickness. The clerkships will vary in length from 15 hours to 500 hours. The clinical areas that require the most time are Internal Medicine (500 hours), Pediatrics (350 hours), Gynecology and Obstetrics (220 hours), Surgery (350 hours), and Neurology with Neurosurgery (120 hours). The majority of the other clerkships are 60 to 80 hours in length. The country's standards do not discuss whether the clinical instruction covers all organ systems, or the aspects of acute, chronic, and continuing care. There was also no discussion on whether the clinical rotations expose students to both ambulatory and hospital settings. Although Poland noted that students' summer practices take place in public hospitals which allow them exposure to a variety of diseases, there was no comment on whether students see sufficient numbers of patients that covers major and common types of diseases associated with each clerkship.

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

The curriculum requires instruction in diagnostic imaging; however, the curriculum has no specific reference to clinical pathology.

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

Poland requires all students to take a course in medical ethics, sociology, and psychology. In its application, Poland stated that 165 hours of instruction are planned to cover "ethical, behavioral and sociological subjects."

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

Poland notes that communication skills are not taught as a separate subject, but that they are included in the clinical portion of the training as well as in the sociology and psychology courses. However, no mention of this was found in the documentation that Poland submitted with its application.

**(c) Design, Implementation, and Evaluation:**

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

Poland notes that the design, implementation, and development of the curriculum is the responsibility of the "university authorities" which staff interprets to be the administrators of the university. The country notes that the design of the teaching process is a cooperative effort between the university authorities and Faculty Program Council that is composed of faculty and students.

The standards note that programs must develop tests to assess the knowledge and basic practical skills that have been acquired by the students. Poland's application



notes that no national test has been developed that assesses student learning but that a national examination is being developed.

## **5. Medical Students**

### **(a) Admissions, Recruiting, and Publications**

- (i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.**
- (ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).**
- (iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records.**

The Ministry of Health establishes the number of medical students that will be admitted each year. Admission to a medical school is determined by a national examination. Every July applicants take the examination that requires applicants to answer 120 questions for each of the following disciplines: biology, physics, and chemistry. Students are ranked by their test scores with a cutoff score for admittance being determined by the number of students that the Ministry has determined will be admitted that year. Poland notes that students have the right to file an appeal to the government if they question the procedures used during the test or the score that they received.

In an email submitted by Poland it was stated that students are allowed to view their student record and to correct any inaccuracies. Specifically noted was the right of a student to appeal to the Dean of the medical school any grade received. The country did not address the whether confidentiality of student records is maintained. Further, Poland was silent about a school's use of its publications.



## **(b) Evaluation of Student Achievement**

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

Poland notes that universities have great latitude in evaluating student achievement. Universities use oral and written examinations, oral interviews, and practical tests in evaluating the knowledge acquired by students. The standards require medical schools to conduct testing that will assess theoretical knowledge and practical skills in solving medical problems. Students are graded on a scale of 2.0 (unsatisfactory) to 6.0 (excellent). Students must successfully pass all of their courses each year in order to continue to the next year.

## **(c) Student Services**

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

Poland noted in its application that student services are outlined in the Act (articles 140-154). The Act noted that students are entitled to services provided through the National Health Service. Department staff also discovered that the standards note that medical universities must have a health system for students that provide routine medical examinations and vaccinations. The university must have a policy in place that provides information to students on the health risks students may be exposed to including infectious diseases and radiation. The policy needs to provide information on preventative measures students should take to minimize the risk, and the procedures and therapies that should be followed if students are affected by a health related problem. The standards also require that students have access to mental health counseling. Information provided by Poland noted that foreign students may participate in the National Health System for a fee or can use health insurance obtained in their

country. Additionally, all students have access to a university's Academic Health Service.

## **6. Resources for the Educational Program**

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

**(b) Facilities:**

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

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

All medical schools are financed by the State government; however, the Act also allows for universities to receive funds through multiple sources including local governments, donations, tuition fees, and research grants. The country notes that the State uses a financial algorithm in determining the level of funding that a university receives. The algorithm takes into consideration the number of students and faculty at the university.

The standards note that medical schools must have sufficient facilities to meet the requirements of the medical school. The facilities identified in the standard are lecture halls, seminar rooms, classrooms, and study rooms. Each medical school also must have sufficient clinical facilities to meet the clinical requirements of the program.

**(c) Faculty:**

**(i)** Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.

**(ii)** The medical school should have policies that deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.

The standards note that medical universities must employ a teaching staff that will ensure a high level of "services." Department staff interprets this to mean that the instructors must be competent and able to effectively teach in the universities. The country's application states that the number of faculty is determined by guidance

provided in the Act as well as the number of students per academic teacher. Department staff could not find the article within the Act that established a student-teacher ratio. The article of the Act (article 101) cited by the country in its application outlined the minimum and maximum number of hours that can be performed by researchers, lecturers, senior lecturers, and individuals employed in equivalent positions. The country did not describe efforts to ensure that the faculty was of sufficient size, breadth, and depth to provide the scope of the educational program offered.

In responding to the issue of conflicts of interest, the country provided an example of how one university dealt with a possible conflict-of-interest issue, but did not discuss policies that ACPUMS may use to ensure that private interests of its faculty or staff do not lead to conflict of interest with their official responsibilities.

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

The Act states that the university must have a library (article 65) that is professionally staffed (article 66). The country's application notes that the library must maintain sufficient educational materials and scientific journals to serve the student population. The self-study questionnaire used in the country's accreditation process requires universities to provide specific information regarding the library resources including the staffing; services offered; the budget for the last three years; the number of books, journals, audiovisual resources, and software purchased over the last three years; and the number of CD databases that have been purchased.

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

Poland states that all clinical training takes place in teaching hospitals and that each university is required to write its own contracts with the hospitals that will offer clinical training. The country provided the policies (called statutes by Poland) of one university that verified the requirement for the establishment of legal contracts with hospitals that provide clinical training.

### **PART III: Accreditation/Approval Processes and Procedures**

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

## **1. Site Visit**

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

ACPUMS does conduct on-site visits to each of the medical universities. The annual reports submitted by Poland to the NCFMEA have outlined their site visit activities that have been conducted over the years. The process requires each university to complete a comprehensive self-assessment questionnaire that requests information on the curriculum including the didactic and clinical programs, administration, faculty, facilities, current and past budgets, assessment of student progress, and student services. Once the questionnaire has been received an analysis is conducted by a team composed of ACPUMS members. The analysis is then shared with the entire ACPUMS membership. ACPUMS then establishes an on-site team of four individuals composed of medical professionals and ACPUMS members. Annual reports reveal that the team visits the school for four days and reviews all aspects of the school.

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

**The accreditation/approval process must use competent and knowledgeable individuals, qualified by experience and training in the basic or clinical sciences, responsible for the on-site evaluation, policy-making, and decision-making.**

The country notes that all teams are composed of university academicians with many years of teaching and medical education experience. Some members are Deans or Vice Deans of medical schools. Prior reports submitted by Poland to the NCFMEA verify that teams are composed of competent and knowledgeable individuals in the field of medicine and the basic sciences.

## **3. Re-evaluation and Monitoring**

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

Medical schools that are granted accreditation receive a period of accreditation for either three or five years. The country monitors the medical schools by requesting medical schools to provide an update on the efforts to address the recommendations



made after the last full accreditation visit. These reports are submitted during the mid-term of the accreditation period that the university was granted. For schools accredited for three-years and five-years the update occurs at the 1.5-year and 2.5-year points respectively. Based on the response received from the university ACPUMS will determine whether another site visit is warranted. The country provided copies of two letters it sent to medical schools requesting that they provide an update on the efforts to address the recommendations outlined in the final accreditation report that was sent to the school after their schools received accreditation. The country states that ACPUMS has not established a requirement that its accredited medical schools submit annual reports.

#### **4. Substantive Change**

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

The country notes that the 4200 hours of instruction covering the core subject matter cannot be changed. The Deans of medical schools are allowed an additional 800 hours of training for elective courses. ACPUMS has no approval authority for how the 800 hours are utilized; however, the elective training courses are reviewed by Council during the accrediting process and are subject to comments and recommendations in the same manner as the core courses that make up the 4200 hours of training. Department staff notes that the 700 additional hours of compulsory holiday training practice are not addressed in this section and is uncertain whether those hours are subject to evaluation by ACPUMS. Department staff notes that schools are required to identify substantive changes on their self-assessment questionnaire that is part of the accreditation process. However, Department staff review of the country's documentation could not locate any requirement for a medical school to submit substantive changes to ACPUMS for review in order to ensure that the changes will not affect an institution's compliance with the standards.

#### **5. Controls against Conflicts of Interest and Inconsistent Application of Standards**

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

In responding to this section, Poland referred to its appeal process that allows medical schools to disagree with the period of accreditation awarded to them or to disagree with the recommendations that are outlined in their final accreditation report. However, the appeals process does not address the requirement to have effective controls in place that ensure conflicts of interest do not occur.



## **6. Accrediting/Approval Decisions**

**The accreditation/approval process must ensure that all accreditation/approval decisions are based on the accreditation/approval standards. It must also ensure that the decisions are based, in part, on an evaluation of the performance of students after graduation from the medical school.**

The country's annual reports verified that accrediting decisions are based on an on-site evaluation of medical schools against the standards that have been established by ACPUMS. Poland stated that currently there is no assessment of student performance but that an effort is underway to develop such a system. The country notes that in October 2004 a State medical examination will be administered to medical students after their internship.

### Documentation:

Order of the Council of Ministers of 24<sup>th</sup> October 1949

Order of the Council of Ministers of 3<sup>rd</sup> March 1950

Higher Education Act of 12<sup>th</sup> September 1990

The Statute of the Karol Marchinkowski University of Medical Sciences

Resolution of Conference Presidents of Polish Universities of Medical Sciences dated on 1<sup>st</sup> October 2002

Teaching Standards of graduate education in medical faculties – previous version

Teaching Standards of graduate education in medical faculties – actual version

A Questionnaire for self-assessment of the University

The program minimum in the medical field of study – previous edition

The program minimum in the medical field of study – actual proposal accepted by the Department of Education of the Ministry of health

An outline for the questionnaire analysis.

The Statute of the ACPMS

The letter to the President of the Wrocław university of Medical Science concerning a follow-up visit

The letter to the President of the Warsaw University of Medical Science concerning follow-up visit

Email from the Director of ACPUMS providing supplemental information to Poland's application for comparability.



NEWDOC

Committee Name 3	Year yyy	Meeting Summer(s)-Winter(w)
NCFMEA	2003	(S) W

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01 Agenda

Country Materials for 46

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*Country  
Response  
to draft  
Staff  
analysis*

**Late Country**  
Responses received  
from:

- Cayman Islands
- Denmark
- Poland ✓

**Greathouse, Robin**

---

**From:** James, Bill  
**Sent:** Thursday, September 04, 2003 2:04 PM  
**To:** LeBold, Bonnie; Greathouse, Robin; Griffiths, Carol  
**Subject:** FW: N/A



Dear Mr  
James[1].doc

Here is the email that was recently sent.

BJ

-----Original Message-----

**From:** Klinika Endokrynologii SPSK2 [mailto:endosk2@amp.edu.pl]  
**Sent:** Tuesday, September 02, 2003 4:40 AM  
**To:** bill.james@ed.gov  
**Subject:** N/A

Mr Bill James  
Reconsideration for Comparability

Dear Mr. James,

In the analysis of the report you sent us, you mentioned on page 6 that we were writing about 700 hours of summer practice, but we did not state what the students of medicine were obliged to learn during the period of practice. I am now enclosing the missing information including the outline of the program for the practice in particular years of study as well as details of their implementation.

Prof.M. Gembicki M.D.,Ph.D.

—  
Akademia Medyczna im. Karola Marcinkowskiego Poznan

(1)

**The Program Outline of summer practice for students of the Medical Faculty**

1. After the first year of studies: students are obliged to complete a month's nursing practice in teaching hospitals or other hospital departments,
2. After the second year of studies: a two-week's nursing practice in outpatient health service as well as a two-week's practice in the diagnostic ward,
3. After the third year of studies: a two-week's practice in teaching hospitals or departments of internal diseases and a two-week's practice in clinics or departments of pediatric diseases,
4. After the fourth year of studies: a two-week's practice in the ambulance service and a two-week's practice in clinics or surgical departments,
5. After the fifth year of studies: a two-week's practice in clinics or departments of gynecology and obstetrics, a week's practice in units of outpatient health service (outpatient clinics,) as well as a week's practice in the regional unit for control of epidemics and hygiene promotion.



**(2)**

**THE PROGRAM OF PRACTICE FOR THE FIRST YEAR STUDENTS OF  
THE MEDICAL FACULTY**

Following the first year of studies, the students are obliged to complete 4 weeks (20 working days) of nursing practice in the Clinics of the State Teaching Hospitals or in hospital departments of the Primary Health Care Units.

The Head of the Clinic (Head of the Hospital Department) or the person in charge appointed by the Head, prepares a detailed range of responsibilities and a schedule of the practice as well as supervises students' work.

The person in charge of the student practice should be a nurse of appropriate professional qualifications and general preparation.

The student's absence at work can be only excused by submitting a formal sick leave. A disease longer than 1 week causes an extension of the practice by the respective length of time.

If possible, the student under supervision of the person in charge of the practice should perform all nursing activities working in a shift work system of the hospital.

The completion of the practice is confirmed by the person in charge and the credits for the practice are given/granted by the Head of the Clinic of the Head of the Department.

The practice is aimed at:

- 1) gaining insight into the hospital organizational system,
- 2) making the student acquainted with the role of the nurse in the process of nursing and treatment of the patient,
- 3) learning the skills required to perform the basic nursing procedures (taking the temperature, measuring the pulse, blood pressure, number of breaths, the bed-making and bed-clothes changing techniques, the patient's toilet, sanitary service, feeding the patients, preparation of medicaments for administration to patients).
- 4) teaching the students to make subcutaneous and intramuscular injections as well as preparation of an intravenous drip infusion.

**(3)**

**THE PROGRAM OF PRACTICE FOR THE SECOND YEAR STUDENTS OF THE MEDICAL FACULTY**

Following the second year, the student is obliged to complete a nursing practice in treatment rooms of the outpatient clinic for 4 weeks (20 working days) or 2 weeks in the outpatient clinic and 2 weeks in the admission room.

The Head of the Outpatient Clinic or the Admission Room prepares a detailed range of responsibilities and a schedule of the practice as well as supervises students' work.

The person in charge of the students' practice should possess appropriate professional qualifications and general preparation (physician of appropriate specialization, nurse).

The student's absence at work can be only excused by submitting a formal sick leave. A disease (sick leave) longer than 1 week causes an extension of the practice by the respective length of time.

If possible, the student under supervision of the person in charge of the practice should perform all nursing activities in the outpatient clinic.

The completion of the practice is confirmed by the person in charge and the credits for the practice are given by the of the Head of the Clinic or the Admission Room.

The practice in the Outpatient Clinic or Admission Room is aimed at:

- 1) acquainting the students with the course of registering patients, types of documentation and the filing system in the clinic,
- 2) making students familiar with the rules of issuing sick leaves, medical certificates, referrals to specialist tests and ways of completing them,
- 3) mastering the way of preparing dressing materials and instruments for sterilization,

- 4) making students acquainted with the work in treatment rooms including their own independent performance of subcutaneous, intracutaneous and intramuscular injections,
- 5) learning the technique of desmurgy and preparation of a plaster cast ,
- 6) theoretical and if possible practical knowledge of the principles of providing first aid in emergency,
- 7) assisting the physician in minor treatments,
- 8) assisting the physician in admitting patients to the clinic.

(4)

**THE PROGRAM OF PRACTICE FOR THE THIRD YEAR STUDENTS  
OF THE MEDICAL FACULTY**

Following the third year, the students are obliged to complete a 4 week's practice (20 working days) of their choice: in the department of internal diseases, department of intensive medical care or admission room of a hospital providing emergency services.

The Head of the Clinic (Head of the Department) or a person appointed by him/her prepares a detailed range of responsibilities and a schedule of the practice as well as supervises students' work.

The person in charge of the students' practice should be a physician possessing appropriate professional qualifications and general preparation.

The student's absence at work can be only excused by submitting a formal sick leave. A disease longer than 1 week causes an extension of the practice by the respective length of time.

The completion of the practice is confirmed by the person in charge and the credits for the practice are given by the Head of the Clinic of the Head of the Department.

The practice is aimed at:

- 1) making students familiar with the scope of activities of the emergency service department (keeping documentation, issuing expert medical opinions concerning temporary disability to work, referring patients to a hospital, organization of rescue operations in mass poisoning events, diseases, accidents, natural disasters).
- 2) assisting physicians at providing first aid to patients and during physical examinations of patients on house rounds,
- 3) gaining the skills of procedure during life-threatening states,
- 4) during his/her practice, the student is obliged to carry out two 24-hour duties.



(5)

**THE PROGRAM OF PRACTICE FOR THE FOURTH YEAR STUDENTS  
OF THE MEDICAL FACULTY**

Following the fourth year of studies the students are obliged to complete a 4-week's practice (20 working days) in Internal Diseases or Pediatrics to be chosen at the Clinic (Department) – 2 weeks and 2 weeks in Family Medicine with a practicing family doctor.

The Head of the Clinic (Head of the Department) or a person appointed by him/her prepares a detailed range of responsibilities and a schedule of the practice as well as supervises students' work.

The person in charge of the students' practice should be a physician possessing appropriate professional qualifications and general preparation.

The student's absence at work can be only excused by submitting a formal sick leave. A disease longer than 1 week causes an extension of the practice by the respective length of time.

If possible, the student under supervision of the person in charge of the practice should perform all medical activities supervised by the person in charge.

The completion of the practice is confirmed by the person in charge and the credits for the practice are given/granted by the Head of the Clinic of the Head of the Department.

During a 2-week's practice at the Department of Internal Diseases or Pediatric Department, the student is obliged to perform two 24-hour duties during which he/she accompanies the physician on duty in all his/her medical activities (admission of patients in the admission room, carrying out the procedures necessary to save life, participation in afternoon rounds).

The practice at the Department of Internal Diseases is aimed at:

- 1) completing knowledge concerning organization of the Department (Clinic) of Internal Diseases and organizational connection of the Department (Clinic) with the outpatient health service.

- 2) Mastering the skills of medical examination.
- 3) Becoming acquainted with the rules of providing the first aid (resuscitation).
- 4) Developing the skills of recognition and differentiation of basic disease entities with particular regard to acute cases.
- 5) Making the students acquainted with appropriate interpretation of results of laboratory, radiological and pathomorphological examinations.
- 6) Participation in doctor's house calls.
- 7) Carrying out by the student procedures used in everyday medical practice (intravenous injections, fixing drip infusions, catheters etc.).
- 8) Sampling by the students of specimen materials for diagnostic tests.

The practice in the Pediatric Department is aimed at:

- 1) completing knowledge concerning organization of the Pediatric Department (Clinic) and organizational connection of the Department with the outpatient health service.
- 2) Assessment of the child's state and his/her psychophysical development.
- 3) Making the students acquainted with the neonatal nursing procedure.
- 4) Learning the rules of feeding the healthy and sick neonate and child.
- 5) Mastering the skills of the medical examination of the child.

- 6) making students acquainted with the rules of providing first aid.
- 7) Developing the skills of appropriate recognition and differentiation of basic disease entities with particular concern for the acute cases.
- 8) Learning the appropriate interpretation of results of laboratory, radiological and pathomorphological examinations.
- 9) Participation in house calls and learning to keep the records of a disease.
- 10) Assessment of the neonate's hydration state with establishing indications for hydration treatment (amount and composition of the infusion liquid).
- 11) assessment of the acid-base equilibrium in the sick child, in particular in a newborn.
- 12) carrying out the following procedures under supervision: collecting the gastric and duodenal contents, gastric lavage, fixing the drip infusion and performing injections.
- 13) knowledge of sanitary and epidemiological regulations at the Infantile and Children's Department and methods for prevention of hospital infections.
- 14) participation in multispecialist consultations.

The practice in Family Medicine is aimed at:

1. making the students acquainted with the subject range and methods of procedure within family medicine.
2. mastering the skills of communication with the patient (nonverbal messages, assertiveness, empathy).
3. motivation for the choice of the profession of a family doctor.

Elements of practice in the Family Medicine Outpatient Clinic will consist of:

A/ working with the family doctor within adult care – 4 days,

B/ working with the family doctor within pediatric care – 2 days.

C/ working with the family doctor and nurse in the range of pediatric prevention – 2 days.

D/ working with the gynecologist in the outpatient clinic for women – 1 day.

**E/ participation in house calls with sick children and adults – min. 1, 2 visits within the scope of points a and b.**

**F/ working in other modules of the Family Medicine Outpatient Clinics: collection posts, treatment room, diagnostic laboratories /e.g. ECG, USG, etc/ - 1 day.**

(7)

**THE PROGRAM OF PRACTICE FOR THE FIFTH YEAR STUDENTS OF  
THE MEDICAL FACULTY**

Following the fifth year of studies the student is obliged to complete the practice: 4 weeks /20 working days/ in the Clinic or Surgery Department – 3 weeks –

and 2 weeks in the Gynecological and Obstetric Department.

The Head of the Outpatient Clinic/Head of the Department/ or the person appointed by the heads of the prepares a detailed range of responsibilities and a schedule of the practice as well as supervises students' work.

The person in charge of the students' practice should be a physician possessing appropriate professional qualifications and general preparation.

The student's absence at work can be only excused by submitting a formal sick leave. A disease longer than 1 week causes an extension of the practice by the respective length of time.

If possible, the student under supervision of the person in charge of the practice should perform all medical activities at the Department of Gynecology and Obstetrics (Clinics) and also under the supervision of midwives the obstetric procedures.

The practice at the Department of Surgery is aimed at:

1. becoming acquainted with the structure of the Department of Surgery /admission room, operating theater, rooms for wound dressing, principles of admission, keeping medical records and discharge of patients/.
2. learning the types of surgical instruments as well as equipment used at the Department of Surgery.
3. mastering the medical examination and diagnostic procedure in particular in emergency.
4. learning the principles of dressing wounds, placing sutures, procedures in fractures and burns.



5. learning the principles and ways of local anesthesia.
6. participation in doctor's house calls and in morning reports of the physician on duty.
7. active participation in the work of the Department, performing basic treatments/procedures, changing dressings, removing sutures, fixing drip infusions, blood sampling, collecting material for diagnostic tests.
8. mastering the principles of aseptics and antiseptics as well as the technique of washing for the surgical procedure.
9. Participation /assistance/ in surgical procedures in the operating theatre.

The practice in Obstetrics and Gynecological Diseases is aimed at:

1. making students acquainted with organization of the Obstetric Admission Room – the delivery tract as well as the puerperal department/ward.
2. admission of the woman in labour for delivery, starting appropriate documentation - performing activities connected with the toilet of the woman in labour.
3. observation of the progress of labour as well as keeping the records of the course of labour including the most important parameters indicating the (8) state of the mother and the puerperium.
4. delivering by the student of physiological labour under close supervision of the midwife and the physician.
5. participation of the student in suturing the perineum.
6. assessment of the placenta after delivery.
7. making students familiar with the equipment available at Obstetric Departments /Obstetric Clinics/ - amnioscope, pulse detector, etc.
8. assistance in the cesarean section.
9. becoming acquainted with the organization of work in the Gynecological Admission Room.

10. learning the principles of a gynecological examination.
11. discussing the principles of qualification of patients for the surgical procedures.
12. learning the principles of work in the treatment room and keeping treatment documentation, collecting material for histopathological and cytological investigations.
13. assistance in gynecological operations.
14. observation of patients in early post-operative period and keeping the observation chart.
15. procedure with patients hospitalized due to imminent abortion.
16. learning the principles of prevention of the neoplasms of women's genital organs and of the mammary glands.

During a 4-week practice the student is obliged to fulfill two 24-hour duties during which he/she accompanies the physician on duty in all medical functions.

It must be added here that the Dean of the Medical Faculty appoints from among the experienced academics teachers, the persons who are obliged to provide assistance in organization of practices in particular years of study, to control their course, and next submit to the Dean a detailed report of their course and effects of evaluating of obtained results.

With kind regards,

Professor Maciej Gembicki M.D., Ph.D.

Dear Mr. James,

Many thanks for the examples illustrating the problems of possible conflicts of interest, which helped me to prepare my answer.

Please find below my explanations or supplementation to the report sent before to the Department of Education.

a) As regards the State Commission for Accreditation :

The scope of activities of the State Commission for Accreditation is defined, in compliance with the Act by :

Article 38

1. State Commission for Accreditation, hereinafter referred to as „the Commission”, shall be appointed by minister appropriate for higher education issues.
2. The Commission submits to minister appropriate for higher education issues, opinions and petitions relating to, in particular :
  - 1) establishing a university, granting the authority to provide education in a given program and education level and establishing by the university a regional branch office;
  - 2) prepared evaluation of training in a given program, including training of academic teachers and observation of conditions for providing education.

Until now, the Commission has focused its activities on the problems mentioned above with a particular emphasis on opinions relating to the newly opened universities – of the non-academic type. So far the State Commission for Accreditation has not dealt with the evaluation of currently existing medical faculties. The assessment of the quality of programs for teaching medicine as well as their accreditation are entirely carried out by the ACPUMS, therefore only these activities were described in the documentation you received.

b) As regards ACPUMS acceptance :

ACPUMS is fully accepted by the Ministry of Health which is an organ of the Polish Government. An opinion concerning the matter is included in page two of the information sent by the Minister of Health of the Polish Republic to the Department of Education of the US.

c) As regards medical schools :

There are 11 medical schools in Poland. Ten of them are independent universities. Nine of them are called “Medical Academies”.

In 2002, a University of Medical Sciences was formed in Łódź where two Medical Academies merged : the civilian academy and the military academy.

The Medical Academy in Cracow merged with the Jagiellonian University a few years ago and is now called „Collegium Medicum UJ”.

d) As regards section 3 – responsibility of medical school administration :

The administrative structure of medical schools consists of the following :

- 1) Administration of the school level :
  - Secretarial offices (president, vice-presidents, director and deputy directors)
  - Legal advisors

- Bursar's office
- Personnel department
- Maintenance section
- Scientific research department
- Promotion department
- Department for international collaboration
- Department for students' affairs
- Equipment section
- Technical department
- Department of publications
- Department of orders
- Delivery department
- Computing department
- Department for collaboration with teaching hospitals
- Faculty dean's offices
- Department for organization and internal control
- Department of social affairs
- Department for maintenance of student dormitories
- Department of internal auditing
- Maintenance sections

2) The scope of activities of the school administrators included in the Statute of the Medical School is described in the article below.

#### **Article XI § 100**

1. The administration and management sectors of the University are run by the Administrative Director who takes decisions relating to the University property except for the matters reserved in the act and statutes for other University organs.
2. The Director of administration is appointed and dismissed by the president in agreement with the senate.
3. The Administrative Director is responsible, among other things, for the following :
  - organization and co-ordination of the work of the administration and maintenance sectors of the University;
  - is the superior of administrative and maintenance workers, performs duties resulting from this function defined in the Labor Code, working regulations, and other regulations;
  - supervision of heads of the organization units of the administration sector and workers at independent positions.
4. The Director of the administration sector performs his/her duties with 3 deputies, one of which is the bursar. The Director defines the scope of activities and duties of his/her deputies in agreement with the president.
5. The deputies, including the bursar, are appointed and dismissed by the president at the request of the Administrative Director.

e) As regards section 3 – contact : Dean – Rector

Deans of all faculties are in constant contact with the Rector /President/ of the University as they are members of such assemblies as the Senate which holds meetings once a month and the Rector's Collective bodies which convene more frequently depending on the needs and moreover they have full access to the Rector that is not limited in time.

f) As regards : Chief Academic Official.



The Chief Academic Officials in the medical school are : Rector (in charge of the entire University) and Dean (in charge of the medical school). Both are elected for the period 3 of years on the basis of their prestige among the academic society. Their role is to represent the university/school outside and to elaborate strategies and provide a general leadership in academic affairs (including teaching, research, and specialized service). Both Rector and Dean have their deputies (elected for the same period) to deal with specific problems (eg. Deputy Dean for Students' Affairs, Deputy Dean for Clinical Training, Deputy Dean for Academic Career)

At the same time the administration of the school remains in hands of the Main Financial Officer (Bursar), Administrative Director and the Head of the Dean's Office. All these are professionals employed on the basis of their formal qualifications for unlimited period which depends on their achievements. They assure stability of the school policy, as well as compliance with legal regulations.

**g) As regards section 3 – faculty involved in decision :**

The academic faculty has a decisive voice in matters concerning hiring, promoting and discipline of the teaching staff by participating in the Faculty Councils as well as Committees of Faculty Councils and the Senate.

The academic faculty (professors; habilitated doctors and delegates of academic teachers such as readers and assistant readers) participate in sessions of Faculty Councils and the decisions taken there. Moreover, representatives of different categories of academic teachers participate in the work of Committees of Faculty Councils and the Senate, which offers additional possibilities for influencing the decisions concerning hiring, promoting and discipline of the faculty.

**h) As regards the clinical clerkships :**

During clinical training students rotate through all departments of university hospital. They spend altogether 2-14 weeks in each of them depending on the field (eg. 2 weeks in ophthalmology department, 14 weeks in department of internal diseases) which guarantees an encounter with all cases representative for the discipline. In addition students are obliged to take 1 month of summer practice after each year (5 month during the whole studies) which include : internal diseases, pediatrics, surgery, obstetrics and gynecology and emergency). A vast part of the summer practices take place in public hospitals and thus ensures a contact with most common diseases.

**i) As regards students views in their records :**

In compliance with the student regulations, the student has the right to view each of his/her written work or to the answer sheet in the case of tests for a period of one week from the day of announcing the results. They are also entitled and able to appeal against the obtained grade to the Dean of the Faculty and later to the Rector of the Medical School..

**j) As regards students health care :**

The issue of insurance and health care of foreign students constitutes a significant element of their stay in Poland. Particular medical schools solve the problem in different ways. In Poland students are most often insured for an appropriate payment in an institution called the National Health Fund. Foreign students receive information on how to apply for this type of insurance and on the costs. Apart from this, foreign students may take advantage of health care available to Polish students provided by the Academic Health Service. Another example of solving the issue of health insurance is the solution used in the Collegium Medicum Jagiellonian University Cracow, where students from the US and Canada are covered by a health insurance in their own countries that is valid in Poland.

k) As regards the conflict of interest :

A possible source of conflict of interest between the teaching faculty and the medical school has arisen in Poland in connection with the fact that some academic teachers are employed in other institutions including the non-state secondary and higher education sector apart from employment in the University.

In order to prevent such situations which may lower the teaching standard at the school of primary employment which is the Medical Academy or University, the Senate of the Jagiellonian University in Cracow passed a bill prohibiting such practices.

l) As regards the changes of educational program :

The educational program as regards the core (core – 4200 hours) does not undergo individual changes in any university. The use of the additional 800 hours of the educational program, intended for extension of the scope of the lectured subjects, or to introduce new subjects depends on decisions taken in particular schools – according to the standards and acceptance of the ACPUMS. ACPUMS is informed about changes in the educational program during the accreditation visits or during the follow up procedure.

Looking forward to meeting you in September 2003 I remain with best regards.

Sincerely Yours,

Maciej Gembicki

Poland, 21th September 2003

Prof Maciej Gembicki, M.D., Ph.D.  
Chairman of Accreditation Committee  
Of Polish Universities of Medical Sciences  
60-355 Poznan, ul. Przybyszewskiego 49, Poland

To Ms. Robin Greathouse  
Management Analyst  
U.S. Department of Education  
1990 K Street NW, Room 7007  
Washington, D.C. 20006-7563

Dear Ms. Greathouse,

Thank you for your fax dated August 20th, 2003.

Let me explain the reasons of lack of my reaction to "The Staff Analysis of The Standards used by Poland".

First of all, it was mailed at the old e-mail address instead the one used for our last correspondence. The second was my summer holidays which I luckily ended two days earlier than I planned.

I found the text of the "Analysis" very precise and instructive. We tried to do our best preparing the documentation which in this year is expected to include much more information than usually. We agree that our documentation still has to be more and more oriented to the several important issues. Let us hope our next report will be closer to that degree of precision.

I am glad however to read that our system used to accredit medical schools is in many ways comparable to that used in the United States. I hope I will be able to answer most of the questions and comments during our meeting in Washington. Let me add that I treat all of them very seriously.

Finally I would like to say that I consider the evaluation as correct and Dr. Danielewicz from the Ministry of Health shares similar opinion.

Now I am waiting for the information on the day and hour of our meeting in Washington. Could you kindly note that actually my e-mail address is as follows [endonuel@mail.am.poznan.pl](mailto:endonuel@mail.am.poznan.pl)

With best regards,

Maciej Gembicki M.D., Ph.D.



MINISTER OF HEALTH  
REPUBLIC OF POLAND

Warsaw.....08.09.2003.....

NSK-MM-078/03

**Ms. Bonnie L. Le Bold**  
**Executive Director, NCFMEA**  
**U.S. Department of Education**  
**1990 K Street, NW-Room 7007**  
**Washington, D.C. 20006-7563**

I am pleased to inform you that this year professor Maciej Gembicki, Chairman of the Accreditation Committee of Polish Universities of Medical Sciences (ACPUMS) and Roman Danielewicz, Director of the Department of Science and Higher Education of the Ministry of Health will represent the Ministry of Health of the Republic of Poland at the meeting of the National Committee on Foreign Medical Education and Accreditation to be held in Washington on Thursday, September 11-12, 2003.

Yours sincerely,

**Leszek Sikorski**  
**Minister of Health**

  
**Leszek Sikorski**



NEWDOC

Committee Name 3	Year yyyy	Meeting Summer(s)-Winter(w)
NCFMEA	2003	S (W)

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01 Agenda

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*Country Submission*





**KOMISJA AKREDYTACYJNA UCZELNI MEDYCZNYCH  
KONFERENCJI REKTORÓW UCZELNI MEDYCZNYCH**

*Prof. dr hab. Maciej Gembicki – Przewodniczący Komisji*  
60-355 Poznań, ul. Przybyszewskiego 49, tel. (0 61) 869 13 30, fax. (061) 869 16 82  
*Prof. dr hab. Maciej Latański – Przewodniczący Konferencji*  
20-950 Lublin, Al. Racławickie 1, tel. (081) 532 46 33, fax. (081) 532 89 03

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Poznan, 05.06.2003

**Ms. Bonnie L. LeBold**  
**Executive Director, NCFMEA**  
**U.S. Department of Education**  
**1990 K Street NW – Room 7007**  
**Washington, D.C. 20006-7563**

Dear Ms. Bonnie LeBold,

Please find attached to this letter the documentation signed by the Minister of Health Dr Leszek Sikorski and appendixes from 1 – 14.

All the materials are in original Polish version and English translation.

With best personal regards.

Sincerely Yours,

*Gembicki*  
Professor Maciej Gembicki M.D., Ph.D.



Warszawa, dnia 30.05.2003 r.

MINISTER ZDROWIA

NS/MM/1171/akr/03

**Ms. Bonnie L. LeBold  
Executive Director, NCFMEA  
U.S. Department of Education  
1990 K Street NW -- Room 7007  
Washington, D.C. 20006-7563  
Fax. +202 2197008**

*Dear Ms. Bonnie L. Le Bold,*

I hereby present to the U.S. Department of Education, National Committee of Foreign Medical Education and Accreditation (NCFMEA) the information including answers to the questions in the document sent to us by the aforementioned Department on 12 November 2002 as well as the information concerning the activities of the Accreditation Committee of Polish Universities of Medical Sciences (ACPUMS) from July 2002 to May 2003.

The short introduction and the first part were both prepared by Prof. Maciej Gembicki Chairperson of the Accreditation Committee of Polish Universities of Medical Sciences in close collaboration with Dr Roman Danielewicz Director of the Department of Higher Education and Science, Ministry of Health.

The second part contains a description of activities conducted by the Accreditation Committee of Polish Universities of Medical Sciences. The content of this part of the document were written by Prof. Maciej Gembicki Chairperson of the aforementioned Committee.

The Ministry of Health is informed about the activities of the Committee, and a representative of the Minister participates in the sessions as an observer, not taking an active part in the voting so as not to interfere in the work of the Committee nor in its decisions in compliance with the principle of independence.

Here I would like to state with satisfaction that, in the six years of operation, the Accreditation Committee of Polish Universities of Medical Sciences have gained recognition and trust of the Conference of Presidents which founded it, and the Ministry of Health which considers its work very useful and exerting a significant influence on raising the requirements concerning the quality of teaching medicine in Poland to higher standards.

The document is completed with 14 appendices which constitute an indispensable element of the document.

### **Introduction**

In Poland, the teaching of medicine leading to the diploma of physician, which is an equivalent of the M.D. title obtained in the U.S., is a 6-year program which is currently carried out in the following universities: Universities of Medical Sciences in Warsaw, Wrocław, Poznań, Szczecin, Gdańsk, Bydgoszcz, Białystok, Lublin and Katowice as well as the Medical University in Łódź and Collegium Medicum Jagiellonian University in Cracow. Four of the universities listed above have two faculties each, and thus the teaching of medicine is implemented in 15 Medical Faculties.

The Universities were founded on the basis of various legal acts – the first being the decree of the Cabinet (Council of Ministers) of 24 October 1949, next of 3 March 1950, changing the names of these schools from Physicians' Academy to Medical Academy (Appendices 1 and 2). The document specifying organization and operation of Medical Academies is now "the higher education act of 12 September 1990" with later amendments of 1 September 2001 (appendix 3).

Article 31 point 1 aforementioned act states that supervision of state universities is in charge of the Minister appropriate for higher education affairs whereas point 3 of the same article states that “capacities of the minister appropriate for higher education in terms of supervision belong to other appropriate ministers with reference to the universities supervised by them”.

In the light of the article, the organ of government administration exercising supervision of the Medical Universities in Poland is the Minister of Health.

Later on in the report, the act, which is in appendix 3, will be referred to only as “the Act” with an addition of appropriate article and points.

In Poland so far there have been only state universities of medical sciences whose activities are financed from the state budget.

In compliance with the Act – art. 9 – universities in Poland have a legal status, and article 9 state that the particular structure of the university and other matters concerning its activities, not specified in the Act, are defined in the Statute drawn up by the senates of the universities.

According to these regulations each university of medical sciences has such statutes and the documents have their basic articles of similar content. Since it would be difficult to refer in the present document to statutes of particular universities, a representative example is used here of the statute of the University of Medical Sciences in Poznań, which is Appendix 4, and which is referred to in the text as “the Statute” including an appropriate article.

## **PART ONE**

### ***Part I: The entity responsible for the Accreditation/Approval of Medical Schools***

The entity entitled to evaluate the quality of medical studies in Poland and their accreditation is the State Accreditation Committee ( Act – art. 38 pts 1-4) founded on 1 January 2002. The act referred to predicts at the same time the functioning of other domestic and foreign organizations whose activities are designed to evaluate the quality of teaching and accreditation (Act – art. 38 pt 5).

With an act drawn up much earlier, on 27 October 1997, the Conference of Presidents of Polish Universities of Medical Sciences (CPPUMS) appointed the Accreditation Committee of Polish Universities of Medical Sciences (ACPUMS)(appendix 12 – chapter 1, pt 1). Transferring financial means for activities of the Committee, CPPUMS granted it an independent status in the decisions undertaken. Due to its non-governmental character, ACPUMS is independent of state authorities.

In view of the fact that the Act – art. 38 pt 5 does not exclude the existence of the non-governmental Committees evaluating and accrediting the medical programs, CPPUMS confirmed its intention to maintain activities of ACPUMS in its resolution dated 13 October 2002 for indefinite period of time (CPPUMS resolution of 1 October 2002 – appendix 5). Simultaneously the Conference of Presidents of Polish Universities of Medical Sciences decided to entrust chairmanship of the Accreditation Committee of Polish Universities of Medical Sciences to Prof. Maciej Gembicki. In the situation, Prof. Maciej Gembicki, who was also appointed on 1 January 2002 a member of the State Committee and at the same time became a member of its Presidium, came to the conclusion that it was impossible to combine the work in the State Accreditation Committee (SAC) and in ACPUMS, so he resigned as the SAC Presidium member and from participation in its activities.

During its first 5-year term of office, having developed the necessary documents such as the university self-assessment questionnaire, teaching standards, regulations of accreditations visits and working plans, ACPUMS carried out accreditation procedures in all medical faculties in 11 universities (four of them have two medical faculties each) granting accreditation to medical programs for 5 years to 13 medical faculties and for 3 years to next two faculties from the beginning of 1998 to the end of 2002.

## *Part II : Accreditation/Approval Standards*

### **1. Mission and objectives**

Operating since 1997, ACPUMS started work in a situation when there were no precisely specified standards serving as prerequisites of adequacy of the teaching process.