

Name: Poland	Meeting Date: 09/20/2017	Response Submit Date: 08/20/2017	Status: Final Review	Type: Redetermination
------------------------	------------------------------------	--	--------------------------------	---------------------------------

U.S. Department of Education

Redetermination of Comparability

Prepared September 2017

Background

The National Committee on Foreign Medical Education and Accreditation (NCFMEA) first reviewed Poland in October 1997. At that meeting, the NCFMEA determined that the standards used by the Polish Ministry of Health and Social Welfare to evaluate medical schools in Poland were comparable to those used to evaluate programs leading to the M.D. degree in the United States.

In of June 2012, the NCFMEA reaffirmed its prior determination that the standards and processes used by the Accreditation Committee of Polish Universities of Medical Sciences (ACPUMS) and the Polish State Accreditation Committee (PSAC), were comparable to those used to accredit medical schools in the U.S. At that time, the NCFMEA requested the country submit a report outlining a description of the merger of PSAC and ACPUMS, the effects of the merger, and a description to any changes to the country's accreditation process resulting from the merger, by Spring 2014. The special report was then reviewed and accepted at the September 2014 meeting. The country was also invited to submit an application for comparability at the Fall 2017 NCFMEA meeting. The country's redetermination is the subject of this analysis.

Summary of Findings

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

-- The NCFMEA may wish to request as evidence the Polish Accreditation Committee program assessments of the 3 remaining medical schools with two facilities for further assessment of this guideline. [Remote Sites, Question 1]

-- The NCFMEA may wish to request as evidence the Polish Accreditation Committee program assessments of the 3 remaining medical schools with two facilities for further assessment of this guideline. [Remote Sites, Question 2]

-- The NCFMEA may still wish to request clarification on plans to adopt requirements regarding medical school admission test requirements; the number of times a student took the MCAT for admittance; or plans for requiring such information from the medical schools as evidence. [Admissions, Recruiting, and Publications, Question 1]

Staff Analysis

Approval of Medical Schools, Question 1

Country Narrative

Medical schools, which form a part of the higher education system in Poland, are governed - just like other higher education institutions - by the act of 27 July 2005 Law on Higher Education (Annex No. 1) setting the principles for the establishment, operation and closing of higher education institutions.

The procedure for establishing a higher education institution varies, depending on its legal status. At present, in accordance with the Law on Higher Education, the establishment of a public higher education institution and its closure or merger with another public HEI takes place by an act adopted by the Sejm of the Republic of Poland (RP), which needs to be signed by the President of the Republic of Poland.

A public non-university higher education institution is established or merged with another public non-university higher education institution or its name is changed by a regulation of the minister responsible for higher education.

The establishment of a non-public higher education institution, its liquidation or merger with other non-public higher education institutions takes place by a decision of the minister competent for higher education.

The establishment of a higher education institution is subject to meeting organizational, content-related and financial requirements stipulated in the law to ensure proper functioning of the institutions offering higher education study programs. The establishment of a higher education institution also requires an opinion of the Polish Accreditation Committee (PKA).

Medical schools provide education as part of fields of study (majors) whose profile is either general academic or practical, and which are offered at a particular level of study (first-cycle, second-cycle or long-cycle programs). The Law on Higher Education and regulations issued on its basis set out the requirements for the development and provision of educational programs. Medical schools enjoy autonomy in determining the names of their fields of study and educational programs. Medicine is one of the 8 fields of study,

for which standards of education have been defined. They contain the name of the field of study and detailed requirements concerning the study programme and its implementation.

The way in which a new field of study (major) is launched, including Medicine, is set out in the Law on Higher Education and depends on the academic status of the medical school where that programme is to be provided and on the planned education profile (in the case of Medicine, the profile is determined in the standards of education for this field of study). In the light of the currently applicable standards, the profile of Medicine is classified as general academic, which means that such programs can be launched:

1. on the basis of a resolution adopted by the institution senate if the higher education institution (school) to provide the programme has been authorized to confer the postdoctoral degree of doktor habilitowany in the area of medical, health and physical culture sciences and in the areas of science, to which the field of study corresponds;
2. on the basis of a decision requested from the minister of higher education by the rector of a higher education institution, after having sought the opinion of the Polish Accreditation Committee, and of the minister of health who supervises medical higher education institutions on the strength of the Law on Higher Education - if the unit has been authorized to confer the degree of doktor in the above area of knowledge and discipline of science as part of which Medicine is to be provided.

In the case of launching a new programme in Medicine, the academic unit is under the obligation to fulfill all requirements relating to education set out in Annex No. 1 to the Regulation of the Minister of Science and Higher Education on education standards for medical and dental fields, pharmacy, nursing and midwifery (OJ, item 631 with later amendments, Annex No. 2). Moreover, it should also meet the requirements specified in the Regulation of the Minister of Science and Higher Education of 26 September 2016 on the requirements for the provision of degree programs (OJ item 1596, Annex No. 3).

These requirements refer to:

- the formulation of a concept of education and the inclusion of educational standards in the study programme,
- the possession of infrastructure enabling the achievement of educational objectives and learning outcomes,
- the fulfillment of requirements relating to the employment of a minimum number of academic teachers possessing specific academic qualifications (minimum staffing requirement) and other academic staff involved in the implementation of particular learning outcomes,
- ensuring the availability of library resources containing literature recommended for this field of study, and of electronic knowledge resources,
- the provision of clinical training and placements indispensable for the acquisition of skills listed in the standards of education,
- scientific research in the domain of medical sciences,
- the provision of adequate funds.

At present, 17 Polish higher education institutions offer educational programs in Medicine (Table 1). 11 of them were established within the period from 1945 to 1999 on the strength of the regulations that were applicable at the time. The remaining universities launched Medicine after this period on the strength of a decision made by the minister of higher education, after having sought the opinion of the minister responsible for health matters and having obtained a positive opinion of the Polish Accreditation Committee on the application to launch an educational programme in Medicine.

Analyst Remarks to Narrative

The country defines medical studies as a public higher education institution operating under the supervision of the minister competent for health and/or science and higher education; and identifies the Sejm of the Republic of Poland (RP), and the signature of the President of the Republic of Poland as the entities with the authority and responsibility for approving medical schools in Poland. This authority is outlined in the Law on Higher Education (Law) established in July 2005 (Annex 1).

Medical schools are part of the higher education system and are governed like other higher education institutions (HEIs) in the country, per the Law. Depending upon the legal status of the HEIs, the procedures vary for their establishment. In accordance with the Law, establishment of a public higher education institution and its closure or merger with another public HEI takes place by an act adopted by the Sejm of the Republic of Poland (RP), which needs to be signed by the President of the Republic of Poland, however, the Sejm is not defined in Annex's 1-3. The establishment of a non-public higher education institution, its liquidation or merger with other non-public higher education institutions, takes place by a decision of the minister competent for higher education. Both procedures require the opinion of the Polish Accreditation Committee (PKA) (Annex 1-3).

The country provided a list of the 17 higher education institutions that offer educational programs in Medicine (Table 1), and 11 were established utilizing the regulations that were applicable at the time (between 1924-99) which did not include the opinion of the Polish Accreditation Committee. Six universities launched medical programs after the requirement of the minister of higher education's decision was to include the opinion of the minister responsible for health matters and a positive opinion of the Polish Accreditation Committee on the application to launch an educational program in Medicine.

Staff Conclusion:

Additional information Requested

Country Response

The Sejm of the Republic of Poland is the lower house of the Polish parliament. The competence and functions of the Sejm are defined in the Constitution of the Republic of Poland. In Article 95 (1), the Sejm and the Senate are mentioned as bodies exercising legislative power, i.e. lawmaking bodies. According to Article 95 (2), the Sejm also exercises control over the activities of the Council

of Ministers, which is an executive body.

One of the basic functions of the Sejm is the legislative function, which consists in the making, through a legislative procedure, of statutes – acts of Parliament laying down the rules for the functioning of basic areas of citizens' life. The statutory area, i.e. an area governed by an act, may include e.g. civil rights and freedoms, organization and operation of the key authorities of the state, a system of state budget expenditure and revenue (the budget act), or criminal law. In addition, the Sejm authorizes the President of the Republic, by way of an act, to ratify and terminate certain international agreements. As part of this function, the system-forming function can also be distinguished, i.e. the making of constitutional norms, which are fundamental to the legal system concerned.

Analyst Remarks to Response

In response to the draft, the country provided the defined role of The Sejm of the Republic of Poland. The country attests that the Sejm of the Republic of Poland is the lower house of the Polish parliament, whose competence and functions are defined in the Constitution of the Republic of Poland Article 95 (1) as bodies exercising legislative power (lawmaking) along with the Senate; and exercises control over the activities of the Council of Ministers, which is an executive body, Article 95 (2). In addition, the Sejm authorizes the President of the Republic to ratify and terminate certain international agreements.

Department Staff accepts the country's narrative and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Approval of Medical Schools, Question 2

Country Narrative

Education offered by all higher education institutions, regardless of their status, is subject to mandatory evaluation by the Polish Accreditation Committee, which is conducted on the initiative of PKA or at the request of the minister of higher education. Such an evaluation may also be carried out at the request of a HEI.

Under the Law on Higher Education, HEIs are autonomous in all areas of their activity, whereas the minister responsible for higher education supervises the compliance of their activities with the laws and statutes, authorizations, as well as the proper and correct expenditure of public funds. In the case of non-public higher education institutions, this supervision is extended to the compliance of their activities with the contents of the authorizations granted for the establishment of those institutions.

The minister may request information and clarification from the authorities of higher education institutions, inspect higher education institutions, including the conditions in which they implement the teaching/learning process and - following consultation with the senate and having provided adequate funds - assign specific tasks in the area of teaching or of the development of research staff. In the case of specific types of HEIs, powers resulting from the supervision remain the competence of ministers responsible for issues remaining in line with the scope of activity of a given HEI (Table 2).

The minister responsible for higher education maintains the Higher Education Information System (Polish: System Informacji o Szkolnictwie Wyzszym) as part of the Integrated System on Science and Higher Education "POL-on" (www.polon.nauka.gov.pl). HEIs enter data into the POL-on system in the scope and time specified by law. The rector of a HEI makes annual declarations confirming that data entered into the POL-on system is an accurate account of the facts.

Rectors are also obliged to present annual reports describing their HEI's activity, including information on the implementation of the finance and operations plan. Rectors post information on the adoption of or amendments to statutes and study regulations on the website of their HEIs.

If a decision or resolution of institutional authorities is in breach with legal regulations, the minister declares it null and void and - should the activity of the HEI be unlawful – s/he calls upon its relevant bodies or upon the founder to stop such activity and neutralize its consequences, and may institute proceedings to close the HEI in the case of a gross violation of law.

The above regulations apply to all HEIs, therefore, also to those providing degree programs in medicine.

The functional authority of PKA is laid down in the Act of Law on Higher Education (Annex 1, articles 48 - 53a).

Analyst Remarks to Narrative

The country identifies the Polish Accreditation Committee (PKA) as the entity responsible for the mandatory evaluation/monitoring of the Higher Education Institutions (HEI), which includes medical education programs to meet the requirements of the guidelines. The evaluation/monitoring the PKA conducts is requested by the minister of higher education, the HEI or initiated by the PKA. The Law on Higher Education (Law), articles 48-53, defines the role, composition and the authority of the PKA and its assessment of the quality of degree programs (Annex 1). The PKA is an independent institution dedicated to enhancing the quality of education and is appointed by the minister of higher education.

HEIs are autonomous in all areas of their activity, whereas the minister responsible for higher education supervises the compliance of their activities with the laws and statutes, authorizations, as well as the proper and correct expenditure of public funds. HEIs are

responsible for entering data into the POL-on system, an integrated system on science and higher education. The rector of an HEI makes annual declarations confirming that data entered into the POL-on system are an accurate account of the facts for the minister responsible for higher education to access. The rector then presents annual reports describing the HEI's activity (Annex 1).

The country also provided Table 2 identifying the ministers that supervise the HEIs, and highlights the minister's responsible for higher education and health as those who supervise universities' research and teaching activities related to medical sciences. The table also identifies the PKA as the program evaluator for all of the HEIs.

Staff Conclusion:

Comprehensive Response Provided

Approval of Medical Schools, Question 3

Country Narrative

The closure of a public higher education institution, its closure or merger with another public HEI takes place by an act adopted by the Sejm of the Republic of Poland (RP), which needs to be signed by the President of the Republic of Poland.

A public non-university higher education institution is established or merged with another public non-university higher education institution or its name is changed by a regulation of the minister responsible for higher education.

The liquidation of a non-public higher education institutions or merger with other non-public higher education institutions takes place by a decision of the minister competent for higher education.

Analyst Remarks to Narrative

The country's Law on Higher Education (Law) states that the closure of a public higher education institution, or its closure or merger with another public HEI takes place by an act adopted by the Sejm of the Republic of Poland (RP), which needs to be signed by the President of the Republic of Poland (Annex 1); however, the Sejm is not defined in the evidence provided within previous sections. These actions are performed in conjunction with the regulations and decisions made by the minister competent and responsible for higher education.

Staff Conclusion:

Additional information Requested

Country Response

The Sejm of the Republic of Poland is the lower house of the Polish parliament.

Analyst Remarks to Response

In response to the draft, the country provided the defined role of The Sejm of the Republic of Poland in the Approval of Medical Schools Questions 1 and 3. The country attests that the Sejm of the Republic of Poland is the lower house of the Polish parliament, whose competence and functions are defined in the Constitution of the Republic of Poland Article 95 (1) as bodies exercising legislative power (lawmaking) along with the Senate; and exercises control over the activities of the Council of Ministers, which is an executive body, Article 95 (2). In addition, the Sejm authorizes the President of the Republic to ratify and terminate certain international agreements.

Department Staff accepts the country's narrative and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Accreditation of Medical Schools

Country Narrative

The Polish Accreditation Committee is the only institution established on the basis of the Law and authorized to evaluate the fulfillment of requirements for the provision of education and its quality.

The PKA commenced its activity on 1 January 2002 by virtue of Article 38 (1) of the Law on Higher Education of 12 September 1990 amended on 20 July 2001. At a later stage, its role and tasks were redefined in Chapter 6 of the Law on Higher Education passed on 27 July 2005. On the basis of the above legal regulations, all higher education institutions, including those providing degree programs in medicine, fall within the remit of the Polish Accreditation Committee. Both laws clearly specify that the main task of the Polish Accreditation Committee consists in the evaluation of education quality (programme evaluation) and in the accreditation of all fields of study offered by public and non-public HEIs in Poland. Under Article 49 (1) of the Law, the Polish Accreditation Committee presents to the minister responsible for higher education its opinions and proposals with regard to:

- the establishment of higher education institutions and the granting of authorization or the re-instatement of a suspended authorization for a higher education institution or its organizational unit to provide degree programs in a particular field, profile and at a given level of study,
- the results of programme evaluations including those relating to the training of teachers,
- compliance with the requirements for the provision of degree programs.

The Polish Accreditation Committee also gives opinion on the establishment of a HEI or a branch campus (remote site) by a foreign higher education institution in the territory of the Republic of Poland.

PKA is the only institution legally empowered to evaluate higher education quality by the Law on Higher Education. Decisions made by PKA are legally binding for all higher education institutions operating in the territory of Poland. State accreditation is compulsory for all units offering first-cycle, second-cycle and long-cycle programs and a positive rating given to the fulfillment of requirements for providing education and to education quality in a particular field of study is a condition for its continuation, launching new programs or establishing a new higher education institution. A negative rating given to education quality by PKA may result in the suspension or loss of authorization to provide that particular field of study.

The Polish Accreditation Committee retains full operational independence in its activities, and strategic independence in setting objectives, tasks, standards and rules for procedures currently applied, which take account of the legal conditions of providing programs in Poland. The Commission is also independent in formulating opinions and giving ratings. Although it is the minister responsible for higher education that appoints PKA members from among candidates put forward by various stakeholders specified in the Law on Higher Education, including higher education institution senates, the dismissal of a PKA member is possible only on the request of the Presidium of the Polish Accreditation Committee. Moreover, the President of the Polish Accreditation Committee appoints members of PKA Sections, including the Appeal Body. Up to now, the personal composition of the Committee has remained stable and the changes that have been made to it have been due to unforeseen circumstances and resignation from PKA membership. The Committee is entirely free to develop its organizational arrangements. As part of the powers granted to the Committee under the Law on Higher Education, PKA sets out its organization and rules of procedure, detailed competences of its bodies, arrangements applicable to evaluations and applications as well as the rules for expert appointment in its Statutes adopted at a plenary session. The procedures and criteria for education quality assessment are determined on the basis of the Statutes. PKA selects degree programs and HEIs (units) to undergo programme evaluation in a particular year. HEIs are obliged to prepare self-evaluation reports and facilitate site visits (on-site reviews) performed by PKA evaluation panels. PKA resolutions are final and no external institution has the right or ability to exert its influence on any modifications of the decision taken or on the contents of resolutions at any stage of their preparation. It is only the unit undergoing evaluation that may influence final ratings and opinions as well as the contents of resolutions by offering additional clarifications and information in reply to the site visit report, and in the course of an appeal.

Analyst Remarks to Narrative

The country attests that the Polish Accreditation Committee (PKA) is the only independent institution, appointed by the minister competent for higher education, established on the basis of the Law on Higher Education (Law) and authorized to evaluate the fulfillment of requirements for the provision of education and its quality for HEIs, which includes those providing degree programs in medicine (Annex 1 and 22) to adhere to the guideline. The PKA provides the minister responsible for higher education its opinions and proposals with regard to an HEIs establishment, granting of authorization, re-instatement of a suspended authorization of higher education institutions, and/or the HEI's organizational unit to provide degree programs in a particular field, profile and level of study at an HEI; program evaluation including training of teachers; compliance with the requirements for the provision of degree programs; and the establishment of an HEI or a branch campus (remote site) by a foreign higher education institution in the territory of the Republic of Poland.

PKA decisions are legally binding for all higher education institutions operating in the territory of Poland. A negative rating given to education quality by the PKA may result in the suspension or loss of authorization to provide that particular field of study by an HEI. The Presidium of the PKA has the authority to request the dismissal of a PKA member and appoints members of PKA Sections, including the Appeal Body. The PKA has adopted Statutes that it follows for operation, procedures, and criteria for education quality assessment; selects degree programs and HEIs (units) to undergo program evaluation; reviews HEIs prepared self-evaluation reports and facilitates site visits (on-site reviews) with PKA evaluation panels; and provides resolutions that are final with only the unit undergoing evaluation offering additional clarifications and information to the site visit report, and in the course of an appeal for final determination (Annex 22).

Staff Conclusion:

Comprehensive Response Provided

Accreditation of Medical Schools, Question 2

Country Narrative

The principles for the establishment, operation and closing of higher education institutions are defined by the Act of Law on Higher Education (Annex No. 1).

The procedure for establishing a higher education institution varies, depending on its legal status. At present, in accordance with the

Law on Higher Education, the establishment of a public higher education institution and its closure or merger with another public HEI takes place by an act adopted by the Sejm of the Republic of Poland (RP), which needs to be signed by the President of the Republic of Poland.

A public non-university higher education institution is established or merged with another public non-university higher education institution or its name is changed by a regulation of the minister responsible for higher education.

The establishment of a non-public higher education institution, its liquidation or merger with other non-public higher education institutions takes place by a decision of the minister competent for higher education.

The establishment of a higher education institution is subject to meeting organizational, content-related and financial requirements stipulated in the law to ensure proper functioning of the institutions offering higher education study programs. The establishment of a higher education institution also requires an opinion of the Polish Accreditation Committee (PKA).

The way in which a new field of study (major) is launched, including Medicine, is set out in the Law on Higher Education and depends on the academic status of the medical school where that programme is to be provided and on the planned education profile (in the case of Medicine, the profile is determined in the standards of education for this field of study). In the light of the currently applicable standards, the profile of Medicine is classified as general academic, which means that such programs can be launched:

1. on the basis of a resolution adopted by the institution senate if the higher education institution (school) to provide the programme has been authorized to confer the postdoctoral degree of doktor habilitowany in the area of medical, health and physical culture sciences and in the areas of science, to which the field of study corresponds;
2. on the basis of a decision requested from the minister of higher education by the rector of a higher education institution, after having sought the opinion of the Polish Accreditation Committee, and of the minister of health who supervises medical higher education institutions on the strength of the Law on Higher Education - if the unit has been authorized to confer the degree of doktor in the above area of knowledge and discipline of science as part of which Medicine is to be provided.

In the case of launching a new programme in Medicine, the academic unit is under the obligation to fulfill all requirements relating to education set out in Annex No. 1 to the Regulation of the Minister of Science and Higher Education of 9 May 2012 on educational standards for the fields of study in: Medicine, Dentistry, Pharmacy, Nursing and Obstetrics (OJ, item 631) and in the Regulation of the Minister of Science and Higher Education of 17 November 2016 amending the regulation of the Minister of Science and Higher Education on educational standards for the fields of study in: Medicine, Dentistry, Pharmacy, Nursing and Obstetrics (OJ, item 1908, Annex No. 2). Moreover, it should also meet the requirements specified in the Regulation of the Minister of Science and Higher Education of 26 September 2016 on the requirements for the provision of degree programs (OJ item 1596, Annex No. 3).

These requirements refer to:

- the formulation of a concept of education and the inclusion of educational standards in the study programme,
- the possession of infrastructure enabling the achievement of educational objectives and learning outcomes,
- the fulfillment of requirements relating to the employment of a minimum number of academic teachers possessing specific academic qualifications (minimum staffing requirement) and other academic staff involved in the implementation of particular learning outcomes,
- ensuring the availability of library resources containing literature recommended for this field of study, and of electronic knowledge resources,
- the provision of clinical training and placements indispensable for the acquisition of skills listed in the standards of education,
- scientific research in the domain of medical sciences,
- the provision of adequate funds.

The only institution established on the basis of the Law and authorized to evaluate the fulfillment of requirements for the provision of education and its quality is the Polish Accreditation Committee. Under Article 49 (1) of the Law, the Polish Accreditation Committee presents to the minister responsible for higher education its opinions and proposals with regard to:

- the establishment of higher education institutions and the granting of authorization or the re-instatement of a suspended authorization for a higher education institution or its organizational unit to provide degree programs in a particular field, profile and at a given level of study,
- the results of programme evaluations including those relating to the training of teachers,
- compliance with the requirements for the provision of degree programs.

The Polish Accreditation Committee also gives opinion on the establishment of a HEI or a branch campus (remote site) by a foreign higher education institution in the territory of the Republic of Poland.

PKA is the only institution legally empowered to evaluate higher education quality by the Law on Higher Education. Decisions made by PKA are legally binding for all higher education institutions operating in the territory of Poland. State accreditation is compulsory for all units offering first-cycle, second-cycle and long-cycle programs and a positive rating given to the fulfillment of requirements for providing education and to education quality in a particular field of study is a condition for its continuation, launching new programs or establishing a new higher education institution. A negative rating given to education quality by PKA may result in the suspension or loss of authorization to provide that particular field of study.

Analyst Remarks to Narrative

The country's Law on Higher Education (Law) describes the establishment, operation, closing and evaluation of higher education institutions to adhere to the guideline. Medical schools are part of the higher education system and are governed like other higher education institutions (HEIs) in the country, per the Law. Depending upon the legal status of the HEIs, the procedures vary for their establishment. In accordance with the Law, establishment of a public higher education institution and its closure or merger with

another public HEI takes place by an act adopted by the Sejm of the Republic of Poland (RP), which needs to be signed by the President of the Republic of Poland, however, the Sejm is not defined in Annex's 1-3. The establishment of a non-public higher education institution, its liquidation or merger with other non-public higher education institutions, takes place by a decision of the minister competent for higher education. Both procedures require the opinion of the Polish Accreditation Committee (PKA) (Annex 1-3).

The establishment of a new field of study (major) for HEI's, including Medicine, is set out in the Law and dependent upon the academic status of the medical school where that program is to be provided and determined by the standards of education for the field of study. Medicine is classified as general academic, which means that such programs can be launched on the basis of a resolution adopted by the institution senate if the higher education institution (school) to provide the program has been authorized to confer the postdoctoral degree in the area of medical, health and physical culture sciences and in the areas of science, to which the field of study corresponds; and on the basis of a decision requested from the minister of higher education after PKA review by the rector of a higher education institution, and the minister of health who supervises medical higher education institutions has been authorized to confer the degree in which Medicine is to be provided. For new programs in Medicine, the academic unit is under the obligation to fulfill all requirements relating to education set out in the Law within Annex 1 including the regulations of the minister of science and higher education educational standards for the fields of study in: Medicine, Dentistry, Pharmacy, Nursing and Obstetrics and its amendments (Annex 2 and 3).

The PKA is the only independent institution, appointed by the minister competent for higher education, established on the basis of the Law, authorized to evaluate the fulfillment of requirements for the provision of education and its quality for HEIs, which includes those providing degree programs in medicine (Annex 1 and 22). The PKA provides the minister responsible for higher education its opinions and proposals with regard to an HEIs establishment, granting of authorization, re-instatement of a suspended authorization of higher education institutions, and/or the HEI's organizational unit to provide degree programs in a particular field, profile and level of study at an HEI; program evaluation including training of teachers; compliance with the requirements for the provision of degree programs; and the establishment of an HEI or a branch campus (remote site) by a foreign higher education institution in the territory of the Republic of Poland. PKA decisions are legally binding for all higher education institutions operating in the territory of Poland.

Staff Conclusion:

Comprehensive Response Provided

Mission and Objectives, Question 1

Country Narrative

HEIs providing educational programs to undergo evaluation are obliged to prepare a self-evaluation report basing on a template drawn up by PKA (Annex no. 4) where, among other things, they present the concept of education for the programs in question and their compliance with the institutional mission and strategy.

HEIs form an integral part of the national system of education and science. Those providing degree programs in medicine, including institutions participating in administering medical care, perform a mission serving the public interest. Their activity combines the education, research and active participation in the development of the healthcare system by providing continuing education to medical staff, highly specialized diagnostic and medical services, participating in health promotion and preparing expert reports and opinions for state and local authorities.

Analyst Remarks to Narrative

The country requires Higher Education (HEIs), which includes those providing degree programs in medicine, educational programs to undergo evaluation by the Polish Accreditation Committee (PKA) through the submission of a completed self-evaluation, in which a template is provided for the report (Annex no. 4) to adhere to the guideline. The country attests that within the self-evaluation the HEIs identify the concept of education for the programs and demonstrates compliance with the institutional mission and strategy. The medical degree programs mission is to serve the public interest while combining education, research and active participation in the development of the healthcare system; and providing continuing education, specialized diagnostic and medical services to medical staff, and participating and preparing reports and opinions for state and local authorities on health.

The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of the educational mission of all cycles of degree programs to serve the general public interest, its educational objectives to support the mission, and the medical school's educational program appropriateness to the mission and objectives.

Staff Conclusion:

Comprehensive Response Provided

Mission and Objectives, Question 2

Country Narrative

In Poland, medical programs take into account the standard of education set out in Annex No. 1 to the Regulation of the Minister of Science and Higher Education of 9 May 2012 on educational standards for programs in: Medicine, Dentistry, Pharmacy, Nursing and Obstetrics, as well as of the Regulation of the Minister of Science and Higher Education of 17 November 2016 amending the regulation of the Minister of Science and Higher Education on educational standards for programs in: Medicine, Dentistry, Pharmacy, Nursing and Midwifery (respectively: OJ of 2012, item 631 with later amendments, Annex No. 2). Polish requirements for providing programs in medicine are consistent with those set out in Article 24 (2) doctors of medicine in Directive 2013/55/EC of the European Parliament of 20 November 2013.

Analyst Remarks to Narrative

The country attests that the regulation of the minister of science and higher education educational standards for programs in: medicine, dentistry, pharmacy, nursing and obstetrics (Annex 1), as well as of the regulation of the minister of science and higher education amendments (Annex 2); and the polish requirements for providing programs in medicine are consistent with those set out in Directive 2013/55/EC of the European Parliament standards of education adhere to the requirements of this guideline. The country provided a self-evaluation and PKA site visit report to demonstrate the review of this guideline (Annex 21 and 20), however, the country did not provide the Directive 2013/55/EC of the European Parliament for review.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the abovementioned directive.

Analyst Remarks to Response

In response to the draft analysis, the country provided Directive 2013/55 of the European Parliament as evidence demonstrating consistency with Polish and European Parliament requirements for providing programs in medicine. In particular, Article 24 (2) outlines the doctors of medicine requirement of 5500 hours of theoretical and practical training.

Department Staff accepts the country's supporting documentation and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Mission and Objectives, Question 3

Country Narrative

The standard of education sets out general and specific learning outcomes indispensable to acquire qualifications forming the basis for the license to practice as a doctor of medicine, as well as modules of courses where particular learning outcomes are achieved, principles of the organization of education, including the number of hours and a programme of practical courses. The learning outcomes are divided into three categories: knowledge, skills and social competences. The standard also defines the qualifications of staff teaching particular subjects, equipment in the laboratories where basic sciences are provided as well as requirements to be met by healthcare units that offer practical courses. The learning outcomes that are specified in the standard of education as well as those which HEIs plan to include in their additional programme offer in a scope admissible by the standard of education must be approved for implementation by the senate and confirmed in an appropriate resolution. The learning outcome matrix shows the subjects in which particular learning outcomes are implemented. Moreover, there is a syllabus prepared by HEIs for each course offered in their study programme. These documents list learning outcomes implemented as part of the relevant course and relating to knowledge, skills and social competences. Such syllabuses also contain other information, including the principles and objectives of a given course, its curricular contents, teaching methods, form and requirements for obtaining credit, compulsory and optional reading.

Moreover, assessment of the curriculum is a part of the programme evaluations conducted by the Polish Accreditation Committee.

Analyst Remarks to Narrative

The country attests that their standards of education outlines general and specific learning outcomes to obtain the qualifications for the license to practice medicine to adhere to the guideline. The standards of education provides modules of courses for achievement of particular learning outcomes which are knowledge, skills and social competences; and principles of the organization of education which includes the number of hours for a program. The standard also defines the qualifications of staff teaching particular subjects, equipment in the laboratories where basic sciences are provided as well as requirements to be met by healthcare units that offer practical courses (Annex 2).

The country provided a self-evaluation and PKA site visit report to demonstrate the guidelines are being reviewed at the medical school (Annex 21 and 20). However, the country narrative describes the HEIs process of meeting this guideline to include the submission of a matrix and syllabus prepared for each course offered in their program of study listing the learning outcomes relevant to knowledge, skills and social competences. This evidence has not been provided for review.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the matrices of learning outcomes (separately for social competences, skills and knowledge) as well as examples of syllabi. The matrices show learning outcomes (effects) and courses and extent to which the selected learning outcome is covered by the course (from "1" to "3" where "3" means "fully").

The curriculum and learning outcomes are verified during the programme assessment procedure of PKA as shown in the site visit report.

Analyst Remarks to Response

In response to the draft analysis, the country provided matrices and syllabi's prepared for courses offered in their program of study demonstrating the learning outcomes relevant to knowledge, skills and social competences to be obtained in the course (Exhibits 6-10). In addition, the country provided a site visit report to demonstrate the PKA's review of the learning outcomes for the medical program to further exhibit adherence to the question (Exhibit 5).

Department Staff accepts the country's narrative and supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Mission and Objectives, Question 4

Country Narrative

The standard of education sets out general and specific learning outcomes indispensable to acquire qualifications forming the basis for the license to practice as a doctor of medicine, as well as modules of courses where particular learning outcomes are achieved, principles of the organization of education, including the number of hours and a programme of practical courses.

Students obtain a graduation diploma evidencing the acquisition of qualifications on condition that they have achieved all learning outcomes specified for their educational programme. Verification methods match the specificity of learning outcomes and take into consideration knowledge, skills and social competences. A medical programme graduate is to possess knowledge based on scientific evidence and adopted standards, which comprises the understanding of the development, structure and functions of the body, both in normal and pathological conditions, disease symptoms and course, diagnostic and therapeutic procedures appropriate for specific medical conditions, ethical, social and legal requirements for practicing the profession of a doctor of medicine, as well as the principles of health promotion. In the scope of skills, graduates are able to recognize medical problems and set priorities within medical procedure, recognize life-threatening conditions requiring immediate intervention, plan diagnostic procedure and interpret its results, implement safe and appropriate therapeutic procedure and foresee its consequences. In the scope of social skills, graduates should establish and maintain respectful contact with the patient, be guided by his/her best interest, respect medical confidentiality and patient rights, as well as be aware of their own limitations and possess the skills of lifelong learning.

A unit providing program in medicine is obliged to include the full standard of education for this field of study in its study programme. This is, among other things, evaluated by the PKA.

Medical diplomas certify graduation from programmes in medicine.

Analyst Remarks to Narrative

The country attests that Annexes 1 and 2 outlines the requirements for adherence to this guideline for medical schools, since the standards for education provides general and specific learning outcomes for qualifications to obtain a license to practice as a doctor of medicine, as well as principles of the organization of education, including number of hours and practical courses. Once the student has achieved all the learning outcomes specified and verification methods are performed to ensure the knowledge, skills and social competences have been met to obtain a diploma. Some of the knowledge, skills and social competences include knowledge of scientific evidence and adopted standards, which comprises the understanding of the development, structure and functions of the body, both in normal and pathological conditions, disease symptoms, diagnostic and therapeutic procedures appropriate for specific

medical conditions, ethical, social and legal requirements for practicing the profession of a doctor of medicine, as well as the principles of health promotion. The graduate should also recognize medical problems and set priorities within medical procedures; establish and maintain respectful contact with the patient; respect medical confidentiality and patient rights; and be aware of limitations and lifelong learning. The country provided a self-evaluation and PKA site visit report to demonstrate the guidelines are being reviewed at the medical school (Annex 21 and 20).

Staff Conclusion:

Comprehensive Response Provided

Mission and Objectives, Question 5

Country Narrative

Apart from the requirements for the study programs defined above, Medicine graduates in Poland are awarded the license to practice as a doctor of medicine on condition of graduating from a medical programme certified by a diploma and the successful completion of both the Physician Final Examination (Polish: Lekarski Egzamin Koncowy -- LEK) and a post-graduate medicine internship.

The principles of conducting the Physician Final Examination are provided in:

- Articles 14a-14e of the Act of 5 December 1996 on the professions of physician and dental practitioner (in the OJ 2015, item 464 as amended, Annex No. 18)
- Regulation of the Minister of Health of 30 July 2012 on the Physician Final Examination and the Dental Practitioner Final Examination (in the OJ, item 903 as amended);
- Regulations on the Physician Final Examination and the Dental Practitioner Final Examination.

The LEK examination contains 200 questions covering:

- 1) internal medicine (including problems relating to cardiovascular disease) - 39 problems,
- 2) pediatrics (also covering neonatology) - 29 problems,
- 3) surgery (also covering traumatology) - 27 problems,
- 4) obstetrics and gynecology - 26 problems,
- 5) psychiatry - 14 problems,
- 6) family medicine - 20 problems,
- 7) intensive care medicine and intensive therapy - 20 problems,
- 8) bioethics and medical law - 10 problems,
- 9) medical certification - 7 problems,
- 10) public health - 8 problems

- there are at least 20 oncology-related problems among those covering internal diseases, pediatrics, surgery, obstetrics and gynecology.

Doctors of medicine who have failed to successfully complete the Physician Final Examination may re-take the examination at a later date.

The principles of post-graduate medicine internships are regulated by the above Regulation of 5 December 1996 as amended.

Analyst Remarks to Narrative

The country attests that in addition to students meeting the standard of education learning outcomes within the medical program certified by the receipt of a diploma; medical graduates must also successfully complete both the physician final examination and a post-graduate medicine internship to receive a license to practice as a doctor within the country. To further meet the guideline, the country provided the principles of conducting the Physician Final Examination within the narrative and as evidence in Annex 18 along with its amendments. Post-graduate internships are regulated by the amended regulation.

Staff Conclusion:

Comprehensive Response Provided

Governance, Question 1

Country Narrative

All Polish HEIs offering higher education are established in accordance with the provisions of the Law of Higher Education. Part 1 Section 1 of this Report says that a public higher education institution is established on the strength of an act adopted by the Parliament of the Republic of Poland and signed by the President of the Republic of Poland. The establishment of a non-university higher education institution takes place on the strength of a regulation of the minister responsible for higher education. The establishment of such HEIs takes place on the application of provincial assemblies (local government), of the minister responsible for

national defense in the case of military higher education institutions, and of the minister responsible for internal affairs in the case of public services higher education institutions. In all other cases - on the initiative of the minister responsible for higher education. Any legal act establishing a public higher education institution specifies its name and seat. The first rector of a public higher education institution is appointed by the minister responsible for higher education who also provides its first statutes remaining in force until new statutes are adopted by the senate of the institution. In the case of medical higher education institutions these powers belong to the minister responsible for health. The term of office of bodies appointed by the relevant minister ends on 31 August in the year following the academic year in which the HEI was established.

A request to establish a non-public higher education institution may be submitted by a natural person or a body corporate other than a state- or local authority-administered body corporate. The establishment of a non-public higher education institution and the authorization for the provision of degree programs in a field or fields of study requires the permission of the minister responsible for higher education. This permission specifies the founder of the higher education institution, its name and seat, degree programs to be provided, levels of study, as well as the minimum amount of assets which the founder is obliged to allocate for the establishment and operation of the institution, where the minimum amount cannot be lower than PLN 500,000.

The above legal acts and requests obtain the opinion of the Polish Accreditation Committee as to the fulfillment of the requirements for the provision of educational programs in a specific field and at a specific level of study and as to ensuring the appropriate quality of education.

The minister responsible for higher education publishes a list of higher education institutions in the official journal of the Ministry.

This list is posted on the website of the Ministry of Science and Higher Education.

The Polish Accreditation Committee evaluates the quality of education provided as part of programs offered by HEIs entered on the list.

It is to be made clear that Poland's current legislation precludes the establishment of a new higher education institution, which would commence its operation from the provision of a programme in medicine. The development of a medical programme as described in Section 1 Part 1 is possible in an existing unit possessing the authorization to confer the postdoctoral degree of doktor habilitowany or of doktor in the discipline to which the programme corresponds, however, the establishment of this programme in a unit authorized only to confer the degree of doktor requires consent from the minister responsible for higher education, a positive opinion from the Polish Accreditation Committee, as well as the opinion of the minister responsible for health.

Analyst Remarks to Narrative

The country's medical schools are part of the higher education system and are governed like other higher education institutions (HEIs) in the country meeting the requirements of this guideline. Depending upon the legal status of the HEIs, the procedures vary for their establishment. In accordance with the Law, establishment of a public higher education institution and its closure or merger with another public HEI takes place by an act adopted by the Parliament of the Republic of Poland (RP), which needs to be signed by the President of the Republic of Poland. The establishment of a non-public higher education institution, its liquidation or merger with other non-public higher education institutions, takes place by a decision of the minister competent for higher education. Both procedures require the opinion of the Polish Accreditation Committee (PKA) (Annex 1-3).

The establishment of HEIs takes place with the application initiated by the minister responsible for higher education (Annex 1 and 2). In the case of a medical higher education institution, the minister of health appoints the rector, legal action establishing its name, seat, and appointment of statutes until the institutional senate takes over no more than one academic year of the institutions establishment. The legal acts and requests to establish a medical higher education institution requires an institution to obtain the opinion of the PKA on the educational programs specific field and level of study to ensure appropriate quality of education. The minister responsible for higher education publishes a list of higher education institutions in the official journal of the ministry and on the website of the ministry of science and higher education. The PKA then evaluates the quality of education of the programs on the list.

The country states that the current legislation precludes the establishment of a new higher education institution. Thus, medical programs are established in an existing unit possessing the authorization to confer the postdoctoral degree in the discipline of the program, and require consent from the minister responsible for higher education and positive opinions from the PKA and the minister responsible for health. However, the country has not provided evidence of the aforementioned requirements for medical schools to be legally authorized or licensed to provide a program of medical education in their country or the review of an existing unit possessing the authorization to confer a new postdoctoral degree in the discipline of the program.

Staff Conclusion:

Additional information Requested

Country Response

The way in which a new field of study (major) is launched, including Medicine, is set out in the Law on Higher Education (art. 11) and depends on the academic status of the medical school where that programme is to be provided and on the planned education profile (in the case of Medicine, the profile is determined in the standards of education for this field of study). In the light of the currently applicable standards, the profile of Medicine is classified as general academic, which means that such programs can be launched:

1. on the basis of a resolution adopted by the institution senate if the higher education institution (school) to provide the programme has been authorized to confer the postdoctoral degree of doktor habilitowany in the area of medical, health and physical culture sciences and in the areas of science, to which the field of study corresponds;

2. on the basis of a decision requested from the minister of higher education by the rector of a higher education institution, after having sought the opinion of the Polish Accreditation Committee, and of the minister of health who supervises medical higher education institutions on the strength of the Law on Higher Education - if the unit has been authorized to confer the degree of doktor in the above area of knowledge and discipline of science as part of which Medicine is to be provided.

In the case of launching a new programme in Medicine, the academic unit is under the obligation to fulfill all requirements relating to education set out in Annex No. 1 to the Regulation of the Minister of Science and Higher Education on education standards for medical and dental fields, pharmacy, nursing and midwifery (OJ, item 631 with later amendments, Annex No. 2). Moreover, it should also meet the requirements specified in the Regulation of the Minister of Science and Higher Education of 26 September 2016 on the requirements for the provision of degree programs (OJ item 1596, Annex No. 3).

These requirements refer to:

- the formulation of a concept of education and the inclusion of educational standards in the study programme,
- the possession of infrastructure enabling the achievement of educational objectives and learning outcomes,
- the fulfillment of requirements relating to the employment of a minimum number of academic teachers possessing specific academic qualifications (minimum staffing requirement) and other academic staff involved in the implementation of particular learning outcomes,
- ensuring the availability of library resources containing literature recommended for this field of study, and of electronic knowledge resources,
- the provision of clinical training and placements indispensable for the acquisition of skills listed in the standards of education,
- scientific research in the domain of medical sciences,
- the provision of adequate funds.

These requirements are strictly exercised by the Polish Accreditation Committee in the course of opinion giving process (as shown in the attached Resolutions of the Presidium of the PKA).

Moreover, the programs in Medicine which were given consent to start, undergo obligatory programme assessment conducted by PKA after 12 months (please consult the Resolution 70/2017 for evidence).

Analyst Remarks to Response

In response to the draft, the country provided additional clarity on the way a new field of study/major is launched for medicine, which is outlined in the Law on Higher Education and dependent upon the academic status of the medical school of the new program (exhibit 4). The specific requirements for a new program in medicine is then found in the Regulation of the Minister of Science and Higher Education on education standards for medical and dental fields, pharmacy, nursing and midwifery as amended; in which the country provided the regulation in its entirety as evidence (exhibit 11) to adhere to the question.

The country also provided evidence of the Polish Accreditation Committee (PKA's) resolution, requirements, and opinions for new program review with exhibits 12, 14 and 15. New programs in medicine undergo a program assessment conducted by PKA after 12 months to assess implementation.

Staff Conclusion:

Comprehensive response provided

Governance, Question 2

Country Narrative

In higher education institutions, including those providing programs in medicine, rectors oversee the teaching and research activities of their institutions, as well as its administration and business operations, including financial operations. It is also their duty to ensure legal in all aspects of its operations. The rector (Polish: rektor) is the senior of all staff and, therefore, makes all decisions relating to the employment relationship, including those linked to the employment and dismissal of teaching staff. The rector's detailed competences are indicated in Section 3 (b).

The senate (Polish: senat) is the most important collegial body in a HEI. It makes decisions relating to the directions and strategies of operations. Its competences are set out in the statutes of a HEI, save for competences indicated in the Law on Higher Education. The senate adopts the statutes (by at least a two-thirds majority of its members). Employees and students of higher education institutions are legally bound by senate resolutions. The senate decides on the main directions and principles of the activity of a HEI, adopts study regulations for first-, second- and third-cycle programs and the rules for admissions to the programs, adopts resolutions on the development or closure of degree programs and branch campuses and - in public higher education institutions - on adopting the finance and operation plan specifying, among other things, the amount of funds allocated for teaching and research and the teaching infrastructure in a given year, and approves the financial statements of the HEI. The senate of a higher education institution providing programs in medicine also adopts resolutions to establish, transform or close down public health care units involved in

student preparation for the profession of a doctor of medicine and in the further education of medical professionals. Such health care units participate in the process through the implementation of teaching and research tasks combined with health services and health promotion. The senate adopts the statutes of such public health care units and determines the composition of community councils acting as opinion-giving bodies for HEIs. The principles of educating medical students in public health care units established by HEIs are set out in Chapter 4 Section II of the Act on Medical Activities (see OJ 2015, item 618 as amended).

Collegial bodies are also Faculty Board with Dean as a head (Polish: Rada Wydziału), which adopt resolutions on study programs and study plans for a particular degree programme, while taking into account all not only the requirements of the standard of education imposed by the law, but also good academic practices.

Under the Law on Higher Education, the compliance of HEI activities with the laws and statutes as well as the proper and correct expenditure of public funds are supervised by the minister responsible for higher education or by another minister indicated in the Law - the minister responsible for health - in the case of medical higher education institutions. Any decision of the senate, faculty board or the rector (with the exception of administrative decisions) found to be in contravention of the law or the statutes of the higher education institution, may be declared null and void by the minister. The minister's decision may be appealed against by a HEI to an administrative court within thirty days of its receipt.

The Polish Accreditation Committee evaluates the quality of education provided as part of a particular degree programme. Should any irregularities be detected, in its site visit report the Polish Accreditation Committee will make a recommendation to remedy them and expect the HEI in question to present the remedial action that was taken in reply to the report. Should the HEI fail to do so, the Committee will formulate an appropriate objection in the contents of its resolution, which will be submitted - together with the report - to the minister responsible for higher education, and in the case of medical higher education institutions - also to the minister responsible for health.

Supervision exercised over higher education institutions and the principles of the rector's accountability to the competent minister are described in Part 1 Section 1.

Analyst Remarks to Narrative

The country outlines the minister of higher education, the minister of health, the rectors, the institutional senate, and the faculty board headed by the dean as those accountable for the management of the medical schools to adhere to the guideline. The rectors of the medical school, which are the senior of all staff, oversees teaching, research activities, administration, business operations, and financial operations, including decisions related to employment and dismissal of teaching staff. The senate, which is the most important collegial body and role is defined in the statutes of the Law, makes legally binding decisions related to the direction and strategies of operations. The senate also adopts rules for admissions to programs, resolutions on the development or closure of degree programs and branch campuses, and the adoption of the finance and operation plan of funds allocated for teaching and research. Then the faculty board headed by the dean adopts resolutions on study programs and study plans for a particular degree program. The country mentions the use of the principles of educating medical students in public health care units; however the referenced chapter four has not been submitted as evidence.

The aforementioned HEI activities are supervised by the minister responsible for higher education and the minister of health for compliance with the laws and statutes as well as the proper and correct expenditure of public funds. Decisions made by senate, faculty board or the rector, except for administrative decisions, may be declared null and void by the minister. The PKA also evaluates the quality of education provided as part of a particular degree program.

Staff Conclusion:

Additional information Requested

Country Response

Please find below contents of the Chapter 4:

Chapter 4

Regulations concerning healthcare activities which involve educational and research work conducted in conjunction with healthcare services and health promotion

Art. 89.

1. A healthcare facility established or managed by a medical higher education institution shall, in conjunction with healthcare services and health promotion, pursue healthcare activities referred to in Art. 3 par. 1 and 2 point 2, as well as perform tasks involving graduate and post-graduate medical education.
2. The healthcare facility referred to in par. 1 shall furnish the medical higher education institution with appropriate organisational units which are necessary to provide graduate and post-graduate medical education.
3. Entities conducting healthcare activity which are not specified in par.1, may provide organisational units necessary to conduct activities referred to in par.1.
4. The organisational units, as set out in par. 2 and 3, shall be provided under a civil law agreement concluded between the medical higher education institution and the entity conducting healthcare services, hereinafter referred to as the "provider."
5. The agreement referred to in par. 4 shall, at the least, specify:
 - 1) the term of the agreement and the conditions for its premature termination;

- 2) the funds payable to the provider in respect of the performance of the agreement, the method of providing these funds as well as the settlement rules applicable thereto;
 - 3) the list of movable and immovable property provided under the agreement, the mode of its provision as well as the terms and conditions of its use;
 - 4) the number and the professional qualifications of the academics who are to perform the tasks, as referred to in par. 1, in the organisational unit provided;
 - 5) circumstances under which the agreement can be changed;
 - 6) rules of civil liability for damages caused by students, PhD students and academics as well as the rules of procedure in the event that they violate the regulations established by the provider;
 - 7) the rules governing the monitoring by the medical higher education institution of the educational and research work conducted by it in the organisational units made available by the provider;
 - 8) the rules for examining disputes arising from the agreement.
6. The designations "teaching hospital", "clinical hospital" or the "university hospital" can be used exclusively by the provider and the organisational units provided pursuant to par. 2 and 3.

Art. 90.

The medical higher education institution shall furnish the provider with funds to pursue the educational and research work.

Art. 91.

1. An organisational unit conducting educational and research work, which is a ward of a hospital, shall be managed by a chief physician or an attending physician.
2. The manager of the teaching hospital shall be responsible for supervising the educational and research work conducted in the ward referred to in par. 1.
3. The positions referred to in par. 1 and 2 may be held concurrently.
4. The manager of the teaching hospital shall be appointed by way of an appointment procedure.

Art. 92.

The academics and PhD students in medical higher education institutions shall be employed in a healthcare facility referred to in Art. 89 par. 1 or in an organisational unit referred to in Art. 89 par. 2 and 3:

- 1) on the basis of a task-oriented work schedule under an employment agreement, which specifies the educational and research tasks as well as the scope of healthcare services to be provided, including highly-specialised healthcare services;
- 2) under a civil law agreement which, in particular, sets out the educational and research tasks as well as the scope of healthcare services to be provided, including highly-specialised healthcare services.

Analyst Remarks to Response

The country was requested to provide the principles of educating medical students in public health care units referred to as Chapter 4 in the original narrative. In response to the draft, the country provide Chapter 4 within Section II of the Act of Law on Higher Education and the Act in its entirety as evidence (exhibit 4) to adhere to the requirements of this question.

Department Staff accepts the country's narrative and supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Administrative Personnel and Authority, Question 1

Country Narrative

Under the Law on Higher Education passed on 27 July 2005, the rector as well as the heads of HEI organisational units are the single-person authorities of a higher education institution (or the dean when the unit is a faculty), whereas the senate as well as the boards of organisational units are its collegial bodies.

The chief operating officer of a public higher education institution (Polish: kanclerz) is responsible for the management of its administrative and business affairs in the scope determined in the statute and by the rector. S/he is employed by the rector after consultation with the senate. At the request of the chief operating officer, the rector appoints and dismisses the chief accountant (bursar – Polish: kwestor) of the higher education institution. The chief operating officer and the bursar participate in senate sessions in an advisory capacity. The rules for the organisation and operation of the administrative services of a public higher education institution are laid down in its organisational regulations. The procedure for establishing organisational regulations is laid down in the statutes. In a non-public higher education institution, organisational regulations are defined by the founder of the institution or other body indicated in the statutes.

The competences of HEI bodies allow for the exploitation of the research and teaching potential of the institution which reflects its needs, including the management of human resources. The rector employs academic staff, the senate determines the principles of defining the scope of their responsibilities, types of classes and the number of hours of teaching, whereas the head of an organisational unit indicated in the statutes determines the detailed scope of responsibilities and workload for each academic teacher. Moreover, when entrusting an academic teacher with tasks important for the institution, the rector may - on the principles set out in the statutes - reduce his/her workload.

Under the Law on Higher Education, the performance of all academic staff is subject to periodical appraisal, in particular with regard to the proper discharge of their duties relating to teaching and mentoring students, conducting research, educating academic staff and participating in organisational tasks within the higher education institution. Student opinion is sought when carrying out performance appraisals.

The rector, vice-rectors and deans are available to all academic community during their office hours held on particular days and at particular time.

Analyst Remarks to Narrative

The country's single-person authorities of a higher education institution (HEI), per the Law on Higher Education (Law), are the rectors, the heads/deans of the HEI organizational units, and the senate/boards for the collegial bodies for adherence to this guideline. The chief operating officer along with the chief accountant of a public higher education institution is responsible for the management of its administrative and business affairs in conjunction with the rector and consultation with the senate.

Public HEIs, the rules for organization and operation of administrative services are outlined in the organizational regulations established in the statute for the HEI. Non-public HEIs higher education institution, organizational regulations are defined by the founder of the institution or other body indicated in the statutes. The rector employs academic staff, the senate determines the principles of defining the scope of their responsibilities, and the head of an organizational unit, per the statutes, determines the scope of responsibilities and workload for the teacher. The Law requires the performance of all academic staff to periodical appraisals, to review proper discharge of their duties relating to teaching and mentoring students, conducting research, educating academic staff and participating in organizational tasks. The country provided a self-evaluation and PKA site visit report for a medical school to demonstrate the review of this guideline by the PKA and the school (Annex 21 and 20).

Staff Conclusion:

Comprehensive Response Provided

Administrative Personnel and Authority, Question 2

Country Narrative

The rector is the highest single-person authority of a higher education institution. The rector is responsible for the governance of all affairs of the higher education institution and represents it externally, and is the senior of all staff, students and doctoral students of the institution. The rector of a public higher education institution makes decisions on all matters concerning the institution, with the exception of those, which on the strength of the Law or the statutes are reserved for the remit of other bodies of the institution or the chief operating officer. In particular, the rector:

- 1) prepares and implements a development strategy for the institution;
- 2) makes decisions concerning the assets and business operations of the institution;
- 3) oversees the teaching and research activities of the institution;
- 4) oversees the implementation and development of the institution's internal quality assurance system;
- 5) oversees the administration and management of the institution;
- 6) ensures security and legal compliance of the institution's operations;
- 7) defines the scope of responsibilities of vice-rectors.

The rector is also the president of the senate. S/he suspends the implementation of any resolution of the senate, which infringes the provisions of the Law or the statutes of the institution and convenes, within fourteen days of the adoption of such a resolution, a session of the senate in order to reconsider the resolution. Should the senate fail to amend or repeal a suspended resolution, the rector forwards it to the minister responsible for higher education or to other minister supervising the institution for consideration in a supervisory capacity.

The rector may also suspend the implementation of any resolution of the senate which imperils important interests of the institution, and, within fourteen days of its adoption, convenes a session of the senate to reconsider the resolution. Suspended resolutions enter into force subject to a minimum three-quarters majority of the senate voting in favour of upholding it, with at least two thirds of its statutory membership present. Moreover, the rector is authorised to repeal decisions made by a dean (the head of an organisational unit), which are in contravention of the Law, statutes, resolutions of the senate, resolutions of the board of the organisational unit, regulations or other internal rules of the higher education institution, or which imperil important interests of the institution. However, it is the senate that is authorised to repeal decisions made by a faculty board (an organisational unit in a higher education institution), which are in contravention of the Law, statutes, resolution of the senate, regulations or other internal rules of the higher education institution, or which imperil important interests of the institution. Therefore, all decisions made by deans (heads of organisational units) and resolutions adopted by collegial bodies are subject - directly or indirectly - to the rector's jurisdiction.

Faculties (Polish: wydziały) are organisational units in higher education institutions providing programmes in medicine. The dean (Polish: dziekan) is the head of a faculty. The dean is also the head of the faculty board. In particular, the faculty board defines the general direction of the unit's activities in line with the mission and strategy of the institution, and adopts study programmes and plans, also for doctoral and post-graduate programmes, after consultation with the students self-government.

Analyst Remarks to Narrative

The country attests that the role of the rector who is the highest single-person authority of governance for a higher education institution, meets the requirements of sufficient access to effectively administer the medical educational program for the guideline. The rector prepares and implements a development strategy for the institution; makes decisions concerning the assets and business operations of the institution; oversees the teaching and research activities of the institution; oversees the implementation and development of the institution's internal quality assurance system; oversees the administration and management of the institution; ensures security and legal compliance of the institution's operations; defines the scope of responsibilities of vice-rectors; and the president of the senate, who may suspend implementation of any resolution of the senate that does not adhere to the Law or the statutes. Failure of the senate to amend or repeal a suspended resolution, the rector forwards the issue to the minister of higher education and/or health for consideration in a supervisory capacity. All decisions made by deans, head of faculty providing programs in medicine, and resolutions adopted by collegial bodies are subject to the rector's jurisdiction. The country provided a self-evaluation and PKA site visit report to exhibit the review of rector ordinances/requirements of a medical school (Annex 21 and 20) to demonstrate the review of governance by the rector.

Staff Conclusion:

Additional information Requested

Country Response

It should be emphasized that, according to Art. 4 of the Law of 27 July 2005 - Law on Higher Education (Journal of Laws of 2016, item 1842 as amended), universities are autonomous in all areas of their activity in accordance with the provisions of this law, which means that in matters not regulated by law, universities have the right to adopt resolutions defining their internal procedures, in particular the recruitment procedure for the new academic year.

This very important provision of law, is a development of Article 70 paragraph 5 of the Constitution of the Republic of Poland, which states that "the autonomy of higher education shall be ensured in accordance with the provisions of the law".

As mentioned the rector is the highest single-person authority of a higher education institution. The rector is responsible for the governance of all affairs of the higher education institution and represents it externally, and is the senior of all staff, students and doctoral students of the institution.

The details concerning the manner in which the activities of the rector are supervised are given in Chapter 3 (Supervision of higher education institutions) of the Act of Law on Higher Education. The supervision is conducted by the Minister of Health / Science and Higher Education.

The cases listed in Chapter 3 are a closed catalog of cases in which surveillance is carried out.

On the grounds of Law on Higher Education, rector is fully responsible for overseeing the teaching and research activities of the medical school. The Statute of the medical school specifies the criteria and details of these particular competence of the rector. In particular, rector is obliged to establish an internal system of quality education, which is being assessed by the Polish Accreditation Committee.

If any academic unit has ceased to comply with the requirements for the provisions of the degree programs including any changes in the staffing level affecting the authorization of such provision, the Rector should immediately notify this the Minister of Higher Education, the Minister of Health and the Polish Accreditation Committee.

Analyst Remarks to Response

In response to the draft, the country provided the Act of Law on Higher Education (Act) as evidence to support the definition for the role and responsibilities of the rector for medical schools included in the original narrative (exhibit 4). The country also provided the details concerning the manner in which the activities of the rector are supervised which is found in Chapter 3 of the Act as further evidence and adherence to the requirements of this question.

Department Staff accepts the country's narrative and supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Country Narrative

In accordance with the provisions of the Law on Higher Education, academic staff holding the academic title of professor or the postdoctoral degree of doktor habilitowany should comprise more than one half the membership of faculty boards, student and doctoral student representation in such boards is to account for a minimum 20% of its membership, and representatives of all other academic teachers and employees other than academic teachers are to account for the rest of the membership in the proportion that is set in the statutes of the institution. Collegial bodies' resolutions are adopted by a simple majority of votes, with a minimum one half of the statutory membership present, which is why academic teachers are able to exert real influence on decisions taken by the boards, because the dean (the head of an organisational unit), employees and students of the institution are legally bound by those decisions.

The term of office of all academic bodies is four years. Should the mandate of a single-person authority or of a collegial body member expire before the end of the term, a by-election is held in accordance with procedures laid down in the statutes of the institution. The collegial bodies of a public higher education institution exercise their functions until such time as the bodies elected for a new term have been established, so the continuity of service is ensured.

The rector employs the director of the healthcare unit established by the institution and appoints its head doctor who is the head of the clinic or of the clinical department and the winner of the competition for this post. The principles of such competitions are laid down in the statutes of higher education institutions.

Analyst Remarks to Narrative

The country attests that the Law on Higher Education (Law), requires academic bodies (professor's or postdoc's) to comprise more than one half the membership of faculty boards for a term of four years including student/doctoral student representation accounting for a minimum 20% of its membership to meet the guidelines for this section; however documentation has not been provided to demonstrate the aforementioned board compositions. All other teachers, employees and staff make up the additional membership per the statutes of the institution. Resolutions decided upon by the board are passed with a majority vote and are legally binding decisions.

In addition, the rector employs the director of the healthcare unit established by the institution, who is selected by a competitive process, and responsible for the clinical department of the institution. The country provided a self-evaluation and PKA site visit report to demonstrate the review of faculty boards involvement with the medical school (Annex 21 and 20) in conjunction with the rector and the senate's implementation of regulations of the minister of science and higher education's educational standards.

Staff Conclusion:

Additional information Requested

Country Response

According to Art. 67 of the Law of 27 July 2005 - Law on Higher Education (Journal of Laws of 2016, item 1842 as amended) the composition of the faculty board is determined by the statute. The statute specifies the mode of selection and percentage participation in the composition of the faculty board of representatives of academic teachers, doctoral students, students and non-academic staff of the unit. The participation of student representatives and doctoral students in the faculty board can not be less than 20%. The number of student representatives and doctoral students is determined in proportion to the size of the both groups in the primary organizational unit, with the exception that students and doctorals are represented by at least one representative of each of these groups.

In a university higher education institution, academic staff holding the academic title of professor or the degree of doktor habilitowany shall comprise more than a half of the statutory members of the board of an academic unit

The aforementioned board composition is verified during the programme assessment procedure (please see the Section 8 of the attached site visit report: "Assessment of the unit's acting on the recommendations presented in the last PKA's evaluation with reference to the results of the current evaluation").

Analyst Remarks to Response

In response to the draft, the country provided documentation that identifies the role of the faculty in the statute. In particular, the country provided the Act of Law on Higher Education Article 67, as amended, to support the definitions provided in the original narrative of the mode of selection, participation and the number of statutory members of an academic board (exhibit 4).

In addition, the country provided a site visit report, Section 8, demonstrating the verification and assessment of the faculty boards during the site visit by the Polish Accreditation Committee exhibiting further adherence to this question (exhibit 5). Department Staff accepts the country's narrative and supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Chief Academic Official, Question 1

Country Narrative

The higher education institution is governed by the rector (Polish: rektor) who can be an academic teacher holding the degree of doktor at the minimum, unless the statutes of the institution specify higher requirements in this respect. In Polish higher education institutions offering programs in medicine, this function is performed by persons holding the postdoctoral degree of doktor habilitowany or the title of professor.

The function of the rector in a public higher education institution may be held only by a person who has not reached the age of retirement, is employed full-time in the institution and for whom that institution is the place of primary employment. The rector must enjoy full civil rights and have full legal capacity. Therefore, s/he cannot be a person who has been convicted of an intentional offense or has been subject to a disciplinary penalty depriving him/her of the license to practice as an academic teacher or to hold managerial positions within the institution.

Analyst Remarks to Narrative

The country attests that the rector of the medical higher education institution (HEI), who holds a postdoctoral degree or the title of professor, governs the HEI, per the statutes of the institution to adhere to the guideline. The rector for public HEIs may not be held by a person at the age of retirement; be employed full-time in the institution as their primary employment; possess full civil rights and legal capacity, which means the person has not been convicted, subject to disciplinary action or deprived of their license to practice as an academic teacher or hold managerial positions within the institution. However, the country has not provided documentation to demonstrate the medical schools adherence to this question.

The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of a medical school. However, the documentation provided does not include a review of the qualifications of the rector governing the medical school.

Staff Conclusion:

Additional information Requested

Country Response

All the legal requirements concerning the person of a rector are listed in the Act of Law on Higher Education (chapter 2). The person who holds the position of chief academic official of a medical school must fulfill the general criteria defined above.

The rector of a medical school may be appointed to that position by ballot or by competitive procedures. The method of the appointment of a rector, the detailed qualification requirements to be fulfilled by the candidate, as well as the rules and conditions for the competitive procedure are defined in the Statute of every medical school. The responsibility for following the correct procedures and requirements is strictly attributed to the community of the medical school and derives from the autonomy of all higher education institutions in Poland.

The supervision over the activities of medical school with respect to their compliance with the law is exercised by the Minister for Health who can request information and clarification from the authorities of medical school and may carry out inspections of medical school. In case of a violation of the law by the rector, the Minister for Health may make a request to the Senate for removing rector from office. In case of a very gross violation of law by the rector, the Minister for Health may independently remove the rector from office following the consultation with the Higher Education Council and the Conference of Rectors of Polish University Higher Education Institutions.

Analyst Remarks to Response

In response to the draft analysis, the country was to provide documentation demonstrating that the chief academic official/rector of the medical school is qualified by education and experience to provide leadership in medical education, scholarly activity, and patient care. The country included the Act of Law on Higher Education as evidence (exhibit 4), specifically referencing Chapter 2, which outlines the responsibilities of the rector as well as the rules for appointing the rector by the Minister of Higher Education or the founder of a non-public higher education institution; however the qualifications the country requires for the person who holds the position of rector of a medical school is found in the faculty section of the petition within the Statute of the medical school. The Statute identifies the qualifications of the rector to include at least a doctoral degree and must hold full-time employment with the University (exhibit 16).

Department Staff accepts the country's narrative and supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Chief Academic Official, Question 2

Country Narrative

The rector is elected by an electoral body - the electoral college, whose composition and rules of appointment are set out in the statutes of the institution while respecting the statutory rule that it has to be composed of representatives of: academic teachers for whom the institution is the place of primary employment, other institution employees employed full-time, students and doctoral students. Under the Law on Higher Education, students and doctoral students representatives should account for a minimum 20% of the electoral college composition; their numbers should be proportional to their total numbers in both groups in the higher education institution. The statutes lay down procedures for the election of the rector while taking account of the basic election rules specified in the Law - each voter has the right to put forward candidates and voting is by secret ballot. A candidate is considered elected if they have received more than one half of all valid votes, unless the statutes specify a different qualified majority. The rector may also be appointed on a competition basis. The term of office is four years. One person may hold the function of a rector for no more than two consecutive terms of office.

The rector of a public higher education institution may be removed from office by the body, which elected him/her, at the request of a minimum of half of the statutory number of members of the senate. A resolution to remove a rector from office has to be adopted by a minimum three-quarters majority of votes, with at least two thirds of the statutory number of members of the electing body being present.

Single-person authorities in a non-public higher education institution and their deputies are appointed and dismissed by the founder or a body indicated in the statutes, after consultation with the senate of the institution. The detailed procedure for appointing and dismissing single-person authorities in non-public higher education institutions is described in the statutes.

Analyst Remarks to Narrative

The country attests that the rector of the medical school is elected by an electoral body, composed and appointed by the statutes of the institution, which include representatives of academic teachers; full-time institution employees; and all types of students making up a minimum of 20% of the electoral body per the Law to adhere to the guideline. Voting is by secret ballot and the candidate with more than half of the votes constitutes the winner with an appointment of four years. The senate of a public HEI has the authority to remove the rector with a majority vote after a resolution has been adopted by three-quarters of a majority of vote. Non-public HEIs authorities are elected and dismissed by the founder of the HEI or the statute in consultation with the senate.

The country provided a self-evaluation and PKA site visit report to exhibit the review of the rector, senate, and elected boards of the medical schools decisions (Annex 21 and 20). However the documentation provided does not include a review of the selection process of the aforementioned roles of the medical school authorities.

Staff Conclusion:

Additional information Requested

Country Response

The rector of a medical school may be appointed to that position by ballot or by competitive procedures. The method of the appointment of a rector, the detailed qualification requirements to be fulfilled by the candidate, as well as the rules and conditions for the competitive procedure are defined in the Statute of every medical school. The responsibility for following the correct procedures and requirements is strictly attributed to the community of the medical school and derives from the autonomy of all higher education institutions in Poland.

The supervision over the activities of medical school with respect to their compliance with the law is exercised by the Minister for Health who can request information and clarification from the authorities of medical school and may carry out inspections of medical school. In case of a violation of the law by the rector, the Minister for Health may make a request to the Senate for removing rector from office. In case of a very gross violation of law by the rector, the Minister for Health may independently remove the rector from office following the consultation with the Higher Education Council and the Conference of Rectors of Polish University Higher Education Institutions.

The collegial bodies of a medical school are Senate as well as the board of its academic units. The Statute of a medical school can also provide for other collegial body. The president of the Senate is a rector. With the exceptions provided in the Law on Higher Education, the powers, the composition of a Senate together with procedures for the election are defined in the Statute of the medical school.

Analyst Remarks to Response

In response to the draft analysis, the country attests that the rector of the medical school is appointed by a competitive/ballot process. The country further identifies the Minister of Health as the supervisor of activities at the medical schools; the Senate having the authority to vote for the removal of the rector per the Ministers request; and the Senate composition of collegial bodies including academic units. Finally, the country attests that the Statute of the medical school includes the qualifications the rector must have along with the method of appointing and selecting the rector for the medical school. The Statute of the medical school submitted as evidence in the faculty section of the petition identifies the rector to qualifications to include at least a doctoral degree and must hold full-time employment with the University (exhibit 16).

Department Staff accepts the country's narrative and supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Faculty

Country Narrative

The general principle applicable to higher education is that HEIs are autonomous in all areas of their activity. The Law on Higher Education only specifies the basic rules of their operation, while leaving detailed issues to be decided upon in the statutes of a HEI and in other internal regulations.

Representatives of teaching and research staff are members of the senate and the faculty board - the collegial bodies of HEIs to whom the Law on Higher Education entrusts the most important competences relating to - respectively - the operation of the HEI and the relevant faculty, as well as to their further development. The statute determines the percentage of academic teachers in those bodies: academic teachers holding the highest academic qualifications, that is holding academic title or the postdoctoral degree of doktor habilitowany constitute no less than half of the statutory members of those bodies. In the case of the senate, the Law on Higher Education also specifies the upper limit of their proportion, which cannot exceed three fifths of the statutory members of the bodies.

Detailed rules governing admission to first-, second- and long-cycle and third-cycle programs as well as the conditions and mode of enrollment are laid down by the senate of a HEI. HEIs specify subjects to be taken at final secondary school examinations and their level (basic or advanced), which will be taken into consideration when admitting to a first-cycle or long-cycle programme. The maximum enrollment levels in the field of Medicine are determined by the minister responsible for health, in consultation with the minister responsible for higher education, having regard to the teaching capacity of HEIs and the demand for graduates in those fields of study. Student admission is carried out by faculty admission boards appointed by the dean (the head of an organizational unit). They make decisions on admission to a degree programme. These decisions can be appealed against to the institutional admission board appointed in the way specified in the statutes. Admissions process results are publicly available.

The basis for the candidates' access to first- or long-cycle programs is formed by the final secondary school examination results. A HEI may set additional admission tests, should it be deemed necessary to assess an artistic aptitude or physical fitness or other specific predispositions for a degree programme. A HEI may also set additional admission tests when a person applying for admission to a degree programme holds a secondary education certificate awarded abroad, but only in relation to subjects not taken during his/her secondary school final examinations.

The rector is the senior of all academic teachers. S/he establishes or terminates the employment relationship with academic teachers and makes decisions on academic teacher promotion. In non-public higher education institutions, these functions are performed by the institutional body specified in the statutes. The Law on Higher Education lays down requirements relating to academic qualifications to be met by academic teachers employed at individual positions by the HEI. However, its statutes may impose additional requirements. The statutes also determine the mode of pre-employment competitions if they are to be held for the first time in the HEI and employment is on the basis of appointment. They also determine the principles and criteria of eligibility. The employment relationship with an academic teacher is terminated in cases specified in the Law on Higher Education. At least once in four years (or sooner at the request of their dean - the head of an organizational unit), academic teachers undergo appraisal, which encompasses their teaching, research and organizational activities, and verifies the fulfillment of the requirement of continuing professional development. These appraisals are conducted by the body indicated in the statutes, which also lay down their criteria and methods. Students also take part in the appraisal of teaching activities - the rules of seeking their opinion and the way in which it will be used are defined in the statutes. Two consecutive negative ratings obtained by a teacher will serve the rector as a basis for terminating their employment.

Academic teachers are liable to disciplinary action for conduct breaching the duties of an academic teacher or the ethical standard of the teaching profession. The rector, having become aware of the commission of a breach by an academic teacher, instructs the ethics officer to instigate an investigation. The ethics officer (Polish: rzecznik dyscyplinarny) may institute an ex officio investigation in cases specified in the Law on Higher Education. For minor breaches, academic teachers may be administered a caution by the rector. More severe penalties may be imposed only by the institutional disciplinary committee, which opens an investigation at the request of the ethics officer. Penalties imposed by the rector can be appealed against to the institutional disciplinary committee, decisions made by the committee can be appealed against to the disciplinary committee at the General Council for Science and Higher Education.

In the case of breaches committed by rectors, vice-rectors, chairpersons and members of disciplinary committees, decisions are made by a disciplinary committee appointed by the minister responsible for higher education.

The curriculum and study plans are determined in accordance with the senate's guidelines by the board of an organizational unit (faculty), after it has sought the opinion of the students self-government, and in the case of third-cycle programs - the opinion of the doctoral students self-government.

Medicine is a regulated field of study, which means that the standard of education has been set in a regulation of the minister responsible for higher education acting in agreement with the minister responsible for health. Curricula and study plans for regulated fields of study must comply with the provisions of the relevant standards, therefore, the possible impact of faculty boards on designing curricula is limited. However, they are responsible for ensuring that the curricula and study plans adopted by them comply with the standards of education. The standards of education set out general and specific learning outcomes to be achieved during courses offered as part of a specific programme. However, the curricular contents taking account of the latest academic achievements in related fields and leading to the implementation of specific learning outcomes are developed by teachers responsible for individual courses in consultation with curricular committees or similar bodies operating in HEIs. The principles of appointing curricular committees or similar bodies are determined by individual HEIs. Curricular committees are usually composed of representatives of professional associations, practitioners in a profession and, of course, academic teachers and students. Therefore, programs are influenced by all representatives of the academic community as well as those representing the social and economic environment. In this way, not only current and modern knowledge, but also broadly understood labor market needs are taken into account in the curricular contents.

Analyst Remarks to Narrative

The country attests that the Law on Higher Education (Law) allows Higher Education Institutions (HEIs) autonomy in all areas of their activity relating to operation. HEI statutes and internal regulations define comprehensive issues of the HEI. The country's Law further identifies the representatives of the teaching and research staff as the members of the senate and the faculty board entrusted with the operations of the HEI and the development of faculty/organizational units to adhere to this guideline. The statute outlines the composition and the percentages of academic teachers holding postdoctoral degrees on the aforementioned bodies. Admission and entry level examination governance is overseen by the senate for HEIs and the medical school enrollment is determined by the ministers of health and higher education with faculty boards determining student admission into specific degree programs.

The Law outlines the basic qualifications, eligibility criteria, and competing requirements for academic teachers at HEIs; and the HEI statutes provide additional requirements, including the postdoctoral degree for medical faculty. An appraisal of faculty are performed by the bodies identified in the statute once every four years to review their teaching, research and organizational activities, and verifies the fulfillment of the requirement of continuing professional development, and includes student input.

The rector is the top official over academic teachers and makes final decisions regarding their status. Academic teachers not adhering to the conduct or ethics requirements within the Law are subject to investigation initiated by the rector, which involves the ethics officer and the institutional disciplinary committee of the HEI. Once a determination has been made, academic teachers may appeal decisions from these investigations to the General Council for Science and Higher Education disciplinary committee. The minister for higher education appoints a disciplinary committee to handle these same issues with rectors and their counterparts.

The faculty/ organizational unit, using guidelines from the senate, determine the medical curriculum and study plans, which include input from the student's self-government, and doctoral students. The minister for health and higher education work together to set standards of education, which include specific learning outcomes, set in the regulations. Thus, medicine is a regulated field of study and curricula and study plans must comply with the provisions of the relevant standards. Faculty boards have limitations on designing curricula, yet held accountable ensuring curricula and study plans comply with the standards of education. Curriculum bodies/committees are appointed at HEIs, per the statute, and are composed of representatives from the academic community including professional associations, practitioners in a profession, and academic teachers and students to further meet the requirements of this guideline.

The country provided a self-evaluation and PKA site visit report to exhibit the review of the faculty (Annex 21 and 20). However the documentation provided does not include examples of the aforementioned statutes pertaining to faculty at medical schools.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached example of the aforementioned statutes.

Analyst Remarks to Response

In response to the draft analysis, the country was requested to provide evidence of the Statute of medical schools referred to in the original narrative describing the role of faculty at the medical schools. In response to the draft, the country provided a Statute from the Medical University of Silesia in Katowice as evidence (exhibit 16) to adhere to the requirements of this question.

Department Staff accepts the country's narrative and supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Remote Sites, Question 1

Country Narrative

No higher education institution providing programs in medicine offers them in a branch campus situated in other city or country.

Out of the 17 higher education institutions offering medical programs, 12 of them provide them solely within one faculty, whereas the remaining 4 do it at two faculties, that is the Medical University of Warsaw at the Faculty of Medicine I and II (both situated in Warsaw), Medical University of Łódź at the Faculty of Medicine and the Faculty of Military Medicine (both in Łódź), Medical University of Poznan at the Faculty of Medicine I and II (both in Poznan), and the Medical University of Silesia in Katowice at the School of Medicine in Katowice as well as at the School of Medicine with the Division of Dentistry in Zabrze which is situated in Katowice's metropolitan area.

The accreditation process conducted by the Polish Accreditation Committee covers the entire educational program.

Analyst Remarks to Narrative

The country attests that medical education is not offered in a branch campus situated in another city or country. The country further states that 4 medical programs use two facilities and the Polish Accreditation Committee (PKA) reviews the entire education program, however it is not clear if the two facilities include a branch campus. The country provided a self-evaluation and PKA site visit report to exhibit the review of this guideline (Annex 21 and 20). However the documentation provided does not include examples of the review of the 4 medical schools with two facilities.

Staff Conclusion:

Additional information Requested

Country Response

In cases of 4 mentioned higher education institutions the medical education is offered simultaneously by two separate faculties. Each of them is required to fulfill requirements to provide education in Medicine separately and each of them is assessed separately by the Polish Accreditation Committee (as evidenced in the attached documents).

In case of Medical University of Warsaw two faculties providing education in Medicine are located in Warsaw, in case of Łódź - two faculties are also in Łódź, and in the case of Poznan - both faculties are situated in Poznan. The Medical University of Silesia provides medical education in Katowice (Poland) and Zabrze (Poland) - these two cities are both located in Katowice conurbation - the distance between Katowice and Zabrze is ca. 21 km (about 13 miles).

Medical Universities do not offer any part of the curriculum at geographically separated locations (please see the answer given to "Remote Sites, Question 2). The curriculum at Medical Universities in Poland are based on the American M.D. program and follows the American standards of education.

Analyst Remarks to Response

In response to the draft analysis, the country was requested to provide evidence of the review of the 4 medical schools with two facilities referred to in the original narrative. In response to the draft, the country provided exhibits 17 and 18, the Polish Accreditation Committee (PKA's) program assessments of the Medical University of Łódź at the Faculty of Medicine and the Faculty of Military Medicine. However the other 3 medical program reviews for the Medical University of Warsaw at the Faculty of Medicine I and II, the Medical University of Poznan at the Faculty of Medicine I and II, and the Medical University of Silesia in Katowice at the School of Medicine in Katowice have not been provided for review.

The country also provided additional clarity on whether or not the preclinical educational program may be taken outside the comparable country in which the medical school is located to which the country attests that medical universities do not offer any part of the curriculum at geographically separated location; and the curriculum follows the American standards of education for the American M.D. program.

Staff Conclusion:

Additional Information requested

Remote Sites, Question 2

Country Narrative

No higher education institution providing programs in medicine offers them in a branch campus situated in other city or country.

When the Polish Accreditation Committee selects a programme to be evaluated, it notifies the relevant HEI that the evaluation will be carried out in all organizational units providing the programme, regardless of where those units are situated. Each unit prepares a separate self-evaluation report using PKA templates, because it has to fulfill all requirements resulting from the legislation in force. Each unit is evaluated separately and obtains an individual rating. Therefore, all units are evaluated using the same procedures, standards and criteria to ensure the comparability of ratings.

Analyst Remarks to Narrative

The country attests that medical education is not offered in a branch campus situated in another city or country. The country further states that the Polish Accreditation Committee (PKA) reviews the entire education program, regardless of their location. The medical schools/units are required to submit separate self-evaluations, regardless of where the units are situated, to be reviewed separately. The PKA then provides separate site visit reports and comparability ratings for each unit. However it is not clear where the units are situated and if they are branch campuses.

The country provided a self-evaluation and PKA site visit report to exhibit the review of this guideline (Annex 21 and 20). However the documentation provided does not include the review of remote sites situated outside of the organizational unit.

Staff Conclusion:

Additional information Requested

Country Response

In cases of 4 higher education institutions mentioned in the country report the medical education is offered simultaneously by two separate faculties (not branch campuses). Each of them is required to fulfill requirements to provide education in Medicine separately and each of them is assessed separately by the Polish Accreditation Committee.

In case of Medical University of Warsaw two faculties providing education in Medicine are located in Warsaw, in case of Łódź - two faculties are also in Łódź, and in the case of Poznań - both faculties are situated in Poznań. The Medical University of Silesia provides medical education in Katowice (Poland) and Zabrze (Poland) - these two cities are both located in Katowice conurbation - the distance between Katowice and Zabrze is ca. 21 km (about 13 miles).

The resolutions evidencing that the programme assessment is conducted by the PKA separately are attached to the response.

Analyst Remarks to Response

In response to the draft analysis, the country was requested to provide additional whether or not the country has branch campuses, to determine if medical schools offer all or part of the medical education program at geographically separated locations to which the country attests that medical universities do not offer any part of the curriculum at geographically separated location.

Also, the country was requested to provide evidence of the review of the organizational units situated outside the HEI referred to in the original narrative. In response to the draft, the country provided exhibits 17 and 18, the Polish Accreditation Committee (PKA's) program assessments of the Medical University of Łódź at the Faculty of Medicine and the Faculty of Military Medicine. However the other 3 medical program reviews for the Medical University of Warsaw at the Faculty of Medicine I and II, the Medical University of Poznań at the Faculty of Medicine I and II, and the Medical University of Silesia in Katowice at the School of Medicine in Katowice have not been provided for review.

Staff Conclusion:

Additional Information requested

Program Length, Question 1

Country Narrative

In Poland, programs in medicine are regulated, which means that they are provided in accordance with the standards of education set out in Annex 1 to the Regulation of 9 May 2012 of the Minister of Science and Higher Education on standards for programs in: Medicine, Dentistry, Pharmacy, Nursing and Obstetrics, as well as with the Regulation of 17 November 2016 amending the regulation quoted above.

Medical programs are provided as part of long-cycle programs lasting at least 12 semesters (6 years) and comprising not fewer than 5700 contact hours, out of which not more than 200 hours are spent on learning languages. The number of ECTS credits to be obtained during the cycle is not fewer than 360.

As part of their study programme, students complete the following modules, where the minimum numbers of hours and ECTS credits are set at:

1. morphological sciences - 300 hours, 25 ECTS credits
2. scientific fundamentals of medicine - 525 hours, 43 ECTS credits
3. pre-clinical sciences - 525 hours, 43 ECTS credits
4. behavioral and social sciences with elements of professionalism - 240 hours, 12 ECTS credits
5. non-invasive clinical sciences - 1060 hours, 65 ECTS credits
6. invasive clinical sciences - 900 hours, 50 ECTS credits
7. legal and organizational aspects of medicine - 100 hours, 6 ECTS credits.

During the sixth year, students complete 900 contact hours of Clinical Training, for which they obtain 60 ECTS credits. Clinical Training involves courses held in clinical departments in the presence of an academic teacher and covering:

1. internal medicine - 8 weeks (240 hours)
2. pediatrics - 4 weeks (120 hours)
3. surgery - 4 weeks (120 hours)
4. gynecology and obstetrics - 2 weeks (60 hours)
5. psychiatry - 2 weeks (60 hours)
6. emergency medicine - 2 weeks (60 hours)
7. family medicine - 2 weeks (60 hours)
8. a specialty chosen by an individual student - 6 weeks (180 hours)

During the whole programme, students serve 600 hours of summer internships, for which they obtain 20 ECTS credits. Such internships are supervised by a doctor or a nurse (patient care) employed in the unit where the internship is served. During their internships, students improve their skills in the following fields:

1. patient care (nursing internship) - 4 weeks (120 hours)
2. outpatient health care (general practitioner) - 3 weeks (90 hours)
3. emergency medical services - 1 week (30 hours)
4. internal medicine - 4 weeks (120 hours)
5. intensive care - 2 weeks (60 hours)
6. pediatrics - 2 weeks (60 hours)
7. surgery - 2 weeks (60 hours)
8. gynecology and obstetrics - 2 weeks (60 hours)

As part of study programs, 550 contact hours, for which students obtain 36 ECTS credits, are at HEIs' discretion. These hours can be spent on implementing learning outcomes set out in the standards or elsewhere. HEIs offer their students optional courses, whose number of hours is not lower than 5% of all contact hours in an education cycle, that is not fewer than 270.

Having completed their programme, that is having met all programme requirements, graduates are awarded the degree of a doctor of medicine (M.D.) (Polish: tytuł zawodowy lekarza -- in the Polish system of higher education, doctorate in medicine (Polish: doktor nauk medycznych) is a degree awarded on fulfilling requirements specified in separate legal regulations and after presenting a doctoral dissertation).

Poland has been a member of the European Union since 1 May 2004. The information presented above indicates that education standards observed by Polish HEIs meet the requirements set out in the regulations of the European Union. Legal regulations concerning medical education and qualifications acquired by medical practitioners binding in Poland implement the provisions of the Directive of the European Parliament and of the Council no. 2005/36/EC of 7 September 2005 (as amended) and 2013/55/EC of 20 November 2013 on recognition of professional qualifications.

The main aim of the Polish Medical Universities is to educate local medical students, graduate students, and postdoctoral fellows in accordance with the highest professional standards; providing excellence in biomedical education, basic and clinical research, quality patient care and service to improve the health of the citizens of the Republic of Poland.

According to the Polish law (Higher Education Act of 27 July 2005; Journal of Laws 2016, it. 1842, as amended) cost of full-time studies conducted in Polish for students from Poland, as well as from other EU and EFTA countries, is refunded to the Universities by the Polish government. Studies conducted fully in a foreign language are paid for with the student's own resources, regardless of their nationality.

One of the basis for the Polish Medical Universities efforts to fulfill their mission and achieve their vision for the future in teaching, research, clinical practice and service is to ensure diversity of faculty, trainees, staff and students. In order to achieve this Polish Medical Universities actively participated in SOCRATES/ERASMUS program (now known as ERASMUS+) for many years. As a response to the need for education in a foreign language, equivalent to the medical studies in Polish, medical education programs in English have been introduced. Nowadays, these programs have more than 20 years of tradition, and they are mainly dedicated to foreign students (EU and non-EU members) with no proficiency in Polish language. According to Polish legal regulations, medical education in English must be conducted in accordance with the same standards as Polish-language studies.

Each year, the Ministry of Health in consultation with the Ministry of Higher Education sets limits of places (for each University) for

newly admitted medical students. Those limits concern both local and international candidates. In 2016 the total number of foreign medical students in all Polish medical universities amounted to 6371 (see details in Table 3), and it constituted ca. 21,5% of the total number of medical students in Poland. It clearly indicates that education in Polish is still the main goal for Polish medical universities. The international candidates can apply for Medical Program at Polish Medical Universities (data from 2016 presented in Table 3). The curriculum is based on strict European and US standards.

Any graduate who wishes to obtain a license to practice medical profession in the Republic of Poland valid for an unspecified term must do an additional thirteen-month post-graduate internship, over the period of which the graduate holds a license to practice, medical profession-granted to him/her for the purpose of doing the internship and valid throughout its term, and pass the Final Medical Examination. If he/she is a foreigner, he/she must also pass a national examination testing the knowledge of the Polish language. The candidates are allowed to take the Final Medical Examination before they complete their internship. Having passed the examination and completed the post-graduate internship a physician is conferred the full license to practice medical profession in Poland and the European Union, issued by a Medical Chamber. Physicians can apply for a residency in the field of specialization of his/her choice based on the Final Medical Examination result.

Analyst Remarks to Narrative

The country attests that medical programs are long-cycle programs lasting at least 12 semesters (6 years) and comprising of no fewer than 5700 contact hours, in which 200 hours are spent on learning languages. Medical programs are regulated by the standards of education within the Law on Higher Education (Law) in accordance with the Minister of Science and Higher Education standards for programs in: Medicine, Dentistry, Pharmacy, Nursing and Obstetrics (Annex 1 and 2). The country has included a list of the course and credit hours in the narrative to demonstrate the required standards for this guideline. The students also complete 900 contact hours of clinical training equaling 60 credits; 600 hours of summer internships equaling 20 credits; and 550 contact hours on learning outcomes within the standards equaling 36 credits along with optional courses (Annex 2). In addition to completing the aforementioned course work, the country requires graduates to present a doctoral dissertation.

The country is a member of the European Union. The previously mentioned requirements meets those within the regulations of the European Union and legal regulations of medical education and qualifications acquired by medical practitioners within the Directive of the European Parliament and of the Council no. 2005/36/EC and 2013/55/EC recognition of professional qualifications. However, these directives have not been provided as evidence to review.

The country aims to educate local medical students, graduate students, and postdoctoral fellows in accordance with the professional standards in biomedical education; basic and clinical research; quality patient care; and service to improve the health of the citizens of the country. The country also works to fulfill their mission and vision for the future through its efforts in teaching, research, clinical practice and service by ensuring diversity of faculty, trainees, staff and students at the medical schools. Further, legal regulations requires medical education in English be conducted in accordance with the same standards as the Polish-language studies; therefore, medical education programs in English have been introduced in the country mainly dedicated to foreign students with no proficiency in the country language.

The country allows international candidates to apply for medical education programs (Table 3) based upon European and US standards along with the minister of Health and Higher Education, who limits newly admitted medical students to ensure educating citizens of the country remains the goal of the medical school.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the abovementioned directives.

Analyst Remarks to Response

In response to the draft analysis, the country provided Directive 2013/55 of the European Parliament and Directive 2005/36 as evidence demonstrating consistency with Polish and European Parliament requirements for providing programs in medicine referred to in the original narrative. In particular, Article 24 (2) outlines the doctors of medicine requirement of 5500 hours of theoretical and practical training.

Department Staff accepts the country's supporting documentation and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Curriculum, Question 1

Country Narrative

The Medicine curriculum followed in Poland is based on the standard of education that is set out in the regulation of the Minister of Science and Higher Education. The standard of education defines general and specific learning outcomes to be achieved by students during the whole cycle of education. Medical programs ensure not only professional knowledge transfer to students, but they also stimulate the development of skills needed to critically evaluate evidence and apply it in practice. The curriculum is mainly supported by evidence-based medicine. Owing to its offer of optional classes and extracurricular student research clubs, it allows for the broadening of students' horizons and the acquisition of skills needed for the proper interpretation of events and facts based on such teaching methods as problem-based learning and case-based learning. The teaching objectives comprise the following competences: knowledge and skills related to basic sciences, basic clinical skills, application of knowledge of basic skills in medical practice, diagnosing-, treatment- and prevention-related skills, communication skills, lifelong learning skills, self-evaluation skills, ensuring continuing development, awareness of social contexts in healthcare, appropriate moral and ethical development, problem solving skills.

Detailed teaching involves problem recognition, presenting its characteristics and evaluation from different perspectives, collecting appropriate information for problem recognition, development of methods of solving, formulation of an action plan aimed at finding the right form and the implementation of the solution. Graduates also possess the capacity to apply knowledge of basic sciences to solve clinical problems based on ailments reported by patients and on patient interview and physical examination as well as on the results of additional tests. They are also able to perform a differential diagnosis by combining their knowledge and clinical skills with detailed analysis of the problem and of its solution.

Analyst Remarks to Narrative

The country attests that the medical curriculum is based upon the standards of education within the Law of Higher Education based upon the regulations by the minister of science and higher education. The medical school teaching objectives comprise the following competences to adhere to the guidelines: knowledge and skills related to basic sciences and clinical skills; application of knowledge of basic skills in medical practice; diagnosing, treatment and prevention-related skills; communication skills; lifelong learning skills; self-evaluation skills; ensuring continuing development and awareness of social contexts in healthcare; appropriate moral and ethical development; and problem solving skills.

In addition to the aforementioned objectives, detailed medical school training includes problem recognition characteristics, evaluation, and information gathering from different perspectives; development of methods for solving and formulating an action plan for implementing solutions; the capacity to apply knowledge of basic sciences to solve clinical problems based on ailments reported during physical examinations and/or results of additional tests after interviews with patients; and the ability to perform a differential diagnosis by combining knowledge and clinical skills with detailed analysis to obtain a solution. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of the fundamental principles of medicine and its underlying scientific concepts.

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 2

Country Narrative

The programme places emphasis on updating knowledge of different disciplines of science, both basic (theoretical fundamentals, latest achievements in biomedical sciences, as well as new medical technologies in diagnostics and therapy), but also clinical and practical disciplines, which take into account psychological, social and cultural aspects (related to the multiculturalism of society) and those resulting from a lifestyle. The programme also includes the biomedical aspects of factors causing medical conditions and the recognition of various factors affecting health, including those linked to a patient's occupation, genetic predispositions and civilization hazards.

Analyst Remarks to Narrative

The country attests that basic, clinical and practical disciplines are included in the medical school curriculum to meet the guideline requirements, which includes theoretical fundamentals; biomedical sciences; new medical technologies in diagnostics and therapy; and psychological, social and cultural characteristics. In addition, medical conditions, recognition of factors affecting health, comprising occupation, genetic predispositions and civilization hazards are included in the biomedical aspects of the curriculum. The learning outcomes for the curriculum are included in the country's regulation on education standards for medical and dental fields, pharmacy, nursing and midwifery (Annex 2). The country also provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of the basic sciences component of the medical program.

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 3

Country Narrative

In Poland, Medicine is a programme with general academic profile. This means that in accordance with the Regulation of 26 September 2016 of the Minister of Science and Higher Education on requirements for the provision of degree programs at least one half of all ECTS credits awarded during a cycle of education relate to modules linked to current medical research. In this way, students acquire in-depth knowledge and research skills. Research is usually conducted by research teams at home institutions and financed by statutory funds, ministerial and EU grants. Moreover, students take part in research conducted by student research clubs operating within Students' Scientific Societies involving Committees for Students' Scientific Research. The Committees assess student research projects and award funding to the best ones. The number and organization of student research clubs and themes covered during their research are set by higher education institutions. The research activity of students being members of research clubs may be funded by their HEI, for example in the form of student grants. Students may also apply for ministerial and other grants, which are awarded as part of competitions launched by institutions funding science. The results of research are presented at annual national and international medical student conferences, both in the form of oral presentations and exhibitions. Research achievements are also presented at scientific meetings with the participation of research teams and scientific societies and published in ranked scientific journals.

High performing students involved in research have more motivation, as they are able to apply for the rector's scholarships for top-achieving students as well as for ministerial scholarships. Moreover, research activity can lead to the individualization of the learning pathway and is of vital importance in the admission to third-cycle programs.

Analyst Remarks to Narrative

The country attests that at least half of the credits awarded during a cycle of education relate to modules linked to current medical research which is demonstrated under the regulations of the minister of science and higher education provision requirements for degree programs (Annex 3). Student research is conducted by research teams or research clubs with the project outcomes assessed for possible awards. Research is funded through statutory funds, ministerial/EU grants, and rector scholarships. However the country has not provided information regarding the role of the faculty in student research. The country also provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of medical student research.

Staff Conclusion:

Additional information Requested

Country Response

Students have the opportunity to join many university student research groups as part of the Student Scientific Association (Studenckie Towarzystwo Naukowe - STN) and Journal Club. Faculty members supervise students' research carried out within the above mentioned groups.

As mentioned in the attached site visit report (page 14) there are 49 student scientific associations actively operating within the Faculty of Medicine with the Medical and Dentistry Division in Zabrze of the Medical University of Silesia. In Poznan University of Medical Sciences there are 94 such associations and in the Medical University of Gdansk - 98.

The general regulations concerning student scientific associations are laid down in the Act of Law on Higher Education:

Article 204

1. Students shall have the right to associate in student organizations within a higher education institution, and in particular, in special interest groups, artistic ensembles and sports clubs, pursuant to the rules laid down in this Act.
2. Student organizations in a higher education institution, as well as associations within the institution with membership comprising exclusively students, or students and academic staff, shall have the right to submit proposals to the authorities of the higher education institution or to the self-governing students' unions with regard to matters relating to student affairs.
3. The authorities of a higher education institution may allocate funds to the student organizations and associations referred to in section 2. The organizations concerned shall submit a report on the use of those funds together with a financial statement to the authorities of the institution at a minimum once every semester.

Article 205

1. Student organizations in a higher education institution shall be subject to registration, with the exception of such organizations established under the provisions of the Act of 7 April 1989, The Law on Associations. The higher education institution register of student organizations shall be public.
2. The authority registering student organizations operating within a higher education institution and maintaining the register thereof shall be the rector. Registration decisions of the rector may be appealed against to the minister competent for higher education.
3. The registration of a student organization in a higher education institution shall be contingent upon compliance to its statutes (internal regulations, founding declaration) with the law and the statutes of the institution.
4. The rector shall repeal any resolution of a student organization in a higher education institution which is in contravention

of the law, the statutes of the institution or the statutes (internal regulations, founding declaration) of the organization itself.

5. At the request of the rector, the senate of a higher education institution shall dissolve a student organization operating within the institution if its activities are in gross or persistent violation of the statutory legislation, the statutes of the institution or the statutes (internal regulations, founding declaration) of the organization itself.

Specific regulations concerning activities and rules of proceedings of the students societies are regulated by themselves (within the framework set by the national legislation and internal provisions of each university) as this constitutes the foundation of self-determination established by the aforementioned art. 204 (1).

Analyst Remarks to Response

In response to the draft staff analysis the country provided additional information about the role of faculty in student research. In particular, the country attests that students have the opportunity to participate in student research groups within the Student Scientific Association at the universities in which faculty members are responsible for the supervision of student research carried out within these groups. The country also provided excerpts from Articles 204 and 205 from the Act of Law on Higher Education defining the general regulations concerning student scientific associations and a site visit report demonstrating the Polish Accreditation Committees (PKA's) review of these associations (exhibit 5).

Department Staff accepts the country's narrative and supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Curriculum, Question 4

Country Narrative

One of the most important competences acquired by medical programme graduates is the skill of lifelong learning using the following methods:

- 1) classic (handbooks, lectures, seminars, laboratory and clinical classes),
- 2) interactive - using distance learning methods (e-learning), medical simulation, presentation of real-life medical cases and of virtual patients,
- 3) using various dispersed knowledge sources (online databases, discussion forums) with placing emphasis on their critical evaluation,
- 4) methods involving the skill of critical evaluation of information contained in individual sources of scientific information.

Graduates are expected to be able to recognize their own limitations as well as perform a critical evaluation of their abilities and medical competences.

During the whole programme, students are given instructions relating to active learning and independent thinking, among other things, during interactive classes in student groups supervised by teachers and in contact with patients.

Analyst Remarks to Narrative

The country attests that medical program graduates acquire skills for lifelong learning and these competencies meet the requirements of this guideline. The program utilizes classic and interactive instructional methods, knowledge sources and critical evaluation of information skills. Students participate in interactive classes supervised by teachers and with patients to instruct them on active learning and independent thinking skills. Through this training, graduates are expected to know their limitations, perform critical evaluations and obtain medical competencies.

The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of an educational programs instructional programs on lifelong learning skills of the medical student.

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 5

Country Narrative

The curriculum places large emphasis on the development of the capacity to apply knowledge and clinical skills to a physician's real-life health-focused activity. Among other things, this involves: classes at GP surgeries and in specialist clinics, active participation in the work of addict support groups, participation in on-calls and in the work of emergency rooms, planning of and participating in

preventive and charity activities for the benefit of a large part of society. Above all, students acquire the relevant theoretical fundamentals during their courses in epidemiology, medical statistics, hygiene, sociology and psychology of medicine, public health, elements of ethics and medical law, as well as family medicine.

Analyst Remarks to Narrative

The country attests that the service-learning requirement of this guideline is met through active participation in the work of addict support groups, participation in on-calls, and work in emergency rooms, along with the planning of and participating in preventive and charity activities by the medical student. Students also attain this learning in classes at specialty clinics, epidemiology, medical statistics, hygiene, sociology and psychology of medicine, public health, elements of ethics and medical law courses relevant to their theoretical fundamentals. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of an educational programs service-learning activities.

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 6

Country Narrative

Basic sciences related curricular contents are part of a section provided in the first years of the programme preceding the clinical science section. Students who have not been awarded credit for basic sciences courses are precluded from beginning the clinical science section. Knowledge gained by students as part of this teaching forms the basis, without which they cannot commence the clinical classes section. Knowledge of basic sciences is verified by way of credit-bearing activities and examinations prepared and conducted by education providers. As a rule, those credit-bearing activities and examinations must verify and confirm that students have achieved all intended learning outcomes. Education providers are usually responsible for the proper selection of verification methods.

The degree to which intended learning outcomes have been achieved, including the correct choice of verification methods, is periodically evaluated by all interested bodies as part of an internal quality assurance system. Higher education institutions are obliged to introduce that kind of system, however, the principles of its operation - involving its structure and division of responsibilities - remain at the discretion of HEIs. Learning outcomes evaluation reports are submitted to the dean and collegial bodies of a HEI and serve as the basis for planning and implementing remedial action, whose effectiveness is evaluated during another inspection. Moreover, education quality assessments are carried out at the level of the dean's office.

The Medicine curriculum implements teaching contents involving basic sciences, which in accordance with the currently applicable standard of education are contained in:

- Morphological Sciences (Anatomy, Histology, Embryology);
- Scientific Fundamentals of Medicine (Biophysics, Molecular Biology, Biochemistry with Elements of Chemistry, Physiology, Cytophysiology, Pathophysiology, Information Technology and Biostatistics);
- Pre-clinical Sciences (Genetics, Microbiology, Immunology, Pathology, Pharmacology and Toxicology);
- Behavioral and Social Sciences with Elements of Professionalism (Medical Sociology, Medical Psychology, Medical Ethics, History of Medicine, Elements of Professionalism, English or other language);
- Legal and Organizational Aspects of Medicine (Hygiene, Epidemiology, Public Health, Medical Law, Forensic Medicine).

A minimum of 1690 teaching hours are spent on the provision of the above courses, out of which not more than 200 hours are dedicated to language learning.

Analyst Remarks to Narrative

The country attests that the regulations on education standards for medical and dental fields, pharmacy, nursing and midwifery (Annex 2) outlines the learning outcomes in which the basic science curriculum is based to meet the requirements of this guideline. The curriculum includes Morphological Sciences (Anatomy, Histology, Embryology); Scientific Fundamentals of Medicine (Biophysics, Molecular Biology, Biochemistry with Elements of Chemistry, Physiology, Cytophysiology, Pathophysiology, Information Technology and Biostatistics); Pre-clinical Sciences (Genetics, Microbiology, Immunology, Pathology, Pharmacology and Toxicology); Behavioral and Social Sciences with Elements of Professionalism (Medical Sociology, Medical Psychology, Medical Ethics, History of Medicine, Elements of Professionalism, English or other language); and Legal and Organizational Aspects of Medicine (Hygiene, Epidemiology, Public Health, Medical Law, Forensic Medicine).

Students are required to obtain credit for the basic sciences prior to the start of the clinical section of the program, which is verified through examinations given by the medical school in the first year of the program. The basic science skills and their verification methods at the medical school are evaluated by the countries internal quality assurance system to ensure the intended learning outcomes are being met. The Higher Education Institutions also submits learning outcome evaluation reports to the dean and collegial bodies for review and evaluation for continued effectiveness and education quality. The country also provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of the subjects required by the medical school.

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 7**Country Narrative**

In total, at least 1,690 teaching hours are provided for the teaching of the basic sciences. It is required in the teaching standards that students learn to make basic laboratory tests, analyze and assess test results and their accuracy, and use test results to detect, diagnose and monitor treatment effects with reference to specific diseases.

The specific learning outcomes are defined in the teaching standards (Annex No. 2). The organization of courses, including the laboratory portion of curriculum, must allow for achievement of all expected learning outcomes. This is also verified during the programme assessment conducted by the Polish Accreditation Committee.

Analyst Remarks to Narrative

The country attests that the teaching standards require students to take basic laboratory tests, analyze and assess test results and their accuracy, and use test results to detect, diagnose and monitor treatment effects with reference to specific diseases within the medical program, meeting the requirement of this guideline. The regulations on education standards for medical and dental fields, pharmacy, nursing and midwifery (Annex 2) also outlines the learning outcomes to be achieved relating to laboratory requirements within the basic science curriculum, that is then verified during the Polish Accreditation Committee (PKA) review. In addition, the country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of the laboratory requirements for the basic science curriculum of the medical school.

Staff Conclusion:

Comprehensive Response Provided

Clinical Experience, Question 1**Country Narrative**

Clinical teaching involves two modules specified in the standards of education: Non-invasive Clinical Sciences and Invasive Clinical Sciences. The learning outcomes relate to all aspects of clinical medicine, that is - among other things - to diagnosing and treating acute and chronic diseases, disease prevention and the rehabilitation of pediatric, adult and elderly patients.

The module "Non-invasive Clinical Sciences" involves the following courses: Pediatrics, Internal Diseases, Neurology, Geriatrics, Psychiatry, Dermatology, Oncology, Family Medicine, Contagious Diseases, Rehabilitation, Laboratory Medicine and Clinical Pharmacology. The module "Invasive Clinical Sciences" contains the following courses: Anesthesiology and Intensive Care, General Surgery, Orthopedics and Traumatology, Rescue Medicine, Oncological Surgery, Gynecology and Obstetrics, Urology, Otolaryngology, Ophthalmology, Neurosurgery, Transplantology and Diagnostic Imaging. It is important to remember that the courses mentioned above are only a suggestion offered by the standards of education, which organizes the learning outcomes that have been defined for individual modules. Higher education institutions have to implement all learning outcomes, but they have the right to set their study programs and to plan individual courses, which can cover more issues than one subject usually does. For example, it is possible to implement learning outcomes relating to internal diseases, infectious diseases, microbiology and laboratory medicine as part of one integrated course. It is also possible to plan courses covering specific topics, such as autoimmune diseases or pain diagnostics and therapy, which means the implementation of learning outcomes specific to different modules. Each subject also implements learning outcomes relating to social competences.

In total, 1960 teaching hours are spent on the implementation of clinical sciences-related learning outcomes, for which 115 ECTS credits are awarded. Such courses are usually provided from the third to the fifth year, after successful completion of the following modules: Morphological Sciences, Scientific Fundamentals of Medicine, Pre-clinical Sciences. Although the standard specifies neither the number of hours within clinical modules to be spent on clinical training in simulation centers, clinics and hospital departments nor the number of hours of lectures or seminars, the forms and duration of courses must ensure that all learning outcomes involving knowledge, skills and social competences can be implemented.

Clinical Teaching and Training is provided during the sixth year. It involves clinical training, but also seminars in clinics and hospital departments covering the following specialties:

1. internal medicine- 8 weeks
2. pediatrics - 4 weeks
3. surgery - 4 weeks
4. gynecology and obstetrics - 2 weeks
5. psychiatry - 2 weeks
6. emergency medicine - 2 weeks
7. family medicine - 2 weeks
8. specialty chosen by the student - 6 weeks

In the Regulation of 30 July 2012 on the framework programme of practical training and the ways of its provision, documenting and crediting (OJ 2012, item 900), the minister responsible for health provided a list of medical activities, which students have to perform unassisted when following their programme and of medical activities to be carried out with the assistance of a specialist doctor (Annex No. 19). This list contains practical activities, work placements and Clinical Teaching and Practice.

The standards of education leave 550 hours at the disposal of HEIs, during which they may provide courses covering clinical medicine.

Moreover, medical students are under the obligation to perfect their job-related competences by serving internships in healthcare institutions for a total period of 20 weeks, covering outpatient health care (general practice, 3 weeks), internal diseases (4 weeks), pediatrics (2 weeks), emergency medical services (1 week), surgery (2 weeks), intensive care (2 weeks), gynecology and obstetrics (2 weeks), as well as a nursing internship lasting 4 weeks.

Analyst Remarks to Narrative

The country attests that the regulations on education standards for medical and dental fields, pharmacy, nursing and midwifery (Annex 2) outlines the learning outcomes to be achieved relating to the clinical sciences for all medical schools. The country has identified two clinical teaching standard modules of education to meet the requirements of question 1 of this guideline. The modules are non-invasive clinical sciences (Pediatrics, Internal Diseases, Neurology, Geriatrics, Psychiatry, Dermatology, Oncology, Family Medicine, Contagious Diseases, Rehabilitation, Laboratory Medicine and Clinical Pharmacology) and invasive clinical sciences (Anesthesiology and Intensive Care, General Surgery, Orthopedics and Traumatology, Rescue Medicine, Oncological Surgery, Gynecology and Obstetrics, Urology, Otolaryngology, Ophthalmology, Neurosurgery, Transplantology and Diagnostic Imaging).

The country requires clinical teaching and training during the sixth year of the program along with seminars in clinics and hospital departments covering eight specialties to meet the requirements of question 2. The specialties include internal medicine; pediatrics; surgery; gynecology and obstetrics; psychiatry; emergency medicine; family medicine and a specialty chosen by the student, constituting 1960 teaching hours spent on clinical sciences equaling 115 credits.

The country's regulations on the framework program of practical training and the ways of its provision, documenting and crediting (Annex No. 19), provides a list of medical activities; including practical activities, work placements and clinical teaching and practice, students are to perform with a specialist doctor, per the minister of health, adhering to question 3. The medical school, per the standards of education, has 550 hours for providing clinical medicine covering outpatient health care, internal diseases, pediatrics, emergency medical services, surgery, intensive care, gynecology, obstetrics and a nursing internship. In addition, the country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of clinical experience of the student at the medical school.

Staff Conclusion:

Comprehensive Response Provided

Clinical Experience, Question 2

Country Narrative

Programs in medicine are regulated, which means that they are provided in accordance with the standards of education set out in Annex 1 to the Regulation of 9 May 2012 of the Minister of Science and Higher Education on standards for programs in: Medicine, Dentistry, Pharmacy, Nursing and Midwifery as amended (Annex No 2.).

Analyst Remarks to Narrative

The country attests that medical programs are regulated by the Law of Higher Education (Annex 1) standards of education and the regulations of the minister of science and higher education on standards for programs in: Medicine, Dentistry, Pharmacy, Nursing and Midwifery as amended (Annex 2.), meeting the requirements of this guideline. In addition, the country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of clinical experience of the student at the medical school.

Staff Conclusion:

Comprehensive Response Provided

Clinical Experience, Question 3

Country Narrative

Students acquire their required clinical experience in the scope of clinical treatment and pre-clinical courses from qualified academic teachers. The standards of education specify requirements as to those academic teachers' qualifications. Courses relating to clinical

sciences are provided by academic teachers holding the license to practice the profession of doctor of medicine and whose specialization corresponds to the course taught. These courses are provided with the participation of other specialists with academic achievements or clinical experience in line with the learning outcomes to be implemented. For example, orthopedics is taught by a specialist in orthopedics and traumatology, but a geriatrician can also be involved in the teaching process if discussing specialist treatment for elderly patients. The process can also involve a physiotherapist.

Among other things, clinical instruction is held in clinical departments and lasts - depending on the department - from 5 to 8 hours a day. Such courses are provided as seminars and practice by a patient's bed. Medical training is aimed at the provision of teaching in the following areas: prevention and quick diagnostics, complaint-directed medical history taking, physical examination, interpretation and practical application of diagnostic test results, as well as modern therapy methods. At the same time, attention is paid to skills indispensable for symptomatic treatment and for communicating with patients and their families. Acquiring experience in an interdisciplinary approach to specific medical cases forms an integral part of clinical training. Self-studying by gaining access to medical databases containing recent scientific information also serves this purpose. Following that, students can have discussions with academic teachers to verify their own independent thinking and making clinical decisions.

It seems that this kind of teaching, aimed at the practical aspects of medicine from the very beginning, ensures proper student motivation and develops the skills students need to cope with situations giving rise to doubts and to base their judgment on reasonable grounds.

Patients treated in clinical hospitals are divided into two groups: those admitted due to their conditions requiring highly specialized diagnostics and therapy, and those suffering from less complicated pathologies who were admitted by the emergency room. This gives students a chance of direct contact with such patients and of recommending tests as well as diagnostic and treatment suggestions. Needless to say, patients have to give their consent to such tests performed by students and to their treatment suggestions. They have to be carried out under the supervision of an experienced clinician, a given HEI's staff member. Usually 90% of patients give their consent. Persons supervising students' work monitor their approach to patients, patient-doctor communication skills and the proper conduct of patient interviews and physical examinations. They also help students with their attempts to diagnose patients and plan their treatment.

Apart from hospital departments, clinical instruction is also held in outpatient clinics, primary healthcare centers, emergency medical service establishments and hospices. The teaching infrastructure in which clinical science-related courses are provided is described in the relevant standard of education and should ensure that all learning outcomes can be achieved. For example, pediatrics instruction is provided in pediatric and pediatric surgery departments as well as in pediatric out-patient clinics comprising healthcare centers for healthy and sick children. It has to be emphasized that instruction provided in outpatient clinics and healthcare centers is extremely valuable, as it involves decidedly smaller groups and therefore offers students a better chance to learn diagnostics and outpatient treatment. That kind of medical education is well established in our teaching practice and well accepted by students. The scope of services provided by individual healthcare units should be broad enough to ensure that all intended learning outcomes are achieved.

In the Regulation of 30 July 2012 on the framework programme of practical training and the ways of its provision, documenting and crediting (OJ 2012, item 900), the minister responsible for health provided a list of medical activities, which students have to perform unassisted when following their programme and of medical activities to be carried out with the assistance of a specialist doctor. This list contains practical activities, work placements and Clinical Teaching and Practice.

The standards of education leave 550 hours at the disposal of HEIs, during which they may provide courses covering clinical medicine.

Moreover, medical students are under the obligation to perfect their job-related competences by serving internships in healthcare institutions for a total period of 20 weeks, covering outpatient health care (general practice, 3 weeks), internal diseases (4 weeks), pediatrics (2 weeks), emergency medical services (1 week), surgery (2 weeks), intensive care (2 weeks), gynecology and obstetrics (2 weeks), as well as a nursing internship lasting 4 weeks.

Analyst Remarks to Narrative

The country attests that students receive clinical treatment and pre-clinical courses aligned with learning outcomes from academic teachers qualified, specialized and licensed doctors of medicine, per the standards of education. Clinical instruction lasts all day via seminar or patient contact covering prevention and quick diagnostics, complaint-directed medical history taking, physical examination, interpretation and practical application of diagnostic test results, as well as other symptomatic and communication methods for acquiring experience in an interdisciplinary approach to specific medical cases adhering to question 1 of the guideline.

During the clinical experience in the hospital, students obtain direct contact with patients. Patients are divided into groups of those admitted due to their conditions requiring highly specialized diagnostics; and those admitted to the emergency room suffering from less complicated pathologies. Students have discussions with academic teachers to verify their own independent thinking and clinical decisions. Clinical instruction is also conducted in outpatient clinics, primary healthcare centers, emergency medical service establishments and hospices.

The Law of Higher Education (Annex 1) standards of education and the regulations of the minister of science and higher education on standards for programs in: Medicine, Dentistry, Pharmacy, Nursing and Midwifery as amended (Annex 2.), meeting the requirements of question 2 of this guideline. The teaching infrastructure for clinical science-related courses is provided in the standard of education, learning outcomes of the regulations. In addition, the country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of clinical experience of the student at the medical school.

Staff Conclusion:

Supporting Disciplines

Country Narrative

Information on supporting disciplines is partially included in point g (A). Introduction of modern diagnostic methods and techniques forms an essential element of educating modern medical practitioners. Higher education institutions teaching medicine are equipped with modern diagnostic and therapeutic equipment indispensable for offering adequate treatment. Well qualified specialists transmit to students their knowledge in the field. Each student can become acquainted with modern diagnostic apparatus and participates in the performance of medical tests, for which it is used. However, as the prevalent form, diagnosticians would transmit information and make a presentation of using the apparatus, whereas the students would interpret test results.

Students acquire knowledge and basic skills in the scope of additional disciplines, including pathology and diagnostic imaging, as part of individual courses forming modules described above. However, it should be emphasized that these topics are discussed during clinical experience. They are included in teaching standards and result from a common practice of cooperation between clinicians and diagnosticians. Students are involved in such a cooperation.

Analyst Remarks to Narrative

The country attests that qualified specialists teach students about modern diagnostic methods and techniques; and higher education institutions teaching medicine, utilize modern diagnostic and therapeutic equipment for offering adequate treatment. The country meets this guideline through the inclusion of pathology and diagnostic imaging, as part of individual courses during the clinical experience for students to acquire knowledge and basic skills in disciplines that support clinical subjects. The country also provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of the supporting disciplines at the medical school.

Staff Conclusion:

Comprehensive Response Provided

Ethics, Question 1

Country Narrative

The standard of education imposes on HEIs the duty to provide also the courses that are included in the module "Behavioral and Social Sciences with Elements of Professionalism". These courses are described in point g. (A).

The understanding of the principles of general and professional ethics is a compulsory element indispensable in the doctor-patient relationship and in contacting the family of a patient as well as in developing student sensitivity towards suffering. Therefore, the object of education is to familiarise students with the basic elements of general ethics; to emphasise the role of medical ethics in medical practice; to transfer the fundamentals of knowledge relating to medical ethics based on relevant legal standards; to develop students' skills to combine their knowledge with medical decisions; to develop their moral sensitivity and skills indispensable for ethically acceptable ways of solving conflicts relating to the medical profession; to develop skills needed to communicate the results of medical analyses and medical decisions made on this basis to patients and their families; to boost student interest in moral dilemmas linked to contemporary medical problems arising from dynamic medical progress; to make students aware of the legal, professional and moral consequences of conduct contrary to the principles of medical ethics; to discuss the doctor-patient relationship taking account of patient autonomy and their right to decide for themselves; to attract attention to professional camaraderie in a group of physicians as a factor integrating the community and facilitating cooperation; to develop the moral imagination of students, their skills of moral understanding and critical thinking in making medical decisions in accordance with deontological ethics. The social dimension of health and disease as well as the cultural, ethnic and national conditioning of human behaviors are also significantly emphasized.

Learning outcomes related to social competences are implemented and evaluated during all classes with students, although this requirement is not included in the standards of education. These outcomes mainly relate to respect for patients and their autonomy, responsibility for decisions, reliability and precision in the execution of professional duties, adherence to the highest moral standards, respect for patient rights and professional confidentiality, empathy towards patients, communication with patients and their families, as well as the skills of cooperation within a therapy group and the understanding of the necessity of lifelong learning.

Student observation and assessment is conducted throughout the whole duration of the programme, with placing special emphasis on the period when clinical sciences are taught, where students meet patients directly. Student reactions and decisions are monitored and recorded in student evaluation questionnaires.

Analyst Remarks to Narrative

The country attests that through the behavioral and social sciences elements of professionalism learning outcomes for Higher Education Institutions, the understanding of the principles of general and professional ethics is evident. Students doctor-patient relationships, contact with the family of a patient and development of sensitivity towards suffering assists the student in adhering to

the guidelines.

The country further asserts that learning outcomes related to social competences, including respect for patients and their autonomy, responsibility for decisions, reliability in executing professional duties, adherence to the highest moral standards, respect for patient rights and professional confidentiality, empathy towards patients, communication with patients and their families, skills of cooperation within a therapy group, and understanding of the necessity of lifelong learning are implemented and evaluated during classes with students. However the social competencies requirement is not included in the country's standards of education (Annex 2). The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of ethics at the medical school.

Staff Conclusion:

Additional information Requested

Country Response

The social competences requirements are defined in the standard of education under D.W13 (knows and understands the heads concepts, theories, rules and ethical principles serving as a general framework for the proper interpretation and analysis of moral and medical issues), D.U12 (adheres to ethical standards in professional activities), D.U13 (has the ability to recognize the ethical dimensions of medical decisions and distinguish between factual and normative aspects), D.U14 (respects the rights of the patient, including: the right to protection of personal data, the right to intimacy, the right to respect for dignity, the right to health information, the right to confidentiality of patient information, the right to consent to treatment or to renounce it, the right to health services, the right to report undesirable effects of the medicinal product and the right to die in dignity), D.U15 (feels the responsibility to improve his/her skills and to transfer knowledge to others), D.U16 (recognizes own limitations, self-assesses deficits and education needs, plans own educational activity).

Moreover, ethics in Polish higher education institutions is taught in line with rules laid down in the Code of Ethics of the Supreme Medical Council

Please find attached example of relevant syllabus.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided specific references to the regulation on education standards for medical and dental fields, pharmacy, nursing and midwifery standards of education that reflect the defined ethical requirements for medical education (exhibit 19) and a syllabus from an Ethics and Deontology course as evidence to adhere to the requirements of this question (exhibit 20).

Department Staff accepts the country's narrative and supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Communication Skills, Question 1

Country Narrative

Students acquire knowledge and skills relating to communication during the course in Medical Psychology. In this scope, the objectives of education cover the understanding and acquisition of relevant skills needed for verbal and non-verbal communication with patients, but also with their family and within a therapy group, as well as with fellow workers. As part of this course, students also acquire knowledge and skills relating to such things as stress and coping with difficult situations, as well as to the understanding of psychological and social consequences of disease and of the adaptation to disease as a difficult situation, stages of adaptation to impending dangerous events, death and family mourning.

During clinical training, students must prove they are able to communicate effectively.

Medical ethics elements as well as the rules of effective communication with patients, colleagues, patients' families and co-workers are also included in clinical instruction provided by experienced doctors. Medical ethics elements as well as the rules of effective communication with patients, colleagues, patients' families and co-workers are also included in clinical instruction provided by experienced doctors. Learning outcomes related to social competences are implemented and evaluated during all classes with students, although this requirement is not included in the standards of education. These outcomes mainly relate to respect for patients and their autonomy, responsibility for decisions, reliability and precision in the execution of professional duties, adherence to the highest moral standards, respect for patient rights and professional confidentiality, empathy towards patients, communication with patients and their families, as well as the skills of cooperation within a therapy group and the understanding of the necessity of lifelong learning.

Student observation and assessment is conducted throughout the whole duration of the programme, with placing special emphasis

on the period when clinical sciences are taught, where students meet patients directly. Student reactions and decisions are monitored and recorded in student evaluation questionnaires.

Analyst Remarks to Narrative

The country attests that communication skills are attained by students during the course in Medical Psychology and demonstrated during clinical training to adhere to this guideline. Students knowledge and skills for verbal and non-verbal communication with patients and their family, therapy groups, and fellow workers are acquired in this course along with skills pertaining to stress, coping with difficult situations, understanding of psychological and social consequences of disease, stages of adaptation to impending dangerous events, death and family mourning.

The country further asserts that learning outcomes related to social competences, including respect for patients and their autonomy, responsibility for decisions, reliability in executing professional duties, adherence to the highest moral standards, respect for patient rights and professional confidentiality, empathy towards patients, communication with patients and their families, skills of cooperation within a therapy group, and understanding of the necessity of lifelong learning are implemented and evaluated during classes with students. However the social competencies requirement is not included in the country's standards of education. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of communication skills at the medical school.

Staff Conclusion:

Additional information Requested

Country Response

The social competences requirements are defined in the standard of education under D.W4 (understands the importance of verbal and non-verbal communication in the process of communicating with patients and the concept of trust in patient interaction), D.U4 (builds an atmosphere of trust throughout the treatment process), D.U5 (conducts interviews with an adult patient, child and family using active listening and empathy techniques and talks with the patient about his/her situation), D.U6 (informs the patient about the purpose, course and possible risk of the proposed diagnostic or therapeutic actions and acquires his/her informed consent), D.U7 (provides information to the patient and his/her family about the unfavourable prognosis), D.U8 (gives advice on compliance with therapeutic and pro-lifestyle guidelines), i D.U10 (uses primary psychological motivational and supportive interventions).

Analyst Remarks to Response

In response to the draft staff analysis, the country provided specific references to the regulation on education standards for medical and dental fields, pharmacy, nursing and midwifery standards of education that reflect the defined social competences requirements for medical education (exhibit 19) and a syllabus from a Sociology course as evidence to adhere to the requirements of this question (exhibit 20).

Department Staff accepts the country's narrative and supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Design, Implementation, and Evaluation, Question 1

Country Narrative

Medicine is a regulated field of study. This means that the standards of education contained in the Regulation of 9 May 2012 of the Minister of Science and Higher Education amended by the Regulation of 17 November 2016 are applicable in Poland. The provisions of the standards comply with the provisions relating to medical studies specified in the Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 (as amended) and the Directive 2013/55 EC of 20.11 2013 on the recognition of professional qualifications.

The standards of education set out general and specific learning outcomes organized into modules described above. The standards also specify the total length of education in years, level of education, allocation to a scientific discipline, as well as the number of hours of instruction divided into individual modules and the corresponding ECTS credits, teaching staff qualifications and a description of the infrastructure allowing for the achievement of learning outcomes, as well as observations as to the organization of programs. HEIs are under obligation to provide programs in Medicine in strict compliance with the standards. Only 550 hours of instruction bearing 36 ECTS credits are left at HEIs' disposal. The hours can be spent on implementing original learning outcomes. The dynamic development of medical sciences and changes to the healthcare system necessitate periodic reviews of the standards of education which - above all - focuses on learning outcomes. This is regularly performed in an office serving the minister supervising medical higher education institutions who, together with the minister responsible for higher education, determines standards of education for programs in Medicine. Comments on the standards of education are made by such bodies as: The

Conference of Rectors of Medical Higher Education Institutions, deans of faculties of medicine and the Polish Accreditation Committee. In November 2016, the standards of education were amended. The changes made referred mainly to the profile of education (the general academic profile was introduced) and selected learning outcomes. They also clarified teaching staff qualifications and involved the identification of places for the provision of practical training. Equipment indispensable for the achievement of basic sciences related learning outcomes was also identified. It is worth mentioning that other provisions forming the requirements for offering degree programs are also regularly amended. In the process of defining standards of education for medical studies, including programs in Medicine, the minister responsible for higher education and the minister responsible for health closely cooperate with representatives of students being members of the Students Parliament of the Republic of Poland. Therefore, students' opinions are taken into consideration when improving the standards of education and amending other legal acts regulating the requirements for the provision of degree programs.

All learning outcomes defined for an individual field of study, including those for an additional programme offer, are adopted by way of a resolution of the senate. Each change to the learning outcomes of an additional programme offer must be approved by the senate of the relevant HEI.

Study programs taking into account the learning outcomes that have been approved by the senate are developed at faculty level, for which the dean assumes responsibility. Having obtained the students government's positive opinion, the Faculty Board approves study programs. They have to include all of the above provisions of the standards.

Each HEI is obliged to develop course syllabuses which, among other things, specify learning outcomes implemented as part of an individual course, forms of classes and the number of contact hours and of ECTS credits, teaching methods, methods of learning outcome verification, that is the rules for obtaining credit and those governing examinations, as well as assessment criteria. Such syllabuses also list compulsory and recommended reading. Subject coordinators described below are responsible for the preparation of syllabuses.

To sum up, the provisions of generally applicable law strictly regulate what future doctors of medicine are to learn and in what conditions, as well as what qualifications are to be held by academic teachers providing courses as part of programs in Medicine. Therefore, the basic teaching tasks of HEIs providing medical programme are identical, because the institutions are obliged to implement a specific programme, which they may extend. They may also differentiate teaching methods. The medical doctor's diploma (Polish: dyplom lekarza) is a uniform document issued by the state.

Analyst Remarks to Narrative

The country attests that the regulations of the minister of science and higher education educational standards for programs in: medicine, dentistry, pharmacy, nursing and obstetrics, their amendments (Annex 1 and 2), and the polish requirements for providing programs in medicine are consistent with those set out in Directive 2013/55/EC of the European Parliament standards of education, which set general and specific learning outcomes organized into modules for medical programs. The standards also specify the length and level of education; allocation to scientific disciplines; teaching staff qualifications; and organizational infrastructure for achieving learning outcomes. The medical program has 550 hours of instruction equaling 36 credits for implementation of learning outcomes.

The ministers of science and higher education determine standards of education for programs in medicine through consultation with the conference of rectors of medical higher education institutions, deans of faculties of medicine, the student parliament and the Polish Accreditation Committee (PKA), demonstrating adherence to this guideline. These bodies amend standards of education such as the profile of education and learning outcomes, staff qualifications, and requirements for degree programs. Specific learning outcomes for an individual field of study are adopted and approved by a resolution of the senate and developed at the faculty level upon consultation with the dean and students government, along with faculty board approval of the study programs.

In addition, the country provided a self-evaluation and PKA site visit report to demonstrate the review of this guideline (Annex 21 and 20), however, the country did not provide the Directive 2013/55/EC of the European Parliament for review.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the abovementioned directive.

Analyst Remarks to Response

In response to the draft analysis, the country provided Directive 2013/55 of the European Parliament as evidence demonstrating consistency with Polish and European Parliament requirements for providing programs in medicine. In particular, Article 24 (2) outlines the doctors of medicine requirement of 5500 hours of theoretical and practical training.

Department Staff accepts the country's supporting documentation and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Design, Implementation, and Evaluation, Question 2

Country Narrative

The evaluation of learning outcomes and the teaching process leading to their achievement is performed both by external institutions and within HEIs.

The Physician Final Examination (LEK) plays a vital role in the evaluation of study programs and learning outcomes achieved by graduates. The Physician Final Examination is organized by the Medical Examinations Center, which is described in Part 2, Section 1, letter b. As this examination is prepared by an independent institution, its results make it possible to evaluate learning outcomes in an objective way and in the context of their relevance to practicing the profession of doctor of medicine. This, in turn, constitutes guidelines for bodies set up to improve standards of education. It also facilitates the assessment of quality and effectiveness of education offered by HEIs. This process gives deans an impulse to evaluate and improve the teaching/learning process in the scope on which they have influence.

Programs are evaluated externally by the Polish Accreditation Committee by way of periodic programme evaluations. The principles of such evaluations are described in the subsequent sections of this report.

Internal programme evaluations are carried out within an institution as part of its internal quality assurance system. Bodies at institutional level determine their HEI's quality policy, the structure of the system and its scope, and they delegate particular tasks to individual faculties. The rector, senate and the relevant senate committees - and the teaching committee in particular - formulate general recommendations relating to education provided in the HEI, including instruction offered as part of programs in Medicine, prepare and approve study regulations, monitor compliance between education and applicable legislation. As stated above, all learning outcomes implemented as part of a programme must be adopted by way of a resolution of the senate of a HEI.

Periodic study programme evaluations are carried out as part of the internal quality assurance system at faculty level. They are multifaceted. As the standards of education for medical programs have to be fully implemented, the evaluation of education quality mainly focuses on the effectiveness of achieving intended learning outcomes and refers to curricular contents, forms and methods of teaching, requirements for obtaining credit for particular learning outcomes/courses, and recommended reading. However, the evaluation of learning outcomes and their relevance to the labor market refers only to additional programme offers.

Each subject usually has its coordinator - a specialist in a particular field who is responsible for periodic reviews of syllabuses from the perspective of amendments made to curricular contents due to progress in medical sciences, for learning outcomes verification methods and new literature items. Student workload expressed in ECTS credits is also verified. Coordinators submit applications for amendments to the programme commissions described above.

Each year of a programme has its own educational council (Polish: rada pedagogiczna). The head of educational council is also the year's tutor. The educational council is composed of students and academic teachers implementing the curriculum set for an individual year. The work of educational council is supervised by a vice-dean. The educational council sessions involve discussions on teaching methods, learning outcomes verification methods and the organization of an academic year. The educational council submits applications for changes to the relevant vice-dean or the programme commission described above.

There are other teams operating within a HEI which are often called programme commissions. Proposed changes to the study programme in the scope allowed by the standards are submitted to the dean by such commissions. The commissions accept applications for changes aimed at programme improvement from: subject coordinators, teaching staff, students self-government, individual teachers - directly or through coordinators and educational councils. The commission analyses the proposals made and submits them to the dean. The commission has also the right to submit proposals for study programme changes independently. Having received the students self-government's positive opinion, the faculty board must approve each change made to the study programme. Program commissions involve academic teachers, representatives of students and external stakeholders. The advisory capacity of external stakeholders is truly significant, as they are mainly employees or heads of the health care units, in which clinical training takes place. Therefore, it is those people who observe students during training sessions and give opinion on their skills relevant to the profession of doctor of medicine. Their opinion is a valuable indication useful in the process of improving study programs in the scope of introducing new teaching methods or amendments to curricular contents. External stakeholders also participate in describing learning outcomes for additional programme offers. Their work aimed at the improvement of study programs is not limited only to their participation in programme commissions. External stakeholders often participate in the work of other teams as members of the Council of Employers. Cooperation may also be based on informal contact with academic teachers.

Analyst Remarks to Narrative

The country attests that the evaluation systems of the medical schools are external and internal. The external methods consist of the physicians' final examination and the Polish Accreditation Committee (PKA) review. The learning outcomes for students are evaluated through the physician final examination. This exam is prepared by an independent institution and taken in addition to students' receipt of a diploma from the medical school for meeting the standards of education within the program. The results of the exam evaluate learning outcomes objectively and facilitate the assessment of quality and effectiveness of education relevant to the doctor of medicine degree. The mandatory external evaluation and monitoring of the medical programs are conducted by the PKA, which is an independent institution dedicated to enhancing the quality of education, appointed by the minister of higher education. The PKA conducts reviews as requested by the minister of higher education, the HEI or initiated by the PKA. The opinion rating of the PKA is utilized in all accreditation decisions. The aforementioned external evaluation systems demonstrate compliance to question 1 of the guideline.

The internal evaluations of the medical program are part of an internal quality assurance system that reviews the quality, policies, structure, and scope of the program, which adheres to question 2 of the guideline. The rector, senate, and faculty/organizational

units comprise the system and formulate general recommendations relating to education and instruction offered in the programs of medicine; prepare and approve study regulations, monitor compliance between education and legislation; and review results of the physician exam to assist in the evaluation of the teaching/learning process of the deans.

Additionally, implementation of standards of education within the program are evaluated for medical programs by the effectiveness of achieving intended learning outcomes, the content of the curriculum, teaching methods, requirements for obtaining credits, and recommended readings; which are then verified by a coordinator through the review of the syllabus, student workload, and the overall curriculum. Based upon the coordinator's findings, applications for amending the program is submitted to the educational council, supervised by a vice-dean and composed of students and academic teachers, who discuss the amendments relating to teaching methods, learning outcomes, verification methods and the organization of an academic year for a program. The council's amendments are submitted to the vice-dean, who then submits the amendments for review by the quality assurance system. Finally, program commissions, comprised of academic teachers, student representatives and external stakeholders, propose changes to the scope of the study program allowed by the standards to the dean. In particular, the external stakeholders observe students during training sessions and provide insight on their skills relevant to the profession of doctor of medicine.

The country provided the criteria for program assessment (Annex 5), along with a self-evaluation and PKA site visit report to demonstrate the review of this guideline (Annex 21 and 20).

Staff Conclusion:

Comprehensive Response Provided

Design, Implementation, and Evaluation, Question 3

Country Narrative

Any changes to study programs are proposed on the basis of information gathered from:

1. Academic teachers, specialists in a particular discipline;
2. Students who fill in anonymous questionnaires to evaluate courses and academic teachers. Apart from students' replies to survey questions, such questionnaires provide space for comments and observations. Data provided by such questionnaires is included in a collective report, which is taken into account in periodic reviews and study programme improvement;
3. Commissions/teams operating as part of quality assurance systems at faculty level. Student examination and credit-bearing activities results are also periodically analyzed. Additional information is also provided by class inspections.
4. LEK;
5. The Polish Accreditation Committee;
6. Graduates. The minister responsible for higher education monitors graduates' careers on the basis of data obtained from the Central Statistical Office. In spite of that, most HEIs monitor their graduates' careers on their own and the results of this monitoring are used to improve study programs.

To sum up, study programs in Medicine undergo incessant internal evaluation and improvements, in spite of the fact that this is a regulated programme (see also answers for questions "n" and "o"). This process involves the participation of academic teachers, faculty deans, students, external stakeholders, as well as eminent specialists in medical disciplines. The assessment of effectiveness of internal 'program effectiveness and continuous improvement' process forms a part of the programme assessment of the Polish Accreditation Committee (criterion 3).

Analyst Remarks to Narrative

The country attests that external and internal evaluation methods are utilized to meet the requirements of this guideline, in addition to the regulations associated with medical education programs within the country. Through the physician final exam and the Polish Accreditation Committee (PKA) external evaluations are conducted on student progress, performance and program implementation and design to ensure the mission and objectives of the program are met. The country also reviews internal evaluations from academic teachers, faculty deans, students, external stakeholders, and specialists in medical disciplines to review the effectiveness and continuous improvement of the program. The country provided a self-evaluation and PKA site visit report to demonstrate the review of this guideline (Annex 21 and 20).

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 1

Country Narrative

Under the Law, there is a limit set to the number of places for medical students, which is indicated in a regulation of the minister responsible for health in agreement with the minister responsible for higher education. The limit depends on the teaching capacity of

a HEI and demand for Medicine graduates. In the case of medical studies, including programs in Medicine, candidates' personality traits are not taken into consideration during the recruitment process. However, programs in Medicine are prestigious and every year the number of candidates exceeds the limit. Therefore, only those possessing the most extensive knowledge are recruited.

When evaluating education quality, the Polish Accreditation Committee also assesses the principles of candidate recruitment and selection. It places special emphasis on the principles of recruitment for long-cycle programs, one of them being Medicine. The Committee pays great attention to the transparency of the recruitment principles, ensuring equal opportunities to all candidates and to the way in which admissions information is disseminated.

Analyst Remarks to Narrative

The country attests that there is a limit to the number of medical students admitted to the medical schools, per the Law (Annex 1) regulated by the ministers of health and higher education. The limits are imposed due to teaching capacity of the medical school and the demand for graduates. Only candidates with extensive knowledge are recruited to the programs. However, the country has not provided the foreign exam used for medical students described in the Law.

The Polish Accreditation Committee (PKA) assesses the principles of candidate recruitment and selection during the medical programs evaluation of education quality through the review of opportunities provided to all candidates during admissions. The country provided a self-evaluation and PKA site visit report to demonstrate the review of this guideline (Annex 21 and 20).

Staff Conclusion:

Additional information Requested

Country Response

There is no national requirement for an external standardized medical admission test in Poland, nor is there any centralized admission system. However, some medical universities utilize MCAT, UKCAT or GAMSAT tests in the admission proceedings individually for some of their programs, for example Poznan University of Medical Sciences or Medical University of Łódź.

Students who meet the enrollment requirements of the given university and are ranked best (within the enrollment quota) complete the entire study course in Poland.

Analyst Remarks to Response

In response to the draft analysis, the country attests that there is no national requirement for an external standardized medical admission test in Poland. Some medical universities within Poland do utilize the MCAT and other tests as part of their enrollment requirements.

Department Staff accepts the agency's narrative; however, the NCFMEA may still wish to request clarification on plans to adopt requirements regarding medical school admission test requirements; the number of times a student took the MCAT for admittance; or plans for requiring such information from the medical schools as evidence.

Staff Conclusion:

Additional Information requested

Admissions, Recruiting, and Publications, Question 2

Country Narrative

The Law on Higher Education provides that in each HEI (medical HEIs included) the senate is the body responsible for laying down the requirements for and methods of recruitment, as well as for determining study forms for particular fields of study. It is done by way of a resolution adopted on or before 31 May in the year preceding the academic year, to which the resolution refers. The resolution is published. It must also be forwarded to the minister responsible for higher education.

Recruitment requirements for Medicine are laid down by individual HEIs and are very similar in each of them. Admission to a programme preceded by a candidate's online registration is subject to the results of final secondary school examinations in selected subjects in the following group: Biology, Chemistry, Physics, Mathematics. Each HEI takes into account the result of the final secondary school examination in Biology at advanced level. The remaining courses are at HEIs' discretion. For example, the Medical University of Warsaw also takes into account the result of the final secondary school examination in Chemistry at advanced level and either in Physics or in Mathematics at basic or advanced level. Apart from Biology, the Pomeranian Medical University in Szczecin also takes into account the results of the secondary education examination in Chemistry or Physics at advanced level. The final secondary school examination results are translated into points in accordance with algorithms set by HEIs. There are also algorithms translating IB and EB results. One ranking list per field of study is prepared on the basis of all candidates' results achieved in the qualifying process. The order of candidates on such lists is decisive for admission to the programme. Candidates are listed in descending order of points.

HEIs post their recruitment principles mainly on their generally accessible websites providing detailed information about study

programs, applicable standards, language of instruction provided in a particular field of study, as well about fees to pay for part-time programs. These websites offer a detailed description of the HEIs and feature their mission statements.

Analyst Remarks to Narrative

The country demonstrates adherence to this guideline through its attestation and documentation that the senate, in consultation with the minister responsible for higher education, is the body responsible for determining the requirements for and methods of recruitment and fields of study within the medical school, per the Law (Annex 1). The recruitment efforts of the medical program are provided online. Candidates are required to complete online registration to a program after the completion of a secondary school exam in the areas of biology, chemistry, physics, and mathematics. Aside from biology, the chemistry, physics, and mathematics results are utilized at the discretion of the particular medical school for admittance. The results of the secondary school exam are translated into points for admission, which constitutes the ranking order of candidates for admittance. The country also references IB and EB results; however these acronyms are not defined in the narrative.

The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Additional information Requested

Country Response

The "IB" stands for "International Baccalaureate Diploma Programme" - a two-year educational programme primarily aimed at students aged 16–19. The program provides an internationally accepted qualification for entry into higher education and is recognised by many universities worldwide. The IB diploma is accepted in 75 countries at over 2,000 universities.

THE "EB" stands for "European Baccalaureate" awarded by the Secretary-General of the European Schools on behalf of the Board of Governors at the end of the seventh year of secondary studies at the European School or of the seventh year of European secondary level schooling at a school accredited by the Board of Governors, to pupils who have passed the final examinations, details of which are set out below. It shall certify the completion of secondary studies at the European School or of European schooling provided by a school accredited by the Board of Governors, in the manner determined by the Board of Governors.

As of 2017, there are 14 European Schools located in 7 EU member states in close proximity to European institutions. The Schools are neither EU bodies, nor under the full jurisdiction of the individual member states of the European Union. They are instead administered and financed through the international organisation "The European Schools", established by means of an intergovernmental treaty, the 1957 Statute of the European School, since repealed and replaced by the 1994 Convention Defining the Statute of the European Schools. The Schools are legally recognised in all participating jurisdictions as public bodies.

The European Baccalaureate is the leaving certification of the European Schools, and should be distinguished from the International Baccalaureate (IB)

Analyst Remarks to Response

The country was requested to define the IB and EB references in the original narrative and provide clarity on their relevance. In response to the draft, the country provided the definition of IB, International Baccalaureate Diploma Program, which is a two-year educational program for students 16–19 providing an internationally accepted qualification for entry into higher education; and EB, European Baccalaureate, which is awarded by the Secretary-General of the European Schools to pupils who have passed their final examinations certifying the completion of secondary studies at the European School. The country's explanation and definition of the IB and EB adhere to the requirements of this question.

Department Staff accepts the country's narrative and supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Admissions, Recruiting, and Publications, Question 3

Country Narrative

Recruitment for programs is conducted by faculty admissions boards appointed by deans. Decisions made by the faculty admissions boards may be appealed against to the institution's admissions board, but only when the requirements and mode of recruitment have been breached. The decision of the institution's admissions board is final.

Analyst Remarks to Narrative

The country attests that the deans appoint faculty boards to oversee the recruitment of the medical programs. The appointed faculty board's decisions are final, yet appealable if recruitment requirements are breached, thus meeting the requirements of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 4

Country Narrative

Each year, the Ministry of Health in consultation with the Ministry of Higher Education sets limits of places (for each University, taking into account teaching capacity of given HEI and demand for Medicine graduates) for newly admitted medical students. Those limits concern both local and international candidates. Every year the number of candidates exceeds the limit. Therefore, only those possessing the most extensive knowledge are recruited.

Analyst Remarks to Narrative

The country attests that only candidates possessing the most extensive knowledge are recruited in to the medical programs. Due to the teaching capacity within the programs and the demand for medical graduates, the ministers of health and higher education set limits on the number of new local and international medical students admitted into medical schools, demonstrating adherence to the guideline.

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 5

Country Narrative

There are several regulations concerning information published by the higher education institutions. The Act of Law on Higher Education (Annex No. 1) stipulates (art. 169 clause 2) that the senate of a higher education institution determines, by way of a resolution, entrance requirements and procedures and the date of opening and closing of recruitment, including online enrollment, for particular fields of study. The relevant resolution of the senate shall be published not later than by 31 May of the year preceding the academic year to which it refers (in the event of commencement of a degree programme in a new field of study or establishment of a new higher education institution, the senate shall adopt a relevant resolution and making it available to the public forthwith). The Act of Law on Higher Education includes also provisions describing rights and duties of students (Part IV, Chapter 2) as well as disciplinary liability of students (Part IV, Chapter 6). The organization and schedule of degree programs and related rights and duties of a student are laid down in the study regulations (art. 160 clause 1 of the Act of Law on Higher Education). In the case of costs and fees relevant regulations are laid down in art. 160a of the Act.

The information policy is evaluated by the Polish Accreditation Committee in the course of the programme assessment. The panel of experts assesses among others if (criterion 2.3, 3.2 - Annex No. 6):

- the admission rules and rules for giving credits are formally adopted and published as well as coherent and clear,
- the unit ensures public access to up to date information about the study programme, the implementation of the education and training process and qualifications awarded, admissions that is comprehensive and comprehensible, and which corresponds to the needs of various audience groups;

Analyst Remarks to Narrative

The country attests that the Law on Higher Education (Law) (Annex 1) provides regulations concerning information medical schools may publish; demonstrating adherence to this guideline. The regulations identify the senate of a higher education institution, through a published resolution, as the body that determines the entrance requirements, procedures, date of opening and closing of recruitment and online enrollment of the school. The Law further describes regulations relating to the rights and duties of students; disciplinary liability of students; organization and schedule of degree programs; and relevant costs and fees.

The Polish Accreditation Committee (PKA) during its assessment of the quality of education reviews the medical schools admission rules; rules for attaining credits for the program; public access to up to date information about the program; implementation of the education and training processes; qualifications; and admissions practices (Annex 6). The country also provided the PKA's detailed criteria for program evaluation, which includes the review of admission rules of the program (Annex 6), along with a self-evaluation and PKA site visit report to demonstrate the review of this guideline (Annex 21 and 20).

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 6

Country Narrative

Students have access to their records and can challenge their accuracy.

The minister responsible for higher education operates the Integrated System on Science and Higher Education "POL-on", which contains a national list of students. The Law on Higher Education determines the scope of information included in the list. When a candidate is admitted to a programme, information about him/her is stored also in personal files, which can be accessed by HEI employees dealing with the programme schedule. This data, in compliance with the Act on Personal Data Protection currently in force in Poland, cannot be made available to unauthorized persons. In most HEIs, students can access their data online through the institutional student services system, where they can monitor their academic progress on an ongoing basis.

Analyst Remarks to Narrative

The country demonstrates adherence to this guideline attesting that students have the ability to access their records and challenge their accuracy through the country's Integrated System on Science and Higher Education (POL-on). Operated by the minister for higher education and regulated by the Law on Higher Education (Law), the POL-on system houses a national list of students along with information about the student. Authorized administrators have access to the POL-on system along with students, who are able to monitor academic progress and access their data online through the institutional student services.

In addition, the country provided the Polish Accreditation Committee's (PKA) detailed criteria for program evaluation, which includes the review of admission rules of the program (Annex 6), along with a self-evaluation and PKA site visit report to demonstrate the review of this guideline (Annex 21 and 20).

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 1

Country Narrative

Each HEI is obliged to develop course syllabuses which, among other things, specify learning outcomes implemented as part of an individual course, forms of classes and the number of contact hours and of ECTS credits, teaching methods, methods of learning outcome verification, that is the rules for obtaining credit and those governing examinations, as well as assessment criteria. Such syllabuses also list compulsory and recommended reading.

Academic teachers have to verify the degree to which each intended learning outcome has been achieved. Programs of study specify which courses end in an examination and which - in credit-bearing activities. Students take examinations at a specified time called an examination period, which takes place after each semester. The results of examinations are taken into consideration when calculating an average overall grade. Individual courses are credited on their completion. Students can be allowed to take end-of-semester examinations, if they have obtained credit for all courses taught in the semester, also for those in which they will take those examinations. Detailed requirements to obtain credit for courses and to be admitted to examinations, as well as to be registered for the next academic year are laid down in study regulations.

Analyst Remarks to Narrative

The country attests that medical schools demonstrate adherence to this guideline through developed course syllabuses, which include implemented learning outcomes; the form of classes; the number of contact hours and credits; teaching methods; learning outcome verifications; rules for obtaining credit; governance of examinations and assessment criteria. The learning outcomes are then verified for achievement by the academic teachers through programs of study examinations or credit bearing activities. Exams are taken at the end of the semester and the study regulations of the medical school outlines students specified time to take an exam, requirements to obtain credit for an exam, and grading of the exam to evaluate student achievement.

The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline, however, the country has not provided a copy of a syllabus demonstrating the aforementioned inclusions as evidence from a medical school.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached examples of syllabi.

Analyst Remarks to Response

In response to the draft analysis, the country provided two syllabi's prepared for courses offered in medical programs of study demonstrating the learning outcomes relevant to knowledge, skills and social competences to be obtained in the courses to adhere to this question (exhibits 6 and 7).

Department Staff accepts the country's supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Student Achievement, Question 2

Country Narrative

The evaluation of student achievements takes place at each stage of degree programs. The achievement of each learning outcome is verified. The choice of verification methods is at the discretion of teachers providing a course/ course coordinators. Such methods match the specificity of a learning outcome. Knowledge-based learning outcomes are mainly verified in the course of an oral examination/written test examination. Verification methods include: structured short-answer questions, multimedia presentations prepared by students, papers on set topics, conducting a discussion or an Oxford debate or other methods prepared by the person teaching a course. A practical examination is organized to verify skills, frequently in a real-life situation, that is in the presence of a patient. Skills are also verified during examinations held in OSCE or miniOSCE simulation centers. Skill-based learning outcomes are verified by observing a student performing set tasks as part of clinical training. Before a student attempts an exercise, his/her knowledge necessary for the exercise is tested. Social competences are verified by teachers providing clinical training, among other things they do it by observing students. Fellow students also verify those competences.

Analyst Remarks to Narrative

The country meets the requirements of this guideline through its attestation that student achievement is evaluated at the discretion of academic teachers at the medical schools using various verification methods for the regulated learning outcomes. Knowledge-based learning outcomes utilize oral or written verification methods; practical examinations are utilized to verify real-life situations in the presence of a patient; and skill-based learning outcomes are verified by observing students social competencies during clinical training tasks.

Other verification method examples include structured short-answer questions; multimedia student presentations; papers; and discussion or debates. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 3

Country Narrative

The evaluation of student achievements takes place at each stage of degree programs. The achievement of each learning outcome is verified. The choice of verification methods is at the discretion of teachers providing a course/ course coordinators. Such methods match the specificity of a learning outcome.

To be registered for the next year of a programme, students have to obtain credit for all courses taught in the previous year, and positive marks in examinations. They also have to accumulate 60 ECTS credits. Detailed requirements to obtain credit for courses and to be admitted to examinations, as well as to be registered for the next academic year are laid down in study regulations. Should a student fail to obtain a positive mark in an examination, he/she is entitled to take a resit. Should he/she fail to obtain a positive mark in the resit, he/she may apply for an examination before a board of examiners. The board is composed of the dean (ex officio), examiner and a representative of the students self-government. The result of the examination before a board of examiners is final. The organization of resits is described in detail in the study regulations of individual HEIs. Failing to sit for an examination or to obtain a positive grade in all examinations planned for a particular examination period precludes a student from registering for the next year of the programme. A student may repeat a year, but the dean may also make a decision to take him/her off the student register. Detailed requirements are provided in the study regulations.

The medical doctor diploma is awarded to students who have passed all examinations set by the programme of study and obtained

at least 360 ECTS credits.

Analyst Remarks to Narrative

The country attests that student achievement is evaluated and verified at the discretion of the academic teachers at the medical school through various methods that correspond to the learning outcomes, thus meeting the requirements for this guideline. Per the study regulations for the medical school, progress of students is monitored through positive results on examinations, registration for upcoming semesters, accumulation of 60 credits for the year, and other requirements for the specified program. Students that receive unfavorable grades may retake an exam once; failing a second time requires application to retake the exam with the board of examiners; and continuous failure of examinations precludes the student from registering for the next program year. Per the study regulations, the dean has the option of removing the student from the program when program requirements are not met. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 4

Country Narrative

The rules for obtaining credit for particular courses are laid down in syllabuses. They also provide the criteria that relate to each grade, including the pass one to obtain credit for a course.

The medical doctor diploma is awarded to students who have passed all examinations set by the programme of study and obtained at least 360 ECTS credits. The Physician Final Examination described above is the final verification of learning outcomes. HEIs specify the rules for evidencing student achievement. In most cases, they are documented online and students log into the system to have access to their results.

The student performance is also measured by means of a system for monitoring the professional careers of graduates. The results of monitoring in aggregated form, showing in particular the professional careers of graduates after one, three and five years after graduation, are available on the website (<http://absolwenci.nauka.gov.pl/>) and include among others:

- average time (in months) between graduation and date of employment,
- stability of employment,
- salary / income of graduates,
- social and demographic features in relation to labor market characteristic.

The limit of places for newly admitted medical students, for each University, is set yearly by the Ministry of Health in consultation with the Ministry of Higher Education.

Analyst Remarks to Narrative

The country attests that medical schools demonstrate adherence to this guideline through developed course syllabuses, which include implemented learning outcomes; the form of classes; the number of contact hours and credits; teaching methods; learning outcome verifications; rules for obtaining credit; governance of examinations and assessment criteria. Medical graduates must successfully complete both the physician final examination and a post-graduate medicine internship in addition to meeting the standards of education learning outcomes of 360 credits within the medical program, certified by the receipt of a diploma, to receive a license to practice as a doctor within the country.

The careers and performance of graduates average time between graduation and date of employment; stability of employment; salary/income; and demographic features are monitored by the program one, three and five years after graduation. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 5

Country Narrative

Students evaluate not only courses, but also academic teachers in anonymous questionnaires. Information gathered from students is a valuable indication useful in the process of improving study programs. It is also taken into account in the process of evaluating academic teachers, which is conducted by HEIs in accordance with the Law on Higher Education.

Analyst Remarks to Narrative

The country demonstrates adherence to this guideline through the use of anonymous questionnaires taken by students evaluating the courses and academic teachers of the medical program for program improvement. The Law on Higher Education also requires additional processes for evaluating academic teachers (Annex 1). The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Student Services, Question 1

Country Narrative

All students of medicine have access to preventive and therapeutic health services, including confidential mental health counseling. HEIs provide medical care for the students, and in particular periodic medical check-ups and protective vaccinations required of students of medicine. Moreover, a counseling system in the scope of mental health is provided.

Additionally, every HEI is obliged to develop a strategy and procedures aiming at protecting students from risk factors, such as infectious diseases and ionizing radiation. Such a strategy should include: education in prevention methods and principles of treatment. That is why, at the beginning of studies, all newly enrolled students must participate in occupational health and safety training. HEIs cover the costs of post-exposure procedures at medical centers with whom they have signed relevant agreements. What is more, every student is covered by a public health insurance plan, operated by the National Health Fund. Foreign students in Poland can join the insurance plan on voluntary basis. Under the insurance plan, free medical care is available. The insured students can use the services of university hospitals and outpatient clinics. As an alternative, they can use paid services of private clinics and hospitals. Moreover, all foreign students can take out additional accident insurance.

Students obtain financial support referred to in the Law on Higher Education. It can take the form of: maintenance grant, maintenance grant for disabled students, grant awarded by the rector to top achieving students, grant awarded by the minister for outstanding achievements, and special support grant. Rules for the award of financial support are stipulated in the Law on Higher Education and organizational rules set by individual HEIs.

Career bureaus operate at HEIs and their responsibilities include the monitoring of professional careers of graduates, providing assistance to students in the scope of career planning, including tabling proposals for practical training and placements, which are not included in the study programme, as well as offering career guidance and psychological consultations.

Analyst Remarks to Narrative

The country provides students with preventive and therapeutic health services; confidential mental health counseling; medical care and check-ups through a public health insurance plan; and protective vaccinations to adhere to this guideline. Medical schools develop strategies and procedures to protect students from infectious diseases and ionizing radiation through education in prevention methods and principles of treatment along with occupational health and safety training

The Law on Higher Education also provides regulations on financial support for students through maintenance grants; rector grants; minister grants; and special support grants. Also, career monitoring of graduates; career planning; career guidance; and psychological consultations are provided to students by career bureaus at the medical schools. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Student Services, Question 2

Country Narrative

Personal data of students, just as it is the case with other citizens of the Republic of Poland, is protected under the Act on Personal Data Protection. Students are guaranteed access to their personal data and can correct it, should it be needed.

Analyst Remarks to Narrative

The country attests that personal data of students is protected under the Act on Personal Data Protection and students have access to their data; however this Act has not been provided for review. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the Act on Personal Data Protection.

Analyst Remarks to Response

The country was requested to provide the Act on Personal Data Protection referred to in the original narrative. In response to the draft, the country provided the Act in its entirety as evidence, outlining the general provisions for data protection within the country for all persons to adhere to the requirements of this question (exhibit 3).

Department Staff accepts the country's supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Student Complaints, Question 1**Country Narrative**

The Law on Higher Education lays down the rights and obligations of students and indicates HEI authorities authorized to make decisions in individual matters, as well as the course of action, including the appeals procedure. HEIs appoint deputy rectors and deputy deans responsible for student matters, and candidates for these posts must be approved by a majority of students' and doctoral students' representatives in the appointing body. The above mentioned rules apply in all HEIs.

Analyst Remarks to Narrative

The country attests that student rights, obligations, and procedures for course of action and appeals are included in the Law on Higher Education indicating the authorities authorized to make decisions at the medical school (Annex 1). Deputy rectors and deans, approved by majority vote of student/doctoral student representatives, are responsible for handling student matters and candidates at the medical schools. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Student Complaints, Question 2**Country Narrative**

Students can make complaints and comments to a tutor, dean/deputy dean, and deputy rector for students.

Students can also present comments anonymously in student surveys. In many HEIs, there are quality boxes, with using which students can make anonymous complaints and comments in writing.

Students can communicate to HEI authorities their comments on the studies and inform them about specific difficult and pathological situations via students' self-government.

Moreover, the Ombudsman for Students' Rights (Polish: rzecznik praw studenta) operates at the Students' Parliament of the Republic of Poland. The Ombudsman is appointed by the Students' Council on the request of the President of the Parliament. The Ombudsman has the right to lodge complaints concerning any decision of the HEI, which in any way affects students, and to represent individual students, with their consent, before HEI authorities.

Some complaints are addressed directly to the minister responsible for higher education and are investigated by a dedicated team. It is worth noting that commissions for mobbing, sexual harassment, addictions, etc., which are independent of school authorities, operate at HEIs.

In the course of programme evaluation, the Polish Accreditation Committee examines whether at a HEI or its units offering clinical training, procedures allowing students to make complaints and comments concerning the organization of work at these units, education methods and work of clinicians have been developed. This applies in particular to mobbing and various forms of discrimination and harassment.

In the course of site visits conducted by the Committee, members of evaluation panels, and a student expert in particular, examine closely the relations between HEI authorities, administration and teaching staff and students and representatives of student organizations. During face to face meetings with evaluation panels, students can present their opinions and critical comments, which are included in the site visit report, to which the rector needs to relate when responding to the report. During subsequent visits at individual HEIs, student experts note favorable changes, which indicate that their further participation in the works of evaluation

panels will contribute to the consistent improvement of systemic solutions and practices in this area.

Analyst Remarks to Narrative

The country attests that students may lodge complaints with the deputy rectors and deans, or anonymously in student surveys at the medical schools, meeting question 1 of the guideline. Complaints related to the course of study may be communicated through the student government or school administrators. The students receive an Ombudsman for Student Rights, appointed by the student council, who may lodge complaints concerning any decision of the medical school affecting students or represent individual students. The minister responsible for higher education may also address complaints directly with a dedicated team for investigation. However, the country has not indicated the types of complaints the country received during the past year, and the results of the investigation of those complaints.

The Polish Accreditation Committee (PKA) examines complaint procedures at the medical schools and clinical sites relating to the organization of work at the units, education methods, and work of clinicians. At site visits, the PKA conducts face to face meetings with evaluation panels, students, authorities, administration and teaching staff. The findings of the PKA site visit report are presented and addressed by the rector and subsequent site visits, including follow up discussions with the aforementioned groups, provide status reports on changes and or improvements.

The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Additional information Requested

Country Response

The general supervision over the activities of medical school with respect to their compliance with the law is exercised by the Minister for Health who can request information and clarification from the authorities of medical school and may carry out inspections of medical school.

Within the 12 months between (August 1, 2016 and August 1, 2017) the Ministry of Health received 2 complaints referring to the medical universities. One (anonymous) pertained to the accusation of mobbing which was dismissed in the course of internal investigation but, nevertheless, resulted in some structural and staffing changes in the university as well as interpersonal communication trainings.

The second one (also anonymous) consisted of reservations concerning the process of creation of ranking lists during the enrollment process. The investigation conducted by the Ministry did not confirm the validity of reservations.

It has to be emphasized that while the bodies of higher education institutions are the primary recipient of such complaints, the Polish Accreditation Committee also verifies student satisfaction with the procedures introduced by HEIs in the course of programme assessment (please consult Criterion 8 of the site visit report - Care and support provided to students in the process of learning and attaining learning outcomes).

Analyst Remarks to Response

In response to the draft analysis, which requested the country to provide clarity on the types of complaints the agency received during the past year and the results of the investigation of those complaints, the country acknowledged receiving 2 complaints. The Minister of Health, who supervises the activities of the medical school, received two anonymous complaints pertaining to an accusation of mobbing and the creation of ranking lists during the enrollment process. Both complaints were investigated and dismissed by the Ministry; and prompted changes and training at the university.

The country also provided a site visit report demonstrating the review of care and support provided to students in the process of learning and attaining learning outcomes in criterion 8 of the report, which covers the review and handling of student complaints to adhere to the requirements for these questions (exhibit 5). Department Staff accepts the country's narrative and supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Finances, Question 1

Country Narrative

HEIs holding authorizations to provide programs in Medicine - save two establishments - have the status of public higher education institutions, therefore, under Article 92 of the Law on Higher Education, state budget grants are the basic source of funding to cover operational costs, liabilities, development expenditure and other needs. HEIs also use their own income to finance their activity.

State budget grants are awarded to finance:

1. didactic tasks linked to:
 - a. education provided to full-time students (these programs are free of charge) of first-, second- and third-cycle programs (doctoral programs), education provided to research staff, and HEI maintenance, including refurbishment;
 - b. health services delivered as part of the provision of education to full-time students in HEIs offering programs in Medicine under direct supervision of academic teachers qualified to practice the medical profession relevant to the content of a particular programme of study;
 - c. post-graduate education provided to doctors, dentists, pharmacists, nurses and midwives as well as laboratory diagnosticians, which leads to their acquisition of a specialization;
 - d. tasks aimed at the provision of appropriate conditions to students and doctoral students with disabilities to ensure their full participation in the process of learning as well as at their education and rehabilitation;
2. non-refundable financial support for students (scholarships and assistance grants);
3. funding or co-funding of investments;
4. scientific and research activity.

Non-public higher education institutions receive state budget grants described in point 1 (d) and in point 2.

Higher education institutions may also receive other funds from the state budget and from the budgets of local governments or their associations.

The detailed information concerning finances is given in Annex No. 7.

Information concerning the size and scope of the educational program is given in "Part 2, Educational Program, Program Length (a)" and "Part 2, Medical Students. Admissions, Recruiting and Publications (a)".

Analyst Remarks to Narrative

The country demonstrates adherence to the guideline attesting that the Law on Higher Education (Law) authorizes the basic source of funding for public Higher Education Institutions (HEIs), which includes medical schools, through state budget grants; and income from student fees, donations, and other legal sources of funding constitutes the funding for non-public HEI's, which also includes medical schools. The country provides the list of items financed for public HEIs by the state budget grants and noted non-public HEIs eligibility to only receive state budget grants described in point 1 (d) tasks aimed at the provision of appropriate conditions to students and doctoral students with disabilities to ensure their full participation in the process of learning as well as at their education and rehabilitation; and 2 non-refundable financial support for students (scholarships and assistance grants).

The country also provided the resources for the educational program (finances) document (Annex 7), along with a self-evaluation and PKA site visit report to demonstrate the review of this guideline (Annex 21 and 20).

Staff Conclusion:

Comprehensive Response Provided

Facilities, Question 1

Country Narrative

Just like other higher education institutions operating within the Polish higher education system, HEIs providing programs in Medicine are under the obligation to possess infrastructure ensuring the proper implementation of learning outcomes. Some of its elements are: lecture rooms, laboratories and - absolutely compulsory for medical programs - a dissecting room and a microscope room (requirement set by the standards of education). HEIs have to ensure access to a library offering literature recommended as part of a particular programme. The library is also the basic element of the library and IT system operating in each HEI. The relevant requirements are provided in the catalogue of the basic requirements for the provision of degree programs formulated in the Regulation of 26 September 2016 of the Minister of Science and Higher Education on requirements for the provision of degree programs. They apply both to first- and second-cycle programs as well as to long-cycle programs, in which form medical programs are provided. The requirements are also specified in the standards of education applicable to Medicine set out in Annex No. 1 to the Regulation of 9 May 2012 of the Minister of Science and Higher Education amended by the Regulation of 17 November 2016. As a rule, HEIs must ensure that all learning outcomes can be achieved. In accordance with the provisions of the standards of education, clinical training provided as part of Medicine takes place in hospitals, primary healthcare and specialized healthcare outpatient clinics, in emergency medical service establishments and in hospices. Therefore, instruction provided as part of programs in Medicine (and of other medical programs) is related to healthcare provision, whose scope and forms are specified in the Act on Medical Activity in accordance with Article 13 (3) of the Law on Higher Education. Clinical hospitals form a part of the teaching, research and development infrastructure of HEIs providing this kind of instruction. The principles of the organization and operation of clinical hospitals are set out in Article 89 of the Act on Medical Activity. Article 21 (3) of the above Act regulates the rules of student participation in the provision of medical services during clinical training.

On the basis of civil law agreements, HEIs can provide instruction in units founded by other bodies.

Some Polish medical schools possess multi-profile medical simulation centres, and the Ministry of Health has awarded funds to other HEIs to develop such centers. There are plans for all Polish medical higher education institutions to have multi-profile medical simulation centers with modern equipment and high-fidelity medical simulation mannequins within 3 years.

Criteria for evaluating the degree to which a HEI meets the above requirements concerning its teaching and research infrastructure, including its library resources, are one of the programme evaluation criteria applied by the Polish Accreditation Committee (Annex No. 5).

Analyst Remarks to Narrative

The country attests that medical schools are required to possess infrastructure that ensures proper implementation of learning outcomes, which includes lecture rooms, laboratories, dissecting and microscope rooms, library access, and IT systems. The country further demonstrates adherence with this guideline through its requirements and regulations provided in the Law of Higher Education (Law) standards of education and the minister of science and higher education requirements for the provision of degree programs (Annex 1 and 2).

The Act on Medical Activity in accordance with the learning outcomes within the Law provides instruction on healthcare provisions for the standards of education, clinical training at hospitals, primary and specialized healthcare, emergency medical services, and hospice. The Act also regulates the rules of student participation in the provision of medical services during clinical training, since clinical hospitals provide teaching, research and developmental infrastructure; however the Act has not been provided for review.

Finally, the medical schools may provide instruction in multi-profile medical simulation centers through funds awarded by the minister of health. The country provided the program evaluation criteria applied by the Polish Accreditation Committee (PKA) for these requirements (Annex 5), along with a self-evaluation and PKA site visit report to demonstrate the review of this guideline (Annex 21 and 20).

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the Act on Medical Activity (excerpt).

Analyst Remarks to Response

The country was requested to provide the Act on Medical Activity (Act) referred to in the original narrative. In response to the draft, the country provide the Act specifying the rules for performing medical activities; and the elements of education and healthcare establishments to be offered by the medical program as evidence (exhibit 13) to adhere to the requirements of this question.

Department Staff accepts the country's supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Facilities, Question 2

Country Narrative

All Polish HEIs are under the obligation to possess appropriate premises for their administration teams, as well as at least basic facilities for students. HEIs offering Medicine programs and involved in biometric testing must respect the provisions of the Animal Protection Act, Animal Testing Act and the Regulation on the qualifications of persons supervising animal testing, performing tests and participating in testing and on a sample individual authorization for persons performing tests.

Analyst Remarks to Narrative

The country attests that medical schools are required to have premises for their administration teams and basic facilities for students. Provisions and regulations must be respected for medical programs conducting various testing on animals.

Staff Conclusion:

Comprehensive Response Provided

Faculty, Question 1

Country Narrative

The Law on Higher Education introduced the term 'minimum staffing requirement' (Polish: minimum kadrowe). It is the minimum number of academic teachers whose employment is a precondition for the provision of education within individual programs. Requirements towards people forming the minimum staffing requirement are diversified and depend on the level, degree profile and the programme itself. The highest staffing requirements are formulated for the provision of long-cycle programs. It is the level at which medical programs are provided. Therefore, the minimum requirement for the provision of programs in Medicine means the employment of at least 6 academic teachers holding the title of professor or the postdoctoral degree of doktor habilitowany, as well as the employment of at least eight academic teachers holding the degree of doktor. The ratio of academic teachers included in the minimum staffing requirement to the number of all medical students should be at least 1:40, therefore, if the number of students is bigger, the number of teachers included in the minimum staffing requirement must be increased.

To guarantee the implementation of particular learning outcomes, academic teachers included in the minimum staffing requirement must possess academic achievements in the area of Medical Sciences, domain of Medical Sciences and in the discipline of Medicine or Medical Biology, or in the domain of Health Sciences. Moreover, academic teachers included in the minimum staffing requirement should represent a broad spectrum of complementary specialties which cover the thematic scope of a given field of study as fully as possible, because only then can the right staffing be ensured to courses, which implement all required contents.

In the case of academic teachers included in the minimum staffing requirement, their HEI has to be their place of primary employment; they may take up employment in other HEIs following the rector's consent and they may be included in another minimum staffing requirement but only for one first-cycle programme. To be included in the minimum staffing requirement, a person's employment in a particular HEI has to start at least at the beginning of an academic year, at least 30 hours of teaching must be provided in the case of professors and doktor habilitowany degree holders, and at least 60 hours of teaching in the case of academic teachers holding the degree of doktor.

The requirements for staffing particular courses are laid down in the standards of education. Course teachers must possess qualifications in line with the learning outcomes they implement. Academic teachers providing clinical instruction should be medical doctors holding the valid license to practice and a medical specialization corresponding to the course taught. Cooperation with other specialists is permitted, for example with laboratory diagnosticians or physiotherapists, if it is justified with the implementation of individual learning outcomes.

HEIs providing Medicine programs employ numerous academic teachers, also those holding the highest academic qualifications. Therefore, the conditions for the minimum staffing requirement are met. Staff is one of the strengths of those HEIs.

Analyst Remarks to Narrative

The country attests adherence to the guideline through the obligations of the Law on Higher Education (Law) requiring medical schools to have the highest staffing requirements of the higher education institutions. Thus, medical schools employ at least 6 academic teachers holding the title of professor or the postdoctoral degree (30 hours of teaching required) and at least eight academic teachers holding the degree of doktor (60 hours of teaching required) with a teacher/student ratio of 1 to 40.

The academic teachers must possess academic achievements in the area of medical sciences, medicine or medical biology, or health sciences to ensure implementation of particular learning outcomes; and the medical school must be their primary employment unless otherwise authorized by the rector. The country's standards of education, per the Law, define course staffing requirements, qualifications for the learning outcomes to be met, and clinic instruction requirements of the academic teachers. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Faculty, Question 2

Country Narrative

In accordance with the rules and procedures laid down in the Law on Higher Education, academic teachers are liable to disciplinary action for conduct breaching the duties of an academic teacher or the ethical standards of the teaching profession.

Analyst Remarks to Narrative

The country attests that this guideline is met through the requirements of the Law on Higher Education rules and procedures that outline disciplinary action for conduct breaching the duties of an academic teacher or ethical standards of the teaching profession.

Staff Conclusion:

Comprehensive Response Provided

Library

Country Narrative

Under the Law on Higher Education, HEIs have the duty to develop a library and electronic information system, where the library forms the basic element. The organizational arrangements and operational procedures for such systems, including the rules of access for persons other than staff, doctoral students or students are laid down in the statutes.

Institutional libraries, which form HEIs' teaching infrastructure, undergo external (the Polish Accreditation Committee) and internal inspection. The basic objective of a library is to provide direct support to teaching and research activity. To achieve this objective, libraries collect and lend handbooks and other publications in paper and electronic form. Libraries also play the role of active scientific information centres, especially following the implementation of electronic information systems. Their activity also involves e-education. Unlimited access to numerous databases, work in integrated systems and sharing its collection via computerized reading and lending rooms increase the effectiveness of library activity.

Institutional libraries are managed by chief librarians holding the qualifications of qualified librarian and of qualified archive and electronic information system worker.

In library practice, quality is understood as:

1. the provision of top quality services by the application of the indices of: collection usefulness, accessibility, degree of search query completion, waiting time for a service, intensity of lending;
2. meeting users' needs, expectations and requirements;
3. positive ratings given to library processes and their regularity as a result of ensuring compliance with standards;
4. positive ratings given to financial costs of library operation and of quality maintenance understood as costs of training, inspection, reports and errors.

All of those tasks are elements needed for evaluating the effectiveness of an institutional library.

The Polish Accreditation Committee monitors the fulfillment of requirements imposed on HEIs in the scope of providing students with access to a library containing literature recommended for their field of study. The Committee considers those requirements fulfilled if:

1. there is a library and electronic information system operating in a HEI and providing students access to:
 - indispensable books, course books, domestic and international journals, atlases, maps, standards, databases, etc., e.g.:
 - the collection associated with a programme contains at least current items indicated as basic and supplementary reading for individual courses provided as part of the programme. The number of those items ensures that students have easy access to them. The collection also contains material facilitating research in the relevant scope.
 - the reading room is equipped with up-to-date reference books relating to the relevant field of study and with computers giving access to the Internet and specialist databases. The number of those computers is proportional to the number of students,
 - the number of seats in the reading room is proportional to the number of students,
 - the days and times when the library and the reading room are open suit the needs of all students, also of those following part-time programs;
2. HEIs possessing valid agreements with other libraries should provide information to prove that their resources cover the topics of individual programs;
3. HEIs intending to establish a library or supplement its collection will present a list of items of literature whose purchase is planned. HEIs will also specify the amount and source of funds intended for this purpose.

Analyst Remarks to Narrative

The country requires medical schools to develop a library and electronic information system, per the Law on Higher Education for adherence to this guideline. The rules of access are established by the medical school statutes along with the organizational and operational procedures for the e-systems. The library provides direct support to teaching and research activities while acting as scientific information centers for the users. Managed by librarians with qualifications in archiving and electronic information systems, the institutional libraries provide unlimited access to numerous databases for accessing computerized reading and e-education.

The country provided a list of quality in library practice, which are monitored and inspected by the Polish Accreditation Committee (PKA) to ensure students are provided with access to a library containing literature recommended for their field of study. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Clinical Teaching Facilities, Question 1

Country Narrative

HEIs offering medical studies, including programs in Medicine, can offer education including elements of healthcare provided in clinical hospitals, and - in accordance with the provisions of the Medical Activity Act - in hospital wards and other healthcare establishments, to which access is granted on the basis of a civil law agreement concluded by the head of such an establishment and a given HEI.

In Poland, clinical hospitals are tertiary referral centers, which means that they provide top level medical services and employ staff displaying the highest qualifications. These hospitals offer all specialties, which means that they provide services in the scope of all

specialties, such as - among other things - internal medicine, surgery, gynecology and obstetrics, psychiatry and other highly specialized medical services. There is an outpatient department operating within each hospital.

HEIs providing programs in Medicine are under the obligation to offer practical instruction also in primary healthcare units.

The Medical Activity Act specifies the indispensable elements of agreements concluded to grant access to a healthcare unit in order to perform teaching and research tasks in combination with providing healthcare services.

Under Article 89 (5) of the Act, such agreements have to:

- 1) indicate the parties;
- 2) specify agreement duration and the conditions for an early termination of the agreement;
- 3) specify funds due to the hospital granting access for the execution of the agreement, and the way in which the funds will be transferred and accounted for;
- 4) provide a list of movable and immovable property made accessible in order to execute the agreement, the way in which it will be rendered accessible and the principles and conditions of use;
- 5) determine the number and professional qualifications of academic teachers to perform teaching and research tasks in combination with the provision of healthcare services in the facility;
- 6) determine/indicate circumstances giving rise to changes to the terms and conditions of the agreement;
- 7) define the principles of civil liability for damage done by students, doctoral students or academic teachers, as well as the procedure to be followed in the case of breaching the rules of conduct set by the facility;
- 8) define the principles of checks run by medical HEIs in relation to research and teaching tasks performed in the facility;
- 9) determine the rules of resolving disputes resulting from such checks.

As part of the programme evaluation process, the Polish Accreditation Committee performs a site visit and evaluates the infrastructure of a HEI, including its clinical components. Such evaluations take account of the number of beds in a ward and the number of inpatients, equipment at the disposal of clinical wards, staff providing instruction in a clinical department, as well as the teaching infrastructure, namely seminar rooms.

The Polish Accreditation Committee also verifies whether or not a HEI has concluded valid and legal agreements with healthcare units for the provision of clinical training and whether or not such agreements indicate the number of students to undergo clinical training in a unit. On this basis, the Polish Accreditation Committee gives its opinion as to whether that HEI guarantees facilities to provide this form of instruction to all students.

Analyst Remarks to Narrative

The country demonstrates adherence to this guideline through the obligation of medical programs to offer education for healthcare in clinical hospitals and healthcare establishments within hospital wards requiring access through civil law agreements, per the Medical Activity Act. The country further attests that clinical hospitals within the country provide top level medical services and employ staff displaying the highest qualifications, thus, medical programs are required to offer practical instruction in primary healthcare at these hospitals.

The country provided a list of elements included in the Medical Activity Act required for granting access to a healthcare unit to perform teaching and research tasks while providing healthcare services in the narrative, however the Act has not been provided as evidence for review.

The Polish Accreditation Committee (PKA) evaluates the medical programs infrastructure, including the adherence of clinical components consisting of the number of beds and inpatients within a ward; equipment of the clinical wards, staff providing instruction in the clinical department, and the infrastructure at the site. The PKA also verifies legal agreements with healthcare units for clinical training and provides an opinion on the appropriateness of the facilities providing instruction to students. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Additional information Requested

Country Response

Please find attached the Act on Medical Activity (excerpt).

Analyst Remarks to Response

The country was requested to provide the Act on Medical Activity (Act) referred to in the original narrative. In response to the draft, the country provide the Act specifying the rules for performing medical activities; and the elements of education and healthcare establishments to be offered by the medical program as evidence (exhibit 13) to adhere to the requirements of this question.

Department Staff accepts the country's supporting documentation, and no additional information is requested at this time.

Staff Conclusion:

Onsite Review, Question 1

Country Narrative

The Law on Higher Education and its implementing acts provide the legal basis for the operation of the quality assurance system, including its two parallel and complementing levels - internal and external one.

HEIs have been imposed a duty to ensure high quality education and to develop their own internal quality assurance systems for this purpose. HEIs develop their own quality assurance systems depending on their specificity, mission, profile, students, staff, tradition and external conditions. Some elements of this system - that is student surveys and employee periodical appraisal - are defined as an indispensable requirement by the Law on Higher Education.

Under the Law on Higher Education, the Polish Accreditation Committee is authorized to perform external education quality assessments and grant accreditation as the only statutory body for the whole higher education area, whose opinions and resolutions are legally binding.

The Law on Higher Education imposes on the Polish Accreditation Committee the duty to evaluate the quality of degree programs, taking into consideration the following aspects:

1. study programs and their relevance to the mission and development strategy of HEIs;
2. standards of education in the case of programs, to which they relate (including Medicine);
3. qualifications of academic teachers and other persons involved in educating students;
4. cooperation with the socio-economic environment in the process of education;
5. effectiveness of the internal quality assurance system;
6. operating a system of evidencing learning outcomes achieved outside of the higher education system (not applicable to Medicine);
7. internationalization of the educational process;
8. accreditation and certificates awarded by national and foreign institutions;
9. infrastructure used to achieve learning outcomes;
10. support offered to students in the learning process.

Taking the above into consideration, the Committee developed a number of internal practices defining the criteria, procedures and principles of assessing the quality of degree programs provided in HEIs at various levels of study.

When the Polish Accreditation Committee selects a programme to be evaluated, it notifies the relevant HEI that the evaluation will be carried out in all organizational units providing the programme, regardless of where those units are situated. Each unit prepares a separate self-evaluation report using PKA templates, because it has to fulfill all requirements resulting from the legislation in force. Each unit is evaluated separately and obtains an individual rating. Therefore, all units are evaluated using the same procedures, standards and criteria to ensure the comparability of ratings.

Supporting documentation is given in:

Annex No. 5 (Criteria for programme assessment)

Annex No. 6 (Detailed criteria for programme evaluation)

Annex No. 20 (An example of a site visit report by PKA)

Annex No. 21 (An example of a self-evaluation report).

Analyst Remarks to Narrative

The country demonstrates adherence to the guideline through its requirements of medical schools to have two levels of review, which are internal and external reviews, per the regulations within the Law on Higher Education (Law). The internal quality assurance systems are established by the medical schools to provide an internal review of the program and ensure high quality education is administered by the program. Components of this system include student surveys and periodic employee appraisals.

The external review of the medical school is conducted by the Polish Accreditation Committee (PKA). The PKA performs external education quality assessments; grants accreditation, and provides legally binding opinions and resolutions to the program. Appointed by the minister of higher education, the PKA is the only independent institution dedicated to enhancing the quality of education. The PKA considers multiple aspects of the degree program and defines the criteria, procedures and principles of assessing the quality of degree programs at various levels of study (Annex 5 and 6).

The PKA evaluation process includes notification sent to the medical school alerting them of the evaluation; self-evaluation report submission and review by all organizational units provided by the program to the PKA; separate evaluations of all units; and individual ratings of all units. The country provided a self-evaluation and PKA site visit report for a long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Onsite Review, Question 2

Country Narrative

The programme evaluation criteria are an objective instrument of education quality assessment, universal and flexible enough to adapt their specificity to a degree programme undergoing evaluation and to the resulting detailed requirements and conditions linked to the teaching process involved in the programme. As a result of implementing the standards and guidelines that are applicable to education quality assurance in the European Higher Education Area while taking care of the cohesion of the national quality assurance system, the Committee also extended the procedure of external education quality reviews by introducing the evaluation of the degree of advancement and effectiveness of internal quality assurance systems applied by HEIs undergoing evaluation. Evaluations performed by the Polish Accreditation Committee are free of charge (the state budget covers all costs of accreditation performed by that state-owned institution), mandatory (HEIs are under the obligation to undergo accreditation procedures), universal (all public and non-public higher education institutions are subject to the process of accreditation) and periodic. Uniform procedures are applied to all institutions undergoing evaluation. By adopting an appropriate resolution, the Presidium of the Committee, acting on its own initiative and at the request of individual PKA Sections working within education areas, of the minister responsible for higher education or of a HEI, prepares a list of degree programs or organizational units which will undergo evaluation in a given academic year.

In accordance with the Statutes of the Polish Accreditation Committee (Annex No. 8), evaluation procedures involve the following stages:

1. The HEI prepares a self-evaluation report.
2. Site visits undertaken in accordance with the rules laid down by the Presidium
3. The evaluation panel prepares a report using the template approved by the Presidium.
4. The report is submitted to the HEI undergoing evaluation.
5. The HEI undergoing evaluation replies to the report.
6. The Section working within the relevant education area proposes a rating and justifies it.
7. The Presidium adopts a resolution on the programme evaluation.

Detailed information concerning the course of evaluation is given in Annex No. 9.

The Polish Accreditation Committee cooperates with the University Committee for the Quality of Medical Education (Polish: Uniwersytecka Komisja ds. Jakości Kształcenia na Kierunku Lekarskim) (previously the Accreditation Committee for Polish University Medical Schools, KAAUM) appointed by the Conference of Rectors of Medical Higher Education Institutions. The University Committee performs annual site visits to evaluate programs in Medicine provided by all medical higher education institutions and verifies the compliance of the education provided with the standards. As part of such site visits, it also evaluates the infrastructure involved in the provision of training in clinical courses. Reports prepared after such visits are submitted to the Polish Accreditation Committee which analyses them and - should any irregularities be detected - may decide to perform an additional evaluation before the date of the next scheduled accreditation.

Analyst Remarks to Narrative

The country requires program evaluations to be conducted by an objective instrument of education quality assessment and adaptive degree programs undergoing evaluation resulting in requirements and conditions linked to teaching processes within the degree program. The PKA extends the procedures of external education quality reviews to the evaluation of the internal quality assurance systems through the review of effectiveness of the systems to adhere to the guideline (Annex 5 and 9).

The PKA evaluations are mandatory, free, universal, and administered periodically. Evaluation procedures in accordance with the statutes of the Polish Accreditation Committee (Annex 8), require the following: preparation of the self-evaluation report by the medical school; on site visit; preparation of a report by the evaluation panel; submission of the report to the medical school; reply from the medical school; rating and justification proposed; and the adoption of a resolution for the program evaluation by the Presidium.

The PKA works in collaboration with the University Committee for the Quality of Medical Education appointed by the Conference of Rectors of Medical Higher Education Institutions. The University Committee also performs site visits on the medical programs at the request of the rector and submits their findings to the PKA for review. The PKA may perform additional site visits if irregularities are detected in the University's report. The country provided a self-evaluation and PKA site visit report for a long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Onsite Review, Question 3

Country Narrative

The Polish Accreditation Committee cooperates with the University Committee for the Quality of Medical Education (Polish: Uniwersytecka Komisja ds. Jakości Kształcenia na Kierunku Lekarskim) (previously the Accreditation Committee for Polish University Medical Schools, KAAUM) appointed by the Conference of Rectors of Medical Higher Education Institutions. The University Committee performs annual site visits to evaluate programs in Medicine provided by all medical higher education institutions and verifies the compliance of the education provided with the standards. As part of such site visits, it also evaluates the infrastructure involved in the provision of training in clinical courses. Reports prepared after such visits are submitted to the Polish Accreditation Committee which analyses them and - should any irregularities be detected - may decide to perform an additional evaluation before the date of the next scheduled accreditation.

In the case of newly launched programmes in Medicine, it is a standard practice to perform programme evaluations after the first year of provision. Such evaluations have been performed at Jan Kochanowski University in Kielce, University of Rzeszów and University of Zielona Góra.

Analyst Remarks to Narrative

The PKA works in collaboration with the University Committee for the Quality of Medical Education appointed by the Conference of Rectors of Medical Higher Education Institutions. The University Committee also performs site visits on the medical programs at the request of the rector and submits their findings to the PKA for review. The PKA may perform additional site visits if irregularities are detected in the University's report. New programs of medicine receive program evaluations after the first year. The country provided a self-evaluation and PKA site visit report for a long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Onsite Review, Question 4

Country Narrative

Higher education institutions are under obligation to possess infrastructure ensuring the proper implementation of learning outcomes. Therefore, the Committee verifies the compliance of the teaching infrastructure with the specificity and mode of the programs provided, the proper proportion between the number and area of lecture rooms and the number of students, and the adequacy of specialist equipment for the needs of the degree programme, access to IT equipment and to specialist infrastructure elements (clinics, hospitals, laboratories, etc.) owned by other institutions, if the HEI does not have its own infrastructure. In such cases, it is necessary to verify agreements concluded between the HEI and a healthcare unit for the provision of clinical training. For additional information please consult "Part 2, Clinical Teaching Facilities (h)".

Committee verifies that the objectives, programme, number of hours and schedule of student placements are properly coordinated with the process of education and that they are appropriately organized, supervised and credited. The Committee also examines the organization of the teaching/learning process - the way of implementing the programme of study imposed by the curriculum, which is supposed to provide students with optimal conditions in which they gain the required knowledge and skills while shaping the attitudes that are expected of them.

Analyst Remarks to Narrative

The country demonstrates adherence to the guideline through its requirements of medical schools to possess the infrastructure for proper implementation of the learning outcomes, which are verified by the PKA through the evaluation of lecture rooms; ratios of students in classrooms; and access to IT equipment, clinics, hospitals and laboratories at other institutions. The PKA also verifies and examines student placement, the process of education, program objectives, and the organization of the teaching/learning processes of the program. The country provided a self-evaluation and PKA site visit report for a long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Onsite Review, Question 5

Country Narrative

Not applicable to Medicine programs provided in Poland.

Analyst Remarks to Narrative

The country attests that this guideline is not applicable to their medical schools.

Staff Conclusion:

Comprehensive Response Provided

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

At present, 90 Committee members, including the President of the Students' Parliament of the Republic of Poland, implement the tasks of the Polish Accreditation Committee. In accordance with the Law on Higher Education, PKA can have 80-90 members holding at least the academic degree of doktor. PKA members are appointed by the minister responsible for higher education from among candidates proposed by the General Council for Science and Higher Education (Polish: Rada Główna Nauki i Szkolnictwa Wyzszego), senates of individual HEIs, Conference of Rectors of Academic Schools in Poland (Polish: Konferencja Rektorów Akademickich Szkół Polskich), Conference of Rectors of Non-University Higher Education Institutions in Poland (Polish: Konferencja Rektorów Zawodowych Szkół Polskich), Students' Parliament of the Republic of Poland (Polish: Parlament Studentów Rzeczypospolitej Polskiej), National Representation of Doctoral Students (Polish: Krajowa Reprezentacja Doktorantów), HEI senates, academic associations and employers' organizations. The Committee's term of office lasts four years. In order to ensure the continuity of the Committee's work, up to 50% of its members are appointed by the minister from among active members of the Committee in the current term of office, upon relevant recommendations from the Committee's Presidium. Committee members are academics with recognized academic and research achievements, also in the field of arts, who have experience in higher education institution organization and management. They are often former deans, deputy deans or managers who worked at higher education institutions. Committee members represent public and non-public higher education institutions. They are familiar with the operations of higher education institutions and some of them have experience in education quality assessment or worked in the capacity as the Committee's experts. The Committee includes eight sections working within individual academic areas. The Section for Medical, Health and Physical Culture Sciences composed of 11 members is competent for medicine.

More than 1200 experts, among them more than 1000 academic teachers (including 61 experts in the field of medical and health sciences), student experts appointed by the Students' Parliament of the Republic of Poland and representatives of employers, participate in the works of PKA. Moreover, foreign experts can participate in site visits at HEIs.

PKA experts must meet the requirements similar to that expected of PKA members. PKA concludes an agreement with each expert (also for the drawing of a report), which specifies their tasks related to education quality evaluation or to the formulation of opinions concerning the award to a HEI of an authorization to provide a degree programme.

The Polish Accreditation Committee attaches great importance to the selection of experts and considers it vital to the process of accreditation. Therefore, the qualifying procedures that are followed before experts are appointed (Annex No. 14) are diversified and composed of a number of stages to facilitate the fullest possible assessment of persons recruited as experts. For example, the assessment of qualifications of candidates recruited from among academic teachers is performed by Sections working within the relevant area of study and takes account of academic and teaching achievements, as well as experience in organizational issues relating to higher education, including previous accreditation-related activity within PKA or as an expert of a professional community accreditation committee (previously the Accreditation Committee for Polish University Medical Schools and currently the University Committee for the Quality of Medical Education is one such commission for medical programs). A list of candidates for experts is submitted to the Secretary of the Committee, and then to the President of the Polish Accreditation Committee who - on the strength of the Statutes - makes a final decision. This expert appointment procedure has proven to be very effective. Difficulties with the prompt submission of interim reports prepared by experts are the only problem which sometimes arises in the course of their work. Owing to the high requirements that experts are to meet, their observations contained in their reports are of a diagnostic, critical but also consultative and advisory nature.

PKA members and experts form a coherent panel of specialists with complementary competences facilitating the proper assessment of education quality. In the process of assessing education quality, experts prepare interim reports and the chair of the evaluation panel, who is always a member or ex-member of PKA and an expert, prepares the final report on this basis.

This division of competences makes the best use of the knowledge, skills and attitudes of all evaluation panel members. Effective communication within such panels is worth emphasizing. A good flow of information supports the implementation of tasks, and the rules of cooperation, which result from the methodology of the Committee develop constructive dialogue among all panel members. PKA experts and members attend training on current legislation, procedures, standards and evaluation criteria and participate in study visits, during which they observe the work of other European accreditation agencies, expand their knowledge and enhance their skills.

The Polish Accreditation Committee members define detailed criteria for education quality assessment, which are applied in the process of accreditation. From among those members, an assessment criteria working group composed of about 5 persons is appointed. The group prepares proposed criteria in line with the provisions of the Law on Higher Education, its implementing regulations and the Standards and guidelines for quality assurance in the European Higher Education Area (ESG). The proposed criteria are submitted for consultation to all PKA members and to the whole professional community. The criteria are finally adopted by all PKA members at a plenary session.

Analyst Remarks to Narrative

The country's Polish Accreditation Committee (PKA), appointed by the minister for higher education, is responsible for accrediting medical schools per the Law on Higher Education (Law). The PKA contains 90 Committee members, including the President of the Students' Parliament of the Republic of Poland, holding at least the academic degree of doctor. Other PKA members represent public and non-public higher education institutions and former experts of the PKA with diverse backgrounds and experience in research, educational quality, the arts, and organizational management. PKA members serve a term of four years with the section for medical, health and physical culture sciences composed of 11 members dedicated to medical evaluations.

The PKA utilizes experts during site visit evaluations comprised of academic teachers, students appointed by the Students' Parliament of the Republic of Poland and representatives of employers. In particular, 61 experts are academic teachers in the field of medical and health sciences in the pool of over 1200 experts. PKA members and experts work together to devise site visit reports specifying tasks related to education quality evaluation and /or discussions on formulating opinions about the degree program. Annex 14 describes the stages of review, qualifications, and the process of assessment and recruitment of expert's further demonstrating adherence to the guideline. The site visit evaluations then includes the PKA members and experts assessment of the institutions education quality; preparation of interim reports by the experts; and the chair of the evaluation panel preparing the final report for the site visit.

Training of PKA experts and members consists of the review of current legislation, procedures, standards and evaluation criteria. Additional training is obtained through participation of study visit reviews by members and experts to expand their knowledge, and enhance their skills while observing other European accreditation agencies. Finally, the PKA has an established 5 persons appointed working group responsible for defining detailed criteria for education quality assessment applied to the process of accreditation. The criteria proposed by the group consider the regulations of the Law along with standards and guidelines for quality assurance for the European Higher Education Area. The working groups proposed criteria is then presented for review and adoption at a plenary session with all PKA members.

Staff Conclusion:

Comprehensive Response Provided

Re-evaluation and Monitoring, Question 1

Country Narrative

The evaluation of education quality performed by HEIs in relation to all degree programs (including Medicine) is periodical and its frequency depends on the results of programme evaluations, which focus on the degree to which particular criteria are satisfied. When the evaluation procedure is completed, the Presidium of the Committee sets a date for another evaluation in a resolution on the programme evaluation. Should the highest rating be given - outstanding - (this rating is achieved by about 2% of HEIs undergoing evaluation), the next evaluation is performed in 8 years, and in the case of a positive rating (this rating is given to about 80% of HEIs under evaluation) - in 6 years. Further evaluations are performed in accordance with the procedure applicable to the first evaluation. They take all the criteria into consideration, but on such occasions the Committee also investigates how, in which scope and how effectively critical comments contained in site visit reports have been incorporated in the process of quality management and whether the changes that have been introduced are beneficial for education quality improvement.

Should a HEI be awarded a conditional rating, the next evaluation is performed in the following academic year. There is a separate procedure governing such evaluations (Annex No. 10). In such a case, site visits last one day and are performed by an evaluation panel composed of two experts. Such evaluations mainly relate to remedial actions taken to address the critical comments and shortcomings that are specified in the report from the previous site visit. The remaining part of the procedure is identical to the first evaluation of education quality.

The Statutes of the Polish Accreditation Committee permit shortening the period for which outstanding and positive ratings have been awarded, if there are reasons for performing an evaluation before it is due. Valid reasons include: a request of the minister responsible for higher education to perform another evaluation, complaint submitted to the Committee, or other circumstances justifying an earlier evaluation. In relation to programs in Medicine provided by HEIs, there have been no reasons to bring forward further evaluations.

In evaluating and monitoring education quality, the Polish Accreditation Committee cooperates with the University Committee for the Quality of Medical Education (see Part 3, Onsite Review, Question 2).

Analyst Remarks to Narrative

The country performs periodic education quality evaluations on the medical schools, which meets the requirements of the guideline. The frequency of the evaluations are determined by the results of previous program evaluations; and/or the date of subsequent reviews set by the Presidium of the PKA for additional evaluation pertaining to a resolution of a previous program evaluation. Outstanding program evaluation ratings are evaluated again after 8 years and other positive ratings receive 6 years, however, the statutes of the PKA (Annex 8) permit shortening the evaluation period for outstanding and positive rated programs if the minister responsible for higher education request another evaluation prior to the due date; the PKA receives a complaint about the program; or other circumstances justifying an earlier evaluation.

Programs with conditional ratings are evaluated the next academic year based upon specific procedures for reassessment (Annex 10). A one day site visit is conducted by an evaluation panel composed of two experts, who evaluate remedial actions taken to address the critical comments and shortcomings identified in the previous site visit report along with a re-evaluation of the education quality of the program. The country provided a self-evaluation and PKA site visit report for a long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Re-evaluation and Monitoring, Question 2

Country Narrative

In the course of programme evaluation, the Polish Accreditation Committee examines whether at a HEI or its units offering clinical training, procedures allowing students to make complaints and comments concerning the organization of work at these units, education methods and work of clinicians have been developed. This applies in particular to mobbing and various forms of discrimination and harassment.

In the course of site visits conducted by the Committee, members of evaluation panels, and a student expert in particular, examine closely the relations between HEI authorities, administration and teaching staff and students and representatives of student organizations. During face to face meetings with evaluation panels, students can present their opinions and critical comments, which are included in the site visit report, to which the rector needs to relate when responding to the report. During subsequent visits at individual HEIs, student experts note favorable changes, which indicate that their further participation in the works of evaluation panels will contribute to the consistent improvement of systemic solutions and practices in this area.

In evaluating and monitoring education quality, the Polish Accreditation Committee cooperates with the University Committee for the Quality of Medical Education (see Part 3, Onsite Review, Question 2).

Analyst Remarks to Narrative

The country attests that the Polish Accreditation Committee (PKA) is responsible for the evaluation of educational methods and student complaint procedures concerning the organization of work at the medical school or clinical training sites, which adheres to the guideline. PKA site visits which include members of evaluation panels, and a student expert, examine the relationships between the medical school authorities, administration, teaching staff, students and representatives of student organizations through face to face meetings. The findings of the PKA site visit report are presented and addressed by the rector and subsequent site visits, including follow up discussions with the aforementioned groups, provide status reports on changes and or improvements. The country provided a self-evaluation and PKA site visit report for one long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Substantive Change

Country Narrative

When adopting curricula and study programs, faculty boards are under obligation to respect all applicable legislation, including the regulation on the standards of education and the regulation on the provision of degree programs.

The standards of education specify applicable requirements relating to programs in Medicine, including programme duration, number of hours, graduates' qualifications, general and specific learning outcomes, types and number of hours of internships and the places in which they will be served, as well as the qualifications of staff providing courses, and other requirements relating to - for example - the percentage of clinical training in the total amount of hours or the number of hours spent on professional training, including clinical training. Out of the 5700 organized course hours that should form a medical programme, 5150 have been allocated learning outcomes, which have to be implemented by each organizational unit providing such programs. Therefore, 550 hours are left at the discretion of faculty boards. These hours may be used in accordance with the concept of education adopted by HEIs and spent on the implementation of learning outcomes suggested by faculty boards. Therefore, faculty boards may only change programs in relation to this group of courses, hence it is difficult to call those changes substantive. The introduction of such changes remains an exclusive competence of HEIs. External institutions do not have to be notified of them. However, any changes introduced in between accreditations are to be evaluated by the Polish Accreditation Committee during the next evaluation.

Analyst Remarks to Narrative

The country attests that changes introduced by the medical school in between accreditations are to be evaluated by the Polish Accreditation Committee (PKA) during the next evaluation which meets the requirement of the guideline. The Law on Higher

Education (Law) standards of education specifies particular aspects of the medical program including program duration, learning outcomes, types of internships qualifications of staff and students; and clinical training hours. Medical programs require 5700 organized hours for completion, per the Law, in which 550 hours are facilitated by faculty boards to implement learning outcomes through various concepts of education. Therefore, faculty boards may not make substantive changes to the program. The country provided a self-evaluation and PKA site visit report for a long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

Taking into account the Law on Higher Education and statutory regulations, the Polish Accreditation Committee has prepared a number of internal documents defining procedures, principles and criteria applicable to the evaluation of education quality in HEIs. To make the evaluation process objective and transparent, the Committee follows an expert appointment procedure, which provides that evaluations must be performed by persons with extensive specialist knowledge of the discipline of science corresponding to the programme undergoing evaluation. They may not have any organizational, legal or personal links, which might give rise to doubts as to the neutrality of their opinions and - consequently - undermine confidence in the operations of the Committee.

The Polish Accreditation Committee operates a code of ethics and has a section for ethics (Annex No. 11) The Code contains regulations obliging PKA members and experts, as well as employees of the PKA bureau to respect the principles of the rule of law, diligence, impartiality and autonomy, openness to dialogue and discretion, as well as to perform their duties in a diligent, conscientious and timely manner, in an impartial way, giving equal treatment to all individuals and entities under evaluation, not giving in to pressure and not displaying their personal attitude to individuals and entities. PKA members and experts may not undertake work or activities likely to be in conflict with their duties at PKA or likely to compromise the impartiality of their activities. They may not undertake activities giving rise to doubts as to their impartiality, in particular in relation to:

- 1) the higher education institution where they are or were employed, with which they are bound by obligations under civil law agreements, or other relationships likely to affect their duties, unless a period of at least 5 years has elapsed;
- 2) the higher education institution where a member of the immediate family or other close friends or relatives of PKA members or experts are or were employed, unless a period of at least 5 years has elapsed;
- 3) a higher education institution whose seat or branch campus is situated in the city, which is the place of operation of the higher education institution employing a PKA member or experts or the person described in point 2.

PKA members and experts may not accept payment or other financial gains linked to performing their functions from any higher education institution being evaluated. They may not establish informal contact with the institution or its employees in matters, which are or may be relevant to the performance of their duties relating to PKA tasks.

All members and experts are obliged to respect the above rules, which they confirm in appropriate declarations. Compliance with the above principles is supervised by the chairs of Sections working within an area of study who determine the composition of evaluation panels intended to perform the procedure, PKA Secretary who approves the composition of such panels, and by the Section for Ethics, to which members and experts are accountable for any breach of the provisions of the Code. The Section may reprimand an expert, request the President of the Committee to dismiss an expert or request the minister responsible for higher education to dismiss a PKA member.

Analyst Remarks to Narrative

The country's Polish Accreditation Committee (PKA) is responsible for the evaluation of accreditation for medical schools and has multiple internal documents defining the procedures, principles, criteria and code of ethics to be adhered by those involved in the program evaluation (Annexes 5-11) per the Law on Higher Education (Law) and statutory regulations. In particular, the PKA code of ethics regulations requires members, experts, and employees of the PKA bureau to be respectful, diligent, autonomous, discreet and open to dialogue while performing tasks timely, impartially, equally, and consistently during evaluations which demonstrates adherence to this guideline. The code of ethics further outlines that PKA members and experts may not accept payment or other financial gains linked to performing their functions from any higher education institution being evaluated; or have informal contact with the medical school while it's being evaluated by the PKA. Monitoring of compliance of these rules is done by the chairs of evaluation panels; the PKA secretary; and the section for ethics for the PKA. Breaches of these rules may result in the reprimand of an expert and/or dismissal of an expert by the President of the Committee or minister for higher education.

Staff Conclusion:

Comprehensive Response Provided

Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

As stated above, the Polish Accreditation Committee provides a single framework of practices applicable to the process of evaluating the quality of education offered by all programs under evaluation. Its established criteria, procedures, self-evaluation and site visit report templates, etc., are available on the website www.pka.edu.pl. All evaluation panels are obliged to use them. The consistent application of criteria is guaranteed for two reasons: evaluation panels are always chaired by a PKA member, and the chair prepares a site visit report. Moreover, before any decision is made, there is a multi-level procedure of evaluation that has to be followed. Issues relating to the interpretation of individual criteria in the context of each programme undergoing evaluation are extensively discussed at Section meetings taking place at least once a month. Moreover, at the PKA Presidium's sessions held twice a month, the Chairs of Sections present detailed reports relating to each evaluation of education quality performed. Following that, there is a discussion not only on awarding a rating to education provided in a particular organizational unit and as part of a particular programme, but also - quite frequently - on the detailed interpretation of the criteria applied, which helps their objective and universal application by all PKA Sections.

PKA experts and members participate in training not only for its cognitive values, but also to exchange views and share in-depth analyses. Therefore, such training contributes to the improvement of the Committee's work while implementing one of the elements of quality assurance management, namely the implementation of mechanisms for preventing conflict of interests in the work of PKA members and external experts. Moreover, no actions linked to the evaluation process are entrusted to other institutions.

The internal quality assurance mechanism ensures that the work of the Committee is of high quality and that its adopted standards are consistently applied. The mechanism involves regular opinion surveys on the work of the Committee (e.g. surveys administered to HEIs undergoing evaluation to seek their opinion on the evaluation panel). These opinions are used for the purposes of the consistent and incessant improvement of the current activity of the Committee.

The results of PKA work contained in annual reports are submitted to: HEIs, ministers responsible for higher education, Parliamentary Commission of Education, Science and Youth as well as to the Senate Commission of Science, Education and Sports. The reports are also posted on the website of the Polish Accreditation Committee.

Analyst Remarks to Narrative

The country demonstrates adherence to this guideline by way of the Polish Accreditation Committee (PKA) responsibilities for evaluating the quality of education offered at all medical schools per the Law on Higher Education (Law) and statutory regulations. The PKA applies consistent application of the established criteria, procedures, self-evaluations and site visit report templates to each evaluation. Decisions made by the PKA require multi-level review and reporting by the chairs of the evaluations, which are then extensively discussed with the PKA teams and the PKA Presidium twice a month. The PKA also discusses ratings and interpretations of the criteria evaluated during the monthly meetings prior to evaluation results being included in annual reports.

Training of the PKA members and experts is cognitive. The training contributes to the improvement of the PKA in regards to elements of quality assurance, allowing the exchange of views and analyses of the quality of education evaluations. Internal quality assurance of the PKA includes opinion surveys used for areas of improvement.

Staff Conclusion:

Comprehensive Response Provided

Accrediting/Approval Decisions, Question 1

Country Narrative

In Poland, programs in Medicine are regulated, which means that the concept of education and learning outcomes are identical in all HEIs.

Moreover, the Polish Accreditation Committee attaches great importance to procedures, considering them as a the guarantors of the quality of its work. It has developed the following procedures in the scope of education quality evaluation:

- 1) PKA programme evaluation procedure (Annex No. 12),
- 2) Follow-up programme evaluation procedure (Annex No. 10),
- 3) The appeal procedure (Annex No. 13) and
- 4) PKA expert appointment procedure (Annex No. 14),

Moreover, a template for self-evaluation report has been drawn (Annex No. 4) along with the procedure for staging a site visit (Annex No. 16) and a site visit report template (Annex No. 17).

The Statutes of the Committee defines also conditions for the award of specific ratings (Annex No. 15).

All the above mentioned documents and resolutions on evaluations and site visit reports are published on the Committee's website, so that HEIs, irrespective of the fact if they have undergone evaluation or not, know what is expected of them and what changes they should introduce to meet the requirements.

Analyst Remarks to Narrative

The country attests that the medical programs are regulated; and requires the concept of education and learning outcomes to be the same at all medical schools meeting the requirements of this guideline. The Polish Accreditation Committee (PKA) evaluates the

education quality of these concepts and provides medical schools with procedures for adhering to the PKA process with PKA program evaluation; follow-up program evaluations; appeals; and PKA expert procedures (Annexes 10 and 12-14).

The PKA also provides medical schools with self-evaluation and site visit report templates along with the procedures for staging a site. The statutes of the PKA, which defines the conditions for awarding particular ratings and the aforementioned documents, are available to medical schools via the web (Annex No. 15). The country provided a completed self-evaluation and PKA site visit report for a long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Accrediting/Approval Decisions, Question 2

Country Narrative

When evaluating the quality of education, the Committee pays attention to the implementation of those elements of the teaching process, which directly or indirectly build a graduates' qualification structure and influence learning outcomes. Using the criteria of evaluation provided by the learning outcomes verification system, the Committee verifies the knowledge, skills and attitudes that are components of the graduates' profile, as well as the existence of standardized requirements, which are to ensure that ratings are transparent and objective and which relate to examinations, credit-bearing activities, colloquiums, laboratory procedures. The Committee also verifies that they take into account the scope of knowledge and skills corresponding to a subject or a course mode, and whether or not the teaching methods applied guarantee the shaping of attitudes defined in the graduates' profile.

Analyst Remarks to Narrative

The country evaluates the quality of education of a medical program through the Polish Accreditation Committee (PKA) with particular emphasis on the implementation of teaching processes that build graduates' qualifications and influence learning outcomes to demonstrate adherence to the guideline. Knowledge, skills and attitudes along with examination requirements, credit-bearing activities, and laboratory procedures are then verified by various methods within the graduates' profile. The PKA then evaluates the verification methods to determine whether or not the methods assist in the development of the intended learning outcomes for the graduate.

Staff Conclusion:

Comprehensive Response Provided

Accrediting/Approval Decisions, Question 3

Country Narrative

Under the Law on Higher Education, the minister responsible for higher education monitors graduate careers on the basis of data obtained from the POL-on system and from the Social Insurance Institution. Aggregated monitoring results showing graduate careers after one, three and five years of the graduation date are posted on the website of the office providing service to the minister responsible for higher education.

Each HEI may perform its own monitoring of graduate careers.

When evaluating the effectiveness of a HEI as a provider of education to students, the Committee makes sure that there is a career office operating within the HEI to measure the satisfaction of graduates and their employers with the level of skills and scope of knowledge useful for job-related purposes, and with the attitudes and social skills acquired in the study period. It also verifies graduates' employability in the labor market.

Analyst Remarks to Narrative

The country demonstrates adherence with this guideline through the tracking of careers and performance of graduates within the POL-on system. Per the Law on Higher Education (Law), the minister for higher education monitors graduate careers on the basis of data obtained on the average time between graduation and date of employment; stability of employment; salary/income; and demographic features, which are monitored one, three and five years after graduation. Monitoring of graduates may also be conducted by the medical school. The Polish Accreditation Committee (PKA) also verifies the graduates' employability in the labor market and evaluates the satisfaction of graduates and their employers with the level of job-related knowledge and skills obtained from the program. The country provided a self-evaluation and PKA site visit report for a long cycle degree program (Annex 21 and 20) to demonstrate the review of this guideline.

Staff Conclusion:

Comprehensive Response Provided

Accrediting/Approval Decisions, Question 4

Country Narrative

The Physician Final Examination (LEK) held by the Medical Examinations Center is a national instrument measuring Medicine graduates' knowledge and skills. The examination is held in the form of a test. The Medical Examinations Center submits the results of LEK examinations to the minister responsible for health. There is no set number of graduates which can take LEK in a given year, however, taking into consideration medical programme admission limits that are set for individual HEIs by the minister responsible for health, it is possible to estimate the expected number of Medicine graduates in that year, which is also the potential number of LEK candidates. The successful completion of LEK is one of the requirements for awarding the license to practice as a doctor of medicine. LEK results are reflected in the ranking of medical higher education institutions providing programs in Medicine.

Analyst Remarks to Narrative

The country demonstrates adherence to this guideline with the use of the Physician Final Examination (LEK), which is a national instrument measuring medical graduates knowledge and skills. Administered through the Medical Examinations Center, LEK test results are submitted to the minister of health. The successful completion of the LEK and a post-graduate medicine internship along with meeting the standards of education learning outcomes within the medical program certified by the receipt of a diploma, allows graduates to receive a license to practice as a doctor within the country. Lastly, LEK results are also reflected in the ranking of medical higher education institutions.

Staff Conclusion:

Comprehensive Response Provided
