



THE SECRETARY OF EDUCATION
WASHINGTON, D.C. 20202

OCT 13 2000

SENT BY FACSIMILE TRANSMISSION

Mr. Torsten Källemark
Senior Advisor
National Agency for Higher Education
Birger Jarlsgatan
Box 7851, SE-103
99 Stockholm
Sweden

Dear Mr. Källemark:

The National Committee on Foreign Medical Education and Accreditation (NCFMEA) met in Washington, D.C., on September 15, 2000, to review, among other things, the additional information provided by the National Agency for Higher Education pertaining to Sweden's standards and processes for accreditation of medical schools. The NCFMEA had decided, at its March 2000 meeting, to defer making a decision on the comparability of Sweden's accreditation standards for medical schools until its September meeting, pending the receipt of additional information.

I am pleased to inform you that the NCFMEA, at its September 15, 2000, meeting, determined that the accreditation or approval standards used by the National Agency for Higher Education to evaluate the medical schools in Sweden are comparable to those used to evaluate programs leading to the M.D. degree 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 procedures for accrediting or approving medical schools in Sweden 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 part of its comparability decision, the NCFMEA has requested that the National Agency for Higher Education submit annual reports to the NCFMEA. The first report will be due to the U.S. Department of Education by August 1, 2001, for review at the September 2001 NCFMEA meeting. The purpose of the annual report is to provide the NCFMEA with a summary of accreditation activities, including the following information:

- *Overview of accreditation activities:* A summary of key activities by the National Agency for Higher Education during the past year (August 2000 - July 2001), such as accreditation reviews conducted, accreditation decisions reached, accreditation conferences or training sessions held.

- *Summary of any changes or developments in the following areas:*
 - *Laws and Regulations:* Any changes in your country's laws or regulations affecting the accreditation of your medical schools.
 - *Standards, Processes and Procedures:* Any changes in the accreditation standards, processes or procedures that the National Agency for Higher Education uses to evaluate and accredit medical schools.
- *Schedule of upcoming accreditation activities:* A listing of accreditation meetings and listing of on-site visits to medical schools planned for August 2001 - July 2002.

At the meeting the Committee members also expressed their appreciation for your assistance in ensuring that the NCFMEA Chair and Executive Director received detailed information on the Swedish system of higher education and accreditation during their August site visit to Stockholm. In addition, the NCFMEA members wish to thank Ms. Kerstin Eliasson from the Swedish Embassy for her participation in the September meeting.

As a result of the determination of comparability by the NCFMEA, any medical school in your country that is accredited or approved by the National Agency for Higher Education may apply to the U.S. Department of Education to participate in the Federal Family Educational Loan (FFEL) program. If a medical school's application is approved, otherwise eligible students enrolled in the school who are either U.S. citizens or permanent residents of the U.S. may receive loans to finance their medical education through the FFEL program. Medical schools that wish to participate in the FFEL program may obtain the proper application forms from the Foreign Schools Team at the following address:

Foreign Schools Team
U.S. Department of Education
Room 3674, ROB-3
7th & D Streets, S.W.
Washington, D.C. 20407
U.S.A.

Please send the annual report that is due by August 1, 2001, to the Director of Accreditation and State Liaison at the address below. If you have any questions concerning the nature of the information the NCFMEA is seeking, Dr. Kershenstein can be reached at (202) 219-7011 (telephone), (202) 219-7005 (fax) and Karen_Kershenstein@ed.gov (e-mail).

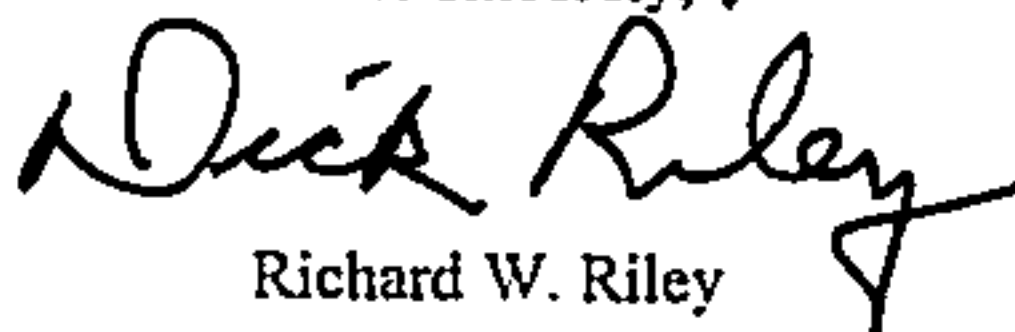
Dr. Karen W. Kershenstein, Director
Accreditation and State Liaison
U.S. Department of Education
1990 K Street, NW – Room 7105
Washington, D.C. 20006-8509

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The Executive Director of the NCFMEA will contact you next year in the late spring to provide information regarding the September 2001 meeting and more details on submission of the annual report. 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).

I want to thank you for taking the time to respond to our requests for information about your standards and processes for accreditation of medical schools. I very much appreciate the interest you have taken in this matter.

Yours sincerely, .

A handwritten signature in black ink that reads "Dick Riley". The signature is written in a cursive, slightly slanted style. The first name "Dick" is written in a larger, more prominent script than the last name "Riley".

Richard W. Riley

cc: Ms. Kerstin Eliasson
Embassy of Sweden

U.S. Department of Education



**Staff Analysis
of the
Standards Used by**

Sweden

for the Evaluation of Medical Schools

September 15, 2000

**U.S. Department of Education
Staff Analysis
of the Standards Used by

Sweden
for the Evaluation of Medical Schools

Prepared September 2000**

Background

At its September 1996 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that Sweden's standards for the evaluation of its medical schools were not comparable to those used in the United States. This determination was based solely on the fact that Sweden had not submitted any information about its standards.

In 1999, Sweden submitted answers to the Department's questionnaire along with some other information about higher education in Sweden. Based on the NCFMEA's review of the information provided by the country at the September 1999 NCFMEA meeting, the Committee decided to vacate its prior determination of noncomparability until its March 2000 meeting. In making this decision, the Committee requested that Sweden provide additional information for the Committee's use at the March 2000 meeting. The specific information the NCFMEA requested was the following:

- (1) An English copy of the standards Sweden uses to evaluate its medical schools;
- (2) A description of the processes Sweden uses to apply its standards when conducting on-site visits and in making accreditation decisions on medical schools;
- (3) A copy of Sweden's accreditation agency's policy as to the frequency of reaccreditation visits; and
- (4) Any information not previously submitted that is pertinent to the Committee's revised guidelines, which were adopted at the September 1999 meeting.

Sweden submitted some additional information in January 2000. However, the additional information did not address all of the issues raised by the Committee. After discussing the issues with the Swedish representative at the March 2000 meeting, the NCFMEA decided to defer a decision on the comparability of Sweden's standards and processes for the accreditation/approval of medical schools until the Committee's Fall

2000 meeting. In August 2000, the Chair and Executive Director of the NCFMEA traveled to Sweden to meet with Swedish officials about that country's standards and processes for evaluating medical schools. The information obtained during that visit is incorporated into the staff analysis that follows.

Introduction: An Overview of Higher Education in Sweden

Historically, postsecondary education in Sweden contained a strong element of national planning and regulations. The aims and length, as well as the location and financing, of most study programs were laid down by Parliament. Until 1989, the central government also established the curricula for all the general study programs.

In 1991, a major reform was initiated, aimed at deregulating the higher education system, thereby giving greater autonomy to each institution of higher education and a wider scope of individual choice to students. Although the reforms have produced many changes, including the desired greater autonomy for institutions and greater choice for students, Parliament and government are still fundamentally responsible for higher education in Sweden. Almost all higher education institutions fall under the responsibility of the Ministry of Education and Science. The one exception is the University of Agricultural Sciences, which operates under the jurisdiction of the Ministry of Agriculture. Most of the higher education institutions in Sweden are actually run by the central government, and the employees of the universities and university colleges are national civil servants.

The Swedish Law on Higher Education and the Higher Education Ordinance regulate all of Sweden's universities, including the medical schools. The Higher Education Ordinance has an annex, the Degree Ordinance, whereby the government regulates the degrees and qualifications in the higher education system. The medical qualification is a degree protected by law.

While the government decides which types of degrees and qualifications may be awarded, the National Agency for Higher Education (the "Agency"), an autonomous body under the Ministry of Education and Science, decides which institutions will be given the right to award these degrees. The right to award a degree is not granted to an institution for all time. Rather, the Agency conducts "quality audits" of all institutions on a regular basis to determine if they should retain the right to award degrees. In 1996, for example, the Agency conducted a comprehensive review of medical education in Sweden.

In April 2000, the Swedish Parliament enacted legislation requiring the Agency to perform "recurrent evaluations of all academic subjects and programmes in universities and colleges, starting in 2001. These evaluations should take place every six years and include all programmes leading to general degrees or vocational degrees as well as research training. They should also take into account the right to award degrees."

Funding for the central government-operated higher education institutions in Sweden is based on an allocation system. The fundamental principle of this system is that appropriations to individual institutions are made on the basis of the results achieved by the institution. About 60 percent of the government grant to an institution is related to "the number of credit points earned by students "[presumably for their successful completion of their program of study] and about 40 percent is related to the number of full-time-equivalent students at the institution.

Medical education in Sweden is provided at six central government-operated institutions of higher education, five of which are universities, the other a specialized institution of higher education and research. The six institutions are:

University of Uppsala
University of Lund
University of Goteborg
University of Umea
University of Linkoping
The Karolinska Institute

Summary of Findings

Based on the information provided by Sweden in written documents as well as the information gathered during a site visit to Sweden, Department staff concludes that the system used by Sweden to accredit medical schools has some aspects that are comparable to the system used in the United States. However, the system also has some features that are different from those used in the U.S. Most notably, in certain areas (such as curriculum) the Swedish system does not have formal standards that all medical schools must meet. Rather, the government establishes certain broad educational goals for the M.D. program and permits schools flexibility in setting the methods to be used to achieve those goals.

It should be noted that Sweden has developed very detailed competencies that must be met by an individual who wishes to be licensed to practice medicine in Sweden. These competencies provide the framework for the skills and knowledges that must be taught during the five and one-half years of undergraduate medical studies plus the one and one-half years of clinical pre-licensure internship. These competencies also provide the framework for the National Agency for Higher Education to determine if each medical school is in fact meeting the government-established educational goals for the M.D. program.

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. In general, these guidelines are similar to, and based upon, the standards used by the Liaison Committee on Medical Education (LCME) to accredit medical schools in the United States. The Committee wishes to make it clear, however, that these are in fact guidelines and that a foreign country's standards and evaluation processes can differ substantially from these guidelines and the LCME standards 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 are effective alternatives to those used in the United States.

These guidelines were adopted by the National Committee on Foreign Medical Education and Accreditation at its September 15, 1999 meeting and became effective at the conclusion of that meeting.

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 National Agency for Higher Education, an autonomous body under the Ministry of Education and Science, is charged with monitoring, evaluating, and promoting postsecondary education in Sweden. The charter for the Agency, which was issued by the Swedish government in 1995, states that the Agency is the central authority for questions regarding public universities and colleges, as well as private higher education institutions that receive state support or have been given the right to award degrees. As mentioned in the Introduction, the Swedish government has conferred upon the Agency the authority to decide on the right of specific universities and institutions of higher education to award degrees. In April 2000, the government also charged the Agency with conducting regular evaluations every six years of all subjects and study programs offered by Swedish universities and institutions of higher education.

Documentation:

Letter dated July 14, 2000 from Torsten Kalvemark, Senior Advisor, National Agency for Higher Education, to Dr. Karen Kershenstein, U.S. Department of Education

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.

Sweden has stated in its response to the questionnaire that there is a requirement that the educational mission of the medical school must serve the public interest.

Sweden has also stated that the operations of the institutions of higher education in Sweden, including the medical faculties, are regulated by the Swedish Law on Higher Education and the Higher Education Ordinance, which states the educational goals for all major programs like medicine, engineering, etc. The Degree Ordinance, the annex to the Higher Education Ordinance, establishes the following educational goals for medical education:

"In order to get the medical qualification students must:

- Acquire knowledge and skills necessary for the medical profession and for subsequent clinical training which is the precondition for registration.**
- Acquire knowledge about those conditions in society which affect the health of men and women in order to be able to work with prevention of disease.**
- Develop the knowledge of oneself as well as an ability for empathy and an ethical and holistic view of man, thereby developing also an ability to establish good relations with patients and persons in close proximity with them.**

- Acquire knowledge about the organization and the economy of the health care system which is of importance for all doctors as well as the skills for team work and cooperation with all professional groups."

Another important goal is that the medical training should be "of sufficient basis for the subsequent 18-month pre-registration (or pre-licensure) period as a house officer."

Documentation:

Sweden's response to the questionnaire

Letter dated June 22, 1999 from Torsten Kalvemarm, Senior Advisor, National Agency for Higher Education, to Ms. Bonnie LeBold, U.S. Department of Education

Annex 7, Degree Ordinance on Medical Qualifications, excerpts of which are provided in the letter dated July 14, 2000 from Torsten Kalvemarm, Senior Advisor, National Agency for Higher Education, to Dr. Karen Kershenstein, U.S. Department of Education

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.**

Sweden has stated in its response to the questionnaire that its medical schools must have legal authorization to provide medical education.

Sweden has also stated that the Swedish Law on Higher Education gives the government the right to decide which types of degrees and qualifications may be awarded, and the charter for the National Agency for Higher Education gives the Agency the authority to determine which institutions will be given the right to award these degrees. Thus, all institutions of higher education that provide medical education must be legally authorized by the government to do so.

Documentation:

Sweden's response to the questionnaire

Annex 1, Swedish Law on Higher Education, excerpts of which are provided in the letter dated July 14, 2000 from Torsten Kalvemarm, Senior Advisor, National Agency for Higher Education, to Dr. Karen Kershenstein, U.S. Department of Education

Annex 2, Charter for the National Agency for Higher Education, excerpts of which are provided in the letter dated July 14, 2000 from Torsten Kalvemarm, Senior Advisor, National Agency for Higher Education, to Dr. Karen Kershenstein, U.S. Department of Education

- (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.

Each university or institution of higher education is managed by a governing board, which has the overall responsibility for all operations within the institution, e.g., financial administration and planning, personnel matters, etc. The Vice-Chancellor, who is appointed by the government on the basis of proposals from the Board for a period of not more than six years, is the Chairman of the Board and at the same time the senior manager of the university or institution of higher education and its principal representative. The Board consists of 14 members, the majority of whom are appointed by the government. Appointment is for a period of not more than three years.

Other information provided by Sweden on the issue of the governance of its universities and institutions of higher education included the following statements:

"Higher Education Institutions are accountable to a number of public authorities like the National Agency for Higher Education, The National Audit Board and, ultimately, to the Swedish Government."

"All institutions are under the supervision of the National Agency for Higher Education, an autonomous body under the Ministry of Education, charged with the task of monitoring, evaluating and promoting the post-secondary education of the country."

As the central government in Sweden controls much of higher education, including medical education, and there are linkages between the Ministry of Education and Science, which controls higher education, and the Ministry of Health and Social Services, which administers the Health and Medical Services Act of 1982, it would appear that there is adequate responsible authority external to and independent of the school's administration that has sufficient understanding of health and medical education to develop policies in the interest of both medical schools and the public.

Documentation:

Sweden's response to the questionnaire

Booklet entitled "Higher Education in Sweden"

Letter dated June 22, 1999 from Torsten Kalvemarm, Senior Advisor, National Agency for Higher Education, to Ms. Bonnie LeBold, U.S. Department of Education

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.

Sweden has stated that medical schools are normally part of a university and that the president of a university must have a Ph.D. degree and is usually a professor. Sweden has also stated the following:

"To a great extent universities and institutions of higher education determine their own internal organization. The Higher Education Act and the Higher Education Ordinance provide guidelines with respect to the organization of management and certain decision-making bodies."

The booklet, Higher Education in Sweden, states that except for certain rules related to faculty boards and the rules previously discussed under Governance for governing boards, universities and institutions of higher education may decide for themselves how they are to be organized. However, the government enters into a three-year contract with each school about resources, including resources for personnel, and the Agency can remove a school's right to offer a degree for poor performance/poor quality.

Documentation:

Sweden's response to the questionnaire

Booklet entitled "Higher Education in Sweden"

Letter dated June 22, 1999 from Torsten Kalvemark, Senior Advisor, National Agency for Higher Education, to Ms. Bonnie LeBold, U.S. Department of Education

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

According to Sweden, the Dean of a medical school must have a Ph.D. degree and is usually a professor.

Documentation:

Sweden's response to the questionnaire

(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;

As previously mentioned, the booklet, Higher Education in Sweden, states that there are certain rules for faculty boards. All universities and institutions of higher education with a faculty organization (such as a medical school) are obliged to have faculty boards with responsibility for research and postgraduate training. The teachers are always to have a majority in the special bodies that make decisions relating to issues of research and educational content. Students have the right to appoint two representatives to the faculty board and to other decision-making bodies that deal with issues of teaching and educational content.

In its response to the questionnaire, Sweden provided the following additional information about faculty:

"As from the academic year 1993/94, each university and university college is entitled to decide on the establishment of chairs and the appointment of staff. The categories of teaching posts that may be established are, however, regulated in the Higher Education Ordinance."

"The academic staff are grouped into the following main categories: professors, senior lecturers, lecturers and research assistants. Professors have some teaching commitments but are mainly engaged in research and post-graduate supervision. To qualify for a senior lecturer, a person must have a doctorate and be active in both research and teaching. Teaching proficiency displayed in undergraduate teaching is also a criterion for professional appointment. Especially deserving senior lecturers can be promoted to the rank of assistant professor or full professor."

During briefings for the NCFMEA Chair and Executive Director, officials from the Karolinska Institute described the critical role that faculty play in curriculum development and evaluation. Faculty members also have an integral role in admissions, spending a significant amount of time conducting interviews with prospective students.

Documentation:

Sweden's response to the questionnaire

Booklet entitled "Higher Education in Sweden"

Briefing by officials of the Karolinska Institute on August 29, 2000, at the university's campus in Stockholm, Sweden

(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 institution is responsible for setting up mechanisms to ensure consistent quality of educational instruction and student evaluations at all geographically separated sites.

Documentation:

Briefings by officials of the National Agency for Higher Education on August 28, 2000, at the agency's office in Stockholm, Sweden

Briefing by officials of the Karolinska Institute on August 29, 2000, at the university's administrative offices in Stockholm, Sweden

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.

Sweden has stated in its response to the questionnaire that the minimum length required for an educational program is five and one-half years.

Sweden's Degree Ordinance establishes the length of the medical training as follows:

"The medical qualification includes courses comprising 220 credit points (220 weeks or 5.5 years.)"

Documentation:

Sweden's response to the questionnaire

Letter dated July 14, 2000 from Torsten Kalvemarm, Senior Advisor, National Agency for Higher Education, to Dr. Karen Kershenstein, U.S. Department of Education

(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.

Sweden has stated in its response to the questionnaire that the curriculum of a medical school is required to provide education in the sciences basic to medicine. The required basic sciences are anatomy, histology, cell biology, physiology, microbiology, pathology, and pharmacology.

Documentation:

Sweden's response to the questionnaire

(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.

Sweden has stated in its response to the questionnaire that the clinical portion of the curriculum is required to provide education in a variety of clinical subjects. The required clinical subjects and the time devoted to each is as follows:

- Internal medicine - 24 weeks
- Dermatology/Venerology - 4 weeks
- Infectious diseases - 5 weeks
- Forensic medicine - 1 week
- Surgery, including Emergency Medicine and Rehabilitation Medicine - 20 weeks
- Ophthalmology/Otorhinolaryngology - 6 weeks
- Psychiatry - 7 weeks
- Drug dependence - 2 weeks
- Neurology - 5 weeks
- Obstetrics and Gynecology - 9 weeks
- Clinical genetics - 1 week
- Pediatrics - 10 weeks
- Community Health Science Medicine - 6 weeks
- Geriatrics - 2 weeks
- Family Medicine - 2 weeks
- Oncology - 2 weeks

Clinical assignments consist of 20-25 hours per week for all clinical subjects, and the length of a clinical rotation varies from 1 to 25 weeks, depending on the clinical subject

With regard to the types of medical facilities that may provide the clinical rotation, Sweden requires "an affiliation to an academic department." As to the requirements for supervision of medical students during their clinical experience, Sweden has provided the following response:

"At each department there is one responsible physician with a MD or PhD degree."

Sweden did provide some information related to the competencies a medical student is expected to have achieved by the end of the "clinical pre-registration" period, the 18-month period that follows completion of the 220-week program of medical education. The documentation the country provided indicates that these competencies are set in the regulations issued in March 1999 by the National Board of Health. Students are tested for these competencies at the end of the clinical pre-registration period by means of a national exam administered by the National Board of Health. Although this

examination is independent of the medical schools, the results of these tests are taken into account in the evaluation of the schools.

In other information Sweden provided, there is a statement that another important goal is that the medical training should be "of sufficient basis for the subsequent 18-month pre-registration (or pre-licensure) period as a house officer." A representation of Karolinska Institute, in describing the medical education program at that medical school, said the goal of the program is to provide students with the knowledge and skills needed for the clinical pre-registration period.

Documentation:

Sweden's response to the questionnaire

Letter dated July 14, 2000 from Torsten Kalvemarm, Senior Advisor, National Agency for Higher Education, to Dr. Karen Kershenstein, U.S. Department of Education

Briefing by officials of the Karolinska Institute on August 29, 2000, at the university's administrative offices in Stockholm, Sweden

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

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

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

Sweden has stated in its response to the questionnaire that the curriculum for the medical program must provide education in various ethical, behavioral, and socioeconomic subjects pertinent to medicine, as evidenced by the following statement:

"Subjects such as Medical Ethics, Principles in Scientific Research, Gender issues, History of Medicine, Library Skills and Literature Search, Computer Literacy, Intercultural Awareness, Leadership Training, Presentation Techniques, Health Economics, and Law and Medicine. The time devoted is approximately one week per semester."

Documentation:

Sweden's response to the questionnaire

(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.

The government, through its past national evaluations and its future reviews (to conform to the recently enacted legislation requiring reevaluation every six years), monitors the medical school's processes for designing, implementing, and evaluating curricula as well as the school's processes for evaluating and documenting student achievement. For example, in the self-evaluation that the Karolinska Institute prepared for the 1996 national evaluation of undergraduate medical education, the Institute reported on the ongoing evaluation of curricula by its Curriculum Committee on Undergraduate Medical Education. The self-evaluation also described a variety of evaluation instruments: a clinical preparatory examination, comprised of written and oral components, that covers subjects studied in the first two pre-clinical years; the testing of clinical skills by the objective structures clinical examination (OSCE) method; etc.

Documentation:

Karolinska Institute's Self-evaluation for the National Evaluation of Undergraduate Medical Education, October 1996 (English translation - July 1997)

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.

In its response to the questionnaire, Sweden has provided the following information on the issue of admitting students to study at a medical school:

"The general standards for the admission criteria are set nationally by the National Agency for Higher Education. To be eligible for medical studies, students must fulfill these standards which entail requirements of previously

passed courses in subjects like mathematics, chemistry, biology, physics and English. The selection of students is done by a combination of a national admissions system and local test and interview procedures."

"To be admitted to higher education in Sweden, a student must first fulfill the general entrance requirements which are common to all programmes or courses, and then meet the specific course requirements which can be imposed on applicants by an individual university or university college. The latter vary according to the field of education and type of course."

"As from July 1, 1993, the general entrance requirements are the completion of a three-year national program of the upper secondary school or other equivalent Swedish or foreign education. A very good command of English is a requirement for all applicants."

Additional information Sweden has provided indicates that the universities and institutions of higher education are generally responsible for the admission and selection of students. Within a "generally formulated framework," the institutions decide what selection criteria should be used for admission to their programs or courses. In addition, they determine whether the admission procedure should be carried out locally or by using the services of the National Agency for Coordinated Admission to Higher Education, an agency of the central government that coordinates such matters as the admission of students. If they decide to use any special tests in the admissions process, they must first obtain permission from the National Agency for Higher Education.

Documentation:

Sweden's response to the questionnaire

Booklet entitled "Higher Education in Sweden"

Letter dated June 22, 1999 from Torsten Kalvemark, Senior Advisor, National Agency for Higher Education, to Ms. Bonnie LeBold, U.S. Department of Education

(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