

Name: Hungary	Meeting Date: 09/25/2018	Response Submit Date: 08/20/2018	Status: Final Review	Type: Redetermination
-------------------------	------------------------------------	--	--------------------------------	---------------------------------

U.S. Department of Education

Redetermination

Prepared July 2018

Background

In March 1997, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) initially determined that the accreditation standards used by the Hungarian Accreditation Committee (HAC), the accrediting body that evaluates medical schools in Hungary, were comparable to those used to evaluate programs leading to the M.D. degree in the United States. The NCFMEA has continued to reaffirm Hungary's comparability since that time. The country's most recent redetermination of comparability took place at the Fall 2011 NCFMEA meeting. The country subsequently provided an interim report at the Fall 2013 NCFMEA meeting and an additional interim report at the Spring 2015 meeting. The 2015 report was accepted, and the country was then requested to submit a petition for redetermination at the Fall 2017 NCFMEA meeting. That petition is the subject of the current 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 further inquire whether the country plans to establish standards or policies that ensure medical school faculty define the objectives of its educational program and that the objectives serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the educational program. [Mission and Objectives, Question 2]-- The NCFMEA may wish to further inquire that the country provide as evidence the Hungarian Accreditation Committee's (HAC's) review of the voluntary activities now required in the NHEA for medical programs and evidence of the courses these activities will be replacing for review with this guideline. [Curriculum, Question 5]-- The NCFMEA may wish to further request additional information and/or explanation on the creation of standards related to medical school faculty in relation to this guideline. [Design, Implementation, and Evaluation, Question 1]-- The NCFMEA may wish to request as evidence the Governmental Decree 40 to review the animal safety requirements referenced in the original country narrative. [Facilities, Question 2]-- The NCFMEA may wish to further inquire whether the country has plans to incorporate standards related to the National Final Examination Board (NFEB) and the National Healthcare Services Center (NHSHC) data in the accreditation process. [Accrediting/Approval Decisions, Question 2]-- The NCFMEA may wish to further inquire whether the country has plans to incorporate standards related to the National Final Examination Board (NFEB) and the National Healthcare Services Center (NHSHC) data in the accreditation process. [Accrediting/Approval Decisions, Question 3]-- The NCFMEA may wish to further inquire whether the country has plans to incorporate standards related to the National Final Examination Board (NFEB) and the National Healthcare Services Center (NHSHC) data in the accreditation process. [Accrediting/Approval Decisions, Question 4]

Staff Analysis

Approval of Medical Schools, Question 1

Country Narrative

With first instance competence, Educational Authority has the authority and responsibility to license the medical schools (which, in Hungary, are medical faculties of universities), and their medical (as well as their other) programs. [Act CCIV of 2011 on National Higher Education (hereinafter: NHEA) Art.6 para (5) a); Art.78 para (5)]
During this procedure, Educational Authority requires the expertise of the Hungarian Accreditation Committee. [NHEA Art.71/B para (1) a)]
These rules are the same for public and private higher education institutions as well to be recognized by the Hungarian state; although in Hungary there are no private or for-profit medical schools.
These rules are the same for all Hungarian higher education institutions (no special rules for medical schools).
After the licensing procedure, a new medical school (as part of a higher education institution) may start to operate only after being accepted by the Hungarian Parliament as a higher education institution (hereinafter: HEI) recognized by the state (by way of amending the NHEA [NHEA Art.6 para (5) b)]).

Exhibit 1: Act CCIV of 2011 on National Higher Education

Analyst Remarks to Narrative

The country attests that an organization may be established and operate as a higher education institution if it is established for the performance of State recognized and authorized higher education tasks by the Hungarian National Assembly which includes the delivery of at least four programs. These programs include a) bachelor programs; b) bachelor and master programs; c) bachelor,

master and doctoral programs; and d) master and doctoral programs (exhibit 1). These rules are the same for all Hungarian higher education institutions which includes medical faculties of universities and their medical programs.

A higher education institution, which includes medical schools, may commence operation and licensure if the body maintaining the register of higher education institutions, entitled the Educational Authority, authorizes its operation and registration, which includes input from the Hungarian Accreditation Committee; and acceptance by the Hungarian Parliament with the Hungarian National Assembly's adopted decision on its recognition by the state as a higher education institution (exhibit 1). The aforementioned entities within the country approve or deny the operation of medical schools that offer educational programs leading to a medical degree.

Staff Conclusion:

Comprehensive Response Provided

Approval of Medical Schools, Question 2

Country Narrative

The review of the operating authorization of the higher education institution has to be done at least every five years by the Educational Authority (NHEA Art.8 para (2)). During this procedure, Educational Authority requires the expertise of the Hungarian Accreditation Committee. [NHEA Art.71/B (1) b)] In Hungary, it is the Hungarian Accreditation Committee (hereinafter: HAC), which is legally authorized and responsible to carry out the monitoring and periodically repeated accreditation of institutes of higher education also of medical schools. The HAC conducts its quality evaluation as an independent body on the basis of its independently developed standards and criteria, in accordance with and based on the Standards and Guidelines of the European Higher Education Area (Exhibit 2 ESG 2015) of an external European-level body, the European Association of Quality Assurance in Higher Education (ENQA)

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 2: ESG 2015

Analyst Remarks to Narrative

The country identifies the Hungarian Accreditation Committee (HAC) as the legally authorized and responsible entity to carry out the monitoring and repeated accreditation review of institutes of higher education including medical schools, which is overseen by the Minister (exhibit 1). Specifically, the HAC is an independent national expert body established for the purposes of the external evaluation of the quality of educational, academic, research and artistic activities performed in higher education and the internal quality assurance systems operated by higher education institutions, and the provision of expert services in the procedures related to higher education institutions (exhibit 1). The Educational Authority requires the review of higher education institutions at least every five years by the Hungarian Accreditation Committee.

The HAC conducts compliance reviews based upon the Standards and Guidelines of the European Higher Education Area (exhibit 2). Per the request of the educational authority, the HAC shall provide expert opinions in procedures for the authorization of the operation of higher education institutions; the review of the operating authorizations of higher education institutions; the launch of tertiary vocational, bachelor and master programs by higher education institutions; the establishment of doctoral schools; and the authorization of the operation of foreign higher education institutions in Hungary (exhibit 1).

Staff Conclusion:

Comprehensive Response Provided

Approval of Medical Schools, Question 3

Country Narrative

With first instance competence, Educational Authority has the authority to suspend or take away the right of a medical school to operate (to withdraw its operating authority). If during the review of the operating authorization of the higher education institution, that has to be done at least every five years by the Educational Authority (NHEA Art.8 para (2)), it becomes apparent that the conditions necessary for the performance of the HEI's tasks do not exist, it can withdraw the HEI's operating authorization and initiate the withdrawal of the state recognition of the HEI. [Government Decree No 87/2015 (IV. 9.) on the implementation of certain provisions of Act CCIV of 2011 on National Higher Education, Art.8 para (4) c)] Review of the operating authorization of medical schools. The operating authorization review procedure is started by the Educational Authority. During this procedure, Educational Authority evaluates the accidental changings of the fundamental conditions and/or the accreditation problems identified in the past years based on the expertise of the HAC. If the HAC withdrew the accreditation of the medical school earlier and it cannot be restored during this procedure, the Educational Authority deletes the medical school from the registration and from the new operating authorization of the client HEI. Against the first instance competence decision of Educational Authority an appeal may be submitted to the minister responsible for education having second instance competence. During this procedure, Educational Authority requires

the expertise of the Higher Education Accreditation Committee. [NHEA Art.71/B para (1) b)] An appeal may be submitted against the decision of the Educational Authority to the minister responsible for education, who has second instance competence. (NHEA Art.68 para(8))

Exhibit 1: Act CCIV of 2011 on National Higher Education

Analyst Remarks to Narrative

The country attests within their Act on National Higher Education that the Educational Authority has the authority to suspend or take away the right of a medical school to operate. Further, the Educational Authority may withdraw Higher Education Institute's (HEI) operating authorization and initiate the withdrawal of the state recognition of the HEI, if conditions necessary for the performance of the HEI's tasks do not exist during the review of the operating authorization (exhibit 1). The country cites Act CCIV of 2011 on National Higher Education, Art.8 para (4) c to support this attestation; however this reference was not found in exhibit 1.

Additionally, the country attests that the Educational Authority utilizes the Hungarian Accreditation Committee (HAC) findings as part of its evaluation procedures of the medical school. The Educational Authority removes the medical school from the registration and operating authorization if the HAC withdrew the accreditation of the medical school during its periodic review.

Staff Conclusion:

Additional information Requested

Country Response

It was not the National Higher Education Act (NHEA) , but 'Government Decree No 87/2015 (IV. 9.) on the implementation of certain provisions of Act CCIV of 2011 on National Higher Education' of which we have referenced Section 8 paragraph (4)c), and which refers to the right of the Educational Authority to withdraw the medical school's operating licence, and to initiate withdrawal of the state recognition (which requires a decision of the Legislature).

That is the reason why this paragraph could't be found in Exhibit 1 (NHEA).

We have attached the excerpt of the above mentioned Government Decree as an additional exhibit, Exhibit 101, which contains the above referenced part [section 8, paragraph (4)c)].

Exhibit 101 - Government Decree 87 of 2015 (excerpts)

Analyst Remarks to Response

In response to the draft, the country provided clarification and additional documentation relating to the Educational Authority. Specifically, the country clarified that the Educational Authority is responsible for suspending or taking away the right of a medical school to operate, which is defined in the Government Decree No 87/2015 (IV. 9.) (exhibit 101).

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

Staff Conclusion:

Comprehensive response provided

Accreditation of Medical Schools

Country Narrative

The regulatory inspections to examine the legality of the operation of the registered review of higher educational institutions (including medical schools) is carried out by the Educational Authority. [NHEA Art. 68 (1) a)] The review of the quality of education is carried out by the Hungarian Accreditation Committee [NHEA Art. 70 (1)] The HAC is the only national body in Hungary authorized to conduct quality evaluation and accreditation.

The Educational Authority is a central office controlled by the minister responsible for education. [Government Decree 121/2013 (IV. 26.) on the Educational Authority] The Hungarian Accreditation Committee is an independent body; the legality of its activities shall be overseen by the minister responsible for education. [NHEA Art. 71/A, para (1)]

Exhibit 1: Act CCIV of 2011 on National Higher Education

Analyst Remarks to Narrative

The country attests that the Educational Authority conducts regulatory inspections examining the legality of operations for registered higher educational institutions, including medical schools, at least every five years. In addition, the Hungarian Accreditation

Committee (HAC), which is the only national body in the country authorized to conduct quality evaluation and accreditation, reviews the quality of education at the medical schools (exhibit 1). The Minister responsible for education controls the Educational Authority and oversees the legal activities of the HAC (exhibit 3 found in Mission and Objectives, Question 2). Thus the HAC and the Educational Authority are the entities responsible for evaluating the quality of medical education and the legal operations for accrediting medical schools in the country.

Staff Conclusion:

Comprehensive Response Provided

Accreditation of Medical Schools, Question 2

Country Narrative

1. Establishment of higher education institutions

There are 4 phases of establishing a new medical school (in this sense it is the same as establishing any new higher education institution):

Phase 1: Registration of the new medical school

This procedure may be started by the founder of the future medical school by submitting an application to the Educational Authority for registration. During the procedure, Educational Authority checks the fulfillment of minimum requirements of establishing a new higher education institution. In case the requirements are met, the Educational Authority registers the new medical school as an entity which is not yet allowed to start to operate.

Phase 2: Program accreditation of the new medical school

This procedure may be started by the new medical school by submitting an application to Educational Authority for licensing the new program. During the procedure, Educational Authority requires ex ante program accreditation (quality assurance) expert opinion from the HAC. If the medical program can be accredited, Educational Authority registers it but the program may not yet launched.

Phase 3: Operation licensing of the new medical school

This procedure may be started by founder of the future medical school after getting registration for at least 4 different program at 2 different fields of study in phase 2. During the procedure Educational Authority checks the fulfillment of requirements of licensing the operation of the new HEI. During the procedure, Educational Authority requires an institutional accreditation (quality assurance) expert opinion from the HAC. If the ask of the founder meets the requirements, Educational Authority issues the operating authorization of the new medical school, though it cannot start to operate until getting the state recognition.

In phases 1-3 an appeal may be submitted against the decision of the Educational Authority to the minister responsible for education, who has second instance competence.

Phase 4: State recognition

After issuing the operating authorization Educational Authority starts the procedure of giving state recognition for the new medical school by the Hungarian Parliament by way of amending the NHEA. The new medical school may start to operate only after this amendment enters into force (i.e. the given HEI is included in the list of HEIs having state recognition).

The founding charter of the HEI shall contain the fields of study, disciplines and academic levels where the higher education institution delivers or may deliver programmes. According to Art. 6. para (3) of NHEA: „Taking into account the tasks defined in the founding charter, the conditions necessary for the performance of the tasks of a higher education institution shall be deemed to exist if the human resources, organizational conditions and physical and financial assets necessary for continuous operation are given and the required institutional documents are available”

2. Review of the operating authorization of medical schools

The operating authorization review procedure is started by the Educational Authority. During this procedure, Educational Authority evaluates the accidental changings of the fundamental conditions and/or the accreditation problems identified in the past years based on the expertise of the HAC. If the HAC withdrew the accreditation of the medical school earlier and it cannot be restored during this procedure, the Educational Authority deletes the medical school from the registration and from the new operating authorization of the client HEI. Against the first instance competence decision of Educational Authority an appeal may be submitted to the minister responsible for education having second instance competence.

Exhibit 1: Act CCIV of 2011 on National Higher Education

Analyst Remarks to Narrative

The country has identified phases that define the process/system for establishing, certifying, licensing, and accrediting medical schools prior to operation; however documentation of these systems have not been provided for review. These phases include 1) Registration of the new medical school which includes the submission and review of the medical schools application and fulfillment of requirements by the Educational Authority prior to operation; 2) Program accreditation of the new medical school, which consist of the submission and review of the medical schools application for licensure to the Educational Authority along with the HAC's review of

the schools quality assurance for accreditation prior to its launch; 3) Operation licensing of the new medical school, which includes the medical school's meeting the Educational Authority's requirements for submission and review of the medical schools registration, fulfillment of licensure that includes an institutional accreditation review, and meeting the requirements of operational authorization prior to state recognition; and 4) State recognition, which includes the Educational Authority procedures for state recognition for the new medical school by the Hungarian Parliament per the NHEA. The school may operate only after this recognition has been attained by meeting the Higher Education Institute requirements for academic, financial, and human resources, as well as the organizational and physical conditions.

The review of the operating authorization of existing medical schools and closures of these medical schools are the responsibility of the Educational Authority in consultation with the Hungarian Accreditation Committee (HAC). Specifically, the country attests that the Educational Authority has the authority to suspend or take away the right of a medical school to operate; or withdraw Higher Education Institute's (HEI) operating authorization and initiate the withdrawal of the state recognition of the HEI, if conditions necessary for the performance of the HEI's tasks do not exist during the review of the operating authorization. The Hungarian Accreditation Committee (HAC) findings are utilized as part of the Educational Authority's evaluation procedures of the medical school. In particular, the Educational Authority removes the medical school from the country's registration and operating authorization if the HAC withdrew the accreditation of the medical school during its periodic review.

Staff Conclusion:

Additional information Requested

Country Response

We attach an excerpt of the 'Government Decree No 87/2015 (IV. 9.) on the implementation of certain provisions of Act CCIV of 2011 on National Higher Education' as documentation describing the processes mentioned in the narrative.

Articles 1-2. describe the "1) Registration of a would-be-new medical school", Article 18 describes "" 2) Program accreditation of the new medical school", Article 3 describes "3) Operation licensing of the new medical school", Article 3. Paragraph (6), and NHEA [original Exhibit 1] "4) State recognition".

As no new medical school has been established in the last 50 years, i.e. under current rules, we cannot provide "document evidence" of these processes in relation to medical schools.

Exhibit 101 - Government Decree 87 of 2015 (excerpts)

Analyst Remarks to Response

In response to the draft, the country provided clarification and additional documentation relating to the processes described in the country narrative for establishing, certifying, licensing, and accrediting medical schools. Specifically, the country provided the Government Decree No 87/2015 (IV. 9.) as evidence, which reinforces the Articles provided in the National Higher Education Act that define the aforementioned processes (exhibit 101). The country further attests that no new medical schools have been established in the last 50 years, thus evidence of this process is not available.

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

Staff Conclusion:

Comprehensive response provided

Mission and Objectives, Question 1

Country Narrative

HAC's accreditation is based on the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015). The ESG Standard 1.2. (and the Guidelines) state clearly that, „The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. [...] Study programmes are at the core of the higher education institutions' teaching mission. Programmes [should be] designed with overall programme objectives that are in line with the institutional strategy and have explicit intended learning outcomes;”. (Exhibit 2, page 11)

Government Degree 139/2015 also mandates in Section 6.1.d. (Exhibit 3) that the preliminary document justifying the establishment of any program must include the societal reasons for its establishment, which is evaluated by the relevant authority.

Universities have regulation concerning their mission in their Rules of Organization and Operation (ROO), as shown in Exhibit 26. HAC regularly evaluates this aspect, as shown in Exhibit 27 (page 11 in original) and Exhibit 28 (page 2 in original)

The mission of Medical Faculties in Hungary (Faculty of Medicine, Semmelweis University, Budapest; Faculty of Medicine, University of Debrecen, Debrecen; Faculty of Medicine, University of Szeged, Szeged; Faculty of Medicine, University of Pécs, Pécs) is to act as

centers of medical sciences and they are committed to the prevention of disease and restoration of health not only in their regions but in the entire country.

In the past two decades both medical science and health care have entered a new era: the medical science of the 21st century. Molecular medicine is opening up and new possibilities are available for the diagnosis, prevention, prediction and treatment of diseases. All curricula wish to meet the challenges of modern times, but they also embody traditional basic values. They are comprehensive; they take into consideration the whole human personality (body and soul) in its natural and social surroundings; and they are based upon the best European humanistic traditions. Moreover, all curricula prepare students for co-operation and teamwork.

With respect to education, both students and educators are inspired to acquire high levels of professionalism, precision, and problem-solving skills, upon which the foundations of specialist training and independent medical practice can be built. This approach enables the assimilation of new scientific developments, facilitating further education and the continuous expansion of knowledge. The interplay of these factors ensures the ability to understand and handle the changing demands of health care.

With respect to research, faculty members continuously acquire, internalize and subsume new knowledge, especially concerning the genesis, possible prevention and treatment of diseases. Moreover, new information aimed at improving, preserving and restoring the health of the society is also absorbed.

Exhibit 3: Excerpt of Government Decree No 139 of 2015

Exhibit 26: Excerpt No. 1. of Rules of Organization and Operation of the University of Debrecen (ROO of UD)

Exhibit 27: Institutional Accreditation Report, 2017, University of Debrecen (excerpt)

Exhibit 28: Institutional Self-evaluation, 2014/5, Semmelweis University (excerpt)

Analyst Remarks to Narrative

The country attests that the Hungarian Accreditation Committee (HAC) is the entity responsible for evaluating the quality of medical education. The HAC utilizes the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) to assess the educational mission of the school and ensure that it serves the public interest. In particular, ESG Standards and Guidelines 1.2 requires medical schools to have processes for the design and approval of their programs; set program objectives that include learning outcomes; specified qualifications and results for the European Higher and Education Area; and study programs that are at the core of the higher education institutions' teaching mission (exhibit 2 found in Approval of Medical Schools, Question 2).

Additionally, the country provides the Government Degree which requires programs to include the societal reasons for its establishment; the University of Debrecen Rules of Organization and Operation (ROO), which includes the schools regulation concerning their mission; the University of Debrecen accreditation report demonstrating the HAC's findings on the University's learning and assessment measures; and an excerpt from the Semmelweis University self-evaluation, which identifies the schools mission (exhibit 3, found in Mission and Objectives, Question 2; and exhibits 26-28). However, the full reports have not been provided for analysis.

Further, the country attests that the mission of medical faculties in Hungary is to act as centers of medical sciences working to prevent diseases while restoring health not only in their regions but in the entire country. The country also provides insight into the new possibilities available for the diagnosis, prevention, prediction and treatment of diseases through the curricula choices, which prepares students for co-operation and teamwork; the approach to education, which assembles new scientific developments to address the changing demands of health care for both students and educators; and inspire research methods that allow faculty members to acquire new knowledge for improving, preserving and restoring the health of the society.

Staff Conclusion:

Additional information Requested

Country Response

We provide an additional excerpt of the self-evaluation of the University of Debrecen, as requested. (page 4 in the original)

Exhibit 102 - Institutional Self-evaluation, 2017, University of Debrecen (excerpt No. 2.)

Analyst Remarks to Response

In response to the draft, the country provided additional documentation relating to the University of Debrecen medical school mission and objectives. Specifically, the country included the University of Debrecen self-evaluation excerpt on the mission and objectives that coincided with the accreditation evaluation report and the Rules of Organization and Operation provided in the original narrative as evidence (exhibit 102).

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

Staff Conclusion:

Comprehensive response provided

Mission and Objectives, Question 2**Country Narrative**

The Hungarian state ensures the full legal environment for purposes mentioned in the question above.

The most important elements of that environment are

- Act CCIV of 2011 on National Higher Education,
- Government Decree No 139/2015 of 9 June 2015 on the register of higher education qualifications and the inclusion of new qualifications in the register,
- Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements of tertiary vocational, bachelor and master programmes,

According to art. 15 (1) of NHEA: „(1) Higher education institutions shall deliver programmes on the basis of an educational programme. As part of their educational programmes, higher education institutions shall develop the curricula for bachelor, master and tertiary vocational programmes in accordance with the programme and outcome requirements issued by the minister, and freely for postgraduate specialization programmes. Curricula shall be revised every five years. New and amended study and examination requirements shall be phased in progressively.”

Government Decree No 139/2015 enumerates all the programmes that are established, and thus can be delivered by HEIs.

Annex 1 to the Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements of tertiary vocational, bachelor and master programmes defines the general descriptive characteristics and competences related to the degrees obtainable in higher education, by levels of education within higher education, that each and every graduate must possess as a precondition of obtaining the relevant degree. These competencies are formulated as knowledge, skills, attitude, and autonomy and responsibility competencies.

According to art.3 (2) of the above Decree: „The programme and outcome requirements laid down in this decree shall apply to all bachelor, master and tertiary vocational programmes, whether such programmes are delivered as full-time, part-time or distance education programmes.”

The Decree No 18/2016 of the Minister of Human Capacities also defines competencies for graduates, specific to each of the degree programmes existing in Hungary (as knowledge, skills, attitude, and autonomy and responsibility competencies); the competencies for medical programme is attached as an Exhibit. It is worth of note that participation of faculty representatives is even ensured during these Law-making processes: Actual content of these regulatory documents is only amended by the Law-makers on common recommendations of the 4 Deans of the Medical Schools.

In line with the above, current content of the regulations (the Annex 4 Section VIII. Subsection 53 of Decree No 18/2016 specifying the programme requirements of the programmes in general medicine has been accepted according to the recommendation of the body of the 4 deans.

HEIs shall formulate their curricula in accordance with these programme and outcome requirements; and the curriculum set up by the institutions has to fulfill these requirements.

As described in further answers, the faculty has traditionally the leading role in developing every aspect of the curriculum, through e.g., forming a huge majority of the membership of all advisory and decision-making bodies involved in curriculum- and educational programme-related decisions. This traditional feature of the Hungarian medical higher education system is well known nation-wide, and that might be one reason, while the faculty's role is not emphasized in HAC standards or during HAC reviews. Of course, any deviance from this would be noted extensively in HAC reports.

Samples dealing with the question can be found in Exhibit 27 (page 11 in original), Ex. 28 (page 35 in original), Ex. 29 (page 47 in original) and Ex. 30 (pages 19 and 25 in original)

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 3: Government Decree No 139 of 2015

Exhibit 4: MHC Decree No 18 of 2016

Exhibit 27: Institutional Accreditation Report, 2017, University of Debrecen (excerpt)

Exhibit 28: Institutional Self-evaluation, 2014/5, Semmelweis University (excerpt)

Exhibit 29: Self-evaluation of the General Medicine Programme, 2013, University of Debrecen (excerpt)

Exhibit 30: Self-evaluation of the General Medicine Programme, 2013, University of Pécs (excerpt)

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education (NHEA); the Government Decree on the register of higher education qualifications; and the Decree of the Minister of Human Capacities (MHC) on the program and outcome requirements of tertiary vocational, bachelor and master programs establish the requirements governing higher education institutions, which include medical schools (exhibits 1,3 and 4). Specifically, the NEHA requires the delivery of educational programs to be revised every five years and include the development of curricula in accordance with the program and outcome requirements issued by the Minister, to which faculty has the leading role in developing every aspect of the curriculum. The MHC further defines competencies for graduates, specific to each of the degree programs existing in Hungary, which includes the competencies for medical programs, and require faculty representatives to participate in the Law-making processes for these competencies for the medical schools. Further, faculty are the lead in developing every aspect of curriculum through established advisory and decision-making bodies.

The country provided self-evaluation excerpts demonstrating the medical schools review of the faculty involvement in the educational programs and curricula development (exhibits 28-30); however the Hungarian Accreditation Committee's (HAC) report excerpt does not demonstrate the evaluation of the faculty involvement in curricula development or provide standards requiring this review (exhibit 27).

Staff Conclusion:

Additional information Requested

Country Response

We would like to add, that the role of the Curriculum Committee (in the translation: Curriculum Board) is, in addition to the Exhibits referenced in the original submission, also mentioned in the accreditation report of HAC originally submitted as Exhibit 34: p. 17 in the original, with regards to the University of Pécs, and on p. 22 (although not mentioning by name), with regards to the Semmelweis University.

As mentioned in the original submission, the composition of the committees and the faculty's exact role in affairs relating to programme objectives and to curricular affairs is not detailed in the reports, as faculty's (almost exclusive) role in these committees, and in these processes is self-evident in Hungary, so the need for detailing these, if having found to be adequate, was previously not felt by the Hungarian Accreditation Committee.

However, as noted previously, any shortcomings in this area, e.g. if there would be a system deviating from these traditional faculty committees, or e.g. these committees would be made up of administrative personnel instead of faculty members, would be noted in the accreditation report and would constitute an impediment for positive accrediting decision.

Analyst Remarks to Response

In response to the draft, the country provided additional clarification on the Curriculum Board's role with the medical school's referenced in the Hungarian Accreditation Committee's (HAC) reports provided in the original submission. Specifically, the country identified the medical schools reviewed in the HAC report excerpts provided as evidence, which are the Universities of Pécs and Semmelweis.

The country also reiterated that the composition of the committees and the faculty's exact role is not detailed in the HAC reports and attests that the faculty role is self-evident, which is the reason their role is not defined in the HAC evaluation reports. The country further attests that shortcomings or deviations from the traditional faculty committees at the medical school would be noted in HAC reports.

Staff Conclusion:

Additional Information requested

Mission and Objectives, Question 3

Country Narrative

The NHEA defines the contents of the educational programme (NHEA Section 108.18) and also mandates, that it is the sole right of the Higher Education Institution's Senate to accept it (NHEA Section 12 (3) e) ea), of course in accordance with the requirements of the Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements of tertiary vocational, bachelor and master programmes). However, it is a traditional element in the Hungarian Higher Education System, that the Senate exercises this right only on recommendation of the Faculty Council, which is the governing body of the respective faculty (in this case, Medical Faculty and its faculty council). Motions to change the curriculum, before coming before the Faculty Council, have to go through the advisory committee responsible for preparing and proposing decisions on the curriculum, under the

name of Curriculum Committee, Educational Committee, or similar.

As also referenced below, the faculty members hold a big majority of seats in these advisory and decision-making bodies (other members being student representatives (10-25 per cent) and, in some Universities, 1 representative of the Workers' Union). As mentioned, this traditional feature of the Hungarian medical higher education system is well known nation-wide, and that might be one reason, while the faculty's role is not emphasized in HAC standards (or neither in the respective ESG Standard, ESG 1.2.) nor during HAC reviews. Of course, any deviance from this practice would be noted extensively in HAC reports.

Samples are provided in Exhibits 31 (page 25 in original) and 32 (page 8 in original).

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt)

Analyst Remarks to Narrative

The country's Act on National Higher Education (NHEA) identifies the requirements of the educational programs within higher education institutions, which includes medical schools (exhibit 1). Specifically, the NHEA mandates the Higher Education Institution's (HEI's) Senate to define the HEI's educational and research tasks of the educational program in accordance to the Minister of Human Capacities program requirements and recommendations from the Faculty Council, which is the governing body of the respective faculty for medical schools. Curriculum changes are also presented to the Faculty Council by the medical schools advisory committee, comprised of medical school faculty, students and union representatives, for review and Senate adoption.

The country provided self-evaluation excerpts demonstrating the medical schools review of the faculty involvement in the educational programs and curricula development (exhibits 31-32).

Staff Conclusion:

Comprehensive Response Provided

Mission and Objectives, Question 4

Country Narrative

The aforementioned ESG standard 1.2. require institutions to design programs so that they meet the objectives set for them, including intended learning outcomes.

The MHC Decree No 18 of 2016 which states the general requirements for all programmes also does this in outcomes-based terms. (Annex 4, Section 7.1.)

When designing the contents of each subject, each University also states the desired outcomes of the subject itself, so the general requirements of the above MHC Decree are broken down to subject-level.

HAC evaluates compliance with these, during its programme reviews. Samples are found in Exhibits 29, 30, 33, 34.

Exhibit 2: ESG 2015

Exhibit 4: MHC Decree No 18 of 2016

Exhibit 29: Self-evaluation of the General Medicine Programme, 2013, University of Debrecen (excerpt) (pages 34-35, 33-35 in original)

Exhibit 30: Self-evaluation of the General Medicine Programme, 2013, University of Pécs (excerpt) (pages 20-21, 38 in original)

Exhibit 33: Self-evaluation of the General Medicine Programme, 2013, University of Szeged (excerpt) (page 45-46, page 50 in original)

Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (page 9 in original)

Analyst Remarks to Narrative

The country attests that the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) are utilized by the Hungarian Accreditation Committee (HAC) to ensure the objectives of the educational program are stated in outcomes-based terms allowing assessment of student progress in developing competencies to serve public interests. In particular, ESG Standards and Guidelines 1.2 requires medical schools to have processes for the design and approval of their programs; set program objectives that include learning outcomes; specified qualifications and results for the European Higher and Education Area; and study programs that are at the core of the higher education institutions' teaching mission (exhibit 2). The country's decree of the Minister of Human Capacities further requires the assessment of teacher training and outcome requirements of teacher training programs (exhibit 4).

The country provided self-evaluation excerpts for the General Medicine programs from three medical schools and an HAC accreditation report demonstrating the areas of review the HAC evaluates for compliance during program evaluations (exhibits 29-30, and 33-34).

Staff Conclusion:

Comprehensive Response Provided

Mission and Objectives, Question 5**Country Narrative**

The country's requirements related to the question are contained in the Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements (Hungarian: KKK, English: POR) of tertiary vocational, bachelor and master programmes which contains the programme and outcome requirements of all university level programmes in the country.

Annex 4 Section VIII. Subsection 53. specifies the PORs of the programmes in general medicine. Point 7 states that:

„The objective of the Master of Science program in general medicine is to train Doctors of General Medicine who, in the possession of the required knowledge, professional skills and abilities, and with a physician's perspective, attitude, sense of duty and behavior according to rules of professional conduct, can provide healthcare (under supervision). During their studies and at work these young physicians respect the patients' needs, human dignity and rights, and make decisions and act accordingly. They obtain the required knowledge and possess skills to be able to take part in the first and then, an additional specialist training program. Having passed the specialist exam, they can work independently in their chosen area of medicine. They are prepared for continuing their studies in the medical training program (PhD program).”

The more detailed required learning outcomes are specified in Point 7.1. (Exhibit 4)

All HEIs shall formulate their curricula in accordance with these programme and outcome requirements. HAC evaluates the compliance of the curricula with these PORs during its accreditation processes. See Exhibit 40 [HAC PARALLEL PROGRAM ACCREDITATION PROCEDURE AND EVALUATION CRITERIA] (PORs are referred to in HAC Documents as KKK, according to its Hungarian abbreviation.)

Samples demonstrating the above from the Report of the General Medicine programmes annexed to the Resolution of HAC No. 2014/10/XII/1, Exhibit 34 (pages 9, 14, 23 in original)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt) (page 3 in original)

Exhibit 33: Self-evaluation of the General Medicine Programme, 2013, University of Szeged (excerpt) (pages 2-6 in original)

Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt)

Exhibit 40: HAC PARALLEL PROGRAM ACCREDITATION PROCEDURE AND EVALUATION CRITERIA

Analyst Remarks to Narrative

The country attests that preparation of graduates for licensure and the delivery of competent medical care are outlined in the Minister of Human Capacities (MHC) decree objective and learning outcome requirements for medical programs. Specifically, the MHC identifies and requires curricula to coincide with the program and outcome requirements for general medicine, which emphasizes physician's knowledge; professional skills and abilities; and attitude according to the rules of professional conduct (exhibit 4). Once these competencies are attained, an additional specialist training program and exam for physicians, within their chosen area of medicine, is provided for continued training toward the PhD program.

The medical programs are then evaluated for compliance of the curricula and general medicine requirements by the Hungarian Accreditation Committee (HAC). The country provided general medicine Universities self-evaluation excerpts, an accreditation report excerpt and the accreditation procedure and evaluation criteria for these programs as evidence to demonstrate adherence to this guideline (exhibits 32-34 and 40 found in Chief Academic Official, Question 1). Also, the country refers to the Hungarian: KKK, and the English: POR in the narrative; however these acronyms meaning and purpose are not defined in the documents provided for analysis.

Staff Conclusion:

Additional information Requested

Country Response

The English abbreviation POR stands for Programme and Outcome Requirements. The Hungarian abbreviation KKK comes from the Hungarian phrase for the same, "Képzési és Kimeneti Követelmények". The Hungarian abbreviation was included in the narrative, as some translations of HAC documents didn't translate the abbreviation, so it was used in the translation of these documents sometimes in its original, Hungarian form.

The Programme and Outcome Requirements is the collective name used for all the requirements for a specific programme set out in 'Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements of tertiary vocational, bachelor and master programmes' (Exhibit 4 of the original submission). So in Hungarian usage, POR of the General Medicine Programme, or KKK of the General Medicine Programme means all the requirements set out in the above mentioned MHC

Decree.

Analyst Remarks to Response

In response to the draft, the country defined the English version of the POR and its role as the Program and Outcome Requirements for the medical school. The KKK is the Hungarian translation of the POR. Specifically, the POR's are all of the requirements set out in the Minister of Human Capacities (MHC) Decree for medical programs.

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

Staff Conclusion:

Comprehensive response provided

Governance, Question 1

Country Narrative

A new medical program licensing procedure may be started by the higher education institution by submitting an application to the Educational Authority for licensing the new medical program. During the procedure, Educational Authority requires an ex ante accreditation (quality assurance) expertise from the Higher Education Accreditation Committee. In case of master's and PhD programmes, the decision of Educational Authority may not differ from the decision of Higher Education Accreditation Committee in the question of accreditation (quality). [Medical program in Hungary is a single-cycle long program, leading directly to a master's degree – in this case M.D.] If the medical program can be licensed, Educational Authority registers it and issues a new operating authorization for the client medical school. If Educational Authority rejects to license the new medical programme, the client medical school may submit an appeal to the minister. The minister's decision may be different from the expertise of the Hungarian Accreditation Committee.

Launching requirements for Master s program as laid down in Annex 5 to Government Decree 87/2015 (9 April) on the implementation of certain provisions of Act CCIV of 2011 on national higher education:

- a) the curriculum developed by the institution meets the programme and outcome requirements;
- b) the curriculum developed by the institution ensures that students acquire all outcome competencies and presents the institution's means and methodology for learning support;
- c) the person in charge of the programme is the institution's full-time lecturer with a PhD and with recognized professional references (project management, research results, etc.) in the professional field he teaches;
- d) the person in charge of the programme is responsible for one master's programme at a time;
- e) persons in charge at the institution for the courses in core subjects hold a PhD degree and at least two-third of them are employed by the institution in first place;
- f) at least 80% of the institution's lecturers in charge for the specialist courses have certified professional experience;
- g) the institution's lecturers responsible for the core courses are responsible for no more than three courses each, required at multiple programs where applicable, at the institution;
- h) at last 75% of the persons responsible for the core courses at the institution are the institution's lecturers;
- i) at last 50% of the leaders of practical sessions (exclusive of sessions held off-premises, especially field and professional practices) are the institution's lecturers;
- j) the educational tools required for the course and the conditions for practical training are provided;
- k) the stock and services of the institution's library grant all students access to the books and other literature in the list of set readings for each course, as well as to the major periodicals of the given discipline;
- l) research themes at the institution prepare students to PhD studies;
- m) there is a period eligible for student's international mobility (mobility window) built in the curriculum for terms/years abroad [Hungarian higher education institutions shall meet this requirement only for bachelor's and master's programs offered from academic year 2019/2020].

Analyst Remarks to Narrative

The country requires new medical programs legal authorization through the following steps: 1) submission of an application to the Educational Authority to register and license their program; 2) program accreditation of the new medical program, which consist of the Educational Authority requirement of the Hungarian Accreditation Committee's (HAC's) review of the schools quality assurance for accreditation prior to its launch of the program, which includes consensus of the HAC and the Educational Authority's findings on accreditation; and 3) the granting of operating authorization and registration by the Educational Authority if the aforementioned requirements are met; however, if the requirements are not met the medical program may appeal the decision with the Minister.

The launch of the medical school is then conducted once the medical program's implementation of provisions and requirements for the Master s program within the Act on National Higher Education and the Government Decree are met. Evidence supporting the referenced documents may be found in exhibits 1 and 3 within the Mission and Objectives Questions of the petition.

Staff Conclusion:

Comprehensive Response Provided

Governance, Question 2**Country Narrative**

Entity: Hungarian Accreditation Committee

Tasks: Independent body. It gives professional opinion (professional standards) relating the programmes / institutions on the request of the Educational Authority.

Reports to: the Hungarian Government

Entity: Educational Authority

Tasks: It is responsible to examine the minimum allowable standards. Registration center operates in it.

Reports to: Ministry of Human Capacities (as the ministry responsible for education)

Entity: Ministry of Human Capacities (as the ministry responsible for education, and for health)

Tasks: Central budgetary organization; finances and controls public institutions.

Reports to: Hungarian Government, National Assembly of Hungary

Entity: State Audit Office of Hungary

Tasks: Independent body; examines the handling of public funds.

Reports to: National Assembly of Hungary

Entity: National Health Insurance Fund

Tasks: Central Governmental Body, it handles the Hungarian Health Insurance Fund; it examines the management of the clinics.

Reports to: Hungarian Government

Analyst Remarks to Narrative

The country attests that the following entities oversee medical programs administration: the Hungarian Accreditation Committee, an independent body that reviews the quality of education against the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG); the Educational Authority, which registers and reviews licensure of the medical school; Ministry of Human Capacities, which is responsible for education, health and the medical schools budget and finances; the State Audit Office of Hungary, an independent body that examines public funds; and the National Health Insurance Fund, which examines the management of the clinics. The aforementioned entities report to the Hungarian Government and the National Assembly of Hungary demonstrating authorities external and independent of the medical school hold the medical schools accountable. Evidence supporting the referenced entities may be found in exhibits 1 and 4 within the Mission and Objectives Questions of the petition.

Staff Conclusion:

Comprehensive Response Provided

Administrative Personnel and Authority, Question 1**Country Narrative**

The governing body of the higher education institution is the senate. The senate shall be chaired by the rector.

The rights of the higher education institution laid down in the Fundamental Law shall be vested in the senate. The senate's powers are detailed in Section 12 of the NHEA, and include defining the higher education institution's educational and research tasks and monitor their implementation, adopting the higher education institution's educational programme, budget, the ranking of applications for lecturer, professor and executive officer positions, the granting of titles and awards

At public higher education institutions, the members of the senate, except the rector and the chancellor, shall obtain their mandates through a democratic election procedure. All matters related to the work of the senate shall be regulated by the higher education institution's rules for organization and operation. [See Section 12 of the NHEA]

The higher education institution shall be headed and represented by the rector, who shall have competence to act and take decisions in respect of all matters that do not fall under the competence of any other person or body pursuant to a law, the rules for organization and operation, or the collective bargaining agreement. At public higher education institutions, the rector shall be responsible for ensuring that the core activities of the higher education institution are performed properly, exercising in that context the rights of the employer over those employed as lecturers, professors, research fellows and teachers, as well as the rights of the contracting party in relation to the non-employee engagement contracts. The rector shall be entitled to determine, with the consent

of the chancellor, the salaries of those employed as lecturers, professors, research fellows and teachers and the payments due under non-employee engagement contracts and other legal relationships.

The chief financial officer or, at public higher education institutions, the chancellor shall be responsible for the preparation of management measures and proposals.

The rector

a) shall be responsible for

aa) maintaining domestic and international relations and cooperation in the field of education and research,

ab) ensuring the compliance of the institution's educational programme with the applicable legal provisions,

ac) adopting the measures necessary for the amendment of the operating authorization of the higher education institution, the launch of programmes, the registration of the doctoral school and the higher education admission procedure, as defined by law;

b) shall exercise, with the limitation set out in Article 14 (3a), the maintainer's rights over the public education institution maintained by the higher education institution;

c) shall keep contact with representative organizations, the students' union and the doctoral students' union regarding matters falling under the competence of the rector;

d) shall coordinate cooperation between the higher education institution and other higher education institutions as well as national higher education organizations and bodies in the field of education and research;

e) may initiate internal audits to be ordered by the chancellor.

[See Articles 13 (1) to (2), (4) and (7) of the NHEA]

At public higher education institutions, the chancellor shall be responsible for ensuring the operation of the institution.

The chancellor

a) shall be in charge of the economic, financial, controlling, internal audit, accounting, labour, legal, administrative, IT and asset management activities of the higher education institution, including technical, facility utilization, operational, logistical, service provision, procurement and public procurement matters, and shall manage operation in this field,

b) shall be responsible for the preparation of the necessary measures and proposals relating to management and the fields specified in point a), exercising in that context the right of consent, in matters not falling under the competence of the consistorium, to decisions and measures having economic consequences for the management, organisation and operation of the institution, taken by those defined in Article 12(1) and Article 13(1); which decisions shall apply and take effect subject to the consent of the chancellor,

c) shall ensure, using the resources available to the higher education institution, the conditions for managing the higher education institution in a manner that ensures the performance of core tasks,

d) shall exercise the owner's rights in respect of companies and business organisations operating with participation from the higher education institution,

e) shall exercise the employer's rights over the employees of the higher education institution, except for those referred to in Article 13(2), and ensure that the financial and professional competences required by law are available,

f) shall ensure the performance of the tasks of the chief financial officer, shall appoint and dismiss the chief financial officer,

g) shall be obliged to cooperate with and provide information to the rector during the performance of his or her duties.

Public higher education institutions shall have a consistorium for the purpose of giving guidance to strategic decision making, as well as providing professional support and oversight of management activities. The consistorium shall have five members, of whom three shall be delegated by the Minister.

[See Articles 13 /A (1) to (2) and 13/B (1) to (2) of the NHEA]

The Faculties (or Schools) are headed by the deans, who are elected by the Faculty Councils.

Universities delivering programmes in medicine and health science (referred to as 'medical higher education institution' in the NHEA) operate a Clinical Centre, made up by the clinical departments of the medical schools, and have the possibility to maintain separate university hospitals. (Currently only the University of Debrecen has a separate university hospital as well.)

These health-care providers have separate treasury accounts, and separate book-keeping, regarding their publicly-funded health services. The Clinical Centre is led by the President, the University Hospital by the Director General, both are appointed by the Rector on the election by the Senate, with the consent of the minister responsible for health. The head of the health-care provider is responsible for the organization of health services autonomously. In respect of these tasks, the head of the health-care provider exercises the employer's rights over its staff.

The Rector and the Chancellor exercise the maintainer's rights in respect to these health-care providers. (See NHEA Sections 97 to 99).

The HAC regularly examines, how the health-care providers take part in teaching during the programme and institutional accreditation processes.

This is shown in the Exhibits 32 (pages 2, 12 in original), 34 (page 14 in original) and 35 (page 2 in original), which also show the progress in this last area:

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt) Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt)

Exhibit 35: HAC Resolution, monitoring process, University of Debrecen Programme in General Medicine

Analyst Remarks to Narrative

The country attests that the senate, which is elected democratically and chaired by the rector in consultation with the chancellor, is the governing body of medical schools. The senate defines and monitors implementation of the higher education institution's research and educational tasks; and adopts the higher education institution's educational program and budget, per the Act on National Higher Education (NHEA) (exhibit 1).

The rector is the head of the medical school and the chancellor/chief financial officer is responsible for the management of the schools. The rector may make decisions in respect to matters that do not fall under the other governing bodies' rules for organization and operation, or the collective bargaining agreement. The rector in consultation with the chancellor may determine the salaries of those employed as lecturers, professors, research fellows and teachers. The country has provided a full list of responsibilities and requirements for the rector and the chancellor per the law within the NHEA.

Governance for public higher education institutions includes Faculties elected by the faculty council and a consortium of five members, in which three are appointed by the Minister that guides strategic decision making, and provides professional support and oversight of management activities at the institution. The country also describes Clinical Centers, comprised of medical school departments operated at medical higher education institutions with programs in medicine and the health sciences. These Centers publicly-funded health services and are financial separate from the medical school and administered by the appointees from the rector elected by the senate.

The country has provided the accreditation report excerpt and the accreditation resolution of findings of the Hungarian Accreditation Committee (HAC) accreditation evaluation of the accreditation process for the University of Debrecen and the self-evaluation of University of Pecs (exhibits 32 and 34-35) as evidence. The aforementioned laws and evaluations demonstrate the requirements and the review of the country's administration of medical schools.

Staff Conclusion:

Comprehensive Response Provided

Administrative Personnel and Authority, Question 2

Country Narrative

NHEA Art.12 (1) through (3):

"(1) The governing body of the higher education institution is the senate. The senate shall be chaired by the rector.

(...)

(3) The senate shall

- a) define the higher education institution's educational and research tasks and monitor their implementation,
 - b) adopt its own operational arrangements;
 - c) adopt the medium term institutional development plan, which shall cover a period of not less than four years, define yearly implementation tasks, and include a strategy for research, development and innovation;
 - d) make proposals as to the content of the call for applications for the position of rector, select candidates for rector, and evaluate the performance of the rector as an executive officer;
 - e) adopt the higher education institution's
 - ea) educational programme,
- (...)"

NHEA Art. 12. (7): „At public higher education institutions, the members of the senate, except the rector and the chancellor, shall obtain their mandates through an election procedure. All matters related to the work of the senate shall be regulated by the higher education institution's rules for organization and operation (...)"

NHEA Section 13.(2) provides for the delegation of the rector's powers to other university officers, which is done in the relation of Medical Schools (Faculties) to the Dean. Specific regulations of this are found in the Universities' Organizational and Operational Regulations. (See Exhibits.)

The chief medical officer of the Faculty is the Dean, whose mandate lasts for three to five years and can be re-elected once by application. [The position of Dean is mentioned in NHEA Section 37(1)d)]. Three vice-deans help his/her work. The Dean and the Vice-Deans are elected from senior educators by the Faculty Council of the Faculty. The Dean is the representative of the Faculty and has the right to sign for the Faculty. The Dean as the head of the Faculty Council supervises and organizes its work. He oversees the Faculty's financial management and budget expenditure. He exercises legitimacy supervision over the faculty's organizational units, undergraduate, postgraduate and research activities. He manages the Faculty's HR activities. The Dean mandates the heads of the organizational units. With the rights given by the Rector he exercises employer's rights over several positions of instructors and researchers.

The manner in which the Dean exercises his/her access to the resources and authority of the university president or other university officials to effectively administer the medical educational program is promulgated in institutional bylaws. (Organizational and Operational Regulations)

The Dean is also member of the Senate till the end of his/her mandate. (See exhibit 36)

In addition, the Dean of the Medical Faculty is member of the Dean's Council to provide ready access to the Rector who is charged with final responsibility for the University, and to other university officials (e.g. president, chancellor) as are necessary to fulfill the responsibilities of the chief academic officer's office.

Programs and curriculum for the medical education are controlled by the Dean of the Medical Faculty with the support of the Vice-Dean for Educational Affairs. Medical Faculties aim to achieve their overall educational objectives in accordance with the guidance of the Hungarian Accreditation Committee, (and thereby providing general standards for the Medical Education at the national level). The Medical Faculty is responsible for: 1/ sequencing of the various segments of the curriculum in a logical manner; 2/ the integrated content for the academic periods of study, 3/ the methods of pedagogy and medical student assessment that are appropriate for the achievement of the program's educational objectives. Standard management of the curriculum is handled by the Educational Committee of the Medical Faculty. Curriculum Committee is formed occasionally during periods of major reforms in the educational system. Introduction of new courses, modification of the number of contact hours require Curriculum Committee or Educational Committee approval prior to implementation. Members of Educational Committee are in service for the period of the Dean's mandate, and its activity is regulated by bylaws of the University and of the Faculty. Faculty members are appointed by the Dean, while student members are elected by their Autonomous Student Organization.

Access of the Dean to the resources and authority of the university president or other university officials to effectively administer the medical educational program is evaluated during regular meetings of the Faculty Council where the Dean reports on the ongoing activities of the Faculty. Parameters reflecting educational, scientific, financial, administrative functions of the Faculty are considered as criteria to determine that the Dean of the medical school has sufficient access to the resources and authority of the university president or other university officials to effectively administer the medical educational program.

As all of the Medical Schools used to be separate organizations, their autonomy (through delegation of power from Rector to Dean, and from Senate to Faculty Council) is still intact. That's the most important cause why HAC standards don't deal with this issue specifically, but a shortcoming in this respect would be noted in the HAC reports during accreditation, if there would be any.

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 28: Institutional Self-evaluation, 2014/5, Semmelweis University (excerpt) (page 3 in original)

Exhibit 30: Self-evaluation of the General Medicine Programme, 2013, University of Pécs (excerpt) (page 9 in original)

Exhibit 36: Excerpt No. 2. of Rules of Organization and Operation of the University of Debrecen

Exhibit 37: Excerpt No. 1. of Rules of Organization and Operation of the University of Pécs

Analyst Remarks to Narrative

The country attests that the chief medical officer of the Faculty for medical schools is the Dean. The Dean is elected by the Faculty Council for three years and is provided vice-deans to assist in the role as dean. The Dean manages the budget for faculty and supervises the Faculty council and undergraduate, postgraduate and research activities. The medical schools institutional bylaws outline the resources and authority of the Dean's access to institutional officials. The accessibility of the Dean is discussed at faculty meetings to ensure the Dean has sufficient access to the resources and authority of the university president or other university officials to effectively administer the medical educational program.

The Dean oversees the training programs and curriculum for the medical schools with the support of the Vice-Dean for Educational Affairs and guidance from the Hungarian Accreditation Committee (HAC) to achieve the educational objectives in accordance with general standards for Medical Education. The Dean serves as a member of the Senate until the end their term and is also a member of the Dean's Council to provide ready access to the Rector, who is charged with final responsibility for the University, and other university officials to assist in the fulfillment of the roles and responsibilities as the chief academic officer.

The country further explains the roles of the senate, rector and chancellor as it relates to higher education institutions as reflected in the Act on National Higher Education (exhibit 1). In particular the country attests that the delegation of the rector's powers to other university officers, are designated to the Dean for Medical Schools and the Universities Organizational and Operational Regulations specify this delegation. The country has provided the Organizational and Operational Regulations for the University of Debrecen and Pecs as evidence to demonstrate the criteria and resources afforded to the Dean (exhibits 36-37) and self-evaluation excerpts to demonstrate the Dean's role over faculty, curriculum review, and development of training programs at the medical school (exhibits 28 and 30).

Staff Conclusion:

Administrative Personnel and Authority, Question 3

Country Narrative

NHEA Article 35 (1) through (3):

“(1) Persons employed as lecturers and professors shall have the right to perform their teaching work in accordance with their worldviews and values, without forcing or encouraging students to accept the same, and to define and select, within the framework of the educational programme, the material taught and the education and training methods applied. Persons employed as teachers, doctoral students performing academic teaching tasks and external lecturers and professors shall also enjoy the right referred to in this paragraph.

(2) Persons performing educational tasks shall be obliged to transmit knowledge in an objective and multi-perspective manner, teach and evaluate according to the approved curriculum, and respect the human dignity and rights of students; lecturers and professors shall perform their activities by taking into account the individual abilities, talents and disabilities of students.

(3) Persons employed as lecturers, professors, teachers and research fellows shall qualify as persons entrusted with public functions and shall enjoy protection under criminal law in relation to their activities related to students, during the performance of educational tasks.”

Department heads and senior clinical faculty members can participate in the work of Faculty Committees and can be elected into various bodies of the Faculty and University (e.g. Faculty Council, and Senate). In addition, they can apply for executive positions of the University.

Appointments and criteria for determining the level of access of department heads and senior clinical faculty members of medical schools to the resources and authority needed to effectively instruct students are controlled in accordance with the Act on National Higher Education through statutes/University bylaws.

Art. 37 of NHEA:

“(1) The following senior executive officers may be appointed at higher education institutions, as set out in their rules for organisation and operation:

- a) rector,
- b) vice-rector,
- c) director general,
- d) dean,
- e) chancellor.

(2) In addition to those listed in paragraph (1) and defined in the rules for organisation and operation, the following executive officers may be appointed at higher education institutions:

- a) deputies to those listed in paragraph (1), with the exception of points a) and b),
- b) heads and deputy heads of organisational units.

(3) The executive officers defined in paragraphs (1) and (2) shall be appointed for a fixed term, which shall not exceed three years in the cases of points a) to d) of paragraph (1).

The appointment may be renewed once in the case of those listed in points a), c) and d) of paragraph (1), and more than once in the case of those listed in points b) and e) of paragraph (1) and in paragraph (2). The executive officers referred to in paragraphs (1) and (2) shall be appointed following an open application procedure.

(4) The senate shall express its opinion on all applications for appointment as rector which comply with the application criteria, and shall decide on the rector candidate by majority vote of all its members. At a given higher education institution, taking into account its legal predecessors, if any, the same person shall not be appointed to the senior executive position of rector more than twice, regardless of the executive officer appointment cycles. The call for applications for the senior executive position of rector shall be published by the maintainer.

(4a) It shall be the responsibility of the Minister to publish calls for applications and propose candidates for the position of chancellor. The deadline for the submission of applications shall not be earlier than fifteen days after the publication of the call for applications. Chancellors shall be appointed and dismissed by the Prime Minister.

(5) Except for the applications referred to in paragraph (4a) and the applications for the positions of chief financial officer and chief internal auditor, decisions on the ranking of the applications for appointment as executive officer and senior executive officer shall be taken by the senate or the body or person specified in the rules for organisation and operation, empowered to act pursuant to Article 12(8) (referred to jointly as “senate” in the rest of this paragraph). Except in the cases referred to in paragraph (4), the senate shall send its decision to the person exercising the employer’s rights. Following consideration of the opinion of the senate, decision on the appointment of the executive officer shall be taken by the person exercising the employer’s rights. In the case of the appointment of the executive officer referred to in paragraph (4a), the rector shall employ the appointed person at the higher education institution, as determined by the person entitled to make the appointment.

(6) Senior executive officers and executive officers may be appointed for a term ending when the age of sixty-five is reached.

(...)”

According to this legislation, each Department of the Medical School is led by the Head of Department. Each Medical School determines in its (previously mentioned) OOR, that department heads have to be senior lecturers (full or associate professors), and in the case of clinical departments, have to be specialists of the relevant field.

The authority of department heads is also laid down in the OORs; and includes daily exercise of employers' rights, financial and organizational, hiring powers (delegated from the rector/dean).

As heads of departments are also the ones responsible for the subjects taught in their departments, HAC requests an extensive list with their names and qualifications during programme accreditation process. All departmental heads are also members of the Faculty's decision-making body, the Faculty Council.

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 29: Self-evaluation of the General Medicine Programme, 2013, University of Debrecen (excerpt) (pages 10-14 in original)

Exhibit 36: Excerpt No. 2. of Rules of Organization and Operation of the University of Debrecen

Exhibit 38: Excerpt No. 3. of Rules of Organization and Operation of the University of Debrecen

Exhibit 39: Excerpt No. 2. of Rules of Organization and Operation of the University of Pécs

Exhibit 50: Excerpt No. 1. of Rules of Organization and Operation of the Semmelweis University

Analyst Remarks to Narrative

The country has provided an extensive list of the legislation within the Act on National Higher Education to demonstrate the various requirements for medical school administrators, faculty and staff (exhibit 1). In particular, the senior executive officers of the medical schools including the senate, rector, dean, and chancellor are defined again in detail. In addition to the senior executive officers roles, the country has provided legislation on the Rights and obligations of employees performing academic teaching tasks, which includes the criteria for Department Heads of the medical schools, and the incorporation of this legislation in the medical schools established Organization and Operation Rules (OOR). Specifically, the OOR requires Department heads to be members of the Faculty's decision-making body; be senior lecturers, and in the case of clinical departments, be specialists of the relevant field; exercise employers' financial and organizational rights and hiring powers in conjunction with the rector; and organize and ensure the required subjects are taught in their departments.

The accreditation process also requires the review of the names and qualifications of the Department Heads during the program evaluation by the Hungarian Accreditation Committee (HAC). The country has provided the Organization and Operation Rules for three medical schools, and the self-evaluation excerpt of a medical school as evidence to demonstrate the aforementioned requirements and criteria for Department Heads (exhibits 29, 36, 38-39 and 50).

Staff Conclusion:

Comprehensive Response Provided

Chief Academic Official, Question 1

Country Narrative

The chief academic official is in most cases the dean of the Medical School. If the dean wouldn't comply with the requirements for the chief academic official set forth by HAC, then the position of chief academic official responsible for the medical programme is filled by another senior lecturer, mostly one of the deputy deans.

Requirements for chief academic officials are set forth in Annex 5 to Government Decree 87/2015 (9 April) on the implementation of certain provisions of Act CCIV of 2011 on national higher education. These specify, that they have to be a full-time lecturer with a PhD degree and with recognized professional references (project management, research results, etc.) in the professional fields covered by the programme(s) of the institution.

How HAC examines these requirements are specified in the HAC guide for programme accreditation (See Exhibit 40, HAC PARALLEL PROGRAM ACCREDITATION PROCEDURE AND EVALUATION CRITERIA)

As the HAC requires them to be associate or full professors, the basic requirements for university professors and university associate professors of the NHEA are also relevant:

Art. 27 (3):

„(3) As a condition for employment as a college or university professor, or the establishment of an employment relationship for that purpose, the person concerned shall be appointed as college professor by the Prime Minister, or as university professor by the President of the Republic, through the award of the title related to the position to be occupied (hereinafter referred to as “award of the title of college or university professor”). Action by the Prime Minister or the President of the Republic shall be a necessary precondition for occupying the position of college or university professor, leading to the award of the corresponding title. (...)”

Art. 28 (5):

„(5) As a condition for employment as a university professor, the person concerned shall hold a doctoral degree and, if he or she is a Hungarian national, a habilitation or equivalent teaching experience acquired in an international higher education setting, and shall be an internationally recognized representative of the given discipline or artistic field who performs outstanding academic research or artistic work. Based on their experience acquired in education, research and research management, university professors shall have the skills necessary for leading the study, academic or artistic work of students, doctoral students and assistant lecturers, and are required to have publications, hold seminars and give lectures in foreign languages. University professors shall be entitled to use the academic title of Professor.”

HAC examines during programme reviews, and states if the requirements wouldn't be met (however, there was no problem with requirements being met during the past few reviews.):

Samples demonstrating the above from the Report of the General Medicine programmes annexed to the Resolution of HAC No. 2014/10/XII/1 are found in Exhibit 34 (pages 10, 15, 19, 25 in original)

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt)

Exhibit 40: HAC PARALLEL PROGRAM ACCREDITATION PROCEDURE AND EVALUATION CRITERIA (excerpt)

Analyst Remarks to Narrative

The country attests that the chief academic official for the medical school is identified as the Dean or senior lecturer/vice-dean if the Dean does not meet the requirements for the chief academic official set forth by Hungarian Academic Council (HAC). The country further indicates that the requirements for the chief academic officials are provided in Annex 5 of the Government Decree 87/2015 (9 April) and the Act on National Higher Education (NHEA); however, the country has not provided the excerpt from Annex 5 of the Government Decree 87/2015 (9 April) referenced in the narrative pertaining to the requirements for chief academic officials. Thus the NHEA specifies that the lecturer/professor is to be a full full-time lecturer with a PhD degree; and possess recognized professional references in the professional fields covered by the program(s) of the institution. The NHEA also provides the condition for employment of a Professor requiring international recognition; the skills necessary for leading studies, academic work of students, doctoral students and assistant lecturers; publications, and the ability to lecture in foreign languages. However, the specific requirements for the chief academic official/Dean are not specifically specified in the evidence provided for analysis.

The HAC also neglects to identify the review of the Dean within the procedure and criteria evaluation documentation provided; however the review of the teacher is clearly identified in the criteria and accreditation report provided as evidence (exhibits 34 and 40).

Staff Conclusion:

Additional information Requested

Country Response

We attach an additional excerpt of Government Decree 87/2015 (9 April) and the Act on National Higher Education (NHEA) which includes Annex 5, as requested, which includes the requirements set out for the persons in charge of the programmes. [Note: in the translation the Annex is translated as 'Schedule 5'.]

We also attach the CVs requested: László Mátyus, Dean of the medical faculty of the University of Debrecen, László Hunyady, Dean of the medical faculty of Semmelweis University. (Exhibits 103-105.)

As for the clarification request:

Art. 28 (5) of NHEA with the requirements for full university professor was referenced in the original submission because HAC criteria require the official to be either a full professor or at least an associate professor. (Law requirements for associate professors are in Art. 28. (3), however, currently all 4 deans of the Hungarian medical schools are full professors.) The specific requirements for what is called the "chief academic official" in NCFMEA terminology, and "programme official" in the terminology of the translation of the HAC documents, are set out in Point II.1. (Page 6) in the HAC criteria submitted as Exhibit 40 in the original submission.

Exhibit 101 - Government Decree 87 of 2015 (excerpts)

Exhibit 103 - CV- Laszlo Hunyady

Exhibit 104 - Publications- Laszlo Hunyady

Exhibit 105 - CV- Laszlo Matyus

Analyst Remarks to Response

In response to the draft, the country provided the Government Decree, which defines the role of the person in charge of the medical school (exhibit 101). Specifically, the decree describes the person in charge, which is equivalent to the chief academic official referred in the guideline. In addition, the country provided the curriculum vitae's of the Dean's at two of the medical schools, the Universities of Debrecen and Semmelweis, as evidence of the aforementioned roles defined in the country's documents (exhibits 103-105).

Finally, the country clarified that the Hungarian Accreditation Committee (HAC) requires a full or associate professor to be the person in charge; however the National Higher Education Act (NHEA) requires a full professor to be in charge at the medical school. Further, the country attests that all of the country's Dean's at the medical schools are full professors.

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

Staff Conclusion:

Chief Academic Official, Question 2

Country Narrative

The selection process for the chief academic official of the medical school is regulated by the OOR of the Universities having medical schools, according to the NHEA [See Article 37 (5)].:

„(5) Except for the applications referred to in paragraph (4a) and the applications for the positions of chief financial officer and chief internal auditor, decisions on the ranking of the applications for appointment as executive officer and senior executive officer shall be taken by the senate or the body or person specified in the rules for organisation and operation, empowered to act pursuant to Article 12(8) (referred to jointly as “senate” in the rest of this paragraph). Except in the cases referred to in paragraph (4), the senate shall send its decision to the person exercising the employer’s rights. Following consideration of the opinion of the senate, decision on the appointment of the executive officer shall be taken by the person exercising the employer’s rights. In the case of the appointment of the executive officer referred to in paragraph (4a), the rector shall employ the appointed person at the higher education institution, as determined by the person entitled to make the appointment.”

General features of the process are the as follows: There is an open call for the position, and everybody fulfilling the requirements can apply. The applications are evaluated by a committee set up by the rector of the institution, then, different advisory bodies are voting on it. Finally, the Faculty Council and then the Senate establishes its formal decision by a vote. Appointments are given for 3-5 years.

HAC doesn't evaluate the selection process itself during its reviews. However, the quality assurance systems (which are supposed to ensure, among other things, that rules on selection are followed) of the institutions are reviewed during institutional reviews, according to ESG standard 1.1. In addition to that, HAC reviews if as described above, if the actual selected person meets the requirements, during programme reviews. (See Exhibits referenced for the previous question.)

Also, as mentioned previously if the Dean doesn't satisfy the legal and HAC requirements (see previous answer) for the academic head of the study programme, a separate officer is elected for this position by the Faculty Council.

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 6: Fundamental Law of Hungary

Exhibit 30: Self-evaluation of the General Medicine Programme, 2013, University of Pécs (excerpt) (page 25 in original)

Exhibit 41: Excerpt No. 4. of Rules of Organization and Operation of the University of Debrecen

Exhibit 42: Excerpt No. 3. of Rules of Organization and Operation of the University of Pécs

Exhibit 2: ESG 2015 (standard 1.1)

Analyst Remarks to Narrative

The country attests that the selection process for the chief academic official of the medical school is regulated by the Organization and Operation Rules (OOR) of the medical schools in conjunction with the Act on National Higher Education (NHEA) (exhibits 1 and 41-42). Specifically, applications are requested and evaluated by the rector; reviewed by an advisory body; and the senate and the faculty council vote on the candidates for a three to five year appointment.

The country also attests that the Hungarian Accreditation Committee (HAC) reviews the policies and procedures for quality assurance (i.e., the OOR, etc.) in lieu of the actual selection process for the chief academic official/Dean, per the European Standards and Guidelines (exhibit 2). However, the HAC does review whether or not the chief academic officer/Dean meets the medical schools established requirements for the position, which is reviewed in the personnel section of the self-evaluation provided by the medical school (exhibit 30).

Staff Conclusion:

Additional information Requested

Country Response

The Fundamental Law was included as an exhibit, because in Article X.(3) it sets out the independence of the Higher Education Institutions, and in Article 9(4), it sets out how the rector (referenced in the answer as the employer of the Dean) is appointed by the Prime Minister after their election by the Senate described in NHEA (original Exhibit 1).

Analyst Remarks to Response

In response to the draft, the country provided the significance of the Law of Hungary, which is the fundamental law that defines the independence of the Higher Education Institutions and the requirement of the rector to be appointed by the Prime Minister after elected by the Senate of the medical school.

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

Staff Conclusion:

Comprehensive response provided

Faculty**Country Narrative**

The basic rules on admissions, and on curriculum contents are regulated by the Law-makers, as described in detail at the relevant parts of this document (Government Decree No 423/2012 of 29 December 2015 on the higher education admission procedure; Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements of tertiary vocational, bachelor and master programmes).

However, it is noteworthy, that actual content of these regulatory documents is only amended by the Law-makers on common recommendations of the four Deans of the Medical Schools of Hungary.

In line with the above, current content of both regulations (the Annex 4 Section VIII. Subsection 53 of Decree No 18/2016 specifying the programme requirements of the programmes in general medicine and Annex 3 Section 7 of Government Decree No 423/2012 specifying general entry requirements to the programmes in general medicine) has been accepted on the recommendations of the body of the deans.

The faculty has traditionally a leading role in elaborating the detailed regulations on admission, curriculum etc. and then these are accepted by the relevant decision-making bodies also dominated by elected faculty members. In addition to this, a lot of decision-making in unique cases (e.g. decisions on admissions of applicants) are delegated to bodies consisting mostly of faculty members. This is detailed as follows:

NHEA Art.12 (1) through (3):

“(1) The governing body of the higher education institution is the senate. The senate shall be chaired by the rector.

(2) The rights of the higher education institution laid down in the Fundamental Law shall be vested in the senate.

(3) The senate shall

a) define the higher education institution’s educational and research tasks and monitor their implementation,

(...)

ec) principles of income distribution reflecting differentiation on the basis of quality and performance,

(...)

h) the senate shall also decide on

(...)

hc) the ranking of applications for lecturer, professor and executive officer positions, the granting of titles and awards,

(...)

(7) At public higher education institutions, the members of the senate, except the rector and the chancellor, shall obtain their mandates through an election procedure. All matters related to the work of the senate shall be regulated by the higher education institution’s rules for organization and operation, taking account of the following:

a) the senate shall not have less than nine members, and the members elected by the academic teaching and research staff, taken together with the chair, shall constitute a majority in the body,”

Universities in Hungary are public institutions of higher education, and represent independent legal entities. Universities are budget authorities, which manages the treasury asset, the specific estimates of the central budget, and other complementary resources. Universities have variable number of faculties. One of the most significant faculties are the Medical Faculties.

Faculties of Medicine are autonomous units of Universities. They provide training, specialization and post-graduate courses in the fields of medicine, healthcare and biology, and also, offer PhD training, carry out scientific research, development and innovation in accredited scientific fields. The Faculties manage independently the budget given by the University. The Faculty runs educational-scientific, functional and service providing units to fulfill its tasks. Universities of Hungary, as institutes of higher education, providing medical and healthcare education, established healthcare providers to coordinate the medical attendance, and it is the organizational unit of the University. The tasks of the healthcare providers include healthcare service and forensic expertise within the territorial, regional and national healthcare system as well as to take part in training and research at the university. The healthcare provides ensures the conditions of practical training for undergraduate, postgraduate and other trainings.

Faculty members of clinical and diagnostic departments and institutions of the Medical Faculties manage patients in the corresponding units of the Medical Center. The heads of the units coordinate the practical training of the students.

The manner in which Universities offer a Medical School is organized, including the responsibilities and privileges of administrative officers, faculty, medical students, and committees are promulgated in institutional bylaws.

All bylaws of the Universities of Hungary are typically made available at their respective websites.

All bylaws of Medical Schools have similar structures. The main part (the so-called trunk of the bylaw) lays down major guidelines, rules which are obligatory for all Faculties, and the appendix contains the Faculty’ s specific regulations. Bylaws are prepared by a

specific Committees of Universities or in case of an appendix the Faculties' Committee and voted by the Faculty Councils and the Senate of the University. Bylaws are based on the governing principles defined by law, so if a change in the juristic background occurs bylaws have to be changed as well.

Bylaws can be modified based on the proposals of faculty members or students in the following way: first Faculties' Committee discuss the proposed change and in case of an agreement, modifications of bylaws is voted by the Faculty Councils and finally by University' Senate.

According to the procedure described above, every decision related to admissions, the curriculum, and the hiring, retention, promotion, and discipline of faculty is dominated by elected members of the faculty.

For example, faculty members form the majority in bodies making decisions related to admissions and the curriculum, e.g. in the advisory committee responsible for preparing and proposing decisions on policies regarding admissions or the curriculum under the name of Educational Committee, Curriculum Committee or similar, in the Faculty Council and in the University Senate. In addition, faculty members of medical schools dominate decisions related to hiring, retention, promotion, and discipline of faculty through forming the majority of Educational Committee, Scientific Committee, Committee for Ethics/ Disciplinary Committee etc. or through their functions as Dean, Heads of Department etc.

Memberships in various committees are granted to provide proper representation, ad hoc and regular meetings are also organized. Faculty members are represented in the medical school's council meeting and the university's senate meetings.

HAC examines if the above are met during its reviews; samples are in Exhibits 31 (page 25 in original), 32 (pages 8, 9, 24 in original), 34 (pages 12, 17, 19, 27 in original) 43 and 44 (pages 2-3 in original):

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt)

Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt)

Exhibit 43: Excerpt No. 5. of Rules of Organization and Operation of the University of Debrecen

Exhibit 44: Institutional Accreditation Report, 2017, University of Pécs (excerpt)

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education, the Government Decree's and the Minister of Human Capacities Decree outline the requirements and prerequisites Higher Education Institutions, including medical schools, must include for admissions, curriculum, and faculty; which includes recommendations and acceptance from the Medical School Dean's that represent the medical faculty of the medical school (exhibits 1 and 3-4). The specific implementations of the aforementioned requirements of the laws of the country are captured in the Organization and Operation Rules of the medical schools (exhibit 43). As previously stated, the governing body of the medical school is the senate. The medical schools Dean, who is also the Department head of the medical school, are elected by the Faculty Council, which is comprised of faculty, student and union representatives.

The country further attests that medical school faculty are the lead in detailing the regulations of the medical school as it relates to admission, curriculum, and faculty decisions provided to the decision-making bodies, which include faculty representation. Faculty participate in the creation and execution of medical school curricula in consultation with the Dean of the Medical Faculty, review of applicants, and manage patients in medical center units while providing practical training to the students. Faculty provide training, specialization and post-graduate courses in the fields of medicine, healthcare and biology; and offer PhD training through scientific research, development and innovation in accredited scientific fields.

Additionally, the country attests that faculty participation is found within the bylaws of the medical school. The bylaws, which are prepared by specific Committees, voted upon and approved by the faculty Councils and the senate, outline the medical schools responsibilities and privileges of administrative officers, faculty, medical students, and committees of the institution. These bylaws contain specific Faculty regulations, governing principles, and modifications proposed by faculty members or students for discussion, vote and implementation by the Faculty Council and the senate. However bylaws from a medical school have not been provided as evidence for analysis.

The country adds that faculty are involved in advisory committees responsible for preparing and proposing decisions on policies regarding admissions and curriculum. Two committees are the Educational Committee and Ethics/Disciplinary Committee of the medical school, which makes decisions related to hiring, retention, promotion, and discipline of faculty. The Hungarian Accreditation Committee (HAC) report excerpt and University self-evaluation and accreditation report excerpts are provided as evidence to exhibit the review of faculty involvement (exhibits 31-23, 34 and 44). With that said, the country demonstrates with the described faculty involvement and provided evidence that faculty participates in the decisions of the medical school relating to admissions, curriculum, and hiring, retention, promotion, and discipline of faculty.

Staff Conclusion:

Comprehensive Response Provided

Country Narrative

The accreditation process of all medical schools in Hungary is regularly carried out for the entire educational programs. In addition, preclinical educational programs (i.e. basic sciences portions of the programs) are taken at the campuses in which the medical schools are located for all the four Medical Faculties of Hungary.

The Hungarian Accreditation Committee (HAC) was established with the country's first higher education law in 1993. It is, according to the 2011 National Higher Education Act, a national body of experts facilitating the control, assurance and evaluation of the scientific quality of education, scientific research and artistic activity at higher education institutions. The HAC conducts ex ante and ex post evaluation of both programs and institutions. Ex ante evaluation of programs comprises giving opinion on the national-level educational and outcome requirements (which are framework requirements for all degree programs in Hungary and appear in a ministerial decree), and new programs to be launched at institutions. Ex post evaluation is conducted in five-year cycles. There are separate procedures for institutional and program evaluation. The latter is conducted for entire disciplines, with all programs taught in Hungary in that discipline undergoing a single procedure with external evaluators from a common pool.

The professional attributes that medical students are expected to develop over the course of their medical education have been recently updated by the Deans of the four medical faculties in the framework of a national program initiated by Ministry of Human Capacities that includes all degree programs running in the institutions of higher education. According to this program the training and outcome requirements for the medical program have been refined and structurally aligned to standards of the European Union. Accordingly, the aims of the medical education have been defined along to general and professional competencies and desired attributes have been grouped for the expected knowledge, abilities, attitudes, autonomy and responsibilities. A detailed document on the renewed training and outcome requirements for the medical education program has been submitted and subsequently approved by the Ministry of Human Capacities.

Competencies are developed individually for all students under the supervision of university supervisors. The ultimate task of the students is to diagnose diseases, to design algorithms for the treatments, to judge the efficiency of treatments and to perform manual interventions in accordance with the clinical competence list. This competence list has been approved by the Hungarian Accreditation Committee.

Faculty members are effectively integrated into the medical school governance which is facilitated by the fact that the entire educational program (lectures/seminars/practicals) and not individual parts of the program separated geographically from the main campus of the four medical faculties of Hungary.

Several teaching hospitals are affiliated with the university in Hungary and abroad, too. Compliance to requirements are regularly checked by the university leadership upon several factors and student reports. Trained hospital doctors may also participate in university education by holding lectures and bedside practices. Students spend their practices or rotations in the teaching hospitals under the supervision of trained hospital doctors.

Each Hungarian Hospital, where the students complete the inpatients parts of one or more required core clerkship rotations, has got an affiliation agreement with the University. The current affiliation agreements are attached labeled with name of the hospital. The clinical teaching sites abroad are accredited by the Hungarian Accreditation Committee according the official procedure.

The affiliation agreements address the shared responsibility for creating a positive learning environment and for the development of professionalism in medical students.

Curricula, including lectures, tutorials, practices and internships, emphasize the learning of the latest protocols in diagnostics and treatment as well. During practices and internships students are strongly encouraged to make diagnostic and treatment plans after taking history and examining patients, which are evaluated and discussed by their tutors.

Content coverage in areas in which the medical school believes more exposure is needed is controlled by its Educational Committee, based on the suggestions of subject coordinators, student feed-backs, and the Hungarian Accreditation Committee.

Content taught in the preclinical phase of the curriculum is controlled by the heads of preclinical departments holding University Habilitation titles. Changes in the educational system (i.e. number of contact hours, changes in the proportions between lectures, seminars and practicals) are to be approved by the Educational Committee before their introduction.

Students use a Lecture book of practical blocks which provides a guideline on the requirements they have to meet during the internship of their training and skills they have to acquire on the given specialty during the training. In the Lecture book the level of knowledge and skills to be mastered is graded as follows: the student has observed the given intervention, or he/she has performed it. Moreover, the expected number of each intervention may also be specified. The completion of requirements is certified by the signature of the tutor. Participation in consultations organized by each department is also recorded in the Lecture book.

In order to ensure comparability of education experiences, functional integration is carried out by several ways, including personal meetings between faculty members, email usage or by video conference. Medical School's websites also provide information about the latest educational news. Educational advisors, deanery members, course directors and administrators visit regularly the different

course sites within main campuses and at teaching hospitals affiliated to the universities.

Joint faculty meetings are carried out regularly on an intra-institutional and inter-institutional basis. Educational advisors and faculty members meet regularly to conciliate various curricula or the requirements of oral and written exams (especially in those departments that educate large number of students in several classes), or to assess feed-back data. The Educational Office plays a key integrative role in organizing meetings, tracking student and teacher data, exam grades, requirements, credits and clinical rotations, etc. Ad hoc and regular meetings are also organized depending on the agenda. The Educational Office also keeps track for the credits and requirements for each subject taught.

Analyst Remarks to Narrative

The country has attested that the Hungarian Accreditation Committee (HAC), which is an independent national expert body established for the purposes of the external evaluation of the quality of educational, academic, research and artistic activities performed in higher education and the internal quality assurance systems operated by higher education institutions, and the provision of expert services, is responsible for the accreditation process of a medical school (exhibit 1). The HAC reviews medical programs in their entirety providing evaluations of the both the medical programs and the institutions. These evaluations include the initial program and institutional review of the educational and outcome requirements for medical education; and follow up evaluations every five years (exhibits 34-35 and 40). Need to add language

In addition, the Ministry of Human Capacities establishes the educational and outcome requirements students are to develop during the medical program, which have been updated in 2016, in consultation with the medical school Dean's to institute the framework of a national program for all degree programs at institutions of higher education utilizing the standards of the European Union. The new alignment of the competencies and outcome requirements for the expected knowledge, abilities, attitudes, autonomy and responsibilities of the Ministry of Human Capacities are provided in exhibit 4. Students are now expected to diagnose diseases, design algorithms for the treatments, judge the efficiency of treatments, and perform manual interventions in accordance with the clinical competence list approved by the HAC. These changes are governed by Faculty members that facilitate the entire educational program, including lectures, seminars, and practical's at the main campus of the four medical faculties of the country.

Additionally, the country attests that students are instructed at teaching hospitals affiliated with medical universities in the country and abroad, to which compliance of these affiliates are reviewed by the university leadership through several factors and student reports. The affiliation agreements of the hospitals address the shared responsibility for the learning environment and the development of the medical students; and the student practices/rotation supervised by trained hospital doctors that provide educational lectures. The country provided the affiliation agreement for the University of Debrecen; however other three medical school affiliation agreements have not been provided as evidence. The Educational Committee then reviews curriculum content, per the feedback of the HAC, faculty and students. The curricula for students emphasize the creation of diagnostics and treatment protocols and plans after the examination of patients. Also, preclinical curriculum changes in the educational system are approved by the Educational Committee before implementation.

Finally, the country explains that comparability of education experiences are continually conducted through personal meetings between faculty members, video conferencing, websites reviews, course director and administrator visits from the different course sites within main campuses and teaching hospitals affiliated with the universities. It should be noted that the country currently does not have any participating medical school, funding or applications for participation with the Department. The last medical school that received funding, which was the University of Debrecen, lost eligibility in April of 2014.

Staff Conclusion:

Additional information Requested

Country Response

We provide additional affiliation agreements, as requested.

Exhibit 106 - Affiliation Agreement No. 1. - Semmelweis University

Exhibit 107 - Affiliation Agreement No. 2. - Semmelweis University

Exhibit 108 - Affiliation Agreement No. 1. - University of Pécs

Exhibit 109 - Affiliation Agreement No. 1. - University of Szeged

Exhibit 110 - Affiliation Agreement No. 2. - University of Szeged

Analyst Remarks to Response

In response to the draft, the country provided the affiliation agreements for the medical schools for review. Department Staff accepts the country's evidence and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Remote Sites, Question 2

Country Narrative

There are general legal requirements for licensing the operation of a medical school (higher education institution) in different locations. In every settlement (city campuses) there should be:

Objective (infrastructural) requirements:

1. buildings appropriate for education useable for the medical school for at least 8 years,
2. appropriate classrooms, labs, computer rooms, language studying rooms,
3. libraries with a minimum number of rooms for studying,
4. a minimum number computers with intranet and internet accessible for students,
5. study application system (used for organizing the studies),
6. traineeship opportunities if the traineeship lasts at least one term,
7. student sporting facilities,
8. student dormitory facilities,
9. hot meal opportunities for students and staff.

Personal conditions:

1. enough teachers and researchers for providing lessons (60% of them should be employed permanently),
2. administrative staff,
3. study and career advisors for students,
4. healthcare advisors for students.

If a medical programme would be launched in a site other than the main campus, all the regular legal and HAC requirements would apply, with additional requirements for training sites located in foreign countries.

(Exhibit 40, pages 8-9):

In such off-site training, the following expectations apply in addition to the general ones [Chapters I-V].

- Off-site training should be provided by locally based teachers regularly accessible to students, including a local teacher expressly responsible for the off-site training, who has independent authority in local issues and is regularly available to students locally. (It is up to the advisory committees to accept a solution, taking into consideration the location of the headquarters and the training.)
- The infrastructure of off-site training itself should provide (locally) the objective conditions necessary for high-quality training.

Exhibit 40: HAC PARALLEL PROGRAM ACCREDITATION PROCEDURE AND EVALUATION CRITERIA (excerpt)

Analyst Remarks to Narrative

The country attests that, preclinical educational programs, including the basic sciences portions of the programs, are conducted at the campuses of the medical school. For licensing the operation of a medical school, the country requires objective requirements, which include appropriate buildings for education, classrooms, labs, computer rooms, language studying rooms, libraries, and traineeship opportunities. The country also requires personal conditions are met, which includes sufficient teachers and researchers, administrative staff, study and career advisor and healthcare advisors for students.

In addition to the program requirements, the country's accreditation process also requires additional quality assurance review by the Hungarian Accreditation Committee (HAC) for the off-site training. Specifically, the HAC requires local based teachers be provided and regularly accessible to students; a designated local teacher with independent authority in local issues and is regularly available to students; and infrastructure meeting the objective requirements necessary for high-quality training for medical education (exhibit 40).

Staff Conclusion:

Comprehensive Response Provided

Program Length, Question 1

Country Narrative

NHEA Art.15 (5): „(5) The minimum number of credits to be acquired for the completion of a single-cycle long programme shall be three hundred, and the total number of credits available shall be three hundred and sixty. The duration of the programme shall be not less than ten and not more than twelve semesters.”

Hungary is member of the EC, so it is in compliance with the DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF

THE COUNCIL of 7 September 2005 on the recognition of professional qualifications (OJ L 255 30.9.2005, p. 22).

All programs cover 12 semesters of instruction with 13-15 weeks/semester, (a total of 156-180 weeks). Additionally, three one month long summer practice (in university hospitals or accredited teaching hospitals) are required, which means that the requirements are met.

Documentation regarding the evaluation by HAC is provided in Exhibits 29 (page 3 in original), 30 (page 2 in original) and 34 (pages 1, 2, 10, 23 in original).

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 8: EU Accession Treaty Hungary

Exhibit 29: Self-evaluation of the General Medicine Programme, 2013, University of Debrecen (excerpt)

Exhibit 30: Self-evaluation of the General Medicine Programme, 2013, University of Pécs (excerpt)

Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt)

Analyst Remarks to Narrative

The country follows the European Commission, European Parliament and Council directive for professional qualifications (exhibit 8). Thus, the country attests that the medical program are to be between ten and twelve semesters in length, requiring a minimum of three hundred credits and a maximum of three hundred and sixty credits (exhibit 1) for completion of the program. In addition, nine months of summer practice in the hospital is also required for full completion. The country provided the Hungarian Accreditation Committee's (HAC) accreditation report excerpt and excerpts from University self-evaluations to demonstrate the review of program length (exhibits 29-30 and 34).

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 1

Country Narrative

HEIs shall formulate their curricula in accordance with programme and outcome requirements provided for in the Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements of tertiary vocational, bachelor and master programmes; special provisions on medical programmes.

Programme and outcome requirements on medical programmes:

The objective of the Master of Science program in general medicine is to train doctors of general medicine who, in the possession of the required knowledge, professional skills and abilities, and with a physician's perspective, attitude, sense of duty and behavior according to rules of professional conduct, can provide healthcare (under supervision). During their studies and at work these young physicians respect the patients' needs, human dignity and rights, and make decisions and act accordingly. They obtain the required knowledge and possess skills to be able to take part in the first and then, an additional specialist training program. Having passed the specialist exam, they can work independently in their chosen area of medicine. They are prepared for continuing their studies in the medical training program (PhD program).

For detailed requirements on medical programmes, see the above-mentioned Decree attached.

Based on the demands, and their local specialities, the Curriculum Committees of the school allocates the pieces of knowledge and skills into subjects.

As for HAC examining these requirements, see exhibits referenced in answers to other questions.

Exhibit 4: MHC Decree No 18 of 2016

Analyst Remarks to Narrative

The country did not provide the fundamental principles of medicine and its underlying scientific concepts as requested in the guideline within the narrative. However, the Minister of Human Capacities (MHC) decree identifies and requires curricula to coincide with the program and outcome requirements for general medicine, which emphasizes physician's knowledge; professional skills and abilities; and attitude according to the rules of professional conduct within the decree (exhibit 4).

The country also provided the objectives of the Master of Science program in general medicine, equivalent to the M.D., which are to train doctors with the requirements to provide healthcare; respect patient needs, and make decisions. Further, this acquired knowledge should also equip the physician to continue specialized medical training leading to the PhD program. Lastly, the country

references Hungarian Accreditation Committee (HAC) report excerpts submitted throughout the petition as evidence of the accreditation review of curricula (exhibit 34).

Staff Conclusion:

Additional information Requested

Country Response

The submitted Exhibits states, that curricula have to be able to ensure, that graduates have to be in the possession of the required knowledge, professional skills and abilities, and with a physician's perspective, attitude, sense of duty and behavior according to rules of professional conduct, have to be able provide healthcare (under supervision). During their studies and at work these young physicians respect the patients' needs, human dignity and rights, and make decisions and act accordingly. They obtain the required knowledge and possess skills to be able to take part in the first and then, an additional specialist training program. Having passed the specialist exam they can work independently in their chosen area of medicine. They are prepared for continuing their studies in the medical training program (PhD program).

The curricula must incorporate the fundamental principles of medicine and its underlying scientific concepts, because, according to the MHC Decree, they have to ensure, that

1. the graduates know

- the structure and functions of the healthy human body;
- the structure, interactions and reactions of biological molecules;
- the composition, structure and functions of cells, tissues and organs;
- the interactions of the organs and high-level integration in controlling the functions of the human body;
- the general and detailed description of diseases, causes and mechanisms of how diseases develop, the structural and functional changes caused by diseases, the relationship between somatic and psychological dysfunction, the visible and measurable symptoms of diseases, with special regard to common diseases;
- the general procedures for the confirmation of a disease, the principles and practice of making a diagnosis, with special regard to common diseases;
- the principles of operation, the scope and practical usage of medical diagnostic devices;
- the most important clinical, laboratory and microbiological tests, including practical usage;
- the general and detailed principles and practice of curing diseases, the essence of procedures and interventions to cure diseases;
- the indications, contraindications and risks of medical procedures;
- the practical usage of basic pharmaceutical treatment, operative technique and physiotherapeutic procedures;
- the terminology and the nomenclature of medical science;
- the relationships among diseases, the interrelation of patient and society, and health hazards;
- the scientific basis of protecting, developing and restoring the health of the individual and of the society;
- the theoretical principles and practical applicability of (primary, secondary and tertiary) prevention, the theoretical basis of medical screening tests, and the methods and system of their practical implementation;
- the structure and operation of the healthcare and insurance systems, the structure of health care, and the basis of its management and economy;
- the levels and stages of rehabilitation;
- the information systems of modern health care, research and knowledge acquisition at the user's level;
- the most important principles of interpersonal relationships;
- the most important ethical aspects and special legal issues of a doctor's medical activities.

2. the graduates be able to

assessment of the patient's mental condition, clinical analysis and decision-making;

- giving information and advice, supporting the patient mentally;
- assessment of symptomatology, ordering tests, application of differential diagnostics, devising a treatment plan discussed with the patient and the nursing staff;
- recognizing and assessing symptoms and their severity, ordering the appropriate tests and interpreting the results;
- using medications and therapies based on clinical demand;

3. graduates have to

- be committed to scientific principles and medicine based on evidence;
- prefer scientific evidence in medical practice;
- thoughtfully collect professional arguments, evidence and decision criteria;
- evaluate the available medical literature critically;

The statement, which was requested to be clarified was meant to mean, that in the naming and set-up exact structure of subjects, the medical schools' curricula might differ, but in their entirety, they must ensure that the requirements are met. (E.g. it is not regulated, if neuroanatomy has to be taught in the subject of a common "Anatomy", or in a subject called "Neuroscience", important is that it has to be included in the curriculum in some reasonable way, etc.).

Analyst Remarks to Response

In response to the draft, the country provided the fundamental principles and scientific concepts graduates must obtain from the

medical program. Specifically, the country has outlined what graduates must know, what graduates must be able to do; and what graduates must have upon completion of medical school.

Further, the country provided clarification on the different names and set-up of the curricula at the medical schools. In particular, the schools may name courses differently, however, the school must also ensure that the requirements of the medical school are met.

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

Staff Conclusion:

Comprehensive response provided

Curriculum, Question 2

Country Narrative

Basic and preparatory clinical knowledge for 136-188 credits (basic knowledge for 92-124 credits, preparatory clinical knowledge for 44-64 credit). The scientific fields which have to be included are enumerated in the Decree.

[Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements of tertiary vocational, bachelor and master programmes; special provisions on medical programmes]

Exhibit 4: MHC Decree No 18 of 2016

Analyst Remarks to Narrative

The country attests that the Minister of Human Capacities (MHC) decree identifies the basic and preparatory clinical knowledge and credits for the M.D. (exhibit 4). However, the country has not provided a narrative or explanation discussing the requirements within the MHC.

Staff Conclusion:

Additional information Requested

Country Response

The basic sciences part has to include 92-124 credits (i.e. 2760-3720 hours) out of the whole 360 credits, and has to include: medical physics, biophysics, biostatistics, information science, knowledge of measurement technology, medical chemistry, biochemistry, cell biology, molecular biology, molecular genetics, anatomy, histology and embryology, medical physiology, medical English terminology, pathology, pathophysiology, clinical physiology, microbiology, basics of immunology, medical imaging techniques, first aid and reanimation, preventive medicine and public health, medical pharmacology, sociology, social psychology and medical psychology.

How much time is allocated to a specific subject is up to the medical school itself, but this is of course limited, because the curriculum has to ensure that the learning objectives be met.

Analyst Remarks to Response

In response to the draft, the country provided the credit hour and course requirements for the medical program. Specifically, the country included the basic sciences required for the medical school curricula and the range of credits required for these sciences, which is between 92-124 credits or 2760-3720 hours. Department Staff accepts the country's narrative and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Curriculum, Question 3

Country Narrative

Independent research opportunity is offered to students of the Medical Faculties in the framework of the so-called Scientific Students' Associations of the Faculties (SSA; TDK in Hungarian), which are, despite their names, integral bodies of the Higher Education Institutions. Student research is supervised by professors both at basic research and clinical departments of Medical Faculties. Research topics are offered by the supervisors, but students can also propose topics of their own interest. In each Medical School, the school establishes its own TDK, whose activities are coordinated and supervised by a TDK Council set

up by the Faculty Council, whose members are elected among the professors of the Medical School.

The Council of National Scientific Students' Associations ("OTDT") unites each university's relevant activities.

The goal of this system is not to train scientists, but to render all students familiar with the research field of their interest, and train them how to handle and evaluate novel scientific results. This experience gives them self-confidence in the field of new scientific achievements and motivates them to "keep in touch" with them.

Each year, departments of the schools publish their proposed research topics and name of supervisors. If there are more applicants than places for a specific topic, applicants are ranked based on academic merits.

Students are encouraged to participate in the so-called TDK Conferences, where they have the opportunity to summarize their research activities in undergraduate student research papers (USRP). Submission and evaluation of the USRPs are controlled institutional bylaws by the respective Medical Faculties. Reviewers are invited by the Student Scientific Association on behalf of the responsible Vice Dean. The basis of the review is adopted from the review process of scientific journals. The author(s) should address the reviewer's comments. The Student Scientific Association will make its formal decision according to the reviews, the revised USRP and the responses to the reviewer's comments. The Secretary of the Student Scientific Association is keeping record on the reviewer's work and should provide this information upon requests from the Director of Student Scientific Association and/or the Dean's Office. Accepted USRPs are archived in electronic form (and also as a printed material depending on the policy of the Department).

The USRP usually, but not exclusively report the experimental work of the author(s). Besides, USRP can be a review of a chosen field of health science, a statistical evaluation, computer software, moving picture, a tool or prototype, any kinds of educational material. Accordingly, the USRP does not necessarily describe new scientific revelations, but must be an intellectual work of the author(s). In line with this requirement, the author(s) should explicitly state if they made any activities with the direct involvement of others and list all of these activities in an annex to the USRP. The author(s) must keep note regarding the activities described in the USRP and keep these notes until their graduation. The Student Scientific Association has the right to request the examination of these notes in the presence of the author(s). The author(s) should provide any assistance necessary for over-viewing their activities by SSC in this respect.

The best students conducting research as part of the schools' TDK Association have the possibility to be authors or co-authors of scientific papers published in peer-reviewed journals.

Each School has established its system to also recognize TDK research activity with academic credits (as electives).

The above-mentioned activities are evaluated by HAC during its reviews, as shown in the Exhibit attached, and Exhibits attached to the answer to the next question.

Exhibit 9: Brief Description of so-called TDK Organization and Activity (excerpt from otdd.hu)

Exhibit 29: Self-evaluation of the General Medicine Programme, 2013, University of Debrecen (excerpt) (page 38 in original)

Exhibit 45: Resolution of The Faculty Council of University of Szeged Medical Faculty.

Exhibit 46: Register of Elective Courses, University of Debrecen, excerpt

Analyst Remarks to Narrative

The country attests that students at the medical schools are afforded independent research opportunities. Specifically, the Scientific Students' Associations of the medical schools, provide supervised basic and clinical department research with professors in the medical schools on selected topics. The Scientific Students' Associations (SSA) members are elected by medical school faculty and the Council of National Scientific Students' Associations familiarize students with research and training within the medical schools.

The research of the student and professor are published within the medical school and encouraged to participate in the Scientific Students' Association conferences for review by Dean's and scientific journal peer-reviewers. The review of the research is subject to comments from the field and decision's on the research are archived by the Association and provided to the Dean of the medical school. The best students conducting research as part of the schools' SSA are provided the opportunity to author or co-author scientific papers published in peer-reviewed journals. Further the activities of the SSA are evaluated by the Hungarian Accreditation Committee (HAC) during its review and identified in the self-evaluation of the University (exhibits 29 and 34). The country also provided the courses provided by the University of Debrecen for the SSA, approval of SSA work for the semester, and a description of the SSA activity as evidence. (exhibits 9, and 45-46).

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 4

Country Narrative

One of the primary goals of medical educational programme is to develop the readiness of our students for lifelong learning. This is one of the goals, as the lifelong medical education is mandatory of all physicians in Hungary. (Meetings, conferences and distant-learning possibilities are organized for them. Unless they collect a certain number of credits in each 5 year evaluation period, they lose their licence.)

In order to help the students to develop these skills, at the end of the general medicine programme, every student has to prepare a diploma thesis based on independent study and on own participation on research. The evaluation of this work is an important part of the final examination of the medical student. The students have to defend this work in front of a committee which is made of on experts in the field covered by the topic of the work. For each student, a mentor/supervisor (a member of faculty) is assigned for the work. While preparing the thesis, each student becomes familiar with the basics of scientific publications. This way, they receive an efficient background and skills for their later lifelong learning. The topic is to be selected and the work starts at the beginning of the clinical block (4th study year) and it is to be finished before graduation. A successful "defense" of the thesis is a prerequisite of the diploma.

The preparation of these works is integrated in the curriculum as follows: All students have to choose their topic. Possible topics with name of the supervisor are compiled by the school on proposals by the departments, but students also have the possibility to have a topic not listed, if they find an appropriate supervisor. The supervisor is a member of the faculty specialized in the relevant topic. In order to earn the credits associated with the theses preparation, students have to consult their supervisor regularly who they get advice etc. from and present their progress. The consultations are documented according to the provisions of the medical school, the documentation is kept on file with all other study related documents of the student.

Beside supporting problem-based learning, medical schools encourage their students to participate in their Undergraduate Research Society, where they can acquire teaching skills and familiarizing themselves with the basics of the research work. The skills they gained this way encourage them to keep living in an educational environment and to handle the scientific literature, necessary for their continuous self-training, easier. The structure of the curriculum and the partly oral exams require synthesis of the knowledge and skills derived from earlier courses, and promotes critical evaluation, independent literature searches, thus provides basis for a lifelong learning in the later professional setting. In order to achieve sufficient skills for lifelong learning, the programme and outcome requirements include the following criteria for the autonomy and responsibility of individuals holding a master's degree: The physician is willing to do postgraduate training necessary for his/her job and required in the professional regulations, and makes and accepts professional evaluation; makes conscious decisions about his/her professional development.

Individuals holding are required to know the information systems of modern health care, research and knowledge acquisition at the user's level. The physician is required to thoughtfully collect professional arguments, evidence and decision criteria and evaluate the available medical literature critically. Besides these abilities and responsibilities, optional courses are included into the curricula that besides preparing for the exams, target the development of skills for lifelong learning.

HAC regularly examines this aspect as part of the programme accreditation, where the Visiting Committee has the opportunity to evaluate sample diploma theses.

Exhibit 29: Self-evaluation of the General Medicine Programme, 2013, University of Debrecen (excerpt) (page 44 in original)

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt) (page 169 in original)

Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt) (pages 16, 19 in original)

Analyst Remarks to Narrative

The country requires students to prepare a thesis based on their independent study and research at the end of the general medicine program to ensure students attain active learning and independent study skills for lifelong learning. The research begins in the students fourth year; is supervised by a faculty member specializing in the topic; includes reviews of scientific publications; and is evaluated and presented to experts in the field for the topic of research prior to receipt of the diploma.

The country's medical schools also have Undergraduate Research Society's within the medical school which develops student teaching and basic research skills. This society encourages the student's continued development and self-training. The structure of the medical program promotes synthesis of knowledge; critical evaluation; independent literature searches; and required courses that target the development of skills for lifelong learning. The trained physicians are then required to thoughtfully and critically evaluate the medical decisions and literature. Lastly, the country attest that physicians are to attend meetings and conferences within a five year evaluation period or lose their licenses to ensure life-long learning occurs.

The Hungarian Accreditation Committee (HAC) examines the diploma thesis component of the medical program and evaluate samples onsite (exhibit 43). The self-evaluation excerpts of medical schools are provided to demonstrate this requirement as well (exhibits 29, and 31).

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 5

Country Narrative

A recent change of NHEA mandated the HEIs to recognize voluntary activities, if conducted in the field of study and relevant to it, with

ECTS credits, and also to take these credits into account for the minimum requirements of the so-called fully elective subjects (max. 5% of the required credits, 18 credits out of 360 in the case of general medicine). [NHEA Article 49.(2)] In order to help the implementation of the new rules, Student Unions, with the cooperation of the Medical Schools, started to organize medical screening activities in the disadvantaged regions of Hungary, and in regions of neighbouring countries inhabited by ethnic Hungarians. Students of medical programmes participated in these activities together with students of other health care programmes (pharmacy, dentistry, nursing, dietetics etc.). Besides of being able to practice their professional skills, this also helps them in developing the skills needed in team work, which they are sure to make use of during their professional life.

As this change of law is a relatively new development, HAC haven't yet had the opportunity to evaluate this aspect of the HEIs' programmes extensively, but is working on completely integrating it into its accreditation standards.

Besides of this, Medical Schools encourage students to participate in other activities covering community prevention and awareness programs organized in cooperation with the Student Unions and several non-governmental organizations (such as the Association of Hungarian Medical Students, kindergartens, primary and secondary schools, municipal organizations). They join awareness-raising campaigns especially for breast cancer, sexually transmitted diseases, cardiovascular risk reduction, obesity prevention, and promotion of healthy lifestyle. Graduate students actively participate in educational work of university hospitals and theoretical departments. They are also active in the health promotion, in community education providing resuscitation, first aid courses for both the youth and for the general public.

In addition, students are encouraged to engage in patient care, under supervision, during their studies by entering patient care jobs or voluntarily helping hospital departments in the patient care, work or help at the National Ambulance Service.

Students also take part in social programs, in raising financial support. They receive organized practical and financial help from the medical school at the initiation of such projects.

HAC evaluates this as part of evaluating the programme contents, which evaluation covers if all the legal requirements as referenced in other answers (with Exhibits given there).

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 4: MHC Decree No 18 of 2016

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education (NHEA) has been amended to include voluntary activities to adhere to the service-learning (exhibit 1). Specifically, the section on Academic requirements and the assessment of student performance, now requires students shall have the opportunity to collect up to five percent of the total number of credits required for obtaining a diploma by taking optional courses, or by participating in voluntary activities in substitution for those courses, pursuant to the higher education institution's rules for organization and operation, and to choose from courses with a total credit value that exceeds the total number of credits required by at least twenty percent in the course of their studies. Review of this requirement by the Hungarian Accreditation Committee (HAC) has not been conducted to date, however, the country attests that medical schools and student Unions are organizing medical screening activities in disadvantaged regions in conjunction with students of other health care programs such as pharmacy, dentistry, and nursing to develop team work skills.

Lastly, students are encouraged to participate in activities for community prevention and awareness, volunteer positions in hospital departments, supervised patient care jobs, and ambulatory services. Graduate students actively work in promoting health care activities, community education projects, and first aid courses for both the youth and the general public.

Staff Conclusion:

Additional information Requested

Country Response

We attach a further excerpt of the Self-evaluation Report (2017) of the University of Debrecen which contains information on the voluntary activities, and which was evaluated during re-accreditation. (page 72 in the original)

Exhibit 102 - Institutional Self-evaluation, 2017, University of Debrecen (excerpt No. 2.)

Analyst Remarks to Response

In response to the draft, the country provided an additional excerpt from the University of Debrecen self-evaluation report which references in section 6, students may choose to take part in voluntary activities in replacement of optional courses. However, the country has not provided the courses these voluntary activities will be replacing for the NCFEMA to assess the impact the removal of these courses will have on the medical program. Further, the country has not provided evidence of the Hungarian Accreditation Committee's (HAC) review or monitoring criteria of this optional requirement.

Staff Conclusion:

Curriculum, Question 6

Country Narrative

basics of natural sciences (medical physics, biophysics, biostatistics, information science, knowledge of measurement technology, medical chemistry, biochemistry, cell biology, molecular biology, molecular genetics);
basics of medical science [anatomy, histology and embryology, medical physiology, medical English terminology, pathology, pathophysiology, clinical physiology, microbiology, basics of immunology, clinical propedeutics (propedeutics in internal medicine and surgery, basic surgical techniques), clinical biochemistry, clinical laboratory diagnostics, medical imaging techniques, first aid and reanimation, preventive medicine and public health, medical pharmacology];
basics of behavioral sciences (medical ethics, medical psychology, communication in medicine, sociology, social psychology);

[Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements of tertiary vocational, bachelor and master programmes; special provisions on medical programmes]

As for HAC examining these requirements, see exhibits referenced in answers to other questions.

Exhibit 4: MHC Decree No 18 of 2016

Analyst Remarks to Narrative

The country attest that the following subjects are required by medical schools in the basic sciences: the basics of natural sciences; the basics of medical science; and the basics of behavioral sciences, which are described in extensive detail within the Minister of Human Capacities (MHC) decree according to knowledge, skill, abilities and attitudes (exhibit 4). In addition, the Act on National Higher Education (NHEA) outlines the academic requirements of the medical school within the law and MHC's responsibility to exercise the law on behalf of the state (exhibit 1). Lastly, the Hungarian Accreditation Committee (HAC) accreditation report excerpts have been provided as evidence to demonstrate the evaluation of the medical schools basic sciences course requirements (exhibit 34).

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 7

Country Narrative

Section 8.1 of the decree referenced above lists subject areas that must be included in the medical school curriculum. The subject area requirements under basics of medical science include coursework in clinical laboratory diagnostics. According to this, accurate quantitative observations of biomedical phenomena and critical analyses of data is an integral part of the medical curriculum in each 4 medical faculties. The course is called clinical biochemistry (or laboratory diagnostics). The minimum requirement is 15 theoretical lectures and 15 seminars ending with a mandatory exam. The course itself – held typically in the 7th and/or 8th semester - is mandatory as well. Additional elective courses and seminars are being held on practical of evaluation of laboratory reports. At all 4 medical faculties the Departments of Laboratory Medicine provide the clinical laboratory service and teach the medical students to interpret these results. Teachers must be specialized in laboratory medicine. In addition to the training given by the laboratory specialists, clinical practicals (especially in internal medicine, immunology, hematology, endocrinology and pediatry) also contain tasks related to the interpretation of lab results.

As for HAC examining these requirements, see exhibits referenced in answers to other questions.

Analyst Remarks to Narrative

The country provided a list of all courses included in medical school curriculum within the Minister of Human Capacities (MHC) decree (exhibit 4). In particular, the courses related to the basics of medical sciences includes the clinical biochemistry/laboratory diagnostics course, which provides quantitative observations of biomedical phenomena and critical analyses of data, as a mandatory course during the seventh or eighth semester at all medical schools in the country. The medical school departments of laboratory medicine provide clinical practical's; interpretations of clinical laboratory results and services for the students; and teachers who are specialists in laboratory medicine. The Hungarian Accreditation Committee (HAC) accreditation report excerpt provides the evaluation of the medical schools clinical laboratory courses for basic sciences course requirements as evidence (exhibit 34).

Staff Conclusion:

Clinical Experience, Question 1

Country Narrative

All these aspects are included in programme and output requirements in Master of Science program in general medicine, single cycle long program as part of the Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements of tertiary vocational, bachelor and master programmes. The decree referenced above lists the mandatory elements of the curriculum as follows: „Clinical medical knowledge for 138-186 credits: [internal medicine (cardiology, gastroenterology, hematology, clinical endocrinology, metabolic diseases, nephrology, clinical immunology, pulmonology), pediatrics, surgery (general, transplant, pediatric, neurologic, cardiac and vascular surgery), traumatology, anesthesiology and intensive care, gynecology and obstetrics, neurology, psychiatry, pharmacotherapy, ENT, infectology - infectious diseases, clinical genetics, clinical oncology, orthopedics, ology, emergency medicine, dermatology, radiology, ophthalmology, urology, dentistry and oral surgery, family medicine, forensic medicine].”

As for HAC examining these requirements, see exhibits referenced in answers to other questions.

Exhibit 4: MHC Decree No 18 of 2016

Analyst Remarks to Narrative

The country attests that requirements for clinical sciences, clinical experience and clinical instruction are provided in the Minister of Human Capacities (MHC) decree, section on the Master of Science program in general medicine requirements (exhibit 4). Specifically, the mandatory elements of the curriculum for clinical medical knowledge and credit hour requirements that include courses related to the basics of natural sciences; the basics of medical science; and the basics of behavioral sciences courses to demonstrate adherence to this guideline. The Hungarian Accreditation Committee (HAC) accreditation report excerpt provides the evaluation of the medical schools clinical area requirements as evidence (exhibit 34).

Staff Conclusion:

Comprehensive Response Provided

Clinical Experience, Question 2

Country Narrative

As noted in the previous section reading clinical experience, all of the subject areas required under the NCFMEA Guidelines are included in the country's curricular requirements. We also note, that as written in answer on section 1 (e), „...[students] are prepared for continuing their studies in the medical training program (PhD program).”

This sentence is included in Master of Science program in general medicine, single cycle long program as part of the Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements of tertiary vocational, bachelor and master programmes. Ex post evaluations of programmes in higher education are conducted by Hungarian Accreditation Committee (HAC) as written in answer on section 4. (h).

As for HAC examining these requirements, see exhibits referenced in answers to other questions.

Exhibit 4: MHC Decree No 18 of 2016

Analyst Remarks to Narrative

The country attests that requirements for knowledge, skills, attitudes, and behaviors for medical training are identified in the clinical sciences, clinical experience and clinical instruction requirements within the Minister of Human Capacities (MHC) decree, section on the Master of Science program in general medicine (exhibit 4). Specifically, the mandatory elements of the curriculum for clinical medical knowledge, skills, attitudes and behaviors are attained through the courses related to the basics of natural sciences; the basics of medical science; and the basics of behavioral sciences courses. Further, the country attests the attainment of these attributes prepare students for continued medical training for the PhD program. The Hungarian Accreditation Committee (HAC) accreditation report excerpt provides the evaluation of the medical schools clinical area requirements as evidence (exhibit 34).

Staff Conclusion:

Comprehensive Response Provided

Clinical Experience, Question 3

Country Narrative

The basic requirements are specified in the Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements (Hungarian: KKK, English: POR) of tertiary vocational, bachelor and master programmes which contains the programme and outcome requirements of all university level programmes in the country.

Annex 4 Section VIII. Subsection 53. specifies the PORs of the programmes in general medicine. While it doesn't explicitly state that both ambulatory and hospital settings have to be provided, from the content of Point 7. „ Educational objectives of the Master of Science programme, and professional competences” it is obvious that these can only be met when providing training in both settings. So, when evaluating, if these requirements are met by a program, HAC obviously takes the facts relevant to this question in account. Additional relevant content of the Decree is as follows,

„8.3. Requirements of the professional practice

Professional practice includes summer practices (nursing, internal medicine, surgery) as well as the thematic professional practices of the 6th year/final-year medical education, such as: internal medicine, surgery, pediatrics, obstetrics and gynecology, neurology and psychiatry. The curriculum of the institution may require further mandatory practices. The duration and requirements of professional practices are determined by the academic program of the faculty.”

The assessment (accreditation process) conducted by the Hungarian Accreditation Committee and performed on site regularly by representatives of fellow faculties evaluates the ability and capacity for clinical training of the accredited faculty. The evaluation process gives consideration to the available specialties, their inpatient and outpatient capacity (number of beds, number of ambulances, size, level of training and scientific output of staff, etc.) for practical training of medical students. The standards are defined by the Hungarian Accreditation Committee and they include the patient care capacity, the number of patients treated in a given period, the infrastructure for patient care and training, the involvement in specialty training, the scientific output, access to the necessary equipment and to the services of other specialties.

The regulations regarding the competences to be acquired and possessed by the time of graduation define the type of skills, abilities and knowledge of medical student, and these are thoroughly evaluated during practical exams closing the individual practical training periods and during the state exam alike. Students are provided by a logbook containing these requirements of clerkship and allowing for both the students and the training departments to monitor the progress. Practical training allowing access to thoroughly studying the major and common diseases is performed partly during the semesters in the form of short practices and also in so called, typically one-week long block practices; one-month long summer practices; and a 12-month long clerkship in the sixth year of training spent by the major clinical disciplines (internal medicine, surgery, gynecology and obstetrics, neurology, psychiatry, pediatrics and emergency medicine).

Additionally, see Exhibit 34 (pages 7, 9, 18 in original) concerning HAC sample evaluations:

Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt)

Analyst Remarks to Narrative

The country attests that requirements for medical program outcomes and requirements are identified within the Minister of Human Capacities (MHC) decree (exhibit 4). These requirements are utilized for the review of medical programs and institutions for the country. The clinical medical requirements along with the educational objectives and competencies are utilized as the standards for delivery and instruction. The MHC requirements for professional practice, including summer practices and professional practices for in and out patient training, are identified by the academic program faculty. However, the country does not specify the location of these trainings.

The country details the type of skills, abilities and knowledge of medical students that must be attained by graduation. The medical schools use logbook tracking of student courses and clinics, which is monitored by the training departments of the medical school, and results from practical and state exam evaluations to monitor these skills.

The country attests that the Hungarian Accreditation Committee (HAC) conducts regular onsite accreditation evaluations on the ability and capacity for clinical training and clerkship at the medical school. The HAC process incorporates the review of practical training of medical students on the available specialties as well as their in and out-patient capacity. Specifically, the HAC assesses patient care capacity; the number of patients treated; the infrastructure for patient care and training; and access and involvement of students in specialty training and equipment. The HAC accreditation report excerpt provides the evaluation of the medical schools standards and requirements as evidence (exhibit 34).

Staff Conclusion:

Additional information Requested

Country Response

The locations of clinical rotations with 2 exceptions are always hospitals, but they also include participation in the outpatient ward of the relevant unit.

The exceptions are the following: rotations in family medicine are done only in an ambulatory setting, i.e. General Practitioners' offices, and one part of the rotation in emergency medicine is completed at the National Ambulance Service.

Analyst Remarks to Response

In response to the draft, the country clarified the ambulatory and hospital setting requirements. Specifically, the country attests that ambulatory settings include rotations in family medicine and emergency medicine; and clinical rotations are in hospitals.

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

Staff Conclusion:

Comprehensive response provided

Supporting Disciplines

Country Narrative

Supporting disciplines (clinical pathology, diagnostic imaging, clinical chemistry) are obligatory parts of the curriculum of the Hungarian medical training, therefore all students have access to the theoretical and practical training in these fields during their studies. (See MHC Decree [Exhibit 4])

As for HAC examining these requirements, see exhibits referenced in answers to other questions.

Analyst Remarks to Narrative

The country attests that medical program incorporates supporting disciplines within the medical school curricula. Specifically, students receive theoretical and practical training in clinical pathology, diagnostic imaging, and clinical chemistry as part of the required curriculum for medical training, which is mandated by the Minister of Human Capacities (MHC) decree (exhibit 4). The Hungarian Accreditation Committee (HAC) accreditation report excerpt provides as evidence to demonstrate the evaluation of the medical schools inclusion of these supporting disciplines (exhibit 34).

Staff Conclusion:

Comprehensive Response Provided

Ethics, Question 1

Country Narrative

Medical Ethics are listed as a compulsory subject in the relevant Ministerial Decree, which also states, as part of the outcome requirements, that graduates have to know „the most important ethical aspects and special legal issues of a doctor’s medical activities”.

As for HAC examining these requirements, see exhibits referenced in answers to other questions.

Exhibit 4: MHC Decree No 18 of 2016

Analyst Remarks to Narrative

The country response identifies the one medical ethics course requirement within the Minister of Human Capacities (MHC) decree and the outcome requirement of graduates to know the most important ethical aspects and special legal issues of a doctor’s medical activities (exhibit 4). However, the extent and nature of the educational experience the medical school is expected to provide within the M.D. has not been clearly explained in the narrative or reflected in the evidence provided for review. Also, the Hungarian Accreditation Committee (HAC) accreditation report excerpt was provided as evidence (exhibit 34); however the excerpt does not demonstrate the review of medical ethics within the medical school in relation to the guidelines.

Staff Conclusion:

Additional information Requested

Country Response

It is expected from the medical schools to highlight the inherently ethical nature of medical activity.

The objectives of the respective courses have to be:

- to enable students to recognize ethical issues when encountered in everyday clinical practice and research
- to provide students with a conceptual-logical system, which helps them to address ethical questions and to resolve ethical dilemmas in an efficient way
- to introduce students to a body of knowledge, which helps them to understand, respect and protect the rights of patients research

subjects and fellow health care professionals

- to help the would-be health care professional to understand the responsibility of the individual, of the health care system and of the society as a whole in maintaining health.

Topics to be included during the classes are principles of medical ethics, informed consent, competence and capacity to make health care decisions, end of life issues, withholding and withdrawal of medical treatment, reproductive issues, confidentiality and medical record, information disclosure to patients, including terminally ill patients, ethical questions of tissue and organ transplantation, the rights of the patients, the doctor-patient and doctor-doctor relationship, and research ethics, as well.

As noted in the previous answers, the Hungarian Accreditation Committee evaluates the curricula in their entirety, the relevant excerpts regarding the compliance with all the government-set curricular criteria (including, but not specifically mentioning criteria relevant to medical ethics) have already been provided previously.

In addition to these, we provide additional excerpts of HAC documents, and we provide a sample description on the curricular place of medical ethics at the University of Szeged.

Exhibit 111 - Self-evaluation of the General Medicine Programme, 2013, University of Pécs (excerpt No. 2.), [page 32 in the original]

Exhibit 112 - HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt No. 2.), [page 2 in the original]

Exhibit 113 - University of Szeged - Course Description MEDICAL ETHICS LECTURE AND SEMINAR

Analyst Remarks to Response

In response to the draft, the country provided medical school ethics requirements. Specifically, the country provided the medical ethics course objectives and topics covered within the medical ethics classes. In addition to the clarification within the narrative, the country provided excerpts from the University of Pecs self-evaluation report of their ethics review; the University of Szeged's ethics course description; and an excerpt from the Hungarian Accreditation Committee's (HAC) report of the curriculum review for medical school ethics courses (exhibits 111-113).

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

Staff Conclusion:

Comprehensive response provided

Communication Skills, Question 1

Country Narrative

Medical Communication is listed as a compulsory subject in the relevant Ministerial Decree, which also states, as part of the outcome requirements (Annex 4, Section 7.1.), a lot of relevant outcome, such as:

„communication with the dying patient and his/her relatives”;

[the graduate]

- can effectively communicate in a medical setting;
- shows emotional intelligence and empathy while communicating with patients, colleagues, next of kin, disabled people or when disclosing bad news;
- communicates effectively in the case of asking for consent and in written communication including the documentation of medical charts, medical results and discharge reports ;
- communicates with emotional intelligence and empathy both personally and on the phone, and relying on an interpreter;
- handles aggression properly;.”

As for HAC examining these requirements, see exhibits referenced in answers to other questions.

Exhibit 4: MHC Decree No 18 of 2016

Analyst Remarks to Narrative

The country response identifies the communication in medicine course requirement within the Minister of Human Capacities (MHC) decree and the professional areas of competence adhere to this guideline. Specifically, the MHC professional areas of competence require the physician/graduate to possess the ability to communicate effectively in a medical setting; with a dying patient and his/her relatives; when requesting consent; and in aggressive situations. Also, the HAC accreditation report excerpt was provided as evidence (exhibit 34); however the excerpt does not demonstrate the review of the communication in medicine requirements of the MHC.

Staff Conclusion:

Additional information Requested

Country Response

It is expected from the medical schools to teach communication strategies that can make the doctor's everyday tasks more effective: how to listen to, ask, inform and collaborate with the patient, families, other doctors and other health professionals. Topics of the classes include all the relevant aspects of medical communication, e.g. collaboration, shared decision making, patient education, empathy and communication, suggestive communication, creating and maintaining compliance, difficult situations in medical practice such as communicating bad news, communication with aggressive patients, communicating about sexual problems, and analyzing cultural differences in medical practice.

As noted in the previous answers, the Hungarian Accreditation Committee evaluates the curricula in their entirety, the relevant excerpts regarding compliance with all the government-set curricular criteria (including, but not specifically mentioning criteria relevant to communications) have already been provided previously.

In addition to these, we provide an additional HAC-excerpt relevant to this question, and we provide a sample description on curricular place of medical ethics at the University of Szeged.

Exhibit 111- Self-evaluation of the General Medicine Programme, 2013, University of Pécs (excerpt No. 2.), page 32 in the original.
Exhibit 114 - University of Szeged - Course Descriptions COMMUNICATION

Analyst Remarks to Response

In response to the draft, the country provided medical school communication requirements. Specifically, the country provided the course objectives and topics covered within the communication classes for the medical school, which ensure doctors are able to listen, ask, inform and collaborate with patients, families, and health professionals. In addition to the clarification within the narrative, the country provided excerpts from the University of Pécs self-evaluation report of their communications curriculum reviewed by the Hungarian Accreditation Committee (HAC); and the University of Szeged's communications course description (exhibits 111 and 114).

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

Staff Conclusion:

Comprehensive response provided

Design, Implementation, and Evaluation, Question 1

Country Narrative

As described under the answer to the question „What requirements does your country have to ensure that the objectives of the educational program will be formally adopted by the faculty, as a whole, and through its recognized governance process?” the whole curriculum-designing/-evaluating process is based on the involvement of (and actually, dominated by) the faculty. There is no need to state this explicitly in written standards, as this is a common-sense requirement in the Hungarian HE system. That's why the faculty's role is not emphasized in HAC standards (or neither in the respective ESG Standard, ESG 1.2.) nor during HAC reviews. Of course, any deviance from this practice would be noted extensively in HAC reports.

The relevant exhibits, describing Curriculum Committee, Faculty Council and other bodies, and their exact role in the process can be found at the previously mentioned question.

Analyst Remarks to Narrative

The country's Act on National Higher Education (NHEA) mandates the Higher Education Institution's (HEI's) senate to define the HEI's educational and research tasks of the educational program in accordance to the Minister of Human Capacities program requirements and recommendations from the Faculty Council, which is the governing body of the respective faculty for medical schools. The country further attests that curriculum-designing and evaluating process involve faculty. However, the country has not identified specific written standards specifically defining faculty standards, per the guideline request. The Hungarian Accreditation Committee (HAC) standards and European Standards Guideline (ESG) also do not require this review.

Staff Conclusion:

Additional information Requested

Country Response

In our answer, we have referenced answers to other questions of the questionnaire, where we have described in details how faculty

has the leading role during curriculum design, development, implementation and evaluation processes, through the various bodies made up of faculty members.

We would like to add, that the role of the Curriculum Committee (in the translation: Curriculum Board) is, in addition to the Exhibits referenced in the original submission, is also shortly mentioned in the accreditation report of HAC originally submitted as Exhibit 34, p. 17 in the original, with regards to the University of Pécs, and on page 22 (although not mentioned by its name), with regards to the Semmelweis University.

As mentioned in the original submission, the composition of the committees and the faculty's exact role in affairs relating to programme objectives and to curricular affairs is not detailed in the reports, as faculty's (almost exclusive) role in these committees, and in these processes is self-evident in Hungary, so the need for detailing these, if having found to be adequate, was previously not felt by the Hungarian Accreditation Committee. However, as noted in the original submission, any shortcomings in this area, for example if there would be a system deviating from these traditional faculty committees, or e.g. these committees would be made up of administrative personnel instead of faculty members, would be noted in the accreditation report and would constitute an impediment for positive accrediting decision.

Analyst Remarks to Response

In response to the draft, the country attests that faculty contributes to curriculum design, development, implementation and evaluation and emphasized the role of the Curriculum Board cited in the Hungarian Accreditation Committee (HAC) report excerpt as the committee responsible for revisions and updates to the curricula, which includes faculty (exhibit 34).

The country also reiterated that the composition of the committees and the faculty's exact role is not detailed in the HAC reports and attests that the faculty role is self-evident. The country further attests that shortcomings or deviations from the traditional faculty committees at the medical school would be noted in HAC reports.

Staff Conclusion:

Additional Information requested

Design, Implementation, and Evaluation, Question 2

Country Narrative

NHEA Article 15.(1) provides for that curricula of all programmes have to be revised every 5 years, by the Higher Education Institution.

Exact details are not laid down in legislation, but HAC requires in its accreditation procedure of institutions to evaluate the effectiveness of their curriculum, formerly according to ESG 2005, now according to ESG 2015 (Standards 1.2, 1.9) The institution reports on it in its self- evaluation report to HAC. The self-evaluation report of an institution is adopted by the highest decision-making body of the institution, the senate.

Exhibit 2: ESG 2015

Curricula are approved at least yearly by the Faculty Council (main decision-making body of the Medical School) after the preparatory work of the Committee responsible for the management of Curricula (Curriculum Committee) and of the Registrar's Office. The Curriculum Committee is reviewing the curriculum for its state of the art, for quality of teaching, for quality of organization, evaluates proposals of new courses, or initiates the announcement of new courses, makes proposals for the assigned credit of the specific courses, helps to maintain the practical orientation of the curriculum, and the proper ratio of basic, preclinical and clinical courses.

Responsibilities of the Curriculum Committee include (1) assessment and classification of the courses as parts of the obligatory, elective or optional modules of the curricula and determining and publishing the standards of this classification (2) modification, compilation of the curricula of graduate trainings and forwarding them to the Faculty Council that makes the decision regarding the approval of curricula. (3) offering and accepting courses from the University's common credit offer and determining the standards of offering and accepting such courses according to the Statutes of the University and the Code of Studies and Examinations of the University.

The Curriculum Committee examines the characteristics of the courses upon requests. Discussions at its meetings are closed by vote, where decisions are made by a simple majority. The scope of the Committee's activity includes but is not limited to a) examining requests for change, especially change of the number of hours, the classification of the course and the determination or change of the credit (ECTS) value of the course, determination or change of the prerequisite courses of the given course, determination or change of the method of grading of the course, determination or change of the recommended semester for offering the course, determination or change of the title of the course,

b) examining requests for introducing or terminating a course. Examining the ECTS value of the courses with regard to the whole curriculum, in cooperation with the head of the given major c) examining requests regarding offering or accepting courses in the University's common credit offer The Curriculum Committee builds his proposals for the faculty on international and national standards, on opinion of the Hungarian Accreditation Committee, on the mission and actual goals of the Faculty, on the quality management system, on the student feedback regarding the quality of courses and teaching, on the evaluation of the grades and student progress and of the employment success data of the former students.

The Feedback Committee of the faculties evaluates the optional, but encouraged regular feedback of student on important features of the teaching at least yearly, and informs the departments, hospitals, practice sites, the specific professors and instructors, the Curriculum Committee and the dean.

The Faculty Council is a democratically elected decision making forum of the Medical School. The Council critically evaluates the proposals of the Curriculum Committee, gives further suggestions, collects the direct input of instructors and students, and decides using a democratic voting system (personal issues require anonymous voting, decisions without personal consequences require open voting). All proposals are made in writing, accessible for all members, and well in advance of the meetings of the Faculty Council.

The Hungarian Accreditation Committee evaluates the University, the Faculty and the specific curricula for appropriateness, quality, good practice, state of the art of teaching, informs the faculty, gives advices, and informs government on accreditation of institutions of higher education, specifically of all Medical Schools

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt) (pages 34, 51 in original)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt) (pages 18, 26 in original)

Exhibit 44: Institutional Accreditation Report, 2017, University of Pécs (excerpt) (pages 11, 17-18 in original)

Analyst Remarks to Narrative

The country attests that Higher Education Institutions, which includes medical schools, are to revise its curricula every five years, per the Act on National Higher Education (NHEA) (exhibit 1). Revisions of curriculum are to be reflected within the self-evaluation reports created by the medical school for the Hungarian Accreditation Committee (HAC) evaluations. The HAC then evaluates the medical school's curriculum effectiveness based upon the European Standards and Guidelines (ESG). Specifically, the ESG requires the Faculty Council to approve curricula, however the Curriculum Committee first reviews the quality of teaching, evaluates proposals of new courses; makes proposals for the assigned credit of the specific courses; maintains the practical orientation of the curriculum, ensure the proper ratio of basic, preclinical and clinical courses; and provides the new curriculum to the registrar.

The country further identifies the following system of curricula review to adhere to the ESG standards requirements for evaluation, review and changes to curriculum. The Curriculum Committee assesses, modifies, and compiles the curricula and training courses based upon the aforementioned review; determines course offerings based upon the statutes of the university; and then presents the Committee findings to the Faculty Council for a decision. The Faculty Council, which is the elected decision making body for the medical school, evaluates the Curriculum Committee's findings, complies suggestions; collects additional contributions from instructors, students and the Feedback Committee, who provides input from departments, hospitals, and practice sites; and then conducts a vote on the revisions. The Hungarian Accreditation Committee (HAC) then evaluates the University, the Faculty and the specific curricula for appropriateness and quality, and then informs the government of accreditation opinions of the medical school based on its review.

The country has provided self-evaluation report excerpts for the Universities of Debrecen and Pecs, and the accreditation report excerpt for the University of Pecs as evidence for this guideline (exhibits 31-32 and 44). The HAC accreditation report excerpt has also been provided in the petition to demonstrate the evaluation of the medical schools standards and requirements (exhibit 34).

Staff Conclusion:

Comprehensive Response Provided

Design, Implementation, and Evaluation, Question 3

Country Narrative

Curriculum shall be designed based on the programme and output requirements set in the Decree No 18/2016 of the Minister of Human Capacities of 5 August 2016 on the programme and outcome requirements of tertiary vocational, bachelor and master programmes.

The NHEA mandates that curricula shall be revised in at least 5 years.

NHEA Article 15 (1). "Higher education institutions shall deliver programmes on the basis of an educational programme. As part of their educational programmes, higher education institutions shall develop the curricula for bachelor, master and tertiary vocational

programmes in accordance with the programme and outcome requirements issued by the minister, and freely for postgraduate specialization programmes. Curricula shall be revised every five years. New and amended study and examination requirements shall be phased in progressively”

Specific requirements used by HAC regarding are design, implementation, and evaluation of a medical school’s curriculum are described by the ESG standards, as described below.

Medical schools are exempted to use all the relevant data for evaluating the quality of their programmes. Acceptance into residency programmes and PHD postgraduate programmes is very good traditionally (close to 100 %), so medical schools themselves don’t need to track these data, but the relevant government agency (National Healthcare Services Center / ÁEEK) keeps track on those, and informs the medical schools, if measures would be needed. The schools also keep track of the results of USMLE results, which are also satisfactory (above 76 per cent).

Institutional accreditation of HEIs by HAC is based on HEIs’ self-evaluation, in accordance of the European Standards and Guidelines Part 1: Standards and guidelines for internal quality assurance. In its self-evaluation guide for HEIs, the relevant standards are as follows:

„1.2 and 1.9 Design and approval / On-going monitoring and periodic review of programmes

Standard: Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.

Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society.

These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.

Guidelines:

Study programmes are at the core of the higher education institutions’ teaching mission. They provide students with both academic knowledge and skills including those that are transferable, which may influence their personal development and may be applied in their future careers.

Regular monitoring, review and revision of study programmes aim to ensure that the provision remains appropriate and to create a supportive and effective learning environment for students.

They include the evaluation of:

- The content of the programme in the light of the latest research in the given discipline thus ensuring that the programme is up to date;
- The changing needs of society;
- The students’ workload, progression and completion;
- The effectiveness of procedures for assessment of students;
- The student expectations, needs and satisfaction in relation to the programme;
- The learning environment and support services and their fitness for purpose for the programme.

Programmes are reviewed and revised regularly involving students and other stakeholders. The information collected is analysed and the programme is adapted to ensure that it is up-to-date. Revised programme specifications are published.

Programmes

- are designed with overall programme objectives that are in line with the institutional strategy and have explicit intended learning outcomes;
- are designed by involving students and other stakeholders in the work;
- benefit from external expertise and reference points;
- reflect the four purposes of higher education of the Council of Europe (cf. Scope and Concepts):

[purposes of higher education:

- o preparation for sustainable employment;
- o preparation for life as active citizens in democratic societies;
- o personal development; and
- o the development and maintenance, through teaching, learning and research, of a broad, advanced knowledge base]

- are designed so that they enable smooth student progression;
- define the expected student workload, e.g. in ECTS;
- include well-structured placement opportunities where appropriate;
- are subject to a formal institutional approval process.

[..]

1.7 Information management

Standard: Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities. Guidelines: Reliable data is crucial for informed decision-making and for knowing what is working well and what needs attention. Effective processes to collect and analyse information about study programmes and other activities feed into the internal quality assurance system. The information gathered depends, to some extent, on the type and mission of the institution. The following are of interest: - Key performance indicators; - Profile of the student population; - Student progression, success and drop-out rates; - Students’ satisfaction with their programmes; - Learning resources and student support available; -

Career paths of graduates. Various methods of collecting information may be used. It is important that students and staff are involved in providing and analysing information and planning follow-up activities.”

Samples of HAC evaluation are found in Exhibit 31 (pages 34, 51 in original), Ex. 32 (pages 18, 36 in original), Ex. 44 (pages 11, 17-18 in original).

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 2: ESG 2015

Exhibit 4: MHC Decree No 18 of 2016

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt)

Exhibit 44: Institutional Accreditation Report, 2017, University of Pécs (excerpt)

Analyst Remarks to Narrative

The country attests that medical school curriculum requirements and design are mandated by the Minister of Human Capacities (MHC) decree for program and outcome requirements (exhibit 4). The Act on National Higher Education (NHEA) also requires curricula to be revised every five years in accordance with the program and outcome requirements issued by the MHC (exhibit 1).

The Hungarian Accreditation Committee (HAC) then utilizes the European Standards and Guidelines (ESG) to evaluate the medical schools design, implementation, and evaluation of its curriculum (exhibit 2). Specifically, medical schools are to use relevant data for evaluating the quality of their program; monitor residency and PhD postgraduate program acceptance; and track USMLE results. It should be noted that the country currently does not have any participating medical school, funding or applications for participation with the Department. The last medical school that received funding, which was the University of Debrecen, lost eligibility in April of 2014.

The ESG sections 1.2 and 1.9 identify the internal quality assurance standards and guidelines for medical schools when preparing the universities self-evaluation reports for review by the HAC. In particular, the standards require on-going monitoring and periodic review of programs; processes for the design and approval of programs; clearly specified program qualifications; and periodic reviews and monitoring of programs to ensure objectives and needs of student are met. The guidelines require programs to meet the teaching mission; and provide students with transferable academic knowledge and skills for personal development. The country also provides the extensive list of ESG program requirements.

The country has provided self-evaluation report excerpts for the Universities of Debrecen and Pecs, and the accreditation report excerpt for the University of Pecs as evidence (exhibits 31-32 and 44). The HAC accreditation report excerpt has also been provided in the petition to demonstrate the evaluation of the medical schools standards and requirements (exhibit 34).

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 1

Country Narrative

Admission to medical programmes, as any other higher education programmes, is conditional upon passing secondary school-leaving examination.

The secondary school leaving examination, which is a state examination according to nationally unified examination requirements, may be taken after the completion of the secondary school. After the fulfillment of the requirements, a secondary school leaving certificate is issued by the secondary grammar school to certify secondary level educational attainment, which enables its holder to apply for admission to a higher education institution. The admissions process is detailed in the answer to question Q2(a)-Q2(b), and how HAC evaluates the admission processes, is also showed there. The MCAT scores themselves are not used by the schools, however, the admission exams cover the same topics as MCAT, as shown under the answer to the next 2 questions [Section (b) Medical Student - Admissions, Recruiting, Publications]

Analyst Remarks to Narrative

The country attests that admission to the medical program requires successful passage of the secondary school -leaving examination, which is a state examination taken after completion of secondary school. Specifically, a secondary school-leaving certificate is issued by the secondary grammar school to certify fulfillment of secondary level education. This certification enables a student to apply for admission to a higher education institution, which includes medical schools. However, the MCAT scores are not used by the medical schools in the country. It should be noted that the country currently does not have any participating medical school, funding or applications for participation with the Department. The last medical school that received funding, which was the University of Debrecen, lost eligibility in April of 2014. The Hungarian Accreditation Committee (HAC) evaluates admission processes during the medical schools accreditation review (exhibit 34).

Staff Conclusion:

Comprehensive Response Provided

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

The admission process is described in the NHEA, in the Government Decree No 423/2012 of 29 December 2015 on the higher education admission procedure, and in the admission policies of the higher education institutions, established based on the law and on the government decree.

Admission to a single-cycle long programme shall be conditional upon the successful completion of the secondary school leaving examination, may be conditional upon the possession of a specific level of language proficiency, may be conditional upon an assessment of medical or occupational fitness or a career aptitude assessment. Higher education institutions offering the same programme may adopt common programme-specific requirements related to aptitude assessment or oral entrance examinations. [See point a) to c) of Article 40 (2) and point b) of Article 40 (3) of NHEA]

Exhibit 1: Act CCIV of 2011 on National Higher Education

The Government Decree specifies, that in case of an application to single-cycle long programmes, the performance of the applicant shall be assessed by the calculation of the total admission score:

- a) by adding the academic points and the scores obtained at the secondary school leaving examination by the applicant, or
 - b) doubling the scores obtained at the secondary school leaving examination by the applicant,
- and in both cases also adding the additional points obtained at the secondary school leaving examination or other additional points, if relevant.

The method of calculation used to determine the total admission score shall be the one that is more favourable for the applicant.

[Government Decree No 423/2012 of 29 December 2015 on the higher education admission procedure, Article 15 (1) and (2)]

[Academic points ((1) a)) are calculated from the point values of grades (grading system: 1 to 5, where 1 is for unsatisfactory, 5 is for excellent) that a student received on the 5 core subjects in the final two years in secondary school, and the grades obtained at the secondary school-leaving examination from the compulsory subjects. Scores obtained at the secondary school-leaving examination (within the meaning of b) above) are calculated from the point value of the grades of examinations taken from two subjects determined by the higher education institution as admission subjects to enter a certain programme.]

According to Annex 3 to the Government Decree No 423/2012 of 29 December 2015 on the higher education admission procedure (Annex 3 on the advanced level secondary school-leaving examinations determined as a precondition to apply to higher education, by programmes and disciplines), students applying to a Medicine programme must have passed an advanced level secondary school-leaving examination in biology, and either in physics or in chemistry. It is noteworthy, that this Annex to the Decree is only modified on the common suggestion of the Higher Education Institutions. In line with this, the current requirements for the advanced level exams in the 2 subjects has also been set on the common suggestion of the body of the four deans.

The quotas for each programme are set by the universities in agreement with the Ministry responsible for higher education. A specificity of the Hungarian system is that universities can set also lower quotas for each programme they offer and if the lower quota is not filled then the programme is cancelled. Besides the lower and upper quotas for each programme, which apply for both the state-financed and fee-paying students, there are upper quotas in each subject set by the government for the total number of students admitted for state-financed studies.

The centralized matching is run by Educational Authority which announces the score-limits for all programmes regarding both the state-financed and fee-paying places. Each student is admitted to the first programme on her list where she achieves the score-limit. Score-limits for state-financed places are higher than for fee-paying places, so those who are willing to pay a contribution can get admitted more easily. An interesting by-product of the matching system is that the score-limits are actually very good indicators of the quality and popularity of the programmes, and they highly correlate with the students' preferences and with the job market perspective of the graduates.

The application and admission requirements for foreign students:

The Government Decree specifies that admission rules to programmes offered for foreign students might differ from the system described above. These differing rules must be set in the admission policy of the Higher Education Institution. [Government Decree No 423/2012 of 29 December 2015 on the higher education admission procedure, Article 41.(1)]

In general, these rules specify, that applicants are required to be at least 18 in the calendar year of application. Students have to have completed high school/senior secondary school and possess good command of English, and a strong motivation to study and practice medicine. The exams consist of multiple choice tests in Biology, Chemistry and English, followed by an oral examination, which will focus on the applicant's knowledge of Biology, Chemistry and English, and will be supplemented by a personal interview that aims to examine the applicant's professional attitude, too. The results are cumulated in a points system, and a ranking is

established according to the points achieved by the applicants.

The final decision on acceptance is granted for the best applicant in the ranking on the decision of the responsible committee („Admission Committee”)

HAC evaluates the admission procedure during its institutional review, according to ESG standard 1.4.:

Standard: Institutions should consistently apply pre-defined and published regulations covering all phases of the student “life cycle”, e.g. student admission, progression, recognition and certification. Guidelines: Providing conditions and support that are necessary for students to make progress in their academic career is in the best interest of the individual students, programmes, institutions and systems. It is vital to have fit-for-purpose admission, recognition and completion procedures, particularly when students are mobile within and across higher education systems. It is important that access policies, admission processes and criteria are implemented consistently and in a transparent manner. Induction to the institution and the programme is provided.[..]

Exhibit 27: Institutional Accreditation Report, 2017, University of Debrecen (excerpt) (page 15 in original)

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt) (page 70 in original)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt) (page 25 in original)

Exhibit 47: Government Decree No 423 on the Admission Process in Higher Education (excerpt)

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education (NHEA), the Government Decree on the Higher Education Admission Procedure, and medical school admission policies created in accordance with the NHEA laws govern the admission procedures for higher education institutions, which include medical schools (exhibits 1 and 47).

The country requirements for admission of Hungarian students to medical school include a student's successful completion of the secondary school- leaving examination in biology, and physics or chemistry; completion of aptitude and foreign language proficiency tests; and assessment and calculation of the total admission score, which includes a compilation score from the examination and the student's grades. Foreign applicants are required to be 18; successfully completed high school/senior secondary school; understand English; and want to study and practice medicine. Applicants must also successfully complete entrance exams in Biology, Chemistry and English; an oral examination on the applicant's knowledge of Biology, Chemistry and English; and an interview. The Admission Committee of the medical school calculates and ranks the best applicants scores for admission.

The country further explains admission procedures that include quotas for acceptance into the medical program set by the universities in agreement with the Ministry responsible for higher education and centralized matching of the program, which is run by the Educational Authority and establishes the score-limits for all programs regarding both the state-financed and fee-paying institutions.

The Hungarian Accreditation Council (HAC) evaluates the admission procedure during its institutional review, according to ESG standard 1.4, which requires institutions to consistently apply pre-defined and published student admission, progression, recognition, and certification requirements. The guideline of standard 1.4 requires institutions to have fit-for-purpose admission, recognition and completion procedures, particularly for students moving across higher education systems.

The country has provided self-evaluation report excerpts for the Universities of Debrecen and Pecs, and the accreditation report excerpt for the University of Debrecen as evidence (exhibits 27 and 31-32). The HAC accreditation report excerpt has also been provided in the petition to demonstrate the evaluation of the medical schools standards and requirements (exhibit 34).

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 3

Country Narrative

The successful passing of the secondary school-leaving examination shall be a precondition for entry to undergraduate courses.

In the case of application for admission to undergraduate courses, the higher education institutions providing courses in the relevant field of training shall jointly decide in which examination subjects the applicants are required to pass the advanced-level secondary school-leaving examination.

The higher education institution shall determine the grade requirements of the secondary school-leaving examination and the necessary level of secondary school performance in order for the candidate to qualify for application. In case the fulfilment of the basic academic requirements demand the satisfaction of health and aptitude related requirements (the requirements concerning aptitude, health related and professional competence shall be published in the Guide for Admission to Higher Education) shall apply. The Government shall decide in which cases taking the health and aptitude tests is mandatory.

For entry to an undergraduate course shall be ranked on the basis of the common admission requirements defined for each field of training per branch of training and program.

The Government Decree specifies that admission rules to programmes offered for foreign students might differ from the system described above. These differing rules must be set in the admission policy of the Higher Education Institution. [Government Decree No 423/2012 of 29 December 2015 on the higher education admission procedure, Article 41 (1)]

In general, these rules specify, that applicants are required to be at least 18 in the calendar year of application. Students have to have completed high school/senior secondary school and possess good command of English, and a strong motivation to study and practice medicine. The exams consist of multiple choice tests in Biology, Chemistry and English, followed by an oral examination, which will focus on the applicant's knowledge of Biology, Chemistry and English, and will be supplemented by a personal interview that aims to examine the applicant's professional attitude, too. The results are cumulated in a points system, and a ranking is established according to the points achieved by the applicants.

The final decision on acceptance is granted for the best applicant in the ranking on the decision of the responsible committee („Admission Committee”)

HAC evaluates the admission procedure during its institutional review, according to ESG standard 1.4.:

Standard: Institutions should consistently apply pre-defined and published regulations covering all phases of the student “life cycle”, e.g. student admission, progression, recognition and certification. Guidelines: Providing conditions and support that are necessary for students to make progress in their academic career is in the best interest of the individual students, programmes, institutions and systems. It is vital to have fit-for-purpose admission, recognition and completion procedures, particularly when students are mobile within and across higher education systems. It is important that access policies, admission processes and criteria are implemented consistently and in a transparent manner. Induction to the institution and the programme is provided.[..]

Exhibits relevant to this question:

Exhibit 27: Institutional Accreditation Report, 2017, University of Debrecen (excerpt) (page 15 in original)

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt) (page 70 in original)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt) (page 25 in original)

Exhibit 47: Government Decree No 423 on the Admission Process in Higher Education (excerpt)

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education (NHEA), the Government Decree on the Higher Education Admission Procedure, and medical school admission policies created in accordance with the NHEA laws govern the admission procedures for higher education institutions, which include medical schools (exhibits 1 and 47). Hungarian students must attain successful passage of the secondary school -leaving examination, which is a state examination taken after completion of secondary school is a requirement for selection and admission to medical school; complete aptitude and foreign language proficiency tests; and be assessed a score from the combination of the students examination score and grades. Foreign applicants are required to be 18; successfully completed high school/senior secondary school; understand English; and want to study and practice medicine. Applicants must also successfully complete entrance exams in Biology, Chemistry and English; an oral examination on the applicant's knowledge of Biology, Chemistry and English; and an interview.

The Admission Committee of the medical school calculates and ranks the best applicants scores for admission. Higher education institutions, which include medical schools, also decide which examination subjects the applicants are required to pass for the advanced-level secondary school-leaving examination (biology, physics or chemistry) for applicants seeking admission to undergraduate courses and the grade requirement for the exam.

The Hungarian Accreditation Council (HAC) evaluates the admission procedure during its institutional review, according to ESG standard 1.4, which requires institutions to consistently apply pre-defined and published student admission, progression, recognition, and certification requirements. The guideline of standard 1.4 requires institutions to have fit-for-purpose admission, recognition and completion procedures, particularly for students moving across higher education systems.

The country has provided self-evaluation report excerpts for the Universities of Debrecen and Pecs, and the accreditation report excerpt for the University of Debrecen as evidence (exhibits 27 and 31-32). The HAC accreditation report excerpt has also been provided in the petition to demonstrate the evaluation of the medical schools standards and requirements (exhibit 34).

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 4

Country Narrative

There's no such explicit requirement, because traditionally, even without this, there is a sufficiently large pool. In the past 11 academic years, the average ratio of admitted to applied students was 38% that is deemed as sufficiently large.

Academic year Applicants Admitted Ratio (adm/appl) Rounded
2006/2007 2928 1017 0,347336065573771 0,35

2007/2008	2697	1028	0,381164256581387	0,38
2008/2009	2349	954	0,406130268199234	0,41
2009/2010	2662	974	0,365890308039068	0,37
2010/2011	2772	1046	0,377344877344877	0,38
2011/2012	2815	1066	0,378685612788632	0,38
2012/2013	2958	1155	0,390466531440162	0,39
2013/2014	2476	1148	0,463651050080775	0,46
2014/2015	2839	1068	0,376188798872843	0,38
2015/2016	2950	1073	0,363728813559322	0,36
2016/2017	2927	1022	0,34916296549368	0,35

Average ratio 0,382727

https://www.felvi.hu/felveteli/ponthatarok_rangsorok/elmult_evek/ElmultEvek/elmult_evek.php?stat=25 (each academic year, general admittance procedure: „Évválasztó: [Year]/Á;” általános orvos” = „general medicine”)

The quotas set by the ministry for the specific medical schools may vary by year, they are decided on taking into account also the number of applicants.

Selection of applicants to be admitted is competition-based: applicants are ranked within their selected programme (in this case: medicine), and each HEI delivering medical programme can accept a predefined maximum number of students. This number is that capacity, for which the given medical school has the staffing, infrastructure and equipment necessary for delivering quality medical education.

Article 39 (5) of NHEA: “Higher education institutions shall decide on admission to tertiary vocational, bachelor, master and single-cycle long programmes by taking into account the performance of the applicants, the maximum number of students determined for the given higher education institution, the student capacity of the selected programme and the order of preference indicated by the applicants, on the basis of a single ranking list applied across the country, except for master programmes.”

Exhibit 1: Act CCIV of 2011 on National Higher Education

Analyst Remarks to Narrative

The country attests that no requirements regarding the size of the applicant pool and entering class exist within the medical schools since the average admittance is thirty eight percent. Selection to medical schools is competition based and quotas for acceptance into the medical program are set by the universities in agreement with the Ministry responsible for higher education.

The Act on National Higher Education also states that higher education institutions, which include medical schools, shall decide on admission by taking into account the performance of the applicants, the maximum number of students determined for the given higher education institution, the student capacity of the selected program, and the order of preference indicated by the applicants (exhibit 1).

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 5

Country Narrative

In Hungary, there is a central admission procedure for bachelor’s programmes, master’s programmes, single cycle long programmes and higher education vocational programmes (except for international joint programmes and if the language of the programme is Hungarian and/or the applicant has Hungarian citizenship).

It means that the full admission procedure (the requirements, the application forms, the attachments, the deadlines, the evaluation system of the applicants, the admission decision etc.) is centralized (except for the requirements in master’s programmes which can be decided by the higher education institution autonomously). All the relevant information of the programmes for the applicants is published by the Educational Authority in the Higher Education Admission Guide, based on the data provided by higher education institutions.

(There is no central admission procedure in case of the language of the programme is not Hungarian AND the applicant does not have Hungarian citizenship; if the programme is an international joint programme, or PhD programmes, or postgraduate specialist training courses.)

In case of no central admission procedure the programmes can still be promoted by the HEIs in the Higher Education Admission Guide.

In the decentralized admission processes, Universities give an accurate description of the school, their educational programme, the

admissions requirements for students (both new and transfer), the criteria used to determine if a student is making satisfactory academic progress in the medical programme, and their requirements for awarding of the M.D. (or equivalent) degree each year on their website.

Specific resources of the Universities can be accessed on the following links:

University of Debrecen:

http://edu.unideb.hu/brochures/medical_and_health_program/index.html

<http://edu.unideb.hu/page.php?bulletins&id=19>

[http://www.edu.unideb.hu/tartalom/downloads/Rules%202017-2018%20\(June%2022\).pdf](http://www.edu.unideb.hu/tartalom/downloads/Rules%202017-2018%20(June%2022).pdf)

http://edu.unideb.hu/page.php?tuition_fees_and_fees_for_extra_proceedings&id=209

University of Szeged:

<http://www.med.u-szeged.hu/fs/application-admission/admission-bulletin>

<http://www.med.u-szeged.hu/fs/medical-program/medical-program>

<http://www.med.u-szeged.hu/fs/our-programs/medical-program>

<http://www.u-szeged.hu/prospective>

University of Pécs:

<http://admissions.medschool.pte.hu>

The ESG standards used by HAC during its accreditation processes also have relevant requirements to this question (standard 1.8., and partially, standard 1.4.):

„1.8 Public information. Standard: Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible. Guidelines: Information on institutions' activities is useful for prospective and current students as well as for graduates, other stakeholders and the public. Therefore, institutions provide information about their activities, including the programmes they offer and the selection criteria for them, the intended learning outcomes of these programmes, the qualifications they award, the teaching, learning and assessment procedures used, the pass rates and the learning opportunities available to their students as well as graduate employment information.”

Guideline to Standard 1.4.: „It is important that access policies, admission processes and criteria are implemented consistently and in a transparent manner.”

Relevant samples of HAC evaluation are found in following Exhibits:

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt) (page 150-151 in original)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt) (page 43 in original)

Additional relevant Exhibit:

Exhibit 2: ESG 2015

Analyst Remarks to Narrative

The country attests that there are centralized admission procedures and a guide for bachelor's, master's and higher education programs, which include admission requirements, application forms, attachments, deadlines, evaluation system of applicants, and the admission decision. The Educational Authority publishes the admission guide with higher education data. The country has provided several links to the University, however the electronic versions of these sites have not been provided as evidence.

The Hungarian Accreditation Council (HAC) evaluates the admission procedures during the institutional review, according to ESG standards 1.8 and 1.4 (exhibit 2). Specifically, standard 1.8 requires institutions to publish information about their programs in clear, accurate, objective, and readily accessible ways; and the guideline requires information provided to be useful for prospective and current students, graduates, stakeholders and the public. The guideline to standard 1.4 also requires accessible policies and consistent and transparent admission processes.

The country has provided self-evaluation report excerpts for the Universities of Debrecen and Pecs, and the accreditation report excerpt for the University of Pecs as evidence (exhibits 31-32). The HAC accreditation report excerpt has also been provided in the petition to demonstrate the evaluation of the medical schools standards and requirements (exhibit 34).

Staff Conclusion:

Additional information Requested

Country Response

We provide the electronic copies of the hyperlinks as requested. Note: the electronic copy of the various information found on the sub-pages of <http://www.med.u-szeged.hu/fs/our-programs/medical-program>, <http://www.u-szeged.hu/prospective>, and <http://admissions.medschool.pte.hu/application-step-by-step>, couldn't be provided now, due to its extensive quantity, but these

hyperlinks are also accessible now.

Exhibit 115 - Admission Bulletin Health Science Programs 2018-2019 - University of Szeged

Exhibit 116 - ENTRY REQUIREMENTS published on homepage - University of Szeged

Exhibit 117 - Brochure No. 1. - University of Debrecen

Exhibit 118 - RULES AND REGULATIONS FOR ENGLISH PROGRAM STUDENTS 2017-2018- UNIVERSITY OF DEBRECEN

Exhibit 119 - Information on other fees as published on the homepage - University of Debrecen

Exhibit 120 - Information on tuition fees as published in the homepage - University of Debrecen

Exhibit 124 - General Medicine Bulletin 2017-18 - University of Debrecen

Analyst Remarks to Response

The country provided electronic copies of the hyperlinks included in the original narrative for review. Department Staff accepts the country's evidence and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Admissions, Recruiting, and Publications, Question 6

Country Narrative

The Government regulates by a government decree that higher education institutions, in fulfilling their record-keeping tasks, shall operate a Study Registration System, and are responsible for the security of data in the system. Each higher education institution lays down its rules on the Study Registration System, in particular as regards its operation, data protection, access to the system, recording of entries, data backup and related procedures, in a separate regulation. Higher education institutions ensure continuous access for their students to their personal and study data recorded in the Study Registration System.

[Articles 34 (1) to (2) of the Government Decree No 87/2015 of 9 June 2015 on the implementation of certain provisions of the Act CCIV of 2011 on National Higher Education.]

Confidentiality of students records is, since May 25 2018, also governed by the European Union's General Data Protection Regulation, which is accessible here: <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32016R0679&from=EN> Besides of this, NHEA Annex 3, Section I/A. also has specific regulations for the collection of the personal and sensitive data of the students. Besides NHEA, each university's Study and Examination Rules govern students' access to their academic records and their confidentiality.

See the relevant part of the study and examination rules of the four universities offering medical degree programmes.

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 10: Study and examination rules UD

Exhibit 11: Study and examination rules UP

Exhibit 12: Study and examination rules USZ

Exhibit 13: Study and examination rules SU

Analyst Remarks to Narrative

The country attests that the higher education institutions, which include medical schools, are mandated by government decree to have a secure Study Registration System and rules for the system in regards its operation, data protection, data access, records management, data backup and related procedures (exhibit 47). Legislation also requires student access to their study and personal data. Confidentiality of the system is governed by the Study and Examination Rules established by the medical school, per the Act on National Higher Education requirements within the law (exhibit 1).

The country has provided study and examination rules for the medical Universities as evidence (exhibits 10-13) of the systems in place. The Hungarian Accreditation Committee (HAC) accreditation report excerpt has also been provided in the petition to demonstrate the evaluation of the medical schools standards and requirements (exhibit 34).

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 1

Country Narrative

Academic requirements and the assessment of student performance are regulated by Articles 49 and 50 of NHEA (see below the next answer). Detailed rules shall be laid down in the study and examination rules of each higher education institutions.

The study and examination rules of the four universities offering medical degree programmes:

Exhibit 10: Study and examination rules University of Debrecen

Exhibit 11: Study and examination rules University of Pécs

Exhibit 12: Study and examination rules University of Szeged

Exhibit 13: Study and examination rules Semmelweis University

NHEA, Article 49

“(1) In the course of studies at a higher education institution, the fulfilment of academic requirements shall be expressed in academic credit points (hereinafter referred to as “credit”), assigned to specific courses and curriculum units, and shall be assessed by marking. The total of the credits accumulated shall express progress toward the completion of a given programme, while the mark received shall express the quality of performance.

(2) In the course of their studies, students shall have the opportunity to collect up to five percent of the total number of credits required for obtaining a diploma by taking optional courses, or by participating in voluntary activities in substitution for those courses, pursuant to the higher education institution’s rules for organization and operation, and to choose from courses with a total credit value that exceeds the total number of credits required by at least twenty percent.

(2a) It shall be ensured that students can include in their individual study schedules, without having to pay any additional cost or fee,

a) courses with a total credit value that exceeds the total number of credits required by at least ten percent, and

b) courses taught in a language other than Hungarian up to ten percent of the total number of credits required.

(3) Students may take courses offered under other programmes at the higher education institution with which they have student status or at other higher education institutions, as guest students, provided that such courses relate to their programmes of study.

(4) Higher education institutions shall provide recommended curricula in order to help students create their own study schedules. Higher education institutions shall ensure for all students the opportunity to participate in assessments and to repeat successful or unsuccessful assessments, guaranteeing that such repeated assessments are carried out in an unbiased manner.”

(5) Credits shall not be awarded for a given learning outcome more than once. Credits shall be recognized only after a comparison of the learning outcomes forming the basis of the credits gained, based on the outcome requirements of the courses (modules) concerned. Credits shall be recognized if there is a seventy-five percent or closer match between the learning outcomes compared. The comparison of learning outcomes shall be carried out by a committee set up for that purpose (hereinafter referred to as “credit transfer committee”) by the higher education institution.

(6) The credit transfer committee may recognize prior non-formal and informal learning, as well as work experiences, for the purpose of the fulfilment of academic requirements, as set out in this Act and the applicable government decree.

(7) Issues related to the application of paragraphs (3) to (6) shall be regulated in the study and examination rules [of the higher education institution], with the stipulation that the number of credits required under the study and examination rules for obtaining a final certificate (absolutorium), but at least two thirds of the credit value of the programme, shall be collected at the given higher education institution, even where previous studies at the institution or elsewhere or prior learning are recognized as having credit values.

NHEA, Article 50

“(1) The higher education institution shall issue a final certificate (absolutorium) to students who have fulfilled the study and examination requirements prescribed in the curriculum, except for those relating to the language examination and the bachelor or master thesis, completed the required practice period and acquired the required number of credits.

(2) Students participating in tertiary vocational, bachelor, master and postgraduate specialization programmes shall take a final examination upon the completion of their studies.

(3) The final examination shall be taken after obtaining a final certificate (absolutorium). Students may complete the final examination during the examination period following the award of the final certificate, before the termination of student status, or in any other examination period within two years after the termination of student status, in accordance with the prevailing programme requirements. The study and examination rules may impose conditions on the completion of a final examination after the expiry of the two-year period following the award of the final certificate. If more than five years have passed since termination of student status, it shall not be possible to take a final examination.

(4) The final examination is the verification and assessment of the knowledge, skills and competences necessary for obtaining a diploma, in the course of which students are also required to demonstrate their ability to apply the acquired knowledge. As defined in the curriculum, the final examination may comprise several parts, such as the bachelor or master thesis defense and oral, written and practical components.

(5) Students who have failed to meet any of their payment obligations toward the higher education institution shall not be allowed to take a final examination.”

HAC evaluates the medical schools’ activity in regard to these during its institutional review, in line with ESG standard 1.4. Samples testifying this:

Exhibit 27: Institutional Accreditation Report, 2017, University of Debrecen (excerpt) (page 17 in original)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt) (pages 23, 25 in original)

Exhibit 44: Institutional Accreditation Report, 2017, University of Pécs (excerpt) (page 15 in original)

Additional Exhibits:

Exhibit 2: ESG 2015

Exhibit 10: Study and examination rules University of Debrecen

Exhibit 11: Study and examination rules University of Pécs

Exhibit 12: Study and examination rules University of Szeged

Exhibit 13: Study and examination rules Semmelweis University

Analyst Remarks to Narrative

The country attests that the principles and methods for the evaluation of student achievement are outlined in the legislation for the Act on National Higher Education (NHEA) (exhibit 1). Specifically, Articles 49, which includes a list of academic requirements in relation to credits, schedules, and curricula; and 50, which includes requirements in relation to program certifications, exams, and payment obligations for overall completion of the medical program. The country further attests that the higher education institutions, which include medical schools, establish specific study and examination rules for their medical school to follow. These rules incorporate the NHEA academic requirements; the scope, establishment and enforcement of the uniform order of procedures concerning the issues and matters related to study and examination regulations; and the individuals, which include the Faculty Educational Committee and the Faculty Council, authorized to act on the study and exam related provisions. These student achievement principles and methods are then evaluated by the Hungarian Accreditation Committee (HAC), pursuant to European Standards and guideline section 1.4, which requires graduation to signify the culmination of the students' period of study through documentation explaining the qualifications gained, including achieved learning outcomes of the studies that were pursued and successfully completed for the degree (exhibit 2).

The country has provided the study and examination rules for all four medical schools within the country as evidence (exhibits 10-13) along with the HAC report excerpts and the self-evaluation report excerpt of the University of Pécs to further demonstrate the evaluation of the aforementioned student achievement requirements (exhibits 27, 32-33 and 44).

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 2

Country Narrative

Academic requirements and the assessment of student performance are regulated, first of all, by Articles 49 and 50 of NHEA.

NHEA, Article 49

"(1) In the course of studies at a higher education institution, the fulfilment of academic requirements shall be expressed in academic credit points (hereinafter referred to as "credit"), assigned to specific courses and curriculum units, and shall be assessed by marking. The total of the credits accumulated shall express progress toward the completion of a given programme, while the mark received shall express the quality of performance.

(2) In the course of their studies, students shall have the opportunity to collect up to five percent of the total number of credits required for obtaining a diploma by taking optional courses, or by participating in voluntary activities in substitution for those courses, pursuant to the higher education institution's rules for organization and operation, and to choose from courses with a total credit value that exceeds the total number of credits required by at least twenty percent.

(2a) It shall be ensured that students can include in their individual study schedules, without having to pay any additional cost or fee, a) courses with a total credit value that exceeds the total number of credits required by at least ten percent, and b) courses taught in a language other than Hungarian up to ten percent of the total number of credits required.

(3) Students may take courses offered under other programmes at the higher education institution with which they have student status or at other higher education institutions, as guest students, provided that such courses relate to their programmes of study.

(4) Higher education institutions shall provide recommended curricula in order to help students create their own study schedules. Higher education institutions shall ensure for all students the opportunity to participate in assessments and to repeat successful or unsuccessful assessments, guaranteeing that such repeated assessments are carried out in an unbiased manner."

(5) Credits shall not be awarded for a given learning outcome more than once. Credits shall be recognized only after a comparison of the learning outcomes forming the basis of the credits gained, based on the outcome requirements of the courses (modules) concerned. Credits shall be recognized if there is a seventy-five percent or closer match between the learning outcomes compared. The comparison of learning outcomes shall be carried out by a committee set up for that purpose (hereinafter referred to as "credit transfer committee") by the higher education institution.

(6) The credit transfer committee may recognize prior non-formal and informal learning, as well as work experiences, for the purpose of the fulfilment of academic requirements, as set out in this Act and the applicable government decree.

(7) Issues related to the application of paragraphs (3) to (6) shall be regulated in the study and examination rules [of the higher education institution], with the stipulation that the number of credits required under the study and examination rules for obtaining a final certificate (absolutorium), but at least two thirds of the credit value of the programme, shall be collected at the given higher

education institution, even where previous studies at the institution or elsewhere or prior learning are recognized as having credit values.

(8) Students with disabilities shall be given the opportunity to prepare for and take examinations in a manner adapted to their disabilities, and shall receive assistance for meeting the obligations arising from student status. In justified cases, disabled students shall be exempted from learning certain subjects, or parts thereof, or the obligation to give participate in an assessment. Where necessary, exemption shall be granted in respect of a language examination, or a part or level thereof. Disabled students shall be allowed a longer preparation period when taking an examination, the use of aids, such as a typewriter or computer, for written examinations and, where appropriate, the option of taking a written examination instead of an oral one. The exemptions pursuant to this paragraph shall be granted only in respect of the grounds thereof and shall not entail exemption from the basic academic requirements to be fulfilled for obtaining the qualification attested by the diploma.”

NHEA, Article 50

“(1) The higher education institution shall issue a final certificate (absolutorium) to students who have fulfilled the study and examination requirements prescribed in the curriculum, except for those relating to the language examination and the bachelor or master thesis, completed the required practice period and acquired the required number of credits.

(2) Students participating in tertiary vocational, bachelor, master and postgraduate specialization programmes shall take a final examination upon the completion of their studies.

(3) The final examination shall be taken after obtaining a final certificate (absolutorium). Students may complete the final examination during the examination period following the award of the final certificate, before the termination of student status, or in any other examination period within two years after the termination of student status, in accordance with the prevailing programme requirements. The study and examination rules may impose conditions on the completion of a final examination after the expiry of the two-year period following the award of the final certificate. If more than five years have passed since termination of student status, it shall not be possible to take a final examination.

(4) The final examination is the verification and assessment of the knowledge, skills and competences necessary for obtaining a diploma, in the course of which students are also required to demonstrate their ability to apply the acquired knowledge. As defined in the curriculum, the final examination may comprise several parts, such as the bachelor or master thesis defense and oral, written and practical components.

(5) Students who have failed to meet any of their payment obligations toward the higher education institution shall not be allowed to take a final examination.”

The evaluation measures are specified in the medical schools' Academic and Examination Regulations, the curricula, and the syllabi of each course. The exact measures vary from course to course, of course, and include, but are not limited to written exams (essays, multiple choice tests), oral exams, practical examinations and the combinations of these, either at the end of an academic semester, or continuously during the whole course, or both.

As for the final examination, referenced in NHEA Article 50, this is coordinated by the National Final Examination Board, simultaneously at all 4 Medical Schools, in its written part with the same questions, which ensures uniformity at the exit level.

The compliance of these measures with the goals of medical programmes are evaluated during HAC's reviews, according to ESG standard 1.4. (see above). Samples testifying this are found in Exhibit 34 (pp. 3, 11, 16, 20, 26 in original) and Ex. 33 (p. 43 in original).

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt)

Exhibit 33: Self-evaluation of the General Medicine Programme, 2013, University of Szeged (excerpt)

Analyst Remarks to Narrative

The country attests that the principles and methods for the evaluation of student achievement are outlined in the legislation for the Act on National Higher Education (NHEA) (exhibit 1). Specifically, Articles 49, which includes a list of academic requirements in relation to credits, schedules, and curricula; and 50, which includes requirements in relation to program certifications, exams, and payment obligations for overall completion of the medical program.

The country further attests that the higher education institutions, which include medical schools, establish evaluation measures specific to the medical schools' academic and examination regulations and the curricula syllabi of the courses, which includes written and oral exams; practical examinations; and the combinations of courses. The medical schools also issue a final exam by the National Final Examination Board conducts a final examination data collection on the graduates.

The country has provided the Hungarian Accreditation Committee (HAC) report excerpt and the self-evaluation report excerpt of the University of Szeged to demonstrate the evaluation of the aforementioned student achievement requirements (exhibits 33-34).

Staff Conclusion:

Comprehensive Response Provided

Country Narrative

The Medical Schools monitor the progress of students in each course and clinical clerkship.

First, in all cases, the attendance is monitored at each course. In the course syllabi, for each course the minimum attendance requirement is set. If this is not met, the student is not allowed to attend the exam, and has to retake the whole course in a new academic term.

Monitoring of progress, on individual level, is also performed by the means of the examinations, which are described in the previous answer.

The NHEA also dictates, that after every academic year, the students global progress has to be evaluated (number of collected credits, and grade point average). The state funded students, who didn't collect 18 credits per semester, or didn't achieve the necessary GPA (in the last to semesters combined), lose their state scholarships, and can only continue by paying the tuition fee. To the places freed up by this process, the best-performing tuition fee students have to be „reclassified”. (Article 48.(2) and 48.(3) NHEA).

Besides of this, NHEA Article 59.(3)a) provides the opportunity for the Universities to set additional academic progress requirements to the students. Such a requirement is found e.g. in Exhibit 13, Study and examination rules Semmelweis University Section 9.1 („Student status is terminated by dismissal if:

1. the number of credit points obtained from mandatory and alternative subjects in the fourth active term following registration is less than 50% of the credit points that can be obtained in the given period,“). If these progress requirements are not met, the student has to be dismissed. (It is also the duty of universities, to issue warnings to the student, before these measures may be initiated.)

The rules for graduation are set forth in NHEA Article 50. and 108.47.

HAC examines the practice of the HEIs relevant to this question, according to ESG standard 1.4.

„ESG 1.4 Student admission, progression, recognition and certification

Standard: Institutions should consistently apply pre-defined and published regulations covering all phases of the student “life cycle”, e.g. student admission, progression, recognition and certification.

Guidelines: Providing conditions and support that are necessary for students to make progress in their academic career is in the best interest of the individual students, programmes, institutions and systems. It is vital to have fit-for-purpose admission, recognition and completion procedures, particularly when students are mobile within and across higher education systems.

It is important that access policies, admission processes and criteria are implemented consistently and in a transparent manner. Induction to the institution and the programme is provided.

Institutions need to put in place both processes and tools to collect, monitor and act on information on student progression.

Fair recognition of higher education qualifications, periods of study and prior learning, including the recognition of non-formal and informal learning, are essential components for ensuring the students' progress in their studies, while promoting mobility. Appropriate recognition procedures rely on

- institutional practice for recognition being in line with the principles of the Lisbon Recognition Convention;
- cooperation with other institutions, quality assurance agencies and the national ENIC/NARIC centre with a view to ensuring coherent recognition across the country.

Graduation represents the culmination of the students' period of study. Students need to receive documentation explaining the qualification gained, including achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed.”

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 2: ESG 2015

As for relevant HAC sample documents, see Exhibits provided for the previous question.

Analyst Remarks to Narrative

The country attests that medical schools monitor student progress and clinical clerkship within the medical school and during the accreditation review. Specifically, medical schools monitor student attendance through the provisions outlined in the syllabi for the courses and student progress through examination results. In addition, the Act on the National Higher Education (NHEA) Article 48 requires student's global progress to be evaluated and monitored after every academic year to determine student funding, GPA

status, loss of scholarships, and program dismissal (exhibit 1). The NHEA also allows medical schools to set additional academic progress requirements in their study and examination rules, along with rules for graduation.

Further, the Hungarian Accreditation Committee evaluates the monitoring activities of the medical school, pursuant to the European Standards and Guidelines (ESG) (exhibit 2). In particular, ESG standard and guidelines 1.4. requires institutional review of student admission, progression, recognition and certification through consistent application of pre-defined and published regulations covering all phases of the students life cycle; the creation of conditions and support mechanisms for student progress in their academic career; and graduation requirements culminating the students' period of study through documentation that explain the qualifications gained, including achieved learning outcomes of the studies that were pursued and successfully completed for the degree.

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 4

Country Narrative

As stated previously, the final examination is the final requirement for graduation. As this is coordinated on national level by the National Final Examination Board, the outcome effectivity of all the universities is comparable directly.

The examination consists of three parts: written test, practical exam and theoretical exam. Only those students are eligible for the final examination who have acquired the final certificate (absolutorium, NHEA 108.47.).

Students can take the written part on 3, centrally pre-determined dates every year. Every student writes the test at the same time and the evaluation of the test happens by the National Final Examination Board, which sends the official final results to the representative officers of the medical schools.

The practical and theoretical exam parts belong together and shall happen on the same day. The oral exam is in the 2 weeks following the written test. The applicants are divided on the days of this period. The theoretical exam shall be completed in front of a final examination board. Among the members of the board, the following subjects have to be represented: internal medicine, surgery, pediatrics, gynecology and obstetrics, and either neurology or psychology. The members are full or associate professors of the Medical Schools, and at least one external expert.

The National Final Examination Board compiles the results of the students of the 4 Medical Schools. As, traditionally, the students of all 4 Medical Schools perform very good (passing rate over 90% in all cases), there was no need until now to set an explicit standard for the passing rate.

During HAC accreditation, HAC reviews also how HEIs use data for the management of their programmes, as set forth in ESG Standard 1.7.:

ESG 1.7 Information management

Standard:

Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

Guidelines:

Reliable data is crucial for informed decision-making and for knowing what is working well and what needs attention. Effective processes to collect and analyse information about study programmes and other activities feed into the internal quality assurance system.

The information gathered depends, to some extent, on the type and mission of the institution. The following are of interest:

- Key performance indicators;
- Profile of the student population;
- Student progression, success and drop-out rates;
- Students' satisfaction with their programmes;
- Learning resources and student support available;
- Career paths of graduates.

Various methods of collecting information may be used. It is important that students and staff are involved in providing and analysing information and planning follow-up activities.

Exhibit 2: ESG 2015

Analyst Remarks to Narrative

The country attests that the student outcome measures utilized for graduation for medical schools is the final examination requirement for graduation that is coordinated by the National Final Examination Board. The exam consists of three parts, the written test, practical exam and theoretical exam. The Act on National Higher Education (NHEA) requires students to attain final certification from the medical school to sit for the final examination (exhibit 1). The final exam results data are then compiled and reported by the National Final Examination Board for all of the medical schools.

In addition, the Hungarian Accreditation Committee evaluates the use and management of program data, pursuant to the European Standards and Guidelines (ESG) (exhibit 2). In particular, ESG standard and guidelines 1.7 requires institutional management that ensures collection, analysis, and utilization of data for the effective management of the program and other activities. The guidelines for this standard then insists data be effectively collected; reliable; and informed it may contribute to the decision making and internal quality assurance systems and mission of the school.

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 5

Country Narrative

NHEA, Article 12 (3) fb:

„(3) The senate shall

(...)

f) define the institution's

(...)

fb) system of student feedback on the performance of the academic teaching staff;”

NHEA, Articles 61 (1) to (2):

„(1) When the rules for organisation and operation are adopted and amended, the students' union shall exercise the right of consent in respect of the following:

a) rules on fees and allowances,

b) rules of student feedback on the performance of the academic teaching staff,

c) study and examination rules.

(2) The students' union shall contribute to obtaining feedback from students regarding the performance of the academic teaching staff and shall exercise the right of consent in respect of the use of funds for objectives related to youth policy and students.”

NHEA, Article 63 (1):

„(...)The rights of consent, consultation and proposal set out in Article 61 shall be exercised by the doctoral students' union in respect of doctoral students.”

All Hungarian Universities are collecting data about the quality of courses and educators, which include questionnaires at the end of every semester anonymously mostly on line. Educators must provide students with constructive feedback. It is the responsibility of course directors to compile educators' observations about student performance, which may figure into narrative assessments. Educators who do not demonstrate adequate feedback skills will be referred to additional resources for improvement, which may include the teaching scholars program, teaching workshops and/or consultation from the course director.

The importance of student feedback is also mentioned in ESG Standard 1.7. „The information gathered depends, to some extent, on the type and mission of the institution. The following are of interest: [...] Students' satisfaction with their programmes;”. According to this, HAC examines during accreditation process the feedback system used by the Institution, and Visiting Committee members also meet with students, who can express their opinion on the effectiveness of feedback collection and the use of the results of this.

Exhibit 1: Act CCIV of 2011 on National Higher Education

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education (NHEA) Articles 12, 61 and 63 outlines the formal processes of higher education institutions, which includes medical schools, for collecting and using information from students on the quality of courses and clerkships. Specifically, NHEA Article 12 requires the senate of the school to define the institution's systems for student feedback and performance for the academic teaching staff. In addition, Articles 61 and 63 of the NHEA requires consent from the doctoral student union for the adoption and amendment of organizational and operational rules of the medical school.

Further, medical schools collect anonymous data about the quality of courses and educators at the schools; provide constructive feedback to the programs; compile data on student performance and observations; and provide narrative assessments on program progress or require improvement plans that provide additional training for educators to demonstrate adherence to the guideline. Lastly, the Hungarian Accreditation Committee (HAC) evaluates the feedback systems of the medical schools, especially, onsite

Visiting Committees that meet with alumni and students during their visits to gain additional feedback about the program, pursuant to the European Standards and Guidelines (ESG) (exhibit 2). In particular, ESG standard and guidelines 1.7 requires information gathering related to the type and mission of the institution and include student feedback on their satisfaction with the program.

Staff Conclusion:

Comprehensive Response Provided

Student Services, Question 1

Country Narrative

According to NHEA, HEIs shall maintain an information and counselling system to help the integration and progress of students during their studies in higher education, giving particular attention to students with disabilities, and provide assistance to career planning during and following the completion of studies, perform tasks relating to nurturing talent and increasing the prestige of science in society.

Students shall have the right to receive complete, accurate and accessible information, provided as set out in law and the rules of the institution, for commencing and pursuing their studies, creating their study schedules and using the educational opportunities and resources available at the higher education institution; and to receive services that correspond to their condition, personal abilities and disabilities.

Higher education institutions may extend the period of funding up to four semesters for students with disabilities.

Students with disabilities shall be given the opportunity to prepare for and take examinations in a manner adapted to their disabilities, and shall receive assistance for meeting the obligations arising from student status. In justified cases, disabled students shall be exempted from learning certain subjects, or parts thereof, or the obligation to give participate in an assessment. Where necessary, exemption shall be granted in respect of a language examination, or a part or level thereof. Disabled students shall be allowed a longer preparation period when taking an examination, the use of aids, such as a typewriter or computer, for written examinations and, where appropriate, the option of taking a written examination instead of an oral one. The exemptions pursuant to this paragraph shall be granted only in respect of the grounds thereof and shall not entail exemption from the basic academic requirements to be fulfilled for obtaining the qualification attested by the diploma.

[Articles 11, 43, 47 (8) and 49 (8) of NHEA]

Additional requirements for student services are included in Annex 1 and Annex 2 of the Government Decree No 87/2015 of 9 June 2015 on the implementation of certain provisions of the Act CCIV of 2011 on National Higher Education.

Every higher education institution, including medical schools should provide the following conditions and services in every city campus:

1. buildings appropriate for education useable for the medical school for at least 8 years,
2. appropriate classrooms, labs, computer rooms, language studying rooms,
3. libraries with a minimum number of rooms for studying,
4. a minimum number computers with intranet and internet accessible for students,
5. study application system (used for organizing the studies),
6. traineeship opportunities if the traineeship lasts at least one term,
7. student sporting facilities,
8. student dormitory facilities,
9. hot meal opportunities for students and staff.

Medical faculties of universities provide their students with a large scale of services at different levels. The departments and institutes of the Faculties offer preventive and therapeutic health services.

Although specially mentioned by the law (only under the general counseling services), the medical schools maintain free psychological counseling services for students run by specially trained psychiatrists in the three teaching languages (Hungarian, English and German). This is especially important for the students of the English Programs, who might come from a far, highly different culture.

The counseling services mandated by NHEA Article 11 and also mentioned in Government Decree 87 of 2015 include academic counseling and carrier counseling as well. The latter includes assistance in career choice and application to residency programmes, and happens with the help of the Carrier Offices of the Medical Schools. (As residency training is coordinated by the Medical Schools themselves, the relevant organisational unit (responsible for post-graduate/specialty training) of the University can also give information directly to the students.)

During academic counseling, students get answers to their question concerning both the compulsory subjects, credit requirements,

other progress requirements etc. and choice between elective subjects and clinical rotation opportunities.

The Students' Union of the University takes part in the allocation of financial aids (study grants, social grants, scientific grants, support of local transportation, students cards). The Students' Service Center of the University offers also a wide scale of administrative services related to financial issues.

It is important to note, that each student is admitted only in possession of an appropriate health insurance. Either they bring their own, or the schools provide a selection for them. General medical counseling, some special medical services, and mandatory annual medical examination are provided for each student on campus for free. - The staff of the Safety Department informs the students each year on the possible health hazards, including contagious diseases, they can come across during their studies in the particular year. Until student attend these trainings mandated by the regulations, they cannot attend practical classes in the clinical environment.

As stated above, some of the topics covered by the question are not regulated by legal requirements, but HAC evaluates also these (and those regulated by law) in line with ESG standard 1.6.

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 2: ESG 2015

Exhibit 27: Institutional Accreditation Report, 2017, University of Debrecen (excerpt) (pages 21, 22-23 in original)

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt) (pages 99, 100, 102, 108, 115 in original)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt) (pages 31, 34 in original)

Exhibit 44: Institutional Accreditation Report, 2017, University of Pécs (excerpt) (page 18 in original)

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education (NHEA) requires information and counseling systems to be in place for students, especially those with disabilities, to enhance student progress and provide assistance with career planning while the student matriculates through the higher education program, which includes medical programs (exhibit 1). Specifically, the NHEA allows students with disabilities at medical schools to have funding periods extended up to four semesters; be afforded examination options conducive to their disability needs; and receive assistance for meeting program obligations to assist their progress in the program while maintaining basic academic requirements to fulfill the qualifications for the medical degree. In addition, the country provides a list of conditions and services every campus should have to foster student success, including appropriate classrooms, computer labs, libraries and traineeships programs.

Further, the country attests that medical school faculties offer preventive and therapeutic health services along with free psychological counseling services for students, which are run by trained psychiatrists. The doctoral union of the medical school assists in allocating study grants, social grants, scientific grants, and local transportation support in conjunction with the Students' Service Center, which provides students administrative services related to financial issues. Lastly, the medical school provides on campus students with health insurance and free general medical counseling, special medical services, and mandatory annual medical examinations.

The Hungarian Accreditation Committee (HAC) evaluates the aforementioned activities of the medical school, pursuant to the European Standards and Guidelines (ESG) (exhibit 2). In particular, ESG standard and guidelines 1.6 learning resources and student support services, requires institutions to ensure that adequate and readily accessible learning resources and student support are provided to meet the needs of diverse student populations, which includes those with disabilities. The country provided accreditation and self-evaluation report excerpts from the Universities of Debrecen and Pecs to demonstrate adherence of this guideline during institutional and HAC evaluations (exhibits 27, 31-32 and 44).

Staff Conclusion:

Comprehensive Response Provided

Student Services, Question 2

Country Narrative

The basic requirements regarding the confidentiality of students' academic records and all further personal data of students are regulated in Annex 3 of to the National Higher Education Act. Since May 25, 2018, also the General Data Protection Regulation of the European Union applies to the Universities. (accessible here: <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32016R0679&from=EN>) The last point of each section of this Annex specifies exactly, who can be allowed to have access to these data (see exhibit).

Students, of course, have access to all of their academic records, via the Study Registration System, as described below in detail.

Beside of the Act, the Government regulates by a government decree that higher education institutions, in fulfilling their record-keeping tasks, shall operate a Study Registration System, and are responsible for the security of data in the system. Each higher education institution lays down its rules on the Study Registration System, in particular as regards its operation, data protection,

access to the system, recording of entries, data backup and related procedures, in a separate regulation. Higher education institutions ensure continuous access for their students to their personal and study data recorded in the Study Registration System. This System is an electronic study administration system.

[Article 34, paragraphs (1) and (2) of the Government Decree No 87/2015 of 9 June 2015 on the implementation of certain provisions of the Act CCIV of 2011 on National Higher Education]

Besides NHEA, each university's Study and Examination Rules govern students' access to their academic records and their confidentiality, and also the right to challenge the records, in which case, there has to be a review.

See the relevant study and examination rules of the four universities offering medical degree programmes:

Exhibit 10: Study and examination rules University of Debrecen

Exhibit 11: Study and examination rules University of Pécs

Exhibit 12: Study and examination rules University of Szeged

Exhibit 13: Study and examination rules Semmelweis University

The evaluation of compliance with Data Protection Regulations is mainly not the task of HAC, since there is a responsible autonomous national agency for that, the Hungarian National Authority for Data Protection and Freedom of Information (Hungarian abbreviation: NAIH). NAIH is responsible for all kind of issues related to data protection, has the right to conduct regular official inspections regarding the data protection practices of all governmental institutions, which include state universities, and so also their medical schools. All students have the right to initiate a review by NAIH, regarding the confidential keeping of their personal data.

Please, also see details provided under the response to Question 6 under Section 5 (Medical Students) of the documents.

HAC might only examine these aspects as part of its evaluation regarding the whole quality assurance system (which is to ensure compliance with all legal regulations), and regarding the information management in the institution.

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 10: Study and examination rules UD

Exhibit 11: Study and examination rules UP

Exhibit 12: Study and examination rules USZ

Exhibit 13: Study and examination rules SU

Exhibit 27: Institutional Accreditation Report, 2017, University of Debrecen (excerpt) (page 22 in original)

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt) (pages 108, 109, 142 in original)

Analyst Remarks to Narrative

The country attests that the confidentiality of student academic records is housed in the Study Registration System in accordance with the requirements of the Act on National Higher Education (NHEA) (exhibit 1), amended Government decrees and the General Data Protection Regulation of the European Union, which applies to higher education institutions, including medical schools; however, the electronic copy of the General Data Protection Regulation of the European Union has not been provided for analysis. Specifically, the aforementioned legislation requires medical schools to operate a secure Study Registration System, accessible to all students, to meet the record keeping requirements within the legislation. Further, the medical school is responsible for system creation, maintenance, rules for operation, data protections and backups, and policies and procedures for the system.

As mentioned in the student achievement section of the petition, medical schools, establish specific study and examination rules for their medical school to follow. These rules incorporate the NHEA academic requirements; the scope, establishment and enforcement of the uniform order of procedures concerning the issues and matters related to study and examination regulations; and the individuals, which include the Faculty Educational Committee and the Faculty Council, authorized to act on the study and exam related provisions. The study and examination rules of the school also outline access and confidentiality of student academic records and the review procedures for addressing problems with the system. The country has provided study and examination rules for the medical Universities as evidence of the systems in place (exhibits 10-13).

The country attests that the Hungarian Accreditation Committee (HAC) utilizes the expertise of the National Authority for Data Protection and Freedom of Information (NAIH), who is responsible for Data Protection Regulations and inspections of data protection practices of all governmental institutions including medical schools, for the review of the Study Registration System. However, the HAC does inspect quality assurance as part of its examination of the medical school. The country has provided the University of Debrecen accreditation and self-evaluation report excerpt to demonstrate the evaluation of the medical schools Study Registration System (exhibits 27 and 31).

Staff Conclusion:

Additional information Requested

Country Response

We provide the electronic copy of the EU regulation, as requested.

Exhibit 121 - General Data Protection Regulation (EU)

Analyst Remarks to Response

The country provided the electronic copy of the General Data Protection Regulation referenced in the original narrative for review. Department Staff accepts the country's evidence and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Student Complaints, Question 1

Country Narrative

First of all, all students are, by law, granted the right to fill a formal appeal against decisions, measures, or failures to act, of the higher education. This right of the students to appeal is regulated by Articles 57 and 58 of NHEA:

„Article 57

- (1) In the event of the infringements of their rights, students may
 - a) seek legal assistance from the students' union,
 - b)
 - c) lodge an appeal, which shall be examined by the higher education institution as set out in this Act,
 - d) initiate proceedings by the Commissioner for Educational Rights, provided that all remedies available under this Act, except for judicial proceedings, have been exhausted.
- (2) In the cases specified in this Act, the relevant government decrees and its rules for organisation and operation, and if so requested by the student, the higher education institution shall notify the student of decisions that concern him or her in writing. The decision adopted by the higher education institution concerning the student shall be final if the student concerned fails to lodge an appeal within the time limit set in paragraph (3) or has waived the right to lodge an appeal.
- (3) With the exception of decisions relating to the assessment of academic achievements, any decision or measure, or failure to act, of the higher education institution (hereinafter referred to jointly as “decision”) shall be subject to appeal within fifteen days after notification or, in the absence of notification, the student's becoming aware of it. Students may also initiate proceedings against a decision relating to the assessment of academic achievements if it was not based on the requirements adopted by the higher education institution, or conflicts with the higher education institution's rules for organisation and operation or any provision applicable to the organisation of examinations has been violated.
- (4) The appeal lodged shall not be examined by
 - a) the same person who adopted the contested decision or failed to adopt a decision,
 - b) a person who is a close relative of the person referred to in point a),
 - c) a person who cannot be expected to consider the case objectively.
- (5) The higher education institution may adopt the following decisions in respect of the appeal:
 - a) the appeal is dismissed,
 - b) the person who failed to adopt a decision is ordered to adopt a decision,
 - c) the decision must be amended,
 - d) the decision must be annulled, and the decision-maker is ordered to carry out a new procedure.
- (6) During the examination of the appeal, the clarification of the facts, the calculation of time limits, failure to meet a deadline without fault on the part of the appellant, the form, content and notification of the decision, and the correction, replacement, supplement, amendment or revocation of the decision upon request shall be governed, as appropriate, by the provisions of the Act on Administrative Procedure.
- (7) The decision at second instance shall become final and enforceable upon notification, unless the student has applied for judicial review.

Article 58

- (1) The student may apply for the judicial review of the decision adopted in respect of the appeal within thirty days after its notification, on the grounds that it violates the law or the provisions applicable to student status. For the purposes of these provisions, the provisions applicable to student status shall include provisions on the rights and obligations of students laid down in legislation and the institutional documents.
- (2) The rules of administrative litigation laid down in the Code of Civil Procedure shall apply to the court proceedings. The court may overturn the contested decision. The court shall deal with the case under the urgent procedure.
- (3) Article 57 and paragraphs (1) and (2) shall apply mutatis mutandis to decisions and failure to act concerning
 - a) applicants to higher education institutions,
 - b)
 - c) students whose student status no longer exists.
- (4) Higher education institutions shall lay down the rules of appeal procedures in their rules for organisation and operation, within the framework set in this Act.”

Besides of this procedure mandated by law, HEIs, including Medical Schools provide an opportunity for students to fill written complaints even in cases which don't explicitly constitute infringements on their rights, or the student doesn't want to have a formal review of the original decision. The exact procedure of this differs by HEI, and is regulated by the regulations and by-laws (e.g. Organizational and Operating Rules, Code of Ethics etc.), of the HEI.

In both cases, all written documents created during these procedures, including the complaints themselves, are to be kept on file by the HEI. The exact rules of filing and record-keeping are regulated by Government Decree No 335/2005 of the 29th December 2015 on the General Requirements of Record-keeping in Bodies Providing Public Service (as amended multiple times), which covers the HEIs having medical schools since all of them are public organizations. This decree states the framework of file-keeping, mandates that all documents and record created in or handled by public organizations be kept for a specified minimum time and mandates all public institutions to prepare their own Document Handling Regulation specifying the exact procedures of document handling and records keeping and the exact times for keeping the records, specified for each type of documents. Beside of these regulations, HEIs have also to comply with regulations set out in Annex 3 Chapter I/B. of the NHEA which specifies that certain personal data of students might be kept by the HEI for 80 years after termination of student status. According to all of the above, the HEIs having Medical Schools keep documentation on file regarding student complaints for 5-15 years.

The appropriate procedures of the HEIs for dealing with the students' complaints are a basic component of the guidelines belonging to ESG standard 1.3, so HAC examines this aspect of the functioning of Medical Schools during the institutional reviews extensively. HAC Review Panels have access to all the documentation of the HEI during site visits (on-site reviews), so this of course includes the documentation of complaints as well. The Review Panels also had an open meeting with students and alumni during which they also had the opportunity to point out any complaints, whether formerly filled previously with the institutions or not. During and before reviews, the students also had an opportunity to directly address their complaints to the HAC via Ha specific e-mail address, which opportunity the students were made aware of during the on-site visits, and continuously on the homepage of HAC. The President keeps the personal data of the complainers confidentially and forwards the complaints to the Review Panel responsibly for the HEI concerned.

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 27: Institutional Accreditation Report, 2017, University of Debrecen (excerpt) (page 16 in original)

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt) (page 45 in original)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt) (page 16 in original)

Exhibit 44: Institutional Accreditation Report, 2017, University of Pécs (excerpt) (page 13 in original)

Analyst Remarks to Narrative

The country attests that all students are afforded the opportunity to file a formal appeal against decisions and failures to act by the higher education institution, which includes medical schools, per the Act on National Higher Education (NHEA) (exhibit 1). Specifically, Articles 57 and 58 of the NHEA lists and defines the rights of the student and procedures for the student to follow appeal decisions. In addition, the medical schools allow students to submit informal written complaints on various issues, which are handled by the particular schools internal procedures outlined in their Organizational and Operating Rules (OOR) and evaluated by the medical schools review panel.

The country also requires student complaints to be maintained and kept on file, per the General Requirements of Record-keeping in Bodies Providing Public Service decree, which mandates institutions to keep all documents and records created in or handled by public organizations for a specified time, which is 5-15 years for medical schools; and prepare their own document handling Regulations identifying procedures for these records. However, this decree has not been provided as evidence for analysis.

The Hungarian Accreditation Committee (HAC) examines student complaints and medical school procedures for handling of complaints in accordance with the European Standards and Guidelines (ESG) Section 1.3, which requires institutions to have appropriate procedures for dealing with students' complaints. In particular, the HAC accreditation process requires medical schools, during onsite visits, to provide access to all school documents, including complaints; meetings with alumni and students during the visits; and students be provided direct email access to the HAC to discuss issues with the Committee directly. Lastly, complainant's personally identifiable information is kept confidential by the President of the school during the review process.

The country provided the accreditation report excerpts and the self-evaluation excerpts of the Universities of Debrecen and Pecs to demonstrate the review of the aforementioned procedures by the HAC (exhibits 27, 31-32 and 44).

Staff Conclusion:

Additional information Requested

Country Response

We provide an electronic copy of the excerpt of the Act on National Public Education relevant to the Office of the Commissioner for Educational Rights.

Exhibit 122 - Act on National Public Education (excerpt)

Analyst Remarks to Response

The country provided an excerpt of the electronic copy of the Act on National Public Education relevant to the Office of the Commissioner for Educational Rights. However, the excerpt requested, the Government Decree No 335/2005 of the 29th December 2015 on the General Requirements of Record-keeping in Bodies Providing Public Service, has been provided in the Student Complaints, Question 2 section of the petition.

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

Staff Conclusion:

Comprehensive response provided

Student Complaints, Question 2

Country Narrative

As stated previously, during and before the institutional reviews, and programme reviews, students had the opportunity to directly address their complaints to HAC via a specific e-mail address, which opportunity the students were made aware of during the on-site visits, and continuously on the homepage of HAC. The President keeps the personal data of the complainers confidentially and forwards the complaints to the Review Panel responsibly for the HEI concerned. The Review Panels also had an open meeting with students and alumni during which they also had the opportunity to point out any complaints, whether filled formerly with the institutions or not.

Students were made aware of the first path continuously on the homepage of HAC, and also before the visit, HAC requested the HEI to make this information available to students by direct message via the electronic study administration system. Also, of the second path (meeting with the Review Panel), students have been made aware by direct message via the electronic study administration system and news sections of the homepage of the HEI, and social media platforms, if applicable

Besides of this, students also have the opportunity to fill complaints directly to the Ministry of Human Capacities (ministry responsible for education), cases of which, when all fields of study are concerned (not only medicine), happen regularly. The process of this is not entirely formalized, but the Minister has the right to initiate a procedure of legality check with the help of the Educational Authority as specified in the NHEA (Articles 65-66), if he deems it necessary according to the content of the complaint.

The NHEA also established the office of Commissioner for Educational Rights. According to operative Hungarian legislation, all students - including participants of medical higher education -, who believe that their educational rights have been infringed, have an additional channel to seek legal remedy. Assuming that they have already tried to solve their case on an institutional level, besides of filing for a judicial review, they also have the right and opportunity to submit their complaint to the Commissioner for Educational Rights instead of the judicial process.

The Office of the Commissioner for Educational Rights is a unique institution. It is charged with helping the various participants of education to enforce their rights to the fullest possible extent, let them be children, pupils, parents, educators, students, researchers, teachers or their associations. The Commissioner (also called as Ombudsman) is directly and exclusively responsible to the Minister of Human Capacities (responsible for education) with his annual report. According to the Act CXC of 2011 on National Public Education the Commissioner cannot ask for, nor accept any kind of order or instruction regarding his duties, thus ensuring his independency and impartiality.

The proceeding of the Commissioner can be initiated free of charges. The Commissioner shall investigate all petitions, and if the petition is proven well founded, he initiates conciliation process between the parties. If it seems that the conciliation has not led to a consensus, the Commissioner prepares a recommendation to the institution or its supervisory organ.

Since its establishment in the year of 1999, the Office has investigated tens of thousands of complaints, several of them concerning the field of higher education. Most of these are related to the issues of school-leaving examinations and entrance to the institutions of higher education, studies and examination or charges and fees payable by students and the available forms of support. During these years, almost every initiation and recommendation made by the Office has been accepted and implemented by the institutions addressed.

The students' right to seek the help of the Commissioner for Educational Rights is stated by the Act CXC of 2011 on National Public Education and the Act CCIV of 2011 on National Higher Education as well. Information about the procedure of the Office is available on its website (www.oktbiztos.hu), and besides Hungarian it can also be found in English and any other language used in Europe, as well as in the languages of all the minorities living in Hungary.

The Commissioner for Educational Rights reports on his activities annually, informing the public about the complaints received and investigated by his Office. These annual reports are also available on the abovementioned homepage, and they are sent each year to the higher educational institutions operating in the country and furthermore to the National Union of Students in Hungary, hoping that they may be of assistance to those in need.

Analyst Remarks to Narrative

The country attests that the Hungarian Accreditation Committee (HAC) examines student complaints and medical school procedures for handling of complaints in accordance with the European Standards and Guidelines (ESG) Section 1.3, which requires institutions to have appropriate procedures for dealing with students' complaints. In particular, the HAC accreditation process requires medical schools, during onsite visits, to provide access to all school documents, including complaints; meetings with alumni and students during the visits; and students be provided direct email access to the HAC to discuss issues with the Committee directly. Similarly, the Review Panel of the medical school meets with alumni and students to discuss issues, including complaints, separate from the HAC onsite visit, in which students are also able to directly contact the Review Panel electronically about specific concerns. Lastly, complainant's personally identifiable information is kept confidential by the President of the school during the review process.

The country further attests that students may file complaints directly with the Ministry of Human Capacities (MHC) based on the nature of the complaint. The MHC in conjunction with the Educational Authority may then conduct a legality check of the medical school utilizing the provisions of Articles 65 and 66 within the Act on National Higher Education (NHEA) (exhibit 1). Additionally, students, parents, educators, researchers, teachers or their associations may file a complaint with the office of Commissioner for Educational Rights or the Ombudsman, established by the NHEA and the Act on National Public Education (NPEA); however the NPEA has not been provided electronically for review. After attempting to satisfy the issues at the school level, the Ombudsman then provides independent and impartial reporting for the complainant, affording them the opportunity to pursue legal action against infringement of their educational rights prior to seeking judicial intervention. Upon completion of the Ombudsman's findings, a resolution is discussed with the respected parties and the Ombudsman prepares a recommendation to the institution or supervising entity for implementation, which is made public. Lastly, the country provides an HAC accreditation report excerpt demonstrating the review of the aforementioned process as evidence (exhibit 34).

Staff Conclusion:

Additional information Requested

Country Response

We provide a translation of relevant excerpts of the requested Government Decree No 335/2005 of the 29th December 2015 on the General Requirements of Record-keeping in Bodies Providing Public Service

Exhibit 123 - Government Decree 335 of 2005 (excerpts)

Analyst Remarks to Response

The country provided an excerpt of the electronic copy of the Government Decree No 335/2005 of the 29th December 2015 on the General Requirements of Record-keeping in Bodies Providing Public Service. However, the excerpt requested, the Act on National Public Education relevant to the Office of the Commissioner for Educational Rights, has been provided in the Student Complaints, Question 1 section of the petition.

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

Staff Conclusion:

Comprehensive response provided

Finances, Question 1

Country Narrative

Funding for the operation of higher education institutions shall be ensured by their maintainers. In Hungary there are no privately owned medical schools. The funding provided by the state for higher education shall be determined by the act on the annual budget. The system of state funding provided to support the operation of higher education institutions shall be defined by the Government. Funding may also be provided to higher education institutions through an application procedure or under an agreement.

State funding shall be provided to all public higher education institutions on equal terms, and to ecclesiastical and private higher education institutions under agreements made with the Government, unless otherwise provided by law.

[Articles 84 (1) and (3) of NHEA]

Within the scope of their economic activities, higher education institutions may take any decision or measure that contributes to the accomplishment of their tasks defined in their founding charters, provided that such decisions and measures do not jeopardize the performance of core tasks and the effective use of public funds and assets, including in particular the conclusion of contracts and association agreements, the establishment of business organisations, the use of the assets placed at their disposal (hereinafter

referred to as “assets placed at the disposal of the higher education institution”) and the exploitation of such assets in accordance with their asset management contracts. Higher education institutions shall be obliged to use the resources available to them properly and economically, and to protect their intellectual and other assets.

[Articles 86 (1) and (2) of NHEA]

Besides public funding, universities have their own revenues from student fees, research activities and R&D collaborations. Medical schools might have for-profit activities such as the Foreign Language Medical Programs. The revenues from these programs remain at the universities.

The deans and the management of the Medical Schools in Hungary have a direct and all-round access to and review of the medical schools’ financial records.

The size and scope of the educational program are governed by laws and rules applicable to the programme and outcome requirements of medical education.

The number, topics, credit numbers and content of the courses are determined by the University.

The curricula of the Medical Schools in Hungary are similar, all of them have to fulfil the requirements of the Bologna System in the interest of interoperability and comparability. The aim of the Bologna System is to create a European Higher Education Area which is attractive for both students and teachers in Europe and other parts of the world, internationally competitive and promotes mobility.

Exhibit 1: Act CCIV of 2011 on National Higher Education

Analyst Remarks to Narrative

The country attests that funding for higher education institutions, which includes medical schools, is provided by the government, student fees, for profit research activities and developmental collaborations. However no privately owned medical schools are operated within the country. Specifically, the Act on National Higher Education (NHEA) Article 84 mandates that state funding shall be provided to all public higher education institutions equally (exhibit 1). Medicals may make decisions on behalf of the program to accomplish desired tasks as long as the decisions do not adversely affect public funds or assets, pursuant to Article 86 of the NHEA, which also requires higher education institutions, which includes medical schools, to use resources available to them properly and economically while protecting their intellectual and other assets. Lastly, the country asserts that access and review of financial records of the medical school is the responsibility of the management of the medical school, which includes the Medical Faculties Deans.

Staff Conclusion:

Comprehensive Response Provided

Facilities, Question 1

Country Narrative

NHEA, Articles 7 and 8 (1):

“Article 7 (1) Higher education institutions shall have permanent seats and permanent academic teaching and research staff.

(2) The permanent seat is the place where the higher education institution performs its core activities and has its central administration, provided that it remains available for the performance of the tasks of the higher education institution for not less than eight years, as defined by the Government.

(3) The requirement of having permanent academic teaching and research staff shall be deemed fulfilled if the higher education institution employs at least sixty percent of the members of the teaching and research staff necessary for the performance of its core activities under employment contracts or on a public service employment basis.

Article 8

(1) As a preliminary condition for issuing the operating authorization, the maintainer shall prove that all conditions necessary for the operation of the higher education institution exist or can be created gradually, according to the needs of educational and research activities.”

A more detailed list of infrastructural requirements is in Annex 1 Section 2 and Annex 5 Section 2 Subsection j) of the Government Decree No 87/2015 (IV. 9.) on the implementation of certain provisions of Act CCIV of 2011 on National Higher Education. The Annex has no specific requirements for clinical facilities, but mandates in general that institutions have in every cases to provide „the infrastructure necessary for teaching and research” (Annex 1. Article 2./a)/ab)

HAC evaluates these requirements during its reviews. Samples are found in Exhibit 27 (page 22 in original), Ex. 32 (page 34 in original), Ex. 34 (pages 8, 13, 17, 22, 27 in original), Ex. 44 (pages 16, 18 in original):

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 27: Institutional Accreditation Report, 2017, University of Debrecen (excerpt)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt)

Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt)

Exhibit 44: Institutional Accreditation Report, 2017, University of Pécs (excerpt)

Exhibit 48: Annex 1 of Government Decree 87 of 2015 (Excerpt)

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education (NHEA) Articles 7 and 8 identify the requirements related to the facilities (exhibit 1). Specifically, Article 8 requires proof from the higher education institution that all conditions necessary for operation exist for the needs of educational and research activities, prior to the granting of operation authorization. In addition Article 7 requires higher education institutions to have permanent seating to conduct and perform its core activities; and permanent academic teaching and research staff comprised of sixty percent of the members of the teaching and research staff necessary for the performance of its core activities.

The country also states that no specific requirements for clinical facilities, but mandates institutions to provide the infrastructure necessary for teaching and research, per the Government Decree on the implementation of certain provisions of (exhibit 48).

The country has provided self-evaluation and accreditation report excerpts to demonstrate the evaluation of the facilities at the medical schools as well as an HAC accreditation report to demonstrate the review of the facilities for accreditation (exhibits 27, 32, 34 and 44).

Staff Conclusion:

Comprehensive Response Provided

Facilities, Question 2

Country Narrative

For the part (c) of the question, the detailed answer (and Exhibits) can be found in the previous answer.

Medical schools' facilities include offices for faculty, administrators and support staff; laboratories for research, dissection rooms, student classrooms and laboratories, lecture halls, space for student use, dormitories, equipment for library and information access.

Some research focuses and activities of the institutes with some introduction of the infrastructure and research co-operations:

The Faculty of Medicine of University of Debrecen comprises 22 Basic Science Departments and 25 clinical departments and operates 8 doctoral schools. Research is carried out by >50 independent research groups assisted by 7 core facilities providing access to high end research infrastructure (among others) in genomics, proteomics and advanced imaging. The main research priorities cover metabolic, cardiovascular, neoplastic and inflammatory diseases.

The research facilities of the Medical School at the University of Pécs were successfully audited for quality certification in 2017. Most of the research groups are organized to several Centers of Excellence at the University of Pécs. Centers from the Medical School (e.g. Molecular Medicine, Endocrine Research, Neurosciences) were selected through a quality-based competition in recent years. New projects include neurorehabilitation, 3D printing and visualization technology investigations as well as research for better education (e.g. developments of skill labs). The University of Pécs has secured grants in a total value of approximately 65 M Euro last year. More than the third of these grants were attributed to the Medical School, while another quarter of the grants was allocated to researchers of the Clinical Center linked to the Medical School.

With an over 240-year-old tradition of academic excellence, Semmelweis University (SU) is one of Europe's well-recognized centers for research and innovation in biomedical sciences and medical education. The SU's main research priorities are cardiovascular and central nervous system disorders, oncology, autoimmunity, inflammation with the special focus of personalized and regenerative medicine. Based on the R&D index the SU is one of the country's best elite research universities employing more than 1300 staff scientists in 140 active research teams. One researcher and one external research advisor of SU are listed on www.highlycited.com. In the frame of the Hungarian Brain Research Program SU presently establishes a high throughput next generation sequencing laboratory (Illumina platform- HighSec 2500 and MiSec and genomic informatics division). Since 2010 SU has a Semmelweis Biobank Network with the participation of 17 university institutes. Presently more than 30.000 patient's biological samples are stored in this biobank by using the SmartBank System. Semmelweis Biobank is the part of Biobanking and Biomolecular Resources Research Infrastructure (BBMRI).

In recent years, especially in the fields of neurosciences, circulation research, gastroenterology and dermatology, the Faculty of Medicine, University of Szeged (USZ) has highlighted many new molecular pathways and drug targets of high impact. Research activities has resulted in the publication of over 1500 papers (PubMed) in the last 5 years in peer-reviewed international scientific journals. For the last 5 years 8 FP7 molecular medicine-related projects have been performed and are being performed at USZ with

a gross income of over 5.0 M EUR (including 2 ERC grants). The Faculty of Medicine conducts a wide range of scientific research in the field of basic, pharmacological, biochemical and physiological sciences. Most of these areas require at a certain point the completion of in vivo experimental studies. The system of supervised animal houses attached directly to the Institutes or Departments provides flexibility, as the amount and the kind (or strains) of animals can be changed and adapted to the actual requirements in a short period of time.

Regarding Animal welfare – training and education of students, researchers and technical personnel:

According to the 2010/63 EU Directive, the personnel shall be adequately educated and trained before they perform carrying out procedures on animals (A); designing procedures and projects (B); taking care of animals (C); or humanely killing animals (D). (<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32010L0063>)

Additional legal requirements are found in Hungarian Law of XXVIII of 1998, „On the protection and sparing of animals” and the Governmental Decree 40 of 2013. „On animal experimentation” (both in accordance with the EU Directive).

According to the legislation, these experiments in Hungary are under control of the Animal Welfare Committee (AWB), which are established in all 4 concerned Universities.

After the AWB's approval, the research projects are forwarded for the national licensing procedure. Primary investigator of every such animal experiment should send a report of the used animals (statistical data on the use of animals in procedures, including data on the actual severity of the procedures and on the origin and species of non-human primates used in procedures) on an annual basis to the AWB, that are collected and sum up at institutional level, sent to the County Food Chain Safety Office (CFCSO), Animal Health and Animal Welfare Directorate, Department of Animal Welfare. This national authority collects the records at country-level, makes publicly available (this should not violate proprietary rights or expose confidential information; should not breach the anonymity of the users) and submits that statistical information to the EU Commission every year.

The animal facilities are, as said, authorized and inspected on a risk basis by the County Food Chain Safety Office (CFCSO), Animal Health and Animal Welfare Directorate, Department of Animal Welfare. To ensure public confidence and promote transparency, an appropriate proportion of the inspections should be carried out without prior warning.

The education of persons in research: The „Laboratory Animal Science and Welfare” level-B 80-hours course (60-hr theoretical and 20-hr practical training; accreditation number: AB4.0/2016) and level-A 40-hours course(20-hr theoretical and 20-hr practical training; accreditation number: AA4.0/2016), is based on the relevant EU Directive, the guidelines of the Scientific Committee of Animal Experimentation of the Hungarian Academy of Sciences and followed the educational requirements of the Governmental Decree 40 of 2013. The certificate issued by the AWBs is bilingual (English and Hungarian) and contains the educated detailed material including practical training.

If any animal experimental research is published, a registration number (issued by AWBs and authorized by the County Food Chain Safety Office, Animal Health and Animal Welfare Directorate, Department of Animal Welfare, based on the National Scientific Ethical Committee on Animal Experimentation (NSECAE)'s decision) is required.

As this question is regularly supervised by a specific government agency, HAC doesn't use specific standards during its accreditation process regarding animal welfare, this aspect is only inspected as part of the whole quality assurance system.

Exhibit 14: Federation of European Laboratory Animal Science Associations Course description - University of Szeged

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education (NHEA) Articles 7 and 8 identify the requirements related to the facilities (exhibit 1). Specifically, Article 8 requires proof from the higher education institution that all conditions necessary for operation exist for the needs of educational and research activities, prior to the granting of operation authorization. These requirements include offices for faculty, administrators and support staff; laboratories for research, dissection rooms, student classrooms and laboratories, lecture halls, space for student use, dormitories, equipment for library and information access. Furthermore, the country includes a summary of the medical schools in the narrative describing the significant attributes, recent audits and noteworthy updates to support the aforementioned requirements and NHEA mandates to adhere to the guideline.

As for section (d) of this guideline, the country attests that EU Directive 2010/63 and Governmental Decree 40 provides the requirements for biomedical research specific to facilities for the humane care of animals when animals are used in teaching and research; however these documents have not been provided as evidence for analysis. The narrative explains that training and education of students, researchers and technical personnel, which is controlled by the Animal Welfare Committee (AWB) within the medical schools, must be adequate prior to executing and designing procedures for animal experiments as well as humanely killing animals.

Specifically, the AWB is tasked with approving research projects through national licensing procedures; receiving and reviewing research reports and data for animal experiments each year; and providing those findings to the EU Commission and the appropriate National authorities on animal welfare. The country has provided the University of Szeged policy on organizational management for courses, committees and training which provides faculty, staff and students the AWB's role, responsibilities and legislative mandate for the handling of all animal related activities at the medical school (exhibit 14). Lastly, the country explains that the Hungarian

Accreditation Committee (HAC) does not apply specific standards to this area of review, since the process and procedures for animal welfare are supervised by the expertise of the AWB; however the HAC does inspect quality assurance systems in place during its review.

Staff Conclusion:

Additional information Requested

Country Response

We provide the referenced EU Directive as an electronic copy. Unfortunately, the translation of the Government Decree was not available at the time of the submission, but we hope that the EU Directive is enough as evidence concerning the legal regulation on the human care of animal.

Exhibit 125 - DIRECTIVE 2010/63/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

Analyst Remarks to Response

The country provided the electronic copy of the EU Directive for review. However, the Governmental Decree 40 was unavailable and not provided as evidence.

Staff Conclusion:

Additional Information requested

Faculty, Question 1

Country Narrative

Annex 1 of Governmental Decree 87 of 2015 lists the legal requirements for faculty. Higher education institutions shall have permanent seats and permanent academic teaching and research staff. The permanent seat is the place where the higher education institution performs its core activities and has its central administration, provided that it remains available for the performance of the tasks of the higher education institution for not less than eight years, as defined by the Government. The requirement of having permanent academic teaching and research staff shall be deemed fulfilled if the higher education institution employs at least sixty percent of the members of the teaching and research staff necessary for the performance of its core activities under employment contracts or on a public service employment basis.

[Article 7 of NHEA]

As a preliminary condition for issuing the operating authorization, the maintainer shall prove that all conditions necessary for the operation of the higher education institution exist or can be created gradually, according to the needs of educational and research activities. The educational authority shall issue the operating authorization on condition that the educational and research activities included in the authorization are not commenced until the Hungarian National Assembly adopts a decision on granting state recognition, and the legislative amendment related to the state recognition enters into force. The educational authority shall review operating authorizations at least every five years.

[Articles 8 (1) to (2) of NHEA]

Higher education institutions shall employ lecturers and professors in the following positions:

- a) assistant lecturer,
- b) senior lecturer,
- c) college or university associate professor,
- d) college or university professor,
- e) master lecturer.

As a condition for employment as a college or university professor, or the establishment of an employment relationship for that purpose, the person concerned shall be appointed as college professor by the Prime Minister, or as university professor by the President of the Republic, through the award of the title related to the position to be occupied (hereinafter referred to as "award of the title of college or university professor"). [See Article 27 (1) and (3) of NHEA]

Unless the employment requirements of the higher education institution include higher requirements,

- a) employment as an assistant lecturer shall be conditional upon enrollment in a doctoral programme,
- b) employment as a senior lecturer shall be conditional upon obtaining a doctoral degree.

As a condition for employment as a university professor, the person concerned shall hold a doctoral degree and, if he or she is a Hungarian national, a habilitation or equivalent teaching experience acquired in an international higher education setting, and shall be an internationally recognized representative of the given discipline or artistic field who performs outstanding academic research or artistic work. University professors shall have the skills necessary for leading the study, academic or artistic work of students,

doctoral students and assistant lecturers, and are required to have publications, hold seminars and give lectures in foreign languages. University professors shall be entitled to use the academic title of Professor.

[Article 28 of NHEA] Requirement regarding college associate professors, college full professors and university associate professors are also listed in Article 28 of NHEA.

Besides of these requirements, specific requirements for faculty members in specific fields are set out in the regulations and by-laws of the HEIs. (Organizational and Operational Rules, Regulations on the Employment Requirements). Usually, these requirements are the strictest in the field medicine, as universities mandate even assistant lecturers to have completed specialty training and examinations.

Members of the clinical faculty employed in the Clinical Centre of the universities are either employed in the so-called teaching positions mentioned above, or in positions specified by law for health care organizations (clinical doctor, clinical consultant, senior clinical consultant etc.). Teaching staff employed in Teaching Hospitals of the universities are employed mostly in the latter type of positions, but also have the opportunity of being employed in the so-called teaching positions, if fulfilling the stricter teaching and scientific requirements. Nonetheless, doctors employed in both types of positions might participate in the practical teaching, if fulfilling the requirements set out in the regulations of the HEI.

For employees who, as part of the performance of their duties, participate in the educational as well as the health service related activities of a medical higher education institution, it shall be determined how much of the total working time should be allocated to each type of task. Such employment shall be subject to the rules of employment and remuneration, adjusted to the division of working hours, as applicable to each activity.

For the purposes of both educational accreditation and the assessment of compliance with the minimum conditions for health service providers, the employees referred to in previous section shall be taken into account fully in both capacities. Employees performing teaching tasks for the health service provider of a medical higher education institution and complying with the conditions set out in this Act may be employed as members of the teaching staff if the funds allocated to their wages are divided between the two types of activities, and if the internal rules included in the institutional employment requirements are met.

The senior executive officer responsible for the management of health services within the medical higher education institution shall be identified in the rules for organisation and operation (hereinafter referred to as 'health service manager'). The health service manager managing the clinical centre shall hold a tertiary degree and a master's degree in medicine and health science or an academic degree. The appointment of the health service manager as head of the clinical centre shall require the preliminary approval of the minister responsible for health.

[Article 98 (3) to (4) and 99 (2) of NHEA]

During a programme review, HAC requires the HEI to provide, as part of the self-assessment, information on the faculty participating in the teaching of the subjects, with special emphasis put on the leading lecturers tasked with maintaining and evolving the programme of a subject. (See Exhibit 31 [e.g. page 21 in original], and Ex. 32 [e.g. pages 5, 7 in original])

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt)

Exhibit 48: Annex 1 of Government Decree 87 of 2015 (Excerpt)

Exhibit 49: UNIVERSITY OF SZEGED FACULTY OF MEDICINE AND CLINICAL CENTRE HUMAN RESOURCES POLICY (Excerpt)

Exhibit 51: Excerpt No. 2. of Rules of Organization and Operation of the Semmelweis University

Exhibit 52: Excerpt No. 6. of Rules of Organization and Operation of the University of Debrecen

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education and the Government decree Annex 1 provides the requirements for higher education institutions, which include medical schools (exhibits 1 and 48). Specifically, the aforementioned legislation requires permanent administrative seats and permanent academic teaching and research staff, equaling sixty percent, to perform the core activities of the medical school. The NHEA Article 8 lists the composition of the medical school employment requirements for lectures, which may either an assistant or senior lecturer dependent upon doctoral degree attainment; and professors, who are appointed by the Prime Minister for colleges and by the President of the Republic for Universities for the universities. In addition university professors must hold a doctoral degree; have international teaching experience in foreign languages and well renowned within a given discipline or artistic field, which includes outstanding academic research; possess skills for leading studies, academic work of doctoral students and assistant lecturers; and have publications. Additional faculty requirements are included in the medical schools Organizational and Operational Rules and Regulations on Employment Requirements, which includes the senior executive officer, appointed by the Minister, roles and responsibilities for the management of health services at the clinical sites. The senior executive officer must hold an academic degree or a tertiary degree and master's degree in medicine and the health sciences (exhibits 49 and 51-52).

Further, the country's clinical center faculty must be clinical doctors, clinical consultants, and senior clinical consultants, per the law for health care organizations within the NHEA, or serve the dual role of lecturer or professor at the school and the center with

specified work schedules for both positions. For teaching hospitals, teaching staff are to hold the same position requirements as those employed at clinical centers. Lastly, the country attests that accreditation includes the Hungarian Accreditation Committee (HAC) review of educational accreditation and the assessment of compliance with the health service provider sites requirements for faculty and staff. The HAC also requires medical self-evaluations to include a list of faculty participating in the teaching of subjects along with highlighted special emphasis areas for leading lecturers tasked with maintaining and evolving the program's subjects, which is demonstrated within the self-evaluations excerpts provided as evidence for this guideline (exhibits 31-32).

Staff Conclusion:

Comprehensive Response Provided

Faculty, Question 2

Country Narrative

General legal rules regarding handling of conflict of interest are set out in the Act 33/1992 on the Legal Status of Public Employees. An additional, specific rule is found also in the Governmental Decree 395 of 2015 on the Implementation of the Act on the Legal Status of Public Employees In the Higher Education Institutions.

Besides of this, all Universities have a Code of Conduct/Code of Ethics, which govern their relevant procedures.

HAC examines the functioning and implementation of these policies according to ESG Standard 1.1, in the frame of evaluating the quality assurance system of the institutions.

Exhibit 5: Act XXXVIII of 1992 on the legal status of public employees & Government Decree 395/2015. (XII. 12.) on the implementation in higher education of Act XXXIII of 1992 on the legal status of public employees and on certain issues of employment in higher education institutions (excerpts)

Analyst Remarks to Narrative

The country attests that conflicts of interest of the faculty are addressed within the Legal Status of Public Employees document provided as evidence (exhibit 5). However, the country narrative and the general legal rules do not explain the mechanisms utilized for the prevention of conflicts. The country further attests that Code of Conduct/Code of Ethics within the medical schools govern the procedures that address this guideline. However, a Code of Conduct/Code of Ethics has not been provided for analysis of these procedures, nor has the narrative included how the procedures address conflicts of interest. Also, the Hungarian Accreditation Committee (HAC) accreditation report excerpt was provided as evidence (exhibit 34); however the excerpt does not demonstrate the review of conflicts of interest within the medical school in relation to the guidelines.

Staff Conclusion:

Additional information Requested

Country Response

The relevant policies request employees of the Higher Education Institutions to avoid contracts where their private interests would collide with the interests of the institutions. This is most strictly regulated regarding leadership positions, less strict rules apply to lesser faculty/clinical positions.

As evidenced in Exhibit 5 of the original submission, employees of the universities may not establish a further employment relationship if it is incompatible with their job subject to public employment relationship.

Senior managers, managers as well as public employees entitled to undertake a financial commitment must not be neither party to a management (supervisory), controlling or accounting relationship with their relatives, nor have senior officer's position or membership in the Board of Supervisors in a business enterprise pursuing an activity identical or similar to that of the University, or which is in regular financial relationship with the employer.

An additional regulation concerning conflict of interests is found in the Act National Higher Education (Subsection 88. § (8)).

As described in the various intra-institutional documents (Code of Ethics/Conduct), if conflict of interest would still arise, the employee has to notify his direct superior, or the relevant university body established for this cases, which is then entitled to regulate, how the specific issue is handled.

As exhibits, we enclose the Code of Ethics of Semmelweis University (Sections 2.5 and 2.6., Note: the Hungarian term for 'conflict of interest' is occasionally translated in this translation erroneously as 'incompatibility') and excerpts, relevant to this question, of the Codes of Ethics/Conduct of the other 3 universities.

As mentioned in the original submission, the Hungarian Accreditation Committee reports doesn't explicitly mention the review of the handling of conflicts of interest, but this is included in the frame of the review of their general quality assurance system. A relevant HAC-document to this is Exhibit 44 of the original submission (Page 2 in the original: "The rules and regulations provide appropriate

conditions for the university faculties, organizational units and the employees to create a sound basis for a well-structured and coordinated operation.")

Exhibit 126 - Code of Ethics - Semmelweis University

Exhibit 127 - Compilation of excerpts of Codes of Ethics/Conduct of the other 3 universities

Analyst Remarks to Response

In response to the draft, the country provided clarification about conflicts of interests. Specifically, the country clarified the Hungarian term for 'conflict of interest' as 'incompatibility.' In addition, the country outlined the employee incompatibility parameters in exhibit 5 and subsection 88 of the National Higher Education Act (NHEA) within the original submission (exhibit 1). The country also provides the Code of Ethics/Conduct for the medical schools, which specifies the rules concerning incompatibility and conflict resolution within the Universities. Lastly, the country attests that the Hungarian Accreditation Committee evaluates the Universities adherence to these polices during their evaluation (exhibits 44, and 126-127).

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

Staff Conclusion:

Comprehensive response provided

Library

Country Narrative

In a manner corresponding to their core activities, higher education institutions shall offer library services.

[Article 11 (2) of NHEA]

Government Decree No 87/2015 (IV. 9.) on the implementation of certain provisions of Act CCIV of 2011 on National Higher Education stipulates as a precondition to launch any Bachelor or Master programme a library where the major periodicals of the given discipline are available or electronically accessible. The library's textbook holdings have to include the books listed as suggested reading in the subject syllabus. These requirements are contained in Annex 1 [Section 2. Subsection b)] and Annex 5 [Section 2. Subsection k)] to the Decree.

HAC evaluated these in line with ESG standard 1.6. Samples can be found in Ex. 27. (p. 22. in original), Ex. 31. (p. 113 in original), Ex 32. (pages 41, 42. in original), Ex. 34 (pages 12, 20 in original), Ex. 44 (page 18 in original):

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 27: Institutional Accreditation Report, 2017, University of Debrecen (excerpt)

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt)

Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt)

Exhibit 44: Institutional Accreditation Report, 2017, University of Pécs (excerpt)

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education (NHEA) and the Government Decree on implementation identify the requirements for the Library at the medical school (exhibits 1 and 47). Specifically, the NHEA requires the higher education institutions, which includes medical schools, to offer library services. The Government decree requires programs to contain a library with accessible periodicals of a given discipline. The library is also to contain the books and suggested readings within the programs syllabi. Finally, the Hungarian Accreditation Committee (HAC) evaluates the medical school library requirements based upon the ESG standard 1.6 on learning resources and student support, which encourages institutions to provide a range of resources, such as libraries, study facilities and IT infrastructure, to assist student learning.

The country has provided self-evaluation and accreditation report excerpts to demonstrate the evaluation of the library requirements at the medical schools as well as an HAC accreditation report to demonstrate the review of the library for accreditation (exhibits 27, 32, 34 and 44).

Staff Conclusion:

Comprehensive Response Provided

Clinical Teaching Facilities, Question 1

Country Narrative

Universities delivering programmes in medicine and health science (hereinafter referred to as 'medical higher education institution')

may

- a) operate a clinical centre as part of the higher education institution,
- b) establish and maintain a health service provider that is organizationally separate from the higher education institution,
- c) operate a university hospital as an organizational unit of the higher education institution.

[..]

For the purpose of practical training, medical higher education institutions may enter into an agreement with a health service provider for the performance of training hospital, specialist outpatient consultation and pharmaceutical activities.

[See detailed in Articles 97 through 99 of NHEA]

For health care providers maintained by the University itself, and functioning at the same time at clinical teaching site, there is obviously no need for an affiliation agreement.

For independent hospitals, the Law mandates an affiliation agreement. The contents and additional rules with respect to this agreement are outlined in Government Decree 230 of 2012 (Articles 15-16). According to Section 15. § (5) of the Government Decree Nr. 230/2012. (VIII. 28.) all the permanent traineeship agreements (which are in effect for at least one year) of the universities are required to be registered by the Educational Authority, which is also entitled to perform inspection with respect to the keeping of the Agreement. [Article 15.(6)].

The contracting parties ensure that the teaching hospital participates in the clinical practices of medical students at a certain period of time and place, based on a sample curriculum and timetable agreed in advance. Conditions, evaluation and monitoring of clinical practices, requirements for teaching staff and facilities, maximum number of students, remuneration of the hospital are key parts of the agreement.

Affiliation agreements can be made only with sites, who are accredited and monitored regularly. For hospitals located in Hungary, this is done by the National Healthcare Services Center, an agency under the Minister of Human Capacities (in his capacity as minister for health), every 4 years. (Decree 16/2010 of the Ministry for Health on the detailed regulations of vocational training in specialized health care)

Exhibit 1: Act CCIV of 2011 on National Higher Education (Title 59).

Exhibit 54: Excerpt of Government Decree 230 of 2012 on vocational training in higher education and on certain issues of professional practice related to higher education training

Exhibit 56: University of Debrecen Affiliation Agreement with Hadassah Medical Organization

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education (NHEA) requires medical schools to operate a clinical center as part of the higher education institution, which includes medical schools; establish and maintain a health service provider separate from the school; and operate a university hospital as an organizational unit for the institution or enter into an affiliation agreement with an independent health service provider for hospital training in specialized outpatient consultation and pharmaceutical activities (exhibit 1).

The country further attests that the Government Decree on vocational training in higher education and issues of professional practice related to higher education training requires Educational Authority yearly registration/inspection of these sites and affiliation agreements between medical schools and independent hospital training sites (exhibit 54). Specifically, the affiliation agreements are entered into with monitored and accredited sites by the National Healthcare Services Center every four years, pursuant with the Ministry for Health decree; however this decree has not been provided for analysis. The affiliation agreements of the hospitals also address the shared responsibility for the learning environment and the development of the medical students; and the student practices/rotation supervised by trained hospital doctors. The country has provided the University of Debrecen Affiliation Agreement with Hadassah Medical Organization to demonstrate adherence to the guideline requirements (exhibit 56).

Staff Conclusion:

Additional information Requested

Country Response

We enclose the relevant Exhibit of the requested Decree of the Minister of Health.

Exhibit 128 - Decree No 16 of 2010 of the Minister for Health

Analyst Remarks to Response

The country provided the electronic copy of the Decree of the Minister of Health for review. Department Staff accepts the country's evidence and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Onsite Review, Question 1

Country Narrative

Before granting accreditation to a medical school, the medical school delivers a self-assessment report according to the respective guidelines of HAC, which is then evaluated by the review panel. The review panel conducts an on-site-visit at the main campus and other sites of the medical school. After the on-site-visit a panel report is prepared by the site evaluators and presented at first to the Medical Committee and afterwards to the Plenary of HAC.

Documents supporting the process are guidelines to the self-evaluation, and guidelines for evaluation for the site-evaluators (panelists)

The HAC accreditation criteria cover all of the above-mentioned questions.

The criteria for programme accreditation are compiled in the Evaluation Criteria for Programme Accreditation (Exhibit 40, pages 5-8). There is also the document of the Guidelines for Self-Evaluation for medical programmes, which is the guideline for the institution, to prepare their self-evaluation. (Exhibit 57).

Exhibit 7: Scheduling of Re-Accreditation Processes

Exhibit 16: GUIDE FOR CONDUCTING SELF-ASSESSMENT IN THE PARALLEL PROGRAM ACCREDITATION PROCEDURE

Exhibit 17: HAC Resolution Korea 2011

Exhibit 18: HAC Resolution Israel 2011

Exhibit 19: HAC Resolution Japan 2012

Exhibit 20: HAC Resolution Japan 2013

Exhibit 21: HAC Resolution Israel 2015

Exhibit 22: HAC Resolution Japan 2015

Exhibit 23: HAC Resolution Korea 2016

Exhibit 27: Institutional Accreditation Report, 2017, University of Debrecen (excerpt)

Exhibit 28: Institutional Self-evaluation, 2014/5, Semmelweis University (excerpt)

Exhibit 29: Self-evaluation of the General Medicine Programme, 2013, University of Debrecen (excerpt)

Exhibit 30: Self-evaluation of the General Medicine Programme, 2013, University of Pécs (excerpt)

Exhibit 31: Institutional Self-evaluation, 2017, University of Debrecen (excerpt)

Exhibit 32: Institutional Self-evaluation, 2017, University of Pécs (excerpt)

Exhibit 33: Self-evaluation of the General Medicine Programme, 2013, University of Szeged (excerpt)

Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt)

Exhibit 40: HAC PARALLEL PROGRAM ACCREDITATION PROCEDURE AND EVALUATION CRITERIA (excerpt)

Exhibit 44: Institutional Accreditation Report, 2017, University of Pécs (excerpt)

Exhibit 53: MANUAL FOR THE WORK OF THE VISITING COMMITTEE FOR PARALLEL PROGRAM ACCREDITATION

Analyst Remarks to Narrative

The Hungarian Accreditation Committee (HAC), which is an independent body that reviews the country's quality of education against the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG), conducts on-site reviews at the medical schools main campus, any branch campus or campuses and additional locations operated by the medical school through the use of visiting committees before granting accreditation to a medical school. The HAC's visiting committees review the aforementioned locations per the Manual for the Work of the Visiting Committee for Parallel Program Accreditation (exhibit 53). Specifically, the accreditation process includes the medical schools submission of a self-evaluation report, per the Guidelines for Self-Evaluation for medical program (exhibit 16); onsite evaluation and report prepared by the visiting committee, per the Parallel Program Accreditation Procedure and Evaluation Criteria (exhibit 40); evaluation of the reports by the HAC panel; and final accreditation determination/opinion by the HAC provided to the Educational Authority.

The country has provided the ESG standards; procedures for scheduling accreditation processes; self-evaluation report excerpts for medical programs; and accreditation report excerpts for the medical program and training sites as evidence to demonstrate compliance with the guideline (exhibits 2, 7, 17-23, 27-34 and 44).

Staff Conclusion:

Comprehensive Response Provided

Onsite Review, Question 2

Country Narrative

Clinical clerkship sites are periodically visited to ensure continuous quality of education and practice. Clinical teaching sites within

Hungary are visited by the National Healthcare Services Center every 4 years. (Decree 16/2010 of the Ministry for Health on the detailed regulations of vocational training in specialized health care) Clinical teaching sites abroad are regularly visited by a panel appointed by HAC. The evaluation is conducted on the basis of Resolution HAC 2010/10/VI. on the common practice of accreditation of clinical teaching sites of the Hungarian medical schools abroad.

Training sites abroad are reviewed by the HAC using the questionnaire cited above, with a site visit by HAC medical educational accreditation experts. Section II. Subsection 1. of Resolution HAC 2010/10/VI requires that all proposed foreign training sites have to be accredited by the relevant agency of the home country, in order to be considered for accreditation by HAC.

As noted above (answers to previous questions), these sites include training sites in Japan, Korea and Israel. However, according to the data of institutions, there was no US student in the last years, who would have spent his clinical rotation in one of the hospitals in Japan or in Korea (the countries not recognized as comparable by NCFMEA).

Exhibit 24: HAC Resolution on the quality assurance of foreign clinical training sites

Analyst Remarks to Narrative

The country attests that the clinical clerkship sites are visited and evaluated periodically and the clinical teaching sites are visited every four years, per the Ministry for Health decree; however this decree has not been provided as evidence for analysis. The country further attests that the clinical teaching /training sites are evaluated by the visiting committee of the Hungarian Accreditation Committee (HAC), utilizing the HAC Resolution on the quality assurance of foreign clinical training sites procedures (exhibit 24). The country utilizes training sites within Japan, Korea and Israel, which are not recognized for comparability by the NCFMEA; and require accreditation by their country as well as review by the HAC accreditation process. It should be noted that the country currently does not have any U.S. students participating at any accredited medical schools or training sites.

Staff Conclusion:

Additional information Requested

Country Response

We enclose the relevant Exhibit of the requested Decree of the Minister of Health.

Exhibit 128 - Decree No 16 of 2010 of the Minister for Health

Analyst Remarks to Response

The country provided the electronic copy of the Decree of the Minister of Health for review. Department Staff accepts the country's evidence and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Onsite Review, Question 3

Country Narrative

Medical Schools in Hungary do not organize structured teaching programs outside of Hungary. That is, the core curriculum is delivered to the students in Hungary during lectures and seminars, and exams are conducted by the professors of the respective faculties.

Thus, clinical training program in full should not be approved by the HAC.

On the contrary, clinical practices and clinical rotations are conducted outside of Hungary in an organized fashion. We would like to emphasize here that the clinical practices organized abroad are merely bed-side hands-on training activities, no classes or seminars must be delivered in these training sites.

Part of these training sites are in the EU. In this case automatic recognition is based on international quality assurance treaties (ENQA, ESG) in the European Higher Education Area (including Erasmus programs).

If the training site is outside of the European Higher Education Area then HAC conducts individual assessment of foreign training sites. The review consists of a written questioner (available on the HAC website) and if the hospital is likely to be suitable for teaching students trained in Hungary then the HAC organizes an on-site visit in the hospital. The visiting team consists of medical professionals, distinguished faculty members of the four medical schools in Hungary. During the review and the onsite visit, the team determines if the academic hospital under review has the infrastructural capacity and qualified human resources to provide the clinical hands-on experience for the students listed in the requirements. Based on the on-site visit the visiting team makes recommendations for the HAC and HAC issues a resolution which clearly states which departments of a given hospital can provide the clinical training required by HAC and thus earns the accreditation for this activity.

Analyst Remarks to Narrative

The country attests that the core curricula for medical schools are delivered within the country's accredited medical schools; and clinical training sites are not approved by the Hungarian Accreditation Committee (HAC) to provide curriculum to the country's medical students, in particular those sites that follow the European Standards and Guidelines (ESG). The country further attests that clinical sites and rotations at the training sites are to provide bed-side hands-on training activities, not classes or seminars. Training sites not accredited by ESG's are assessed by the HAC individually. This review consist of a submission of an HAC written questioner; and an on-site visit in the hospital by the HAC's visiting committee, consisting of the country's medical school faculty and other medical professionals, to review the infrastructural capacity and qualified human resources to provide the clinical hands-on experience to students at these sites. The HAC then reviews the visiting committee's recommendations and issues a resolution granting accreditation for the training site accreditation for the particular areas evaluated for accreditation.

Staff Conclusion:

Comprehensive Response Provided

Onsite Review, Question 4

Country Narrative

Clinical clerkship sites are periodically visited to ensure continuous quality of education and practice. Clinical teaching sites within Hungary are visited by the National Healthcare Services Center every 4 years. (Decree 16/2010 of the Ministry for Health on the detailed regulations of vocational training in specialized health care) Clinical teaching sites abroad are regularly visited by a panel appointed by HAC. The evaluation is conducted on the basis of Resolution MAB 2010/10/VI. on the common practice of accreditation of clinical teaching sites of the Hungarian medical schools abroad.

Sample Affiliation Agreements with clinical training sites is provided at previous questions.

Training sites abroad are reviewed by the HAC using the questionnaire cited above, with a site visit by HAC medical educational accreditation experts.

Exhibit 24: HAC Resolution on the quality assurance of foreign clinical training sites

Exhibit 56: University of Debrecen Affiliation Agreement with Hadassah Medical Organization

Analyst Remarks to Narrative

The country attests that the clinical clerkship sites are visited and evaluated periodically and the clinical teaching sites are visited every four years, per the Ministry for Health decree; however this decree has not been provided as evidence for analysis. The country further attests that the clinical teaching /training sites are evaluated by the visiting committee of the Hungarian Accreditation Committee (HAC), utilizing the HAC Resolution on the quality assurance of foreign clinical training sites procedures (exhibit 24).

In addition, the country attests that clinical sites and rotations at the training sites are to provide bed-side hands-on training activities, not classes or seminars. Training sites not accredited by ESG's are assessed by the HAC individually. This review consist of a submission of an HAC written questioner; and an on-site visit in the hospital by the HAC's visiting committee, consisting of the country's medical school faculty and other medical professionals, to review the infrastructural capacity and qualified human resources to provide the clinical hands-on experience to students at these sites. The HAC then reviews the visiting committee's recommendations and issues a resolution granting accreditation for the training site accreditation for the particular areas evaluated for accreditation. The country has provided an affiliation agreement between a medical and a training site to demonstrate the mutual interests for the students medical training (exhibit 56).

Staff Conclusion:

Additional information Requested

Country Response

We enclose the relevant Exhibit of the requested Decree of the Minister of Health.

Exhibit 128 - Decree No 16 of 2010 of the Minister for Health

Analyst Remarks to Response

The country provided the electronic copy of the Decree of the Minister of Health for review. Department Staff accepts the country's evidence and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Onsite Review, Question 5

Country Narrative

Clinical clerkship sites are periodically visited to ensure continuous quality of education and practice. Clinical teaching sites within Hungary are visited by the National Healthcare Services Center every 4 years. (Decree 16/2010 of the Ministry for Health on the detailed regulations of vocational training in specialized health care) Clinical teaching sites abroad are regularly visited by a panel appointed by HAC. The evaluation is conducted on the basis of Resolution MAB 2010/10/VI. on the common practice of accreditation of clinical teaching sites of the Hungarian medical schools abroad.

Training sites abroad are reviewed by the HAC using the questionnaire cited above, with a site visit by HAC medical educational accreditation experts.

The four medical schools in Hungary have an agreement whereby the training sites accredited by HAC may be open to students from all four schools.

Exhibit 24: HAC Resolution on the quality assurance of foreign clinical training sites

Analyst Remarks to Narrative

The country attests that the clinical clerkship sites are visited and evaluated periodically and the clinical teaching sites are visited every four years, per the Ministry for Health decree; however this decree has not been provided as evidence for analysis. The country further attests that the clinical teaching /training sites are evaluated by the visiting committee of the Hungarian Accreditation Committee (HAC), utilizing the HAC Resolution on the quality assurance of foreign clinical training sites procedures (exhibit 24).

In addition, the country attests that clinical sites and rotations at the training sites are to provide bed-side hands-on training activities, not classes or seminars. Training sites not accredited by ESG's are assessed by the HAC individually. This review consist of a submission of an HAC written questioner; and an on-site visit in the hospital by the HAC's visiting committee, consisting of the country's medical school faculty and other medical professionals, to review the infrastructural capacity and qualified human resources to provide the clinical hands-on experience to students at these sites. The HAC then reviews the visiting committee's recommendations and issues a resolution granting accreditation for the training site accreditation for the particular areas evaluated for accreditation. Lastly, the country asserts that the affiliation agreements for the training sites accredited by the HAC allow admittance of students from all four of the country's medical schools.

Staff Conclusion:

Additional information Requested

Country Response

We enclose the relevant Exhibit of the requested Decree of the Minister of Health.

Exhibit 128 - Decree No 16 of 2010 of the Minister for Health

Analyst Remarks to Response

The country provided the electronic copy of the Decree of the Minister of Health for review. Department Staff accepts the country's evidence and no additional information is requested at this time.

Staff Conclusion:

Comprehensive response provided

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

HAC members and external experts taking part in the relevant evaluations do have a higher education degree (MD in the case of members of Committee for Medical Sciences) plus a PhD, and in many cases also a title from the Hungarian Academy of Sciences (hereinafter HAS), (Doctor of the HAS, Corresponding Member of the HAS, Full Member of the HAS).

The appointment of Members of the Plenary of HAC is regulated in NHEA Article 71.(1). All the fields of sciences/education have to be represented among the members. Members get their appointment form the Prime Minister of Hungary. [NHEA Article 71.(4)] The Plenary of HAC sets up Committees for each field of sciences/education, one of this is the Committee for Medical Sciences.

At the beginning of each year experts appointed to be members of Visiting Committees conducting site visits that year are invited for a training meeting providing relevant accreditation knowledge (legal, procedural, and general QA information). Moreover, before each individual site visit the Visiting Committee holds at least one briefing meeting discussing specific issues related to the given

accreditation procedure and the visit, including a discussion of the Self-evaluation Report of the HEI/faculty/programme.

Exhibit 15: Members of HAC

Analyst Remarks to Narrative

The country attests that the Act on National Higher Education (NHEA) provides the requirements for the Hungarian Accreditation Committee (HAC). Specifically, the NHEA identifies the HAC to be comprised of twenty members representing all fields of sciences/education. This composition includes nine members delegated by the Minister; two by the Hungarian Academy of Sciences; one by the Hungarian Academy of Arts; three by the Hungarian Rectors' Conference; two by ecclesiastical legal persons maintaining higher education institutions; one by the Hungarian Chamber of Commerce and Industry; one by National Conference of Students' Unions; and one by the Association of Hungarian PhD and DLA Students (exhibits 1 and 15).

Also, the HAC is charged with the appointment of Visiting Committees, which conduct the HAC's onsite visits to the schools and training sites. The HAC, prior to the Visiting Committee onsite visits, conduct training with the site visitors on legal, procedural, and general information about the visits; and provided discussions on specific accreditation processes and the self-evaluation report of a particular school or site under review.

Staff Conclusion:

Comprehensive Response Provided

Re-evaluation and Monitoring, Question 1

Country Narrative

Accreditation is valid for maximally 5 years, that means that accredited medical schools undergo every 5 years a re-evaluation procedure to ensure they are still in compliance with the standards for accreditation. The re-evaluation encompasses the same areas, and is the same procedure as the initial accreditation.

Besides of this, in the last accreditation cycle, all 4 medical schools were requested to submit reports, concerning questions noted in the accreditation report, and especially the situation of the Clinical Centres in the teaching activities.

Exhibit 35: HAC Resolution, monitoring process, University of Debrecen Programme in General Medicine

Exhibit 55: HAC Resolution, monitoring process, University of Pécs, Programme in General Medicine

Analyst Remarks to Narrative

The country attests that medical school accreditation is a maximum of five years, at which time re-evaluation procedures are conducted to ensure the medical school is still in compliance with the standards for accreditation. In addition, the country's four medical schools submit monitoring reports addressing concerns pertaining to clinical centers/training sites and the teaching activities for review. The country has provided two of these reports as evidence to demonstrate compliance with this guideline. (exhibits 35 and 55).

Staff Conclusion:

Comprehensive Response Provided

Re-evaluation and Monitoring, Question 2

Country Narrative

As described previously, the students had the opportunity to send their complaints directly to a specific e-mail address. These were forwarded these to the Panel responsible for a review of a HEI/a programme. These are then assessed before the on-site visit, so the Review Panel can put special emphasis on areas affected by any complaints.

During the accreditation period, HAC also continually evaluates the student complaints received, and can decide on the relevant measures. That means, during the accreditation period, additional written reports have to be submitted by the institutions, and also occasionally an extra monitoring visit can be ordered by the HAC in the following cases:

- a) the decision on (re-)accreditation orders a monitoring report and/or a monitoring,
- b) it is necessary to judge the content of the students complaint,, based on their severity,
- c) because of a substantial change, it is necessary to judge whether the institution will still be in compliance with accreditation standards.

Besides of this, as also described previously, HAC Review Panels met with students during on-site visits, where they have the

opportunity to make the Panels aware of any complaints.

Also, an anonymous survey is conducted among students before the site visits and students also have the opportunity to make their complaint via these.

Exhibit 34 (p. 20 in original) provides an example for student complaints factored in into the evaluation report.

Exhibit 34: HAC Programme Accreditation Report 2014 – General Medicine Programmes (excerpt)

Analyst Remarks to Narrative

The country attests that medical school accreditation is a maximum of five years, at which time re-evaluation procedures are conducted to ensure the medical school is still in compliance with the standards for accreditation. In addition, the country's four medical schools submit monitoring reports addressing concerns pertaining to clinical centers/training sites and the teaching activities for review. The country has provided two of these reports as evidence to demonstrate compliance with this guideline. (exhibits 35 and 55).

The country further attests that the Hungarian Accreditation Committee (HAC) examines student complaints and medical school procedures for handling of complaints in accordance with the European Standards and Guidelines (ESG) Section 1.3, which requires institutions to have appropriate procedures for dealing with students' complaints (exhibit 2). In particular, the HAC accreditation process requires medical schools, during onsite visits, to provide access to all school documents, including complaints; meetings with alumni and students during the visits; to conduct anonymous survey's to students prior to the visit that may include complaints and direct email access to the HAC to discuss issues with the Committee directly during the visit. Similarly, the Review Panel of the medical school meets with alumni and students to discuss issues, including complaints, separate from the HAC onsite visit, in which students are also able to directly contact the Review Panel electronically about specific concerns. Lastly, complainant's personally identifiable information is kept confidential by the President of the school during the review process.

Staff Conclusion:

Comprehensive Response Provided

Substantive Change

Country Narrative

In order to make a substantial change in the size of the admitted students, medical schools need to undergo an official procedure, because student numbers are set forth in their license of operation by the Educational Authority. This process is regulated in Annex 2 of Government Decree 87 of 2015. If the extent of the change makes it necessary, the Educational Authority has the right to ask for a re-evaluation by HAC (either a full re-evaluation or via a written report).

As described earlier, curriculum content itself is very strictly regulated by legislation. As it is not allowed to deviate from these requirements, a substantive change can only occur, if the relevant Government Decree is also amended. As described earlier, this can in practice happen on the common advice of the body of the 4 deans. If the Government Decree is amended, the institutions are given a transition period to adjust their curricula, if needed, and then, HAC re-evaluates if compliance is still sustained.

(There were no actual such changes during the last evaluation cycle.)

Analyst Remarks to Narrative

The country attests that the Educational Authority establishes admittance numbers for the medical school during the time of license of operation approval (exhibit 48). Per the government decree Annex 1, substantial changes to the license of operation approval requires the Educational Authority to have the medical school re-evaluated by the Hungarian Accreditation Committee (HAC). The country also attests that the curricula of the medical school is regulated by legislation and substantial changes to curricula would only occur if the relevant Government Decree is amended with agreement of all the medical school deans; .and an HAC re-evaluation of the changes and determination of compliance with the European Standards and Guidelines (ESG) is attained by the medical school. The country further attests that no such changes have occurred since their last evaluation before the NCFMEA.

Staff Conclusion:

Comprehensive Response Provided

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

The Hungarian Accreditation Committee (HAC) shall set up a three-member Review Board within its organisation in order to ensure that the tasks relating to the delivery of an additional opinion concerning the same person or subject-matter in any given procedure, are performed on the basis of unbiased and objective criteria. The members of the Review Board shall be delegated by the Minister, and their appointment and conflicts of interest shall be subject to the same rules as those applicable to the members of the HAC, except that persons who were members of the HAC in the three-year period preceding their appointments shall not be members of the Review Board.

The legality of the activities of the HAC shall be overseen by the Minister.

Ensuring legality shall include checking compliance with the rules of organisation and operation and the founding charter of the Higher Education Committee, as well as the legality of such documents and the operation of the Higher Education Committee. [Articles 70 (5) and 71/A (1) to (2) of NHEA]

HAC's "Code of Ethics" includes strict and detailed rules on conflicts of interest (see attached).

Members of the Plenary are delegated according to respective law, and by accepting the position they also declare that they proceed in all their decisions unbiased and with no regard to the institution sending them. They are not representing any institution or body but are acting as experts.

Besides of this, Members of the HAC Plenary nor members of HAC Committees cannot participate in a case, which involves an institution, where they are employed. That means, they can neither vote nor participate in the discussion on the case.

During accreditation procedures visiting panels are constructed on the basis that conflict of interest can be eliminated through the fact that no member of the visiting panel can be in any relation (work or scientific including even doctoral schools) with the institution visited and evaluated.

Furthermore:

Against the first instance competence decision of Educational Authority an appeal can be submitted to the minister responsible for education who will act with second instance competence. The person who may have participated in the first instance competence decision is not allowed to take part in the second instance competence decision. Against the second instance competence decision of the minister an appeal can be submitted to the court. The person who may have participated in the first or second instance competence decision is not allowed to take part in the court's decision.

In programme licensing procedures the medical school is entitled to ask a second expert opinion if the decision of the Plenum of the HAC is negative. In this situation the Review Board (Appellate Committee), organically separated from the plenum members of the HAC, will make a new accreditation decision which can differ from the decision of the Plenum.

Exhibit 1: Act CCIV of 2011 on National Higher Education

Exhibit 25: HAC Code of Ethics

Analyst Remarks to Narrative

The country attests that the Hungarian Accreditation Committee (HAC) has safeguards in place to handle conflicts of interest. Specifically, the HAC has established a three-member Review Board, delegated by the Minister and may not be previous members of the review board three years prior to delegation, that ensure tasks relating to the delivery of an additional opinion concerning the same person or subject-matter, are performed on the basis of unbiased and objective criteria. The Review Board and the members of the HAC are required to follow the Code of Ethics for the HAC, which outlines conflicts of interest and guiding principles of ethics for their positions; and declare that their decisions will be unbiased with no regard to the institution sending them. The HAC onsite Visiting Committee member attests that no member has worked scientific or professionally with the institution being evaluated for the HAC to ensure conflict of interest requirements are met.

Lastly, the country identifies the procedures for medical schools to appeal the Educational Authorities decision on accreditation for the school. Specifically, the appeal is conducted by persons not involved in the schools initial review, selected by the Review board; and includes a second expert opinion. The country has provided HAC's Code of ethics as evidence to demonstrate adherence to this guideline (exhibit 25).

Staff Conclusion:

Comprehensive Response Provided

Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

All accreditation standards, with no regard to the form or specialization of education are based on ESG standards.

The ESG consists of three parts. Part 1 covers the standards that higher education institutions must implement as part of their internal quality assurance and which HAC checks in its evaluations: Colleges and universities must have a policy for quality assurance that is part of the institutional strategy (1.1); design and approve its programs to meet the institution's objectives and be in line with its profile (1.2); student-centered learning, teaching and assessment are at the institution's core (1.3); student admission, progression, recognition and certification must be in place throughout the student "life cycle" (1.4); teaching staff must be competent for the set teaching goals and the institution must regulate and implement fairly their recruitment and career development (1.5); students must be provided appropriate learning resources and support (1.6). In addition, the institution must collect information and apply them in its management (1.7); it has to provide appropriate information to the public on its activities and programs (1.8); must monitor its programs systematically to keep them up-to-date (1.9), and must undergo cyclical quality assessment by an external, independent organization (1.10). These standards are each provided with guidelines that elaborate what to look for in evaluating the institution's practices.

Part 2 covers the standards HAC must follow when conducting evaluation of higher education institutions: Consideration of internal quality assurance (2.1.), designing methodologies fit for purpose (2.2) implementing processes (2.3), peer-review experts (2.4), criteria for outcomes (2.5), reporting (2.6) and complaints and appeals (2.7). Consistency of evaluations and the application of criteria is part of ESG 2.5.

ESG Part 3 covers the standards the accreditation agency must follow regarding their own processes: Activities, policy and processes for quality assurance (3.1), official status (3.2), thematic analysis [of quality related issues on a national scale] (3.4), resources (3.5) internal quality assurance and professional conduct (3.6), cyclical external review of agencies (3.7).

HAC itself is regularly accredited by ENQA (European Association for Quality Assurance in Higher Education), according to ESG 2015 (Parts 2 and 3). HAC was reviewed the last time by ENQA in 2015.

Exhibit 2: ESG 2015

Analyst Remarks to Narrative

The country attests that all accreditation processes and standards are based on the European Standards and Guidelines to ensure consistent application of accreditation standards and approval for the country's medical schools (exhibit 2). Specifically, the ESG provides standards and guidelines for internal quality assurance, which includes requirements for medical school policies, objectives and student-centered learning; standards and guidelines for external quality assurance, which includes requirements for the medical schools design of methodologies, implementation of processes, and complaints/appeals reporting; and quality assurance standards the accreditation agency must follow related to policies, processes, and cyclical external review procedures.

The Hungarian Accreditation Committee (HAC) which is an independent body that reviews the country's quality of education must follow the ESG when conducting evaluation of higher education institutions, which includes medical schools. Also, the HAC is regularly accredited by European Association for Quality Assurance in Higher Education per the 2015 ESG Parts 2 and 3 requirements.

Staff Conclusion:

Comprehensive Response Provided

Accrediting/Approval Decisions, Question 1

Country Narrative

HAC is a member organization of ENQA (European Association for Quality Assurance in Higher Education). ENQA-membership is a sort of guarantee for compliance with ESG standards. That means, HAC itself is regularly accredited by ENQA (European Association for Quality Assurance in Higher Education), according to ESG 2015 (Parts 2 and 3). HAC was reviewed the last time by ENQA in 2015.

As mentioned earlier, outcome data at graduation is provided by the common final examination, coordinated by the National Final Examination Board. As results are very good, there was no need to incorporate explicit standards for results, until now. Data regarding residency programme placements are collected by National Healthcare Services Center, which are also very good. Because of this, there was no need to incorporate explicit standards for results either. ESG standards Part 1 and 2.3, 2.4 and 2.5 should ensure that decisions are based on HAC standards.

Exhibit 2: ESG 2015

Analyst Remarks to Narrative

The accreditation/approval decisions for the country's medical schools are based on the European Standards and Guidelines (ESG) and the Hungarian Accreditation Committee's (HAC) accreditation evaluation of these standards which contributes to the

Educational Authorities approval of the medical school (exhibit 2). The HAC, which is an independent body that reviews the country's quality of education, HAC is a member of the European Association for Quality Assurance in Higher Education (ENQA), which is compliance membership for the review of ESG's. Thus, the HAC is accredited by the ENQA.

The country also collects the National Final Examination Board outcome data at graduation and the National Healthcare Services Center data regarding residency program placements along with the ESG standards for accreditation review.

Staff Conclusion:

Comprehensive Response Provided

Accrediting/Approval Decisions, Question 2

Country Narrative

As mentioned earlier, outcome data at graduation is provided by the common final examination, coordinated by the National Final Examination Board. As results are very good, there was no need to incorporate explicit standards for results, until now. Data regarding residency programme placements are collected by National Healthcare Services Center, which are also very good. Because of this, there was no need to incorporate explicit standards for results either.

Analyst Remarks to Narrative

The country attests that it collects the National Final Examination Board (NFEB) outcome data at graduation and the National Healthcare Services Center (NHSC) data regarding residency program placements to track the performance of a medical school's graduates. The Country further attests that this data is good and not explicated incorporated in the agency standards; however, the country has not provided documentation to demonstrate this data.

Staff Conclusion:

Additional information Requested

Country Response

We attach data of NHSC on residency placements and PHD-studies enrollment of graduates. [Note: In order to be able to be employed in another state of the European Union, doctors have to have an Official Certificate issued by the NHSC certifying that they were entitled to be employed as a doctor in Hungary, e.g. there was no ethical sanction imposed on them, they are not banned from practicing the medical profession, have clean criminal record etc. Since there is a high number of doctors leaving the country after graduation, data on such Certificates is also included in the table, as NHSC computes residency placement rates (in Hungarian residency programmes) based on the number of graduates without such a Certificate, i.e. graduates who haven't left Hungary.]

It is evident from the data, that a very high ratio of graduates gets enrolled in either a residency programme or in a PhD Programme [Note: a very few number of graduates might be enrolled at the same time to both, provided, it is a part-time PhD Programme], which shows the effectiveness of the Hungarian medical programmes.

We also provide the data on final examinations, which show, that those who manage to meet the continuous requirements of progression set by the medical schools during the 6 years of education, i.e. accomplish all their courses and are entitled to take the Final Examination, pass the exam at all 4 institutions in a very high ratio, as described in the original submission. (This is because of the very strict requirements put on them previously, which assure that one cannot reach the final examination if not being sufficiently prepared to it.)

Because of the above described data, there was no need felt previously by the Hungarian Accreditation Committee to incorporate explicit standards regarding this data in the accreditation process, however, if this would be necessary, this could be considered in the future.

Exhibit 129 - Data of Graduates - NHSC

Exhibit 130 - Results of Final Examinations - NFEB

Analyst Remarks to Response

In response to the draft, the country provided additional clarification and evidence regarding the collection of graduation and medical school performance data. Specifically, the country included the National Final Examination Board (NFEB) and the National Healthcare Services Center (NHSC) results for 2015-2017 demonstrating the country's review of this data (exhibits 129-130). The country attests student success on the NFEB and the NHSC are due to the strict requirements of the country's medical schools and feels there is no need for the Hungarian Accreditation Committee to incorporate explicit standards regarding this data in the accreditation process.

Staff Conclusion:

Additional Information requested

Accrediting/Approval Decisions, Question 3**Country Narrative**

As mentioned earlier, outcome data at graduation is provided by the common final examination, coordinated by the National Final Examination Board. As results are very good, there was no need to incorporate explicit standards for results, until now. Data regarding residency programme placements are collected by National Healthcare Services Center, which are also very good. Because of this, there was no need to incorporate explicit standards for results either.

Analyst Remarks to Narrative

The country attests that it collects the National Final Examination Board (NFEB) outcome data at graduation and the National Healthcare Services Center (NHSC) data regarding residency program placements to track the performance of a medical school's graduates. The Country further attests that this data is good and not explicated incorporated in the agency standards; however, the country has not provided documentation to demonstrate this data.

Staff Conclusion:

Additional information Requested

Country Response

We attach data of NHSC on residency placements and PHD-studies enrollment of graduates. [Note: In order to be able to be employed in another state of the European Union, doctors have to have an Official Certificate issued by the NHSC certifying that they were entitled to be employed as a doctor in Hungary, e.g. there was no ethical sanction imposed on them, they are not banned from practicing the medical profession, have clean criminal record etc. Since there is a high number of doctors leaving the country after graduation, data on such Certificates is also included in the table, as NHSC computes residency placement rates (in Hungarian residency programmes) based on the number of graduates without such a Certificate, i.e. graduates who haven't left Hungary.]

It is evident from the data, that a very high ratio of graduates gets enrolled in either a residency programme or in a PhD Programme [Note: a very few number of graduates might be enrolled at the same time to both, provided, it is a part-time PhD Programme], which shows the effectiveness of the Hungarian medical programmes.

We also provide the data on final examinations, which show, that those who manage to meet the continuous requirements of progression set by the medical schools during the 6 years of education, i.e. accomplish all their courses and are entitled to take the Final Examination pass the exam at all 4 institutions in a very high ratio, as described in the original submission. (This is because of the very strict requirements put on them previously, which assure that one cannot reach the final examination if not being sufficiently prepared to it.)

Because of the above described data, there was no need felt previously by the Hungarian Accreditation Committee to incorporate explicit standards regarding this data in the accreditation process, however, if this would be necessary, this could be considered in the future.

Exhibit 129 - Data of Graduates - NHSC

Exhibit 130 - Results of Final Examinations - NFEB

Analyst Remarks to Response

In response to the draft, the country provided additional clarification and evidence regarding the collection of graduation and medical school performance data. Specifically, the country included the National Final Examination Board (NFEB) and the National Healthcare Services Center (NHSC) results for 2015-2017 demonstrating the country's review of this data (exhibits 129-130). The country attests student success on the NFEB and the NHSC are due to the strict requirements of the country's medical schools and feels there is no need for the Hungarian Accreditation Committee to incorporate explicit standards regarding this data in the accreditation process.

Staff Conclusion:

Additional Information requested

Accrediting/Approval Decisions, Question 4

Country Narrative

As mentioned earlier, outcome data at graduation is provided by the common final examination, coordinated by the National Final Examination Board. As results are very good, there was no need to incorporate explicit standards for results, until now. Data regarding residency programme placements are collected by National Healthcare Services Center, which are also very good. Because of this, there was no need to incorporate explicit standards for results either.

Analyst Remarks to Narrative

The country attests that it collects the National Final Examination Board (NFEB) outcome data at graduation and the National Healthcare Services Center (NHSC) data regarding residency program placements to track the performance of a medical school's graduates. The Country further attests that this data is good and not explicated incorporated in the agency standards; however, the country has not provided documentation to demonstrate this data.

Staff Conclusion:

Additional information Requested

Country Response

We attach data of NHSC on residency placements and PHD-studies enrollment of graduates. [Note: In order to be able to be employed in another state of the European Union, doctors have to have an Official Certificate issued by the NHSC certifying that they were entitled to be employed as a doctor in Hungary, e.g. there was no ethical sanction imposed on them, they are not banned from practicing the medical profession, have clean criminal record etc. Since there is a high number of doctors leaving the country after graduation, data on such Certificates is also included in the table, as NHSC computes residency placement rates (in Hungarian residency programmes) based on the number of graduates without such a Certificate, i.e. graduates who haven't left Hungary.]

It is evident from the data, that a very high ratio of graduates gets enrolled in either a residency programme or in a PhD Programme [Note: a very few number of graduates might be enrolled at the same time to both, provided, it is a part-time PhD Programme], which shows the effectiveness of the Hungarian medical programmes.

We also provide the data on final examinations, which show, that those who manage to meet the continuous requirements of progression set by the medical schools during the 6 years of education, i.e. accomplish all their courses and are entitled to take the Final Examination pass the exam at all 4 institutions in a very high ratio, as described in the original submission. (This is because of the very strict requirements put on them previously, which assure that one cannot reach the final examination if not being sufficiently prepared to it.)

Because of the above described data, there was no need felt previously by the Hungarian Accreditation Committee to incorporate explicit standards regarding this data in the accreditation process, however, if this would be necessary, this could be considered in the future.

Exhibit 129 - Data of Graduates - NHSC

Exhibit 130 - Results of Final Examinations - NFEB

Analyst Remarks to Response

In response to the draft, the country provided additional clarification and evidence regarding the collection of graduation and medical school performance data. Specifically, the country included the National Final Examination Board (NFEB) and the National Healthcare Services Center (NHSC) results for 2015-2017 demonstrating the country's review of this data (exhibits 129-130). The country attests student success on the NFEB and the NHSC are due to the strict requirements of the country's medical schools and feels there is no need for the Hungarian Accreditation Committee to incorporate explicit standards regarding this data in the accreditation process.

Staff Conclusion:

Additional Information requested
