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U.S. Department of Education

Special Report for Israel

Prepared February, 2019

Background

At its September 1999 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the accreditation standards used by the Council for Higher Education (CHE) to evaluate medical schools in Israel were comparable to those used to evaluate programs leading to the M.D. degree in the United States. A CHE decision in February 1999 authorized the establishment of a permanent committee, the Committee for Re-Evaluation of Medical Schools (hereafter, Committee), as the CHE entity responsible for the evaluation of medical schools in Israel.

At its September 2001, September 2002 and March 2004 meetings, the NCFMEA accepted the periodic reports submitted by the CHE on its accreditation activities in Israel. During its 2008 meeting the NCFMEA continued to find the CHE standards comparable to those used in the United States. In addition, the NCFMEA accepted the periodic report submitted by CHE during its April 2013 meeting.

Israel was originally scheduled to be reviewed at the Fall 2014 NCFMEA meeting, but had asked to be rescheduled due to personnel changes that had delayed compilation of the agency's application narrative and documentation. Israel submitted its application in February 2015 and Department staff requested additional information regarding numerous areas, which were due by July 5, 2015. (The NCFMEA did not meet in Spring 2015.)

Israel never responded to the Department's questions. Therefore, on July 28, 2015 Department staff wrote to Dr. Varda Ben-Shaul and Daniella Sandler informing them that as a result of its failure to respond by the deadline Israel could not be placed on the Fall 2015 NCFMEA agenda, and would be rescheduled for the Spring 2016 NCFMEA meeting. On July 29 Daniella Sandler responded that Israel would send the material needed for the spring 2016 meeting. Since the materials were never received, Department staff again wrote to Israel on January 4, 2016 and asked that Israel's intentions be conveyed to the Department of Education expeditiously. As done previously, the email again noted that failure to submit the necessary information "could adversely affect Israel's continued positive listing by the NCFMEA in 2016." After some email exchanges and an additional request from the country for a delay, the country's current application for a redetermination of comparability was received by the Department on July 14, 2016.

Based on the information provided, it appears that the country has an evaluation system that remains substantially comparable to that used to accredit medical schools in the United States. While the CHE has provided substantial information regarding the country's quality assurance system standards for medical education in Israel, there are some areas where further information may be helpful. Those issues are noted in the Summary of Findings and the Staff Analysis sections.

The CHE has provided an updated version of Israeli Medical Education Standards, September 2017. These updated standards aligned with the LCME Standards for Accreditation of Medical Education Programs Leading to the MD Degree and the NCFMEA Guidelines for Determination of Comparability.

Summary of Findings

None

Staff Analysis

Outstanding Issues

The country's updated standards in conformance with the World Federation of Medical Education(WFME) standards, and specifically, with the NCFMEA Guidelines;

Country Narrative

Over a period of several days In September 2017, senior academic officials of the five medical schools in Israel met with representatives of the Quality Assurance Division (QAD) of the Council for Higher Education in Israel (CHE) to revise and update the Standards for Medical Education in Israel.

Using 2017 LCME Standards as a basis, each section of the LCME standards was examined in depth and discussed to consider their applicability to Israel's medical education and the country's circumstances.

As a result of this meeting, new, updated, and comprehensive Standards for Medical Education in Israel were produced - conforming in their entirety to the language, structure and rationale of LCME Standards. A copy of the revised standards are attached hereto.

The revised standards are in line with NCFMEA Guidelines and also form the basis for Israel's ongoing application for recognition by WFME.

Analyst Remarks to Narrative

The CHE has provided updated standards (Exhibit 1) which are aligned with the LCME Standards for Accreditation of Medical Education Programs Leading to the MD Degree and the NCFMEA Guidelines for Determination of Comparability.

The country's updated standards with respect to the supervision of clinical sites

Country Narrative

In general, all clinical sites utilized for medical education in Israel are under continuous supervision as most teaching faculty are the same practicing physicians in clinical wards in Israel's hospitals.

The standards in respect to the supervision of clinical sites are:

5.6 Clinical Instructional Facilities/Information Resources

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

6.2 Clinical Training

The requirements for successful completion of the program of medical education include a particular focus on clerkships and other forms of clinical training. Students have hands-on experience.

6.7 Clinical Experiences

The faculty of a medical school participate in a process that defines the objectives of clinical education and establishes criteria for the types of patients, real or simulated. A system for monitoring the achievement of clinical educational goals must be developed, based on these criteria, and students must be evaluated in this framework.

7.6 Clinical Disciplines

The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, end-of-life, and primary care in order to prepare students to:

- Recognize wellness, determinants of health, and opportunities for health promotion and disease prevention
- Recognize and interpret symptoms and signs of disease
- Develop working hypotheses and treatment plans
- Recognize the potential health-related impact on patients of behavioral and socioeconomic factors
- Assist patients in addressing health-related issues involving all organ systems

Analyst Remarks to Narrative

The CHE has provided an update of its medical education standards (Exhibit 1) which includes clarity on the country's requirement that medical education programs have appropriate supervision of its clinical sites. Standard 5: Educational Resources and Infrastructure specifically notes that a medical school must have sufficient facilities and equipment, including clinical resources, "readily available and accessible across all locations to meet its needs... (p.8). In addition, the 2017 standards also require that students have hands-on experiences and that faculty participation in defining objectives for clinical education (Standard 6: Competencies, Curricular Objectives, and Curricular Design, p.9). Furthermore, the CHE standards requires that clinical experiences relate to disciplines that align with the LCME (Standard 7.6 and 7.7, p. 11-12).

The country's updated standards with respect to the utilization and consideration of admission test data

Country Narrative

The standards specify that Israel's medical schools must utilize program enrollment data and program completion data to show how students are achieving program objectives and enhancing program quality.

8.2 Program Evaluation

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance medical education program quality. These data are collected during program enrollment after program completion, and entrance into residency.

Analyst Remarks to Narrative

The country has provided updated standards based on the March 2017 LCME Standards for Accreditation (Exhibit 1) which notes that the CHE allows a medical school to use a variety of outcome data which are collected to assess admissions, graduation, and medical residency job placement rates (Standard 10.1, 10.2 p.16) and the medical school must develop and public the standards for admission, retention, and graduation.

The country's updated standards with respect to the collection of student performance data

Country Narrative

STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

9.1 Assessment System

The faculty of a medical school ensures that the assessment of student achievement employs a variety of measures of knowledge, competence and performance, systematically and sequentially applied throughout medical school.

9.2 Establishment of Standards of Achievement

The central curriculum management committee establishes the standards of achievement.

9.3 Narrative Assessment

A medical school ensures that a narrative description of student performance and of non-cognitive achievements are recorded to supplement grade reports in all required clinical clerkships and in all courses where student-faculty interaction permits this form of assessment.

9.4 Monitoring Examination Frequency

The faculty committee monitors the frequency of examinations and their scheduling, particularly when the students are enrolled in several subjects simultaneously.

9.5 Direct Observation of Clinical Skills

A medical school ensures that there is a system of assessment which assures that students have acquired and can demonstrate on direct observation the core clinical skills and behaviors needed in subsequent medical training.

Analyst Remarks to Narrative

The country has updated its standards to align with LCME standards for accreditation regarding a medical school's use formative and summative evaluation methodologies to assess student performance and clinical skills (Standard 9, p. 14). In addition, the CHE has developed standards for program evaluation to demonstrate student achievement of the medical education program's objectives throughout enrollment and into residency (Standard 8.2, p. 13).

The revised and updated standards (Exhibit 1) include an institutional review of medical schools which include research, student progress and achievement (Standard 3.7, p.5); monitoring of student achievement in clinical experiences (Standard 6.7, p.9) and; outcome data collected on enrollment, graduation, and the start of the residency program (Standard 8.2, p. 13). This data is collected from "national norms" as noted for the LCME.
