

U.S. Department of Education

Staff Analysis of the Standards for the
Evaluation of Medical Schools Used by

The Netherlands

Prepared February 2003

Background

The Netherlands' medical education accreditation/approval process was initially reviewed by the National Committee on Foreign Medical Education and Accreditation (NCFMEA) at its fall 1996 meeting. At that meeting the Committee's decision was that the accreditation/approval process used by the Netherlands was not comparable to that used to evaluate medical schools in the United States. After obtaining additional information the committee again reviewed the country at the Spring 1997 meeting and upheld the prior determination of non-comparability. Continuing communication between with the Netherlands resulted in additional information being submitted and the country was considered at the Committee's fall 1998 meeting. At that meeting the NCFMEA decided that the accreditation/approval process used by the Netherlands was comparable to that used in the United States.

The Netherlands notes that the Ministry of Education, Culture, and Science is the entity responsible for the quality of medical education. However, the country notes that a committee of the Association of Universities in the Netherlands is the entity that conducts the evaluation of medical schools. The country also stated that beginning in 2004 accreditation activities would be conducted by the Netherlands-Flemish Accreditation Organization. There are medical schools in eight universities in the Netherlands: the University of Amsterdam, the Free University at Amsterdam, the University of Groningen, the Utrecht University, the University of Leiden, the Erasmus University of Rotterdam, the Catholic University of Nijmegen, and the University of Maastricht.

Summary of Findings

The Netherlands did not submit a narrative in response to the Department's guidelines. However, the country did submit some general comments on the administration and evaluation of medical schools in the country. The country also provided several documents that provided information on the quality assessment process used to evaluate universities and/or programs and a copy of the current goals and objectives publication, entitled *Blueprint 2001*, that are

adhered to by all medical schools. Department staff believe that the comments and the documents provided by the country were very helpful towards understanding its accreditation/approval process.

Department staff concludes that the country's review process is comparable in many areas of its medical educational program, including the sciences curriculum, communication skills, and ethical issues pertinent to medicine. Staff also believes that other areas may be comparable to the accreditation process used in the United States, including faculty qualifications, evaluating student achievement, requiring adequate facilities, and conducting an on-site visit. A final determination of comparability could not be made, however, since it was not totally clear to Department staff how one of the documents provided to the Department is applied to the medical schools. Specifically, in reviewing the assessment document entitled *Protocol for the External Assessment of Educational Programmes 2000-2005*, Department staff was uncertain whether the process was conducted at the institutional level or at the medical school level. Language seemed to indicate that either possibility exists. The possibility also exists that the evaluation process outlined in the documents is conducted at both the university and programmatic levels. While the probability exists that this document is applied to programs within the university, staff is still uncertain how medical schools are evaluated in accordance with the document. Additionally, staff notes that there was no information available to determine comparability with several other areas in the guidelines.

Staff believe that the Committee would gain a considerably greater understanding of the country's oversight of medical education if the country would complete the questionnaire. Therefore, Department staff recommends that the Committee defer its decision regarding the continuing comparability of the Netherlands' accreditation/approval process until staff can receive and evaluate additional information from the country and bring it before the Committee at its September 2004 meeting.

Staff Analysis

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

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

The Netherlands notes that the Ministry of Education, Culture, and Science is the entity responsible for the quality of medical education. However, the country

notes that a committee of the Association of Universities in the Netherlands is the entity that conducts the evaluation of medical schools. The country also stated that beginning in 2004 accreditation activities would be conducted by the Netherlands-Flemish Accreditation Organization. The country's *Protocol for the External Assessment of Educational Programmes 2000-2005* notes that the Association of Universities in the Netherlands evaluates educational programs; however, as noted in previous comments, Department staff are uncertain whether that evaluation is conducted at the university or school level or both.

Documentation:

Email from the Secretary to the Council of Medical Faculties Association of Universities; and
Protocol for the External Assessment of Educational Programmes 2000-2005.

PART II: Accreditation/Approval Standards

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

1. Mission and Objectives

(a) The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school's educational program must be appropriate in light of the mission and objectives of the school.

(b) An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.

The country notes that the goals and objectives of medical education are described in a document entitled *Blueprint 2001* that was initially published in 1994 and revised in 2001. All medical schools must implement the goals and objectives outlined in the *Blueprint 2001*. This document identifies the skills, knowledge, and abilities (SKA) that medical students must attain in order to enter the field of medicine. Although the *Blueprint* identifies the SKA's that are needed to enter the field of medicine, it also notes that the practice of medicine is a lifelong learning effort and notes that it would be expected that medical doctors continue to enhance their knowledge of medicine. The goals and objectives are developed through a collaborative effort between the Ministries of Health; the

Ministry of Education, Culture and Science; and the Royal Dutch Medical Association.

The *Protocol for the External Assessment of Educational Programmes 2000-2005* that was submitted by the agency noted that institutions must have a stated mission, objectives, and goals. The objectives contain a description of the content of the study program and the knowledge that must be learned in the program. Learning objectives must be comparable to those found in other countries.

Documentation:

Email from the Secretary to the Council of Medical Faculties Association of Universities;

The Protocol for the External Assessment of Educational Programmes 2000-2005; and Blueprint 2001.

2. Governance

(a) The medical school must be legally authorized to provide a program of medical education in the country in which it is located.

(b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the institution's administration. The external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

The country notes that the Ministry of Education, Culture, and Science is the governmental body that licenses all medical schools in the Netherlands.

Documentation:

Email from the Secretary to the Council of Medical Faculties Association of Universities.

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

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.**

Effective administration

The country did not provide any information on this section.

Documentation:

None.

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

The country notes in its email to the Department that the chief academic official of the medical school must have extensive expertise in establishing high quality educational standards and must have demonstrated skills in the fields of education and research.

Documentation:

Email from the Secretary to the Council of Medical Faculties Association of Universities.

- (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 Protocol for the External Assessment of Educational Programmes 2000-2005 notes that educational programs must have curriculum committees that are composed of both faculty and students. These committees provide advice to the university's "staff management" on the quality of the curriculum. However, staff involvement in admissions and issues affecting the employment of faculty were not addressed.

Documentation:

The Protocol for the External Assessment of Educational Programmes 2000-2005.

- (b) 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 did not provide any information on this section.

Documentation:

None.

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 *Blueprint 2001* notes that the country requires that the length of medical education program be six years or 5,500 hours of theoretical and practical education.

Documentation:

Blueprint 2001, page 15.

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

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

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

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

Curriculum and content

Although the country did not provide specific details on the curriculum offered in medical schools, the *Blueprint 2001* notes that knowledge of the basic sciences "is of vital importance to medical practice" and provides some information on the basic sciences that are covered. The *Blueprint* identifies a list of skills, knowledge, and abilities that doctors must attain to enter the field of medicine. Doctors are expected to have knowledge of pharmacology, biostatistics, epidemiology, anatomy, molecular cell biology, genetics, endocrinology, metabolism, immunology, and pathology. The staff could not find a reference to preventive medicine.

Documentation:

Blueprint 2001.

(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.

Clerkships

The *Blueprint 2001* clearly states that clerkships are incorporated into the medical education program but did not provide any information on what are considered core clerkships, the length of clerkships, or information related to notes 1-5 in this section.

Documentation:

Blueprint 2001.

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

The country did not provide any information on this section.

Documentation:

None.

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

The *Blueprint 2001* states that doctors are to understand and adhere to numerous issues related to ethics, including: understanding and applying general principles of ethics in medicine, understanding the relation between ethics and the law, being aware of differing moral opinions and convictions, and understanding prevailing ethical views in the Netherlands.

Documentation:

The Blueprint 2001.

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

The *Blueprint 2001* states that one objective that medical students must demonstrate is effective communication with the patient. The document states that “communication with the patient takes place in an open and respectful manner.” The *Blueprint 2001* also requires that medical students demonstrate that they can explain medical findings during their investigations into a patient’s illness in terms that are understood by the patient.

Documentation:
Blueprint 2001.

(b) 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.**

The country did not provide any specific information on the curriculum within a medical school, or whether the faculty are involved in designing, implementing, or evaluating the curriculum. However, the country did provide a generic document used to evaluate educational programs. As noted in the summary of findings, Department staff believe that this format may be used to evaluate medical schools but is not certain how this format is applied to evaluating medical schools. Nevertheless, the document noted that the team does look at examination and assessment methods used by the education program to evaluate student work-program completion rates.

Documentation:

Protocol for the External Assessment of Educational Programmes 2000-2005.

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 country's *Protocol for the External Assessment of Educational Programmes 2000-2005* outlines that evaluation teams assess the "quality of student intake" for educational programs. In reviewing the document, Department staff are not certain how the country defines "quality of student intake" but the country's directive in the area of admissions notes "each field of study can be considered in the light of the job market and the need for new academic staff." The directive also notes that institutions can also use "market share percentages" and can "pursue a policy to increase the intake."

No specific information was given regarding an assessment of the requirements outlined in this section pertaining to school publications, or to access and/or the confidentiality of student records.

Documentation:

Protocol for the External Assessment of Educational Programmes 2000-2005.

(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.

Evaluating Students' Academic Progress

The *Blueprint 2001* outlines student achievement goals. That document contains numerous objectives that graduates of medical colleges must attain in order to enter the field of medicine. However, Department staff are uncertain how the country determines that graduates have attained those objectives.

The *Protocol for the External Assessment of Educational Programmes 2000-2005* notes that examiners will assess an institution's examination and assessment methods. The *Protocol* also states that evaluators will look at whether "the institute really delivers students who have earned a university degree" and notes that evaluators will judge graduation papers that are graded by faculty members as "just acceptable" and "excellent" to ensure that such ratings were warranted. Department staff is uncertain if medical students submit "graduation papers" that are evaluated by the evaluators. If "graduation papers" are not required, the staff is uncertain what the team evaluates at the medical school. As stated previously, staff are uncertain whether the *Protocol* document is applied at the institutional or school level.

Monitoring Students' Progress:

The *Protocol* also requires institutions to track success rates for the "propaedeutic year and basic degrees obtained[;]" however, the staff are uncertain what the "propaedeutic" year is and whether this is applied to medical schools.

Documentation:

*Protocol for the External Assessment of Educational Programmes 2000-2005
Blueprint 2001.*

(c) Student Services

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

The country did not provide any information on this section.

Documentation:

None.

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.

Finances

No information was given on this section. However, the country notes that all eight medical schools are state funded and controlled.

Facilities

The country's *Protocol for the External Assessment of Educational Programmes 2000-2005* requires the evaluation team to make a determination regarding whether sufficient classroom and laboratory space exists; whether the institution has sufficient computers; and a judgment as to the quality of the library.

Documentation:

Protocol for the External Assessment of Educational Programmes 2000-2005.

(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.

Faculty

The *Protocol for the External Assessment of Educational Programmes 2000-2005* requires team members to evaluate the academic qualifications of the faculty, whether qualified faculty exist to teach all subject matters within the curriculum, the teaching load of the faculty, and the involvement of the faculty in the educational program. The team also looks at the faculty policies that encompass evaluation, faculty training, and faculty promotions.

Documentation:

Protocol for the External Assessment of Educational Programmes 2000-2005.

(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 *Protocol for the External Assessment of Educational Programmes 2000-2005* requires team members to evaluate the adequacy of the library.

Documentation:

Protocol for the External Assessment of Educational Programmes 2000-2005.

(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.

No information was given regarding this section.

Documentation:
None.

PART III Accreditation/Approval Processes and Procedures1

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.

The Association of Universities in the Netherlands notes on their Website that educational programs are evaluated every six years. The *Protocol for the External Assessment of Educational Programmes 2000-2005* states that the evaluation requires an institution to complete a self-study and undergo a site visit that is two and one-half days in length. The self-evaluation requires “faculties” to examine their statistical data relevant to the university and to identify strengths and weaknesses. During the site visit, team members interview the authors of the self-evaluation report, undergraduate students, students enrolled in doctoral programs, and the dean. The team uses a checklist to ensure that all areas are evaluated and assigns a numeric grade to each area reviewed. The grading scales ranges from 1 (very poor) to 10 (excellent). A grade below a 6 requires the institution to initiate action to address the concerns that are identified by the team.

Department staff are uncertain whether the self-evaluation, as described in the Protocol document, requires the evaluation of each instructional program that is offered in the institution or the university as a whole. Language within this document suggests that each program is reviewed; however, other language

would indicate that the university as a whole is reviewed. It is possible that the evaluation covers both the university as a whole and each program within the university as well. If this is the case, Department staff is uncertain whether the emphasis of the evaluation is at the institutional or school level.

Further, the *Protocol for the External Assessment of Educational Experiences 2000-2005* indicates that evaluators will examine the curriculum and evaluation of student achievement throughout the program. The document was not specific on what elements within these areas are evaluated or what standard they are evaluated against. No information was given regarding whether team members review academic support that is available to students.

Documentation:

Protocol for the External Assessment of Educational Experiences 2000-2005.

2. Qualified On-Site Evaluators

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 site visit team is usually composed of six individuals. These include an education specialist, a student from the program being evaluated, and four specialists that cover the field of studies offered in the program, one of which is the chair of the team. Of note, is the country's inclusion of a student from the program being evaluated on the site evaluation team. While accreditors in the U.S. seek input from students enrolled in the program being evaluated, students are not included on the site visit team.

Documentation:

Protocol for the External Assessment of Educational Programmes 2000-2005.

(3) Re-evaluation and Monitoring

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

The Association of Universities in the Netherlands notes on their Website that institutions are evaluated every six years. How the country provides for monitoring throughout the six-year period was not addressed.

Documentation:

The Association of Universities in the Netherlands Website.

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.

No information was given regarding this section.

Documentation:

None.

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.

Controls against Conflicts of Interest

No information was given regarding this section.

Controls against the Inconsistent Application of Standards

No information was given regarding this section.

Documentation:

None.

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.

No information was given regarding this section.

Documentation:

None.