

Name: Czech Republic Higher Education Department	Meeting Date: 09/20/2017	Response Submit Date: 08/21/2017	Status: Final Review	Type: Redetermination
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U.S. Department of Education

Redetermination

Prepared September 2017

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. During its September 2004 and September 2008 meetings, the NCFMEA again determined that the Czech Republic's accreditation process remained comparable to that used in the United States. In addition, the NCFMEA requested the country to submit periodic reports describing its accrediting activities involving medical schools. Those periodic reports were subsequently submitted and reviewed.

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.

The most recent redetermination review of the Czech Republic took place at the October 2011 meeting of the NCFMEA. As a result, the NCFMEA accepted the application and determined that the standards used to accredit medical schools in the Czech Republic continued to be comparable to those used in the United States.

In addition, the NCFMEA reviewed and accepted the update/special report submitted at its September 2014 meeting. The report was requested on the accreditation activities of the Czech Republic Accreditation Commission (CRAC); the standardized questionnaire for evaluating the quality of medical education developed by the CRAC; and the extent to which the CRAC incorporated student outcome data in its accreditation process.

In 2015, the NCFMEA reviewed and accepted the update/special report submitted by the Accreditation Commission Czech Republic and determined that that standards used to accredit medical schools in the Czech Republic continued to be comparable to those used in the United States. The NCFMEA also invited the Accreditation Commission Czech Republic to submit a new application for a redetermination of comparability for review during this meeting.

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.

-- As noted in the narrative, the country has provided a template of an evaluation report but, as noted in the narrative, is not able to provide a sample self-study or on-site report in English. The NCFMEA may wish to request documentation in English at a later date. [Mission and Objectives, Question 1]

-- As noted in the previous section, the country provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Mission and Objectives, Question 2]

-- As noted in the previous section, the country provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Mission and Objectives, Question 3]

-- As noted in the previous section, the country provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Mission and Objectives, Question 4]

-- As noted in the previous section, the country provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Mission and Objectives, Question 5]

-- The country has provided narrative about the criteria used to finance medical school programs. However, the NCFMEA may wish to request criteria used to determine an appropriate chief medical officer or other officials of authority who administers those

resources. [Administrative Personnel and Authority, Question 2]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Administrative Personnel and Authority, Question 3]

-- As noted in the staff analysis, the country has discussed the Statutes of the Medical Facilities as the documentation that requires qualification for the chief medical official, but did not include the Statutes in the redetermination petition because it is not available in English. The NCFMEA may wish to request documentation of the Statutes or comparable documentation in English at a later date. [Chief Academic Official, Question 1]

-- As discussed in the staff analysis, the country has discussed the selection and monitoring by the university and the use of institution regulations used by the Rector to appoint a Dean. The country also discussed MEYS monitoring of the selected official. However, the country did not provide sample documentation such as a self-study or on-site report to demonstrate a full review of this requirement. The NCFMEA may wish to request additional documentation which demonstrates the country's review to be compliance with this requirement. [Chief Academic Official, Question 2]

-- In response, the country provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Faculty]

-- As noted in the previous section, the country noted that 50% of a student's time is allocated to laboratory experience but is unable to submit documentation of a sample self-study or on-site report to demonstrate review of a program's compliance with this standard. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Curriculum, Question 7]

-- The country uses 2011 Standards as a reference for the basic principles for medical schools. The NCFMEA may wish to request current CRAC Standards that address this requirement. [Clinical Experience, Question 3]

-- As noted in the previous section, the country provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Ethics, Question 1]

-- The country has provided a narrative and links to a curriculum plan of study with instruction in communication skills. However, the NCFMEA may wish to request the standard as well as sample documentation of a self-study or on-site report demonstrating review of compliance with this requirement. [Communication Skills, Question 1]

-- As noted in the narrative, the country has discussed the MCAT as used to determine admission for student currently holding a Bachelor's or Master's degree but that the institutions' admission criteria refers to students who completed 13 years of study. Also, SAT scores are used to determine admission to programs taught in English.

However, the country did not provide documentation to demonstrate review of admission practices for senior students or those immediately completing secondary education. The NCFMEA may wish to request sample documentation such as a self-study or on-site report demonstrating its review of a program's compliance with this requirement. [Admissions, Recruiting, and Publications, Question 1]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Admissions, Recruiting, and Publications, Question 2]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Admissions, Recruiting, and Publications, Question 3]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Admissions, Recruiting, and Publications, Question 4]

-- As discussed in the analysis, the country has discussed that it does not require medical schools to publish graduation rates, student codes of conduct and disciplinary actions, admission criteria, plans of study for academic progress. The NCFMEA may wish to inquire about the Czech Republic's intent on implementing this requirement in future standards to be in compliance with this regulation. [Admissions, Recruiting, and Publications, Question 5]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English

language at a later date. [Admissions, Recruiting, and Publications, Question 6]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Student Achievement, Question 3]

-- As noted in the staff analysis, the country has provided additional documentation of the evaluation report template but the NCFMEA may wish to request sample documentation such as a self-study or on-site report to demonstrate that it has conducted a review or evaluation of a medical program's records for compliance. [Student Achievement, Question 4]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Student Achievement, Question 5]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Student Services, Question 1]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Student Complaints, Question 1]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Student Complaints, Question 2]

-- The country has provided additional information regarding its standard for a medical program's financial records. However, the NCFMEA may wish to request additional documentation such as sample self-study, on-site review, or a financial audit to demonstrate that it reviews program records for compliance with this requirement. [Finances, Question 1]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Facilities, Question 1]

-- In response, the country has provided a link to demonstrate course content for the humane care of animals. However, the course list from the Ministry of Agriculture is in Czech language. Also, documentation of a sample self-study or on-site report is needed to demonstrate the country's review of a program's compliance with this requirement. The NCFMEA may wish to request additional supporting documentation such as a self-study or on-site report to demonstrate review of a program's compliance and provide supporting documents in the English language at a later date. [Facilities, Question 2]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Faculty, Question 1]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Faculty, Question 2]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Library]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Clinical Teaching Facilities, Question 1]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Onsite Review, Question 1]

-- The country has responded that the ACT No. 20/1966 is used to establish criteria for onsite review. However, the Act is not included as documentation for this petition. The NCFMEA may wish to request a copy of the Act No. 20/1966 Coll. as documentation to meet this requirement. [Onsite Review, Question 2]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a

self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Onsite Review, Question 4]

-- In response to suggestion that the NCFMEA request documentation of qualification standards and sample training resources for its on-site reviewers, the country has provided additional narrative on the expectations for the CRAC working group. However, the NCFMEA may wish to request actual documentation of standards and sample training resources to demonstrate the country's compliance with this requirement. [Qualifications of Evaluators, Decision-makers, Policy-makers]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Re-evaluation and Monitoring, Question 1]

-- In response, the country has provided an evaluation report template but was not able to provide supporting documentation of a self-study or on-site report in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Re-evaluation and Monitoring, Question 2]

-- In response, the country has discussed a substantive change policy in the response narrative but documentation is not available in English. The NCFMEA may wish to request additional supporting documentation in the English language at a later date. [Substantive Change]

-- The country has responded to the suggestion that the NCFMEA request the country provide the Additional Standards for Programs in Medicine and Dentistry as discussed in the narrative. However, the NCFMEA may wish to request documentation of a program's self-study or on-site report, to demonstrate a full review for compliance with this requirement. [Accrediting/Approval Decisions, Question 3]

Staff Analysis

Approval of Medical Schools, Question 1

Country Narrative

As outlined in the Higher Education Act (HEA - Exhibit 1), under Section 78(1) of HEA the Ministry of Education, Youth and Sports is the entity designated to grant accreditation in the country. The HEA Section 79(2) has delegated the responsibility for evaluating the quality of higher education to the Czech Republic Accreditation Commission (CRAC). The CRAC functions as an advisory body which makes recommendations on medical program accreditation to the Ministry. In addition, under Section 79(1)(e) the approval of the Ministry of Health on the accreditation of medical education programs is required before the Ministry of Education, Youth and Sports may make a final accreditation decision. The Ministry of Health standpoint must be "affirmative" in order for the Ministry of Education, Youth and Sports to accredit the degree programs in the field of health services.

Analyst Remarks to Narrative

As discussed in the narrative and in Exhibit 1 (p.57), the Ministry of Education, Youth and Sports (Ministry) is the sole authority for granting accreditation for degree programs and granting or denial of accreditation for higher education institutions. The Ministry also recognizes foreign higher education and qualifications acquired abroad (p.58-59).

Staff Conclusion:

Comprehensive Response Provided

Approval of Medical Schools, Question 2

Country Narrative

The HEA (Exhibit 1) Section 84 determines that the CRAC is responsible for monitoring of medical schools. Continued certification is subject to the accreditation procedure described above where the CRAC makes its recommendation and under Section 79(1)(e) an affirmative standpoint of the Ministry of Health is required in order for the Ministry of Education, Youth and Sports to grant accreditation.

Analyst Remarks to Narrative

The country's Accreditation Commission (CRAC) is an independent group nominated by the Minister and appointed by the government. Members serve as the advisory group to the Ministry and evaluates the activities of higher education institutions and the quality of accredited activities (Exhibit 1, p.84). The CRAC also monitors other issues when asked by the Minister.

The Ministry of Health also submits advisement on possible employment of graduates in the field of health services so that the Ministry can analyze student outcome data.

In addition, regarding the evaluations submitted by the CRAC and reports from the Ministry of Health, the Ministry monitors and evaluates the strategic plans of public and private institutions and monitors the use of funds distributed from the state budget (p.56).

However, NCFMEA may wish to inquire about the authority of the Ministry of Health and its functional authority for monitoring and evaluating activities of medical schools and how these activities differ from the CRAC.

RESPONSE: The country has provided additional information and discussed the role of the Ministry of Health as the authority that is required to submit a standpoint in order for the Ministry of Education, Youth and Sports (MEYS) to grant accreditation.

Staff Conclusion:

Comprehensive Response Provided

Approval of Medical Schools, Question 3

Country Narrative

It is the Ministry of Education, Youth and Sports under Section 79(5) of the HEA.

Analyst Remarks to Narrative

As noted in Exhibit 1 (p.55), the CRAC evaluates activities of higher education institutions along with standpoints submitted by the Ministry of Health. These reports and findings for granting state permission for institutions to operate are submitted to the Ministry of Education, Youth and Sports.

However, the Ministry acts as the sole authority to limit accreditation by banning admittance of new applicants, temporary termination of accreditation with a ban on state examinations and the awarding of degrees or revocation of accreditation. These determinations are made by the Ministry based on proposal from the CRAC.

Staff Conclusion:

Comprehensive Response Provided

Accreditation of Medical Schools

Country Narrative

Under Section 83(7) of HEA, the CRAC has created a standing work group, the Permanent Working Group for Medicine and Health Sciences that conducts the medical school on-site visits (Statute of the CRAC, Article 3(3)(c)). In addition to evaluating higher education institutions and the quality of the institution's accredited study programs, under Article 3(3)(f) of its Statute the CRAC also publishes the results of its evaluations, assesses other issues pertaining to the system of higher education presented to it by the Ministry and expresses its opinion over these issues (Section 84(1)(b) of HEA).

See Higher Education Act (Exhibit 1) and Statute of the CRAC (Exhibit 2).

Analyst Remarks to Narrative

As discussed in the narrative and the country's HEA and the Accreditation Commission Statute, the CRAC establishes an advisory work group to evaluate an institutions activities and the quality of the institution's accredited activities.

However, the composition and determination of the "work group" is not clear from the submitted documentation nor is the Ministry of Education, Youth and Sport's standard for input from the Ministry of Health as it relates to the accreditation of programs in health services.

The NCFMEA may wish to ask the country to provide a thorough description of the Ministry of Health's role and functional authority.

Staff Conclusion:

Additional information Requested

Country Response

The Permanent Working Group is composed on recognized experts in the field with high integrity and authority. They are appointed

by the CRAC.

As described in the Higher Education Act, 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 MEYS 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.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA ask the country to provide a description of the Ministry of Health's role and functional authority.

In response, the country affirmed that the role and functional authority of the Ministry of Health is that it must give an affirmative standpoint in order for the MEYS to grant accreditation to a program in the field of medicine.

Staff Conclusion:

Comprehensive response provided

Accreditation of Medical Schools, Question 2

Country Narrative

The Czech Republic Parliament amended its Higher Education Act (HEA) by resolution on April 22, 1998. Under Section 78(1) of HEA (Exhibit 1), the Ministry of Education, Youth and Sports is the entity designated to grant accreditation in the country. The HEA has delegated the responsibility for evaluating the quality of higher education to the CRAC in Section 84(1). The CRAC does not have the authority to grant accreditation, but functions as an advisory body which makes recommendations on institutional and medical program accreditation to the Ministry. In addition, under Section 79(1)(e) the approval of the Ministry of Health on the accreditation of medical education programs is required before the Ministry of Education, Youth and Sports may make a final accreditation decision. The Ministry of Health standpoint must be "affirmative" in order for the Ministry of Education, Youth and Sports to accredit the degree programs in the field of health services.

Analyst Remarks to Narrative

The country's HEA (Exhibit 1) provides a defined system of the written application for the accreditation of a degree program. The HEA explains that the higher education, or its constituent, submits an application with evidence of appropriate staff, financial, material, technical and information support for the programs length of study along with guidance on submitting admittance and student outcome data (p.50).

The applications are initially collected by the MYES and passed to the CRAC for an evaluation of the institution's quality and activities related to educational, scholarly, research, development, and artistic activities. The CRAC completes this review and submits a recommendation to the MYES within 120 from receipt of the application.

If there are discrepancies with the application and the evaluation process, the CRAC suspends the application process and allows the institution to make corrections by a deadline based on the severity of the discrepancy and documentation received.

Within 30 days, the MYES determines award or denial of accreditation of accreditation based on the recommendation of the CRAC and the higher education institution's compliance with the HEA's general standards for Degree Programmes (sic) (p. 29).

However, as noted in previous sections, the role of the Ministry of Health is not clearly described in the HEA and appears to conflict with the authority described in the country's narrative. The NCFMEA may want to request documentation describing the specific role and function of the Ministry of Health.

Staff Conclusion:

Additional information Requested

Country Response

The role of the Ministry of Health is defined in Section 79 (1) (e): In the accreditation process, "in the case of degree programs in the field of health services, the standpoint of the Ministry of Health with respect to the possible employment of graduates in this field is also required". 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.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request documentation describing the specific role and function of the

Ministry of Health.

In response, the country provided a narrative describing the specific role and function of the Ministry of Health. Although the country did not upload documentation, they provided the Section within the Higher Education Act and staff has confirmed that the Ministry's role of function is documented in Section 79 (1) (e).

Staff Conclusion:

Comprehensive response provided

Mission and Objectives, Question 1

Country Narrative

In the Czech Republic, the HEA (Exhibit 1) in Section 6 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 Ministry of Education, Youth and Sports issued Decree 42 on February 10, 1999 (Exhibit 3), requiring in Section 2 an application for study program accreditation to have, among other things, objectives that have a reasonable connection to the scientific, research, developmental, artistic or other creative activity of the institution, a demonstrated social need, and articulated opinions of professional associations, legal entities, and persons interested in employing graduates. All professional program applications should include the economic, social, and demographic characteristics of the regional area, where the institution is located. The Ministry expects the accreditation applicant's objectives to be expressed in outcomes-based terms.

See also Statute of the CRAC (Exhibit 2), Code of Study and Examination Charles University (Exhibit 4), Rules for Organization of Studies of the First Faculty of Medicine Charles University (Exhibit 5).

Analyst Remarks to Narrative

Department staff has found documentation (Exhibit 8) with the country's Methodical Guidelines for Evaluation. The Guidelines include the CRAC's standards for evaluating an institution's self-assessment (p.3) and require " a) System of internal quality assurance and enhancement, its effectiveness and consequences for quality of study programmes and other activities; c) Structure, design and revision processes related to study programmes; g) Creative activities of the HEI or its unit" as measure for assessing a medical school's service of public interest.

The Standards for Accreditation (Exhibit 6) also note that requirement for institutions to conduct "innovative" activities for solving scientific problems based on the current state of knowledge in a given field (p.5).

However, the narrative does not discuss how it demonstrates that it reviews compliance with this requirement. The NCFMEA may wish to request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it reviews compliance with this standard.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 2). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Mission and Objectives, Question 2

Country Narrative

The objectives of a program as well as the curriculum content are a required part of an application for accreditation (Section 2 of Decree 42 - Exhibit 3). The CRAC assesses whether 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 form a coherent integral entity (Standards for Accreditation - Exhibit 6, pg. 1, Content of Studies, par.1)

Analyst Remarks to Narrative

The Decree of the Ministry of Education, Youth and Sports (Exhibit 3) notes the requirements for applications for the accreditation of study programs to include definition of the knowledge and skills obtained upon completion of the program to meet the conditions for the State doctoral examination requirements (Section 3).

The country also provided documentation in the Standards for Accreditation (Exhibit 6) with the requirement of an appointed "guarantor" in the field of study (including medical specialization) who serves as the academic expert for specific fields of study to ensure the quality and development of the program (p.3).

However, as noted in the previous section, the country has not provided documentation such as a sample on-site review report or self-study to demonstrate its review of a program's compliance with this requirement.

The NCFMEA may wish to request additional documentation to support the review of a program's compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (sections 2, 3). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Mission and Objectives, Question 3

Country Narrative

The study programme is approved by the scientific council of the medical school under Section 30(1)(b) 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, pg. 2, Guarantor of the study programme).

See Higher Education Act (Exhibit 1), Standards for Accreditation (Exhibit 6).

Analyst Remarks to Narrative

As discussed in the narrative and noted in the HEA (Exhibit 1, Sec. 30), the Scientific Board is the academic governance of faculty members and one-third public members of experts in the field who discuss the strategic plan of faculty in the areas of teaching, research, and innovative activities. The Scientific Board also approves degree programs that are to be offered by the faculty and expresses its views on matters presented to it by the Dean (p.22).

Although the CRAC has a standard which meet this requirement, the country has not provided documentation such as a sample on-site review report or self-study to demonstrate its review of a program's compliance with this requirement.

The NCFMEA may wish to request additional documentation to support the review of a program's compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (sections 3, 9). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Mission and Objectives, Question 4**Country Narrative**

The CRAC requires the objectives of the program to include the competencies and knowledge that the graduate will have acquired in the program. These must correspond with the curriculum content (Standards for Accreditation, pg. 5, Content of studies).

Analyst Remarks to Narrative

The Czech Republic's Standards for Accreditation (Exhibit 6) requires a program to be based on current research with objectives that enable achievement in a defined graduate profile (p.7). The graduate profile standards are noted in the Degree of the Ministry of Education, Youth and Sports (Exhibit 3) and includes student outcome measures for graduation and occupation success (p.2)

Although the CRAC has a standard which meet this requirement, the country has not provided documentation such as a sample on-site review report or self-study to demonstrate its review of a program's compliance with this requirement.

The NCFMEA may wish to request additional documentation to support the review of a program's compliance with this requirement.

However, as noted in the previous section, the CRAC has a standard which meet this requirement but has not provided documentation such as a sample on-site review report or self-study to demonstrate its review of a program's compliance with this requirement.

The NCFMEA may wish to request additional documentation to support the review of a program's compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 2). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Mission and Objectives, Question 5

Country Narrative

The CRAC requires 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 (Standards for Accreditation, pg. 5, Content of studies). Upon graduation from a master's study program in medicine that includes a rigorous state examination, the "Doktor mediciny" (i.e. "Doctor of Medicine," abbreviated as MUDr.) is awarded in the field of medical studies under Section 46(4)(c) of HEA. 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.

Analyst Remarks to Narrative

As noted in the narrative, the country's Standards for Accreditation (p.5) require programs to provide content of study that ensures competency in the field of study and the ability to complete scientific work and analyze the latest trends.

The Department has also found the country to meet this requirement with the attached Harmonization Law (Act. No. 95/2004) requires programs to ensure that graduates meet specific professional qualifications pursuant to the medical degree (Article 4). These qualifications include courses of study in health care and general medicine and related activities. Article 5 of the Law also requires passing specialized examinations upon degree completion.

However, the country has not provided documentation such as a sample on-site review report or self-study to demonstrate its review of a program's compliance with this requirement.

The NCFMEA may wish to request additional documentation to support the review of a program's compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 2). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Governance, Question 1

Country Narrative

All medical school study programs in the Czech Republic are accredited and authorized by the Ministry of Education, Youth, and Sports (Section 78(1) of HEA). This Ministry will only authorize an institution to provide a medical education study program if recommended by the CRAC (Section 79(5)(f) of HEA), and approved by the Ministry of Health after determining the possibility of graduates to obtain employment in health sciences (section 79(1)(e) of HEA). Each of these Ministries represents external authorities with interest in the medical schools and the public.

Analyst Remarks to Narrative

As discussed in the narrative, medical schools and programs of medical education in the Czech Republic are authorized by an accredited higher education institution. The accreditation is granted by the MEYS based on the CRAC's evaluation of quality and accreditation activities as well as a graduate employment assessment conducted and approved by the Ministry of Health.

Staff Conclusion:

Comprehensive Response Provided

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 Czech Republic's medical schools are part of an accredited higher education institution. The country notes in the Methodical Guidelines for Evaluations (Exhibit 8) that there are no separate medical education programs or schools. Therefore, the CRAC is the external and independent authority which appoints an ad hoc working group of experts in the field to evaluate and advise on medical program operations and policies (p. 1). The country also notes the special working group for evaluation of activities of an institution's accredited activities in the Statue of the Accreditation Commission (Exhibit 6).

Staff Conclusion:

Comprehensive Response Provided

Administrative Personnel and Authority, Question 1

Country Narrative

The Higher Education Act (Section 33) requires institutions and the schools within them to develop self-governance internal regulations. 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

The Czech Republic has discussed the various academic administrative offices of private institutions and cited the HEA (Exhibit 1, Sec. 33) as documentation for the regulation of these roles. The HEA's Section 33 notes the Internal Regulation of Faculties and addresses the regulations for the Academic Senate, Statutes of the Faculty, Disciplinary Code, and administration of theological faculty. Section 32 of the HEA also supports the regulation of a faculty Bursar with administrative responsibilities of financial management and internal administration of the faculty.

However, the administration for higher education institutions (i.e. medical schools) are not documented in the noted section of the HEA. The NCFMEA may wish to request additional information about the administration of higher education institutions and the supporting documentation for these regulations.

Staff Conclusion:

Additional information Requested

Country Response

The administration of faculties (i.e. medical schools) is described in Division 1 – Faculties of the Higher Education Act. All medical schools in the Czech Republic are faculties of public higher education institutions. The country narrative to this question describes the administration of a public institution, not private.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA may wish to request additional information about the administration of medical schools and the supporting documentation for these regulations.

In response, the country has provided clarity that all medical schools in the Czech Republic are faculties of public higher education institutions and the HEA Division 1 - Faculties of the Higher Education Act describes the administration of these institutions.

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).

Analyst Remarks to Narrative

The country has submitted the HEA (Exhibit 1, Section 28) as supporting documentation of the Dean's administration of the Academic Senate of the Faculty for a public higher education institution. Other sections of the HEA (Sections 29(2), 30(1), 32(1)) also discuss administration of faculty teaching, research, development, and other activities, the approval of degree programs offered by faculty, and the financial and internal administration of faculty.

However, the NCFMEA may wish to inquire about the country's criteria for the chief medical officer or other appropriate official that has the authority to administer a medical school program at a public or private institution and the authority to effectively administer resources within the medical school.

Staff Conclusion:

Additional information Requested

Country Response

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.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional information about the criteria used to determine an appropriate official to administer a medical school program.

In response, the country has discussed medical school programs financing based on the number of student and research results as determined by the MEYS. However, the NCFMEA may wish to request additional criteria for the chief medical officer or other officials of authority who administers those resources.

Staff Conclusion:

Additional Information requested

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.

Analyst Remarks to Narrative

The country has submitted the HEA (Exhibit 1, Section 93) as documentation for the criteria that requires faculty to have sufficient resources for instruction. However, the HEA also notes that details for the authority to effectively instruct students and for faculty and officials to have sufficient resources are notes in a "special regulation."

In addition, the Standards for Accreditation (Exhibit 6) require that there are adequate staff and personnel resources for the program of study. The CRAC requires a program to have the "standard higher education environment in which the students have the possibility to work continuously together with their teachers" (p.3). The standard also discusses the qualifications of academic staff as appropriate experts in the field of study and adequate time (5 years) for developing publications and resources for the institution.

However, the country has not provided documentation such as a sample on-site review report or self-study to demonstrate its review of a program's compliance with this requirement.

The NCFMEA may wish to request additional documentation to support the review of a program's compliance with this requirement.

Staff Conclusion:

Additional Information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 9). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

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. 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 (Section 27(1)(g) of HEA).

Analyst Remarks to Narrative

The country's narrative discusses the role of the Dean of a Faculty and provides the HEA (Exhibit 1) as supporting documentation of the Dean's role and means for appointment and dismissal. In the role of Dean of a Faculty, the Dean has the authority to make decisions pertaining to faculty and serves for four years and may serve up to two consecutive terms.

However, the country has discussed the qualification requirements for the Dean as noted in the Statutes of the Medical Faculties which is not included with the application and the cited Section 27(1)(g) of the HEA does not note the qualifications as described.

The NCFMEA may wish to request additional information regarding the requirements for the chief academic official of a medical school as well as request actual supporting documentation as noted in the narrative.

Staff Conclusion:

Additional information Requested

Country Response

The Statute is not available in the English language. It stipulates, however, that the Dean is named and may be called from the position by the Rector. He or she is elected typically from professors and associate professors who are members of the academic community of the concerned medical school. A candidate may be nominated by at least 30 members of the academic community or members of the Academic Senate.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation noting the requirements for the chief academic official of a medical school.

In response, the country has discussed the Statues of the Medical Faculties, which not included in the redetermination petition because it is not available in English. The NCFMEA may wish to request documentation of the Statutes or comparable documentation in English at a later date.

Staff Conclusion:

Additional Information requested

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.

Analyst Remarks to Narrative

As noted in the narrative, the country has provided sufficient documentation in the HEA (Exhibit 1) which requires a higher education institution's Rector (president) to appoint the Dean of the Faculty as the chief academic officer based on the advisement of the Academic Senate. The Dean serves a 4-year appointment and is responsible for making decisions in connection with all matters pertaining to the faculty.

Although the country has a standard for this requirement, there is no documentation such as a sample on-site review report or self-study to demonstrate its review of a program's compliance to support compliance.

The NCFMEA may wish to request additional documentation to support the review of a program's compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

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 Response

In the draft staff analysis, it was suggested that the NCFMEA request additional documentation such as a self-study or on-site report to demonstrate a full review of compliance with this criterion.

The country has discussed the selection and monitoring by the university and the use of institution regulations used by the Rector to appoint a Dean. The country also discussed MEYS monitoring of the selected official. However, the country did not provide sample documentation such as a self-study or on-site report to demonstrate a full review of this requirement. The NCFMEA may wish to request additional documentation which demonstrates the country's review to be compliance with this requirement.

Staff Conclusion:

Additional Information requested

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.

Analyst Remarks to Narrative

The country has provided documentation in that HEA (Exhibit 1) to support the narrative that the Academic Senate is a body of nine representatives (1/3 of which are students) from the academic community to make decisions regarding faculty appointments to the Scientific Board and Disciplinary Committee, financial resources of the faculty, admission regulations, and nomination or dismissal of the Dean.

The Academic Senate of the faculty also approves the Dean's strategic plan for teaching, research, development, innovation, and

other creative activities of the faculty in collaboration with the Scientific Board of the Faculty.

Although the country has a standard for this requirement, there is no documentation such as a sample on-site review report or self-study to demonstrate its review of a program's compliance with faculty's participation in the school's decisions regarding faculty activities.

The NCFMEA may wish to request additional documentation to support the review of a program's compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (sections 3, 9). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date

Staff Conclusion:

Additional Information requested

Remote Sites, Question 1

Country Narrative

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Analyst Remarks to Narrative

As noted in the following section, the country has indicated that there are medical schools operating on remote sites or geographically separate campuses.

Staff Conclusion:

Remote Sites, Question 2

Country Narrative

No medical school offers its study programs at other locations. As a rule, the CRAC 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, pg. 2, pars. 7; pg. 4, par. 9)

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. Medical schools have contracts with the respective teaching hospitals geographically linked to their main locations.

Analyst Remarks to Narrative

As noted in the narrative, there are no medical schools operating in geographically separate locations.

Staff Conclusion:

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.

See Study plan of Charles University (Exhibit 7).

Analyst Remarks to Narrative

The country has provided documentation in the HEA (Exhibit 1) that requires the standard length of study for the Master's degree as no less than four and no more than six years. Graduates of the Master's degree for the Doctor of Medicine must also complete an "advanced" final state examination that includes the defense of the Master's thesis (p.31).

The country also notes the requirement for at least a six-year study of accredited health care master's study of general medicine to meet the Professional Qualifications for Pursuing the Medical Profession of Doctor degree (Act No. 95/2004 Harmonization Law, Article 4).

Although the country has a standard for this requirement, there is no documentation such as a sample on-site review report or self-study to demonstrate its review of a program's compliance with the required number of weeks of study.

The NCFMEA may wish to request additional documentation to support the review of a program's compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

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. The minimum length of the period of instruction is 16 weeks.

Analyst Remarks to Response

The draft staff analysis suggested that the NCFMEA request additional documentation to support the review of a program's length to meet the requirement for this criterion.

In response, the country has described the study for the Master's degree in medicine's examination and clinical clerkship as 16 weeks to meet accreditation standards. The country has also noted the Study Plan of Charles University (Ex. 7) as review of a program's documentation to address this standard.

Staff Conclusion:

Comprehensive response provided

Curriculum, Question 1

Country Narrative

The CRAC requires the study plan to be comprised in such a way as to enable fulfillment of the study program's objectives and the profile of the graduate (Standards for Accreditation, pg. 1, Content of studies, par. 1). 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 7).

Analyst Remarks to Narrative

Department staff has identified the country's Harmonization Law (Act No. 95/2004, Article 4 (2)) requirement for a curriculum to have

activities that include "prophylaxis, diagnosis, treatment, rehabilitation, and dispensary care" as a requirement for Professional Qualifications for Pursuing the Medical Profession of Doctor (p.4).

The country has also provided a sample study plan demonstrating the implementation of the Law (Exhibit 7 - Study plan Charles University).

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 2

Country Narrative

The general medicine education program covering the basic theoretical disciplines is offered by all of the medical schools in the Czech Republic. The basic disciplines are taught during the first four terms of the first two years of the medical education program. The third and fourth years of study are devoted to pre-clinical disciplines and the introduction to clinical medicine that includes internal and surgical procedures. In the fifth and sixth years, the medical curriculum exclusively covers clinical disciplines. All of the medical schools have their own curricula, but the curricula of all the schools are similar, with only minor differences in specific areas.

See Study plan of Charles University (Exhibit 7).

Analyst Remarks to Narrative

As discussed in the previous section, the Harmonization Law (Article 4 (1)) requires medical programs to include instruction in the clinical sciences with theoretical and practical applications of general medicine (p.4). Article 4 (2) of the Law also requires the understanding of diagnosis and rehabilitation.

The country has provided a sample plan of study as documentation of a curriculum that includes these concepts (Exhibit 7 - Study plan Charles University).

The Standards for Accreditation also note the requirement for institutions to include "the current state of scientific knowledge, research and development" in the field of study as preparation for the advanced Master state examination (Exhibit 6, p. 6).

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 3

Country Narrative

The CRAC requires medical schools to carry out research activities related to their study programs in order to enable students to participate in research and acquire skills related to research activities. Medical schools must hold external research grants in the medical field (Standards for Accreditation, pg. 6, Scientific, research ... activity).

Analyst Remarks to Narrative

The country's Standards for Accreditation (Exhibit 6) requires institutions to conduct external research projects for students which relate to the program of study (i.e. medical schools). The Students are expected to participation in scientific, research, development and other artistic activities within the last five years of study (p.6).

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 4

Country Narrative

Methods of instruction are a compulsory component evaluated by the CRAC in the accreditation process. They must correspond to each course taught and to the aims of study and graduate's profile, which includes the ability of independent study (Standards for Accreditation, pg. 1, Content of studies, par. 1; pg. 5, Content of studies, par. 1 and 2).

Analyst Remarks to Narrative

As described in the narrative, the country has documented the requirement in the Standards for Accreditation (Exhibit 6) for an internal information system which enables the student to access materials and actively engage in independent study (p. 2).

The country also notes the HEA's (Exhibit 1) standard for research and innovative activities in the area of study as a requirement for program of study (i.e. medical education programs) (Section 47 (4)).

Staff Conclusion:

Comprehensive Response Provided

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 7).

Analyst Remarks to Narrative

The county discusses the requirement for a medical school to prepare students for practice through placements and clerkships as noted in the sample plan of study (Exhibit 7).

Department staff has also identified the country's Harmonization Law (Act. No. 95/2004) as documentation which requires a program to define the total duration of study, scope, and practice in the field to include additional practice of skills in a facility with conditions for obtaining medical degree qualifications (Article 5, p.5).

Staff Conclusion:

Comprehensive Response Provided

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. 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 7).

Analyst Remarks to Narrative

The country's narrative discusses the requirement for instruction in the basic sciences to include anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics and preventive medicine. Department staff has identified these requirements are noted in the Harmonization Law (Act. No. 95/2004).

The country has attached study plan (Exhibit 7 - Study plan Charles University) is documentation of these requirements as implemented.

Staff Conclusion:

Comprehensive Response Provided

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.

See Study plan of Charles University (Exhibit 7).

Analyst Remarks to Narrative

The country has discussed practical exercises that facilitates 50% of time allocated to laboratory participation. The Standards for Accreditation requires the accessibility and use of machine, laboratory, and technical equipment necessary for the field of study and the practical laboratory education for the individual student (Exhibit 6, p. 2).

Although the Czech Republic has provided sample documentation of a plan of study implementing quantitative observations, Department Staff is unable to identify the documentation of the requirement for 50% of laboratory experience.

The NCFMEA may wish to inquire about documentation to support the statement for 50% of the student's plan of study dedicated to laboratory or other practical exercises.

Staff Conclusion:

Additional information Requested

Country Response

The 50% of practical component requirement is monitored within the medical school as an important rule to adhere to. Documentation is not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation to demonstrate that it requires at least 50% laboratory experience in a plan of study.

In response, the country has discussed the standard of 50% of a practical component but is unable to provide sample documentation in English. The NCFMEA may wish to request documentation in English at a later date

Staff Conclusion:

Additional Information requested

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).

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.

Permanent Working Group for Medicine and Health Sciences (PWG) of CRAC has designed Standards for Accreditation of Medical School Programs approved by CRAC in 1998 and regularly updated. On the basis of these standards all of the medical schools in the country were evaluated by CRAC and its PWG during the years 1998/1999, again 2005/2006 and in 2012/2013 (NCFMEA was informed in 2014).

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.

See Study plan of Charles University (Exhibit 7).

Analyst Remarks to Narrative

As mentioned in the previous section and as discussed in the narrative, requirement for instruction in the sciences include anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics and preventive medicine. Department staff has identified these requirements are noted in the Harmonization Law (Act. No. 95/2004). The Harmonization Law also notes clinical activities of prophylaxis, diagnosis, treatment, rehabilitation and dispensary care as the "pursuance of profession of doctor qualifications" (p.4).

The country has attached study plan (Exhibit 7 - Study plan Charles University) is documentation of these requirements as implemented.

Staff Conclusion:

Comprehensive Response Provided

Clinical Experience, Question 2

Country Narrative

All Czech medical schools require clinical experience in all of the above-mentioned disciplines.

Analyst Remarks to Narrative

As noted in the previous section, there are standards for medical education instruction and clinical experiences for the Czech Republic and the country has provided a sample plan of study as documentation of an institution's implementation of the requirements.

Although the Department Staff has identified some medical professional qualification requirements in the Harmonization Law, the country has not provided sufficient documentation that addresses the standards or requirements specific to medical education programs in the Czech Republic.

The NCFMEA may wish to request documentation of standards for accreditation of medical education programs leading to the MUDr. in the Czech Republic.

Staff Conclusion:

Additional information Requested

Country Response

The CRAC standards for accreditation (Exhibit 6) have been formulated in general terms to apply to all study programs in all fields. However, they are applied by the members of the Permanent Working Group whose members are widely recognized experts in the field of medicine who are well aware of the standards and requirements in this field. Thus, they utilize the generally formulated CRAC's standards in assessment of study programs by incorporating the medical perspective and taking into account the specifics of the field.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional documentation of standards for accreditation of medical education programs.

In response, the country has described the Czech Republic Accreditation Commission standards (Ex. 6) as the terms applicable to all study programs and that the Permanent Working Groups of the Commission, who are experts in the field, incorporate the medical perspective when applying these standards.

Staff Conclusion:

Comprehensive response provided

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 7).

Analyst Remarks to Narrative

The Czech Republic has mentioned standards for medical education instruction and clinical experiences with nurse supervision in the narrative and discusses the tenure and curriculum for clerkship qualifications. The country has also provided a sample plan of study as documentation of an institution's implementation of the requirements.

In addition, Department Staff has identified standards in the Harmonization Law which require the program to get approval from the Ministry of Health and the Czech Medical Chamber and other professional associations on specialized education in the field of assessment medicine and curricula for the clerkship. The Law also identifies cooperation with the Ministry of Labour and Social Affairs as entities that monitor ambulatory and hospital settings for the clerkship (Article 5 (5) (6) (7)).

Department staff has also identified Standards for accreditation of medical education programs leading to the degree MUDr. and found that there are standards for assessing the clinical bedside training, student/patient relationship, and the mastery of skills in using data for realistic problem solving.

Although Department Staff had identified the Standards for medical education which was submitted with the 2011 application, the Czech Republic did not submit this document during this review period. The NCFMEA may wish to inquire about the validity, relevance, and pertinence of these standards during this period.

Staff Conclusion:

Additional information Requested

Country Response

The 2011 Standards have been used alongside the emerging generally formulated Standards for Accreditation. They have largely been 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 as a reference framework that lays out the basic principles of functioning of medical schools.

Analyst Remarks to Response

As discussed in the draft staff analysis, the NCFMEA may wish to request additional documentation of standards for assessing clinical clerkships in outpatient and inpatient settings.

In response, the country has discussed "emerging generally formulated Standards for Accreditation" and that the 2011 Standards are no longer used as criteria to evaluate study programs. The NCFMEA may wish to request current documentation of CRAC standards used to review a program's compliance with this requirement.

Staff Conclusion:

Additional Information requested

Supporting Disciplines

Country Narrative

Disciplines that support the clinical subjects are:

Radiology (imaging methods)

Clinical Biochemistry

Nuclear Medicine

Forensic Medicine

Sports Medicine

Primary Care

First Aid

In the preclinical part of studies during the third and fourth years:

Pathology

Pathophysiology

Pathobiochemistry

Microbiology

Immunology

Pharmacology

Medical Psychology

Each subject is closed by a final examination.

See Study plan of Charles University (Exhibit 7).

Analyst Remarks to Narrative

The country has submitted documentation with the Standards for Accreditation (Exhibit 6) which notes that a program's content of study must require the plan of study, data for job prospects, compulsory courses and content related to the state exam as qualification for the "coherent integral entity" of a program (p.1). The Standards also address the requirement for access to study materials related to the compulsory elective courses along with practical laboratory experiences for each student.

Staff Conclusion:

Comprehensive Response Provided

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.

See Study plan of Charles University (Exhibit 7).

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).

See Section 25(1) of HEA.

Analyst Remarks to Narrative

The Czech Republic has medical ethics and human values courses in the curricula within the following courses: Medical Ethics, Medical Psychology and Psychotherapy, Medical Philosophy, Social Medicine, and Medical Law. Each course culminates with a final exam.

The medical school's Dean oversees specialized Boards to regularly monitor and evaluate the quality of the courses and the success of instruction.

However, the country has not provided supporting documentation such as a sample on-site review report or self-study to demonstrate their review of compliance with this requirement.

The NCFMEA may wish to request additional supporting documentation to demonstrate the country's review of a program's compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (sections 3, 9). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

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.

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.

Analyst Remarks to Narrative

As discussed in the previous section, Department Staff has identified the Standards for the accreditation of medical education programs from the 2011 NCFMEA application. These standards note criteria and requirements for programs to include social and ethical instruction to ensure that students have the theoretical and practical skills for communicating with patients, patients' families, and others involved in the patients' care (p.6).

However, the country's narrative discusses an oral component of exams in Czech Republic medical schools to demonstrate a student's ability to communicate content taught in Medical Psychology and Psychotherapy, Medical Ethics and Philosophy, and Primary Care. The country also notes that the Education Board and Evaluation Board monitors and evaluates the instruction in this area, however, no documents or samples were submitted to support his claim.

The NCFMEA may wish to ask the country to provide supporting documentation that notes the actual standard for specific instruction in communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues, and other health professionals.

Staff Conclusion:

Additional information Requested

Country Response

The oral component was cited merely as an example of emphasis put on future doctor's communication skills in general (noted mostly by the foreign students coming from countries, where the testing is done almost exclusively in writing and/or using MCQs), NOT as a specific teaching of patients/families communication skills. The students are better prepared to address these specific issues, taught, as mentioned, in Medical Psychology and Psychotherapy, Medical Ethics and Philosophy, and Primary Care, after building their general communication skills (in particular, ability to effectively communicate their knowledge orally) through passing the Basic Science curriculum in the first two years of education. Examples of curriculum in these subjects are now attached below:

http://uhsl.wz.cz/a_obsah.php?clanek=psychologie3

http://uhsl.wz.cz/a_obsah.php?clanek=psychologie4

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request supporting documentation on standards for instruction in communication skills.

In response, the country has provided a sample plan of study demonstrating communication skills taught but did not provide documentation of a standard for accreditation. The NCFMEA may wish to request the standard as well as sample documentation of a self-study or on-site report demonstrating review of compliance with this requirement.

Staff Conclusion:

Additional Information requested

Design, Implementation, and Evaluation, Question 1

Country Narrative

The involvement of faculty is determined by internal regulations of the medical school.

See Code of Study and Examination of Charles University (Exhibit 4) and Rules for Organization of Studies (Exhibit 5).

Analyst Remarks to Narrative

The country's sample documentation, Exhibit 5 - Rules for Organization of Studies of First Faculty of Medicine Charles University discusses faculty's role in the development, implementation, and periodic review of a program's curricula.

Also, Department Staff has identified the HEA's standard (Exhibit 1) for the role of the Academic Senate to confer with the Scientific Board on an institutions strategic plan in the areas of teaching, research, development and other activities (Section 27 (h)).

However, the country has not provided supporting documentation such as a sample on-site review report or self-study to demonstrate their review of a program's faculty involvement in curriculum design, implementation, and evaluation requirement.

The NCFMEA may wish to request additional supporting documentation to demonstrate the country's review of a programs compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

As an example, list of typical Vice Dean's duties from the First Faculty of Medicine is attached (document in Czech, with English annotation of specific points).

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional documentation to demonstrate the country's review of a program's compliance with integrating faculty responsibilities in science and clinical education curriculum.

In response, the country has provided a sample of Vice Dean duties to demonstrate its review of the First Faculty of Medicine's compliance with this requirement.

Staff Conclusion:

Comprehensive response provided

Design, Implementation, and Evaluation, Question 2

Country Narrative

Q 1 - Each medical school maintains its internal regulations that provide for the design, implementation, and evaluation of the medical curricula. Additionally, the Scientific Board of the medical school implements the internal regulations with the assistance of Education Boards (pedagogical committees) and Evaluation Boards.

See Code of Study and Examination of Charles University (Exhibit 4) and Rules for Organization of Studies (Exhibit 5).

Q 2 - Changes approved through the evaluation process may allow the medical schools in the Czech Republic to establish curriculum compatibility that enables students to pursue parts of their study at various medical schools in other European countries within the European Credit Transfer System. At least one medical school refers the success of its graduates on the USMLE to the US Department of Education as a part of "tracking reports". Moreover the CRAC has adopted Guidelines for Evaluation of Institutions and Programs in 2015. On the basis of the previous version of the Guidelines from 1998 (submitted to NCFMEA in 2011), all of the medical schools in the country were evaluated by CRAC and its PWG during the years 1998/1999, again 2005/2006 and in 2012/2013 (NCFMEA was informed in 2014).

See Methodical Guidelines for Evaluation (Exhibit 8).

Analyst Remarks to Narrative

As noted in the narrative, the country's standard to meet this requirement is the Scientific Board as the authority for monitoring and evaluating programs within an institution. The country has also providing sample documents of Charles University's implementation of this requirement.

In addition, the Methodical Guidelines for Evaluation (Exhibit 8) discusses the country's assessment of an institutions' self-evaluation report reviewed during a site visit. This report uses surveys and narrative to evaluate the effectiveness of a program from a student's perspective.

However, the Methodical Guidelines for Evaluation refer to the European Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) as the accepted standards for evaluating internal and external quality assurance regarding an institution's activities, academic staff, students, and graduates.

The NCFMEA may wish to inquire about the ESG and request the Czech Republic to submit the document to support the narrative.

Staff Conclusion:

Additional information Requested

Country Response

Please find the ESG attached.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request the European Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) since the country referred to its standards for evaluation within the Methodical Guidelines for Evaluation.

In response, the country has provided the ESG (Ex. 14) and staff has confirmed the evaluation standards as discussed in the country's narrative to meet this requirement.

Staff Conclusion:

Comprehensive response provided

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).

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 CRAC evaluates internal quality assurance processes and their effectiveness and also the processes of revision of study programs. Usage of data is one of the factors taken into consideration (Methodical Guidelines for Evaluation, pg. 3, The subject of assessment is mainly...)

Analyst Remarks to Narrative

As noted in the previous section, the Scientific Board as the authority for monitoring and evaluating programs within an institution. The country has also providing the Methodical Guidelines for Evaluation (Exhibit 8) which discusses the country's assessment of an institutions' self-evaluation report reviewed during a site visit.

Also noted in the previous section is the Methodical Guidelines for Evaluation's reference to the European Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) as the accepted standards for evaluating internal and external quality assurance regarding an institution's activities, academic staff, students, and graduates.

The NCFMEA may wish to inquire about the ESG and request the Czech Republic to submit the document to support the narrative if applicable.

Staff Conclusion:

Additional information Requested

Country Response

Please find the ESG attached.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request the European Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) since the country referred to its standards for evaluation within the Methodical Guidelines for Evaluation.

As noted in the previous response, the country has provided the ESG (Ex. 14) and staff has confirmed the evaluation standards as discussed in the country's narrative to meet this requirement.

Staff Conclusion:

Comprehensive response provided

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.

See Annual Report 2015 of First Faculty of Medicine Charles University, pg. 20 (Exhibit 9).

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 CRAC evaluates to what degree and how the school uses this data as part of evaluation of internal quality assurance systems (Methodical Guidelines for Evaluation, pg. 3, The subject of assessment is mainly...)

Analyst Remarks to Narrative

The Czech Republic does not require medical schools to use the MCAT as a measure for admission. The country discusses the use of entrance exams, SAT scores and past performance in Math, Biology, Chemistry, and Physics courses to determine qualifications for admission. In addition, the HEA (Exhibit 1) notes individual institutions' authority to use additional conditions to determine admission (Section 49 (1)(3)).

The Statue of the CRAC (Exhibit 2) requires the evaluation of an institution's activities as well as the quality of the accredited activities as a means of evaluating a program. The CRAC establishes a special work group to review data from site visits, reports, and publications from comparable programs to evaluate an institution's admission policy and practices (Article 3).

In addition, the Czech Republic has confirmed that it does not require medical schools to use the MCAT as a measure for admission. The country should provide additional information explaining if it has any plans to consider and evaluate the use of the MCAT in its admission practices. The country should also provide supporting documentation such as a sample self-study and on-site review report to demonstrate reviewing compliance with the requirement.

The NCFMEA may wish to request additional information such as supporting documentation to demonstrate review of a program for compliance.

Staff Conclusion:

Additional information Requested

Country Response

As noted in the narrative, MCAT is primarily designed for more senior students (holding Bachelor's or Master's degrees) entering the US-curriculum (4-year) Medical schools. Since the medical schools in the Czech Republic admit students straight after completion of secondary education (currently 13 years of schooling), such tests are not appropriate for this student population. However, the 2nd Faculty of Medicine uses SAT scores as one of the paths for admittance into their English-taught program:

<http://www.lf2.cuni.cz/en/study/applicants/how-to-apply/sat-tests>

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional information regarding the country's intention or plans for using MCAT scores as an admission criteria. Staff also suggested a request for additional documentation to support the country's narrative that an institution has individual authority to determine admission criteria such as a sample self-study or on-site report.

In response, the country has provided additional narrative that the MCAT is used to determine admission for student currently holding a Bachelor's or Master's degree but that the institutions' admission criteria refers to students who completed 13 years of study. Also, SAT scores are used to determine admission to programs taught in English.

However, the country did not provide documentation to demonstrate review of admission practices for senior students or those immediately completing secondary education. The NCFMEA may wish to request sample documentation such as a self-study or on-site report demonstrating its review of a program's compliance with this requirement.

Staff Conclusion:

Additional Information requested

Admissions, Recruiting, and Publications, Question 2**Country Narrative**

As stated previously, 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. 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

As noted in the previous section, the Czech Republic has granted authority to the individual institution to determine admission requirements. Institutions use entrance exams, SAT scores, and past performance in performance in Math, Biology, Chemistry, and Physics courses to determine qualifications for admission and may also use additional conditions to determine admission (Higher Education Act, Exhibit 1, Section 49 (1)(3)).

However, also noted in the previous section, the country should provide additional information and provide supporting documentation such as a sample self-study and on-site review report to demonstrate reviewing compliance with the requirement.

The NCFMEA may wish to request additional information such as supporting documentation to demonstrate review of a program for compliance.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 9). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

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

As discussed in the narrative, the Academic Senate of the Faculty within an institution as the authority to approve admission regulations. However, the official admission to a medical school program is determined by the Dean of the faculty (Exhibit 1, Section

50 (2)).

However, In addition, the country should provide additional supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance with the requirements of this question.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 8). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Admissions, Recruiting, and Publications, Question 4

Country Narrative

The CRAC's standards specify that the size of the teaching staff must correspond to the size of the student body (Standards for Accreditation, pg. 3, par. 1; pg. 4, par. 8). Students must have the opportunity to continuously meet with their teachers and the teachers must have sufficient time allowance for all their duties and activities (Standards for Accreditation, pg. 4, par. 5).

Analyst Remarks to Narrative

The HEA (Exhibit 1) standard notes that an institution may set a limit on the number of students admitted and, in an instance where more applicants have met the admission criteria, decisions will be made in ranking order (Section 49 (1)). The country's Standards for Accreditation (Exhibit 6) also requires that an institutions has personnel resources sufficient to an environment where students can continuously work with their teachers (p.3).

Although the country provides documentation of the standard, the country should also provide supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance with the requirements of this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (sections 4, 9). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Admissions, Recruiting, and Publications, Question 5

Country Narrative

Neither the Higher Education Act nor any of the responding medical schools referenced any internal regulations addressing advertising, catalogs or other publications used in recruiting. However, some medical schools publish the admission tests from the previous years and most advertise the admission requirements on their web pages.

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

As discussed in the narrative, the Czech Republic does not require internal regulations regarding print or electronic admission, recruiting, and other publications. However, each medical school publishes an annual report which includes the annual tuition rates and fees and health insurance information. The Dean and Vice Dean for Education serve as the responsible authorities for the accuracy of materials used to promote medical school programs. Electronic publications (i.e. web-pages) are available in the country's primary as well as alternative languages.

Although the country has provided documentation to meet criteria ii and iii, the NCFMEA may wish to see additional information on the availability of publications that address graduation rates, student codes of conduct and disciplinary actions, admission criteria and plans of study for academic progress.

Staff Conclusion:

Additional information Requested

Country Response

Although it is not mandatory, medical schools may publish information on graduation rates, student codes of conduct and disciplinary actions, admission criteria, plans of study for academic progress etc. at their own discretion.

Analyst Remarks to Response

As discussed in the draft analysis, the NCFMEA may wish to request additional information about CRAC standards for publications that address graduation rates, student codes of conduct and disciplinary actions, admission criteria and plans of study for academic progress.

In response, the country has discussed that it does not require medical schools to publish graduation rates, student codes of conduct and disciplinary actions, admission criteria, plans of study for academic progress. The NCFMEA may wish to inquire about the Czech Republic's intent on implementing this requirement in future standards to be in compliance with this regulation.

Staff Conclusion:

Additional Information requested

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).

Analyst Remarks to Narrative

The country's HEA (Exhibit 1) requires, by internal regulation, that institutions to maintain a register of students accessible by authorized employees of the institution and those with a legal interest, i.e. the student (Section 88).

Although the country provides documentation of the standard, the country should also provide supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance with the requirements of this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 8). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Student Achievement, Question 1**Country Narrative**

These criteria and requirements are determined by internal regulations of each medical school. The CRAC considers criteria for completion of courses and for graduation within the accreditation process (forms of application for accreditation have been submitted to NCFMEA in 2014).

Analyst Remarks to Narrative

The country reports internal regulation criteria requiring a medical school to report data for student achievement, graduation requirements, and academic progress. Department staff has found that the CRAC has established criteria for the evaluation of higher education institutions (Exhibit 8 - Methodical Guidelines for Evaluators).

The HEA (Exhibit 1) notes that students maintain a record book for the evaluation of academic progress (Section 57) and the passing of the state examination determines successful completion of requirements for graduation (Section 55).

Although the country has established methods for evaluation of academic progress and requirements for graduation, the NCFMEA may wish to inquire about the requirement for a medical school to establish principles for each medical school to have internal regulations or benchmarks for student achievement. For example, is there a state exam score required for each medical school that can be used to evaluate student achievement data and graduation rates?

Staff Conclusion:

Additional information Requested

Country Response

The First Faculty of Medicine holds 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, which is attached (Exhibit 15).

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 Response

In the draft staff analysis, it was suggested that the NCFMEA inquire about requirements for a medical school's to have established benchmarks for student achievement.

In response, the country has discussed criteria for academic progress and evaluation for student achievement as outlined in the Code of Study and Examination at each institution. The country has also provided sample evaluation report template and a sample self-study document to demonstrate its review of a program's compliance with this requirement.

Staff Conclusion:

Comprehensive response provided

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. 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).

Analyst Remarks to Narrative

As noted in the previous section, the country reports internal regulation criteria requiring a medical school to report data for student achievement, graduation requirements, and academic progress in the HEA (Exhibit 1).

However, there are no principles or definitions of successful academic progress that is used consistently throughout the country. Nor is there comparable data used to evaluate state exam scores to assess overall quality assurance.

The NCFMEA may wish to inquire about the requirement for a medical school to establish principles for each medical school to have internal regulations or benchmarks for student achievement.

Staff Conclusion:

Additional information Requested

Country Response

The First Faculty of Medicine holds 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, which is attached (Exhibit 15).

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 Response

In the draft staff analysis, it was suggested that the NCFMEA inquire about requirements for a medical school's to have established benchmarks for student achievement.

In response, the country has discussed criteria for academic progress and evaluation for student achievement as outlined in the Code of Study and Examination at each institution. The country has also provided sample evaluation report template and a sample self-study document (Ex. 15) to demonstrate its review of a program's compliance with this requirement.

Staff Conclusion:

Comprehensive response provided

Student Achievement, Question 3

Country Narrative

As described above, 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.

Analyst Remarks to Narrative

As discussed in the narrative and defined in the HEA (Exhibit 1), each institution requires students to maintain a record book of individual courses and performance in those courses (Section 57 (3)). The student record book is also used a transcript and attests to the completion of a degree program.

In addition, each medical school uses an individualized system to evaluate student achievement in coursework and clerkships throughout the study period and only graduates those who successfully complete the programs according to the program's standards.

However, the country has not provided sufficient documentation such as an on-site review report and a self-study report to demonstrate its review of a program's compliance with having a method for tracking satisfactory academic progress.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (sections 7, 8). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Student Achievement, Question 4

Country Narrative

The Czech medical schools have not 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.

Analyst Remarks to Narrative

The Czech Republic does not require medical schools to have established student performance outcome measures.

The NCFMEA may wish to seek additional information on how the use of state examination scores of individual medical schools are used during the accreditation process and request documentation to support the response, if applicable.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 9).

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request supporting documentation such as sample self-study or on-site report to demonstrate that the country has conducted a review of a program's compliance with the requirement for established student performance measures, outcomes, and benchmarks.

In response, the country has provided additional documentation of the evaluation report template but the NCFMEA may wish to request sample documentation such as a self-study or on-site report to demonstrate that it has conducted a review or evaluation of a medical program's records for compliance.

Staff Conclusion:

Additional Information requested

Student Achievement, Question 5

Country Narrative

Processes to collect and use student feedback on the quality of courses and clerkships are expected to take place at each medical school. The CRAC evaluates these processes as part internal quality assurance systems of medical schools (Methodical Guidelines for Evaluation, pg. 3, The subject of assessment is mainly...)

Analyst Remarks to Narrative

As discussed in the narrative, the Methodical Guidelines for Evaluation (Exhibit 8) cites the Commission's evaluation of a programs' ability to conduct a critical self-analysis and adoption of adequate measures for improvement.

During a site visit, the CRAC appoints a working group to examine defended theses, final state exam protocols, council meeting minutes, and conducts meetings with department officials and academic representatives, and site visits of laboratories, classrooms, and libraries.

However, the country should provide additional supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance with the requirements of this question and discuss how the data is used to determine the quality of courses and clerkships.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (sections 7, 9). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

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 10). 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. All Czech Republic medical schools report that 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 in 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.

The Decree of the Ministry of Health of the Czech Republic No. 56/1997 requires preventive entrance medical check-ups for all enrolled students. During the entrance examinations the 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 before a board of examiners during the reexamination.

Analyst Remarks to Narrative

The country reports that students receive services in work safety and health protection as cited in the Higher Education Act (Exhibit 1, Section 62). Other health related services include medical exams prior to entrance in the program and preventive exams, including vaccinations, during and prior to program completion. During the preventive entrance check-up, students are informed about confidential mental health counseling.

Students may receive career and course plan of study advising from tutors and the Vice-Dean of Education within the institution as well as debt management and financial aid counseling from the Vice Dean for Social Affairs and the Financial Department of the medical school.

However, the country should provide additional supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing student services at a medical school.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 7). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Student Services, Question 2

Country Narrative

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 noted in Admissions, Recruitment, and Publications Q.6, the country's HEA (Exhibit 1) requires, by internal regulation, that institutions to maintain a register of students accessible by authorized employees of the institution and those with a legal interest, i.e.

the student for the purpose of preventing authorized access to student records (Section 88).

However, the country should provide additional supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance for keeping student records confidential.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 8). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA inquire about requirements for a medical school's to have established benchmarks for student achievement.

As discussed in the previous section, the country has responded with a discussion of criteria for academic progress and evaluation for student achievement as outlined in the Code of Study and Examination at each institution. The country has also provided sample evaluation report template and a sample self-study document to demonstrate its review of a program's compliance with this requirement.

Staff Conclusion:

Comprehensive response provided

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 - The Ministry of Education 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.

Analyst Remarks to Narrative

The country's HEA (Exhibit 1) has the standard by which institutions must allow students the opportunity to submit confidential complaints against a medical school and noted procedures which must be followed if a complaint is received by school officials (Section 68).

As noted in the narrative, students have the right and an obligation to elect student members to the Academic Senate to serve as a representation of the student body. This representation has a voice on the Disciplinary Commission of the University with activities of complaints and appeals reported as an institutional activity to the CRAC through an annual report to the MEYS.

However, the country should provide additional supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance for how a medical school addresses student complaints.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (sections 7, 8, 9). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

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 they were of a more serious nature, they would be submitted to the PWG for medicine and health sciences of the CRAC and then eventually to the plenary session of the CRAC. The students are made aware that CRAC could investigate their complaints if they reached certain level of seriousness.

Q 2 - There have been no complaints related to medical schools.

Analyst Remarks to Narrative

The country has discussed the process for addressing student complaints that are submitted to the administration of the institution through the Academic Senate. The standard is addressed in the Student Disciplinary Code of the faculty and the Rules of Procedure of the Academic Senate of the faculty. Students also have an opportunity to submit complaints to the CRAC based on the level of seriousness(Exhibit 1 - Higher Education Act, Section 17 (2) and Section 33) .

Although the country has noted the CRAC's standards and that there have been no complaints against accredited medical schools, the NCFMEA may wish to request additional supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

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 Ministry issued the Decree 42 (Exhibit 3) mandating that any study program must include in the application for accreditation evidence of its finances. It should include the presumed expenses for the length of the program, investments, wages, and other non-investment expenses required per student, and for scientific, research, developmental, artistic or other creative activity related to the study program (Decree 42, Section 7).

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 Ministry of Education, as the medical schools are not separate legal entities. Therefore the Ministry of Education does 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 - Ministry of Education, Youth and Sports decides on the size and scope of the educational program, on the recommendation of CRAC.

Analyst Remarks to Narrative

The Czech Republic's HEA (Exhibit 1) notes that public institutions are financed through a state "block grant" , subsidies from the state budget, and income received from school fees and rental property (Section 18). The HEA requires medical schools to submit budgets to the MEYS through the institutions' overall annual financial report.

As part of the application for accreditation (Exhibit 3 - Decree 42), the MEYS also requires all institutions to submit "evidence of financial resources, including annual projected costs per program, projected costs per student, projected costs for scientific research and develop, and payroll and non-capital costs (Section 7 (1)).

The MEYS is the oversight authority for state issued funds and, based on advisement from the Academic Senate, makes decisions regarding the size and scope of a medical education program (Section 27).

In addition, although the country has noted the CRAC's standards for financial records and resources, the NCFMEA may wish to request additional supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

The financial resources necessary for a study program (Section 79 (5) (c) are assessed by the MEYS. Section 79 (6) stipulates that the CRAC only assesses matters listed in Section 79 (5) (a) and (b).

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request supporting documentation such as sample self-study, on-site report, or an institution's audit to demonstrate that the country has conducted a review of a program's compliance with the requirement for review and monitoring of financial resources.

In response, the country has provided additional accreditation standards to document the requirement of an institution to comply. However, the NCFMEA may wish to request sample documentation such as a self-study, on-site report, or institutional audit to demonstrate that it has conducted a review or evaluation of a medical program's records for compliance.

Staff Conclusion:

Additional Information requested

Facilities, Question 1

Country Narrative

Each school is 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. 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 <https://www.lf1.cuni.cz/informace-pro-uchazece-o-jmenovaci-a-habilitacni-rizeni---postup-pri-podavani-zadosti> and <https://www.lf1.cuni.cz/document/67052/kriteria-2016-schvalena-vr-29112016.pdf> (available only in Czech).

Analyst Remarks to Narrative

The country has provided a narrative about the requirements for clinical facilities, collaborative effort of practitioners to meet the requirements, and the size and scope in teaching staff as sufficient for the size of the student body.

Also, Department Staff has identified the standards for the application for accreditation (Exhibit 3 - Decree 42) which notes that institutions must provide "evidence of material and technical resources for the study program" and requires adequate space to accommodate the size of the student body, clinical laboratories approved by a member of public health services, and documentation authorizing use of the facilities.

Although the country has noted the CRAC's standards for physical facilities and equipment, including clinical laboratories, the NCFMEA may wish to request additional supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 6). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Facilities, Question 2

Country Narrative

Q 1 - The Higher Education Act does not detail the facilities resources a medical school must have. However, in the 42 Decree issued by the Ministry, Section 8 lists the contents of the application for accreditation requires the study program to provide evidence of material and technical provisions that includes the following: Information on building or buildings utilized by the study program, including their location, information on the number and capacity of lecture rooms, laboratories, workshops, including other instruction rooms; Listing of specialized laboratories for instruction and a description of their technical level; An opinion of a competent public health authority on appropriateness of rooms destined for study program provision as to building where no teaching activity has yet occurred; and Copies of ownership titles or lease or loan contracts or other documents certifying the study program's right to use building or rooms where teaching is to take place and the standard length of study.

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.

Analyst Remarks to Narrative

As noted in the previous section, the country's Decree 42 (Exhibit 3) for the content of accreditation applications requires institutions to have adequate facilities for the size of the student body, clinical facilities as approved by a public health official, and legal authority to operate within the facility.

The medical school is also required to submit humane care of animals documentation to the Dean of the Faculty and approval for the use of animals for teaching and research is granted from the Animal Experiment Board and Ethical Committee.

Although the country has provided narrative regarding the standard for the humane care of animals, NCFMEA may wish to request documentation with the standard and procedures for this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Standards of humane care of animals (including research) are continuously updated 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/kurzy-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/>

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as documentation that there is a standard for content in the human care of animals and samples of self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a link with course content from the Ministry of Agriculture. However, NCFMEA may wish to request documentation of the actual standard and sample documents such as a self-study or on-site report, in English, to demonstrate its review of a program's compliance with this requirement.

Staff Conclusion:

Additional Information requested

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, pg. 4, par. 8). 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 - The schools state that 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).

See also Sections 70-75 of HEA.

Analyst Remarks to Narrative

As discussed in the narrative, the country has Standards for Accreditation (Exhibit 6) which describe the required faculty credentials and qualifications to support the size and scope of the medical education program at an institution (p.3-4).

As noted in a previous section, the country does not have remote sites for its medical school programs. However, in the instance where clinical facilities are supported by collaborating primary care providers, the country requires members of the medical school faculty to conduct site visits and to monitor student performance with regular evaluations.

Although the country has noted the CRAC's standards for the number of faculty and qualifications, the NCFMEA may wish to request additional supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 3, 9). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date

Staff Conclusion:

Additional Information requested

Faculty, Question 2

Country Narrative

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://www.lf1.cuni.cz/eticky-kodex-1-lf-uk> (available only in Czech). 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. Pursuant to the Article 9(5) of the Statute of the CRAC the chief workers of the schools and universities (Deans and Rectors) may not serve as members of CRAC working groups.

Analyst Remarks to Narrative

The country notes in its narrative that it has developed a First Faculty of Medicine's code of conduct (available only in Czech) as the medical school standard policy to address potential/conflict of interest of its faculty or staff. However, Department Staff has also identified the accreditation standard (Exhibit 6) with the policy for an employment contract which stipulates that the faculty is qualified, has the appropriate expertise, and "does not teach at other higher education institutions" (p.3).

The CRAC also has a conflict of interest policy (Exhibit 2) which limits participation on a Commission Work Group from Rectors, Deans, and directors of institutions (Article 9).

In addition, the country has noted the CRAC's standards for faculty and staff conflict of interest, the NCFMEA may wish to request additional supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Conflict of interest is a legal matter, treated by the applicable law; beyond this level, it is included in the Ethical Code of the fakulty (available only in Czech).

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date

Staff Conclusion:

Library

Country Narrative

Faculty must have a well maintained and catalogued library , sufficient in size to support the educational program of the Faculty. The library should receive the leading biochemical and clinical periodicals, the current numbers of which should be readily accessible. In addition each student must have free access to the Medline database, the World Wide Web 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 (Standards for Accreditation, pg. 2, Information and technical resources).

Analyst Remarks to Narrative

The country has Standards for Accreditation (Exhibit 6) which requires an institution to provide sufficient computer equipment and internet access to adequate meet the size of the student body and the field of study, an internal information system for students to access study materials, internal evaluations, and non-periodical literature published within the last 5 years and with fundamental titles as required by the field of study (p. 2).

In addition, the country has noted the CRAC's standards for information technology and library systems, the NCFMEA may wish to request additional supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 6). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date

Staff Conclusion:

Additional Information requested

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 CRAC of substantial changes in the programs including changes in affiliation agreements.

Analyst Remarks to Narrative

As noted in a previous section, the country requires the Dean of the faculty and the Director of a Teaching hospital to secure legal authority to operate in clinical facilities and an official from public health services ensures that the facility is appropriate for the size of the student body and scope of the medical program (Exhibit 3 - Decree 42 on the content of applications for accreditation). The institution provides documentation to the MEYS for final approval to meet requirements for program accreditation.

Changes in notification and substantive program changes are provided to the CRAC, which provides advisement to the MEYS for a final decision within 30 days of receiving the standpoint of the Commission (Exhibit 1, Section 82).

In addition, the country has noted the CRAC's standards for affiliation agreements for clinical facilities, the NCFMEA may wish to request additional supporting documentation, in the form of sample self-studies and on-site review reports, to demonstrate that it is reviewing compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 3). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Onsite Review, Question 1

Country Narrative

The members of the Permanent Working Group for Medicine and Health Sciences of the Czech Republic Accreditation Commission conduct site visits to medical faculties as an integral part of the accreditation process. Each medical school selected for the evaluation and accreditation process prepares a written application for study program accreditation (self-study) and submits it to the Ministry of Education, Youth, and Sports. The Working Group reviews the application for accreditation eligibility prior to the site visit. The institution's application must include among other things:

The study program title;

The titles and characteristics of the study branches, if applicable;

The objectives of studies in relation to the entire study program with the specific objectives of each study branch;

A profile of program graduate describing the general, professional and particular knowledge and abilities;

Characteristics of the professions which graduates should be prepared to perform, the possibilities of their employment and characteristics of graduates that employers expect;

The curriculum in conjunction with the study and examination rules;

The method, content and depth of the state final exams;

The curricula vitae of all academic staff, including full-time and distance employees;

Information on financial resources;

Information on technical provisions regarding the buildings, laboratories for instruction, and an opinion of competent health public health authority on the appropriateness of rooms;

Information on library, its accessibility, technical facility and capacity; and

Overview of existing computer technology equipment, use of local computer networking capabilities and the internet.

Prior to making conclusions and recommending an accrediting decision, the Working Group performs the following functions during a site visit:

Reviews admission procedures, admission examinations, and the results of the procedures and examination;

Reviews the research achievements of the school, with attention to the number and quality of publications and the degree of success in grant competition;

Reviews the curriculum;

Elicit the opinion of students as to the quality of teaching; and

Reviews the achievements of students by reviewing the number of the schools graduates who enter PhD studies.

Ministry of Health must approve the medical studies program before the CRAC submits its conclusions and accreditation recommendation to the Ministry of Education, Youth and Sports.

Site visits are performed by at least 3 members of the Permanent Working Group. The procedure complies with the Statute of CRAC approved by the Czech Government. When a school is selected for on-site visit, a letter is sent to the University Rector with a request that the school co-operates in the evaluation process. The Dean of the school receives a similar notification. A self study questionnaire amended to reflect the specific circumstances related to requirements of Ministry of Education decree 42/1999 Coll. and medical education is mailed to the Dean. The filled out questionnaire is returned to CRAC together with the required enclosures

and any other material the school wishes to provide.

The evaluation group analyzes the school's questionnaire and visits the school. The discussion with the academic staff and students of the school are an inseparable part of the visit. At the end of the visit the evaluating group provides the representatives of the school with the preliminary conclusions and any recommendations it might have. The Permanent Working Group in consultation with members of the evaluating groups prepares a draft conclusion about the medical schools and presents them for discussion in the plenary session of CRAC. Representatives of the medical schools are invited to participate in this discussion. After the discussion final conclusions are adopted by vote to CRAC.

See Methodical Guidelines for Evaluation (Exhibit 8).

Analyst Remarks to Narrative

The country has discussed the onsite review procedures which begins with a self-study questionnaire submitted to the MEYS followed by an onsite evaluation of the medical school conducted by the CRAC's work group.

The onsite visit includes an analysis of the site-evaluation report, review of sample theses, and state exam protocols, review of council meeting minutes, and tours of laboratories, classrooms, and the library. The working group also interviews administrators and students of the institution as noted in the Methodical Guidelines for Evaluators (Exhibit 8, section 3 (b)).

In addition, the country has noted the CRAC's standards for an on-sight review, the NCFMEA may wish to request additional supporting documentation, in the form of sample on-site review reports, to demonstrate that it is in compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template. Evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Onsite Review, Question 2

Country Narrative

Q 1 - All core (required) clinical clerkship sites are Clinical Departments of the Faculty (University) Hospitals. Part of the on-site review of the Faculty (medical school) is also the visit of the faculty (University) Clinical Departments. The same Methodical Guidelines for Evaluation (Exhibit 8) apply.

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. Nationally, the teaching hospitals must meet the criteria set forth by the Ministry of Health.

Analyst Remarks to Narrative

As discussed in the narrative, the CRAC conducts onsite reviews of the medical school institutions and facilities to ensure that the program can adequately accommodate the student body. As discussed in the previous section, the institution submits a self-study questionnaire to the MEYS which is then followed up by an onsite review conducted by the Commission (Exhibit 8 - Methodical Guidelines for Evaluation).

Although the country has provided documentation of the onsite evaluation process, there is no documentation specifically related to criteria used for the evaluation of the teaching and monitoring of clinical sites.

The NCFMEA may wish to request additional information and documentation about the criteria used to evaluate the quality of teaching and the monitoring procedures for a medical school's clinical facilities.

Staff Conclusion:

Additional information Requested

Country Response

Regarding evaluation of clinical sites the Act No. 20/1966 Coll. on public health care is used for establishment of criteria.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional documentation on criteria used to evaluate the quality of teaching and monitoring in clinical facilities.

In response, the country has noted that the Act No. 20/1966 Coll. on public health care is used to establish criteria. However, the Act is not provided as documentation to support the response. The NCFMEA may wish to request a copy of the Act No. 20/1966 Coll. as documentation to meet this requirement.

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 Ministry of Education, Youth and Sports is the sole national body with the authority to grant accreditation to study programmes on the recommendation of the CRAC and with affirmative statement of the Ministry of Health. There are no other accreditors. Medical schools are obligated to inform the CRAC about substantial changes in study programs and their resources, including substantial changes in clinical clerkship sites.

Analyst Remarks to Narrative

The country has provided documentation of all degree programs to be accredited by the MEYS based on the CRAC's recommendation and, that if a program is not accredited, it is not allowed to permit students or to award degrees. The country has also noted that new programs, including clinical clerkship sites, must be submitted to the CRAC for review.

However, the country did not provide narrative or documentation regarding the onsite review schedule, review periods, or the process for review of substantive change requests for clinical clerkship sites. The NCFMEA may wish to seek additional information regarding the accreditation/approval process must include an on-site evaluation of all core (required) clinical clerkship sites.

Staff Conclusion:

Additional information Requested

Country Response

Evaluation of medical schools, including clinical clerkship sites, is conducted regularly in relation to the expiration of the accreditation of their study programs, typically each four to eight years. According to Section 80 of HEA the accreditation of a study program is awarded for ten years at most. The process for review of substantive change in clinical clerkship sites does not significantly differ from the process for substantive change in study programs as such.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional information regarding the accreditation review schedule, review periods, and substantive change request processes for clinical clerkship sites.

In response, the country has discussed Section 80 of the Higher Education Act as noting the review schedule of four to eight years, an accreditation period of eight to ten years and the consistency in substantive change requests for clinical clerkship sites with study programs.

Staff Conclusion:

Comprehensive response provided

Onsite Review, Question 4**Country Narrative**

The Ministry of Health and the CRAC via the Ministry of Education, Youth and Sports receive affiliation agreements from the medical schools.

Analyst Remarks to Narrative

The country has noted that the CRAC receives medical schools' affiliation agreements via the MEYS.

Department Staff has also identified documentation in the Decree 42 on the content of applications (Exhibit 3) that a list of laboratories (clinical clerkship sites), the quality of the technical and materials resources, and statements from a public health service official on the appropriateness of the premises for the program of study is also submitted and reviewed by the CRAC (Section 8 (b) (c)).

In addition, the country has noted the CRAC's standards for on-site qualifications and affiliation agreements, the NCFMEA may wish to request additional supporting documentation, in the form of sample on-site review reports, to demonstrate that it is in compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template that demonstrates this (section 3). Self-study reports and evaluation reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

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.

Analyst Remarks to Narrative

The country reports that there are no Czech Republic accredited medical education programs located in the United States or in other countries.

Staff Conclusion:

Comprehensive Response Provided

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

The standards for accreditation are established by members of the CRAC, who are 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 Research and Development Council and the Academy of Sciences (Section 83(1) and (3) of HEA). The CRAC as a body decides on accreditation of medical schools.

The CRAC established advisory working groups, in this case the PWG for medicine and health sciences. Its members are experts in the field with high reputation and integrity. They assess medical study programs to aid the CRAC's preparations for its meetings (Statute of the CRAC, Article 9). The members of working group are highly familiar with Standards for Accreditation (Exhibit 6) and are guided by the Methodical Guidelines for Evaluation (Exhibit 8).

All the mentioned persons are bound by the Code of Ethics of the CRAC (Exhibit 11).

Analyst Remarks to Narrative

As discussed in the narrative, accreditation policies are established by members of the CRAC who are experts in their respective fields and are considered qualified based on their experience and appointment by the government of the Czech Republic. The MEYS is the sole decision-making body for award of accreditation based on the recommendation of the CRAC.

Members of the CRAC are assigned to an ad-hoc work group of medicine and health sciences to perform onsite evaluations of medical schools. These members do not receive training from the CRAC but they do receive instruction for conducting onsite reviews by using the Methodical Guidelines for Evaluation (Exhibit 8), policy and decision-making processes from the Statue of the Czech Republic Accreditation Commission (Exhibit 2, Article 9), and accreditation standards from the Standards for Accreditation (Exhibit 6). Members are subject to conflict of interest and ethic regulations as required in the HEA (Exhibit 1) and the Commission's Code of Ethics (Exhibit 11).

In addition, the country has noted the CRAC's standards for qualifications and training for individuals involved in the on-site review, there are no sample training documents to support this discussion.

The NCFMEA may wish to request additional supporting documentation, in the form of sample training resource, to demonstrate that it is in compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Members of the working group are, on top familiarizing themselves with the Higher Education Act, Standards for Accreditation and Methodical Guidelines for Evaluators, trained on an individual basis. They are often experts who have been involved with the CRAC continuously or participated in its activities in the past.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request supporting documentation and sample training resources regarding the country's review and monitoring of an on-site reviewer qualifications.

In response, the country has provided additional narrative on the expectations for the CRAC working group. The NCFMEA may wish to request actual documentation of standards and sample training resources to demonstrate the country's compliance with this requirement.

Staff Conclusion:

Additional Information requested

Re-evaluation and Monitoring, Question 1

Country Narrative

According to Section 80 of HEA the accreditation of a study program is awarded for ten years at most, beginning from the day on which the decision takes legal effect. Validity of accreditation can be extended repeatedly but only upon reassessment of compliance with the standards. The standardized questionnaire for medical schools was submitted to NCFMEA in 2014. Evaluation of medical schools is conducted regularly in relation to the expiration of the accreditation of their study programmes, typically each four to eight years. HEA Section 27 Section 27(1)(d) requires the Deans of medical schools to submit annual reports on activities including compliance with the standards, and annual financial report to the Academic Senate for approval.

Analyst Remarks to Narrative

The MEYS for the Czech Republic requires an annual report on activities and financial management to verify ongoing compliance with the country's accreditation standards as noted in the HEA (Exhibit 1, Section 27 (d)).

Also, the CRAC's ad hoc work groups performs program evaluations every four to eight years as required for the renewal of an accreditation application. The work group conducts a site visit which requires the examination of state exam protocols, minutes and notes from academic and scientific council meetings, records of studies, tours of the facilities and library, and a meeting with administration and students of the program.

This review also includes a monitoring and assessment of compliance with accreditation policies regarding program activities, student complaints, follow up actions, enforcement of actions, and reporting procedures as required in the Statute of the Czech Republic Accreditation Commission (Exhibit 2) as determined by the review of academic and council meeting minutes and face-to-

face meetings with administration and students of a program.

In addition, the country has noted the CRAC's standards for re-evaluation and monitoring procedures, however, there are no sample documents such as an annual report to support this discussion.

The NCFMEA may wish to request additional supporting documentation, in the form of sample monitoring report or annual report, to demonstrate that it is in compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template. An annual report has already been submitted (Exhibit 9).

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Re-evaluation and Monitoring, Question 2

Country Narrative

Q 1 - Members of the Permanent Working Group and the CRAC monitor any changes related to compliance with the standards for accreditation. If the Working Group suspects a decrease in expected quality at a medical school, the Working Group may propose to reevaluate the medical school or conduct an immediate site visit (Statute of the CRAC, Article 3). CRAC monitors the medical schools throughout the accreditation period by examining follow-up reports and on the basis of their Annual Reports.

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

Analyst Remarks to Narrative

As discussed in the previous section, the MEYS requires an annual report from each program. The institution submits the programs' activities and financial management procedures to verify ongoing compliance with the country's accreditation standards as noted in the HEA (Exhibit 1, Section 27 (d)).

During the accreditation review period, the institution is required to submit a self-study questionnaire based on accreditation standards for internal quality assurance. Though the country did not provide a sample report or questionnaire required for accreditation review, the country did submit the guidelines for an evaluation. The guidelines note the requirement for the questionnaire to contain information regarding the mission and vision of the institution, program activities, information regarding academic staff, students, and graduates, assessments of technical resources and the administration and organization of the programs of study (Exhibit 9 - Methodical Guidelines for Evaluation, Section 2).

Also noted in the previous section is the CRAC's ad hoc work group's review of program evaluations every four to eight years as required for the renewal of an accreditation application. This review includes a monitoring and assessment of compliance with accreditation policies regarding program activities, student complaints, follow up actions, enforcement of actions, and reporting procedures as required in the Statute of the Czech Republic Accreditation Commission (Exhibit 2).

In addition, the country has noted the CRAC's standards for re-evaluation and monitoring procedures for complaints and follow up activities, however, there are no sample documents such as an annual report to support this discussion.

The NCFMEA may wish to request additional supporting documentation, in the form of sample monitoring report or annual report, on-site review report, and self-study report, to demonstrate that it is in compliance with this requirement.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the evaluation report template. An annual report has already been submitted (Exhibit 9). Follow-up reports are not available in the English language.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request additional supporting documentation such as a sample self-study or on-site review to demonstrate how it assesses compliance with this requirement.

In response, the country has provided a template of an evaluation report but has noted that the self-study reports and evaluation reports are not available in English. The NCFMEA may wish to request documentation in English at a later date.

Staff Conclusion:

Additional Information requested

Substantive Change

Country Narrative

It is expected that re-evaluation and the re-accreditation will come into force when proposed changes in the curriculum exceed 20% of the whole range of the study plan. It is expected that in such cases, the medical school itself will submit a new proposed curriculum to the Ministry of Health and then, with the Ministry positive recommendation, to the CRAC.

Analyst Remarks to Narrative

The country has discussed a re-evaluation and re-accreditation process when the institution proposes at least a 20% change in the curriculum and plan of study. The country notes that such changes are first proposed to the Ministry of Health and then forwarded through the MEYS to the CRAC.

However, the Czech Republic has not submitted sufficient documentation, written policy or regulations which note the substantive change policy or official procedures. The NCFMEA may wish to request additional information regarding written policies and procedures that discuss how a medical school is made aware of the need for a substantive change request.

Staff Conclusion:

Additional information Requested

Country Response

The CRAC has a policy regarding the general rules and requirements for substantive change reports, however this is not available in the English language. The policy indicates what is to be considered substantive change as well as how and when to report it to the CRAC. The policy differentiates between substantive change and continuous change that takes place as a proper part of the desired continuous development of the study program and its adjustment to contemporary state of knowledge and technological advancement. The higher education institutions are required to inform about substantive change in advance and it may only take place after it is approved by the CRAC. The determines if the proposed change is in line with the previous accreditation decision or if a new application for accreditation of the concerned study program needs to be filed.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request documentation of a substantive change policy and documents and the country's review of a program's policy, such as a sample self-study or on-site review, to demonstrate how it assesses compliance with this requirement.

In response, the country has provided additional discussion about the substantive change process. The country has noted that medical programs must notify the CRAC in advance of the change and must be in line with the previous accreditation scope or to meet a program need. Substantive changes can only be implemented after approval.

However, the policy discussed in the narrative is not available in English. The NCMEA may wish to request documentation in English at a later date to meet this requirement.

Staff Conclusion:

Additional Information requested

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

Because all of the medical schools are parts of a public institution, and not private, a financial conflict is less likely to occur. Additionally, a member of the Working Group is not eligible to vote on decisions regarding the medical school where he/she is a member of the academic faculty. The collegiate composition of the Working Group and the Accreditation Commission, and the competence and character of their members assist each entity in achieving a fair and consistent accreditation process. The members of the Accreditation Commission are appointed by the Prime Minister and approved for appointment by the Parliament of the Czech Republic. Before the nomination the Prime Minister requests references from representatives of higher education institutions, the Governmental Board of the Czech Republic for Research and Development, and from the Academy of Sciences of the Czech Republic (Section 93(1) of HEA). Potential conflicts of interest are monitored by the elected Academic Senates of the Faculties (medical schools) and Universities and by the Education, Evaluation and Disciplinary Boards of the Dean's Office.

Analyst Remarks to Narrative

The country's accreditation recommendations are submitted to the MEYS from the CRAC and Czech Republic has noted that conflicts of interest are addressed during the appointment period for the Commission.

As discussed in the narrative and noted in the HEA (Exhibit 1, Section 83 (1) (8)), the members of the CRAC are first referred by representatives of higher education institutions, the Governmental Board of the Czech Republic for Research and Development and from the Academy of Sciences of the Czech Republic. Nominations are monitored by the Academic Senates of the Faculty (including medical schools) and by the Education, Evaluation and Disciplinary Boards of the Dean's office. After clearance of conflicts of interest, final appointments are made by the Prime Minister and approved by the Parliament.

Staff Conclusion:

Comprehensive Response Provided

Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

A specific statutory provision exists to prevent conflict of interest and maintain fairness in accreditation procedures. Pursuant Article 9(5) of the Statute of the CRAC, the chief workers of the schools and universities (Deans and Rectors) may not serve as members of CRAC Working Groups. In general, the possibility of conflict of interest is minimized due to the diversity maintained among members of the CRAC, who are selected under Section 83(1) of HEA by the Czech government upon recommendation of the Minister of Education, Youth and Sport and representation of higher education institutions (Section 92 of HEA), which at present consists of Council of Higher Education Institutions and Czech Conference of Rectors.

Analyst Remarks to Narrative

As noted in the previous section, the country monitors conflict of interest among members of the CRAC through the process of appointment. The HEA (Exhibit 1, Section 83 (1) (8)), notes the referral of members by representatives of higher education institutions, the Governmental Board of the Czech Republic for Research and Development and from the Academy of Sciences of the Czech Republic and final approval of nominees by the Prime Minister and approved by the Parliament.

To ensure consistency of standards are applied to all medical schools, the CRAC's statute notes that the work group which reviews an institution's self-study evaluation and performs site visits for quality assurance and compliance may not consist of administration, including Rectors, vice-rectors, deans, and directors, from an institution (Exhibit 2 - Statute of the CRAC, Article 9 (5)).

Staff Conclusion:

Comprehensive Response Provided

Accrediting/Approval Decisions, Question 1

Country Narrative

The Ministry of Health may provide information on the performance of medical school graduates. If it is determined that the graduates from a particular medical school do not meet the required levels of theoretical knowledge or clinical skills, the Ministry of Health will immediately initiate a reevaluation procedure which could lead to an accreditation withdrawal. CRAC does not have any outcomes data reflecting graduate performance that would assist in making accrediting decisions regarding medical faculties. After the Work Group prepares its draft conclusions based on the self-study and its own evaluation, it prepares its conclusions for the adoption of the conclusions and recommendations by the Accreditation Commission. The Accreditation Commission meets five times a year to discuss the applications for accreditation. During the meetings, the Accreditation Committee finalizes its conclusions and

recommendations regarding accreditation with the approval of the majority of the members of the Accreditation Commission. The contents of these actions are forwarded to the Ministry of Education, Youth, and Sports to render and publish the accreditation decision (Methodical Guidelines for Evaluation, Articles 3 and 4).

Analyst Remarks to Narrative

The country's narrative describes the CRAC's procedures to ensure that the accreditation decision is based on the CRAC's published accreditation standards. Based on procedures documented in the Methodical Guidelines for Evaluation (Exhibit 8, Article 3 and Article 4) The narrative notes that the work group submits draft conclusions of the self-study and site visit report for consideration by the CRAC. The CRAC then finalizes its conclusions and, if there is at least two thirds approval from the body, makes a recommendation to the MEYS.

Staff Conclusion:

Comprehensive Response Provided

Accrediting/Approval Decisions, Question 2

Country Narrative

In the Czech Republic, there is no systematic, formalized procedure for evaluating the performance of medical school graduates on a country-wide basis. In fact and in practice, any physician whose performance falls below recognized standards would lose his or her right to continue practicing medicine. But even in the rare instances when this occurs, the person's performance will not become related to the medical school he or she graduated from. The CRAC takes into consideration the grade average in the State final examinations and the percentage of graduates successfully admitted to Specialized Pre-Attestation Education in the re-accreditation procedures.

Analyst Remarks to Narrative

As noted in the previous section [Student Achievement, Q.1], students maintain a record book for the evaluation of academic progress (Exhibit 1, Section 57) and the passing of the state examination determines successful completion of requirements for graduation (Exhibit 1, Section 55). However, country does not have a systematic or formal process to review a medical school's performance which can be used to determine an accreditation decision.

The NCFMEA may wish to inquire about the requirement for a medical school to establish student performance standards which may be used as internal regulations or benchmarks for student achievement.

The NCFMEA may also wish to inquire about discussions for future implementation of student achievement standards that would allow the CRAC to monitor the success rates of medical school graduates. For example, a state exam score required for each medical school that can be used to evaluate student achievement data and graduation rates?

Staff Conclusion:

Additional information Requested

Country Response

Establishment of student performance standards is a possibility for medical schools, it is not a requirement at this stage. Future implementation of student achievement standards into the accreditation process is a subject of discussion. It is being considered as a complimentary criterion for the future.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA inquire about the country's consideration to implement student achievement standards into future accreditation determination processes.

In response, the country has noted that, although student performance standards are not a requirement at this time, it is a subject of discussion for future accreditation processes.

Staff Conclusion:

Comprehensive response provided

Accrediting/Approval Decisions, Question 3

Country Narrative

The data is not collected on the national level but the CRAC requires the grade average in the State final examination, the percentage of graduates whose application for placement in Specialized Pre-Attestation Education was successful, percentage of applicants for study of Medicine who were eligible to register for the first year of studies as a result of admission procedures, and percentage of students who have registered for the first year of studies and successfully completed their studies in the past accreditation period, as a part of application for re-accreditation.

The introduction of these requirements was submitted to NCFMEA in the 2014 application.

Analyst Remarks to Narrative

As noted in the previous section, the country does not have a systematic or formal process to review a medical school's performance which can be used to determine an accreditation decision. Although the country does discuss review of performance on the State final examination and placement of successful graduates in medical education programs. However, the documentation that was reported as submitted in the 2014 application was not submitted for this review period.

The NCFMEA may wish to inquire about the requirement for a medical school to establish student performance standards which may be used as internal regulations or benchmarks for student achievement and request submission of the 2014 document with these requirements that was discussed in the country's narrative.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the 2014 document – Additional Standards for Programs in Medicine and Dentistry.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA request the Additional Standards for Programs in Medicine and Dentistry which the country discussed in the narrative but failed to provide as documentation that requires medical schools to report performance on post graduate residency, exam scores, and other forms of licensure and how the data is used in the accreditation determination.

In response the country has provided the Additional Standards for Programs in Medicine and Dentistry and staff has determined that there are performance standards for this requirement. However, the NCFMEA may wish to request documentation of a program's self-study or on-site report to demonstrate a full review for compliance with this requirement.

Staff Conclusion:

Additional Information requested

Accrediting/Approval Decisions, Question 4

Country Narrative

The Czech Republic currently does not establish student performance outcome measure benchmarks or requirements, or information regarding numbers of graduates passing a licensing examination, in determining whether to grant accreditation to that school.

Analyst Remarks to Narrative

As discussed in the previous section, the Czech Republic does not have a systematic or formalized procedure for evaluating the performance of medical school graduates. There are no established student performance outcomes, measures, or benchmarks that would be used to determine an accreditation decision.

However, since the NCFMEA advocates the consideration of student data in reaching accrediting decisions, the NCFMEA may wish to discuss the use of student data with the country and how data may be used to determine accreditation.

Staff Conclusion:

Additional information Requested

Country Response

Incorporation of student data into the accreditation process is being discussed in the Czech Republic as a possible future direction of the process. The CRAC currently takes into consideration the student data listed in Exhibit 16 in reaching accreditation decisions.

Analyst Remarks to Response

In the draft staff analysis, it was suggested that the NCFMEA inquire about the country's consideration to incorporate student data into future accreditation determination processes.

In response, the country has noted that, although student data is noted in the Additional Standards for Programs in Medicine and Dentistry (Ex. 16) and is a subject of discussion for future accreditation determination processes.

Staff Conclusion:

Comprehensive response provided
