

U.S. Department of Education



**Staff Analysis
of the
Standards Used by**

Israel

for the Evaluation of Medical Schools

September 15, 1999

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Prepared August 1999

Background

At its October 1998 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that Israel's standards for the evaluation of its medical schools were not comparable to those used in the United States. This determination was based on the information Israel submitted about its evaluation of its medical schools. The Summary of Findings section of the staff analysis that was presented to the NCFMEA at that meeting illustrates the principal reason the Committee reached its determination of noncomparability:

"Since Israel does not have a process to [re]evaluate its medical schools once they are initially approved, it does not appear that its system of evaluating and approving its medical schools is comparable to the system used in the United States."

Israel has now submitted new information, including notification that it has established a permanent committee responsible for the re-evaluation of medical schools in Israel. Israel also submitted the standards the permanent committee will use to evaluate medical education in the re-evaluation of its medical schools and noted that these were "...generally based on those of the Liaison Committee on Medical Education (LCME) in the United States."

The staff analysis that follows is based on the new information Israel provided. Department staff notes that this information does not include specific responses to the Department's questionnaire.

According to the information provided, the official decision (Decision No. 9/257) to have a permanent "Committee for Re-Evaluation of Medical Schools in Israel" was passed by the Council for Higher Education on February 23, 1999. The entire decision reads as follows:

Council for Higher Education Decision No. 9/257
of February 23rd, 1999

"The Council for Higher Education is deciding to establish a permanent committee that will be responsible for the evaluation process of medical

schools in Israel. The goal of the committee will be to ensure the maintenance of recognized standards for medical education and the training of the physicians in Israel. The evaluations will be conducted once every 5 years, and the report will be submitted to the Council for Higher Education."

There are four medical schools in Israel. All four are supported by public funds. The dates the schools are scheduled for site visits under Israel's new process are as follows:

Jan 2000	Ben-Gurion University of the Negev: The Joyce & Irving Medical School
Jul 2000	Technion - Israel Institute of Technology: The Rappaport Faculty of Medicine
Jan 2001	The Hebrew University-Hadassah Medical School.
Jul 2001	Tel Aviv University: The Sackler School of Medicine

Summary of Findings

Based on a review of the information submitted, it appears that Israel has developed plans to operate a system for the reevaluation of its medical schools that is comparable to the system used in the United States. Department staff bases this conclusion on the fact that most of the provisions Israel submitted to the Department are based on the system used by the LCME in the United States.

However, before a decision on comparability of Israel's new system can be made, there are several issues that need further examination:

- (1) Israel has not submitted important information necessary to answer several issues about its accreditation/approval process, such as documentation of the laws governing the evaluation process and information about the site evaluation and decision-making processes.
- (2) Israel will not conduct its first site visit until January 2000, and the last of its four scheduled site visits until July 2001. For this reason, it is difficult to make determinations about Israel's new reevaluation system until these visits are concluded and the processes for reevaluation and decision-making are completed for the first time.
- (3) Israel's submission deals only with the "reevaluation" of its medical schools and does not provide standards or procedures for the evaluation of a medical school seeking its initial approval.

- (4) Israel did not submit documentation that the Council for Higher Education has the requisite legal authority to make decisions affecting the accreditation status of the medical schools in the country.

Staff Analysis

The National Committee on Foreign Medical Education and Accreditation is charged with determining whether the standards of accreditation used by a foreign country to accredit medical schools offering programs leading to the M.D. (or equivalent) degree are comparable to standards of accreditation applied to M.D. programs in the United States.

In making this determination, the Committee uses the following guidelines which it has determined provide an appropriate framework for the thorough evaluation of medical schools offering programs leading to the M.D. (or equivalent) degree. The Committee wishes to make it clear that these are in fact guidelines and that a foreign country's review and approval process can differ substantially from these guidelines and still be determined to be comparable to the standards used in the United States, provided the foreign country can demonstrate that its standards and processes of evaluation are effective alternatives to those used in the United States.

PART I: Accreditation/Approval Standards

1. Objectives

The accreditation/approval process used by the foreign country should determine whether the educational mission of the medical school serves the general public interest and whether its educational program is appropriate in light of the mission and objectives of the school. Approval should not be granted if it is determined that the educational program is inconsistent with the mission and objectives of the school.

The accreditation/approval process should determine whether the program is legally authorized to provide medical education in the country in which it is located. Approval should not be granted to a program that is not legally authorized to provide such education.

Mission and objectives

Israel's standard for Objectives is as follows:

"The main objectives of a program of medical education leading to the M.D. degree in Israel are to prepare its graduates to enter and complete graduate

medical education, to qualify for licensure, to provide competent medical care, and to have the educational background necessary for continued learning. A medical school may establish additional objectives for its educational program, consistent with its program resources. A medical school must define its objectives and make them known to faculty and students."

Legal authorization

Israel submitted no information or documentation concerning the legal authorization of its medical schools. As noted in the Background section, all of the medical schools in Israel are supported by public funds.

2. Governance

The accreditation/approval process should determine whether there is an appropriate accountability of the management of the institution to an ultimate responsible authority external to and independent of the institution's administration. Approval should not be granted if the school lacks such a system of external accountability.

Israel's standard for Governance is as follows:

"A medical school should be a component of a university that has other graduate and other professional degree programs. The program of medical education leading to the M.D. degree must be conducted in an environment that fosters the intellectual challenge and spirit of inquiry as characterized by the community of scholars that constitutes a university."

"A medical school in Israel must be part of a not-for-profit university."

Although it is clear that Israel now has a standard for Governance, the standard does not address or indicate the accountability of the management of the institution to an ultimate responsible authority external to and independent of the institution's administration.

3. Administration

The accreditation/approval process should determine whether the administration of the school is effective and appropriate in light of its mission and objectives. Approval should not be granted if it is determined that the administration is ineffective or inappropriate in light of the stated mission and objectives.

The accreditation/approval process should determine whether the chief academic official of the medical school is qualified by education and experience to provide leadership in medical education. Approval should not be granted if the chief academic official's credentials and training background are not appropriate for fulfilling his or her responsibilities.

The accreditation/approval process should determine whether the faculty are appropriately qualified to teach and are involved in decisions involving admissions and curriculum. Approval should not be granted to schools that fail to demonstrate appropriate faculty qualifications and faculty involvement in admissions and curriculum development and delivery.

Administration

Under its Administration standard, Israel has the following statements:

"The administration of a medical school must be effective and appropriate in light of the main objectives and its particular mission and objectives."

"Administrative officers and members of a medical school faculty are appointed by, or on the authority of, the governing board of the medical school or its parent university."

"The manner in which the medical school is organized, including the responsibilities and privileges of administrative officers, faculty, students, and committees must be promulgated in medical school or university bylaws. A committee structure is the usual mechanism for involving faculty and others in decisions concerning admissions, promotions, curriculum library and research, etc. The names, membership, and functions of such committees are not prescribed by these standards, but rather are subject to local determination and needs."

"In determining the appropriate organization, emphasis should be placed on the importance of the collegiality of the medical school faculty responsible for undergraduate medical education and for the continuum of medical education."

Chief Academic Officer (Dean)

Israel's Administration standard contains the following statements concerning the chief academic officer of a medical school:

"The chief academic official of a medical school must be qualified by education and experience to provide leadership in medical education."

"The chief official of the medical school, who usually holds the title "dean," must 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 dean's office."

"The dean must be qualified by education and experience to provide leadership in medical education, in scholarly activity and research, and in care of patients. The dean should have the assistance of such associate or assistant deans and staff as are necessary for administration of admissions, student affairs, academic affairs, graduate education, continuing education, hospital relationships, research, business and planning, and fund raising."

Faculty

Israel's Administration standard contains the following statements concerning "faculty":

"The faculty of a medical school must be appropriately qualified to teach and be involved in decisions involving admissions and curriculum."

"Consideration should be given to the commitments of faculty members who have multiple academic responsibilities in several educational programs of a complex university, so as to assure each educational program adequate faculty resources. A decision must be made concerning the provision of a single faculty or of combined faculties to serve the needs of each of several health-related or other academic programs of the university, and concerning the advisability of joint faculty appointments. The school must ensure that appointments such as "clinical professors", must be made according to approved academic criteria."

In addition, Israel's curriculum standard indicates that "The program's faculty is responsible for the design, implementation, and evaluation of the curriculum. There must be integrated institutional responsibility for the design and management of a coherent and coordinated curriculum." The curriculum standard also contains the following statements relevant to the standards for an institution's faculty:

"The medical faculty is responsible for devising a curriculum that enables students to learn the fundamental principles of medicine, to acquire skills of critical judgement based on evidence and experience, and to develop an ability to use principles and skills wisely in solving problems of health and disease. In addition, the curriculum must be designed so that students acquire an understanding of the scientific concepts underlying medicine. In designing the curriculum, the faculty must introduce current advances in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on medical care."

Finally, Israel's standard on faculty size and its effectiveness in teaching contains the following statements regarding faculty qualifications:

"Persons appointed to a faculty position must have demonstrated achievements within their disciplines commensurate with their faculty rank. The recruitment and development of a medical school's faculty should take into account its mission, the diversity of its student body, and the populations that it serves. It is expected that faculty members will have a commitment to continuing scholarly productivity, thereby contributing to the educational environment of the medical school."

"There must be clear policies for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of members of the faculty. The appointment process must involve the faculty, the appropriate departmental heads, and the dean. Each appointee should receive a clear definition of the terms of appointment, responsibilities, line of communication, privileges and benefits. Faculty members should receive regularly scheduled feedback on their academic performance and their progress towards promotion. Opportunities for professional development should be provided to enhance faculty members skills and leadership abilities in teaching and research."

4. Educational Program

The accreditation/approval process should examine whether the educational program of a medical school is of sufficient length to meet the mission and objectives of the school and to provide students with the knowledge and skills necessary to become a qualified physician. Approval should not be granted to a school that does not provide an educational program of at least 32 months in duration.

The accreditation/approval process should determine whether the curriculum provides an education in the sciences basic to medicine, a variety of clinical subjects, and various ethical, behavioral, and socioeconomic subjects pertinent to medicine. Approval should not be granted to a school whose educational program does not provide such a broad-based curriculum.

The accreditation/approval process should determine whether the requirements for successful completion of the program of medical education conform to commonly accepted standards, with a particular focus on clerkships (or their equivalent) and other forms of clinical training. Approval should not be granted if such training is of insufficient breadth, is not conducted in suitable medical facilities, or is not adequately supervised.

Program length

Israel's standard for the duration of the medical program is as follows:

"The program of education in the art and science of medicine leading to the M.D. degree in Israel must be of 6 years duration plus one year of rotating internship."

"The educational program of a medical school must be of sufficient length to meet the main objectives and its particular mission and objectives, and to provide students with knowledge and skills necessary to become a qualified physician."

Curriculum

Israel's standards addressing Curriculum include the following relevant provisions:

"The curriculum must provide a broad-based education in the sciences basic to medicine, a variety of clinical subjects, and various ethical, behavioral and socioeconomic subjects pertinent to medicine."

"The program's faculty is responsible for the design, implementation, and evaluation of the curriculum. There must be integrated institutional responsibility for the design and management of a coherent and coordinated curriculum. The chief academic officer must have sufficient available resources and authority provided by the institution to fulfill this responsibility. The curriculum of the program leading to the M.D. degree must be designed to provide a general professional education, recognizing that this alone is insufficient to prepare a graduate for independent, unsupervised practice. Medical schools must evaluate educational program effectiveness by documenting the achievement of their students and graduates in verifiable and internally consistent ways that show the extent to which institutional and program purposes are met."

"The medical faculty is responsible for devising a curriculum that enables students to learn the fundamental principles of medicine, to acquire skills of critical judgement based on evidence and experience, and to develop an ability to use principles and skills wisely in solving problems of health and disease. In addition, the curriculum must be designed so that students acquire an understanding of the scientific concepts underlying medicine. In designing the curriculum, the faculty must introduce current advances in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on medical care."

"The curriculum cannot be all-encompassing. However, it must include the sciences basic to medicine, a variety of clinical disciplines, and ethical, behavioral, and socioeconomic subjects pertinent to medicine. There should be presentation of material on medical ethics and human values. The faculty must

foster in students the ability to learn through self-directed, independent study throughout their professional lives."

"The curriculum must include the contemporary content of those expanded disciplines that have been traditionally titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine. Instruction within these basic sciences should include laboratory or other practical exercises which facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data. Teachers and teaching assistants in the biomedical sciences must be familiar with the educational objectives of the course and be prepared for their roles in teaching and evaluation."

"The faculty committee responsible for curriculum should develop, and the chief academic officer should enforce, the same rigorous standards for the content of each year of the program leading to the M.D. degree. The final year should complement and supplement the curriculum so that each student will acquire appropriate competence in general medical care regardless of subsequent career specialty. The curriculum should include elective courses designed to supplement the required courses and to provide opportunities for students to pursue individual academic interests. Faculty advisors must guide students in the choice of elective courses. If students are permitted to take electives at other institutions, there should be a system centralized in the dean's office to screen the students' proposed extramural programs prior to approval and to ensure the return of a performance appraisal by the host program. Another system, devised and implemented by the dean, should verify the credentials of students from other schools wishing to take courses or clerkships at the school approve assignments, maintain a complete roster of visiting students, and provide evaluations to the parent schools."

"All instruction should stress the need for students to be concerned with the total medical needs of their patients and the effect on their health of social and cultural circumstances."

"The school must specify how students are prepared for their role in addressing the medical consequences of common societal problems, for example, providing instruction in the diagnosis, prevention, appropriate reporting and treatment of violence and abuse. Students must be encouraged to develop and employ scrupulous ethical principles in caring for patients, in relating to patients' families, and to others involved in the care of the patients. These principles are essential if the physician is to gain and maintain the trust and respect of patients, colleagues, and the community."

"In view of the increasing pace of discovery of new knowledge and technology in medicine, The Council for Higher Education encourages experimentation that

will increase the efficiency and effectiveness of medical education. Experiments should have carefully defined goals and plans for implementation, including methods of evaluating the results. Planning for educational innovation should consider the incremental resources that will be required, including demands on library facilities and operation, information management needs and computer hardware and software."

Clerkships

Israel's standard related to clerkships includes the following statements:

"The requirements for successful completion of the program of medical education must include a particular focus on clerkships and other forms of clinical training. Students must have hands-on experience."

"All schools must provide broad-based clinical education programs that equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine. Instruction and experience in patient care must be provided in both ambulatory and hospital settings. All schools must offer a core curriculum in primary care, utilizing the disciplines or multidisciplinary approaches involved in the delivery of such care."

"Clinical education programs should include disciplines such as family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. Schools must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education. Clinical instruction should cover all organ systems, and must include the important aspects of acute, chronic, continuing, preventive, and rehabilitative care."

"The faculty must participate in a process that defines the objectives of clinical education and establishes quantified criteria for the types of patients (real or simulated), the level of student responsibility, and the appropriate clinical settings necessary to accomplish these purposes. A system for monitoring the achievement of clinical educational goals must be developed, based on these criteria, and students must be evaluated in this framework. If the level or diversity of student interactions with patients does not meet the school-based criteria, specific mechanisms must be in place to adjust the criteria or to alter the educational program. Either may be done only within appropriate, documented means that ensure continued educational quality."

"The curriculum must provide grounding in the body of knowledge represented in the disciplines that support the fundamental clinical subjects, for example, diagnostic imaging and clinical pathology. Students must have opportunities to gain knowledge in those content areas that incorporate several disciplines in providing medical care, for example, emergency medicine and the care of the

elderly and disabled. In addition, students should have the opportunity to participate in research and other scholarly activities of the faculty."

"Each required clinical clerkship 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 primary and related disciplines of the clerkship. The committee responsible for curriculum must require close faculty supervision of the learning experience of each student at the appropriate level of graded clinical responsibility. Supervision must be provided throughout required clerkships by members of the school's faculty. The required clerkships should be conducted in a teaching hospital or ambulatory care facility where residents in accredited programs of graduate medical education, under faculty guidance, may participate in teaching the students. Residents must be fully informed about the educational objectives of the clerkships and be prepared for their roles as teachers and evaluators of medical students. In an ambulatory care setting, if faculty supervision is present, resident participation may not be required. If required clerkships in a single discipline are conducted in several hospitals, every effort must be made to ensure that the students receive equivalent educational experiences."

"The medical school must have adequate resources to provide clinical instruction to its medical students. Resources must include ambulatory care facilities and hospitals where the full spectrum of medical care is provided and can be demonstrated. Each major clinical department must have a residency program accredited by the Israel Medical Association Scientific Council. The number of hospital beds required for education cannot be specified by formula, but the aggregation of clinical resources must be sufficient to permit students in each of the major clerkships to work up and follow several new patients each week."

"Since undergraduate medical education usually requires the conduct of simultaneous and mutually supportive programs of graduate medical education, clinical facilities must be adequate for both parts of the continuum of medical education. A hospital that provides a base for the education of both medical students and residents must have adequate library resources, not only for the clinical staff, but also for the faculty and the students. Ready access to areas for individual study, for conferences, and for lectures is necessary."

"The nature of the relationship of the medical school to affiliated hospitals and other clinical resources is extremely important. There should be written affiliation agreements that define the responsibilities of each party. The degree of the school's authority should reflect the extent that the affiliated clinical facility participates in the educational programs of the school. Most critical are the clinical facilities where required clinical clerkships are conducted. In affiliated institutions, the school's department heads and senior clinical faculty members

must have authority consistent with their responsibility for the instruction of students."

"Recognizing the special relationship between the medical school and its affiliated teaching hospitals, it is imperative that the academic programs remain under the control of the faculty in all medical school-hospital relationships."

5. Medical Students

The accreditation/approval process should determine whether the medical school admits only those students who possess the intelligence, integrity, and personal characteristics that are generally perceived as necessary to become effective physicians. Approval should not be granted to a school that fails to admit qualified students.

The accreditation/approval process should determine whether the medical school carefully monitors the progress of students through the educational program and graduates only those students who successfully complete the program. Approval should not be granted if the school fails to monitor students for satisfactory academic progress.

Admissions

Israel's standards for Admissions includes the following statements:

"Medical school must admit only those students who possess the intelligence, integrity, and personal characteristics that are generally perceived as necessary to become effective physicians."

"The faculty of each school should develop criteria and procedures for the selection of students, which should be published and available to potential applicants. To further the accomplishment of its purposes, each medical school should have policies and practices addressing the gender, racial, cultural and economic diversity of its students. Medical schools must strive to select students who possess the intelligence, integrity, and personal and emotional characteristics that are perceived necessary for them to become effective physicians."

"While physical disability should not preclude a student from consideration for admission, each school should develop and publish technical standards for the admission of handicapped applicants, in accordance with legal requirements."

"The selection of students for the study of medicine is the responsibility of the medical school faculty through a duly constituted committee. Persons or groups

external to the medical school may assist in the evaluation of applicants, but the final responsibility must not be delegated outside the medical faculty. There must not be any political or financial influence on the selection of students. All factors utilized in the selection process must be made public."

"A medical school's publications, advertising, and student recruitment should present a balanced and accurate representation of the mission and objectives of the educational program. The catalog or equivalent informational materials must describe all courses offered by the school, a complete description of the requirements for the M.D. degree and all associated degrees, the most recent academic calendar for each of the curricular options available, a description of the admissions process, and the enumeration of criteria used in the selection of students."

"There must be no discrimination on the basis of sex, age, race, creed or national origin. Compliance with both written and implied public policy must be assured. The student body should be drawn from a wide spectrum of economic backgrounds. Advanced standing may be granted to students for work done prior to admission. Each medical school or its parent university should define the standards of conduct in the teacher-learner relationship. Schools should develop and widely promulgate written procedures that allow medical students to report violations of these standards—such as incidents of harassment or abuse—without fear of retaliation. The procedures also should specify mechanisms for the prompt handling of such complaints, and for the educational methods aimed at preventing student mistreatment."

Monitoring of students

Israel's standards related to the monitoring of students include the following statement:

"The medical school must carefully monitor the progress of students through the educational program and graduate only those students who successfully complete the program."

6. Resources for the Educational Program

The accreditation/approval process should determine whether the medical school has physical 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. Approval should not be granted if the facilities are inadequate.

The accreditation/approval process should determine whether the faculty provides effective teaching and is of sufficient size to provide the scope of

the educational program offered. Approval should not be granted if there is an insufficient number of qualified faculty.

The accreditation/approval process should determine whether the medical school has a library sufficient in size, breadth, and depth to support the educational program. Approval should not be granted if the library is inadequate.

Physical facilities

Israel's standards for physical facilities include the following:

"Medical schools must have physical facilities that are qualitatively adequate for the size and scope of the educational program as well as of the student body."

"A medical school must have, or be assured use of, buildings and equipment that are quantitatively and qualitatively adequate to provide an environment conducive to high productivity of faculty and students. Geographic separation between facilities may be dysfunctional. The facilities must include faculty offices and research laboratories, student classrooms and laboratories, amenities for students, offices for administrative and support staff, and a library. Access to an auditorium sufficiently large to accommodate the student body is desirable. The school should be equipped to conduct biomedical research and must provide facilities for humane care of animals when animals are used in teaching and research."

Faculty

Israel's standards concerning faculty contain the following statements:

"The faculty must provide effective teaching and to be of sufficient size to provide the scope of the educational program offered."

"Members of the faculty must have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline and an understanding of pedagogy, including construction of a curriculum consistent with learning objectives, subject to internal and external formal evaluation. The administration and the faculty should have knowledge of methods for measurement of student performance in accordance with stated educational objectives and national norms."

"In each of the major disciplines basic to medicine and in the clinical sciences, a critical mass of faculty members must be appointed who possess, in addition to a comprehensive knowledge of their major disciplines, expertise in one or more subdivisions or specialties within each of these disciplines. In the clinical sciences, the number and kind of specialists appointed should relate to the

amount of patient care activities required to conduct meaningful clinical teaching at the undergraduate level as well as for graduate and continuing medical education."

"The dean and a committee of the faculty should determine medical school policies. This committee typically consists of the heads of major departments, but may be organized in any manner that brings reasonable and appropriate faculty influence into the governance and policymaking processes of the school. The full faculty should meet often enough to provide an opportunity for all to discuss, establish, and otherwise become acquainted with medical school policies and practices."

"A medical school should have policies which deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities."

Library

Israel's standards for the medical school's library include the following:

"A medical school must have a library sufficient in size, breadth and depth to support the educational program."

"The medical school must have a well-maintained and catalogued library, sufficient in size and breadth to support the educational programs offered by the institution. The library should receive the leading biomedical and clinical periodicals, the current numbers of which should be readily accessible. The library and any other learning resources should be equipped to allow students to learn new methods of retrieving and managing information, as well as to use self-instructional materials. A professional library staff should supervise the library and provide instruction in its use."

"If the library serving the medical school is part of a medical center or university library system, the professional library staff must be responsive to the needs of the medical school, its teaching hospitals, the faculty, resident staff, and students who may require extended access to the journal and reference book collections. The librarian should be familiar with the methods for maintaining relationships between the library and national library systems and resources, and with the current technology available to provide services in non-print materials. If the faculty and students served by the library are dispersed, the utilization of departmental and branch libraries should be facilitated by the librarian and by the administration and faculty of the school."

"The library should also be a community resource in support of continuing medical education."

PART II: Accreditation/Approval Evaluation Procedures

1. **There should be a clearly recognized body responsible for evaluating the quality of medical education in the country and that body should be legally authorized to accredit/approve medical schools offering educational programs leading to the M.D. (or equivalent) degree.**

The Council for Higher Education's Decision No. 9/257 of February 23rd, 1999 authorized the establishment of a permanent committee, the Committee for Re-Evaluation of Medical Schools, responsible for evaluation of medical schools in Israel. The Committee is to conduct evaluations once every five years.

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

With respect to this issue, Israel has stated only that the Committee's reports are to be submitted to the Council for Higher Education. There was no information in the materials submitted that addressed controls against conflicts of interest or inconsistent application of the accreditation/approval standards.

3. **The accreditation/approval process should provide for the regular reevaluation of approved medical schools in order to verify that they continue to comply with the approval standards.**

The Committee for Re-Evaluation of Medical Schools' "Re-Evaluation Procedures" provide for evaluations once every five years. Also, the procedures include the following:

"Schools may be asked to submit one or more progress reports in the interval, to address steps taken to correct specific areas of concern in committee reports, or describe the results of program changes underway. Interim, focused surveys may be scheduled when an on-site visit is deemed necessary."

4. **The accreditation/approval process should normally 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 that 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, curriculum, qualifications of the faculty, and facilities available to medical students. If there is not an on-site visit, there**

should be some appropriate alternative that ensures a thorough review of the school for compliance with the accreditation/approval standards.

With respect to this issue, the Committee for Re-Evaluation of Medical Schools' "Re-Evaluation Procedures" state the following:

By the Council for Higher Education (CHE) Secretariat.

Seven months beforehand, the CHE secretariat contacts a medical school to establish the dates for site visits in that year. Survey visits are two-day visits. At the same time, schools are sent a questionnaire based on the Standards used by The Committee for Re-Evaluation of Medical Schools to Evaluate Medical Education, so that they can compile a medical education database, undertake an institutional self-study and complete the report to the committee.

By the university and the school.

The school completes the medical education database, so that it can be used as the basis for the institutional self-study and the final report. The dean appoints a self-study steering committee and subcommittees corresponding to the main elements of the database (e.g., Objectives, Governance/Administration, Educational Program for the M.D. degree, Medical Students, Finances, Faculty, Facilities, Research, etc.). The summary of the self-study and the final report are mailed to the CHE secretariats and to each member of the committee three months before the site visit.

The committee's work

The committee conducts one meeting before the site visit, to assess the material received from the school.

The committee conducts a site survey to verify and update information compiled in the school's report, clarify any issues that are unclear, view the environment and facilities for learning first-hand, and meet with administrators, faculty members, and students.

The committee will meet with the dean to explain its purpose and gain dean's input in a conference at the beginning of the site visit, and meet with the dean and campus chief executive to summarize its findings about the program's strengths and problem areas at the completion of the visit.

After the site visit the committee will conduct one meeting to summarize the findings into a final report that describes the program of education and accounts

for the school's compliance with each of the standards contained in the Standards used by The Committee for Re-Evaluation of Medical Schools mentioned above.

The report will be submitted to the Council for Higher Education.

The evaluations will be conducted once every 5 years. Schools may be asked to submit one or more progress reports in the interval, to address steps taken to correct specific areas of concern in committee report, or describe the results of program changes underway. Interim, focused surveys may be scheduled when an on-site visit is deemed necessary.

5. **The accreditation/approval process should 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.**

Israel submitted a list of the members of the Committee for Re-Evaluation of Medical Schools in Israel. They are:

Prof. Irun R. Cohen, M.D. - The Weizman Institute of Science; Chairman

Prof. Efiyahu Antebi, M.D. - A representative of the Scientific Council of the Israeli Medical Association

Prof. Shimon (Seymour) Michael Glick, M.D. - A representative of the Schools of Medicine in Israel

Dr. Yitzhak Berlovitz, M.D., M.H.A. - A representative of the Ministry of Health

Mr. Gil Beler, Student - a representative of the Association of Medical Students.

No information was submitted about the competence, knowledge, qualifications or training in the basic or clinical sciences of these individuals. It is not clear if these individuals will conduct the on-site evaluations or delegate this responsibility to others, and whether they will be involved in the policy-making and/or decision-making functions.

6. **The accreditation/approval process should ensure that all accreditation/approval decisions are based on the accreditation/approval standards.**

The information Israel submitted did not address who in the accreditation process will make reevaluation decisions or how these decisions will be made.

Documentation:

Israel's "Standards Used By The Committee for Re-Evaluation of Medical Schools To Evaluate Medical Education"

The Official Decision to Establish a Permanent "Committee for Re-Evaluation of Medical Schools in Israel"

A list of members of the Committee for Re-Evaluation of Medical Schools

The Committee for Re-Evaluation of Medical Schools' Re-Evaluation Procedures

A schedule of planned site visits at all Israeli medical schools