MEDINE
The Thematic Network on Medical Education in Europe

Leif Christensen

SURVEY OF QUALITY ASSURANCE AND ACCREDITATION OF BASIC MEDICAL EDUCATION IN EUROPE

Report

Quality Assurance Task Force . WFME Office . University of Copenhagen . Denmark . 2007

CONTENTS

PREFACE

This report present the results of a survey of quality assurance of Basic Medical Education in Europe undertaken by an international Task Force set up by the Thematic Network on Medical Education in Europe (MEDINE), chaired jointly by the World Federation for Medical Education (WFME) and the Association of Medical Schools in Europe (AMSE) and sponsored by the Commission of the European Union.

The information has been gathered by WFME, the secretariat of Medine Task Force III. The members of the Task Force has participated at all stages of the survey, has assisted in the collection of data and in several other ways contributed to the survey.

The World Health Organization (WHO) Regional Office for Europe in the framework of the WHO-WFME Strategic Partnership to Improve Medical Education has been strongly involved in obtaining response to the questionnaire.

The survey has been designed, the data analysed and the report written by Leif Christensen. Ina Weber, then medical student at University of Heidelberg, participated in summer 2006 in the initial processing of data.

INTRODUCTION

Over the past decade, a number of quality assurance initiatives have been taken on internationally in medical education. They include the setting of standards and the establishment of systems for recognition and accreditation of educational institutions and programmes. The focus on the need for international standards in medical education has been driven by the expansion of globalization, as manifested by exchange of medical students, migration of medical doctors and cross-border education. However, standards are also important in addressing national problems and challenges that result from changes in the health care delivery service, from institutional conservatism and inadequate management and leadership, and from the rapid growth in the number of new medical schools. At the same time, common trends in curricular development and the management of medical education have facilitated attempts to define international standards. The ultimate goal is to improve health care across Europe.

It was therefore natural that MEDINE, with funding from the Commission of the European Union, should decide to include in its objectives activities that address quality assurance and standard setting in the European Region.

In the publication, "WFME Global Standards for Quality Improvement in Medical Education. European Specifications" the considerations of the MEDINE Task Force on Quality Assurance Standards and the results of its work on standards are presented. The vision of the Task Force is that the recommendations regarding standard setting outlined in this document could be used by the European Commission, national education and health authorities, institutions and organisations with responsibility for medical education, in their endeavours to achieve quality assurance and improvement in medical education throughout its continuum in the European Region.

The present report attempt to describe the current situation in quality assurance of basic medical education, especially the use of external evaluation and accreditation in Europe.

THEMATIC NETWORK MEDINE AND THE QUALITY ASSURANCE TASK FORCE

The Thematic Network MEDINE on medical education in Europe, which comprises more than one hundred institutions, addresses educational, institutional and quality issues in European medical education. It works within the framework of European initiatives like the Bologna Declaration and Process, including the European Credit Transfer Systemj (ECTS), the Diploma Supplement initiative and the Tuning project. It has to take account of previous work done by, for example, the European Commission, the Association for Medical Education in Europe (AMEE), the Association of Medical Schools in Europe (AMSE) and the World Federation for Medical Education (WFME). The target groups for this work are students, medical educators, health care providers, ministries of health and education, the European Commission, professional bodies, patients and the public in general.

The Task Force on Quality Assurance Standards was led jointly by the World Federation for Medical Education (WFME) and the Association of medical Schools in Europe (AMSE).

The list of Task Force members is presented inside the cover.

QUALITY ASSURANCE IN BASIC MEDICAL EDUCATION

1. Background and Purpose of the Survey

Several attempts to describe the status of quality assurance of higher education in Europe have been published within the last 10 to 15 years. Already in 1994 a study was undertaken. This study of quality management and quality assurance in the countries within the European Community and EFTA was commissioned by The Commission of the European Communities.**1)** A more recent overview of quality assurance and accreditation agencies and schemes in European countries is included in a publication by OECD from 2004.**2)**. This overview rely on information collected and published by the European Network for Quality Assurance in Higher Education (ENQA). Also, the national reports for 2005 to the Bologna secretariat include (in section 3.1 and 3.2) information on quality assurance and accreditation in the signatory countries **3)** and likewise the national reports for 2007 (questions 12 – 15) **4)**.

It is a common feature of these and other studies and surveys that they deal with quality assurance in higher education in general. The present survey has as its primary objective to examine the situation within basic medical education.

The purpose of this survey is to describe the use or prevalence of different means of quality assurance and accreditation of medical education in the countries in the European Region. The survey is focused on external evaluation and accreditation.

2. Design of Study

The data has been collected using a questionnaire with separate sections for basic medical education (BME), for postgraduate medical education (PME) and for continuing professional development of medical doctors (CPD & CME) respectively. This report deals with BME only.

Generally, the questionnaire can be characterised as a highly structured and standardised questionnaire with very few open-ended questions and providing guidelines for answering the questions.

The information has been gathered by The World Federation for Medical Education (WFME), the Secretariat of Medine Task Force III, and collected with the assistance of members of the Task Force and the WHO Regional Office for Europe, Human Resources for Health.

3. Topics/Data

For external evaluation and accreditation respectively the following issues or aspects of the quality assurance activities are covered in the questionnaire for BME (Annex C):

- Existence of a system of external evaluation/accreditation (question 1 & 8)
- Authority/organisation responsible for external evaluation/accreditation (question 2 & 9)
- Frequency of external evaluation/accreditation (question 3 & 10)
- Optional or mandatory external evaluation/accreditation (question 4 & 11)
- A general system or a specific system for medical education (question 5 & 12)
- Coverage of the system – only public or all institutions (question 6 & 13)
- Publicity of the results of external evaluation/accreditation (question 7 & 14)
- Other measures of quality improvement and assurance is summarized (question 15)

4. Delineation of the European Region

The countries included in this survey are the 41 countries comprised in the European Region as defined by Council of Europe (and consequently the countries currently eligible for participation in the Bologna Process) and having a medical school. It should be noted that the WHO definition of the European Region include more countries than the Council of Europe (e.g. the 5 CAR-countries). In annex A the definition of the European Region by different international organisations as well as the one used in this survey is specified.

In several tables the following grouping of countries with one or more medical schools is used:

- European Union (EU) member states before May 2004 (Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Netherlands, Portugal, Spain, Sweden and UK)
- EU member states after May 2004 (from May 2004 the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia & Slovenia and from January 2007 Bulgaria & Romania,)
- EFTA countries (Iceland, Norway & Switzerland)
- Commonwealth of Independent States (CIS) member states being members of Council of Europe (Armenia, Azerbaijan, Georgia, Moldova, Russian Federation and Ukraine)
- Other Council of Europe member states (Albania, Bosnia & Herzegovina, Croatia, FYR Macedonia, Montenegro, Serbia and Turkey)

5. Material

An overview of the existing material, the returned questionnaires, is provided in annex B.

Presently information, completed questionnaires, has been received from 33 countries or 80 per cent of the 41 countries included in the survey. However, the information received cover approx. 95 per cent of the registered medical schools in the region. Response from 8 countries is lacking (Albania, Bosnia & Herzegovina, Estonia, Iceland, Macedonia, Montenegro, Romania and Serbia).

In 19 cases the questionnaire has been completed by a representative for a medical school (the rector, vice-rector or in a few cases the head of a department for medical education), in 7 cases by the director for a national accreditation council or agency, in 5 cases by the professional organisation and in 2 cases by the ministry of health.

The material has been collected in the period from March 2006 to end of September 2007. Besides usual reasons for the lack or delay of response to questionnaires, two specific causes can maybe explain the difficulties in achieving the information in this case. Firstly, it is not easy to identify the organisation, agency or ministry responsible for quality assurance of medical education. Secondly, systems of quality assurance are presently undergoing changes in many countries. Due to these circumstances it can be difficult to locate the relevant organisation/agency and to provide the information.

Regarding the completed questionnaires, the responses are with a few exceptions coherent and, where it has been possible to compare with information from other sources, also in line with other available data. However, it should be noted that despite the guidelines or definitions provided in the questionnaire there is clearly some ambiguity in understanding and use of the concept of accreditation.

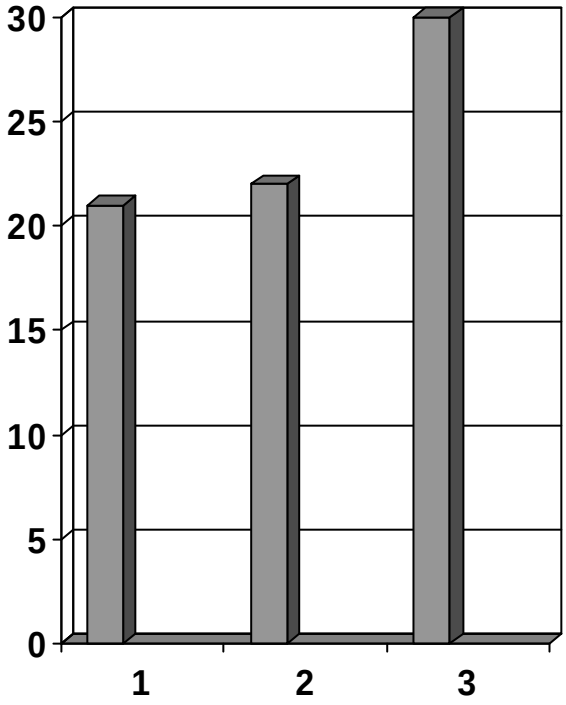
6. Results

The results of the survey are presented in a series of small tables with brief comments.
The tables are all placed at the end of the report.

Use of means of quality assurance: The survey is focused on the external instruments in quality assurance with an involvement of experts and authorities outside the individual medical school, external evaluation and accreditation or in other words, the instruments able to function both as means to quality improvement and to quality control. Other instruments in quality assurance are mainly of a regulatory and internal nature such as rules regarding student selection and staff recruitment, self study, audits, use of external examiners, etc. and are primarily intended as means to quality improvement.

An overview of the use of different means in quality assurance is provided in table 1. A system of external evaluation and a system of accreditation is in both cases used in roughly two thirds of the countries having responded. Other means of quality assurance are more widely used. With a few exceptions one or more other means are used in all countries.

Number of Countries using different Means of Quality Assurance



1. Countries with a system of external evaluation
2. Countries with a system of accreditation
3. Countries using other means of quality assurance

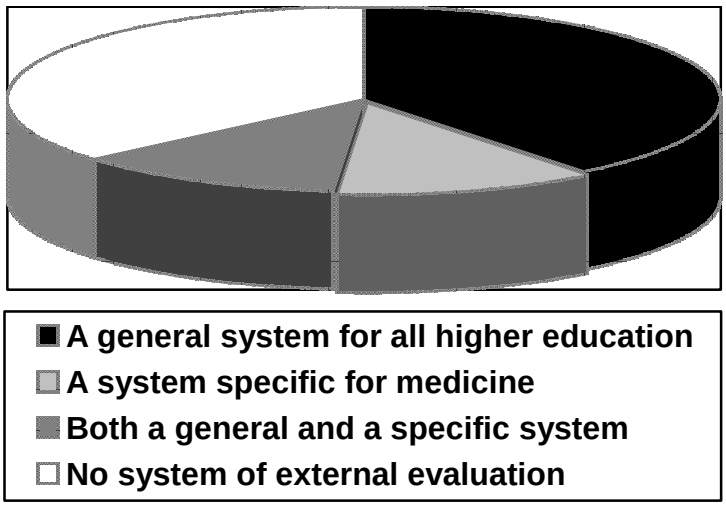
Systems of external evaluation: In more than half of the 21 countries having a system of external evaluation, the system is a general system for all higher education. In approx. one fifth of the countries the system is specific for medicine and another fifth of the countries operate with both a general and a specific system of external evaluation. (table 2).

Use of external evaluation has no strong relation to the number of medical schools in the country (table 3). Most likely, one would expect that external evaluation is more extended among countries with many medical schools: The need for external evaluation could be stronger and the availability

of independent experts would be greater. However, external evaluation is more used in countries with few medical schools. This could be a reflection of the fact, that external evaluation is costly. The survey do not include information about use of international experts to compensate for limitations in the number of independent national experts in countries with few medical schools.

Responsible for external evaluation is in 13 countries a national accreditation committee or agency (in 2 cases with involvement of a council of rectors/deans), in 4 countries the ministry of science and education is responsible (in 1 case with involvement of the ministry of health), in 2 countries the professional organisation is in charge of external evaluation and in 1 case the medical school itself. No response to the question for 2 countries.

Number of countries using different types of external evaluation



The external evaluation is mandatory in the majority of countries. Voluntary external evaluation can be found in only a few countries (table 4).

From 18 of the 22 countries with a system of external evaluation information is provided on the frequency of evaluation. There is a clear preference for conducting external evaluation every 5 – 6 years (15 countries). For two of these countries it is noted, that a new evaluation can take place after 2 – 3 if problems are discovered. In one country evaluation is more frequent (every 4 years) and in two countries less frequent (every 7- 8 years).

It appears that the countries are evenly divided between countries where the system of external evaluation cover only public medical schools and countries with a system covering both public and private medical schools (table 5). However, it should be noted, that a system of external evaluation could be characterised as covering public institutions only because all medical schools in the country in question are public institutions.

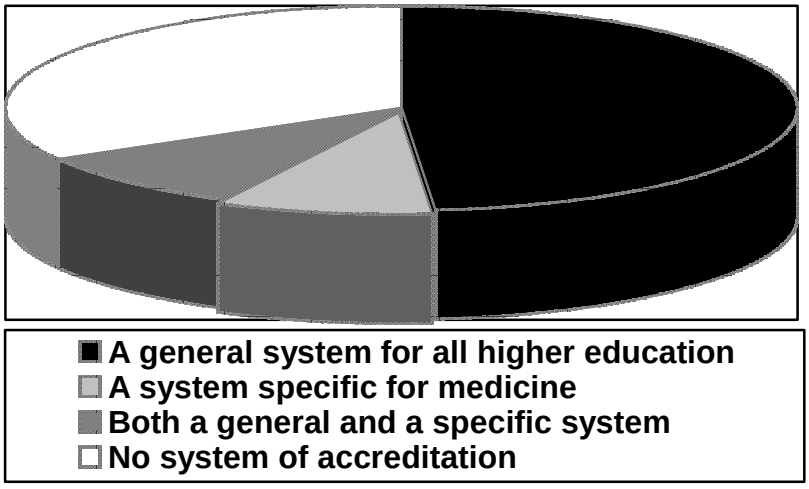
Dissemination of the results from external evaluations is important if the evaluations shall play a role in quality improvement of medical education. On the one hand, in 9 countries the report is accessible to everybody including the public and in 3 more countries the report is accessible to all medical schools. In well over half of the countries all medical schools can benefit from the results of external evaluations. On the other hand, in a third of the countries access to the report from an external evaluation is restricted to the authorities/ministries and the medical school being evaluated (table 6).

Systems of accreditation: In more than two thirds of the 22 countries having a system of accreditation, the system is a general system for all higher education. In 3 of the countries the system is specific for medicine and another 3 of the countries has both a general system of accreditation and a system specific for medicine (table 7)

The relation between the number of medical schools in the country and use of accreditation is stronger than the relation with use of external evaluation and is pointing in the same direction: Accreditation is clearly more used in countries with few medical schools. Four fifths of the countries with 5 medical schools or less use accreditation, only two fifths of the countries with more medical schools have a system of accreditation (table 8).

In 13 cases a national quality assurance and accreditation committee or agency is responsible for accreditation of medical schools/programmes in the country, in one case in cooperation with the council of rectors/deans. In 5 countries the ministry for science and education is responsible for accreditation and in 2 cases the professional organisation. It is obvious that in several countries a fairly close connection exist between a national committee or agency and the ministry of science and education (e.g. the agency is placed within the ministry or the ministry has to approve the decisions of the committee or agency)

Number of countries using different types of accreditation.



Accreditation is mandatory in a large majority of the countries using accreditation. Only one country offers voluntary accreditation (table 9).
Among the 19 of the countries having answered the question on the frequency of accreditation a clear majority operate with accreditation every 5 -6 years (normally 5 years). One country carry out accreditation more frequent (once every 4 years) and one country less frequent (once every 7 – 8 years). In 2 countries the frequency of accreditation varies (between 2 – 10 years) dependent on the status of the institution and the result of previous accreditation.

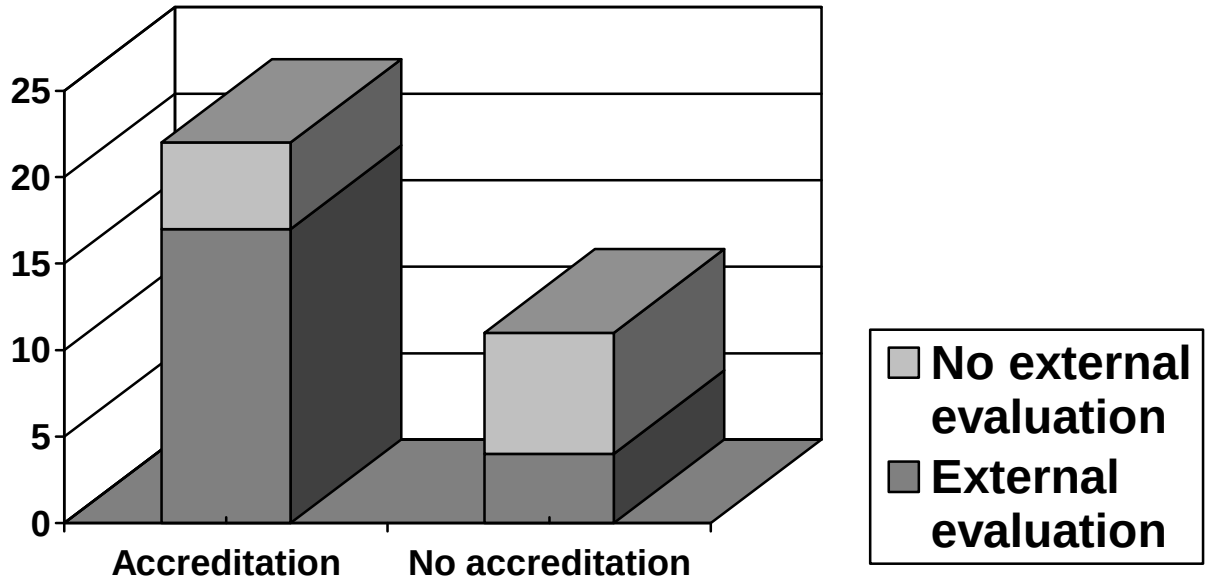
Coverage of the systems of accreditation is similar to the coverage of external evaluation: In half of the countries the accreditation system covers only public medical schools, the same number of

countries operate with accreditation systems covering both public and private medical schools (table 10). Also in this case it should be noted, that stating that the system of accreditation only covers public institutions in some countries can be a reflection of the fact that all medical schools in the country are public institutions.

One would expect that report on the decision on the accreditation process would be accessible to the public. However, in only half of the countries having an accreditation system is the decision made public. In a few more countries the decision is accessible to all medical schools, but in one fifth of the countries the decision apparently will be known only to the medical school in question and the authorities/ministries (table 11)

Relations between external evaluation and accreditation: The relationship between external evaluation and accreditation in the countries is shown in table 12. Three fourths of the countries having responded to the questionnaire operate with both external evaluation and accreditation. Looking at the 22 countries having a system of accreditation most of them (17 countries) also has a system of external evaluation. In accreditation in the proper or strict sense, the process of accreditation would include external evaluation. Four countries use a system of external evaluation but not a system of accreditation. In 7 countries both external evaluation and accreditation are presently lacking and they do not have any external quality assurance of basic medical education.

The Actual Relation between having a System of Accreditation and a System of External Evaluation

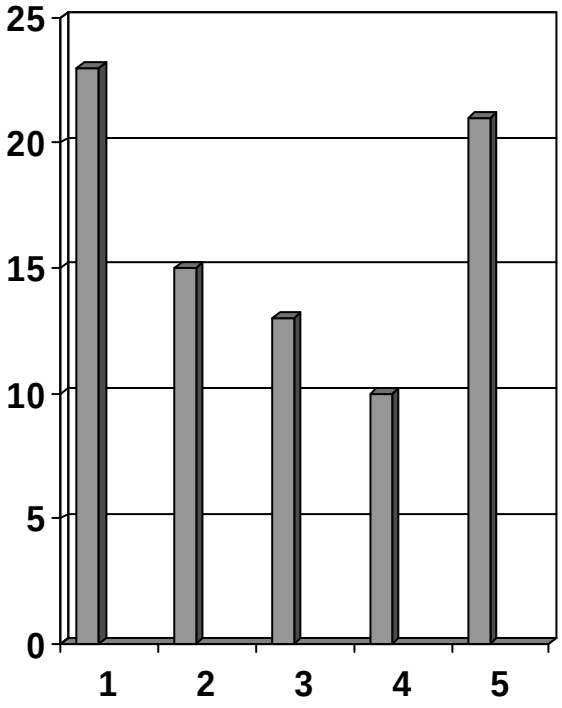


Maybe the 5 countries reporting having a system of accreditation but not a system of external evaluation will be seen as the most unexpected result. However, the definition of accreditation offered in the questionnaire is a broad definition. The requirements are that it is a formal and nationally recognized process and that the medical programme/school is assessed on the basis of predetermined standards or criteria. For the 5 countries it will probably be more correct not to talk about accreditation but about a process authorising the institution to offer a programme in basic medical education. This draw the attention to the different understandings of the concept accreditation and the fact that accreditation also in this survey seem to be used in slightly different ways.

Use of other means of quality assurance: As mentioned above (table 1) other instruments in quality assurance than external evaluations and accreditation are with one exception used in all countries. The most frequently mentioned means of quality assurance are shown in table 13.

The most often used instrument is selection procedures in admission of students in two thirds of the countries followed by internal evaluations, self-studies, audits etc. in two thirds of the countries and central regulation of the curriculum in more than one third of the countries.

Number of Countries using Other Means of Quality Assurance



1. Countries with selection procedures in admission of students
2. Countries with central regulation of curriculum
3. Countries using exams and assessment procedures in QA
4. Countries with a final national exam
5. Countries using internal evaluation etc. as means in QA

6. Concluding Remarks and Recommendations

All countries having responded to the questionnaire use some forms of quality assurance of medical education, while two thirds of the countries has a system of external evaluation and/or a system of accreditation. In most cases quality assurance of basic medical education is part of a general system for all higher education. Several of the countries presently without external evaluation or accreditation state that a system of external evaluation and/or accreditation is being considered, planned or introduced.

Some models for quality assurance in medical education can be found in the responses to the questionnaire ranging from countries with a full-fledged accreditation system to countries without external evaluation and accreditation but relying on national regulations.

One group of countries operate with a system of regular accreditation including predetermined standards or criteria, a self-study, external evaluation with a site visit and a final report accessible to the public and used for formal decision on accreditation which can result in withdrawing accreditation or putting the medical school on probation for a specified period.

Another group of countries use an elaborated system of evaluation at regular intervals consisting of a self-study, an external evaluation including a site visit and a final report accessible to the public. This report is also the basis for a decision by state authorities whether to continue or withdraw the power to award the medical degree. If this power is not withdrawn the medical school is regarded as accredited for the following period.

A third group of countries does not use external evaluation, but base the decisions on reports from the medical schools. These reports, often annual could be regarded as a kind of self-study in relation to some specific criteria primarily regarding resources and facilities and sometimes supplemented with an inspection of the medical school. State authorities then decide on accreditation which can lead to closing a medical programme or school.

Finally, in quality assurance a country can rely completely on other state regulation, a central regulation of the curriculum, state regulations on selection and admission of students, regulations on recruitment and promotion of teachers, and regulations regarding the assessment of students, which can include a final national exam.

On the basis of experience from the present survey, quality assurance of basic medical education in Europe clearly need further study, partly to up-date the information, partly to get a deeper understanding of the activities and the terminology used to describe the activities. Furthermore, the differences in the use of instruments in quality assurance should lead to considerations of common principles for national systems and maybe considerations of a common European system of quality assurance or at least some shared principles.

References

1) EUROPEAN COMMISSION (1998) Evaluation of European Higher Education. A Status Report prepared for DG EAC by The Centre of Quality Assurance and Evaluation of Higher Education Denmark

2) VAN DAMME, D.; VAN DER HIJDEN, P. & CAMPBELL, C.(2004): "International Quality Assurance and Recognition of Qualifications in Higher Education: Europe" in Quality and Recognition in Higher Education. OECD. Paris 2004

3) National Reports 2005, http://www.bologna-bergen2005.no/

4) National Reports 2007, http://www.dfes.gov.uk/londonbologna/

Table 1: Use of external evaluation, accreditation and other means of quality assurance of Basic Medical Education in Europe

	Systems of quality assurance		
	External evaluation	**Accreditation**	**Other means of quality assurance**
Countries using a system of quality assurance	21	22	30
Countries without a system of quality assurance	12	11	1
No answer to the question	-	-	2
Total countries responding	33	33	33
No response	8	8	8
Total number of countries in the survey	41	41	41

Table 2: Existence of general and/or specific systems of external evaluation of Basic Medical Education in groups of countries

	Countries with a general system of external evaluation of higher education	**Countries with a system of external evaluation specific for medicine**	**Countries with both a general and a specific system of external evaluation**	**Countries without a system of external evaluation**	**Total**
Groups of countries: EU member states before May 2004	4	3	-	7	14
EU member states after May 2004	4	-	3	2	9
EFTA countries	1	1	-	-	2
CIS member states being members of Council of Europe	4	-	1	1	6
Other Council of Europe member states	-	-	-	2	2
Total number of countries	13	4	4	12	33

Table 3: Relationship between having a system of external evaluation and the number of medical schools in the country

	Countries with a system of external evaluation	Countries without a system of external evaluation	Total
Number of medical schools in the Country: 5 medical schools or less	12	4	16
6 – 10 medical schools	4	3	7
11 or more medical schools	6	4	10
Total number of countries responding	22	11	33

Table 4: Systems of mandatory or voluntary external evaluation of Basic Medical Education

	Countries with mandatory external evaluation	Countries with voluntary external evaluation	No answer to the question	Countries with a system of external evaluation
Total number of countries	16	3	2	21

Table 5: Coverage of the systems external evaluation of Basic Medical Education in groups of countries

	Countries with a system covering public medical schools/programmes only	Countries with a system covering both public and private medical schools/programmes etc.	No answer to the question	Countries with a system of external evaluation
Groups of countries: EU member states before May 2004	4	3	-	7
EU member states after May 2004	4	3		7
EFTA countries	1	1	-	2
CIS member states being members of Council of Europe	1	3	1	5
Other Council of Europe member states	-	-	-	-
Total number of countries	10	10	1	21

Table 6: Publication of the results of external evaluation of Basic Medical Education in groups of countries

	Report accessible to the general public	Report accessible to all medical schools	Report accessible to the medical school being evaluated	Report accessible to the authorities/ ministries	No answer to the question
***Groups of countries*:** EU member states before May 2004	4	4	7	7	-
EU member states after May 2004	1	4	6	6	1
EFTA countries	2	2	2	2	-
CIS member states being members of Council of Europe	2	2	3	3	1
Other Council of Europe member states	-	-	-	-	-
Total number of responses	9	12	19	19	2

Table 7: Existence of general and/or specific systems of accreditation of Basic Medical Education in groups of countries

	Countries with a general system of accreditation of higher education	Countries with a system of accreditation specific for medicine	Countries with both a general and a specific system of accreditation	Countries without a system of accreditation	Total
Groups of countries: EU member states before May 2004	4	1	-	9	14
EU member states after May 2004	5	1	2	1	9
EFTA countries	1	1	-	-	2
CIS member states being members of Council of Europe	5	-	1	-	6
Other Council of Europe member states	1	-	-	1	2
Total number of countries	16	3	3	11	33

Table 8: Relationship between having a system of accreditation and the number of medical schools in the country

	Countries with a system of accreditation	Countries without a system of accreditation	Total
Number of medical schools in the country: 5 medical schools or less	13	3	16
6 – 10 medical schools	3	4	7
11 or more medical schools	4	5	9
Total countries responding	20	12	32

No response to the question from 1 country

Table 9: Systems of mandatory or voluntary accreditation of Basic Medical Education

	Countries with mandatory accreditation	Countries with voluntary accreditation	No answer to the question	Countries with a system of accreditation
Total number of countries	17	1	4	22

Table 10: Coverage of the system of accreditation of Basic Medical Education in groups of countries

	Countries with a system covering public medical schools/programmes only	Countries with a system covering both public and private schools/programmes etc.	No answer to the question	Countries with a system of accreditation
Groups of countries: EU member states before May 2004	3	2	-	5
EU member states after May 2004	4	3	1	8
EFTA countries	2	-	-	2
CIS member states being members of Council of Europe	1	4	1	6
Other Council of Europe member states	-	1	-	1
Total number of countries	10	10	2	22

Table 11: Publication of the decision of accreditation of Basic Medical Education in groups of countries

	Decision accessible to the general public	Decision accessible to all medical schools	Decision accessible to the medical school being accredited	Decision accessible to the authorities/ ministries	No answer to the question
Groups of countries: EU member states before May 2004	3	3	4	4	1
EU member states after May 2004	2	5	7	7	1
EFTA countries	2	2	2	2	-
CIS member states being members of Council of Europe	4	4	4	5	1
Other Council of Europe member states	-	-	1	1	-
Total number of responses	11	14	18	19	3

Table 12: Relationship between having a system of external evaluation and a system of accreditation

	Accreditation		
	Countries having a system of accreditation	Countries without a system of accreditation	Total
External evaluation: Countries having a system of external evaluation	17	4	21
Countries without a system of external evaluation	5	7	12
Total number of countries	22	11	33

Table 13: Use of other means of quality assurance of Basic Medical Education in groups of countries

	Countries with selection procedures in admission of students	Countries with central regulation of curriculum	Countries using exams and assessment procedures in QA	Countries with a final national exam	Countries using internal evaluation etc. as means in QA
Groups of countries: EU member states before May 2004	10	8	3	2	7
EU member states after May 2004	6	3	4	3	7
EFTA countries	2	-	1	1	1
CIS member states being members of Council of Europe *)	5	4	5	4	5
Other Council of Europe member states **)	-	-	-	-	1
Total number of responses	23	15	13	10	21

*) No answer to the question from 1 country
**) No answer to the question from 1 country

Table A1: Member states of selected international organisations

	Council of Europe Member States	Signatory countries to the Bologna Declaration	European Member States of the UNESCO Europe and North America Region	Member States of the WHO European Region
Albania	X	X	X	X
Andorra	X	X	X	X
Armenia	X	X	X	X
Austria	X	X	X	X
Azerbaijan	X	X	X	X
Belarus	- 1)	-	X	X
Belgium	X	X	X	X
Bosnia and Herzegovina	X	X	X	X
Bulgaria	X	X	X	X
Croatia	X	X	X	X
Cyprus	X	X	X	X
Czech Republic	X	X	X	X
Denmark	X	X	X	X
Estonia	X	X	X	X
Finland	X	X	X	X
France	X	X	X	X
Georgia	X	X	X	X
Germany	X	X	X	X
Greece	X	X	X	X
Hungary	X	X	X	X
Iceland	X	X	X	X
Ireland	X	X	X	X
Israel	- 2)	-	X	X
Italy	X	X	X	X
Kazakhstan	-	- 4)	X	X
Kyrgyzstan	-	-	-	X
Latvia	X	X	X	X
Liechtenstein	X	X	-	-
Lithuania	X	X	X	X
Luxembourg	X	X	X	X
Malta	X	X	X	X
Monaco	X	-	X	X
Montenegro	X	X	X	X
Netherlands	X	X	X	X
Norway	X	X	X	X
Poland	X	X	X	X
Portugal	X	X	X	X
Republic of Moldova	X	X	X	X
Romania	X	X	X	X

Russian Federation	X	X	X	X
San Marino	X	-	X	X
Serbia	X	X	X	X
Slovak Republic	X	X	X	X
Slovenia	X	X	X	X
Spain	X	X	X	X
Sweden	X	X	X	X
Switzerland	X	X	X	X
Tajikistan	-	-	X	X
Former Yugoslav Republic of Macedonia	X	X	X	X
The Holy See	- 3)	X	-	-
Turkey	X	X	X	X
Turkmenistan	-	-	-	X
Ukraine	X	X	X	X
United Kingdom of Great Britain and Northern Ireland	X	X	X	X
Uzbekistan	-	-	-	X
Total	47	46	50	53

Notes:

1) Candidate for membership since 1993
2) Observer to the Parliamentary Assembly
3) Observer to the Committee of Ministers
4) Applicant to be member of the Bologna Process

Table B1: Number of countries included and participating in the survey of Quality Assurance of Basic Medical Education in Europe and number of medical schools

	Total number of countri-es	Countries without a medical school	Countries with one or more medical schools	Responses (27.8.07)	Number of medical schools	
					WHO Directory Ult.2003	FAIMER May 2007
Groups of countries: EU member states before May 2004	15	1	14	14	223	264
EU member states after May 2004	12	1	11	9	51	54
EFTA countries	4	1	3	2	10	11
CIS member states being members of Council of Europe	6	-	6	6	86	101
Other Council of Europe member states	10	3	7	2	45	56
Total	47	6	41	33	415	486

ANNEX C

Survey of Quality Assurance and Accreditation of Medical Education in the European Region

Country:

A. Information on Quality Assurance and Accreditation of Basic (Undergraduate) Medical Education

Contact:	Name: _____ Institution/Organisation: _____ _____ Position: _____ Address: _____ _____ Phone: _____ Fax no: _____ E-mail: _____

1.	Is there a system of external evaluation (part of or not part of accreditation) of basic (undergraduate) medical education in your country? (i.e. evaluations, sometimes called peer reviews, undertaken by experts not being attached to the medical school in question and normally including a site visit)	□ Yes *(Cont. question 2)* □ No *(Cont. question 8)*
2.	Who is responsible for carrying out the external evaluations? If more than one authority/organisation, please specify	Name of authority/organisation:____ _____ Website: _____
3.	How often is a medical programme/school supposed to be evaluated?	Frequency:_____

4.	Is the external evaluation mandatory or voluntary?	□ Mandatory □ Voluntary
5.	Is external evaluation of basic medical education part of a general system of external evaluation of all higher education and/or is it a system specific for medical education? (i.e. using criteria/standards specific to medical education and/or involving stakeholders from the health care system)	□ A general system for higher education □ A common system for health education □ A system specific for medical education □ Other
6.	What kind of medical programmes/schools are included in the system of external evaluation?	□ Public medical schools/programmes □ Private medical schools/programmes □ Medical schools/programmes run by foreign universities/institutions
7.	Is the report of the external evaluation published?	□ Yes, accessible to the authorities/ministries □ Yes, accessible to the medical school being evaluated □ Yes, accessible to all medical schools □ Yes, an anonymous summary available □ Yes, the report is accessible to the general public, media etc. □ No
8.	Is there a system of accreditation of basic medical education in your country? (i.e. a formal and nationally recognized process whereby a medical programme/school is assessed on the basis of predetermined standards or criteria)	□ Yes *(Cont. question 9)* □ No *(Cont. question 15)*
9.	Who is responsible for carrying out the accreditation? If more than one authority/organisation, please specify	Name of authority/organisation:____ _____ Website: _____
10.	How often is a medical programme/school supposed to be accredited?	Frequency: _____
11.	Is accreditation mandatory or voluntary?	□ Mandatory □ Voluntary
12.	Is accreditation of basic medical education part of a general system of accreditation of all higher education and/or is it a system specific for medical education? (i.e. using criteria/standards specific to medical education and/or involving stakeholders from the health care system)	□ A general system for higher education □ A common system for health education □ A system specific for medical education □ Other

13.	What kind of medical programmes/schools are included in the system of accreditation?	□ Public medical schools/programmes □ Private medical schools/programmes □ Medical schools/programmes run by foreign universities/institutions
14.	Is the decision on accreditation made public?	□ Yes, accessible to the authorities/ministries □ Yes, accessible to the medical school being accredited □ Yes, accessible to all medical schools □ Yes, the decision is accessible to the general public, media, students etc. □ No
15.	Is the country using other measures to assure/improve the quality of basic medical education?	□ Selection procedures, entrance exams etc. □ A centrally regulated curriculum □ Self evaluations □ Inspection □ Use of external examiners □ National exams before licensing □ Other measures:_____ _____

Explanatory remarks: