

U.S. Department of Education Staff

Redetermination

Prepared September 2019

Background

At its March 1998 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the accreditation standards used by the Accreditation Commission Czech Republic to evaluate medical schools were comparable to those used to evaluate programs leading to the M.D. degree in the United States. The Czech Republic has accredited the following medical schools: Palacky University Medical School in Olomouc, Charles University 1st Medical School in Prague, Charles University 2nd Medical School in Prague, Charles University 3rd Medical School in Prague, Masaryk University Medical School in Brno, Charles University Medical School in Plzen, and Charles University Medical School in Hradec Kralove.

In September 2017, the NCFMEA determined that supporting documentation translated into English was needed for a redetermination of comparability decision and invited the Accreditation Commission to submit a special report of additional information. In 2018, the Committee accepted the update/special report and determined that the Czech Republic's standards and processes were comparable to those used in the U.S.

The Czech Republic has submitted a redetermination petition to the NCFMEA to review the country's standards used to accredit medical schools as comparable to those used in the United States.

Summary of Findings

Additional information is requested for the following questions. These issues are summarized below and discussed in detail under the Staff Analysis section.

--The country has responded that the Ministry of Health has the authority to approve internal rules for medical schools. However, as noted in the Part 3, the Higher Education Act (Exhibit 1) grants authority for each institution to self-govern and to develop internal controls. The country has also responded that the Ministry of Health determines accreditation standards for the medical schools in the Czech Republic. The Committee may wish to request additional information on the accreditation requirements as established by the Ministry of Health.

--The country has provided an inoperable web link, however, Department staff is unable to verify admission criteria or current data related to medical schools in the Czech Republic. In addition, the Department would require documentation as an upload in the response as verification for demonstrating application of the process or procedure, as appropriate. This requirement is noted in the Guidelines for Determinations of Comparability (Revised September 17, 2018).

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--Although the current student to teacher ratio is described in the country's response, the Committee may wish to inquire about documentation to verify the how medical schools access adequacy of ratio on a case by case account as described as well as the country's principles of allocating teaching resources based on the number of qualified applicants.

--The country has responded with a link to General Data Protection Regulations as the control to ensure confidentiality of student records. However, the Committee may wish to request additional information on which specific articles are used by medical schools in the Czech Republic as the Regulations are harmonize data privacy laws for all member states of the EU. In addition, the Department would require documentation as an upload in the response as verification for demonstrating application of the process or procedure, as appropriate. This requirement is noted in the Guidelines for Determinations of Comparability (Revised September 17, 2018).

--The Committee may wish to request additional information regarding the implementation of these standards, especially documentation to demonstrate that the NAB agreed to incorporate WFMEA standards and that the Deans of medical schools agreed to implement the new standards.

--The country has responded that it is not a regulatory requirement to establish student performance measures, graduation or licensing rates, or other data related to student achievement. In addition, the country did not provide any information regarding how the Czech Republic defines student performance or what outcomes data are used to determine achievement. The Committee may wish to request additional information regarding how the country uses outcomes data to assess student performance in its medical education programs.

--The country has responded that mental health and international student services are currently provided on a voluntary basis at the discretion of the medical school. However, there are plans for implementing requirements for such services when the standards are revised according to WFMEA standards in 2023. The Committee may wish to inquire about additional information regarding the current practices and trends in counseling and student services.

--The country has responded that access to and confidentiality of student records is required by laws that are governed by the General Data Protection Regulations. However, as noted in a previous section, the Committee may wish to request additional information on which specific articles are used by medical schools in the Czech Republic as the Regulations are harmonize data privacy laws for all member states of the EU. In addition, the Department would require documentation as an upload in the response as verification for demonstrating application of the process or procedure, as appropriate. This requirement is noted in the Guidelines for Determinations of Comparability (Revised September 17, 2018).

--The country has responded with a description of the student complaint process, including how submitting/lodging a complaint. The country has also provided documentation of a complaint process of a medical school in the Czech Republic. Although the Standards for Accreditation (Exhibit 3) note that higher education institutions must have processes to remedy deficiencies (p.4), the documentation submitted and referred to in the narrative are not written processes for investigation of a student complaint or the written policy regarding a medical school's handling of a complaint procedure. The Committee may wish to inquire about the country's plan to develop written policies and procedures for investigating student complaints at medical schools in the Czech Republic.

--The country has responded that the Standards for Accreditation (Exhibit 3) address physical facilities and equipment for all programs but not specifically related to medical schools. However, there are plans for the NAB to include these requirements in the Czech Republic's standards by 2023. The Committee may wish to inquire about the current status of the facilities and equipment specifically applied to medical schools that are adequate for the size and scope of the program as related to the size of the student body.

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--The country has responded that clinical onsite evaluations will be established by the NAB and conducted by medical experts according to requirements discussed in the "Specific requirements on submission and assessment of applications for accreditation and the obligation to HEIs to inform NAB (Exhibit 17(3))" by 2021. The Committee may wish to discuss the country's current practices and responsible bodies for the review and evaluation of its medical school's quality standards.

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--The country has responded that clinical onsite evaluations will be established by the NAB and conducted by medical experts according to requirements discussed in the "Specific requirements on submission and assessment of applications for accreditation and the obligation to HEIs to inform NAB (Exhibit 17(3))" by 2021. The Committee may wish to discuss the country's current practices and review of affiliation agreements for quality instruction, resources, and supervision during clinical clerkships.

--The country has responded that the NAB examines student performance as part of its medical school review process but does

not use the data to determine award or denial of accreditation (Exhibit 10). However, the Committee may want to inquire about the results of the NAB decision to incorporate student performance data in its procedures as determined during the August Board meeting.

--As discussed in the previous section, the country has responded that the NAB examines student performance as part of its medical school review process but does not use the data to determine award or denial of accreditation (Exhibit 10). However, the Committee may want to inquire about the results of the NAB decision to incorporate student performance data in its procedures as determined during the August Board meeting.

--As discussed in the previous section, the country has responded that the NAB examines student performance as part of its medical school review process but does not use the data to determine award or denial of accreditation (Exhibit 10). However, the Committee may want to inquire about the results of the NAB decision to incorporate student performance data in its procedures as determined during the August Board meeting.

Staff Analysis

Part 1: Eligibility

Basic Eligibility Requirements, Q1

Country Narrative

Yes, we have American students enrolled in General Medicine programs at the Charles University and the Masaryk University.

Analyst Remarks to Narrative

The Czech Republic currently has American students enrolled in Charles University and the Masaryk University programs in General Medicine and Dentistry. In addition, the First Faculty of Medicine and Medical Faculty of the Masaryk University maintains the US accreditation for Direct Loans program of the US government and reports information about the American students' satisfactory progress as required under title IV (Exhibit 16).

Basic Eligibility Requirements, Q2

Country Narrative

Yes, we have American students on Direct Loans in General Medicine programs at the Charles University and the Masaryk University.

Analyst Remarks to Narrative

As noted in the previous section, Masaryk University reports American students' academic progress in its medical program as required under title IV (Exhibit 16).

Basic Eligibility Requirements, Q3

Country Narrative

We agree to submit timely data requests and monitoring reports as specified by the NCFMEA.

Analyst Remarks to Narrative

The country was first determined to have accreditation standards to evaluate medical schools that were comparable to those used to evaluate programs leading to the M.D. degree in the United States in 1998. Since that time, the country has continuously provided updates, special reports, and redetermination petition as required. The most recent successful review by the Committee was in September 2017.

The country has met this requirement to submit timely data requests and monitoring reports as specified by the NCFMEA.

Basic Eligibility Requirements, Q4

Country Narrative

We agree to submit an application for comparability by the deadline as specified.

Analyst Remarks to Narrative

As discussed in the previous section, the country has provided updates, special reports, and redetermination petitions to the NCFMEA which determined that the accreditation standards used by the Accreditation Commission to evaluate medical schools in the Czech Republic were comparable to those used to evaluate programs leading to an M.D. degree in the United States.

Basic Eligibility Requirements, Q5

Country Narrative

We agree to observation of the country/accrediting entity's quality assurance activities if deemed appropriate.

Analyst Remarks to Narrative

The country has agreed to allow an observation of the country and/or accrediting entity's quality assurance activities by NCFMEA members and Department staff as deemed appropriate by the NCFMEA.

Basic Eligibility Requirements, Q6

Country Narrative

We agree to update Department staff with current contact information for country representatives and other relevant parties.

Analyst Remarks to Narrative

The country has attested to update Department staff with current contact information for country representatives and other relevant parties as necessary.

Part 2: Entity Responsible for the Accreditation/Approval of Medical Schools

Approval of Medical Schools, Question 1

Country Narrative

As outlined in the Higher Education Act (HEA - Exhibit 1), under Section 83(2) of HEA the National Accreditation Bureau for Higher Education (NAB) is the entity designated to grant accreditation in the country.

The NAB is an independent body of central administration (Section 83(1) of HEA). In addition, under Section 78(6) the approval of the Ministry of Health on the accreditation of medical education programs is required before the NAB may make a final accreditation decision. The Ministry of Health standpoint must be "affirmative" in order for the NAB to accredit the degree programs in the field of health services.

Analyst Remarks to Narrative

As discussed in the narrative, the country's National Accreditation Bureau for Higher Education (NAB) is materially, administratively, and financially supported by the Ministry of Education, Youth and Sports (Ministry) as an independent body to make decisions on institutional accreditation and the accreditation of degree programs as well as other accreditation activities in private or for-profit schools (Exhibit 1: Higher Education Act, p. 76). However, the Ministry is the authorized to submit a positive statement in support of the accreditation for a degree program within an institution (Exhibit 1: Higher Education Act, Part IX, Section 78 (6), Section 78 (8)).

Approval of Medical Schools, Question 2

Country Narrative

The HEA (Exhibit 1) Section 80(3) and 83(2) determines that the NAB is responsible for monitoring of medical schools. Continued certification is subject to the accreditation procedure described above where the NAB grants accreditation, conditioned by an affirmative standpoint of the Ministry of Health is required.

The Ministry of Health monitors and evaluates study programs and medical schools mainly from the point of view of medical legislation (mainly Act No. 20/1966 Coll. on public health care), whereas the NAB does so from the point of view of the HEA and the related standards. The Ministry of Health confirms, as a part of the standpoint to proposed study programs, that the study program will lead to the qualification required in order for the graduates to enter the medical profession.

Analyst Remarks to Narrative

As discussed in the narrative, the HEA (Exhibit 1: Higher Education Act, Section 79 (f)), establishes the NAB is responsible for

monitoring the validity of an institution's accreditation of degree programs with positive statements from the Ministry of Health as the appropriate body for establishing minimum standards for general medicine and specialized general medical practice (Exhibit 15: Decree 187/2009, Article 1 (b)). In addition, Government Regulation on Standards for Accreditation (Exhibit 3: Standards for Accreditation, Part I, VI (2)) allows the institution to establish internal requirements for degree programs.

Approval of Medical Schools, Question 3

Country Narrative

Under Section 86(2)(b) and Section 86(3)(b) of HEA the NAB has the authority to revoke accreditation of a medical study program(s), meaning it may no longer be carried out, effective as of the day of revocation of accreditation. This takes away the right to operate the study program(s).

Analyst Remarks to Narrative

The country has provided documentation that the NAB has authority to revoke the accreditation of a degree program awarded under a higher education institution's accreditation as well as to restrict the authorization for the degree to admit new applicants and a restriction on the institution's accreditation from creating other degree programs in a similar field of study (Exhibit 1: Higher Education Act, Section 86 (2)(b) and Section 86 (3)(a-d)).

Accreditation of Medical Schools

Country Narrative

Under Section 83(2) of HEA, the NAB is the entity responsible for conducting in-depth evaluations and assessment with respect to a defined set of standards. The accreditation procedures are conducted according to Section 1(3) and Section 13 of the Statute of NAB and evaluate the medical schools and programs with respect to Government Decree no. 274/2018 Coll. on standards for accreditation (Standards for Accreditation). The NAB is an independent entity responsible for quality assurance in higher education in the Czech Republic.

As described in the HEA, the Ministry of Health gives its standpoint on proposed study programs (in the matter of whether the study program adequately prepares graduates for the medical profession and thus whether their qualification achieved in the study program will be recognized to enable graduates to enter the profession) and an affirmative standpoint is required in order for the NAB to grant accreditation to a given study program. Accreditation of study programs in the field of medicine has never been granted without the affirmative standpoint of the Ministry of Health as this is prohibited by the HEA.

See Higher Education Act (Exhibit 1), Statute of NAB (Exhibit 2) and Standards for Accreditation (Exhibit 3).

Analyst Remarks to Narrative

The Ministry of Health monitors and evaluates the institution's degree program in medical professions according to the Act No. 187/2009 (Exhibit 15, Article 2 (a)(b)(c)). The Ministry of Health also confirms, as part of the positive standpoint used by the NAB to grant institutional accreditation, the degree program incorporates minimum requirements for obtaining professional competence for the execution of healthcare professions (Exhibit 15: Article 1).

Accreditation of Medical Schools, Question 2

Country Narrative

The HEA has delegated the responsibility for evaluating the quality of higher education to the NAB in Sections 83, 84 and 86. The NAB has the authority to grant accreditation, both study program accreditation and institutional accreditation, through in-depth assessment of compliance with the HEA and Standards for Accreditation. Under institutional accreditation, a university with institutional accreditation in the field of study General Medicine and Dentistry has the authority to self-accredit its medical study programs. Institutional accreditation is granted for individual fields of study according to Appendix no. 3 of the HEA. The internal program accreditation standards developed by the university must be comparable and in line with the Standards for Accreditation (see Part 1 (A)(VI)(2) of Standards for Accreditation). Without accreditation, a study program is not allowed to operate (Section 78(9)). In case of deficiencies found during the accreditation period, the NAB can suspend the right to admit new students into the medical program. In case of more serious deficiencies, the NAB can revoke accreditation of the program (it may no longer operate).

In addition, under Section 78(6) the approval of the Ministry of Health on the accreditation of medical education programs is required before the NAB may make a final accreditation decision. The Ministry of Health standpoint must be "affirmative" in order for the NAB to accredit the degree programs in the field of health services. The Ministry of Health confirms, as a part of the standpoint to proposed study programs, that the study program will lead to the qualification required in order for the graduates to

enter the medical profession. Accreditation of study programs in the field of medicine has never been granted without the affirmative standpoint of the Ministry of Health as this is prohibited by the HEA..

Analyst Remarks to Narrative

In accordance to the country's HEA, the NAB has authority for evaluating a higher education institutions' compliance with legislative measures defined by the Government Regulations on standards for accreditation in higher education . However, the NAB is a division of the Ministry of Education, Youth and Sports on institutional reporting statistics, including but not limited to, applications for admissions, aggregated data about employees, outcome measures, scholarships and funding from state budgets, and other information necessary for the execution of its scope of authority (Exhibit 1: Higher Education Act, Part X, Section 87: Competency of the Ministry).

In addition, the Ministry of Health s is required to provide positive statements of affirmation to the NAB before it makes a final accreditation decision on programs in the field of General Medical Practice Exhibit 15: Article 1), however, the NAB may revoke or suspend admittance to a program within an institution if deficiencies are found during the accreditation period. The Ministry of Health must also confirm that the program will lead to qualifications required in order for the graduates to enter the medical profession (Article 1 (b). The NAB also collaborates with the Ministry of Health to evaluate internal regulations of higher education institutions' General Medical Practitioner programs for professional competence, knowledge of principles of healthcare foundations and management, and patient rights in accordance to Government Regulations (Exhibit 3: Standards for Accreditation, Part II (III and IV).

Part 3: Accreditation/Approval Standards

Mission and Objectives, Question 1

Country Narrative

In the Czech Republic, the HEA (Exhibit 1) in Section 2 authorizes higher education institutions and their subparts (faculties, schools, institutes, etc.) to establish, among other things, their objectives, their internal organizational structure, and self-government regulations. Therefore, all of the medical schools have internal regulations specific to their educational programs, an internal governing structure, and a mission congruent with that of the institution of higher education in which they are located. The Standards for Accreditation in Part 1(II) requires the university to have a clearly established mission with respect to its social role and to have strategic goals formulated through involvement of a wide range of stakeholders. The Standards for Accreditation stipulate in Part 1(III)(3) that the university is aware of and carries out its social responsibility towards the public. Furthermore, according to Part 2, Title I (D)(I)(1) – pg. 9 - a study program must be aligned with the mission and strategic goals of the university.

See also Code of Study and Examination Charles University (Exhibit 4), Rules for Organization of Studies of the First Faculty of Medicine Charles University (Exhibit 5).

Please find attached a sample of an evaluation report (Exhibit 9).

Analyst Remarks to Narrative

The country's Government Regulation on standards for higher education includes requirements that an institution must have a mission and strategic plans that align with the role the institution plays within the territory of the Czech Republic and its regional and international environment. Within the strategic plans must be indicators discussed and approved by the self-governing academic bodies within the institution and made available to all members of the academic community, the general public, and experts in the field (Exhibit 3: Standards for Accreditation, Part I (A) (II)).

The Ministry of Health decree also requires that the implementation of the legislature's requirements for competence of healthcare professions of Medical Doctor include theoretical and practical education with clinical hours, knowledge of data analysis, the influence of living, social, and working environments related to human health status, forensic health evaluation, emergency care, professional ethics, and patient rights.

Mission and Objectives, Question 2

Country Narrative

The Standards for Accreditation determine in Part 2, Title I (D)(II) that the objectives are clearly defined and correspond with the curriculum. The title of the program, its objectives, the curriculum and content of final examinations must for a coherent integral entity. Moreover, Part 2, Title I (C)(II) establishes that the university must have a stable and well-functioning internal quality assurance and evaluation system which guarantees the interconnectedness between the objectives and content of the program

as well as its evaluation within the university. The absence of the internal quality assurance and evaluation system is a reason to reject accreditation (Section 79(4)(d) of HEA).

Please find attached a sample of an evaluation report (Exhibit 9) and minutes from Dean's Board meeting (Exhibit 11).

Analyst Remarks to Narrative

The country's regulatory guidance requires that the education and educational activities are in accordance with the degree program, appropriate scientific or artistic activity specified in the institutions' accreditation. In addition, regulations for standards for accreditation (Exhibit 3: (II)(2) (III)) also require the academic staff to have the appropriate qualifications, workload, and experience in the field to ensure the sufficient quality of the given field of education, the appropriate profile and qualifications for the level of the degree. In addition, the government regulations for accreditation standards also requires that the academic staff members have opportunities for additional teaching and professional development experiences.

Mission and Objectives, Question 3

Country Narrative

The study program is approved by the scientific council of the medical school under Section 12(1)(b)(c) and under Section 9(2)(a) consulted with the academic senate, that is elected by the entire academic community of the medical school. Each study programme has a guarantor from among the faculty that is responsible for its quality and development (Standards for Accreditation, Part 2, Title I (D)(III)(2)).

Please find attached a sample of an evaluation report (Exhibit 9).

Analyst Remarks to Narrative

The country has described the Scientific Board as an entity that ensure that the objectives of the educational program are adopted by the faculty (Exhibit 1: Section 12). In addition, the HEA grants the Scientific Board authority as an Internal Evaluation Board for the approval of proposals concerning the quality -ensuring system of the educational activities of an institution. the Scientific Board also conducts internal evaluations of proposals prior to review by the Academic Senate (Section 12a (4)(a) which serves as academic body to approve the strategic plan for teaching and creative activities of the faculty (Section 27: (1) h) and (2)a).

Furthermore, Government Regulation for the standards for accreditation (Exhibit 3) also requires qualitative and quantitative feedback mechanisms for academic staff members, students, and relevant professional associations to use as a process for involving multiples stakeholders in the quality assurance and assessment of its educational and creative activities (Section (V)(5)).

Mission and Objectives, Question 4

Country Narrative

The Czech Republic has adopted national qualification frameworks as a part of the Bologna Process. The Qualification Frameworks establish, in outcomes-based and structured terms, the competences, knowledge and skills required from graduate of all types of study programs. These must correspond with the curriculum content (Standards for Accreditation, Part 2, Title I (D)(II) (1), (6) and (8)).

Analyst Remarks to Narrative

The country has discussed the national qualification frameworks as established in the Government Regulation for standards for accreditation (Exhibit 3: Part II, II (6) to include indicators which monitors success rates with variables such as admission, drop-out rate, degree completion, and graduate employment. The Ministry of Health uses the "credit system of higher education" to assess successful completion of theoretical and practical education to fulfill the requirements for the Study Program in General Medicine.

In addition, country has also included the Satisfactory Academic Progress (SAP) Policy used by Charles University to assess satisfactory progress used to determine eligibility for title IV HEA program assistance. The SAP requires outcome-based terms such as credit points and academic standing throughout the course of study to assess student progress.

Mission and Objectives, Question 5

Country Narrative

The NAB together with the Ministry of Health require that medical school graduates be prepared to enter a specialized postgraduate medical education program, to qualify for a license in various specializations, to provide competent medical care

and to have an education background for continuous medical education. The NAB assesses the preparation of graduates more generally according to the Standards for Accreditation, Part 2, Title I (D)(II)(3) and to the Qualification Frameworks, while the Ministry of Health examines the qualification of graduates for specifically the medical profession. The Czech Parliament passed the Harmonization Law of March 3, 2004 (Act No. 95/2004 Coll., submitted to NCFMEA as a part of the 2011 application) which specifically sets forth requirements for the education, specialization, professional certification and continuing education of the members of the health professions in order to make them compatible with European Union Directives (the Czech Republic became a member of European Union on May 1, 2004). Article 4, Section 1 of Act. No. 95/2004 Coll. (Harmonization Law) specifies that a program leading to the practice of medicine must take place in an accredited program of master's medical studies of at least six years duration. Upon graduation from a master's study program in medicine that includes a rigorous state examination, the "Doktor medicíny" (i.e. "Doctor of Medicine," abbreviated as MUDr.) is awarded in the field of medical studies under Section 46(4)(c) of HEA.

Please find attached a sample of an evaluation report (Exhibit 9).

Analyst Remarks to Narrative

As discussed in the narrative, the country's Government Regulations (Exhibit 3) require institutions to communicate with experts in the field and professional organizations to determine which competencies will prepare graduates for licensee in specialized competence in General Medicine. As required by the regulations, the Ministry of Health has a decree that corresponds with the legislature with minimum requirements for the theoretical and practical clerical experience, scientific data analysis, and other principles of healthcare, medical science.

Governance, Question 1

Country Narrative

All medical school study programs in the Czech Republic are accredited and authorized by the NAB (Section 78(9) of HEA). The NAB will only authorize an institution to provide a medical education study program if it complies with the Standards for Accreditation, with the HEA, has a functional internal quality assurance and evaluation system and has been approved by the Ministry of Health after determining the possibility of graduates to obtain employment in health sciences (Section 79(4) of HEA).

Analyst Remarks to Narrative

In accordance with the country's HEA, all medical schools are accredited by the NAB must meet the Government Regulations for standards for accreditation (Section 78(3), 78a) and must receive an approval represented by a positive statement from the Ministry of Health. The Decree from the Ministry of Health accreditation for a specialized program in General Medical Practitioner specifies minimal standards of a study program to obtain professional competence and specialized program in the field of General Medical Practice leading to specialized competence (Article I) and professional competence for Medical Doctor with completion of a six-year, full-time program with 5,500 hours of theoretical and practical education and knowledge and practical skills (Article 2). Specialized training includes 3 years of full-time preparation in the form of practical education, six months in an accredited hospital setting with internal medicine, surgery, obstetrics, and gynecology, and six months in the office of a duly accredited medical practitioner (Article 5).

Governance, Question 2

Country Narrative

All medical schools in the Czech Republic are parts of the university in which they are housed and not separate legal entities. Therefore, external accountability also lies within the framework of the university hierarchy. The Dean heads the medical school, and makes and acts on decisions in all matters pertaining to the medical school. However, the Dean reports to and is accountable to the Rector or head of the university.

See Higher Education Act (Sections 6-9, 20, 23-28, 70).

Analyst Remarks to Narrative

The country attests that all medical schools in the Czech Republic are located within a higher education institution as an accredited degree program and operate in compliance with the Government Regulation requirements for standards for accreditation of a degree program (Part II).

Administrative Personnel and Authority, Question 1

Country Narrative

The Higher Education Act (Section 33, Division 1) requires institutions and the schools within them to develop self-governance internal regulations. All medical schools in the Czech Republic are faculties of public, not private, higher education institutions. An institution's academic community consists of the academic staff and the students. The academic community is responsible for managing admissions, student affairs, academic affairs, hospital and other health facility relations, business and planning and other administrative functions. The internal regulations that a medical school may develop to manage its affairs include study and examination rules, scholarship rules, electoral rules and rules of procedure of the Academic Senate of the medical school, rules of procedure of the Scientific Board of the medical school, and disciplinary rules for students. These independent academic bodies of the medical school include:

- The Academic Senate of the medical school;
- The Dean;
- The Scientific Board of the medical school;
- The Disciplinary Commission of the medical school.

The Academic Senate of the medical school is the independent representative of the academic body. It consists of at least nine members elected by the academic staff of the school. At least one third and no more than half of this body includes students. The Academic Senate of the medical school performs the following tasks:

- Approves the allocation of the school's financial resources and supervises their use;
- Approves the annual report on activities and the annual report on economic management of the school presented to it by the Dean;
- Approves conditions of admission to studies in the study programs provided by the school;
- Approves proposals of the Dean for nominating or dismissing members of the Scientific Board and the Disciplinary Commission of the School;
- Resolves proposals for nominating or dismissing the Dean;
- Approves, in conjunction with the Scientific Board of the School, long-term plans in the areas of educational, scholarly, research, developmental, artistic or other creative activity of the school that complies with long-term plans of the higher education institution.

The Dean makes all decisions affecting the operation of the medical school. Regarding admissions, however, the teaching faculty may participate in developing the medical school's entrance examination questions. A member of the teaching faculty may have more input on the medical school administrative responsibilities by voting for particular members who serve on the Academic Senate of the School or by running for membership.

The members of the Scientific Board of the School (Scientific Board) are appointed and dismissed by the Dean. The members of the Scientific Board are representatives of the medical fields that are the focus of educational, research, development, artistic or other creative activity of the school. At least one third of the Scientific Board members are not current members of the academic community within the school. The Scientific Board responsibilities include:

- Discussion of the long-term plans of the school in the area of educational, scholarly, research, developmental, artistic or other creative activity in compliance with the long-term plans of the public higher education institution;
- Approves the study programs that the school will provide;
- Develops the procedures for obtaining "venium docendi" (habilitation of associate professors) and procedures for the appointment of professors.

The Disciplinary Commission of the medical school includes members of academic community and medical students who represent no more than one half of the members of the Disciplinary Commission. The Dean appoints all members of the Disciplinary Commission. The Disciplinary Commission of the medical school reviews disciplinary actions of students enrolled in the medical school and presents the Dean with proposals for resolution.

Analyst Remarks to Narrative

As discussed in the narrative, the Czech Republic's HEA defines the independent academic body of medical schools in the country as the Academic Senate, the Dean, the Scientific Board, and the Disciplinary Commission. However, the Ministry of Education, Youth and Sports registers the internal regulations of higher education institutions (Section 87: (1)a)) which includes, but is not limited to carrying out the responsibilities of the higher administrative body for higher education institutions in administrative proceedings (Section 87: (4)). In addition, the Government Regulation on standards for accreditation in higher education requires a competence of a higher education institution's bodies, its management and economy (Part I: Standards for Institutional Accreditation, (A)(I)), and includes criteria of the statutory body, authorities and responsibility of managerial employees who are employed by the higher education institution and form a functional whole (2), along with economic mechanisms and control systems to maintain a corresponding level of educational activities and activities related: thereto (4).

Furthermore, Section 44 of the HEA notes the components of a degree program to include the appointment of a "guarantor" of a degree program assigned from the academic staff to coordinate the preparations of the curriculum, supervise the quality and evaluation of the program (6)(8), however, the NCFMEA may wish to request additional information about the administrative personnel that coordinates the minimum requirements for competency in the healthcare professions and as a General Medical

Practitioner stipulated in the decree from the Ministry of Health (Exhibit 15).

Country Response

Faculty hospitals are all accredited by the Ministry of Health. Concerning the decree, it has been issued by the Minister of Health and drafted by his/her consultants and other experts in the fields with relevant qualifications. At the level of the universities, the fulfillment of minimum requirements for competency in healthcare professions are coordinated by a team led by the vice dean for clinical studies.

Analyst Remarks to Response

The country has responded that the vice dean is responsible for the administration of each medical school and the Dean makes final decisions based on recommendations from the teaching faculty and the academic community. Therefore, a sub-committee of the academic community at Charles University has submitted the Sample Evaluation Report (Exhibit 9) to demonstrate its authority to self-govern and to develop internal controls as noted in the Higher Education Act (Exhibit , Section 33) to meet accreditation standards in competency in healthcare professions required by the Ministry of Health.

Staff Conclusion: Comprehensive response provided

Administrative Personnel and Authority, Question 2

Country Narrative

The Higher Education Act (Section 28) defines the authority of the Dean of the Faculty. The Dean is the head of the Faculty. If not otherwise stipulated by the Act, the Dean acts and makes decisions in all matters pertaining the Faculty. The Dean is appointed and dismissed by the Rector upon a proposal of the Academic Senate of the Faculty. The Higher Education Act specifies in Section 9(1)(c) the role of The Academic Senate of a public higher education institution (University). It approves the budget of the higher education institution (University), which is submitted by the Rector, and monitors the financial management of the higher education institution (University). Faculty Status; example for the First Faculty of Medicine is attached as Exhibit 16. The chief official responsible for the appropriate management of the financial resources of the (medical) faculty is the Dean.

The medical schools are financed on the basis of economic demandingness of medical studies with consideration to the number of students and scientific and research results. The specifics are determined by rules of financing of higher education released by the MEYS. All the medical faculties are part of public universities and receive thus the same per capita financing.

Analyst Remarks to Narrative

As discussed in the narrative and established Section 28 of the country's HEA, the Dean serves as the head of a faculty and is appointed and dismissed by the Rector upon proposal from the Academic Senate. Also discussed in the narrative is the definition of medical faculties as part of public universities and, according to Section 10 of the HEA, the Rector is the head of the public institution and acts in all matters pertaining to the institution. The Rector is appointed and dismissed by the President of the Czech Republic based on a proposal submitted by the Academic Senate to the Minister of Education, Youth and Sport (Section 10 (2)). The Rector is also the Chair of the Scientific Board which approves degree programs and drafts of the strategic plan, including budget and financial management of the institution. The Rector is also the Chair of the Internal Evaluation Board (Section 12a) which has the authority to approve proposals for regulations concerning quality-ensuring systems of the institution, internal evaluation of the institutions' processes, and maintaining records regarding the quality of the educational, creative and other related activities of the institution (Section 12a (4)).

Administrative Personnel and Authority, Question 3

Country Narrative

The financial needs of the Medical School (Faculty) are balanced within the resources and needs of the entire University by the decision of the Academic Senate of the University, where the medical school (Faculty) has its elected representatives.

Section 93 of the Higher Education Act states the following regarding teaching hospitals:

- (1) Clinical as well as practical instruction in the field of medicine ... and other branches of health services takes place particularly in teaching hospitals. These hospitals perform scholarly, research and developmental activities as well.
- (2) Details of the arrangement are provided in special regulations.

The Higher Education Act (Section 24) also defines the discretionary powers of the individual faculties of the schools regarding the right to make decisions involving:

Design and implementation of study program;

Objectives and organization of scholarly, research, developmental, artistic or other creative activity

Relations between an employer and an employee

Procedures for obtaining "venium docendi" (habilitation) and procedures for the appointment of professors (from which pool the Department Head are typically chosen)

International relations and activities

Constitution of independent academic bodies of the faculty and internal organization of the faculty

Utilization of allocated financial means.

The financial needs of the medical school (Faculty) are balanced within the resources and needs of the entire University by the decision of the Academic Senate of the University, where the medical school (Faculty) has its elected representatives.

Please find attached a sample of an evaluation report (Exhibit 9).

Analyst Remarks to Narrative

As discussed in Q1 of this section, the country has discussed the representative bodies of higher education institution in the HEA, and notes that the institutions internal regulatory discretion, including autonomous academic officers and official bodies including the Academic Senate, the Rector, Scientific Board, Internal Evaluation Board, and Disciplinary Committee (Section 7 (1)). However, the HEA does not determine faculty or department leadership the authority to approve internal rules related to the minimum standards required by the Ministry of Health for clinical experience obtained during practical training.

Country Response

Ministry of Health delegates the authority to approve internal rules to the individual faculties, through the guarantors of the respective clinical subjects.

Analyst Remarks to Response

As discussed in Q1 of this section, the country has discussed the representative bodies of higher education institution in the HEA, and notes that the institutions internal regulatory discretion, including autonomous academic officers and official bodies including the Academic Senate, the Rector, Scientific Board, Internal Evaluation Board, and Disciplinary Committee (Section 7 (1)). However, the HEA allows faculty or department leadership the authority to approve internal rules related to the minimum standards required by the Ministry of Health for clinical experience obtained during practical training.

Staff Conclusion: Additional Information requested

Chief Academic Official, Question 1

Country Narrative

The chief academic official of a medical school is the Dean of the Faculty. The requirements for the position of the Dean are defined in the Statutes of the Medical Faculties (Exhibit 13). As a rule the Dean is elected by the Academic Senate of the Faculty from Professors and Associate Professors of the Faculty who possess sufficient (at least five years) teaching experience at the Faculty (Faculty status, Exhibit 13).

Analyst Remarks to Narrative

The country's HEA allows medical schools, as public institutions, the authority to establish internal regulations as registered by the Ministry of Education, Youth and Sports and each faculty has an autonomous representative academic body (Section 23) with the right to make decisions and act on behalf of the institution as empowered by the Statutes of the institution (Section 24: (2)).

As documentation of internal regulations for a medical school in the Czech Republic, the Constitution of the First Faculty of the Medicine of Charles University is appointed from the bodies of full and associate professors and first meets these qualifications before appointment as Dean of the Faculty.

Chief Academic Official, Question 2

Country Narrative

Under Section 28 of the Higher Education Act the Dean is appointed and dismissed by the Rector upon a proposal of the Academic Senate of the Faculty. The Act permits a Dean to serve a four-year term of office of not more than two consecutive terms.

As an example, the position of the Dean at the First Faculty of Medicine is a competitive one. The candidates present their visions at scheduled meetings with the faculty and students, and each has a dedicated space on the Faculty web and notice board to present his/her objectives for the term. The Faculty Senate's vote represents the voices of the teaching and research Faculty as well as the students.

See The Higher Education Act Section 7(1) and 7(2), Sections 17-21, Sections 23-33, Section 28.

Compliance with the rules of the selection process is monitored, in the first place, by the university itself. The Rector will not appoint a Dean that has not been elected in line with legislation and internal regulations. Secondly, compliance is monitored by the MEYS. If a medical school is unable to establish its own governing bodies in line with the legislation and internal regulations, the Higher Education Act obliges the MEYS to impose so-called forced governance on the medical school.

Analyst Remarks to Narrative

As discussed in the narrative, Section 28 of the HEA discusses the Dean of a Faculty as a head official, unless otherwise stipulated by the HEA, and makes decisions with all matters pertaining to the faculty. The Dean is recommended to the Rector for appointment by the Academic Senate of the faculty for a term of four years and may serve two consecutive terms. The Rector has sole discretion to dismiss the Dean if there is gross negligence against the institution or the faculty and also as expressed by the Academic Senate.

Faculty

Country Narrative

The Dean of a medical school makes all administrative decisions regarding admissions to a medical school. The decisions include establishing the admissions criteria regarding the number of applicants admitted for the academic year, the conditions of admission, the selection of applicants, the time limit to submit applications, the form and terms of entrance examinations, and the evaluation of the results of the admission procedure.

According to the Higher Education Act, Section 27(1)(e) the Academic Senate of the school approves the conditions of admission to study, but they are subject to Section 48-53 of HEA. The internal regulations of any school, including a medical school, fall within its self-governing competence established in the provisions of the Higher Education Act under Section 33(1). However, the procedures for each medical school may differ. For example, all medical schools adhere to the Dean's admissions criteria. However, each medical school may use a scoring system for admissions as specified by its particular Dean, who discusses any changes with the members of the Dean's Board. The institutional internal regulations may authorize the medical school to limit the number of applicants admitted based on the size of the medical school and the particular programs offered. Selection criteria may include the score received on the entrance examination that tests the applicant's knowledge, verification of the applicant's documents, and submission of a timely application and payment of fees. The medical school publishes the scores and gives the applicant access to the documents to review for errors. Any appeal an applicant takes regarding admission to studies is regulated by the Admission Regulations of the University.

All decisions regarding hiring, retention, promotion, and discipline of the academic staff (teaching faculty) are done by the Dean of the Medical School. However, the Dean will consider recommendations from established academic staff committees prior to making a decision.

As a part of the European Higher Education Area, Czech Republic implemented standards of the European Standards and Guidelines (Exhibit 18):

1.5 Teaching staff

Standard:

Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.

Guidelines:

The teacher's role is essential in creating a high quality student experience and enabling the acquisition of knowledge, competences and skills. The diversifying student population and stronger focus on learning outcomes require student-centred learning and teaching and the role of the teacher is, therefore, also changing (cf. Standard 1.3).

Higher education institutions have primary responsibility for the quality of their staff and for providing them with a supportive environment that allows them to carry out their work effectively.

Such an environment

- sets up and follows clear, transparent and fair processes for staff recruitment and conditions of employment that recognise the importance of teaching;
- offers opportunities for and promotes the professional development of teaching staff;
- encourages scholarly activity to strengthen the link between education and research;
- encourages innovation in teaching methods and the use of new technologies.

Monitoring of these standards is performed by the NAB during site visits (Exhibit 9).

Analyst Remarks to Narrative

As discussed in the narrative, the HEA (Exhibit 1: Section 7) grants public higher education institutions the authority to establish internal regulations for the academic bodies of the faculty and institution. The Academic Senate of a faculty has authority to approve the admission regulations for the degree programs offered by the faculty (Exhibit 1: Section 27 (1)(e)). In addition, the Government Regulation standard for accreditation in higher education requires institutions to ensure an overall structure of

academic staff involvement with the quality, scope and intensity of educational and creative activities (Part IV (II)).

Although the narrative discusses the roles and functions of the Dean of the Faculty, the Committee may wish to request additional information such as position description and specific administrative guidelines for faculty responsibilities in medical school admissions, regulations regarding hiring, retention, and discipline of medical school faculty, and curriculum development in medical schools, including clinical experiences.

Country Response

This information is contained in internal regulations of the individual Faculties or Universities (please see Exhibit 13 – Sample Faculty status Full).

Analyst Remarks to Response

The country has responded that it implements the European Standards and Guidelines (Exhibit 18) to ensure that faculty are involved in the Dean's decision-making process regarding teaching staff (Standard 1.5, p. 13)

Staff Conclusion: Comprehensive response provided

Remote Sites, Question 1

Country Narrative

Accreditation is granted to the study program as a whole, not to individual parts separated geographically from the main campus (Sections 79-80 of HEA).

Analyst Remarks to Narrative

The country attests that accreditation is granted to the study program as a whole and not to individual parts separated geographically of a main campus.

Remote Sites, Question 2

Country Narrative

No medical school offers its study programs at other locations. As a rule, the NAB requires that the conditions, resources and provisions for carrying out of programs at other locations must be qualitatively at least the same (or better) as in the seat of the medical school. (Standards for Accreditation, Part 2, Title I (D)(III)(7) and (D)(VI)(4). Higher Education Act Section 93, refers to teaching hospitals and states that "clinical as well as practical instruction in the field of medicine, pharmacy and other branches of health services takes place particularly in teaching hospitals." Decree No. 394/1991 of the Ministry of Health of the Czech Republic entitled the "Statute, Organization and Activities of Teaching Hospitals and other Hospitals, Selected Specialized Therapeutic Institutes and Regional Sanitation Clinics" indicates that the authorities over these facilities fall within the scope of the Ministry of Health. However, the heads of the clinical departments are selected by public competition and appointed for a defined period of time by the joint agreement of the Minister of Education and Minister of Health. The teaching staff of the clinical departments of teaching hospitals are members of the medical faculties (see related Standards for Accreditation, Part 2, Title II (A)(7). Medical schools have contracts with the respective teaching hospitals geographically linked to their main locations.

Analyst Remarks to Narrative

The country attests that accreditation is granted to the study program as a whole and not to individual parts separated geographically of a main campus.

Program Length, Question 1

Country Narrative

The length of the training in all of the medical schools in the Czech Republic covers six years, or twelve semesters, offered during the winter and summer. The medical education program incorporates lectures, tutorials, and practicum training. Upon completion of the program the academic degree "doctor of medicine" (abbreviation MUDr. before name) is awarded to the University graduates of study in the master's study programs (Section 46(4)(c) of HEA).

The Czech Republic became a member of the European Union on May 1, 2004. The Czech Parliament passed the Harmonization Law of March 3, 2004 (Act No. 95/2004 Coll., submitted to NCFMEA in the 2011 application) which specifically sets forth requirements for the education, specialization, professional certification and continuing education of the members of the health professions in order to make them compatible with European Union directives. Article 4, Section 1 of the Harmonization Law specifies that a program of study leading to the practice of medicine must take place at an accredited program of master's

medical studies of at least six years' duration.

The study for the Master's degree in medicine includes not only the periods of instruction, but also examination periods and clinical clerkship periods. Information on the length of these respective periods is given as a part of the accreditation process and it is also stipulated in internal regulations of the medical school. The minimum length of the period of instruction is 16 weeks.

See Study plan of Charles University (Exhibit 6).

Analyst Remarks to Narrative

The length of basic medical training is a total of at least six years of study or 5,500 hours of theoretical and practical training provided by, or under the supervision of the institution. The Ministry of Health's decree on the minimum standards of study for program in general medicine (Exhibit 15: Article 2) requires this length of program study and is based on the 2005 EU Directive (Exhibit 14: Section 2, Article 24(2)).

Curriculum, Question 1

Country Narrative

The NAB requires the study plan to be comprised in such a way as to enable fulfilment of the study program's objectives and the profile of the graduate (Exhibit 3, Standards for Accreditation, Part 2, Title 1 (D)(II)(6)). These include also soft skills necessary for the medical profession. Students acquire these throughout the education process in various courses (see Study plan of Charles University - Exhibit 6 and Study Plan of Masaryk University – Exhibit 12). The content of studies also has to be harmonised with the EU Directive of 2005 on the Recognition of Professional Qualifications (Exhibit 14).

Analyst Remarks to Narrative

As discussed in the narrative, the Government Regulation standards for accreditation (Exhibit 3) require institutions to set study plans with specialized knowledge and skills and general qualifications for the appropriate profile of the program. In addition, the Ministry of Health's decree for the minimum standards for study plans in general medicine and specialization program for general medical practice lists competency of knowledge and practical skills in areas including, but not limited to, scientific methods, data analysis, forensic health evaluation and professional ethics (Exhibit 15: Article 2). The study plan for Charles University (Exhibit 6) and the study plan for Masaryk (Exhibit 12) exhibits the practice of these requirements for specialized knowledge as set by the institutions.

Curriculum, Question 2

Country Narrative

The basic sciences curriculum content includes biophysics and biostatistics, biology and genetics, chemistry and biochemistry, anatomy, histology and embryology, physiology, medical computer science, patient care, first aid, medical ethics and philosophy, and preventative medicine, among others. Teaching focuses on a detailed knowledge of the structural and functional relationships of the human body from the molecular level to the level of organs and systems. The third and fourth years of study are devoted to pre-clinical disciplines such as pathological anatomy, pathophysiology, microbiology, immunology, and pharmacology. See Study plan of Charles University (Exhibit 6). The requirements for the national curriculum are also harmonized due to the country's membership in the EU according to Harmonization Law (EU Directive 2005/36/EC, Exhibit 14, and its national implementation, Decree 187/2009 Coll., Exhibit 15). To ensure mutual recognisibility of the degrees, the directive does not go into too much detail.

Analyst Remarks to Narrative

The Ministry of Health's degree for specialization program (Exhibit 15, Article 5) for general medical practitioner outlines the length of study and curriculum for practical training beyond the study program for general medicine. Specialization curriculum includes internal medicine, surgery, obstetrics and gynecology and also requires three years of full-time preparation with one year in an accredited hospital and in the office of a medical practitioner. In addition, the country has provided the study plan of Charles University (Exhibit 6) to demonstrate implementation of the Ministry's requirement.

Curriculum, Question 3

Country Narrative

The NAB requires medical schools to carry out research activities related to their study programs and also enable students to participate in research and acquire skills related to research activities (Exhibit 3, Standards for Accreditation, Part 2, Title II (E)(III) (1) and (2)). Medical schools must hold external research grants in the medical field (Exhibit 3, Standards for Accreditation, Part 2,

Title II (F)(2).

Analyst Remarks to Narrative

The Standards for Accreditation (Exhibit 3) requires higher education institutions to allow students to participate in scientific activities of the institution (Exhibit 3: (E)(III)(2)). In addition, the HEA (Exhibit 1) notes that public institutions receive funding financial support for faculty research (Section 18 (2)(b)) and conditions for institutional accreditation (Section 78a) include creative activities, especially research, for students.

Curriculum, Question 4

Country Narrative

Methods of instruction are a compulsory component evaluated by the NAB in the accreditation process of study programs. Methods of instruction must be designed to fit each course taught and include the ability of independent study. Furthermore, they must be innovative and correspond to the intended learning outcomes, supporting the students's active participation in learning (Exhibit 3, Standards for Accreditation, Part 2, Title I (D)(IV)(1) and (2)).

Analyst Remarks to Narrative

In addition to the Standards for Accreditation (Exhibit 3), the HEA (Exhibit 1) describes the competency of the Ministry of Education, Youth and Sports to include institutions to submit lifelong learning data on graduates and students admitted but study is interrupted (Section 87 (1)(i)).

Curriculum, Question 5

Country Narrative

Students are required to go through a series of placements and clerkships that also include the necessary preparation and reflection (Study plan of Charles University - Exhibit 6 and Study plan of Masaryk University – Exhibit 12).

Analyst Remarks to Narrative

The Standards for Accreditation (Exhibit 3: Standards for Accreditation (A) (III)(3) requires institutions to evaluate and document activities in social responsibility and the country has provided the study plans for Charles University (Exhibit 6) and Masaryk University (Exhibit 12) to demonstrate implementation of this requirement.

Curriculum, Question 6

Country Narrative

The basic sciences curriculum content includes biophysics and biostatistics, biology and genetics, chemistry and biochemistry, anatomy, histology and embryology, physiology, medical computer science, patient care, first aid, medical ethics and philosophy, and preventative medicine, among others. The third and fourth years of study are devoted to pre-clinical disciplines such as pathological anatomy, pathophysiology, microbiology, immunology, and pharmacology.

As an example, see Study plan of Charles University (Exhibit 7). The requirements for the national curriculum are also harmonized due to the country's membership in the EU according to Harmonization Law (EU Directive 2005/36/EC, Exhibit 14, and its national implementation, Decree 187/2009 Coll., Exhibit 15). To ensure mutual recognisibility of the degrees, the directive does not go into too much detail.

Analyst Remarks to Narrative

As discussed in the previous section, the Ministry of Health's decree (Exhibit 15) for general medicine (Article 2) and specialized general medical practitioner (Article 5) specifies the minimum course curriculum requirements for obtaining professional competence of medical doctor. These requirements are based on the basic medical training curriculum defined in the EU Directive for professional qualifications (Exhibit 14, Article 24 (3)(a)(b) and the study plan for Charles University (Exhibit 6) is submitted to demonstrate implementation of this requirement.

Curriculum, Question 7

Country Narrative

All the basic sciences subjects have an obligatory component of practical exercises, which covers approximately 50% of the time allocated to the subject. All these subjects are concluded by an examination including the laboratory part. The rule of 50% of

instruction dedicated to the practical component of the basic sciences is monitored by the schools, since it is a recommendation, not an absolute requirement. However, it is also an implied standard understood and accepted in the medical academic community and NAB evaluators from the field are familiar with this standard although it is not stipulated per se in written regulations. See Study plan of Charles University (Exhibit 6), or the Masaryk University (Exhibit 12).

Analyst Remarks to Narrative

The EU Directive (Exhibit 14) requires Member States to ensure personal participation activities and responsibilities in the full range of activities of the department (Article 24) and specific training must be at an approved hospital with the appropriate general medical equipment and services or as part of an approved general medical practice or an approved medical practice with doctors provide primary medical care (Article 28). In addition, the country has standards for accreditation that require clinical practice or research activities (Exhibit 3: (B)(II)(4) and the Ministry of Health's decree (Exhibit 15) requires medical school programs to provide clinical experience with laboratory diagnostics and data analysis (Article 2: (8)(c).

Clinical Experience, Question 1

Country Narrative

Q 1 - Clinical Science subjects, which conclude with the final state examination of the six years' Master's study program, having both oral and practical parts, are: internal medicine, surgery, gynecology and obstetrics, pediatrics, preventive medicine and hygiene. Other clinical subjects included in the curricula of all schools are: propaedeutics of internal medicine and surgery, neurology, psychiatry, dermatovenereology, dentistry, ophthalmology, otorhinolaryngology (ENT), infectious diseases and epidemiology, oncology and radiotherapy, family medicine (primary care).

The content of studies described above is an implied standard understood and accepted in the medical academic community and NAB evaluators from the field are familiar with this standard although it is not stipulated per se in written regulations.

See Study plan of Charles University (Exhibit 6), or the Masaryk University (Exhibit 12).

Q 2 - The sixth year of master study program of general medicine is entirely devoted to a clinical and hospital practice and practice in outpatient departments in the University Hospital. The sixth year courses involve bedside practice in the following subjects: internal medicine, surgery, gynecology and obstetrics, pediatrics and in preventive medicine and hygiene. The sixth year instruction in the above subjects is completed by the final state exams.

Clerkships:

During the eleventh and twelfth semesters, medical students in the medical schools in the Czech Republic take courses geared toward clinical and hospital practice and practice in outpatient departments that may include: clinical practice in internal medicine, surgery, neurology, psychiatry, obstetrics and gynecology, pediatrics, epidemiology, orthopedics, hygiene and social medicine, exercise and sports medicine, among others. Upon completion of the required practical experience, the student takes a final examination.

All curricula for each of the medical schools in the Czech Republic require students to participate in a variety of clinical subjects. In the sixth year of training, the total teaching time is dedicated to the main clinical subjects without lectures, and following each rotation, the student takes a final state examination. The clinical subjects offered by the medical schools include a variety of clinical specializations. For example, one medical school requires the student to take the following clinical subjects:

Internal Medicine

Nephrology two weeks

Hematology two weeks

Rheumatology one week

Clerkship before the state exam nine weeks

Surgery

Clerkship before the state exam six weeks

Pediatrics

Clerkship before the state exam six weeks

Obstetrics and Gynecology

Clerkship before the state exam four weeks

Clinical Neurology and Psychiatry two weeks

Urology two weeks

Primary Care two weeks

Other medical schools require clinical and hospital practice courses offered in the sixth year that correspond with the course listed above.

The content of studies described above is an implied standard understood and accepted in the medical academic community and NAB evaluators from the field are familiar with this standard although it is not stipulated per se in written regulations.

See Study plan of Charles University (Exhibit 6), or the Masaryk University (Exhibit 12).

Q 3 - Coverage of all organ systems is essential for all clinical subjects, especially for the subjects Internal Medicine and Surgery. Curriculum of one medical school prefers an integrated approach of theoretical and clinical instruction, where the organ oriented and problem based approach is dominant, whereas others prefer a more systematic way of instruction in individual clinical subjects and in the respective clerkships. One medical school applies the following system of clerkships of Internal Medicine in the University Hospital during the fifth year of the General Medicine program:

Cardiology four weeks

Gastroenterology three weeks

Endocrinology and Metabolism three weeks

Tuberculosis and Pulmonary Diseases one week

Nephrology two weeks

Rheumatology one week

Hematology two weeks

Infectious Diseases three weeks

The subject Internal Medicine starts already in the third year of the study program with the subject Propedeutics in Internal Medicine.

In the fourth year there are following clerkships:

Primary Care one week

Geriatrics one week

Infectious Diseases three weeks

Occupational Diseases one week

In the sixth year there are following clerkships:

Primary Care two weeks

Emergency Medicine two weeks

Internal Medicine - clerkship before final state examination three weeks

During the state examination, which includes also the practical part, the integrated approach prevails, stressing also acute, chronic, preventive and rehabilitation care. Acute care is also treated in the subjects Primary Care and Emergency Medicine, chronic, continuing and rehabilitative care in the subjects Geriatrics and Rehabilitation and preventive care in the subjects Hygiene and Epidemiology.

The content of studies described above is an implied standard understood and accepted in the medical academic community and NAB evaluators from the field are familiar with this standard although it is not stipulated per se in written regulations.

See Study plan of Charles University (Exhibit 6) or Masaryk University (Exhibit 12). Of note, the requirements for the national curriculum must be harmonized due to the country's membership in the EU according to Harmonization Law (EU Directive 2005/36/EC, Exhibit 14, and its national implementation, Decree 187/2009 Coll., Exhibit 15).

Analyst Remarks to Narrative

As discussed in the previous sections, the Ministry of Health's decree (Exhibit 15) for the minimum curriculum requirements for the program of general medicine (Article 2) require courses in scientific method, biological functions, including anatomy, physiology, behavioral health, and evaluation of proven facts and data analysis and clinical experiences in clinical practice in tertiary prevention, diagnostic and therapeutic approaches, and treatment of diseases and forensic health evaluation (b)(3) and also includes laboratory diagnostics (8)(C). Specialized general medical practitioner (Article 5) requires the general competency courses and includes internal medicine, surgery, obstetrics and gynecology.

To ensure that the students have the competencies as required by the Ministry of Health and for the accreditation of the institution, the National Accreditation Bureau cooperates with the Ministry of Education, Youth and Sports, Council for Research, Development and Innovation, and experts in the field of study to coordinate an Evaluation Committee to confirm the creative activities at higher education institutions. In addition, the Satisfactory Academic Progress Policy (Exhibit 16) requires the First Faculty to report students' accumulation of credit points to qualify for title IV.

Also discussed in previous sections, the country's HEA (Exhibit 1, Section 17) grants authority to higher education institution to establish internal regulations including the rules of the system ensuring the quality of educational activities and internal evaluation of the quality of education and related activities of a public higher education institution. The country has provided plans of study for Charles University (Exhibit 6) and Masaryk University (Exhibit 12) to demonstrate the institution's regulations and academic programs to meet the requirements for accreditation.

Clinical Experience, Question 2

Country Narrative

All Czech medical schools require clinical experience in all of the above-mentioned disciplines. See attached Study plan of Charles University (Exhibit 6) or Masaryk University (Exhibit 12).

The NAB standards for accreditation (Exhibit 3) have been formulated in general terms to apply to all study programs in all fields. However, they are applied by the evaluators from the NAB's Pool of Evaluators who are widely recognized experts in the field of medicine and well aware of the implied standards and requirements accepted by the academic community in this field. Thus, they utilize the generally formulated NAB's standards in assessment of study programs by incorporating the medical perspective and taking into account the specifics of the field. Examples of how the standards are monitored are provided in the site visit report (Exhibit 9).

Analyst Remarks to Narrative

As discussed in the previous section, the National Accreditation Bureau cooperates with the Ministry of Education, Youth and Sports, Council for Research, Development and Innovation, and experts in the field of study to coordinate an Evaluation Committee to confirm the creative activities at higher education institutions (Exhibit 2). In addition, the Satisfactory Academic Progress Policy (Exhibit 16) requires the First Faculty to report students' accumulation of credit points to qualify for Title IV. Competencies and clinical instruction are also required by the Ministry of Health's decree (Exhibit 15) to general and specialized general medical practitioner.

The country's HEA (Exhibit 1, Section 17) grants authority to higher education institution to establish internal regulations including the rules of the system ensuring the quality of educational activities and internal evaluation of the quality of education and related activities of a public higher education institution. The country has provided plans of study for Charles University (Exhibit 6) and Masaryk University (Exhibit 12) to demonstrate the institution's regulations and academic programs to meet the requirements for accreditation.

Clinical Experience, Question 3

Country Narrative

Q 1 - The subject Patient Care is taught individually as a bedside training under the supervision of qualified nurses at the beginning of the study program, in the first or second year of studies in the University Hospital, but also as a three-week summer clerkship in a selected hospital out of the University campus. Part of the clinical rotations is also delivered in outpatient clinics of the hospitals where the students have the opportunity to see cases that would not necessitate admittance to the hospital. Most of the subject Primary Care is delivered in an ambulatory setting.

Q 2 - Students of the study program General Medicine obtain the List of Practical Skills (Log book) on the day of enrolment to the second year. Students are obliged to fulfill all requirements from this list of practical skills during clerkships and have it signed. This will be checked and classified before the last part of state exam in the sixth year in the subject "Minimum of Practical Skills." Curricula of all subjects offer the possibility to the students to get acquainted with the major and common types of disease problems.

See Study plan of Charles University (Exhibit 6).

As noted in the 2017 submission, specific standards for medical education were developed in 2011. These have for long been used alongside the generally formulated standards for accreditation. The specific standards have been fully internalized by the medical schools, implemented into their internal regulations and structures and have become the norm at the medical schools. They are thus no longer used as criteria to evaluate study programs against in the accreditation process but rather serve as a reference framework that lays out the basic principles of functioning of medical schools. The content of studies described above is an thus implied standard understood and accepted in the medical academic community and NAB evaluators from the field are familiar with this standard although it is not stipulated per se in written regulations.

Analyst Remarks to Narrative

The Ministry of Health's decree (Exhibit 15) for a general medicine requires competency in pre-emergency hospital care, preventive and public health. The specialized program in general medical practitioner requires a minimum of three years practical experience in a hospital and ambulatory care office. The NAB requires a positive statement from the Ministry of Health for awarding program accreditation (Exhibit 2: Article 1(6)) and the Standards for Accreditation require institutions to submit evaluation measures for five years of activities for institutional accreditation (Exhibit 3:(A)(IV)(3)).

Supporting Disciplines

Country Narrative

Clinical pathology is taught in the third year (e.g. Exhibit 6), and further opportunity to participate in forensic prosecution is provided in the Forensic Medicine, taught in the fourth year. Similarly, the discipline of diagnostic imaging is taught in the subject called historically Radiology, also in the fourth year. As a part of regular curriculum updates, medical imaging is strongly incorporated

already from the beginning in the teaching of Anatomy to present the structures in a clinically relevant context (e.g. <http://anat.lf1.cuni.cz/materialy/imaging.php>).

The content of studies described above is an implied standard understood and accepted in the medical academic community and NAB evaluators from the field are familiar with this standard although it is not stipulated per se in written regulations.

Analyst Remarks to Narrative

As discussed in the previous sections, the Ministry of Health's decree (Exhibit 15) for the minimum curriculum requirements for the program of general medicine (Article 2) require courses in scientific data analysis and clinical experiences laboratory diagnostics (8)(C). The country has provided a program's plan of study (Exhibit 6) to demonstrate the internal regulation of the clinical pathology and laboratory diagnostic imaging subjects as required in the decree.

Ethics, Question 1

Country Narrative

Q 1 - Medical schools in the Czech Republic have following subjects as parts of their curricula:

Medical Ethics

Medical Psychology and Psychotherapy

Medical Philosophy

Social Medicine

Medical Law

Each subject is closed by a final examination.

In addition, demonstration of ethics and human values is an integral part of all clinical rotations, where the instructors provide the best personal examples of ethical treatment of patients.

The Qualification Frameworks adopted in the Czech Republic include requirements on the graduate's ability to deal with ethical questions and solve ethics-related problems. This is a very recent national-level document and will be supplied in English before the Fall Meeting.

See Study plan of Charles University (Exhibit 6).

Q 2 - Medical schools in the Czech Republic have their Specialized Boards as parts of their Statutes and the Dean's Advisory Bodies:

Education Board

Evaluation Board

Disciplinary Board

These Boards regularly monitor and evaluate, among other issues, the success of the instruction in medical ethics and human values. Upon enrolment, the medical and dental students swear during a ceremony a formal oath of adherence to strict professional standards (e.g., patient privacy protection, ethical approach to patients, maintenance of personal integrity).

Please refer to the Section 25(1) of HEA (Exhibit 1) For the examples of monitoring, please see the attached sample evaluation report (Exhibit 9).

Analyst Remarks to Narrative

The Ministry of Health's decree (Exhibit 15) for curriculum requirements for the program of general medicine (Article 2) require courses in legislature pertaining to medical practice, professional ethics, and patient rights. To ensure that the students have the competencies as required by the Ministry of Health and for the accreditation of the institution, the National Accreditation Bureau cooperates with the Ministry of Education, Youth and Sports, Council for Research, Development and Innovation, and experts in the field of study to coordinate an Evaluation Committee to confirm the creative activities at higher education institutions. In addition, the Satisfactory Academic Progress Policy (Exhibit 16) requires the First Faculty to report students' accumulation of credit points in required courses within a plan of study to qualify for Title IV.

Also discussed in previous sections, the country's HEA (Exhibit 1, Section 17) grants authority to higher education institution to establish internal regulations including the rules of the system ensuring the quality of educational activities and internal evaluation of the quality of education and related activities of a public higher education institution. The country has provided plans of study for Charles University (Exhibit 6) to demonstrate the institution's regulations and academic programs to meet the requirements for accreditation.

Communication Skills, Question 1

Country Narrative

Q 1 - Communication skills are specifically taught as a part of the subjects Medical Psychology and Psychotherapy, Medical Ethics

and Philosophy and Primary Care.

The Qualification Frameworks adopted in the Czech Republic include requirements on the graduate's ability to communicate their opinion and knowledge in a clear and effective manner. This is a very recent national-level document and will be supplied in English before the Fall Meeting.

Q 2 - The fact that all examinations at the medical schools in the Czech Republic have an oral component strongly supports the importance of the teaching of communication skills in the overall curriculum and enables its monitoring and evaluation, which is also a part of the activity of these Specialized Boards: Education Board and Evaluation Board.

Please note that the requirements for the national curriculum must have been harmonized due to the country's membership in the EU according to Harmonization Law (EU Directive 2005/36/EC, Exhibit 14, and its national implementation, Decree 187/2009 Coll., Exhibit 15).

Analyst Remarks to Narrative

The Ministry of Health's decree (Exhibit 15) for curriculum requirements for the program of general medicine (Article 2) require courses in legislature pertaining to medical practice and skills in communication with the patient, with particular focus on patient rights. The country's HEA (Exhibit 1, Section 17) grants authority to higher education institution to establish internal regulations including the rules of the system ensuring the quality of educational activities and internal evaluation of the quality of education and related activities of a public higher education institution. To ensure that the students have the competencies as required by the Ministry of Health and for the accreditation of the institution, the National Accreditation Bureau cooperates with the Ministry of Education, Youth and Sports, Council for Research, Development and Innovation, and experts in the field of study to coordinate an Evaluation Committee to confirm the creative activities at higher education institutions. In addition, the Satisfactory Academic Progress Policy (Exhibit 16) requires the First Faculty to report students' accumulation of credit points in required courses within a plan of study to qualify for title IV.

Design, Implementation, and Evaluation, Question 1

Country Narrative

Standard for Accreditation stipulate in Part 1 (A)(V)(6) that faculty and other stakeholders must be engaged in feedback processes that lead to changes and improvement of the curriculum. Also in Part 1 (A)(VI)(4), the Standards for Accreditation require that faculty participate in regular assessment of study programs in terms of achieving study objectives and learning outcomes. The mechanisms for their engagement are evaluated in the accreditation procedures both for institutional as well as program accreditation.

Analyst Remarks to Narrative

As discussed in the narrative, the Standards for Accreditation (Exhibit 3) require faculty participation in the development of curriculum and strategic planning for the faculty. Compliance with the Government Regulation on standards for accreditation is reviewed by the National Accreditation Bureau's Evaluation Committee as convened by the Ministry of Education, Youth and Sports.

Design, Implementation, and Evaluation, Question 2

Country Narrative

The NAB does require universities to have systems for internal evaluation of study programs. The requirements are set by Part 1 (A)(VI) and also Part 2, Title 1 (C)(II)(2), (5) and (6) of Standards for Accreditation (Exhibit 3).

Analyst Remarks to Narrative

The country's HEA (Exhibit 1, Section 17) grants authority to higher education institution to establish internal regulations including the rules of the system ensuring the quality of educational activities and internal evaluation of the quality of education and related activities of a public higher education institution. The Ministry of Health is the authoritative body to evaluate the curriculum of a medical school and must provide a positive statement to the Ministry of Education, Youth and Sports as a requirement for the program to receive accreditation. In addition, the National Accreditation Bureau cooperates with the Council for Research, Development and Innovation, and experts in the field of study to coordinate an Evaluation Committee to confirm the creative activities at higher education institutions.

Design, Implementation, and Evaluation, Question 3

Country Narrative

Q 1 - The Higher Education Act in Section 29 requires institutions of higher education to have a Scientific Board of the medical school whose duties include, among other things, the approval of the study programs provided by the various schools in the institution. Although the procedures vary in each medical school, the processes may include Education Boards (pedagogical committees) and Evaluation Boards regularly evaluating student and graduate responses to questionnaires and making recommendations based on those evaluations to the Scientific Board of the medical school. The Academic Senate of the medical school provides the final approval before submission to the Dean (Section 27 of HEA). Furthermore, specific requirements are set by Part 1 (A)(VI) and also Part 2, Title 1 (C)(II)(2), (5) and (6) of Standards for Accreditation. One of these requirements is to gather data on and evaluate success rate at the admission procedure, drop-out rate in the degree programme, rate of completion of studies within a degree programme and rate of graduate employment.

Q 2 - All Czech medical schools use various data, from applicants to admitted ration, matriculation rate, first year pass rate, and graduation rate, for comparison purposes. Acceptance to residency programs is difficult to track due to current laws regarding personal data protection; however, schools obtain this parameter as well as success rates in these programs indirectly through the publicly available data from Czech Medical Chamber (<http://clk.cz>). Among this information, information about graduates investigated for malpractice or those against whom there is any disciplinary action could be extracted. Due to very small number of such cases, statistical evaluation is at present difficult and rather unreliable. The NAB evaluates internal quality assurance processes and their effectiveness and also the processes of revision of study programs in line with the above mentioned sections of the Standards for Accreditation. The university must be able to demonstrate concrete steps it has taken based on the evaluation of the data related to success rate at the admission procedure, drop-out rate in the degree programme, rate of completion of studies within a degree programme and rate of graduate employment.

Analyst Remarks to Narrative

The country's HEA (Exhibit 1, Section 17) grants authority to higher education institution to establish internal regulations including the rules of the system ensuring the quality of educational activities and internal evaluation of the quality of education and related activities of a public higher education institution. In addition, the Standards for Accreditation (Exhibit 3) requires institutions to gather data on and evaluate success rate at the admission procedure, drop-out rate in the degree program, rate of degree completion, and rate of graduate employment. The Ministry of Education, Youth and Sports uses the data in compliance with Parliaments' special regulations about employees of higher education institutions and their remuneration.

Admissions, Recruiting, and Publications, Question 1

Country Narrative

Q 1 - The decisions regarding the admissions of students are governed by the Higher Education Act Sections 48-50. Czech Medical schools do not use MCAT scores, since they offer a six year curriculum for students graduating from high schools, so this would not be an appropriate measure. Instead, each school develops its own admission criteria. In general, these are based on knowledge tests from Biology, Chemistry and Physics. Some schools (e.g. the First Faculty Medicine) offers bonus for good performance in Mathematics during the high school years, or for students with overall excellent previous study results. For the programs taught in English, most schools offer the option to substitute Math for Physics. Some schools also use personal interviews with the candidates selected based upon the written tests. Other (e.g. the Second Faculty of Medicine) use SAT scores, better suited for the primarily European population graduating from high schools. The demographics of the admitted students is monitored individually by each school, and presented in the Annual Report. As a part of this process, predictive values of success of the entrance procedures is regularly evaluated.

Q 2 - Each school monitors the pertinent parameters (e.g., first year pass rate, dropout rate, graduation rate) and adjusts its admissions criteria accordingly. The NAB evaluates to what degree and how the school uses this data as part of evaluation of internal quality assurance systems. Standards for Accreditation require in Part 2, Title I (C)(II)(6) the university has a functional mechanism for monitoring success rate at the admission procedure, drop-out rate in the degree programme, rate of completion of studies within a degree programme and rate of graduate employment. Furthermore, the university must ensure equal treatment in terms of access to studies to all students and applicants (Exhibit 3, Standards for Accreditation, Part 1 (II)(6)).

Analyst Remarks to Narrative

The Czech Republic attests that it does not use MCAT scores to determine admission to its medical schools. The HEA grants authority to institutions to establish internal regulations for admissions criteria. The Committee may wish to request additional information, especially admission criteria data, to determine compliance with this section.

Country Response

Admission criteria data are available at the University's website, as the application process is electronic. For the Charles University and its 5 medical faculties, the link to the English program is the following:
<https://is.cuni.cz/studium/eng/prijimacky/index.php?>

do=obory&fakulta=&fst=&druh=&stupr=&obor1=&nazev=general+medicine&jazyk=&delka=&zobraz=...

for example, that of the First Faculty of Medicine is specified here:

https://is.cuni.cz/studium/eng/prijimacky/index.php?do=detail_obor&id_obor=20177

Analyst Remarks to Response

The country has provided an inoperable web link, however, Department staff is unable to verify admission criteria or current data related to medical schools in the Czech Republic. In addition, the Department would require documentation as an upload in the response as verification for demonstrating application of the process or procedure, as appropriate.

Staff Conclusion: Additional Information requested

Admissions, Recruiting, and Publications, Question 2

Country Narrative

As stated above, each medical school establishes its own admissions regulations and procedures that are compliant with Sections 48-50 of HEA. Generally, applicants must have completed a comprehensive secondary education, that must be recognised as equivalent in the country (http://skoly.praha.eu/87436_RECOGNITION-OF-FOREIGN-EDUCATION). This criterion is a common standard for all medical schools in both Czech and English programs. All medical schools require an applicant to take an entrance examination. The written test, usually in a multiple-choice format, examines the applicant's knowledge in biology, physics, and chemistry. Some medical faculties include a second round of entrance tests that may include a personal interview with a panel or a presentation to measure an applicant's ability to make logical decisions based on a written set of hypothetical facts. Medical schools may also limit the number of students admitted (although they have met the admission requirements), establish admission conditions for foreign students to programs of study established through international contracts, or specify different conditions of admission for applicants with advanced standing. Generally, the decision on admission to study is made by the Dean.

Analyst Remarks to Narrative

The HEA (Exhibit 1) grants authority to institutions to establish internal regulations for admissions criteria. Institutions use applicant scores on exams in biology, physics, and chemistry to determine admission eligibility. The Committee may wish to request additional information, especially admission criteria and matriculation data, to determine compliance with this section.

Country Response

As for the previous question, the information is in regularly updated form located at the respective links.

Analyst Remarks to Response

As noted in the previous section, the country has provided an inoperable web link. Department staff is unable to verify admission criteria or current data related to medical schools in the Czech Republic. In addition, the Department would require documentation as an upload in the response as verification for demonstrating application of the process or procedure, as appropriate.

Staff Conclusion: Additional Information requested

Admissions, Recruiting, and Publications, Question 3

Country Narrative

Section 49(5) of HEA specifies that the admission criteria must be publicized, usually on the web-pages of the Faculty (medical school). Section 27(1)(c) specifies that the Academic Senate of the Faculty approves the admission regulations for the degree programs offered by the Faculty (medical school). The Faculty has a special Education Board consisting of experienced teachers and representatives of students which make recommendations for the Academic Senate and the Dean. The Dean, who makes the ultimate admission decision, consults with the Dean's Board.

Analyst Remarks to Narrative

The HEA (Exhibit 1) grants authority to institutions to establish internal regulations for admissions criteria. Institutions use applicant scores on exams in biology, physics, and chemistry to determine admission eligibility and the selection of acceptance is determined by the Dean of the faculty. The Committee may wish to request additional information, especially admission criteria data, to determine compliance with this section.

Country Response

As for the previous question, the information is in regularly updated form located at the respective links. Sample link for the Second Faculty of Medicine (to illustrate differences between different schools):

Analyst Remarks to Response

As noted in the previous sections, the country has provided an inoperable web link. Department staff is unable to verify admission criteria or current data related to medical schools in the Czech Republic. In addition, the Department would require documentation as an upload in the response as verification for demonstrating application of the process or procedure, as appropriate.

Staff Conclusion: Additional Information requested

Admissions, Recruiting, and Publications, Question 4

Country Narrative

The NAB does not specify the minimum pool of applicants required for accreditation of the program; however, the applicant to admitted rate are within the range of 1:10 to 1:4. Since there is no legal limit on to how many schools the student can apply, there is a considerable overlap among schools, and typically over 2/3 of the admitted students applied to more than one school. As there is no legal requirement in the HEA or Standards for Accreditation, NAB is not legally allowed to set a specific size of the applicant pool and deny accreditation on the basis of exceeding it. However, the Standards for Accreditation (Exhibit 3) require in Part 2, Title I (D)(III)(5) that the number of teaching staff must be adequate to the number of students.

Analyst Remarks to Narrative

The HEA (Exhibit 1) grants authority to institutions to establish internal regulations for admissions criteria and student to teacher ratio. However, the Standards for Accreditation (Exhibit 3) require that the number of teaching staff must be adequate to the number of students. The Committee may wish to request additional information about current student to teacher ratio statistics and how the country determines an adequate ratio.

Country Response

NAB does not keep statistical data on student to teacher ratio in medical programs. There is also no strict quantitative requirement on this ratio as the Standards for Accreditation have been formulated on a general level to be applicable to all study programs in all fields of study. The adequacy of student to teacher ratio in medical programs is assessed on an individual basis in each case, taking into account the specific context of the medical school and of the arrangements in the study program. More research-oriented schools will have higher number of part-time faculty, while more teaching-oriented ones smaller number of dedicated full time (FTE) employees. In some cases a higher number of teachers with less-than-FTE contracts will be beneficial to students, in other cases they will benefit more from a lower number of teachers on FTE contracts. For these reasons it is not possible or even desirable to set a specific student to teacher ratio as a hard criterion to be strictly followed by all schools.

Analyst Remarks to Response

The country has responded that it does not keep data on the student to teacher ratio in its medical education programs. However, the country discusses the higher number of part-time faculty at research-oriented schools and more full-time faculty at the teaching-oriented, smaller schools and that students would benefit from a higher number of teachers with less than full-time contracts. The Committee may want to request additional information on the country's principles of allocating teaching resources based on the number of qualified applicants.

Staff Conclusion: Additional Information requested

Admissions, Recruiting, and Publications, Question 5

Country Narrative

The Standards for Accreditation require in Part 1 (A)(VII)(2) and Part 2, Title I (C)(IV)(1) that the universities have a functional information and communication system to ensure access to information about study programs (Exhibit 3).

The responsibility for the accuracy of materials used to promote the medical school program is committed to the Dean and the Vice-Dean for Education. Each medical school publishes the primary language of instruction and the alternative language of instruction on its web-pages. Each medical school publishes and makes available to medical students its annual cost of attendance, including tuition, fees, and adequate health insurance on its web pages.

Analyst Remarks to Narrative

The Standards for Accreditation (Exhibit 3: Part I (A)(III) requires institutions to create a strategic plan and other fundamental strategic documents to support involvement of all members of the academic community and the public. The strategic plan is approved by the appropriate self-governing academic bodies of the institution, are available to all members of the academic community. In addition, the HEA (Exhibit 1: Section 21) requires institutions to submit annual reports on its activities to the Ministry

of Education, Youth and Sports.

The Committee may wish to request additional information about recruitment, admissions and enrollment, and medical school publications available to the public and students.

Country Response

The medical schools typically have strategic communication plans for periods of several years. Please find attached sample recruitment and information materials from the First Faculty of Medicine of the Charles University (Exhibits 21, 22 and 23). Some schools also publish magazines, for example at <https://www.lf1.cuni.cz/bulletin-jednicka> (some parts are in English).

Analyst Remarks to Response

The country has provided supporting documentation to demonstrate implementation of the HEA's requirement for institutions to submit annual reports to the Ministry of Education, Youth and Sports as well as sample publications available to the public as required in the Standards for Accreditation.

Staff Conclusion: Comprehensive response provided

Admissions, Recruiting, and Publications, Question 6

Country Narrative

Q 1 - Access to student records is guaranteed by university internal regulations that authorize a student to access to his or her records. To ensure the confidentiality of those records, some medical schools have designed access limitation measures that only the student may access. These limitations also serve to maintain the integrity of this record and limit any potential tampering.

Q 2 - The Czech Republic Higher Education Act requires every higher education institution to maintain a register of students as specified in Section 88. It states that the higher education institution will provide the relevant records contained in the register of students to those who can demonstrate legal interest. The individual medical faculties have internal regulations allowing a student to access student records that ensures the integrity and confidentiality of student records.

See Rules for Organization of Studies of First Faculty of Medicine Charles University (Exhibit 5). Examples of monitoring of compliance could be found in a sample site visit report (Exhibit 9).

Analyst Remarks to Narrative

The HEA (Exhibit 1) grants authority to institutions to establish internal regulations that authorize a student to access to their academic records, and requires every higher education institution to maintain a register of students (Section 88). The Committee may wish to request additional information on institutional practices to ensure confidentiality of student records.

Country Response

Confidentiality of all student's records is mandated by the GDPR act (<https://gdpr-info.eu>). At the Faculty level, all employees with access to student records undergo mandatory training and have signed non-disclosure agreement. Electronic access is limited to authorised personnel only, and dedicated IT team ensures strong access protection including monitoring.

Staff Conclusion: Additional Information requested

Student Achievement, Question 1

Country Narrative

The NAB considers criteria for completion of courses and for graduation within the accreditation proces. According to the Standards for Accreditation (Exhibit 3), the university must have published criteria that enable objective evaluation of student achievement. The method of evaluation must support improvement of student achievement (Part 2, Title I (D)(IV)(4). The criteria and requirements are determined by internal regulations of each medical school (e.g. Exhibit 5).

The First Faculty of Medicine and Medical Faculty of the Masaryk University hold the US accreditation for Direct Loans program of the US government. As such, it is required to have an internal document for satisfactory academic progress, example of which is attached (Exhibit 16).

The criteria for academic progress, requirements for graduation and similar tools of evaluation of student achievement are included in the Code of Study and Examination of each university.

Analyst Remarks to Narrative

The Standards for Accreditation (Exhibit 3 (II)(8) requires institutions to establish requirements for degree completion and the Satisfactory Academic Progress Policy establishes satisfactory academic progress requirements for Title IV eligibility (Exhibit 16:Satisfactory Academic Progress).

Student Achievement, Question 2

Country Narrative

Q 1 - At the national level the HEA defines in Section 53 conditions of State Examinations. In Section 46(3) it specifies that studies in the field of medicine are completed in due form passing a Rigorous (Advanced Master) State Examination. In Section 57 it defines among Documents of Studies: Student Identity Card, Student Record Book (also called Index), Higher Education Diploma and Diploma Supplement. The Diploma Supplement is issued to graduates of degree programs. A student graduate in the Master degree program in Medicine is awarded the academic degree "Doctor of Medicine", abbreviated as MUDr., before name. (HEA Section 46(4)(c).)

Q 2 - Medical schools may develop their own study and examination rules, including scoring, when evaluating student academic progress pursuant to internal regulations of the medical school. The evaluation criteria must enable objective evaluation of student achievement and support improvement of student achievement (Exhibit 3, Standards for Accreditation, Part 2, Title I (D)(IV)(4). Each institution may determine the form of cumulative assessment it uses based on its educational purpose and may use various evaluation tools to assess student progress. Generally, the curriculum specifies the program of study for each year of study in terms of the sequence of subjects, their duration, whether they are compulsory, elective, or optional courses, and may specify the names of the teachers responsible for teaching the courses. Each study subject is a basic unit of the study program and ends by a credit, credit with marks or credit and examination. Some medical schools have determined that credit represents whether a student completed the conditions of the subject. Confirmation of completion by credit is classified as credit received or credit not received by some medical faculties. Examinations also test a student's knowledge and skills and can be performed orally, in writing, or as a practical or in any combination thereof. The results of examinations may be classified as follows:

Excellent -1

Very well -2

Good -3

Failed -4

Another medical school uses the following forms of review to review a student's progress:

Current assessment

Subject colloquy

Credit

Credit with marks

Written test

Examination

In all medical schools, the final year of the medical study program concludes with a rigorous state examination in the fields of medicine covering internal medicine, surgery, gynecology and obstetrics, pediatrics, hygiene and social medicine. One medical school also includes two other state examinations covering neurosciences and preventive medicine.

The internal regulations of each medical school contain provisions for a student to repeat an examination, but in the event of three unsuccessful attempts, the student must repeat the year.

See also Code of Study and Examination Charles University (Exhibit 4) and Rules for Organization of Studies of First Faculty of Medicine Charles University (Exhibit 5). The First Faculty of Medicine and Masaryk University hold the US accreditation for Direct Loans program of the US government. As such, it is required to have an internal document for satisfactory academic progress (Exhibit 16).

The criteria for academic progress, requirements for graduation and similar tools of evaluation of student achievement are included in the Code of Study and Examination of each university.

Analyst Remarks to Narrative

The Czech Republic does not set national requirements to assess student achievement. However, the HEA (Exhibit 1: Section 46 (5)) stipulates that institutions may use state examinations in compliance with rules established by the institution to award academic degrees. Medical schools may develop study and examination rules, including scoring, when evaluating student academic progress pursuant to internal regulations of the medical school. The Scientific Board discusses the proposal for the regulations of the quality-providing system for the educational activities and carries out the internal evaluation of the quality of the educational, creative, and other related activities of the public higher education institution that are submitted by the Rector prior to the submission of the proposal to the Academic Senate of the relevant public higher education institution (Section 12: (1) h). In addition, the First Faculty uses the Satisfactory Academic Progress Policy (Exhibit 16) to evaluate student achievement with course completion to determine title IV eligibility.

Student Achievement, Question 3

Country Narrative

Each student has a Student Record Book that monitors his or her progress. The requirements and criteria for progression and

graduation are determined by internal regulations of the medical school. The Czech medical schools do not have yet established student performance outcome measures, such as acceptable number of graduates from the school passing a licensing examination, whether to grant accreditation to the medical school. At least one medical school reports the results of its graduates on the USMLE to the US Department of Education in the form of annual tracking reports.

Due to the planned country's adherence to WFMEA accreditation standards from 2023, the NAB plans to implement policies that would start monitoring these parameters to be fully compliant with the WFMEA standards.

Analyst Remarks to Narrative

The First Faculty of an institution uses the Satisfactory Academic Progress Policy (Exhibit 16) to evaluate student achievement with course completion and the accumulation of credits to determine title IV eligibility throughout the students' matriculation period. However, the HEA (Exhibit 1: Section 46 (5)) stipulates that institutions may use state examinations in compliance with rules established by the institution to award academic degrees. For example, medical schools may develop study and examination rules, including scoring, when evaluating student academic progress pursuant to internal regulations of the medical school.

The Committee may wish to request additional information about the country's narrative about the NAB plans to implement monitoring parameters relevant to WFMEA standards.

Country Response

Due to new requirement of the NCMEA that all foreign schools must be accredited according to WFMEA standards, the NAB initiated meeting of the stakeholders (representatives of Czech medical schools). It was agreed that the NAB shall incorporate these standards, and that the schools will abide to them and provide full cooperation in their implementation. This was confirmed by the meeting of the Deans of medical schools in June 2019, and practical steps will be discussed this fall at the annual Czech and Slovak Medical School's meeting by the respective Vice-Deans.

Analyst Remarks to Response

The country has responded that the NAB will implement WFMEA standards but has not provided supporting documentation as verification that it meets this section of the Guidelines. The Department would require uploaded documentation in the response as verification for demonstrating application of the process or procedure, as appropriate. This requirement is noted in the Guidelines for Determinations of Comparability (Revised September 17, 2018).

Staff Conclusion: Additional Information requested

Student Achievement, Question 4

Country Narrative

Please see Exhibit 10 – Statement of the NAB on student performance data for explanation.

Analyst Remarks to Narrative

The Czech Republic does not establish or collect data on student performance benchmarks, outcome measures, or acceptable licensing examination rates. As discussed in the previous section, the HEA (Exhibit 1: Section 46 (5)) stipulates that institutions may use state examinations in compliance with rules established by the institution to award academic degrees. For example, medical schools may develop study and examination rules, including scoring, when evaluating student academic progress pursuant to internal regulations of the medical school. The NAB examines an institution's student performance data as part of the review student performance related to the mission and objectives but does not use the data to determine award or denial of accreditation (Exhibit 10).

The Committee may wish to request additional information about how student performance is used to determine an accreditation decision.

Country Response

As explained in Exhibit 10, the NAB is not legally allowed to base an accreditation decision on student performance and other related data as these are not among the criteria listed in the HEA or the Standards for Accreditation. However, the NAB will explore the options to incorporate the requirement of student-performance-data collection and the monitoring of these data to its procedures. This matter will be discussed and decided on at the August meeting of the Board of NAB.

Analyst Remarks to Response

The country has responded that it is not a regulatory requirement to establish student performance measures, graduation or licensing rates, or other data related to student achievement. In addition, the country did not provide any information regarding how the Czech Republic defines student performance or what outcomes data are used to determine achievement.

Staff Conclusion: Additional Information requested

Student Achievement, Question 5

Country Narrative

It is stipulated in the Standards for Accreditation, Part 2, Title I (C)(II)(5) that the university has a set mechanism of feedback from students and other stakeholders, including surveys and collection of qualitative and quantitative data on their evaluation of educational activities (Exhibit 3).

Analyst Remarks to Narrative

As discussed in the narrative, the Standards for Accreditation (Exhibit 3: Part II (C)(II)(5) requires the institution to develop quality assurance and assessment of educational and creative activities. The assessment tools include questionnaires and quantitative and qualitative surveys, where academic staff members, students, relevant professional chambers, professional associations of employers to provide feedback on student performance.

Student Services, Question 1

Country Narrative

The Czech Republic Higher Education Act, Section 62(2) provides that students performing practical training are subject to general regulations on work safety and health protection and working condition of women, pursuant to Articles 101 through 108 of the Czech Republic Labor Code (Exhibit 7). In addition, the Decree of the Ministry of Health of the Czech Republic No. 56/1997 requires preventive entrance medical check-ups for all enrolled students. Additionally, the students have access to confidential mental health consulting at the Charles University Student Health Center in Prague and at the Department of Psychiatry at the First Faculty of Medicine. In all Czech medical schools, students receive an entrance medical examination at the beginning of the first year of study and a preventive examination during and before the end of the study program that include vaccinations against hepatitis B, tests for tuberculosis, and for women, vaccinations against German measles. Student health services are subject to arrangements by each Medical School. The First Faculty of Medicine of the Charles University, for example, has contracted an English speaking psychologist.

Standards for Accreditation instruct in Part 1 (A)(VII)(4) that applicants and students must have access to a wide range of information and consultation services pertaining to their studies as well as employment opportunities. In practice, enrolled students are instructed about the access to preventive, diagnostic and therapeutic health services, including confidential mental health counseling. The students may address the respective Vice-Dean for Social Affairs and the Financial Departments of the Dean's Offices to be provided with effective financial aid and debt management counseling. The students may address the respective Vice-Deans for Education and the respective tutors who would assist them in their career choice, their application to graduate, residency or fellowships programs and to guide them in choosing elective courses and rotations. Study and Examination Regulations are obligatory parts of the Internal regulations of each University, which state that examinations are public and that the student has the right to apply for being examined in front of a board of examiners during the reexamination.

Please find attached a sample of an evaluation report (Exhibit 9).

Analyst Remarks to Narrative

The Standards for Accreditation (Exhibit 3, Part I (A) (VII) requires institutions to ensure sufficient and operating supporting resources and administration including libraries, electronic resources, consultancy (advising) services, employment possibilities (job-placement), administrative resources, and information and requirements related to the degree program.

The Committee may wish to request additional information regarding policies for mental health counseling and international student services.

Country Response

At present, such services are provided to students by universities/faculties on a pragmatical and voluntary basis. The NAB will set mandatory standards for such services if required by the WFMEA rules by 2023.

Analyst Remarks to Response

The country has responded that mental health and international student services are currently provided on a voluntary basis at the discretion of the medical school. However, there are plans for implementing requirements for such services when the standards are revised according to WFMEA standards in 2023.

Staff Conclusion: Additional Information requested

Student Services, Question 2

Country Narrative

records and the confidentiality of student records?

Students have access to their records. As described above, each student has his or her Student Record Book containing all their marks. Access to the information system is regulated by internal regulations of each medical schools.

See Rules for Organization of Studies of First Faculty of Medicine Charles University (Exhibit 5).

Analyst Remarks to Narrative

As discussed in the previous section, the institution is required to maintain student records (Exhibit 1: Higher Education Act, Section 88 (1) for budgetary and statistical purposes. Student information is maintained in a database and entries may only be made by authorized employees of the institution and the student has access to the relevant record. However, institutions establish internal regulations regarding the authorization of employees and rules for confidentiality.

The Committee may wish to request additional information regarding institutional practices for ensuring confidentiality of student records and personal identification information.

Country Response

Confidentiality of all student's records is mandated by the GDPR act. At the Faculty level, all employees with access to student records undergo mandatory training and have signed non-disclosure agreement. Electronic access is limited to authorised personnel only, and dedicated IT team ensures strong access protection including monitoring.

For allowing students access to their records (typically requested are the entrance exams in order to prepare an appeal against the decision of non-admittance to studies), a photocopy is always made to assure integrity of the original. The students are allowed to study their records, during the regular business hours, in a dedicated room at the Student's Affairs Department (practice at the First Faculty of Medicine). In proceedings conducted under the Act on Administrative Proceedings, such as the admission procedure, access to one's own record is ensured by this law.

Analyst Remarks to Response

The country has responded that access to and confidentiality of student records is required by laws that are governed by the General Data Protection Regulations. However, as noted in a previous section, additional information is needed to determine which specific articles are used by medical schools in the Czech Republic as the Regulations are harmonize data privacy laws for all member states of the EU. In addition, the Department would require documentation as an upload in the response as verification for demonstrating application of the process or procedure, as appropriate. This is noted in the Guidelines for Determinations of Comparability (Revised September 17, 2018).

Staff Conclusion: Additional Information requested

Student Complaints, Question 1

Country Narrative

Q 1 - The Higher Education Act defines in Sections 62 and 63 Student's Rights and Duties, in Sections 64-67 Disciplinary Misdemeanours and in Section 68 Decision Making on Students' Rights and Duties. Section 62(h) gives the student the right to elect members and be elected as a member of the Academic Senate of the Faculty and the University. Section 8(1) and Section 26(1) specify that at least one third and at most one half of these bodies constitute students. Other Academic Bodies of the University and/or Faculty are Disciplinary Commissions (Section 7(1)(d) and Section 25(1)(d)). Section 13(1) and Section 31(1) state that students represent one half of the members of the Disciplinary Commissions of the University and/or Faculty. Disciplinary Rules for students are parts of the Internal Regulations of the University (Section 17(1)(h)) and/or Faculty (Section 33(2)(f)). Parts of the Internal Regulations of the University (Section 17(1)(i) and/or Section 33(2)(e)) are also Evaluation Procedures supervised by the Education Commission (Board) and Evaluation Commission (Board) of the University and/or Faculty with the proportional representation of students. Most of the students' complaints are solved at the level of the Faculty and/or University. In general, the complaint against a teacher is primarily addressed by chair of the appropriate Institute/Department/Clinic, the appeal is the addressed to the Dean, and the third instance if the Rector (President) of the University.

Q 2 – Standards for Accreditation deal with this topic in Part 1 (A)(II)(6) and (A)(V)(6) and (11). The NAB expects each medical school:

- to have written policies for addressing student complaints
 - to publicize to all faculty and students its standards and procedures for the evaluation, advancement and graduation of students
 - to publicize its standards for student conduct and procedures for disciplinary action
- The Higher Education Act Section 33 (2) d) requires the Student Disciplinary Code of the Faculty (Medical School) as a constituent part of the internal regulations of the Faculty.

To demonstrate how the NAB monitors how the schools deal with student's complaints, please see attached the recent report (2018) of the evaluation of request by the medical faculties of the Charles University (Exhibit 9). One of the bases for granting the accreditation serves the publicly accessible Annual Report (e.g. <https://en.lf1.cuni.cz/annual-reports-list>) where these issues are also mentioned.

Analyst Remarks to Narrative

The country attests that, in general, the complaint against a teacher is primarily addressed by chair of the appropriate Institute/Department/Clinic, the appeal is the addressed to the Dean, and the third instance if the Rector (President) of the University. However, the HEA (Exhibit 1) has provisions for students to meet with the Rector, Dean, or institutional authority only when summoned (Section 65(3)(d)). The Committee may wish to request additional information on the medical school's policies for student complaints, especially information on the procedure for lodging a complaint, the process and timeline for complaint review, and possible resolutions.

Country Response

The complaints (or sometimes requests for clarification) are lodged in different ways – typically through e-mail to the teacher/department chair/vice-dean. If it is determined that the nature of the complaint is serious (e.g. suspicion of faculty misconduct, or the student insists on perceived injustice), the official complaint is lodged in writing on a form through the Student's Affairs Department. It is then decided upon within 30 days (typically one week) by the appropriate Vice-Dean in the first instance (usually after requesting statement from the other party in case of student-faculty dispute). If the student is not satisfied with the resolution, the next step is (again written) appeal to the Dean, through the study department, which attaches all the written documentation pertaining to the case. The Dean then decides (typically after the consultation with the legal department) within 30 days. The last resort is then the appeal to the Rector of the University, whose ultimate decision is pronounced also within 30 days.

Analyst Remarks to Response

The country has responded with a description of the student complaint process, including how submitting/lodging a complaint. The country has also provided documentation of a complaint process of a medical school in the Czech Republic. Although the Standards for Accreditation (Exhibit 3) note that higher education institutions must have processes to remedy deficiencies (p.4), the documentation submitted and referred to in the narrative are not written processes for investigation of a student complaint or the written policy regarding a medical school's handling of a complaint procedure.

Staff Conclusion: Additional Information requested

Student Complaints, Question 2

Country Narrative

Q 1 - Complaints from the students against medical schools would be investigated primarily at the level of the respective Faculty and/or University. If students submit complaints to the NAB, there will be discussed first by the Presidium of NAB and then by the Board of NAB. The students are made aware that NAB is the relevant body of central administration that is responsible for quality assurance of medical schools and has the duty to deal with and investigate complaints from the public when they reach a certain level of seriousness.

Q 2 - There have been no complaints from students related to medical schools in the past year.

Analyst Remarks to Narrative

As discussed in the previous section, the country attests that complaints are addressed by the chair of the appropriate Institute/Department/Clinic and an appeal is addressed to the Dean or Rector (President) of the University. However, the HEA (Exhibit 1) has provisions for students to meet with the Rector, Dean, or institutional authority only when summoned (Section 65(3)(d)). The Committee may wish to request additional information on the medical school's policies for student complaints, especially information on the procedure for lodging a complaint, the process and timeline for complaint review, and possible resolutions.

Country Response

The country has responded, in the previous section, with the process for students to file a complaint and the procedures and

timeline for the medical school to investigate and review. The country has also responded that there were no student complaints filed in the past year.

Staff Conclusion: Comprehensive response provided

Finances, Question 1

Country Narrative

Q 1 - The Higher Education Act identifies the financial resources available to public Higher Education Institutions that house all Czech Republic medical schools. Section 18 of the Act requires all public higher education institutions to prepare a budget for each calendar year and manage its institutions in conformity with the budget. Regarding budget preparation and financial accountability, the Dean of the medical school proposes the budget and submits it to the medical school's Academic Senate for approval, before it is forwarded to the university administration. In addition, each institutional budget proposal must be presented to the Ministry for clearance. In addition, each medical school must submit an annual report on its financial management to the university administration. The medical school Academic Senate also approves the report before the university administration receives it. It is then forwarded to the Ministry.

Q 2 – The NAB verifies in its accreditation procedures that the university has well-functioning financial mechanisms and an audit mechanism to secure the operation of its educational and research activities (Standards for Accreditation, Part 1 (A)(I)(4) and that the financial as well as other material and technical resources are adequate for these activities (Part 1 (B)(II)(7). In addition, the university must critically assess the financial costs of a study program and prove that it has the resources to cover them (Part 2, Title I (D)(VI)(1).

Medical Faculties (Medical Schools) are integral parts of their respective Universities, which are public Higher Education Institutions primarily responsible for the administration of finances allotted by the Ministry of Education. Administration of the medical school's budget cannot report its financial situation directly to the NAB or the Ministry of Education, as the medical schools are not separate legal entities. Therefore the NAB and the Ministry of Education do not expect an officially audited financial statement to be included among the evidence of a medical school's finances. Medical schools prepare audited financial statements only for the purpose of their participation in the U.S. federal loan programs.

Q 3 – The NAB decides on the size and scope of the educational program through its accreditation.

Analyst Remarks to Narrative

The country's HEA (Exhibit 1) requires all public higher education institutions to prepare a budget proposal for financing through the Ministry of Education, Youth and Sports. The NAB's Evaluation Committee verifies fiscal responsibility with regards to the institution's operation of its educational and research activities (Standards for Accreditation, Part 1 (A)(I)(4) The NAB is authorized to decide on the size and scope of the educational program after review through its accreditation.

Facilities, Question 1

Country Narrative

According to the Standards for Accreditation, medical schools must have sufficient material and technical infrastructure including lecture and study space, equipment, laboratories etc. to carry out the study program and achieve the designated learning outcomes. This infrastructure has to be adequate to the number of students enrolled (Part 2, Title I (D)(VI)(2). Each school is therefore in possession of sufficient clinical facilities that enable instruction in all the facets of the main clinical specialties and subspecialties (e.g., Internal Medicine – Cardiology, gastroenterology, pneumology, etc.) as described in detail above. In case the school does not have sufficient capacity by itself (typically e.g. primary care), it creates a network of collaborating primary care practitioners (outpatient) who provide one on one instruction to complement the clinical teaching. For the basic and clinical sciences, the adequacy of facilities is determined by the national accreditation criteria for performing promotions to Associate and Full Professorship.

Please find attached a sample of an evaluation report (Exhibit 9).

Analyst Remarks to Narrative

The Standards for Accreditation requires medical schools to have sufficient study space, equipment, laboratories and infrastructure as appropriate for the number of students enrolled (Part 2, Title I (D)(VI)(2). The EU Directive (Exhibit 14) also requires Member States to provide suitable clinical experience under the appropriate supervision (Section 2, Article 24). Determinations on sufficient and study space are made by the NAB based on student enrollment to teacher ratio.

The Committee may wish to request additional information on the determination of sufficient 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 at its medical schools.

Country Response

The Standards for Accreditation have been drafted as an overarching document covering all study programs in all fields of study. Therefore, it does include specific requirements on facilities in medical schools. NAB assesses the sufficiency of facilities and equipment on an individual basis in each case, taking into account the specific context of the medical school and of the arrangements in the study program. It is important to note that the assessors are qualified experts with wide experience of teaching at medical schools and have a very good sense of the standard in the field as well as the facilities and equipment that are needed for a medical program. The NAB will abide by any relevant WFME requirements on this matter by 2023.

Analyst Remarks to Response

The country has responded that the Standards for Accreditation (Exhibit 3) address physical facilities and equipment for all programs but not specifically related to medical schools. However, there are plans for the NAB to include these requirements in the Czech Republic's standards by 2023.

Staff Conclusion: Additional Information requested

Facilities, Question 2

Country Narrative

Q 1 – It is specified in (Part 2, Title I (D)(VI)(2) of the Standards for Accreditation that must have and prove the existence of sufficient material and technical resources, lecture and study space, and specialized equipment of rooms and laboratories. The medical school must also provide information on the capacity of these spaces. An opinion of a competent public health authority on appropriateness of rooms destined for study program provision is requested for buildings where no teaching activity has yet occurred. If the building is now owned by the medical school, the terms of lease are investigated as a part of the accreditation procedures.

Q 2 - The Faculty (medical school) should be equipped to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research. At the Dean's Office level there are a special Animal Experiment Board and Ethical Committee which give approval for the use of animals in teaching and research and are responsible for the humane care of animals.

Standards of humane care of animals (including research) are continuously update in accordance with changes in European legislature. All workers have to undergo periodic training in these procedures. Details of these courses can be found e.g. here: <http://eagri.cz/public/web/mze/ochrana-zvirat/vzdelavani-a-kurzy/kursy-k-ziskani-odbornych-zpusobilosti/> (Ministry of Agriculture). Currently, these courses are only held in Czech, details are listed here: <http://eagri.cz/public/web/en/mze/animal-welfare/>. Once course in English was held in 2018 at the First Faculty of Medicine.

Analyst Remarks to Narrative

As discussed in the previous section, the Standards for Accreditation requires medical schools to have sufficient study space, equipment, laboratories and infrastructure as appropriate for the number of students enrolled (Part 2, Title I (D)(VI)(2). The EU Directive (Exhibit 14) also requires Member States to provide suitable clinical experience under the appropriate supervision (Section 2, Article 24). Determinations on sufficient and study space are made by the NAB based on student enrollment to teacher ratio.

The Committee may wish to request additional information on the determination of sufficient physical facilities and equipment, including clinical teaching facilities, and facilities for the humane care of animals when animals are used in teaching and research.

Country Response

No set rules are in operation for assessing adequacy of such facilities by the NAB – animal well-being is assured by appropriate legislation, and monitored by appropriate governmental agencies (veterinary well-being by the ministry of agriculture, handling of GMO by the ministry of environment). The necessary facilities depend on volume of research and its kind conducted at the respective universities/faculties, and may depend on experimental models (bacteria vs. large mammals), and thus no set rule is meaningful in this case (plus it is not required by the applicable law).

Analyst Remarks to Response

As noted in the previous section, the country has responded that the Standards for Accreditation (Exhibit 3) address physical facilities and equipment for all programs but none specifically relate to medical schools and biomedical research. However, there are plans for the NAB to include these requirements in the Czech Republic's standards by 2023.

Faculty, Question 1

Country Narrative

Q 1 - The size and structure of the faculty staff must be adequate to the offered study programs and the number of students enrolled (Standards for Accreditation, Part 2, Title I (D)(III)(5). Apart from the requirement that the overall structure of involved faculty must be sufficient with respect to their qualification, age, scope of their contract and experience (Part 2, Title I (D)(III)(4), each staff member has to have appropriate qualification to teach his/her courses (Part 2, Title I (D)(III)(3). This is assessed by close examination of education, work experience, publications and other creative and research activities of each faculty member. Furthermore, there are specific requirements on the qualifications and scope of contract for guarantors of the study program, of fundamental theoretical profile core courses and of the profile core courses (Part 2, Title II (A)(2)(4) and (5); Part 2, Title II (E)(II)(1), (2) and (3).

The most critical component is sufficient number of dedicated teachers holding the degree of Associate and Full Professor; criteria that need to be fulfilled to obtain this degree are described at the First Faculty of Medicine's website. Since the ability to teach in that language is one of the criteria; for non-speakers, there is the institution of Visiting Professors, status of which is awarded by the Scientific Board: <https://en.lf1.cuni.cz/visiting-professores>). Czech Medical schools have a scale of teaching faculty that is similar across the country. For example, at Charles University the lowest faculty position is a Lecturer – typically advanced students assisting with practical preclinical classes (e.g. teaching assistants in anatomy, histology, and physiology). The next level requires a Masters degree in Medicine (MD) or related sciences (level AP1). Typically, these Assistants are simultaneously enrolled in a PhD program, and its successful completion may lead to promotion to an Assistant Professor level (AP2). In clinical disciplines, this could be substituted or complemented by passing the board/specialty exams in postgraduate medical training. The next level is the Associate Professorship (AP3), requiring a PhD, board certification for the clinical disciplines, certain number of publications, citations, and at least one PhD student under applicant's supervision. A habilitation thesis needs to be submitted and defended in front of the Scientific Board of the Faculty (see the link <https://www.lf1.cuni.cz/informace-pro-uchazece-o-jmenovaci-a-habilitacni-rizeni---postup-pri-podavani-zadosti> - available only in Czech). For Full Professor (AP4), 3 years in the position at the Associate level, more primary and review publications, successfully defended PhD thesis under his/her supervision, in addition to a variety of other "soft" criteria (invited lectures, organization of international meetings, membership on Editorial boards etc.) are required; these applications are first reviewed by the Faculty Scientific Board, and after that the University Scientific Board. Of course, active teaching activities in the respective discipline are assumed and required as well.

Q 2 – There are no remote (off-campus) sites; in case of collaboration with e.g. primary care providers, who do not typically have a direct affiliation with the faculty, board certification is required, and their performance is monitored regularly by student evaluation and site visits. In case of selected summer rotation (typically 2 weeks of Internal Medicine, 2 weeks of Surgery and 2 weeks of Ob&Gyn after years 4 and 5), it is explicitly recommended that these are done in non-teaching hospitals to get an exposure to "real life" conditions in a non-academic environment where the students see the most common diseases rather than much more rare conditions referred to the tertiary centers (teaching hospitals). The teaching staff of the clinical departments of teaching hospitals are typically faculty staff of the medical schools (see related Standards for Accreditation, Part 2, Title II (A)(7).

See also Sections 70-75 of HEA.

Analyst Remarks to Narrative

The HEA (Exhibit 1) requires an institution to ensure the faculty staff as adequate to the offered study programs and the number of students enrolled (Standards for Accreditation, Part 2, Title I (D)(III)(5). Faculty qualifications for teaching courses are determined by age, scope of their contract and experience (Part 2, Title I (D)(III)(4). Furthermore, there are specific requirements on the qualifications and scope of contract for guarantors of the study program selected from among the faculty of the program (Part 2, Title II (A)(2)(4) and (5); Part 2, Title II (E)(II)(1), (2) and (3).

The country attests that there are no remote sites or additional campus' for the medical schools.

Faculty, Question 2

Country Narrative

Generally speaking, conflict of interest is a legal matter, treated by the applicable law. Potential conflict of interest is dealt with at the level of medical schools that have adopted codes of conduct or ethics. For example, the First Faculty of Medicine has developed a Faculty code of conduct ("Eticky kodex") that deals with the most commonly encountered issues including conflict of interests: <https://en.lf1.cuni.cz/code-of-ethics-of-charles-university-the-first-faculty-of-medicine>. Other medical schools have adopted similar documents governing such situations. A specific statutory provision exists to prevent conflict of interest and maintain fairness in

accreditation procedures.

In terms of accreditation, according to Section 29(4) of the Statute of NAB, employees of medical schools may not act as evaluators of their own medical school. Furthermore, the NAB has also adopted a code of conduct that applies to all evaluators and rules out potential conflict of interests. The Code of Conduct will be provided in English prior to the Fall Meeting.

Analyst Remarks to Narrative

The HEA allows institutions to establish internal regulations and includes policies related to conflicts of interest. Therefore, there are no national regulations to deal with or prevent instances of actual or perceived conflicts of interest in which the personal/private interests of its faculty or staff may conflict with their official responsibilities.

The Committee may wish to request additional information regarding how the country prevents conflicts of interest in which the personal/private interests of its faculty or staff may conflict with their official responsibilities and how faculty or staff are trained to know if an actual or perceived conflict of interest exists.

Country Response

The Code of Conduct of NAB (Exhibit 19) serves to prevent conflict of interest of its evaluators and other persons involved in its activities. Medical schools have typically developed their own codes of conduct that apply to their staff and faculty members. Medical schools are also responsible for circulating the code of conduct and other relevant policies and ensuring that all staff and faculty members are familiar with them.

Staff Conclusion: Comprehensive response provided

Library

Country Narrative

Faculty must have a well maintained and catalogued library, sufficient in size to support the educational program of the medical school (Standards for accreditation, Part 2, Title I (D)(VI)(3) and Part 1 (A)(VII)(3)). The library should receive the leading biochemical and clinical periodicals, the current issues of which should be readily accessible. In addition each student must have free access to the Medline database and the internet. The information sources and the equipment of the library must be adequate to the content of the study programme and the number of students. It must cover all the required and recommended reading and be sufficient to give students the tools to reach the learning outcomes. The literature and other information sources must be up to date and reflect the current state of knowledge in the field.

Please find attached a sample of an evaluation report (Exhibit 9).

Analyst Remarks to Narrative

The Standards for Accreditation (Exhibit 3:Part 2, Title I (D)(VI)(3) and Part 1 (A)(VII)(3)) requires institutions to have adequate library resources for the content of the program and the number of students enrolled and resources must be current and sufficient for students to achieve the program's the learning outcomes.

Clinical Teaching Facilities, Question 1

Country Narrative

Q 1 - HEA defines the role of Teaching Hospitals in Section 93 and their Statute, Organization and Activities are enumerated in the Ministry of Health of the Czech Republic Decree No. 394/1991.

Q 2 - The affiliation agreements are required and approved by the Dean of the Faculty and the Director of the Teaching Hospital. Such proposals are extensively discussed by the entire Dean's Board, and if necessary, external opinions are solicited.

Q 3 - It is required that the medical schools notify the NAB of substantial changes in the programs including changes in affiliation agreements (Exhibit 8, Substantial Change Policy, Article 2 (d)(v).

As an example of monitoring adherence to these requirements, see Exhibit 9.

Analyst Remarks to Narrative

The country attests that the HEA defines the role of Teaching Hospitals in Section 93, however, the Act defers to the details in special regulation and does not adequately discuss affiliation agreements or the approval process. In addition, the country has provided an abbreviated version of the Ministry of Health of the Czech Republic Decree No. 394/1991 and does not provide the affiliation agreement definition as discussed in the narrative. However, the NAB is the authority for approving substantial changes in programs (Exhibit 8, Substantial Change Policy, Article 2 (d)(v).

The Committee may wish to request additional information regarding the approval process and officials for affiliations between medical schools and teaching hospitals and clinical facilities.

Country Response

The contracts stem primarily from the necessity to assure adequate clinical training facilities. The first impulse comes from the respective clinical subject guarantors. The proposal is then approved by the Dean's Board, and final approval lies with the Academic Senate, and the Board of Directors of the respective hospital.

Staff Conclusion: Comprehensive response provided

Part 4: Accreditation/Approval Processes and Procedures

Onsite Review, Question 1

Country Narrative

The evaluators of NAB conduct on-site reviews at medical schools prior to granting accreditation. There are no branch campuses or remote sites of medical schools in the Czech Republic. The subject of review is compliance with the Standards for Accreditation, Part 1, including:

Competence of a higher education institution's bodies, its management and economy

Mission and strategy of the higher education institution

Activities of the higher education institution related to educational activity

Creative activity of the higher education institution

Internal system to assure quality of educational and creative activities and activities related thereto and internal assessment of quality of educational, creative and activities related thereto of the higher education institution

Approval, control and regular quality assessment processes of degree programmes

Supporting resources and administration

Scope and structure of educational activity in the given field of education (General Medicine and Dentistry)

Ensuring of conditions for carrying out of educational activities in the given field of education (General Medicine and Dentistry)

The accreditation procedure is application-based and subject to Section 13 of the Statute of NAB and Sections 79 and 81a of the HEA. The university submits an application for institutional accreditation, providing data and descriptive information as well as evidence in relation to all relevant standards (of Standards for Accreditation). A self-evaluation report that reflects compliance with all relevant standards is also included as an integral part of the application. The NAB selects a group of evaluators from the Pool of Evaluators from the given field of study, in this case General Medicine and Dentistry (Sections 28-32 of the Statute of NAB) to assess the application. Upon initial desk-based assessment, the group of evaluators (evaluation committee) conducts an on-site review of the medical school(s). The on-site review is arranged in advance to secure the visit of the necessary premises, attendance of key faculty members, preparation of relevant documents for review etc. The group of evaluations then prepares a report for the Board of NAB, giving a thorough assessment of compliance with the HEA and Standards for Accreditation as well as recommendations for further improvement. Representatives of the university are invited to participate in discussion at the Board of NAB meeting, where the Board of NAB takes a decision on accreditation.

Universities that decide to not apply for institutional accreditation in the field of study General Medicine and Dentistry need to apply for study program accreditation. In the Czech Republic there is current one case of a medical school, where the university does not have institutional accreditation for this field of study. The procedure is in general terms the same as for institutional accreditation.

Please find attached a sample of an evaluation report (Exhibit 9).

Analyst Remarks to Narrative

The HEA (Exhibit 1) requires that each higher education institution must comply with the National Accreditation Bureau as established by the Ministry of Education, Youth and Sports. The Government Regulation on standards for accreditation (Exhibit 3) are the regulations to determine the standards by which an institution or degree program must comply for accreditation. However,

the Ministry of Health's decree for General Medicine and Dentistry (Exhibit 15) provides minimum requirements for medical schools for program accreditation. The on-site reviews coordinated by the NAB are conducted by the Evaluation Committee who then prepares a report for the Board of NAB including details about the assessment of compliance with the HEA, Ministry of Health decree, and Standards for Accreditation as well as recommendations for further improvement.

The country has provided a self-study report and sample evaluation report to demonstrate an accreditation review. The country attests that there are no remote sites or branch campuses of its medical schools.

Onsite Review, Question 2

Country Narrative

Q 1 - All core (required) clinical clerkship sites are Clinical Departments of the Faculty (University) Hospitals. On-site review of all clinical clerkship sites has not yet been conducted due to the extremely tight timeframe and high demands on the capacity of evaluators during the institutional accreditation procedures of the three universities with medical schools. As these were the pilot institutional accreditation procedures, it was a highly complex and challenging process for NAB and it was not possible for practical reasons to thoroughly review all clinical clerkship sites. However, the internal quality assurance and evaluation system of the universities, that ensures the quality of clinical clerkship sites as a part of the quality of study programs, was assessed in-depth and great complexity. The on-site review of these sites is planned and will be conducted by the end of 2021. The Act No. 20/1966 Coll. on public health care will be used for establishment of specific criteria for evaluation of clinical clerkship sites.

Q 2 - Primary responsibility for the quality of teaching lies with the Chief Medical Officer of the Medical schools, i.e., the Dean. In practice, the executive powers related to clinical teaching quality monitoring are delegated to the respective Vice Dean for Clinical Teaching, who meets regularly with the department heads and resolves any issues related to clinical teaching including the quality and performance of the teaching sites. Universities with medical schools must prove to the NAB, in order to be granted accreditation, that they have a stable and well-functioning internal quality assurance and evaluation system. Nationally, the teaching hospitals must meet the criteria set forth by the Ministry of Health. Act No. 20/1966 Coll. on public health care is used for establishment of criteria.

Analyst Remarks to Narrative

As discussed in the previous section, the Ministry of Health's decree for General Medicine and Dentistry (Exhibit 15) provides minimum requirements for medical schools for program accreditation, including clinical experiences and on-site reviews are coordinated by the NAB's Evaluation Committee. However, the country attests that, due to scheduling, there were no clinical clerkship onsite reviews conducted during this reporting period.

The Committee may wish to request additional information regarding plans and coordination of an onsite review of all clinical clerkship sites to determine if the Ministry of Health's decree standards and the country's Government Regulation standards for accreditation are met.

Country Response

NAB plans to establish special evaluation committees from among renowned experts in the medical field, to be coordinated by NAB staff and consulted by NAB Board member responsible for the medical field. These evaluation committees will develop working plans to carry out the onsite reviews in compliance with the policy outlined in Exhibit 17 by the end of 2021. The reports from the site visits will be discussed and approved by the Board of NAB. If any serious deficiencies are found, appropriate steps in line with the competences of NAB described in HEA will be taken.

Analyst Remarks to Response

The country has responded that clinical onsite evaluations will be established by the NAB and conducted by medical experts according to requirements discussed in the "Specific requirements on submission and assessment of applications for accreditation and the obligation to HEIs to inform NAB (Exhibit 17(3))" by 2021.

Staff Conclusion: Additional Information requested

Onsite Review, Question 3

Country Narrative

No study programme might be carried out without accreditation (Section 78(2) of HEA). The NAB is the exclusive national body with the authority to grant accreditation to study programmes on the condition of affirmative statement of the Ministry of Health. There are no other accreditors. Evaluation of medical schools is conducted regularly in relation to the expiration of the

accreditation of their study programs, typically each five or ten years. According to Section 80(1) and 81b(1) of HEA, accreditation is awarded for a maximum of ten years. NAB conducts on-site reviews of clinical clerkship sites at least once during the accredited period. At the same time, NAB requires medical schools to submit information about new clinical clerkship sites opened during the accredited period that have not been reviewed on-site previously. NAB will conduct an on-site review of these new sites within 12 months of the placement of students at those sites. Please see Exhibit 17 for this procedure.

Analyst Remarks to Narrative

As discussed in the previous section, the country has reported that no clinical clerkship onsite reviews were conducted during this review period.

The Committee may wish to request additional information regarding plans and coordination of an onsite review of all clinical clerkship sites to determine if the Ministry of Health's decree standards and the country's Government Regulation standards for accreditation are met.

Country Response

NAB plans to establish special evaluation committees from among renowned experts in the medical field, to be coordinated by NAB staff and consulted by NAB Board member responsible for the medical field. These evaluation committees will develop working plans to carry out the onsite reviews in compliance with the policy outlined in Exhibit 17 by the end of 2021. The reports from the site visits will be discussed and approved by the Board of NAB. If any serious deficiencies are found, appropriate steps in line with the competences of NAB described in HEA will be taken.

Analyst Remarks to Response

As discussed in the previous section, the country has responded that clinical onsite evaluations will be established by the NAB and conducted by medical experts according to requirements discussed in the "Specific requirements on submission and assessment of applications for accreditation and the obligation to HEIs to inform NAB (Exhibit 17(3))" by 2021.

Staff Conclusion: Additional Information requested

Onsite Review, Question 4

Country Narrative

It is required for medical schools to have signed affiliation agreements with clinical clerkship sites. The affiliation agreements are reviewed by the NAB during the procedure of study program accreditation and by the university in the case of universities with institutional accreditation that self-accredit their study programs.

Please find attached a sample of an evaluation report (Exhibit 9).

Analyst Remarks to Narrative

As discussed in previous section, the country has not reviewed the clinical clerkship sites to determine the stability of the program and the necessary resources for the clinical component of the curriculum.

The Committee may wish to request additional information regarding plans and coordination of an onsite review of all clinical clerkship sites to determine if the Ministry of Health's decree standards, affiliation agreements, and the country's Government Regulation standards for accreditation are met.

Country Response

NAB plans to establish special evaluation committees from among renowned experts in the medical field, to be coordinated by NAB staff and consulted by NAB Board member responsible for the medical field. These evaluation committees will develop working plans to carry out the onsite reviews in compliance with the policy outlined in Exhibit 17 by the end of 2021. The reports from the site visits will be discussed and approved by the Board of NAB. If any serious deficiencies are found, appropriate steps in line with the competences of NAB described in HEA will be taken.

Analyst Remarks to Response

The country has responded that clinical onsite evaluations will be established by the NAB and conducted by medical experts according to requirements discussed in the "Specific requirements on submission and assessment of applications for accreditation and the obligation to HEIs to inform NAB (Exhibit 17(3))" by 2021.

Staff Conclusion: Additional Information requested

Onsite Review, Question 5

Country Narrative

Medical study programs carried out by Czech medical schools are not located in the United States or in other countries. This situation is not applicable.

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

The standards for accreditation have been issued by Government decree (Exhibit 3) following extensive discussion and consultation among a wide range of experts from the field of higher education and quality assurance.

The Board of NAB as a body decides on accreditation of medical schools. In accordance with Section 83b of HEA, its members are widely recognized experts in their respective fields appointed by the Government on the proposal of the Ministry of Education, Youth and Sports. The nominations are consulted with the representations of higher education institutions.

The NAB establishes ad hoc advisory evaluated committees in line with Section 83e(1) of HEA from experts enrolled in the Pool of Evaluators. The Pool of Evaluators is organized by the fields of education listed in Appendix 3 of HEA, one of them being General Medicine and Dentistry. The experts for accreditation of medical schools are thus selection from this section of the Pool of Evaluators. Experts are selected to the Pool by the Board of NAB, upon consultation with the representations of higher education institutions, from submissions made to a regular public call. Candidates from universities and research institute must demonstrate research and teaching experience on a high level; candidates from the labor market must have been in managerial positions and demonstrated teaching activities or other kinds of cooperation with and knowledge of the higher education sector. Students are also enrolled in the Pool of Evaluators and each evaluation committee must include a student. The evaluation committees conduct on-site reviews and give recommendations on accreditation to the Board of NAB. The experts enrolled in the Pool of Evaluators undergo face-to-face training to prepare them for participation in evaluation committees and assessment of study programs and universities. The training materials are also available online (<https://www.nauvs.cz/index.php/cs/seznam-hodnotitelu>, under „Školení hodnotitelů“, will be provided in English prior to the Fall Meeting). In addition, all experts are bound by the Code of Conduct of the NAB.

Analyst Remarks to Narrative

As discussed in the narrative, the NAB establishes ad hoc advisory committees for onsite evaluations in accordance with Section 83e(1) of HEA. The Pool of Evaluators are coordinated from fields of education listed in Appendix 3 of HEA, including the Ministry of Health's decree for General Medicine and Dentistry (Exhibit 15). The pool of evaluators for the accreditation review of a medical school are candidates from universities and research institutions and qualifications include demonstrated research and teaching experience, experience in managerial positions, and demonstrated teaching activities and knowledge of the content. In addition, students may also be considered for the Pool of Evaluators and each coordinated Evaluation Committee includes a student representative. The candidates in the Pool of Evaluators attend face-to-face training in the standards for accreditation and how to conduct assessment of study programs and universities.

The NAB's coordinated Evaluation Committee conducts the onsite review and prepares a report for the Board, including recommendations for improvement. The Board reviews the self-study and application for accreditation from the institution to make an accreditation decision. The Board also serves as the policy-making body of the NAB. NAB member qualifications are determined by the Minister of Education, Youth and Sports and is appointed to serve by the Minister.

The Committee may wish to request additional information regarding the training materials used for the evaluators, decision-making body, and policy-makers of the NAB. The country has provided a website link that was not accessible and not translated into English.

Country Response

The training materials for the evaluators are attached as Exhibit 20.

Staff Conclusion: Comprehensive response provided

Re-evaluation and Monitoring, Question 1

Country Narrative

According to Section 80(1) and 81b(1) of HEA accreditation is awarded for a maximum of ten years, beginning from the day on which the decision takes legal effect. Validity of accreditation of a study program can be extended repeatedly but only upon full reassessment of compliance with the standards (Section 80(3)). Typically it is granted for five or ten years. HEA Section 77b(3)(c) also requires the universities to submit reports on internal quality evaluation every five years and their amendments yearly.

Analyst Remarks to Narrative

As discussed in the narrative, the HEA (Exhibit 1, Section 80(1) and 81b(1)) is awarded for a maximum of ten years and recognition of the NAB's accreditation is renewed upon compliance with the standards (Section 80(3)). In addition, the HEA also requires institutions to submit quality evaluation reports every five years.

Re-evaluation and Monitoring, Question 2

Country Narrative

Q 1 – When granting accreditation, the Board of NAB requests a follow-up report from the university/medical school to be submitted by a certain date. The specific content of the report depends on the particular context of the university/medical school and program as in each case it is necessary and meaningful to focus on specific aspects of the standards, depending on the situation at the medical school/program at the time of accreditation as well as its history. The NAB monitors the medical schools throughout the accreditation period by examining follow-up reports and on the basis of their internal quality evaluation reports and their yearly amendments (no follow-up reports are available at the moment because the deadlines set for their submission have not yet passed). The NAB has also the authority to conduct an exceptional external evaluation under Section 84 of HEA, involving an on-site review, if deemed necessary.

Q 2 - If any student complaints are received by the NAB during the accreditation period, the NAB acts upon them immediately as described previously and considers the record in the reaccreditation procedure and, if applicable, in exceptional external evaluation.

Analyst Remarks to Narrative

As discussed in the previous section, the NAB monitors the medical schools throughout the accreditation period based on internal quality evaluation reports submitted every five years. If there is an amendment to the internal quality evaluation, the institution must submit a report with an annual amendments report. According to the HEA (Exhibit 1, Section 84) the NAB may also request subsequent reports and conduct an on-site review, if deemed necessary.

Also discussed in the student complaints section, the country attests that, in general, the complaint against a teacher is primarily addressed by chair of the appropriate Institute/Department/Clinic, the appeal is addressed to the Dean, and the third instance is the Rector (President) of the University. However, the HEA (Exhibit 1) has provisions for students to meet with the Rector, Dean, or institutional authority only when summoned (Section 65(3)(d)).

The Committee may wish to request additional information on the medical school's policies for student complaints, especially information on the procedure for lodging a complaint, the process and timeline for complaint review, and how the NAB would investigate the student complaint.

Country Response

The complaints (or sometimes requests for clarification) are lodged in different ways – typically through e-mail to the teacher/department chair/vice-dean. If it is determined that the nature of the complaint is serious (e.g. suspicion of faculty misconduct, or the student insists on perceived injustice), the official complaint is lodged in writing on a form through the Student's Affairs Department. It is then decided upon within 30 days (typically one week) by the appropriate Vice-Dean in the first instance (usually after requesting statement from the other party in case of student-faculty dispute). If the student is not satisfied with the resolution, the next step is (again written) appeal to the Dean, through the study department, which attaches all the written documentation pertaining to the case. The Dean then decides (typically after the consultation with the legal department) within 30 days. The last resort is then the appeal to the Rector of the University, whose ultimate decision is pronounced also within 30 days.

Staff Conclusion: Comprehensive response provided

Substantive Change

Country Narrative

Under institutional accreditation, substantial change in study programs is handled at the level of the university that self-accredits its study programs. The rules and conditions for reporting and reviewing substantial change are determined by internal regulations of the university, which are subject to assessment by the NAB during the institutional accreditation procedure. The internal regulations must comply with the HEA and Standards for Accreditation.

For study program accreditation, the NAB has a policy regarding the general rules and requirements for substantial change reports (Exhibit 8). The policy indicates what is to be considered substantive change as well as how and when to report it to the NAB. The NAB assesses substantive change reports and determines if the proposed change is in line with the previous accreditation decision, if a new application for accreditation of the concerned study program needs to be filed or if other steps need to be taken.

Analyst Remarks to Narrative

As discussed in the narrative and defined in the Substantial Change Policy (Exhibit 8), the NAB assesses substantive change reports and determines if the proposed change is in compliance with the requirements of the standards for accreditation or Ministry of Health's decree for health professions and line with the previous accreditation decision. The NAB also determines if a new application for accreditation of the concerned study program needs to be filed or if other steps need to be taken to accommodate the change request.

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

In terms of evaluation committees, according to Section 29(4) of the Statute of NAB, employees of medical schools may not act as evaluators of their own medical school. Furthermore, the NAB has also adopted a code of conduct that applies to all evaluators and rules out potential conflict of interests. For the Board of NAB, Section 83b(4) through (7) address issues of conflict of interest. Rectors, deans and other persons in managerial positions at universities can not be appointed to the Board of NAB. Furthermore, the President and Vice-Presidents of the Board of NAB are not allowed to have any work contract or hold paid or unpaid positions at universities. Other members of the Board may be employed at universities, but must refrain from any conduct that could cast doubt on the independence and impartiality of the NAB. Such conduct in a reason for recall of this member from the Board by the government (Section 83b(8) of HEA). Members of the Board as well as the staff of the NAB office are also subject to the code of conduct of NAB.

Analyst Remarks to Narrative

The HEA allows institutions to establish internal regulations and includes policies related to conflicts of interest. In addition, the Statute of NAB has conflict of interest policies which establishes that employees of medical schools may not act as evaluators of their own medical school (Exhibit 2: Section 83b(4) through (7)).

Furthermore, Rectors, deans and other persons in managerial positions at universities can not be appointed to the Board of NAB. However, the HEA (Exhibit 1, (Section 83b(8) allows members of the Board may be employed at universities, but must refrain from any conduct that would be perceived as or an actual conflict of interest.

Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

The above mentioned provisions regarding prevention of conflict of interest ensure consistency in evaluation and fairness in accreditation procedures. Moreover, the collegiate nature of decision-making in the Board, and the competence and character of its members appointed by the government assist in achieving a fair and consistent accreditation process. In addition, accreditation decisions are published as a part of the minutes from Board of NAB meetings, which contributes to the transparency and public oversight over consistency and fairness in decision-making.

Analyst Remarks to Narrative

As discussed in the previous section, the Statute of NAB has conflict of interest policies which establishes that employees of medical schools may not act as evaluators of their own medical school (Exhibit 2: Section 83b(4) through (7) and that Rectors, Deans and others in administrative positions at the institution may not be appointed to the Board of the NAB.

Accrediting/Approval Decisions, Question 1

Country Narrative

The HEA as a binding piece of national legislation stipulates in Sections 79(4)(b) and 81a(4)(a) that non-compliance with Standards for Accreditation is a reason for not granting accreditation. If Standards for Accreditation are not met, the NAB is obliged to reject an application for accreditation. Due to the fact that accreditation procedures are subject to Act No. 500/2004 Coll., code of administrative procedures, all decisions must be clearly and concretely substantiated by analysis of (non)compliance with Standards for Accreditation and other relevant regulations.

Mechanisms for prevention of conflict of interest and publication of accreditation decisions are described above.

Analyst Remarks to Narrative

The HEA (Exhibit 1, Section 83(2) and the Statute of NAB (Section 1(3) and Section 13 establishes the Board of the NAB as the decision-making body of accreditation for the Ministry of Education, Youth and Sports. The NAB is responsible for coordinating onsite evaluations and an assessment of an institution's reported activities and student performance based on internal regulations

for institutional and program quality as required by the Government Regulation on standards for accreditation (Exhibit 3).

Also described in the HEA, the the Ministry of Health gives a statement with regards to the program's ability to adequately prepare graduates for the medical profession and if the student's qualifications would enable employment after graduation. The Ministry of Health's statement is required by the NAB to grant accreditation to a medical education program leading to the M.D.as defined in the country's Higher Education Act.

Accrediting/Approval Decisions, Question 2

Country Narrative

Please see Exhibit 10 – Statement of the NAB on student performance data for explanation. The implementation of these NCFMEA requirements related to graduate performance data and is further complicated by the GDPR that severely restricts the ability of public institutions to collect and process personal data.

Analyst Remarks to Narrative

As discussed in the previous section on accreditation decisions based on student performance, the Czech Republic does not establish or collect data on student performance benchmarks, outcome measures, or acceptable licensing examination rates. As discussed in the previous section, the HEA (Exhibit 1: Section 46 (5)) stipulates that institutions may use state examinations in compliance with rules established by the institution to award academic degrees. For example, medical schools may develop study and examination rules, including scoring, when evaluating student academic progress pursuant to internal regulations of the medical school. The NAB examines an institution's student performance data as part of the review student performance related to the mission and objectives but does not use the data to determine award or denial of accreditation (Exhibit 10).

The Committee may wish to request additional information about how student performance is used to determine an accreditation decision.

Country Response

As explained in Exhibit 10, the NAB is not legally allowed to base an accreditation decision on student performance and other related data as these are not among the criteria listed in the HEA or the Standards for Accreditation. However, the NAB will explore the options to incorporate the requirement of student-performance-data collection and the monitoring of these data to its procedures. This matter will be discussed and decided on at the August meeting of the Board of NAB.

Analyst Remarks to Response

The country has responded that the NAB examines student performance as part of its medical school review process but does not use the data to determine award or denial of accreditation (Exhibit 10).

Staff Conclusion: Additional Information requested

Accrediting/Approval Decisions, Question 3

Country Narrative

Please see Exhibit 10 – Statement of the NAB on student performance data for explanation. The implementation of these NCFMEA requirements related to graduate performance data and is further complicated by the GDPR that severely restricts the ability of public institutions to collect and process personal data.

Analyst Remarks to Narrative

As discussed in the previous section on accreditation decisions based on student performance, the Czech Republic does not establish or collect data on student performance benchmarks, outcome measures, or acceptable licensing examination rates. As discussed in the previous section, the HEA (Exhibit 1: Section 46 (5)) stipulates that institutions may use state examinations in compliance with rules established by the institution to award academic degrees. For example, medical schools may develop study and examination rules, including scoring, when evaluating student academic progress pursuant to internal regulations of the medical school. The NAB examines an institution's student performance data as part of the review student performance related to the mission and objectives but does not use the data to determine award or denial of accreditation (Exhibit 10).

The Committee may wish to request additional information about how student performance is used to determine an accreditation decision.

Country Response

As explained in Exhibit 10, the NAB is not legally allowed to base an accreditation decision on student performance and other related data as these are not among the criteria listed in the HEA or the Standards for Accreditation. However, the NAB will explore the options to incorporate the requirement of student-performance-data collection and the monitoring of these data to its procedures. This matter will be discussed and decided on at the August meeting of the Board of NAB.

Analyst Remarks to Response

As discussed in the previous section, the country has responded that the NAB examines student performance as part of its medical school review process but does not use the data to determine award or denial of accreditation (Exhibit 10).

Staff Conclusion: Additional Information requested

Accrediting/Approval Decisions, Question 4

Country Narrative

Please see Exhibit 10 – Statement of the NAB on student performance data for explanation. The implementation of these NCFMEA requirements related to graduate performance data and is further complicated by the GDPR that severely restricts the ability of public institutions to collect and process personal data.

Note: However, due to the planned country's adherence to WFMEA accreditation standards from 2023, the NAB plans to implement policies that would start monitoring these parameters to be fully compliant with the WFMEA standards.

Analyst Remarks to Narrative

As discussed in the previous section on accreditation decisions based on student performance, the Czech Republic does not establish or collect data on student performance benchmarks, outcome measures, or acceptable licensing examination rates. As discussed in the previous section, the HEA (Exhibit 1: Section 46 (5)) stipulates that institutions may use state examinations in compliance with rules established by the institution to award academic degrees. For example, medical schools may develop study and examination rules, including scoring, when evaluating student academic progress pursuant to internal regulations of the medical school. The NAB examines an institution's student performance data as part of the review student performance related to the mission and objectives but does not use the data to determine award or denial of accreditation (Exhibit 10).

The Committee may wish to request additional information about how student performance is used to determine an accreditation decision.

Country Response

As explained in Exhibit 10, the NAB is not legally allowed to base an accreditation decision on student performance and other related data as these are not among the criteria listed in the HEA or the Standards for Accreditation. However, the NAB will explore the options to incorporate the requirement of student-performance-data collection and the monitoring of these data to its procedures. This matter will be discussed and decided on at the August meeting of the Board of NAB.

Analyst Remarks to Response

As discussed in the previous section, the country has responded that the NAB examines student performance as part of its medical school review process but does not use the data to determine award or denial of accreditation (Exhibit 10).

Staff Conclusion: Additional Information requested
