



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.

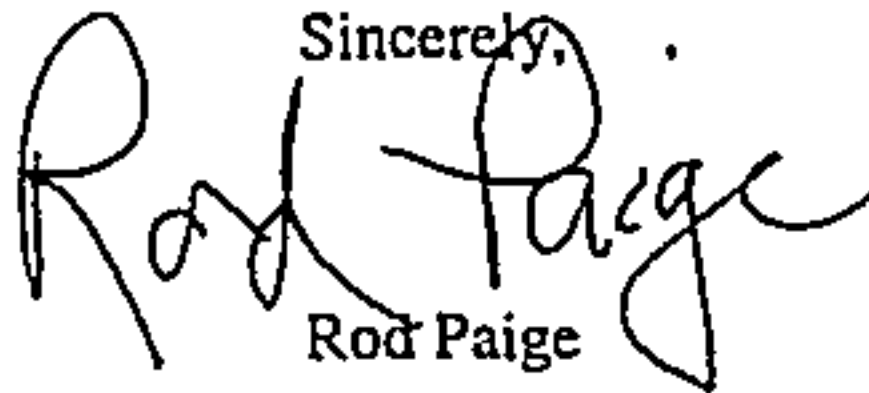
We would appreciate receiving the requested report on the relationship between ACPUMS and the State Accreditation Committee by June 15, 2004, so we have sufficient time to review the information prior to the September 2004 NCFMEA meeting. Please send the information to the U.S. Department of Education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

