



swiss center of accreditation and
quality assurance in higher education

Proposal for accreditation

Bachelor of Medicine in Human Medicine

University of Fribourg, Faculty of Science, Department of Medicine

OAQ Report

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1 Frame of reference, object and procedural steps

1.1 Frame of reference

The accreditation of study programmes leading to a Federal Diploma in Medicine is mandatory according to the Federal Law on Financial Aid to Universities of 8 October 2009 (UFG)¹ and to the Federal Law on Medical Professions of 23 June 2006 (MedBG, Art. 23 § 1)². Art. 24 § 1 MedBG defines the criteria that must be fulfilled for accreditation of study programmes in addition to the accreditation requirements according to UFG. The legally defined educational objectives are of key importance (Art. 4 MedBG, Art. 6-10 MedBG).

The quality assessment is based upon Quality Standards³ that were developed by the Deans of the five Swiss Medical faculties, in cooperation with the Swiss Center of Accreditation and Quality Assurance in Higher Education (OAQ) and the Federal Office for Public Health (FOPH). They were based on the internationally accepted "Basic Medical Education WFME Global Standards for Quality Improvement"⁴ and authorised on 11 June 2003 by the Joint Commission of the Swiss Medical Schools (SMIFK). Under the mandate of the FOPH, in 2007 the Quality Standards were revised by the OAQ and adapted to the requirements of the MedBG.

This work resulted in the developments of the quality standard set "Accreditation of Study Programmes in Basic Medical Education. Quality Standards"⁵, dated February 2010, which comprises the educational objectives specified in Art. 4, 6, 7, 8 of the MedBG as well as the general quality standards for study programmes outlined in Art. 10 and 12 of the Accreditation Guidelines of the Swiss University Conference (SUC)⁶.

These procedures foresee the assessment of fulfilment of the accreditation criteria according to the MedBG as well as the fulfilment of the quality standards according to the SUC Accreditation Guidelines.

Between March 2010 and August 2010 the OAQ conducts the accreditation procedures of all the Bachelor and Master programmes in Veterinary Medicine, Human Medicine and Dental Medicine as well as Chiropractics.

The accreditation proposals to the two accrediting bodies, the SUC (UFG criteria) and the Swiss Accreditation Council (MedBG criteria) are each limited to the respective quality

¹ Bundesgesetz über die Förderung der Universitäten und über die Zusammenarbeit im Hochschulbereich vom 8. Oktober 1999 (UFG), SR 414.20.

² Bundesgesetz über die universitären Medizinalberufe vom 23. Juni 2006 (MedBG), SR 811.11.

³ Accreditation of Study Programmes in Basic Medical Education, Quality Standards, Final Version of February 2010, Federal Department of Home Affairs (FDHA), Federal Office of Public Health (FOPH), from now quoted as „Quality Standards“.

⁴ The standards of the World Federation for Medical Education (WFME) can be downloaded on www.wfme.org

⁵ www.bag.admin.ch/themen/berufe/03937/03939/index.html?lang=de

⁶ Guidelines of the Swiss University Conference for Academic Accreditation in Switzerland (Accreditation Guidelines) of 28 June 2007, SR/RS 414.205.3.

criteria. However, the accreditation decision according to UFG is a precondition for accreditation according to MedBG.

The conceptual planning of the procedures as well as all accompanying instruments (quality standards, guidelines) were defined by the OAQ under the mandate of the FOPH and in cooperation with the SUC and the FOPH itself.

1.2 Object of the accreditation procedure

The object of the accreditation procedure is the study programme “Bachelor of Medicine” (BMed) in Human Medicine of the University of Fribourg. The BMed is offered by the Department of Medicine within the Faculty of Science.

The Faculty of Science includes 7 departments and 2 institutes (Adolf-Merkle Institute and Fribourg Centre of Nanomaterials). The Department of Medicine is the biggest department of the Faculty of Science with around 30% of the students of the Faculty. The executive authority of the Faculty is the Decanal Council (dean and two vice deans). The legislative authority is the Faculty Council (68 professors, 17 academics staff and 17 students) and a Faculty Committee made of the presidents of the departments and a representative of academic staff and students.⁷

Until 2008, the University of Fribourg offered only the first 2 years in basic medical education. With the introduction of the Bachelor and Master degrees according to the Bologna Process for the medical education and the new MedBG in 2007, the State Council and the Parliament of the Canton of Fribourg decided to implement the 3rd year of the medical curriculum, in order to offer a full Bachelor of Medicine program to the students of the University of Fribourg.⁸

The first 3rd-year students were admitted in September 2009 and the first diplomas of BMed were awarded in July 2010.⁹ After completion of their BMed at the University of Fribourg, the students can enter any MMed programme offered by the other Universities in Switzerland.

In the Swiss system of Higher Education any student holding a “Matura” or an equivalent diploma gains admission into any study programme of a Swiss university. The only exception is human medicine where the number of study places is limited. Most cantons have agreed to base admission on a central test of aptitudes. Through the Law on University form 1997, the “*admission of students [...] can be exceptionally limited.*” Therefore, a *numerus clausus* is applied to enter the BMed at the University of Fribourg through the test of aptitudes controlled by the CRUS each year.

⁷ Academic accreditation in Switzerland, Experts’ report, Department of Medicine, Faculty of Science, University of Fribourg, Bachelor of Medicine in Human Medicine, final version of 31.05.2011. From now quoted as „Experts’ report”, p. 3.

⁸ Data taken from Self-evaluation report, Bachelor of Medicine in Human Medicine, Department of Medicine, Faculty of Science, University of Fribourg, 26th January 2011, from now quoted as „Self-evaluation report”, p. 3.

⁹ Self-evaluation report, p. 3.

In Fribourg, the effective number of students for human medicine for the academic year 2010/2011 was¹⁰:

1st year: 116 + 20 repeating 2nd year: 107 + 4 repeating 3rd year: 43 Total: 290¹¹

The full capacity of 80 students for the 3rd year will be reached in September 2011.

1.3 Procedural steps

13.07.2010	Opening of the procedure
09.12.2010	Approval of the experts' panel by the Scientific Advisory Board of the OAQ as well as by the Swiss Accreditation Council
26.01.2011	Self-evaluation report of the University of Fribourg
07-11.03.2011	On-site visit of the Department of Medicine, University of Fribourg
14.04.2011	Preliminary experts' report
12.05.2011	Position statement of the University of Fribourg
31.05.2011	Final experts' report
15.06.2011	Draft OAQ report with proposal on accreditation decision
20.06.2011	Statement of the Scientific Advisory Board of the OAQ
18.07.2011	Statement of the MEBEKO
15.09.2011	Position statement of the University of Fribourg according to Art. 27 § 2 of the SUC Accreditation Guidelines
21.09.2011	Final OAQ report with proposal on accreditation decision

The procedure was properly conducted under all formal aspects and legal requirements.

1.4 The panel of experts

- Prof. Dr. François MOSIMANN, Peer Leader (University of Sherbrook, Canada)
- Prof. Dr. med. Eckhart G. HAHN (University of Witten/Herdecke, Germany)
- Prof. Dr. Claire DE BURBURE DE WESEMBEEK (Université Catholique de Louvain, Belgium)
- Nils DEGRAUWE, Student (Université de Lausanne, Switzerland)

¹⁰ Self-evaluation report, p. 29.

¹¹ Number deduces from the Self-evaluation report, p. 29. To be noted that on p. 11, a total of 325 is stated.

1.5 Reference documents

- Self-evaluation report, Bachelor of Medicine in Human Medicine, Department of Medicine, Faculty of Science, University of Fribourg, dated 26th January 2011
- Experts' report, dated 31st May 2011
- Position statements of the University of Fribourg, dated 12th May 2011 and 15th September 2011
- Statement of the MEBEKO dated 18th July 2011

2 External Evaluation

2.1 The self-evaluation report

The University of Fribourg delivered its self-evaluation report in due time. The self-evaluation report, written in English, contains 69 pages completed by 65 annexes. The members of the experts' panel judged the report as being systematic and honest – without emphasising the strengths nor hiding the weaknesses. The report gave all necessary information regarding the preparation of the on-site visit.

2.2 The on-site visit

The on-site visit took place from 8th to 10th March 2011. On the eve of the visit, a briefing session chaired by 2 officers of the OAQ took place in Fribourg, during which the experts undertook a preliminary assessment of the self-evaluation report.

All the interviews held during the visit took place at the Faculty of Science's Dean's office. The experts' team had the opportunity to interview the Faculty members during the 13 sessions organised by the OAQ. Visits of the teaching premises, including the Cantonal Hospital of Fribourg (HFR), were also done.

At the end of the visit, on 10th March 2011, a debriefing session took place to inform the participants of the main impressions and conclusions of the experts.¹²

Altogether, the experts' panel believes that the information gathered from the reports, from the interviews, and from the on-site visit was transparent, forthright, of good quality and sufficient to have a thorough understanding of the situation.

¹² Expert's report, p. 4.

2.3 Assessment of the fulfilment of the quality standards

As preliminary remark, the experts remind that: “The standards to comply with are all written for a “Faculty of Medicine”. In the case of the BMed programme of Fribourg, they should be rephrased for the “Department of Medicine of the Faculty of Science.”¹³

The OAQ confirms that the experts “grasped the specific situation of the Fribourg BMed”¹⁴ and that they were aware that “the present accreditation procedure comes at a time of major changes and developments”¹⁵ for the Department of Medicine of the University of Fribourg.

In fact, the experts have been impressed by the speed and the democratic legitimacy of the project of implementing a third year to the previous 2 year programme in Basic Medical Education.

Based on the individual examination of all the areas the experts have highlighted the following strengths of the BMed:

- Close cooperation between the University and the HFR;
- Coordinated nominations between the University and the HFR;
- Enrolment of a professional Medical Educator;
- Creation of a Pedagogic Group;
- Creation of the Teaching Commission;
- Bilingualism.

As for the weaknesses, the experts believe that they are no “major failures” nor that they could “threaten the viability of the BMed program”, but consider them more as “childhood illnesses”¹⁶:

- Uncertainties regarding the funding beyond 2013;
- Lack of autonomy of the Department of Medicine within the Faculty of Science;
- A strategic plan of the Department of Medicine is to be designed;
- The medical pedagogic team could be increased;
- Non-professorial teachers should be offered appropriate academic recognition.

¹³ Experts’ report, p. 5

¹⁴ Comments of the University on the Experts’ report, p. 1.

¹⁵ Experts’ report, p. 3.

¹⁶ Experts’ report, p. 26.

Out of the 69 quality standards, only one is not fulfilled, the standard 08.02.02 *“The academic leadership is periodically assessed with regard to the fulfilment of the mission and objectives of the faculty of medicine”*. 19 other standards are partially fulfilled.

The experts have formulated 5 conditions for accreditation with regard to the following standards:

- Standard 01.03.01: Academic Autonomy Partially fulfilled

CONDITION 1: The bylaws of the Department of Medicine must be modified according to the above remarks. The Department of Medicine must have a specific strategic plan approved by the University Authorities within 18 to 24 months.

- Standard 02.01.01: Curriculum Models and Instructional Methods Partially fulfilled

CONDITION 2: The responsibility for finalizing the curriculum model and the instructional methods and defining their future adaptations must be attributed to the Department of Medicine.

- Standard 02.03.01: Study Programme Management Partially fulfilled

CONDITION 3: The bylaws and the composition of the Teaching Commission must be precisely defined. The Department of Medicine must be made accountable for the functioning of this commission and for the implementation of its decisions.

- Standard 08.01.02: Governance Structure and Functions Partially fulfilled

CONDITION 4: The Department of Medicine must have a specific strategic plan in the context of the creation of the Life Sciences Centre project.

- Standard 08.02.01: Academic Leadership Partially fulfilled

CONDITION 5: The academic leadership of the Department of Medicine must be assessed in the context of its potential growth. In addition, as virtually all BMed candidates are expected to become practicing doctors, the duties of the professors who teach and also practice at the HFR must be more precisely defined.

- Standard 08.02.02: Academic Leadership Not fulfilled

CONDITION 5 applies.

Additionally, the experts' panel has indicated 20 recommendations for the quality improvement of the BMed and for its further development.

As a conclusion, the experts recommend the accreditation of the BMed programme of the University of Fribourg with 5 conditions to be reviewed within 18 to 24 months. They underline the excellence of this BMed and believe that the conditions can be fulfilled within the given time.

2.4 Compliance with the legal requirements

The experts' panel concludes that the "Bachelor of Medicine" in Human Medicine of the University of Fribourg complies with the legal requirements foreseen by Art. 24 MedBG.

2.5 Position statement of the unit under accreditation on the experts' report

The University of Fribourg considers the 20 recommendations made by the experts as "very helpful for the continuous development of the BMed in Fribourg" and will take them "seriously into consideration".¹⁷

In a general commentary, 4 points are listed, regarding the autonomy of the Department of Medicine, the strategic plan – in particular in the context of the project of a Life Science Center, the durability of the BMed and finally the definition of the term "Clinical Professor".

The main body of the position statement lists some factual inaccuracies or spelling mistakes found in the preliminary experts' report. Some comments or additional information have also been made, specifically regarding the Educational outcome, the Students' admission, the Infrastructure and the Academic leadership.

The experts did take into consideration the comments of the University of Fribourg in their definitive report.

2.6 Consultation of the OAQ Scientific Advisory Board

The OAQ sent the self-evaluation report, the experts' report, the comments of the University of Fribourg and the OAQ's draft report to its Scientific Advisory Board on 15.06.2011 for consultation. In its statement of 20th June 2011, the Board has formulated some minor formal comments on the OAQ final report, especially related to the translation of the conditions into German, which have been taken into account.

2.7 Consultation of the MEBEKO

The OAQ sent the self-evaluation report, the experts' report, the comments of the University of Fribourg and the OAQ's draft report to the MEBEKO on 15.06.2011 for the first consultation, according to Art. 27 § 5 MedBG. In its statement of 18th July 2011, the MEBEKO approves completely the conclusions presented by the OAQ in its final report and has made no further comment.

2.8 Position statement of the University of Fribourg according to Art. 27 § 2 of the SUC Accreditation Guidelines

In its statement dated 15th September 2011, the University of Fribourg gave proof that it is able to rectify the shortcomings within a time-span of 2 years.

¹⁷ Comments of the University on the Experts' report, p. 1.

Indeed, the University of Fribourg has already set up an *ad hoc* commission made up of representatives of the Rectorate, of the Faculty of Sciences, of the Department of Medicine and of the HFR. The mandate of this *ad hoc* commission is to evaluate and then implement the conditions made by the experts.

The OAQ approves the measures taken by the University of Fribourg and believes that the creation of this *ad hoc* commission will allow the University of Fribourg to fulfil the conditions made by the experts within a time-span of 2 years.

3 Conclusion of the OAQ

In order to comply with the MedBG criteria, not every single quality standard needs to be completely fulfilled. The proposal for accreditation by the experts and the accreditation agency is the result of a global judgement taking into account evidences at the level of sub-areas of examination.

The recommendations formulated in the experts' report are intended by the experts to contribute to the development of the quality of the BMed. The OAQ agrees with the recommendations of the experts and notes that none of these recommendations touches crucial issues for the accreditation.

With regard to the 19 partially fulfilled standards, the experts decided – depending of the degree of fulfilment – to make either a condition or a recommendation. A condition had to be formulated regarding the standard that is not fulfilled.

As stated above, the 5 conditions concern 5 partially fulfilled and 1 not fulfilled standards. The experts have formulated the same condition for the whole sub-area “Academic Leadership”. The OAQ agrees with the conditions formulated by the experts.

The only remarks are formal ones:

Regarding the Condition 1: as the experts wrote in the condition : “The bylaws of the Department of Medicine must be modified according to the above remarks. The Department of Medicine must have a specific strategic plan approved by the University Authorities within 18 to 24 months.”

In order to clarify the intents of the experts according to their remarks on pages 6-7 of their experts' report, the OAQ proposes the following rephrasing of the Condition 1:

CONDITION 1: “The bylaws of the Department of Medicine must be modified in order to ensure structural and financial autonomy for the Department of Medicine within the Faculty of Science. The Department of Medicine must have a specific strategic plan approved by the University Authorities.”

In addition, the OAQ observes that in Conditions 1 and 5, two different propositions have been made. In order to clarify the condition and to ensure their good implementation by the University of Fribourg, the OAQ proposes to split each proposition and to formulate a Condition 1a, a Condition 1b, and a Condition 5a and a Condition 5b:

CONDITION 1a: The bylaws of the Department of Medicine must be modified in order to ensure structural and financial autonomy for the Department of Medicine within the Faculty of Science.

CONDITION 1b: The Department of Medicine must have a specific strategic plan approved by the University Authorities.

CONDITION 5a: The academic leadership of the Department of Medicine must be assessed in the context of its potential growth.

CONDITION 5b: As virtually all BMed candidates are expected to become practicing doctors, the duties of the professors who teach and also practice at the HFR must be more precisely defined.

Furthermore, the OAQ proposes to harmonize the proposed time-span for fulfilment (18 to 24 months) of the condition 1 in a clear, more defined time-span of 2 years and to apply it to all the conditions made by the experts.

Based on the self-evaluation report, the experts' report, the comments of the University of Fribourg on the expert's report, the statement of the MEBEKO and of the Scientific Advisory Board, the OAQ concludes that the Study Programme "Bachelor of Medicine" in Human Medicine of the University Fribourg fulfils to a large extent the Quality Standards of the FOPH for accreditation.

3.1 OAQ's proposal for accreditation according to UFG to the attention of the SUC

Concluding that the Study Programme "Bachelor of Medicine" in Basic Medical Education of the University of Fribourg fulfils to a large extent the accreditation standards pursuant to art. 10 and art. 12 of the Accreditation Guidelines, the OAQ thus recommends to the attention of the Swiss University Conference:

Conditional accreditation of the Study Programme "Bachelor of Medicine" in Basic Medical Education of the University of Fribourg for a period of 7 years, with the following 5 conditions to be reviewed within a time-span of 2 years:

CONDITION 1a: The bylaws of the Department of Medicine must be modified in order to ensure structural and financial autonomy for the Department of Medicine within the Faculty of Science.

CONDITION 1b: The Department of Medicine must have a specific strategic plan approved by the University Authorities.

CONDITION 2: The responsibility for finalizing the curriculum model and the instructional methods and defining their future adaptations must be attributed to the Department of Medicine.

CONDITION 3: The bylaws and the composition of the Teaching Commission must be precisely defined. The Department of Medicine must be made accountable for the functioning of this commission and for the implementation of its decisions.

CONDITION 4: The Department of Medicine must have a specific strategic plan in the context of the creation of the Life Sciences Centre project.

CONDITION 5a: The academic leadership of the Department of Medicine must be assessed in the context of its potential growth.

CONDITION 5b: As virtually all BMed candidates are expected to become practicing doctors, the duties of the professors who teach and also practice at the HFR must be more precisely defined.

3.2 OAQ's proposal for accreditation according to MedBG to the attention of the Swiss Accreditation Council

Concluding that the Study Programme "Bachelor of Medicine" in Basic Medical Education of the University of Fribourg fulfils to a large extent the objectives and accreditation criteria pursuant to Art. 4, 6, 7, 8 and 24 of the MedBG, the OAQ thus recommends to the attention of the Swiss Accreditation Council:

Accreditation of the Study Programme "Bachelor of Medicine" in Basic Medical Education of the University of Fribourg for a period of 7 years without condition.

3.1 Antrag des OAQ auf Akkreditierung gemäss UFG an die SUK

Das OAQ kommt zum Schluss, dass der Studiengang „Bachelor of Medicine“ in Humanmedizin der Universität Fribourg die Akkreditierungsstandards gemäss Art. 10 und Art. 12 der SUK-Richtlinien in grossem Ausmass erfüllt.

Daher beantragt das OAQ die Akkreditierung des Studiengangs „Bachelor of Medicine“ in Humanmedizin der Universität Fribourg für 7 Jahre, mit 5 Auflagen zu überprüfen innerhalb 2 Jahren nach Rechtsgültigkeit des Akkreditierungsentscheids:

AUFLAGE 1a: Die Reglemente sind dergestalt anzupassen, dass die organisatorische und finanzielle Autonomie des Departements Medizin innerhalb der Naturwissenschaftlichen Fakultät gesichert ist.

AUFLAGE 1b: Das Departement Medizin muss über einen Strategischen Plan verfügen, der von der verantwortlichen Instanzen der Universität genehmigt ist.

AUFLAGE 2: Zuständigkeit und abschliessende Verantwortung für die Ausgestaltung des Curriculums und der Lehrmethoden sowie deren zukünftige Anpassung müssen dem Departement Medizin zugeordnet sein.

AUFLAGE 3: Das Reglement und die Zusammensetzung der „Teaching Commission“ sind präziser zu formulieren und zu definieren. Das Departement Medizin muss für die Funktionsweise dieser Kommission und die Umsetzung ihrer Beschlüsse die Verantwortung übernehmen.

AUFLAGE 4: Das Departement Medizin muss über einen Strategischen Plan im Zusammenhang mit dem geplanten Projekt „Life Sciences Centre“ verfügen.

AUFLAGE 5a: Die wissenschaftliche Leitung des Departements Medizin ist im Hinblick auf das Wachstumspotenzial einem Assessment zu unterziehen.

AUFLAGE 5b: Da praktisch alle BMed Kandidaten Medizin praktizieren werden, sind die Pflichten jener Professoren die am HFR praktizieren präziser zu definieren.

3.2 Antrag des OAQ auf Akkreditierung gemäss MedBG an den Schweizerischen Akkreditierungsrat

Das OAQ kommt zum Schluss, dass der Studiengang „Bachelor of Medicine“ in Humanmedizin der Universität Fribourg die Ziele und Akkreditierungskriterien gemäss Art. 4, 6, 7, 8 und 24 MedBG in grossem Ausmass erfüllt.

Daher beantragt das OAQ die Akkreditierung des Studiengangs „Bachelor of Medicine“ in Humanmedizin der Universität Fribourg für 7 Jahre ohne Auflage.

3.1 Proposition de l’OAQ relative à l’accréditation selon la LAU adressée à la CUS

L’OAQ certifie que la filière d’études « Bachelor of Medicine » en médecine humaine satisfait dans une large mesure aux standards d’accréditation conformément aux art. 10 et 12 des directives de la CUS et **propose l’accréditation de la filière d’études « Bachelor of Medicine » en médecine humaine de l’Université de Fribourg pour 7 ans, avec les 5 conditions suivantes, à remplir dans un délai de 2 ans:**

CONDITION 1a: Les règlements du Département de Médecine doivent être adaptés afin d’assurer l’autonomie structurelle et financière du Département de médecine au sein de la Faculté des sciences.

CONDITION 1b : Le Département de Médecine doit se doter d’un plan stratégique approuvé par les autorités universitaires.

CONDITION 2: La responsabilité relative à la finalisation et aux adaptations futures des modèles d’études et des méthodes de formation doit être attribuée au Département de Médecine.

CONDITION 3: Les règlements et la composition de la Commission d’Enseignement doivent être définis plus précisément. La responsabilité quant au fonctionnement et à l’application des décisions prises par cette Commission doit incomber au Département de Médecine.

CONDITION 4: Le Département de Médecine doit se doter d'un plan stratégique spécifique dans l'optique de la création du futur « Life Sciences Centre ».

CONDITION 5a: La direction académique du Département de Médecine doit être évaluée dans l'optique d'un éventuel agrandissement du Département.

CONDITION 5b : Comme pratiquement tous les candidats au BMed exerceront en tant que médecins praticiens, le cahier des charges des professeurs qui enseignent et exercent comme médecins au sein de l'HFR doit être défini plus précisément.

3.2 Proposition de l'OAQ relative à l'accréditation selon la LPMed adressée au Conseil suisse d'accréditation

L'OAQ certifie que la filière d'études « Bachelor of Medicine » en médecine humaine satisfait dans une large mesure aux objectifs et critères d'accréditation conformément aux Art. 4, 6, 7, 8 et 24 de la LPMéd **et propose l'accréditation de la filière d'études « Bachelor of Medicine » en médecine humaine de l'Université de Fribourg pour 7 ans sans condition.**

4 List of Abbreviations

BMed	Bachelor of Medicine in Human Medicine
CRUS	Rectors' Conference of the Swiss Universities
CUS / SUK / SUC	Conférence universitaire suisse / Schweizerische Universitätskonferenz / Swiss University Conference
FOPH	Federal Office of Public Health
HFR	Hôpital Fribourgeois
LAU / UFG	Loi fédérale sur l'aide aux universités et la coopération dans le domaine des hautes écoles / Bundesgesetz vom 8. Oktober 1999 über die Förderung der Universitäten und über die Zusammenarbeit im Hochschulbereich
LPMéd / MedBG	Loi fédérale du 23 juin 2006 sur les professions médicales universitaires / Bundesgesetz vom 23. Juni 2006 über die universitären Medizinalberufe
MEBEKO	Commission fédérale des professions médicales / Medizinalberufekommission
MMed	Master of Medicine in Human Medicine
OAQ	Center of Accreditation and Quality Assurance of the Swiss Universities
SMIFK-CIMS	Commission of the Swiss Medical Schools
WFME	World Federation for Medical Education

**Academic accreditation in Switzerland
Experts' report**

Department of Medicine, Faculty of Science, University of Fribourg

Bachelor of Medicine in Human Medicine

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1 Introduction

For 75 years, medical students have been able to spend the first two years of their curriculum in Fribourg (physics, chemistry, biology, physiology, anatomy histology, embryology, biochemistry) before moving to Berne, Zurich, Basel, Lausanne or Geneva for the final four years. Recently however, Switzerland elected to reform medical studies thoroughly in order to comply with the Bologna Declaration: degrees of Bachelor of Medicine (BMed) and Master of Medicine (MMed) were therefore created. In this new curriculum, the BMed degree is reached after three years and a MMed degree after another three years. In this context, the University Authorities of Fribourg felt that providing only the first two years of the curriculum had become obsolete. As there is no Faculty of Medicine in Fribourg but only a Department of Medicine belonging to the Faculty of Science, a steering group was created in order to introduce a third year of teaching, thus enabling students to reach the BMed level before moving to another university. In brief, this steering group identified the architectural, human resources and financial needs for this project, with a very strong support from the Rectorate and the Faculty of Science and its Dean. As a BMed program includes a very substantial amount of clinical teaching, strong links and coordination were also established with the hospital network of the Canton of Fribourg (HFR). This effort resulted in a project that was unanimously accepted by the Grand Conseil (Parliament) and Conseil d'État (Government) of the Canton of Fribourg who granted the necessary funding. This allowed the University and its Faculty of Science to start the BMed program in September 2009. The present report is part of the accreditation procedure of this new BMed curriculum. It is structured according to the OAQ guidelines as published in the "Guide to External Evaluation: Recommendations for Experts". Finally, it has to be remembered that the present expert report is not the final decision of accreditation. This decision is the competence of the Swiss University Conference (SUK/CUS).

2 Accreditation procedure

Presentation of the unit

Although there is no Faculty of Medicine at the University of Fribourg, there is a decade old tradition of teaching basic medical sciences to first and second year students through the Department of Medicine belonging to the Faculty of Science. The Faculty of Science includes 7 departments and two institutes (Adolf-Merkle Institute and Fribourg Centre of Nanomaterials), each headed by a president. The executive authority of the faculty is the Decanal Council (dean and two vice deans) supported by the Dean's Office. The legislative authority is the Faculty Council (68 professors, 17 academics staff and 17 students) and a Faculty Committee made of the presidents of departments, and including a representative of academic staff and students. At the present time, a member of the Department of Medicine is one of the vice deans.

After the decision in 2008 to organize the third year of the medical curriculum and therefore allow the Faculty of Science to deliver the title of Bachelor of Medicine, actions were taken quickly: the first third year students (a reduced cohort of 21) were admitted in September 2009 and the first diplomas of BMed were awarded in July 2010. In September 2010, 43 students were admitted to the third year and 80 admissions (maybe more) are planned for the academic year 2011-2012. It is therefore obvious that the present accreditation procedure comes at a time of major changes and developments.

Self evaluation report

The self evaluation report "Bachelor of Medicine in Human Medicine" represents the first step of the accreditation procedure. It was released by the University of Fribourg on January 26th 2011 so that the OAQ experts had sufficient time to analyse it before the on-site-visit. It consists of 69 pages in English and of a CD Rom providing additional and detailed information.

The methodology used to prepare this document was rigorous. First, a steering group was appointed by the Rectorate in March 2010. Of its 15 members, 7 belonged to the Department of Medicine and 2 to hospitals of the HFR. The steering group followed the instructions by the OAQ and met on 7 occasions to draft the report. The final version was adopted after a full day seminar on January 13th 2011 and its validity was eventually confirmed by the Rector of the University and the Dean of the Faculty of Science.

In summary, the self evaluation report analyses the compliance with the quality standards in a systematic and honest way. The strengths of the program are not over emphasised and there is no attempt to hide weaknesses.

The self evaluation report has been a very useful document for the preparation of the on-site-visit.

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On-site-visit

The on-site-visit represents the second step of the accreditation procedure. It took place on March 8-10th 2011. On the eve of the visit, a briefing session had taken place in Fribourg, chaired by Mrs. Floriane Gasser and Mr. Berchtold von Steiger, officers of the OAQ. During this meeting, the aims of the visit and the legal framework were briefly reviewed. A preliminary assessment of the self evaluation report was also performed. It was also decided that during the interviews, English, French and German could be used according to personal preferences.

All the interviews of the visit took place at the Faculty of Science's Dean's office. Visits of the teaching premises, including the Cantonal Hospital of Fribourg, were also done. The interviews were split into 13 sessions.

At the end of the visit on March 10th, a debriefing session took place to inform the participants of the main impressions and conclusions of the experts.

The experts were impressed by the excellence of the practical organization of the visit (room for the interviews, availability of the documents, transport to the teaching premises, meals).

3 Compliance with the Quality Standards

Preliminary remark and recommendation: the standards to comply with are all written for a "Faculty of Medicine". In the case of the BMed program of Fribourg, they should be rephrased for the "Department of Medicine of the Faculty of Science".

3.1 Area: Mission and Objectives

Overall evaluation: as the Swiss Federal Law on medical professions does not specifically define the objectives of the BMed, the Department of Medicine, the Faculty of Science and the HFR made a unique and pioneering work by extracting from the Swiss Catalogue of Learning Objectives for Undergraduate Medical Training those applicable for the BMed. These objectives have been published and are therefore easily available. Of note, these objectives are based on the principle that the holders of a BMed will enter a Master of Medicine program at another University. Care has been taken in preparing the students to reach the level of knowledge and clinical skills required for the 5 existing MMed programs in Switzerland.

Sub-area: Mission and Objectives**Standards:**

1. The faculty of medicine defines its mission and objectives and makes them known publicly. The mission statement and objectives describe the educational process. After completion of the programme, doctors have the ability to practice their profession as well as an appropriate basis for further training in any specialised branch of medicine. They are able to take responsibility for their role as doctors in the health care system.

2. The mission statement and the objectives take into consideration social responsibility and community involvement.

3. The mission statement and objectives are compatible with the strategic planning and the research goals.

Standard 1 – The experts consider that after completion of the BMed in Fribourg, students do have an appropriate basis to enter a MMed course.

Standard 2 – The BMed program takes social responsibility and community involvement into consideration by means of the MICS (medicine: individuals, communities and societies) and the organization of the PIC (Project of Community Immersion).

Standard 3 – The mission statement and objectives are compatible with the charter of the University, the charter of the Faculty of Science and the statutes of the Department of Medicine.

Standards compliance: fulfilled.

Sub-area: Participation in formulation of Mission and Objectives

Standard:

The mission statement and objectives of the faculty of medicine are defined by its principal stakeholders and other interested parties.

The formulation and mission of the BMed program were made in accordance with the federal law on assistance to the Universities, to the Swiss federal law on medical professions and the Fribourg Cantonal law on the University. In this context, the Canton created, under the leadership of the Department of Medicine, an Assisting Group including representatives of the State, the University and the HFR with the mandate to prepare the study program. This Assisting Group instituted an *ad hoc* Commission including representatives of the Department of Medicine, of the HFR and of the Faculties of Medicine of Lausanne and Geneva. The appointment of a professional medical educator contributed significantly to the efficiency of the procedure.

Standard compliance: fulfilled.

Sub-area: Academic autonomy

Standard:

The faculty of medicine has a policy within which it has freedom to design the curriculum and allocate the resources necessary for its implementation.

As stated in the introduction of the present report, the Department of Medicine is part of the Faculty of Science. To date, the Canton of Fribourg has provided resources for the introduction of a third year of medical teaching by means of an extraordinary budget that will stay outside of the general budget of the University until 2013. Apparently, there is no political pressure at the moment to suggest that these additional resources will be questioned in the future. The budget allocated to the Faculty of Science after that date must allow the Department of Medicine to adjust the curriculum to new needs and allocate proper resources to their implementation. The experts are pleased to see that the enthusiasm for the BMed within the Faculty of Science and at the level of the Rectorate is intact and apparently unanimous. The experts feel nevertheless it wise to anticipate darker days and

plan therefore more structural and financial autonomy for the Department of Medicine within the Faculty of Science.

Standard compliance: fulfilled for the present and immediate future but not for the mid and long terms.

Condition 1: the bylaws of the Department of Medicine must be modified according to the above remarks. The Department of Medicine must have a specific strategic plan approved by the University Authorities within 18 to 24 months (see also condition 4).

Sub-area: Educational outcome

Standards:

1. Based on the Swiss Catalogue of Learning Objectives for Undergraduate Medical Training¹ and the MedBG, the faculty of medicine defines the competencies to be achieved by students at the completion of their studies, necessary for their subsequent training and their future roles in the health care system.

2. Information concerning performance assessment and other data on the competence of the graduates is used for the further development of the educational programme.

Standard 1 – As there is no legal definition of the competencies to be achieved at the completion of the BMed, the Department of Medicine defined them after an analysis of the CanMEDS roles and of the Swiss Catalogue of Learning Objectives for Undergraduate Medical Training. The Department of Medicine also discriminated the skills to be acquired by the end of the second and third year respectively. The number of skills is however huge and the students cannot be expected to master them all perfectly by the end of the third year. The experts feel therefore that the expected level of achievement of every skill should be defined.

Another very important point is that the teaching in Fribourg is bilingual French/German. This unique characteristic improves the student's mobility and gives them a strong advantage in international exchange programs. It also widens their scope for a future professional practice. An intriguing fact however is that 2/3 of the BMed candidates are German speaking and 1/3 French speaking, which is the inverse proportion of the languages distribution in the general population of the Canton of Fribourg. This may be partly explained by the fact that the Universities of Basel, Berne and Zurich impose an admission test to the BMed candidates whereas the Faculties of Lausanne and Geneva do not. Although there is no evidence to suggest that this may be the case at the present time, this might eventually result in students being denied admission into a German speaking Faculty applying in great numbers in Fribourg. This could in the long run lead to a lower quality of students in Fribourg and disrupt the present balance of French and German teaching.

Standard 2 – As the BMed program has only recently been implemented, the performance assessment of the students and the competence of the graduates are still under early evaluations. Assessment of the teaching units and of students' performance at the end of a third year have however already been done and a follow-up survey of the BMed graduates of Fribourg is currently being developed. All these data will be essential for the newly created Teaching Commission of the BMed to monitor and improve the program.

Standards compliance: fulfilled.

¹ <http://scllo.smifk.ch>

Recommendation 1 – although the experts are fully aware that the solution is beyond the competence of the Fribourg University Authorities, they suggest that they stimulate the 5 medical schools to harmonize their admission criteria to the BMed program.

Recommendation 2 – the requested level of every clinical skill to be reached by the end of the BMed program should be precisely defined.

3.2 Area: Study programme

The already mentioned assisting group created by the University appointed an *ad hoc* commission in order to finalize the BMed study program. This commission was chaired by the responsible of the Pedagogic Group of the Department of Medicine and included the Medical Director of the HFR as well as delegates from the Faculties of Medicine of Lausanne and Geneva and members of the Faculty of Science of Fribourg. Its task consisted of expanding the two years program of biomedical sciences into a three year curriculum, including clinical sciences, competences and skills. To achieve this ambitious goal, the Faculty decided to hire 8 new professors (5 are presently already appointed) and started a very close and formal collaboration with the HFR and the Fribourg School of Health for the teaching of nursing techniques. This *ad hoc* committee has now been replaced by the Teaching Commission of the BMed. This commission has only been in office since January 2011.

The BMed curriculum of Fribourg is based on biomedical sciences, a basic approach to clinical sciences and on societal and community factors impacting on medical practice.

The learning methods include mostly plenary *ex cathedra* lectures but also exercises, problem based learning, laboratory practices and e-learning (for embryology). The teaching units dealing with the clinical competences use reciprocal exercises with the students, simulations and real clinical scenarios. In addition, thematic days of MICS (medicine: individuals, communities and societies) are devoted to multidisciplinary topics. During the third year, the students also have to complete a project of community immersion (PIC).

The methodology used to introduce the BMed study program has been fast and efficacious. The fact is that the first BMed graduates of Fribourg have been able to follow a MMed program elsewhere uneventfully. However, the program is still in its infancy and adjustments must be anticipated.

Sub-area: Curriculum models and instructional methods

Standards:

1. The faculty of medicine defines the curriculum models and instructional methods.
2. The study programme and instructional methods ensure that the students have responsibility for their own learning processes and are prepared for lifelong, self-directed learning.

Standard 1 compliance: partially fulfilled.

Condition 2: the responsibility for finalizing the curriculum model and the instructional methods and defining their future adaptations must be attributed to the Department of Medicine.

Standard 2 compliance: fulfilled.

Recommendation 3: the nature of the student's centered curriculum should be further developed: this could be achieved by an expansion of problem based learning at the expense of plenary lectures. Involvement of students into research projects could also be encouraged.

Sub-area: Structure, Composition and duration of the study programme

Standards:

1. The faculty of medicine describes and defines the contents, extent, and sequencing of the study programme elements, including the balance between core and optional content.
2. The study programme is based on the goals of the Swiss Catalogue of Learning Objectives and the MedBG.
3. Basic sciences and clinical sciences are integrated in the study programme as well as the interface with complementary therapies.

In summary, the first year students learn the basics of physics and chemistry and are introduced to the structure and functions of the human body. They are also taught the fundamentals of cell biology, genetics, embryology, metabolism, bacteriology and medical statistics. They are also introduced to ethics, law and public health.

The curriculum of the second year is centered on the study of the systems of the human body. This is done by a multidisciplinary approach, including laboratory practices in anatomy, histology, biochemistry and physiology.

Emphasis is also put on scientific methods and on reasoning based on clinical cases. Basic communication skills, ethics, anthropology and health economics are also introduced.

The third year curriculum is centered on the clinical sciences, including pathology, immunology and pharmacology as well as medical microbiology. The study of the systems is deepened. The clinical competences are developed, including interviewing techniques, clinical observations and clinical reasoning. Basic trauma management and suturing are also taught.

Standard 1 compliance: partially fulfilled.

Recommendation 4: the optional content of the BMed program should be defined.

Standard 2 compliance: fulfilled.

Standard 3 compliance: fulfilled.

Recommendation 5: an interface with complementary therapies could be defined, for example during the teaching of pharmacology.

Sub-area: Study programme management

Standards:

1. A curriculum committee² has the responsibility and competence for the planning and

² cf. SUK-Guidelines Art. 10, 2.03. The curriculum committee is of central importance to quality assurance of the study programme.

implementation of the study programme.

2. The curriculum committee has appropriate resources for the choice and implementation of appropriate teaching and learning methods, evaluation of students, evaluation of programme, and innovations in the study programme. The administration, academic staff, students, and other stakeholders are represented in the curriculum committee.

As described in the previous section, a Teaching Commission was created very recently but its mandate and competences have not been clearly defined yet. The experts feel that this committee will be of critical importance for the long term quality and success of the BMed program.

Standard 1 compliance: partially fulfilled.

Condition 3: the bylaws and the composition of the Teaching Commission must be precisely defined. The Department of Medicine must be made accountable for the functioning of this commission and for the implementation of its decisions.

Standard 2 compliance: fulfilled.

Recommendation 6: a Vice Dean of Education should be appointed.

Recommendation 7: the medical pedagogic team should be increased in order to support the quality assessment.

Sub-area: Scientific methods

Standard:

The faculty of medicine teaches the principles of scientific methods and evidence-based medicine, including analytical and critical thinking, throughout the entire study programme.

The curriculum includes the teaching of statistics, the critical analysis of clinical cases and the methodology of searching scientific data on the web. Specific training in public health research is also included by the means of the MICS sessions. It is expected that the arrival of 8 new professors will result in increased emphasis on these methodological approaches.

Standard compliance: fulfilled.

Recommendation 8: a short course of evidence based medicine should be introduced.

Sub-area: Basic biomedical sciences

Standards:

1. The faculty of medicine identifies the contributions of the basic biomedical sciences and integrates them into the study programme.

2. The contributions of biomedical sciences are adapted to scientific, technological, and clinical developments, as well as to the health needs of society.

The integration of basic biomedical knowledge into the clinical arena is organized in a stepwise manner over the three years of the program. They are also well correlated to the health needs of society by means of the MICS sessions.

Standard 1 compliance: fulfilled.

Standard 2 compliance: fulfilled.

Sub-area: Behavioural and social sciences, medical ethics

Standards:

1. The faculty of medicine identifies the contributions of behavioural and social sciences, medical ethics, educational sciences, and the legal and economic basis of health care that enable effective communication, clinical decision-making, and ethical practices. This is integrated into the study programme.
2. The contributions of behavioural and social sciences, medical ethics and humanities are adapted to scientific developments in medicine, to changing demographic and cultural contexts, and to the health needs of society.

The behavioural and social sciences, medical ethics, legal aspects of medicine, patients rights, basics of medical anthropology, fundamentals of public health and medical economics represent a significant proportion of teaching in the BMed program of Fribourg, amounting to almost 10%. This is mainly and successfully achieved by means of the MICS sessions and the project of community immersion (PIC).

Standards 1 and 2 compliance: fulfilled.

Sub-area: Clinical knowledge and skills

Standard:

The faculty of medicine assures that the students have patient contact appropriate to their level of education and have acquired sufficient clinical knowledge and skills, so that after graduation they can assume appropriate clinical responsibility.

The introduction of clinical knowledge and skills into the curriculum has been a major challenge for the successful implementation of the BMed program. This was achieved thanks to the above mentioned close co-operation with the HFR (mainly the Cantonal Hospital). The recruitment of a professional medical educator has also been a major factor for success as well as the appointment of a Pedagogic Group in the Department of Medicine.

In brief, 130 skills and competences were selected out of the 168 registered in the Swiss Catalogue of Learning Objectives for Undergraduates Medical Training. The mastery of these skills is assessed at the end of the 3rd year of the program by means of an Objective Structured Clinical Examination.

The experts agree that the selection of these skills has been adequate. However, the level of mastery of every one of these skills is not defined: this should be done because the full knowledge of these competences can only be reached at the end of an MMed program.

Standard compliance: fulfilled.

Recommendation 2 applies.

Sub-area: Linkage with medical practice and the health care system

Standards:

1. An operational link between the study programme, postgraduate medical education, and the independent professional practice of medicine is assured.

2. The curriculum committee uses information from the professional field, the health care system, and society to improve the study programme.

Preparation to postgraduate medical education and professional practice is part of a MMed rather than a BMed program. However, the students are prepared for these fields by their training in scientific methods, the MICS sessions and the PIC.

Standards 1 and 2 compliance: fulfilled.

3.3 Area: Students

Overall evaluation: according to the Swiss Legal Framework, Swiss residents holding a Maturity Certificate or an officially recognized equivalent can be admitted to any university program. However, for capacity reasons, the University of Fribourg applies a *numerus clausus* for medical studies, as do also the Faculties of Berne, Basel and Zurich. The selection is therefore based on a Test of Aptitudes. This test is managed by the Rectors' Conference of the Swiss Universities (CRUS). In Fribourg, the test is in French, German and Italian and is prepared in collaboration with the Department of Psychology of the University. The test in Fribourg is organized on the same day as in Berne, Basel and Zurich. The successful candidates are then attributed by the CRUS to a medical school with a *numerus clausus* according to predefined criteria. This means that a significant number of students (69/119 for the academic year 2010/2011) did not choose to study in Fribourg. The potentially deleterious effects of this situation have been discussed in a previous section of this report.

Foreign students can be admitted to the BMed program according to the guidelines of the Swiss University Conference (CUS).

Sub-area: Admission policy and selection process

Standards:

1. The governing body and the faculty of medicine have formulated admission conditions that clearly explain the student selection process.
2. Gender equality is guaranteed.

The admission policy described above and the selection process are clear. In addition, if they fail the Test of Aptitudes, students may contest the decision at the Appeal Commission of the University of Fribourg within 30 days of notification.

There is no selection based on gender.

Standard 1 compliance: fulfilled.

Standard 2 compliance: fulfilled.

Sub-area: Number of students

Standard:

In all phases of the study programme, the number of students is defined and in accordance with the capacity of the faculty of medicine.

The capacity of students admitted in Fribourg every year is set by the Rectorate on behalf of the CUS and is published by the State Council of the Canton of Fribourg. The number of new

medical students is presently set at 103. Every year however, extra students are allocated to Fribourg by the CRUS so that the number of first year students for the current academic year is 116 plus 20 repeating. This means that the theoretical capacity of 80 for the third year of the BMed will be reached very soon. It follows that some 30 students per year will have to be moved to other faculties. The HFR is presently making a great effort to expand the clinical teaching offer to network hospitals other than the Cantonal Hospital. Of note, the latter holds some 400 beds and its student's teaching capacity can therefore not be stretched much further.

Standard compliance: fulfilled.

Sub-area: Student support and counselling

Standards:

1. The medical faculty offers support and counselling services for the students.
2. The counselling programme is based on monitoring the learning progress of the students and takes their social and personal needs into account.
3. Students have access to a gender equality commission.

The University provides general counselling that is presented on a website. This counselling covers information about the university, academic orientation, international relations, mobility, army incorporation, personal handicap, family problems, gender equality, social counselling, scholarships, legal counselling, psychological and psychosocial counselling and religion. Students also have access to a languages centre, daycare for children, low cost accommodation, a culture centre, a sports unit, two choirs and one orchestra. A free WiFi access is available on the campus. Price reductions on computers and software are available as well as a printing service, a student's magazine, a student's web-TV and radio. 4 restaurants and 5 cafeterias are available.

The Department of Medicine has a Student Advisor for specific counselling. Regarding the curriculum and the learning progress, it is planned to improve the counselling by involving a practicing clinician.

Standard 1 compliance: fulfilled.

Standard 2 compliance: fulfilled.

Standard 3 compliance: fulfilled.

Sub-area: Student representation

Standards:

1. The medical faculty has a policy on the representation and appropriate participation of the students in the design, implementation, and evaluation of the study programme, as well as in other matters relevant to the students.
2. Student organisations are promoted.

The Faculty of Science and the Department of Medicine have a policy of representation of the students to various committees (Department Council, Faculty Council, Steering Group of

Accreditation, Teaching Commission of the BMed, Student's Council, Swiss Medical Students Association and Recruiting Commissions).

During the hearings, the experts felt that the students' representation was on the whole adequate. It appeared however that their involvement into Recruiting Commissions was sometimes lacking.

It is to be noted that the students' participation to the Teaching Commission of the BMed is to be increased.

All students are *de facto* members of the "Association Générale des Étudiants/Étudiantes de Fribourg" and of the Fachschaft (section) of Medicine. The Fachschaft is involved in an education support for new students, web pages, lectures scripts and humanitarian events (blood donation for example).

During the hearings, the students' representatives indicated that there is no room devoted to the Fachschaft in spite of numerous requests.

Standard 1 compliance: fulfilled.

Standard 2 compliance: partially fulfilled.

Recommendation 9: a room and a billboard should be made available for the Fachschaft

3.4 Area: Assessment of students

Overall evaluation: the assessment of students' performances are both formative and summative. Formative assessments consist of bilingual multiple choice questionnaires, several oral tests during the dissection course and by means of a yearly seminar for the MICS. During the third year, the clinical skills and competences are tested during workshops organized around a clinical problem. The "Care Techniques" and "Mental Health" courses are also tested. A systematic feedback of these formative assessments is provided to the students.

The summative assessments can be taken in French or German according to personal preferences of each student. Detailed information about these examinations is published in a prospectus and on the website of the Department of Medicine.

The methods of assessment include multiple choice questions, short answer questions, oral practical examinations, written practical tests, objective structured clinical examinations, essays and the project of Community Immersion (PIC).

The students may access the examinations according to specific predefined conditions (attendance to laboratory practices, lectures, exercises, etc.). The timetable for the three years of the BMed is accurately planned.

As the first BMed graduates of Fribourg have been able to follow MMed programs uneventfully, the assessment methods appear reliable and valid. The Teaching Commission is however still very new and has not yet had time to develop new methods.

Sub-area: Assessment methods

Standards:

1. The faculty of medicine defines and communicates the methods and criteria for the assessment of students.

2. The reliability and validity of the assessment methods are documented and evaluated and new assessment methods developed.

The recruitment of a Professional Medical Educator has been critical to setup the assessment of clinical skills. In this regard, the introduction of Objective Structured Clinical Examinations has been an excellent option. It is however not quite clear to the experts how the examiners are instructed to examine the students. Again, the level of knowledge to be reached for these skills by the end of the BMed program needs an accurate definition.

The MICS and PIC assessment appear adequate and prepares the students to teamwork.

Standard 1 compliance: fulfilled.

Standard 2 compliance: fulfilled.

Recommendation 10: more support should be given to the Teaching Commission and the Education Team to reinforce the accuracy of students' assessment.

Sub-area: Relationship between assessment and learning

Standards:

1. Assessment principles, methods and practices correspond to teaching objectives and promote learning.

2. The number and type of examinations encourage integrated and interdisciplinary learning.

The assessment methods of clinical knowledge and skills, particularly the Objective Structured Clinical Examinations, very obviously promote learning. This is less evident for the multiple choice questions as students tend to develop strategies aimed more at passing the examination rather than deeply understanding the teaching domains (questions banks, etc.). Regarding the main basic medical sciences such as anatomy, histology, physiology and biochemistry, practical examinations clearly encourage integrated and interdisciplinary learning.

Standards 1 and 2 compliance: partially fulfilled.

Recommendation 11: few professors appear to prepare multiple choice and short answer questions: more of them should therefore be involved and a group should be created with the specific task to generate and renew the examination questions. Moreover, an effort should be made to harmonize questions between Universities as suggested by partner faculties.

3.5 Area: Academic staff/faculty

Overall evaluation: the Faculty of Science has a clear policy for the recruitment of professors in charge of the BMed: first, a Structure Commission is appointed to review and define the activities and needs of a domain and then defines a profile for the holder of the chair. After the views of this Structure Commission are approved by the Rectorate and the Faculty Council, a Recruiting Commission, the composition of which corresponds to predefined criteria, advertises the position internationally. This committee then evaluates the candidates and proposes a short list of nominees to the Faculty Council. Eventually, three candidates are proposed to the Rectorate and finally to the Cantonal Government.

This procedure was followed for the nomination of the new professors required for the teaching of clinical medicine; in addition, the HFR was included in the recruitment process.

Theoretically, the pedagogic competencies of the candidates are taken into account but the didactic criteria remain poorly defined.

Sub-area: Recruitment policy

Standards:

1. The faculty of medicine has a staff recruitment policy, which defines the academic staff required for the adequate implementation of the programme. It describes the type and composition of the academic personnel, the balance between medical and non-medical staff, as well as between full and part-time employees. Responsibilities are clearly defined and periodically examined.
2. The faculty of medicine has formulated staff selection criteria, which take into account performance in science, teaching and clinical activities, as well as the demands of the mission statement of the institution, economic considerations, and further issues.
3. The recruitment policy for academic, administrative, and technical personnel is published.

Whereas the recruitment policy at the professorial level appears adequate, more clarification is needed for the non-professorial academic staff, particularly the clinicians. Many of them have been involved in the third year BMed teaching, often on a (semi) benevolent basis. Little has been done so far to consolidate their positions and recognize their efforts as their duties involve a clinical service to the population besides their teaching activities. Their relationship with the HFR and the University respectively needs to be formalized.

Standard 1 compliance: partially fulfilled.

Standard 2 compliance: partially fulfilled.

Standard 3 compliance: fulfilled.

Recommendation 12: the balance between medical and non-medical staff, between fulltime and part-time employees, should be reevaluated and adapted to the needs of the third year teaching. The responsibilities of the non-professorial academic staff, particularly the clinicians, should be better defined and assessed.

Sub-area: Staff policy and development

Standards:

1. With its staff policy, the faculty of medicine strives for a balance in teaching, research, and service functions, and ensures recognition of meritorious academic activities with appropriate emphasis on both, research attainment and teaching qualifications.
2. The staff policy includes training, development, and assessment of the teaching staff. It considers teacher-student ratios appropriate to the various components of the study programme, and assures that teaching staff is represented on relevant committees and bodies.
3. The staff has access to a gender equality commission.
4. The faculty of medicine supports a long-term promotion of young academic staff.

5. The staff has access to continuing education, career development opportunities, and appropriate counselling.

As a rule, all professors of the Faculty of Science must spend 35 to 50% of their time on teaching, 35 to 50% on research and 10 to 20% on administration. Regarding the academic staff, faculty paid assistants are entitled to 50% of their working time to be spent on research. These work proportions are certainly adequate for non-clinicians. For clinicians however, this should be modulated on a case by case basis: the fact that the HFR has mostly a service function and is not a university institution must be taken into account. In addition, teachers will have to be recruited in all hospitals of the HFR too and it is not realistic to expect of these people to be heavily involved in research. The pedagogic requirements for these future part-time teachers as well as their activity evaluation remain to be defined.

Standard 1 compliance: partially fulfilled.

Standard 2 compliance: partially fulfilled.

Standard 3 compliance: fulfilled.

Standard 4 compliance: partially fulfilled.

Standard 5 compliance: partially fulfilled.

Recommendation 13: non-professorial teachers should receive appropriate academic recognition and be offered reasonable professional perspectives. Teaching training should be further supported.

3.6 Area: Educational resources

Overall evaluation: the infrastructures devoted to the BMed program are located at three sites that can be reached easily by public transport. The main site is the "Université de Péroilles". Eight lecture halls (100 to 300 seats) are available there, as well as classrooms and study rooms. The library of the Faculty of Science is also located at Péroilles. Students have access to medical textbooks, biomedical journals, software programs, CDs and DVDs, printers, working places and meeting rooms. The funding of this library appears adequate. At Péroilles, teaching is also delivered in a 19 tables dissection hall and an anatomical museum. 120 microscopes for histology are available as are laboratories for physiology and biochemistry practices.

The St-Justin site is dedicated to tutorials of the clinical skills in 11 multipurpose rooms of 10 to 15 seats. Video recording equipment, computers, a small library and a 68 seats lecture hall are available. The third year students have access to these premises 24 hours a day, 7 days a week.

The third site is the HFR where the students perform physical examinations with the clinical professors. A specifically built annexe to the HFR-Hôpital Cantonal was built recently for this purpose. The other hospitals of Riaz, Tavers, Billens, Meyriez-Murten and Châtel-St-Denis are occasionally used as well as the psychiatric hospital of Marsens that belongs to the Fribourg Network for Mental Health (RFSM).

In addition to the above mentioned architectural and technological resources, the BMed program also employs 30 standardized patients to train the students in physician-patient relationship, history taking, semiology and technical gestures.

Sub-area: Infrastructure

Standards:

1. The faculty of medicine provides an appropriate infrastructure to ensure that the study programme can be adequately implemented.
2. The learning environment for the students is regularly adapted to developments in medical education.

The infrastructure described above is adequate for the present cohorts of students. Switzerland is however lacking doctors and it is therefore likely that all medical schools and the BMed program of Fribourg will be requested to welcome more students in the near future.

If the infrastructure appears on the whole adequate for the teaching of basic medical sciences and for clinical teaching, there is hardly anything in the self evaluation report concerning the teaching newly introduced disciplines (pathology, microbiology, immunology, radiology and pharmacology).

Standard 1 compliance: partially fulfilled.

Standard 2 compliance: partially fulfilled.

Recommendation 14: larger cohorts of students should be anticipated. As there are no firm guarantees concerning the budget of the BMed beyond 2013, this should be discussed and planned within the Faculty of Science, the University and with the political authorities.

Recommendation 15: the teaching goals in pathology, microbiology, radiology, immunology and pharmacology must be clearly defined. The infrastructures to this end must be organized or created as needed.

Sub-area: Practical clinical training resources

Standard:

The faculty of medicine provides the necessary resources for adequate clinical education, including a sufficient number of patients and clinical training facilities.

These aspects of the BMed program have been analysed and discussed in the previous paragraphs. It follows that the standard compliance is partially fulfilled and that the recommendation and condition of the sub-area "Infrastructure" apply.

Sub-area: Information Technology

Standard:

The faculty of medicine has a policy for the efficient use of information and communication technologies in its study programme. Teachers and students are enabled to use information and communication technology for selflearning, accessing information, managing patients and working in health care systems.

The information technology available for the BMed program is adequately provided by the library of the Faculty of Science, the WiFi connections, e-learning facilities and two university websites "Gestens" and "Moodle". In addition, the New Technologies and Teaching Centre of

the University can assist the Faculty of Science and its Department of Medicine in developing new teaching techniques.

Standard compliance: fulfilled.

Sub-area: Research

Standards:

1. The faculty of medicine has a policy describing the research facilities and areas of research priorities at the institution, as well as the relationship between research and teaching.
2. The interrelationship between research and teaching is reflected in the study programme and in the current course offerings. The students are encouraged and prepared to participate in medical research and development.

Research is an obvious priority of the University of Fribourg and a recent report from the Swiss National Science Foundation ranked its performance above the national average. The Faculty of Science and the Department of Medicine promote research via their websites and the University Research Promotion Service is available to them. The global research budget of the Department of Medicine is SF 18 millions, of which 13 are salaries and 3.5 third party funds, mostly from the Swiss National Science Foundation.

In the Department of Medicine, operating credits are distributed according to keys discussed and voted every year by the Council of the Department. They are presently allocated according to domains of teaching (fixed amounts) and independent research groups (criteria based amounts). There are presently 16 independent research groups within the Department of Medicine.

Of note, the Med3 budget is separate and will remain so until 2013: this domain of clinical medicine teaching includes independent research groups in neurology, cardiology, microbiology, pathology and pharmacology.

Research facilities include laboratories on the site of Pérolles (4 365 m²): facilities for rats, mice, monkeys, rabbits, guinea pigs and zebrafish are available. The clinical professors have their research activity in the HFR Cantonal Hospital in a small 370 m² annexe and/or in specific research laboratories at Pérolles; presently however, some of them do not have access to the research laboratories at Pérolles.

The areas of research priorities are wide and are described on the website of the University. In addition, there is an ambition to create a Life Sciences Centre that could be a big asset to the developing infrastructures for the BMed program. In the self evaluation report, this concept remains however vague and it remains so after the interviews during the on-site visit. In this context, the involvement of the clinical professors in this Centre is therefore ill-defined. This should be corrected as the Med3 budget will remain separate only until 2013.

During the interviews, it appeared that the installation allowances for newcoming researchers are low, sometimes amounting to only 10% of what can be offered in Zurich for example.

Regarding the interrelationship between research and teaching, the positive point is that all research groups participate in teaching for the BMed students. This stimulates the delivering of new knowledge to the students.

Standard 1 compliance: fulfilled.

Standard 2 compliance: fulfilled.

Recommendation 16: short internships in research laboratories for students could be encouraged.

Recommendation 17: more laboratory space for newcoming researchers should be made available.

Recommendation 18: the research activities of the clinical professors should be encouraged, including medical pedagogy. In addition, their access to fundamental laboratories should be facilitated.

Sub-area: Educational expertise

Standard:

The faculty of medicine includes educational expertise when planning basic medical education and developing teaching, learning and assessment methods.

The newly created Teaching Commission of the BMed and its mandate have been discussed in previous chapters of this report. It is already working and will go on collaborating with the Pedagogic Group of the Department of Medicine. The latter includes a Responsible who also acts as a Students' Advisor and a Professional Medical Educator who already did much for the introduction of the clinical skills teaching and of the Objective Structured Clinical Examinations. The fact that the Medical Director of the HFR is also certified in medical education will be essential to reinforce the links between the HFR network and the University. It will also be a key person to reinforce the partnership with the Fribourg School of Health.

Standard compliance: fulfilled.

Sub-area: Cooperation

Standards:

1. The faculty of medicine has formulated a policy for cooperation with other educational institutions and the transfer of educational credit points.
2. Regional and international exchange of academic staff and students is facilitated by the provision of appropriate resources.

The introduction of the BMed program in Fribourg has encouraged the development of a previously existing cooperation with the five Swiss medical faculties. This coordination effort has resulted in BMed graduates of Fribourg achieving success when following a MMed program at other Universities.

Regarding international exchanges, the professors are entitled to sabbatical and scientific leaves. Although students' exchanges are rare during a bachelor program, the bilingual teaching of Fribourg prepares them for later exchanges during the MMed education and gives them above average opportunities.

Standard 1 compliance: fulfilled.

Standard 2 compliance: fulfilled.

3.7 Area: Programme evaluation

Overall evaluation: the University of Fribourg has a quality assurance system runned by the Office for Evaluation and Quality Management. It monitors the requests of stakeholders (students, teachers, alumni, rectorate, faculties and departments) and uses tools like teachers' and students' surveys, evaluation questionnaires for teachers, students and alumni as well as workshops with students. This office works in cooperation with the Pedagogic Group of the Department of Medicine. As the BMed program is very new, this evaluation system is still being developed. So far, the impact of the program appears to be very good as the various surveys and questionnaires indicate that all the Med3 students involved recommend the program.

The courses are all evaluated at regular intervals. In addition, teachers can also ask for a free evaluation at anytime. When the teachers receive the results of the evaluation, they should give a feedback to the students. In addition, the Department of Medicine offers a program of teaching training specifically defined for the BMed.

The evaluation results are not published due to legal constraints. The results of an evaluation are given to the teacher for teaching units with a sole person, or to all professors active in a collective teaching unit. The Dean receives aggregated results that do not allow indentifying individuals. It follows that the results of an evaluation may not have consequences if the professionalism and the sense of responsibility of the evaluated person are inadequate.

As already stated several times in this report, the Teaching Commission of the BMed is and will be of critical importance in the program evaluation and evolution.

Sub-area: Study programme evaluation

Standards:

1. The faculty of medicine has quality assurance mechanisms (i.e. evaluations) that monitor the study programme and student progress, and ensure that weaknesses are identified and addressed.
2. Study programme evaluation includes the context of the educational process, the specific components of the study programme, and the general outcome.

Standard 1 compliance: fulfilled.

Standard 2 compliance: fulfilled.

Sub-area: Teacher and student feedback

Standards:

1. Feedback from both teachers and students is systematically collected, analysed, and used to continually improve the study programme.
2. Teachers and students are to be actively involved in planning the study programme evaluation and using its results for programme development.

Standard 1 compliance: fulfilled.

Standard 2 compliance: fulfilled.

Recommendation 19: in order to minimize the occurrence of poor individual evaluations, newly recruited professors should be explicitly informed of the teaching and didactic requirements.

Sub-area: Student performance

Standard:

Student performance is analysed in relation to the mission, objectives, and study programme of the faculty of medicine, and brought to the attention of the curriculum committee.

Standard compliance: fulfilled.

Sub-area: Involvement of stakeholders

Standard:

The processes and outcome of study programme evaluation involve the governance and administration of the faculty of medicine, academic staff and students and take into consideration feedback from additional stakeholders.

Standard compliance: fulfilled.

3.8 Area: Governance and administration

Overall evaluation: the structure of the Faculty of Science is briefly described in the second chapter of the present report (Faculty Council, Faculty Committee, Dean and Vice Dean). In brief, the Faculty Council is the supreme authority of the Faculty. It includes two representatives of the HFR but they have no voting rights, which clearly constitutes an anomaly as this institution is vital for the third year teaching of the BMed.

The Department of Medicine of the Faculty of Science is runned by a Department Council and the Presidency. The Council includes the 22 professors, the "Maîtres d'Enseignement et de Recherche", representatives of the non-permanent academic staff, of the students and of the administrative and technical staffs. It also includes members of the Pedagogic Group and two delegates from the HFR, again without voting rights. In short, the Council organises the teaching, manages the budgets, proposes changes in the structure of the Department and draws the job descriptions. The Presidency runs the daily activities, chairs the meetings of the Council and executes its decisions; it also manages the secretariats of the Department.

It is to be noted that the newly created Teaching Commission of the BMed is subordinated to the Faculty and not the Department of Medicine because it is the Faculty that delivers the diplomas.

Although the University and the Faculty of Science have a strategic plan, the Department of Medicine has not. The project of a Life Sciences Centre represents an opportunity to make such a plan.

Sub-area: Governance structures and functions

Standards:

1. Governance structures of the faculty of medicine and their functions are defined, including their relationship within the university and to the university hospital.
2. The faculty of medicine has a strategic plan.

3. The academic staff participates in decision-making processes concerning teaching and research.

4. Decision-making processes, competencies, and responsibilities are communicated to all participants.

Standard 1 compliance: partially fulfilled.

Standard 2 compliance: partially fulfilled.

Standard 3 compliance: fulfilled.

Standard 4 compliance: fulfilled.

Recommendation 20: the representatives of the HFR should have voting rights in the Faculty and Department Councils.

Condition 4: the Department of Medicine must have a specific strategic plan in the context of the creation of the Life Sciences Centre project.

Sub-area: Academic leadership

Standards:

1. The responsibilities of the academic leadership of the faculty of medicine for the medical study programme are clearly stated.

2. The academic leadership is periodically assessed with regard to the fulfilment of the mission and objectives of the faculty of medicine.

The self evaluation report states that “the academic leadership of the Department of Medicine is undisputed. Every decision that it takes about BMed teaching activities is endorsed by the Faculty of Science”. The experts feel that this has been the case so far. However, they also feel that the Department of Medicine is bound to grow as the number of doctors in Switzerland does not cover the needs. This growth might induce concerns that the present balance between departments will be altered. The recent transfer of biochemistry to the Department of Biology may be regarded as a first sign of such concerns.

Standard 1 compliance: partially fulfilled.

Standard 2 compliance: not fulfilled.

Condition 5: the academic leadership of the Department of Medicine must be assessed in the context of its potential growth. In addition, as virtually all BMed candidates are expected to become practicing doctors, the duties of the professors who teach and also practice at the HFR must be more precisely defined.

Sub-area: Administrative staff

Standard:

The faculty of medicine has sufficient administrative staff. This ensures the organisational

implementation of the study programme and other activities, and guarantees efficient resource management.³

Interviews of representatives of the administrative staff during the on-site visit showed a satisfactory situation.

Standard compliance: fulfilled.

Sub-area: Educational budget and resource management

Standards:

1. The faculty of medicine has clear authority and responsibility for the study programme and its financing. This includes a dedicated educational budget.
2. The faculty of medicine has sufficient autonomy to direct resources, including the remuneration of teaching staff, in order to achieve the overall objectives of the faculty.
3. The financial sources and all conditions linked to financing are transparent, and do not hinder the autonomy of the faculty of medicine to make decisions concerning teaching and research.

The Faculty of Science allocates a budget to finance the salaries of the Department of Medicine and another for running expenses. In addition, it uses a special budget allocated for the years 2009-2013 voted by the Canton of Fribourg to introduce the third year of medicine. The experts do not know whether this 8.5 million francs budget will be modified after 2013 but a strong political commitment seems to exist.

Within the Department of Medicine, the credits received from the Faculty of Science are distributed according to predefined criteria.

The financial sources are transparent: those coming from public funds (Canton, Swiss National Science Foundation, public foundations and international funds) are published. The funds from private sources are managed by the University Accounting Office.

Standard 1 compliance: fulfilled.

Standard 2 compliance: fulfilled.

Standard 3 compliance: fulfilled.

Sub-area: Interactions with the health sector

Standard:

The medical faculty collaborates with the health and health related sectors of society and government.

As it belongs to the University, the Department of Medicine is directly related to the Ministry of Education of the Canton of Fribourg that also manages the Fribourg School of Health, with which it is bound by a contract. Considering its mission and objectives, it also has tight links with the HFR and the Fribourg Network for Mental Health. These partners belong to the

³ Contained in SUK-guidelines Art. 9, 1.03

Public Health Sector and depend therefore of the Cantonal Ministry of Health and Social Affairs.

Within the teaching program, the MICS sessions and the PIC introduce medical students early to national and international health institutions.

Standard compliance: fulfilled.

3.9 Area: Continuous renewal/quality assurance

Overall evaluation: the quality management systems of the University of Fribourg and of the Faculty of Science have been discussed in a previous section of this report. In addition, the newly created Teaching Commission will be an essential tool to adapt the mission and objectives of the Department of Medicine to new scientific, socioeconomic and cultural developments. It will also be a key factor to modify the required competences of the students whenever needed as well as the assessment methods and staff recruitment policy.

Standard:

As a dynamic institution, the faculty of medicine implements procedures for the periodic reviewing and updating of its structure and functions, and rectifies documented deficiencies.⁴

Standard compliance: fulfilled.

4 Compliance with legal requirements

The Bachelor of Medicine in Human Medicine program established by the University of Fribourg and its Faculty of Science fits with the legal requirements, including the article 24, paragraphs 1a and b of the Swiss Federal Law on medical professions.

5 Strengths, weaknesses, recommendations on quality improvement

The implementation of the Bologna Reform of Medical Studies in Switzerland represented a significant challenge for the University of Fribourg. The introduction of the new Bachelor in Medicine degree after a three years course made its previous two years program offer inadequate and obsolete. The decision to organize a third year to make the delivery of a bachelor degree possible was therefore very pertinent. The experts have been impressed by the speed of the move and the democratic legitimacy of the project as it was unanimously approved by the Cantonal Parliament and Government. In this context, the introduction and officialization of a close corporation with the HFR has been of critical importance. It has allowed coordinated nominations between the University and the hospital which will definitely contribute to an improvement in patient care and increase the attractiveness of Fribourg and its HFR for postgraduate medical education. The enrollment of a Professional Medical Educator, the creation of a Pedagogic Group in the Department of Medicine and the recent creation of a Teaching Commission have also been essential for success. It can be said that many medical schools could be envious of the input of Medical Educators in Fribourg. The fact that bilingualism is official and encouraged is also a very strong point, demonstrated by the fact that many students go on to a Master program in their non-native language.

⁴ cf. SUK-guidelines Art. 9, 1.05 and Art. 10, 2.03.

In brief, the University of Fribourg, the Faculty of Science and its Department of Medicine are to be congratulated for the tremendous amount of work done for the introduction of a third year of Medical Teaching. This newly acquired experience will also benefit the quality of the first two years of the curriculum. During the accreditation procedure, the experts did not identify major failures or weaknesses that could threaten the viability of the BMed program. They identified however imperfections that can be considered as “childhood illnesses”. The experts designed therefore 20 recommendations to correct them, nearly all of them centered on the teaching. Considering the efficacy and enthusiasm noted during the accreditation procedure, the experts have no doubt that these recommendations could be accepted and implemented in a short time.

6 Comprehensive list of recommendations and conditions

RECOMMENDATION 1: Although the experts are fully aware that the solution is beyond the competence of the Fribourg University Authorities, they suggest that they stimulate the 5 medical schools to harmonize their admission criteria to the BMed program.

RECOMMENDATION 2: The requested level of every clinical skill to be reached by the end of the BMed program should be precisely defined.

RECOMMENDATION 3: The nature of the student’s centered curriculum should be further developed: this could be achieved by an expansion of problem based learning at the expense of plenary lectures. Involvement of students into research projects could also be encouraged.

RECOMMENDATION 4: The optional content of the BMed program should be defined.

RECOMMENDATION 5: An interface with complementary therapies could be defined, for example during the teaching of pharmacology.

RECOMMENDATION 6: a Vice Dean of Education should be appointed.

RECOMMENDATION 7: the medical pedagogic team should be increased in order to support the quality assessment.

RECOMMENDATION 8: A short course of evidence based medicine should be introduced.

RECOMMENDATION 9: a room and a billboard should be made available for the Fachschaft

RECOMMENDATION 10: more support should be given to the Teaching Commission and the Education Team to reinforce the accuracy of students’ assessment.

RECOMMENDATION 11: few professors appear to prepare multiple choice and short answer questions: more of them should therefore be involved and a group should be created with the specific task to generate and renew the examination questions. Moreover, an effort should be made to harmonize questions between Universities as suggested by partner faculties.

RECOMMENDATION 12: The balance between medical and non-medical staff, between fulltime and part-time employees, should be reevaluated and adapted to the needs of the third year teaching. The responsibilities of the non-professorial academic staff, particularly the clinicians, should be better defined and assessed.

RECOMMENDATION 13: Non-professorial teachers should receive appropriate academic recognition and be offered reasonable professional perspectives. Teaching training should be further supported.

RECOMMENDATION 14: Larger cohorts of students should be anticipated. As there are no firm guarantees concerning the budget of the BMed beyond 2013, this should be discussed and planned within the Faculty of Science, the University and with the political authorities.

RECOMMENDATION 15: The teaching goals in pathology, microbiology, radiology, immunology and pharmacology must be clearly defined. The infrastructures to this end must be organized or created as needed.

RECOMMENDATION 16: Short internships in research laboratories for students could be encouraged.

RECOMMENDATION 17: More laboratory space for newcoming researchers should be made available.

RECOMMENDATION 18: The research activities of the clinical professors should be encouraged, including medical pedagogy. In addition, their access to fundamental laboratories should be facilitated.

RECOMMENDATION 19: In order to minimize the occurrence of poor individual evaluations, newly recruited professors should be explicitly informed of the teaching and didactic requirements.

RECOMMENDATION 20: The representatives of the HFR should have voting rights in the Faculty and Department Councils.

CONDITION 1: The bylaws of the Department of Medicine must be modified according to the above remarks. The Department of Medicine must have a specific strategic plan approved by the University Authorities within 18 to 24 months.

CONDITION 2: The responsibility for finalizing the curriculum model and the instructional methods and defining their future adaptations must be attributed to the Department of Medicine.

CONDITION 3: The bylaws and the composition of the Teaching Commission must be precisely defined. The Department of Medicine must be made accountable for the functioning of this commission and for the implementation of its decisions.

CONDITION 4: The Department of Medicine must have a specific strategic plan in the context of the creation of the Life Sciences Centre project.

CONDITION 5: The academic leadership of the Department of Medicine must be assessed in the context of its potential growth. In addition, as virtually all BMed candidates are expected to become practicing doctors, the duties of the professors who teach and also practice at the HFR must be more precisely defined.

7 Recommendation on accreditation

In spite of the excellence of the BMed program of Fribourg, the experts recommend it to be accredited with the five conditions listed in their report. These conditions must by no means be regarded as threats. On the contrary, it is the conviction of the experts that what has been achieved must now be consolidated. There are indeed uncertainties regarding the funding beyond 2013, the potential growth of the Department of Medicine due to the lack of doctors in Switzerland and the Life Sciences Centre project. The conditions are all linked to these uncertainties and all aim at improving the academic leadership of the Department of Medicine, increasing its autonomy within the Faculty and its accountability for the

development of the curriculum. Again, according to the efficacy mentioned several times in the report, the experts feel that these conditions can be fulfilled within a short time. They recommend therefore a short follow-up visit within 18 to 24 months.