



swiss center of accreditation and
quality assurance in higher education

**Proposal for accreditation of the Study Programme in Basic Medical Education,
University of Geneva**

OAQ Report

4 May 2012

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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 standards 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"³ 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", dated February 2010, which comprises the educational objectives specified in Art. 4, 6, 7, 8 of the MedBG as well as the general and specific quality standards for study programmes outlined respectively in Art. 10 and 12 of the Accreditation Guidelines of the Swiss University Conference (SUC)⁴. The standard set was adapted for Dental Medical Education, Veterinary Medical Education, and Chiropractic Medicine.

The procedures undertaken by the OAQ 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 2012 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 The original standards of the World Federation of Medical Education (WFME) are available under www.wfme.org

⁴ Richtlinien der Schweizerischen Universitätskonferenz für die Akkreditierung im universitären Hochschulbereich vom 28. Juni 2007 (Akkreditierungsrichtlinien/Accreditation Guidelines), SR 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 present accreditation procedure is the full study cycle (Bachelor + Master) in Basic Medical Education offered at the Faculty of Medicine of the University of Geneva.

The University of Geneva is a full research university with about 15'500 students in 2010-2011 and has a total of eight faculties. The Faculty of Medicine offers study programmes of basic education in Human Medicine, Dental Medicine, Movement and Sports Sciences, Neurosciences, and Proteomics and Bioinformatics, for a total of about 1640 students in 2010-2011, among which 56% are women.

The study programme is organised according to the Bologna Reform and includes 3 years (180 ECTS) leading to a bachelor degree (BMed) and 3 years (180 ECTS) leading to the master (MMed). The bachelor degree gives right of admission to the master programme. It is intended for the students to enter the master programme directly when the bachelor has been obtained.

In an earlier form the study programme was the object of a pilot accreditation in 1999. Subsequent to that, in 2005 the Faculty of Medicine voluntarily requested an accreditation according to the UFG, based on the SUC Quality Standards (version of 2003). The OAQ carried out the procedure, which ended in October 2006 with a positive accreditation of the study programme in Basic Medical Education, valid for a period of 7 years (elapsing in October 2013). The Faculty of Medicine of the University of Geneva was at that time the only medical faculty in Switzerland seeking for a national accreditation, acting as a pioneer and anticipating the new legislative framework of the current accreditation cycle. Having previously undergone a similar procedure had a decisive impact in the constructive and developmental approach that the Faculty demonstrated at all stages of the current assessment procedure.

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 medicine where the number of study places is limited. Most cantons have agreed to base admission on a central aptitude test. By decision of the Council of State of the Canton de Genève the University of Geneva does not require this test. In order to guarantee equal opportunities, a common exam is foreseen at the end of the 1st year of study.

The clinical capacity for the Basic Medical Education is currently set at 140 students per year. All levels included (bachelor and master), there were about 1000 students in the Basic Medical Education programme in 2010-2011.

The programme is taught by academic staff of the University of Geneva. According to the statistics published by the University of Geneva for the year 2010-2011, about 97 FTE professors and 493 FTE academic staff were active in the Faculty of Medicine, all of them having about 20% of their time directly engaged in teaching activities within the Study Programme in Basic Medical Education.

1.3 Procedural steps

04.11.2011	Opening of the procedure
05.07.2011	Approval of the expert panel by the Scientific Advisory Board of the OAQ as well as by the Swiss Accreditation Council
30.08.2011	Self-evaluation report of the study programme in Basic Medical Education, University of Geneva
18 - 20.10.2011	On-site visit of the unit under accreditation
16.11.2011	Preliminary expert report
29.11.2011	Position statement of the Faculty of Medecine, University of Geneva
07.12.2011	Definitive expert report
10.02.2012	Draft OAQ report with proposal on accreditation decision
27.03.2012	Statement of the Scientific Advisory Board of the OAQ
03.04.2012	Statement of the MEBEKO
23.4.2012	Position statement of the Faculty of Medecine, University of Geneva according to Art. 27 § 2 of the SUC Guidelines
04.5.2012	Definitive 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

The procedure was conducted in parallel with the accreditation of the study programme in Dental Medical Education of the Section de Médecine Dentaire (SMD) of the University of Geneva, foreseeing one joint on-site visit. Therefore the composition of the assessment panel comprised 6 members, covering both disciplines. The presence in the group of Prof. Michael Field, who was peer-leader in the 2006 accreditation procedure, assured continuity in the external assessment as well as an improvement-oriented approach.

- Prof. Jan DE MAESENEER, Peer Leader (Ghent University, Belgium)
- Prof. Michael FIELD (University of Sydney, Australia)
- Prof. Eckhardt G. HAHN (Carl von Ossietzky Universität Oldenburg, Germany)
- Prof. Anne Marie KUIJPERS-JAGTMAN (Radboud University Nijmegen, The

Netherlands)

- Prof. Robert A. SADLER (Johann Wolfgang Goethe-Universität, Frankfurt, Germany)
- Mr. Jean-Baptiste OBONI, Student (University of Lausanne, Switzerland)

1.5 Reference documents

- Self evaluation report of the study programme in Basic Medical Education, University of Geneva, dated 30 August 2011;
- Definitive expert report dated 7 December 2011;
- Position statement of the Faculty of Medicine of the University of Geneva, dated 29 November 2011;
- Statement of the MEBEKO dated 3 April 2012;
- Position statement of the Faculty of Medicine of the University of Geneva, dated 23 April 2012.

2 External Evaluation

2.1 The self-evaluation report

The Faculty of Medicine of the University of Geneva has produced a 69-pages self-evaluation report for the study programme in Basic Medical Education, including 26 appendices. The document addresses the nine quality areas that are mission and objectives, study programme, students, assessment of students, academic staff/faculty, educational resources, programme evaluation, governance and administration, and continuous renewal/quality assurance.

The report was both descriptive and analytical, including a SWOT analysis for most of the areas of evaluation. It was self-reflective and useful for the process of global quality enhancement. It was handed within the given deadlines, facilitating the effectiveness of the external evaluation.

2.2 The on-site visit

The on-site visit by the experts took place on October 18-20, 2011. The briefing of the expert team by the OAQ took place on the eve of the visit, on October 17, 2011.

The on-site visits of Basic and Dental Medical Education were combined. The 6 members of the expert panel were jointly responsible for the evaluation of the two programmes. The expert team, supported by two OAQ scientific collaborators, had the opportunity to meet the

Faculty members invited for the different meetings and interviews and to visit the clinical infrastructures.

According to the experts, the quite intense programme of the on-site visit was performed smoothly and effectively. The combination of the site visit for both Basic and Dental Medical Education proved to be feasible and efficient. It is the opinion of the experts that the information obtained from the self-evaluation report and during the site visit allowed a thorough evaluation of the compliance with the predefined quality standards from both programmes.

2.3 Assessment of the fulfilment of the quality standards

Based on the individual examination areas the experts have highlighted the following strengths of the unit under accreditation:

- The study programme management and governance.
- The strongly integrated nature of the curriculum, with a high degree of flexibility to adapt to new circumstances.
- The strong position of the Dean of the medical faculty in the University Hospital, facilitating educational processes in the clinical training component of the curriculum.
- The broad scope of the education, looking at the biomedical, psycho-social, ethical and societal dimensions.
- The strong research component in the whole faculty.
- The permanent monitoring of processes and outcomes by UDREM, with a highly positive impact on the quality assurance of the curriculum.
- The very strong emphasis on linking assessment and learning in the undergraduate programme.
- The exposure to ambulatory practice in the second bachelor year.
- The ICT infrastructure.
- The advanced development of computer based learning.
- The counselling and monitoring of the progress of the students.
- Students' responsibility for their own learning processes (self-directed learning) as a good preparation for life-long learning.
- Student representation in the Faculty and their active participation at different levels.
- Very motivated staff, guaranteeing an efficient curriculum implementation.

As for the weaknesses, the expert panel has underlined the following:

- The lack of a clear mission statement of the Faculty that identifies the unique position of the programme.
- The lack of a strategic plan.
- The absence of a selection test before the beginning of the first bachelor year.
- The late introduction (in the second and third master years) of Evidence Based Medicine.
- Lack of a systemic information strategy on opportunities for research and the weak encouragement for students' participation in medical research and development.
- The unclear situation of intermediate staff regarding their status recognition and particularly its link with career development.
- The lack of a clear strategy to structure and strengthen the links of the faculty with external stakeholders such as community organisations, industry, NGOs and health services and providers.
- The insufficient linkage with medical practice and the health care system, the weak capacity of the Family Medicine team and the implications on the family care medicine in Switzerland.
- The lack of a clear strategy for the selection of candidates for post-graduate training linked with a planning responding to the future needs of trained specialists.

In order to comply with the accreditation criteria, not every single quality standard needs to be completely fulfilled. The recommendation 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 expert panel has indicated a large number of recommendations for the quality improvement of the study programme and for its further development.

Additionally the experts have formulated two conditions for accreditation with regard to standards 1.1.1 (mission), 8.1.2 (strategic plan) and 7.4.1 (involvement of stakeholders):

- *“The faculty must engage in a process of formulation of a clear “mission statement” that highlights the uniqueness of the position which the medical faculty of the University of Geneva wants to take with its medicine training program. Coherently with its mission statement, the faculty must develop a strategic plan to guide the evolution of its programmes and activities in the years ahead.”* (standards 1.1.1 and 8.1.2, one condition for both standards);
- *“The faculty must take steps to increase the engagement of external bodies (health professional organisations, NGOs, other health care agencies, companies, international organisations and other potential stakeholders) in the activities of the*

medical school, including its structures that contribute to governance and advise curriculum development.” (standard 7.4.1)

The panel of experts recommends the accreditation of the study programme in Basic Medical Education at the University of Geneva for 7 years, with two conditions to be fulfilled by July 1st, 2013.

2.4 Compliance with the legal requirements

The expert panel concludes that the medical curriculum under consideration complies with the legal requirements foreseen by Art 24 MedBG.

2.5 Position statement of the unit under accreditation on the expert report

The Faculty of Medicine of the University of Geneva has appreciated the meticulous and comprehensive analytical work of the experts as well as their highly constructive recommendations. However, they have contested the condition concerning standard 8.1.2, which was formulated in the draft experts report as third condition - independently from standard 1.1.1 - as follows:

“The faculty must develop a strategic plan to guide the evolution of its programmes and activities in the years ahead. Ideally this includes a strategy to change the current regulation on the selection of students, aiming to organising the selection before the entrance in the first bachelor year. On this last point, the expert panel advises the faculty to cooperate with the universities of Neuchatel and Lausanne.”

The Faculty of Medicine considers the change of the current regulation relative to student selection before the first bachelor year as desirable but difficult to fulfil, as it is mostly out of their control and depending on cantonal regulation.

The conditions given in the draft experts report regarding standards 1.1.1 and 7.4.1 appear to the Faculty as possible to fulfil. However, in light of the unconditional SUC accreditation of 2006, the Faculty asks the experts to consider removing the conditionality clause in the 2011 recommendation on accreditation.

The experts took note of this position statement and decided to remove in the final version of their report all conditional references dealing with the regulation on the selection of students before the first bachelor year. Although the statement was originally introduced by “ideally” and thus presented as a suggestion rather than as a condition per se, the experts agreed to leave the topic for the analysis and recommendation sections of the report and to take it out of the condition. The conditional reference to standard 8.1.2 (strategic plan) was then integrated into the condition formulated for standard 1.1.1 (mission), as the two shortcomings are strongly linked one to another. The condition regarding standard 7.4.1 (involvement of stakeholders) remained unchanged.

The experts thus modified in their final report the concluding chapter but did not meet the Faculty’s request relative to the removal of the conditionality clause. The shortcomings identified in the 2011 external assessment, which resulted in the two reformulated

conditions, represent key issues which the Faculty needs to address, particularly as they were already identified as weaknesses in the 2006 assessment.

2.6 Consultation of the OAQ Scientific Advisory Board

The OAQ sent the self-evaluation report, the expert report, the comments of the unit under accreditation and the OAQ's draft report to its Scientific Advisory Board on February 10, 2012 for consultation. On 27 March 2012 the OAQ Scientific Advisory Board confirmed that the procedure was properly conducted and supports the programme accreditation for a period of 7 years.

2.7 Consultation of the MEBEKO

The OAQ sent the self-evaluation report, the expert report, the comments of the unit under accreditation and the OAQ's draft report to the MEBEKO on February 10, 2012 for the first consultation, according to Art. 27 § 5 MedBG. In its position statement dated 3 April 2012 the MEBEKO confirms that the procedure was properly conducted under all formal aspects and supports the programme accreditation for a period of 7 years. The position of the MEBEKO concerning the formulation of a mission statement is that standard 1.1.1 applies to the MedBG criteria as well as to the UFG criteria. With regards to the involvement of stakeholders, the MEBEKO's points out that the quality standard in question (7.4.1) addresses aspects of international relevance which are not included in the MedBG.

2.8 Position statement of the unit under accreditation according to Art. 27 § 2 of the SUC Accreditation Guidelines

According to Art. 27 § 2 of the SUC Accreditation Guidelines the unit under accreditation was asked to take position on the conditions, reformulated after the consultative process (cfr. Chap. 3). In its statement dated 23 April 2012 the Faculty confirmed that it is able to fulfil the conditions within the proposed time-span of two years.

3 Conclusions of the OAQ

Based on the self-evaluation report, the expert report, the position statements of the unit under accreditation, the statements of the MEBEKO and the Scientific Advisory Board the OAQ concludes that the Study Programme in Basic Medical Education of the University of Geneva fulfils to a large extent the quality standards for accreditation of the FOPH. It supports the accreditation of the programme for a period of 7 years. The conditions proposed in the experts' report should be maintained but slightly reformulated, according to the following considerations:

- the positioning of the medical faculty should be part of the mission statement at institution level; the OAQ therefore believes that the strategic plan should be developed mainly in relation to the mission of the institution. The first condition should be reformulated as follows:

Coherently with the mission of the University of Geneva and with its own mission statement, the faculty must develop a strategic plan to guide the evolution of its programmes and activities in the years ahead.

As the MEBEKO pointed out, the formulation of a mission statement represents an element of relevance for both the UFG and the MedBG criteria for accreditation; this condition therefore applies in both cases.

- With regards to the involvement of stakeholders, the OAQ proposes to further emphasize the purpose of the condition in the specific context that represents Geneva with its UN Agencies and numerous NGOs. The condition should then be formulated as follows:

In order to reinforce the positioning of the medical education in the specific environment that represents Geneva, the faculty must take steps to increase the engagement of external bodies in the activities of the medical school, including its structures that contribute to governance and advise curriculum development.

This condition addresses exclusively the UFG criteria for accreditation.

The recommendations formulated in the expert report are intended by the experts to contribute to the development of the quality of the study programme. The OAQ agrees with these recommendations.

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

Concluding that the Study Programme in Basic Medical Education of the University of Geneva fulfils the accreditation standards pursuant to Art. 10 and 12 of the Accreditation Guidelines, the OAQ thus proposes:

Accreditation of the Study Programme in Basic Medical Education of the University of Geneva for a period of 7 years, with the following 2 conditions to be reviewed within a time-span of 2 years, to be counted from the coming into force of the accreditation decision:

- *Coherently with the mission of the University of Geneva and with its own mission statement, the faculty must develop a strategic plan to guide the evolution of its programmes and activities in the years ahead.*
- *In order to reinforce the positioning of the medical education in the specific environment that represents Geneva, the faculty must take steps to increase the engagement of external bodies in the activities of the medical school, including its structures that contribute to governance and advise curriculum development.*

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

Concluding that the Study Programme in Basic Medical Education of the University of Geneva fulfils the objectives and accreditation criteria pursuant to Art. 4, 6, 7, 8 and 24 of the MedBG, the OAQ thus recommends for the attention of the Swiss Accreditation Council:

Accreditation of the Study Programme in Basic Medical Education of the University of Geneva for a period of 7 years, with the following condition to be reviewed within a time-span of 2 years, to be counted from the coming into force of the accreditation decision.

- *Coherently with the mission of the University of Geneva and with its own mission statement, the faculty must develop a strategic plan to guide the evolution of its programmes and activities in the years ahead.*

3.1 Antrag des OAQ auf Akkreditierung gemäss UFG an die SUK

Das OAQ kommt zum Schluss, dass der Studiengang in Humanmedizin der Universität Genf die Akkreditierungsstandards gemäss Art. 10 und 12 der SUK-Richtlinien erfüllt.

Daher beantragt das OAQ: Akkreditierung des Studiengangs in Humanmedizin der Universität Genf für 7 Jahre, mit 2 Auflagen zu überprüfen innerhalb von 2 Jahren nach Rechtsgültigkeit des Akkreditierungsentscheids:

- *Die Fakultät muss, im Einklang mit dem Leitbild der Universität Genf und dem Fakultätsleitbild, einen strategischen Plan erarbeiten, um die Entwicklung ihrer Programme und Tätigkeiten in den kommenden Jahren zu lenken.*
- *Um die Ausbildung - im spezifischen Umfeld, das Genf darstellt- besser zu positionieren, muss die Fakultät Massnahmen ergreifen, um den Einbezug von externen Partnern in die Tätigkeiten der „medical school“ zu verstärken; dazu gehören auch die Strukturen, die zur Steuerung beitragen und die Beratung bei der Curriculumsentwicklung.*

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

Das OAQ kommt zum Schluss, dass der Studiengang in Humanmedizin der Universität Genf die Ziele und Akkreditierungskriterien gemäss Art. 4, 6, 7, 8 und 24 MedBG erfüllt.

Daher beantragt das OAQ: Akkreditierung des Studiengangs in Humanmedizin der Universität Genf für 7 Jahre, mit einer Auflage zu überprüfen innerhalb von 2 Jahren nach Rechtsgültigkeit des Akkreditierungsentscheids:

- *Die Fakultät muss, im Einklang mit dem Leitbild der Universität Genf und dem Fakultätsleitbild, einen strategischen Plan erarbeiten, um die Entwicklung ihrer Programme und Tätigkeiten in den kommenden Jahren zu lenken.*

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

L'OAQ certifie que la filière d'études en médecine humaine de l'Université de Genève satisfait aux standards d'accréditation conformément à l'Art. 10 et 12 des directives de la CUS et propose l'accréditation de la filière d'études en médecine humaine de l'Université de Genève pour 7 ans, avec les 2 conditions suivantes, à remplir dans un délai de 2 ans, à compter de l'entrée en force de la décision d'accréditation:

- *De manière cohérente avec la mission de l'Université de Genève et avec sa propre mission, la faculté doit développer un plan stratégique pour guider l'évolution de ses programmes et activités dans les années à venir.*
- *Afin de renforcer le positionnement de sa formation dans l'environnement spécifique que représente Genève, la faculté doit prendre des mesures pour augmenter l'implication des instances externes dans les activités de l'école de médecine, y compris dans ses structures qui contribuent à la gouvernance et qui conseillent le développement du curriculum.*

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

L'OAQ certifie que la filière d'études en médecine humaine de l'Université de Genève satisfait 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 en médecine humaine de l'Université de Genève pour 7 ans, avec la conditions suivante, à remplir dans un délai de 2 ans, à compter de l'entrée en force de la décision d'accréditation :

- *De manière cohérente avec la mission de l'Université de Genève et avec sa propre mission, la faculté doit développer un plan stratégique pour guider l'évolution de ses programmes et activités dans les années à venir.*

Academic accreditation in Switzerland

Expert report

Faculty of Medicine, University of Geneva

Study programme in basic medical education

Report submitted on 07.12.2011

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1 Introduction

The accreditation for programmes leading to the Federal Diploma in Medicine is mandatory according to the Federal Law on Medical Professions from 23 June 2006 (MedBG: Art. 23 Para. 1).¹ Accordingly, the study programmes must fulfill the criteria of the Federal Law on Financial Aid to Universities from 8 October 1999 (UFG)² and those of the MedBG in order to be accredited. Article 24, Para. 1 of the MedBG lists the specific criteria, which must be fulfilled for accreditation. The legally anchored educational objectives (Art. 4, 6-10 MedBG) are of central importance.

The accreditation procedure examines the quality of the study programmes on the basis of pre-defined quality standards. These standards are based on quality standards developed by the deans of the five Swiss faculties of medicine in cooperation with the Center of Accreditation and Quality Assurance of the Swiss Universities (OAQ) and the Federal Office of Public Health (FOPH). They have been developed based on the internationally accepted "Basic Medical Education WFME Global Standards for Quality Improvement"³ and authorized on 11 June 2003 by the Joint Commission of the Swiss Medical Schools (SMIFK). In 2007 on behalf of the FOPH, the OAQ revised and adapted the conditions to the MedBG.

Not every single quality standard must be completely fulfilled in order to qualify for accreditation based on MedBG criteria. The recommendation for accreditation by the experts and the accreditation agency, as well as the decision by the independent accreditation council (Art.47, Para. 1, MedBG) is the result of a global judgment.

The present report reflects the estimation of the expert group that was appointed by the OAQ for this accreditation procedure. The expert group analyzed whether the study programme in basic medical education at the University of Geneva fulfills the quality standards defined for this accreditation procedure.

The judgment of the expert group is based on the self-evaluation report of the University of Geneva, on various interviews carried out with all stakeholders during the on-site-visit and as well as on the visits on the university hospital and the teaching infrastructure.

¹ www.admin.ch/ch/d/sr/8/811.11.de.pdf

² www.admin.ch/ch/d/sr/4/414.20.de.pdf

³ The original standards of the World Federation of Medical Education (WFME) can be found at www.wfme.org.

2 Accreditation procedure

Presentation of the unit

The University of Geneva is a full research university with 15'666 students in 2010 and has a total of eight faculties. The Faculty of Medicine offers study programmes of basic education in Human Medicine, Dental Medicine, Sciences du mouvement et du sport, Neurosciences, and Protéomique et bioinformatique, for a total of about 1640 students in 2010, among which 56% are women.

About 380 diplomas were delivered in 2010, including 37 PhDs.

The faculty staffing profile in 2010 included 96.73 Full Time Equivalent of professors. The total number of academic staff for teaching and research was 493.39 FTE. Academic staff with a position at the University Hospital ("HUG") also teach in the Faculty.

The clinical capacity of the programme is 140 students. No aptitude test is required for admission to the study programme.

Since 2006, the Bologna principles and the LPMéd have been adopted by the Faculty. The bachelor and master programmes count 3 years (180 ECTS) each. The bachelor degree gives right of admission to the master programme. Students are expected to enter the master programme directly when they have obtained the bachelor degree.

This report concerns the compliance of the basic human medical education (bachelor and master programmes) at the University of Geneva with the quality standards published by OAQ and FOPH.

A pilot accreditation procedure took place on a voluntary basis in 2006. The accreditation was granted without condition for seven years. The Faculty of Medicine also took part in the 1999 national pilot accreditation procedure.

Self evaluation report

The Faculty of Medicine has produced a 69 page self-evaluation report with 24 appendices. It was delivered to the OAQ by August 30, 2011, thus respecting the LPMéd and the Accreditation Guidelines of the Swiss University Conference (SUC). The report was forwarded to the experts at least four weeks before the on-site visit.

The self-evaluation report was both descriptive and analytical, including a SWOT analysis for each area of evaluation. It was self-reflective and useful for the process of global quality enhancement. It provided an analysis for each standard of the 9 areas: mission and objectives, study programme, students, assessment of students, academic staff/faculty, educational resources, programme evaluation, governance and administration, and continuous renewal/quality assurance. Before the on-site visit, the experts asked for additional information on the follow-up of the recommendations made by the experts in 2006. This document proved to be very useful.

The steering group responsible for the writing of the report was composed of 14 staff members, including one student. The section on student representation was written by a group of students.

The expert panel found the self-evaluation report to be a useful tool to prepare the on-site visit.

Group of experts

Peer leader:

- Prof. Jan de Maeseneer, Ghent University, Belgium

Experts:

- Prof. Michael Field, University of Sydney, Australia
- Prof. Eckhardt G. Hahn, University of Witten / Herdecke, Germany
- Prof. Anne Marie Jagtman, Radboud University, Netherlands
- Prof. Robert Alexander Sader, Johann Wolfgang Goethe- Universität, Germany
- Mr Jean-Baptiste Oboni, Student in Medicine at the University of Lausanne

On-site-visit

A briefing session was scheduled the evening before the visit. Two OAQ scientific collaborators, Laura Beccari and Geneviève Le Fort, provided information on the accreditation procedures in Switzerland, on medical education in Switzerland and on the on-site visit itself. The experts then discussed the self-evaluation report and special attention was given to the follow-up of the recommendations made in the 2006 procedure. That part of the discussion was led by Prof. Michael Field, peer leader of the 2006 procedure.

The expert panel visited the Faculty during three days on October 18 to 20, 2011. Interview sessions were organised with or about the following topics: governance, curriculum, student assessment, students, alumni, heads of departments and clinics, professors, intermediate staff and tutors, research, administrative staff, “others” (community dimension, ethics, primary care and medical humanities), quality assurance, professional environment. The panel also visited the facilities and studied various student documents.

As this procedure is a joint procedure for the human and dental medicine programmes, all interview sessions were meant to cover both disciplines. All 6 experts attended all the interview sessions. The panel however separated for the visits to the clinical facilities, human medicine on one side and dental medicine on the other. The expert panel as a whole is responsible for the evaluation of the two programmes.

The on-site visit was well organised, both on OAQ and Faculty side. The Dean’s office was very helpful and supportive. The programme was quite intense but all went smoothly and with no problem at all. All the discussions took place in an open and friendly atmosphere.

The on-site visit allowed the expert panel to check the information provided in the self-evaluation report and to gather additional data. The experts feel that they have gathered sufficient information, both from the self-evaluation report and the on-site visit, to allow a thorough evaluation of the compliance of the study programme in human medicine according to the predefined quality standards.

3 Compliance with the Quality Standards

During the final expert meeting, all areas and sub-areas were discussed. The compliance with the quality standards within each sub-area was assessed. Recommendations were made for quality improvement. There was a high degree of consensus amongst the experts, so that decisions were made unanimously for all areas and sub-areas.

The expert panel has followed the OAQ guidelines for the standard compliance: fulfilled / partially fulfilled / not fulfilled. Recommendations have been formulated when a standard was partially fulfilled or at times also fulfilled. Conditions have been formulated when a standard was not fulfilled or, in one case, when it was partially fulfilled.

Area 1: Mission and Objectives

Sub-area 1.1: Mission and Objectives

Standards

- 1.1.1 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 system⁴.
- 1.1.2 The mission statement and the objectives take into consideration social responsibility and community involvement.
- 1.1.3 The mission statement and objectives are compatible with the strategic planning and the research goals.

Analysis

In the self-evaluation report (SER), there is a formulation of elements that may be related to the mission of the institution. However, there is no explicit "mission statement" available e.g. on the website of the institution. The "objectives" are not formulated as goals that should be reached. The "social responsibility and community involvement" is restricted to "following the guidelines provided by cantonal and federal laws", without engaging students in critical reflections on the actual health system.

⁴ The members of the expert panel want to comment on the formulation of this standard: students, after the completion of the program, are not expected to have the ability to practice their profession in an independent way, but only be prepared to engage in a follow-up training for a certain specialty discipline.

Moreover, after the undergraduate training they do not immediately take full "responsibility for their role as doctors in the health care system". They are prepared to work under supervision.

The formulated aim is to make students self-directed and life-long learners, who have the required skills to put their knowledge into practice. However, new dimensions in health professionals' education⁵, e.g. role of professionals as problem solvers and "change agents", are not developed. As there is no explicit strategic planning, either in education or in research, it is difficult to link "mission statement" to strategic planning and research goals.

Conclusions

Although the expert panel appreciates the effort made to formulate a "mission statement" in the self-evaluation report, the experts think that standard 1.1.1 is not fulfilled.

The condition for the faculty is to engage in a process of formulating a clear "mission statement" that highlights the uniqueness of the position the medical faculty of the University of Geneva wants to take with its medicine training program. Taking into account the geographical function of Geneva in the international spectrum and the high degree of multiculturalism of its population, a profile focusing on social accountability and global health, in addition to educational excellence, could be developed. The expert panel mandates that the faculty starts this process as soon as possible, with results that should be achieved by the first of July 2013. The standards 1.1.2. and 1.1.3. are partially fulfilled. The expert panel recommends that the faculty strengthens the component of social accountability and community involvement and formulates a clear strategic plan.

Sub-area 1.2: Participation in formulation of Mission and Objectives

Standard:

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

Analysis

The self-evaluation report mentions that, as the curriculum responds to the new LPMéd (2007) that was elaborated by a committee including patients' representatives, there is an indirect involvement of the community in the formulation of mission and objectives. However, no direct participation from outside stakeholders, such as people from business, different professions, providers, social organisations, NGOs, or even alumni, has been documented.

Conclusions

The expert panel concludes that this standard is partially fulfilled and recommends that the faculty starts the process of actively involving major stakeholders from different societal backgrounds in the process of defining missions and objectives.

Sub-area 1.3: Academic autonomy

Standard:

⁵ Frenk J, Chen L, Bhutta Z A, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet* 2010;376:1923-58.

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

Analysis

The expert panel recognises that the faculty has a quite well-developed "internal autonomy" in designing the curriculum and allocating the resources necessary for its implementation. There is a considerable budget for the Education Committee (1 million CHF in 2011). This is partly used to stimulate commitment of departments in teaching, although the re-distribution of 350.000CHF to the departments (via the MIMOSA-registration system) is marginal in the budgets of the departments. Important is that a part of the money is used to pay for the involvement of private practice, primary-care physicians active in the family medicine program. The fact that independent committees (rather than discipline-oriented departments) administer the curriculum is an important element of autonomy.

However, when it comes to "external autonomy", it is evident that fundamental regulations that have an impact on the quality of teaching and learning (e.g. the entrance examination at the end of the first year, the organisation of the health care system with a huge orientation towards hospital-medicine, the 3 + 3 bachelor-master structure that does not stimulate longitudinal integration) are experienced as being "unchangeable".

Conclusions

The expert panel concludes that this standard is fulfilled, but recommends that the faculty authorities engage in an effort of continuous debate and advocacy, in order to improve the context of the curriculum e.g. advocacy towards a student selection process before the first bachelor-year. The expert panel acknowledges the strong position of the Dean of the medical faculty in the University Hospital, which facilitates educational processes in the clinical training component of the curriculum.

Sub-area 1.4: Educational outcome

Standards:

- 1.4.1 Based on the Swiss Catalogue of Learning Objectives for Undergraduate Medical Training 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.
- 1.4.2 Information concerning performance assessment and other data on the competence of the graduates is used for the further development of the educational programme.

Analysis

During the interviews at the on-site visit, the expert panel captured a lot of positive feedback on the way the curriculum prepares students for their further careers. Moreover, at the first session of the EFMH, the Geneva-graduates performed excellently, both in the MCQ-part and in the OSCE-part. The UDREM has taken the initiative to follow-up the careers of the graduates and look at their performance. The panel is convinced that the graduates have the competencies necessary for the subsequent training and their future roles in the health care system.

Conclusions

The standards on educational outcome are fulfilled. The panel recommends that the faculty continues and intensifies the monitoring of the trajectories of graduates during their post-graduate training, and further in the health system (taking into account privacy-aspects). By doing so, a clear picture can be drawn on the way graduates respond to the needs of society (e.g. the needs for primary care physicians in the future).

Area 2: Study programme

Sub-area 2.1: Curriculum models and instructional methods

Standards:

- 2.1.1 The faculty of medicine defines the curriculum models and instructional methods.
- 2.1.2 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.

Analysis

The undergraduate medical curriculum in Geneva is a well-integrated and managed curriculum, with an important amount of flexibility. There is a variety of teaching and learning formats, with 34% small group activities (6 to 10 students) and 30% interactive seminars (with a maximum of 16 students). There is an optional course program that comprises 10% of the study time during the second and third bachelor year. One could consider the possibility of introducing an "honours track" (e.g. 15 extra ECTS-credit-points) in order to create opportunities for talented students to develop their capacities e.g. in research or in global health. Although a lot of the small group activity is labelled as "problem based learning", but in fact it applies to a mixture of didactic formats, stretching from the classical "PBL-tutorials" to a form of "case-based learning". The reflective component is important in all the formats. There are mixed feelings about the master thesis, that suffers from a minimal time-investment (a half day slot per week). For certain forms of research (e.g. in laboratory), a more flexible timeframe is required.

The expert panel appreciates that an 8-week comprehensive program in primary care/family medicine has been developed, following the recommendation of the previous accreditation-process (2006).

Conclusions

This curriculum is a very strong, well thought-out, integrated educational programme. Thus, the standards are completely fulfilled, and the curriculum may serve as a model, both at the national and international level, as far as integration is concerned. The program ensures that students really have responsibility for their own learning processes (self-directed learning) and by doing so prepare for life-long learning.

Sub-area 2.2: Structure, Composition and Duration of the Study Programme

Standards:

- 2.2.1 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.
- 2.2.2 The study programme is based on the goals of the Swiss Catalogue of Learning Objectives and the MedBG.

2.2.3 Basic sciences and clinical sciences are integrated in the study programme as well as the interface with complementary therapies⁶.

Analysis

The expert panel deplors the fact that in the framework of the political regulation in the canton of Geneva, the first year has to act completely as a selection-year, with only 35% of the students being successful. Apart from the logistic problems of having 461 students in overcrowded theatres (in 2010), this creates the problem of a high level of competitiveness between the students. This may be a threat to the development of the appropriate professional attitudes. The unit "person, health, society" in the first year, presenting topics in human sciences and various dimensions of community medicine, including medical ethics, is missing its objective and can be seen as "lost time". The unit is tested through MCQs and probably has little, if any, impact on framing the broader societal context of medicine. Nevertheless, the first year, especially in the unit 4 "Integration", creates an appropriate link with the study of pathology later in the curriculum. The effort in the second and the third year to expose students to family medicine is positively valued by the expert panel. The panel was impressed by the advanced development of computer-based learning e.g. in the teaching of histology, replacing the traditional microscope-based learning. The expert panel acknowledges that the master-thesis is in a stage of development. Actually, not all the theses are in conformity with the Dublin-descriptors for the master-thesis in the Bologna-framework. The total time available (9 independent days + a 3-week period) is too limited. The fact that the report is structured as a scientific article is very positive.

The third master year is completely filled with electives. Most of the students orientate this self-directed program towards a form of specialty training. This of course may reduce the "generalist" dimension of the training. There are actually 6 hours of formal teaching about alternative and complementary therapies. Plans are being made to focus more on the interface with conventional medicine in this area, using dyads of professionals (a practitioner of the therapy concerned and a faculty member).

Conclusions

The expert panel agrees that, as far as structure, composition and duration of the study program are concerned, all the standards are fulfilled. However, the panel recommends that the medical faculty engages in a process to explore a method of selection of candidates before the first bachelor year. This would have a positive influence on the learning process and the development of appropriate professional attitudes during the undergraduate curriculum.

Sub-area 2.3: Study programme management

Standards:

2.3.1 A curriculum committee has the responsibility and competence for the planning and implementation of the study programme.

⁶ The expert panel was a little bit concerned about how the content of complementary therapies, can be reconciled with "Evidence Based Medicine". But the panel agreed that it is important to create a frame of reference for the students, in order to deal appropriately with the interface with complementary therapies.

2.3.2 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.

Analysis

The management of the study program is well designed. The Education Committee is in charge of the curriculum for both human and dental medicine at the faculty of medicine of Geneva. There are two curriculum committees, one for the bachelor and one for the master program. Both are advised by UDREM. The governance and administrative support for the curriculum are excellent. The "cursus-map", a tool developed to document the content of the different units, allows for ready access to curriculum material and assures continuity in the teaching process. In the interviews, it became clear that there is some concern about the relationship between the bachelor and the master program. In the master years there is little knowledge about what students learned in the bachelor program and vice-versa. There is a need for a strategy to link both parts of the curriculum in a more structured way, e.g. through the (already existing) vertical longitudinal taskforces.

Conclusions

The standards for study program management are fulfilled and the expert panel sees the study program management and governance of the educational process as an excellent model. The panel recommends that the faculty optimises the "content-continuity" between bachelor and master years.

Sub-area 2.4: Scientific methods

Standard:

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

Analysis

Scientific reasoning and critical thinking are in the forefront of the PBL-teaching in the bachelor years. A lot of electives are offered and the panel congratulates the faculty on the "Research for Medical Students summer program: PREM". The panel suggests re-thinking the strategy for teaching scientific methods and Evidence Based Medicine, from the first year onwards. This will require leadership and a longitudinal approach. Starting with Evidence Based Medicine in the second and third master years, as at present, may be too late. The practice of Evidence Based Medicine is strongly reinforced and integrated into the clinical clerkship curriculum. However, one could wonder if clinicians in the tertiary care environment are in the best position to teach an "evidence based" approach to common problems presenting in a primary care setting.

There is no clear strategy to "discover" students who are interested in a research-oriented career. Actually, this depends on the individual initiatives of a few professors, leading specific laboratories. Maybe an "honours track" (see 2.1.) could be an option here?

Conclusions

The expert panel concludes that the standard on scientific methods is partially fulfilled, and recommends a comprehensive longitudinal approach towards the structured teaching of Evidence Based Medicine.

Sub-area 2.5: Basic biomedical sciences

Standards:

- 2.5.1 The faculty of medicine identifies the contributions of the basic biomedical sciences and integrates them into the study programme.
- 2.5.2 The contributions of biomedical sciences are adapted to scientific, technological, and clinical developments, as well as to the health needs of society.

Analysis

Although the perspective of the basic sciences is an important component in the chain of "translational research"⁷, there is a strong horizontal integration of the basic medical sciences and a vertical integration in selected topics. A challenge is the appropriate "dosage" of the molecular and cellular biology content, stemming from the latest scientific and technological developments.

A remarkable approach is used in the teaching of anatomy, which is commended by the expert panel: based on the clinical content of the work of primary care physicians, a three-level approach for the degree of detail of anatomic knowledge has been defined: general-bachelor-level, elective-master-level, and post-graduate level for specialty-training. The expert panel also appreciates the impressive and successful switch made in the teaching of histology (from microscopy to E-learning).

Conclusions

The standards in relation to basis biomedical sciences are fully satisfied.

Sub-area 2.6: Behavioural and social sciences, medical ethics

Standards:

- 2.6.1 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.
- 2.6.2 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.

⁷ Dzau VJ, Ackerly D C, Sutton-Wallace P et al. The role of academic health science systems, in the transformation of medicine. Lancet 2009, 1 October DOI: 10.10 016/s0140-6736(09)61082-5

Analysis

The community health training program spans the 1st to the 5th year of the medical curriculum and promotes students' early exposure to community health-related concepts and issues, and to the professionals working in these fields, as well as providing an early access to direct and hands-on activities in the community. It integrates primary care and community medicine. As stated earlier, there is some doubt about the effectiveness of the introductory course on psycho-social and community health in the first bachelor year, as it is probably counterbalanced by the highly competitive climate of this year. The exposure to ambulatory practice in the second bachelor year is a positive initiative. However, as primary health care in Switzerland is a conglomerate of practices of family practitioners, general internists and paediatricians, one can have doubts about the homogeneity of the messages students receive during this exposure.

The portfolio-approach is an excellent initiative. In the third bachelor year there is a community health experience. Here there is an opportunity for interdisciplinary teaching, that could be made more explicit. The expert panel welcomes the expansion from 4 to 8 weeks of the clinical clerkship in community medicine and primary care (AMC-MCPR). This confronts the student with different contexts: addiction, geriatric care, family medicine, emergency services and others. A part of the experience is actually located in a "family medicine"-department in the tertiary care hospital.

The expert panel appreciates the progress that has been made since 2006. A very motivated staff is active to a large extent on a voluntary basis. It would be advisable to create opportunities for a PhD in family medicine in the forthcoming years and to double the actual staff and financing. Moreover, family medicine and primary health care should have the status of a "full department" in the medical faculty.

Conclusions

Standards on behavioural and social sciences and medical ethics are fulfilled. The efforts of the family medicine/primary care unit are highly appreciated. However, the expert panel recommends that the faculty should move the actual family medicine department from the tertiary care hospital into the community, and multiply the number of academic training sites for family medicine that are available for training. Moreover, in the short term, a full department of family medicine/primary health care should be created and PhD opportunities in family medicine initiated.

Sub-area 2.7: Clinical knowledge and skills

Standard:

- 2.7.1 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.

Analysis

There is a clear "continuum" with increasing patient contact from the first BA year up to the sixth year of the undergraduate program. Starting from video presentations, regular contact with a practising primary-care physician, through OSCE assessments and seminars on basic clinical skills, and clinical clerkship activity, a clear continuum is constructed. The clinical rotations are well structured (e.g. in paediatrics). The integration of over 100 simulated patients is very positive for skills training. The OSCEs have a somewhat limited scope, and more comprehensive OSCEs should be developed. The actual Skillslab needs more space, in order to improve circulation, observation and storage. Moreover, the staffing is rather "light". The expert panel recognises the important burden of the federal exam on the Skillslab staff.

The expert panel welcomes the increased use of small hospitals for internal medicine and paediatrics training. The fact that the faculty gives clear recognition to staff involved in training in smaller hospitals (e.g. the title of "professeur titulaire") is very positive.

Conclusions

The standards on clinical knowledge and skills are fulfilled. Some improvements may still be made in terms of OSCE-construction, infrastructure and staffing.

Sub-area 2.8: Linkage with medical practice and the health care system

Standards:

- 2.8.1 An operational link between the study programme, postgraduate medical education, and the independent professional practice of medicine is assured.
- 2.8.2 The curriculum committee uses information from the professional field, the health care system, and society to improve the study programme.

Analysis

The post-graduate medical education depends on the medical specialist societies and on the Swiss institute of medical education. Post-graduate training takes 5 to 6 years.

Although the students are regularly provided with information on the link between pre- and post-graduate training and the content of medical disciplines, there is no clear "planning" in distribution of the different disciplines in order to respond to the needs of society. Availability of post-graduate training posts is related to (financial) capacity of departments to "absorb" residents in specific disciplines. During the last year only two graduates applied for post-graduate training in family medicine (in Switzerland called "general internal medicine").

Interprofessional learning is not yet developed in the curriculum. However, it is clear that there will be a need for more interprofessional cooperation in order to face the challenges of the demographic and epidemiological transition of the coming decades.

There seems to be no structured process for a transparent selection of candidates for post-graduate residencies in the different specialities. This leads to a quite uncoordinated competition among students and may have a negative effect on the "generalist" aspect of undergraduate training.

Conclusions

As far as the linkage with medical practice and the health care system is concerned, the standards are only partially fulfilled. The expert panel acknowledges the strong effort that has been made by the medical faculty of the University of Geneva to stimulate family medicine-orientation. Working together with family physicians in the community, and paying them appropriately for their pedagogical efforts, is an important strategy. The expert panel recommends that there should be a strategy to make sure that by 2013, all students will spend one month in family medicine during their 6th year clerkship. This may contribute to the absolutely necessary increase and recruitment for family medicine. Moreover, the clerkships in family medicine should enable students to be confronted with the important reality of community-based longitudinal care.

As the faculty is not directly involved in post-graduate medical education, there is no clear strategy for selection of candidates for post-graduate training, nor is there any "planning" to make sure that the trained specialists will respond to the needs of the population. The faculty is invited to take the forefront in the debate on future organisation of manpower in health care, and the specific needs to strengthen primary health care according to the World Health Report 2008⁸.

⁸ <http://www.who.int/whr/2008/en/index.html>

Area 3: Students

Sub-area 3.1: Admission policy and selection process

Standards:

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

Analysis

As explained earlier, the non-existence of an "entry-selection" before the first bachelor year creates a frustrating situation. The system is inefficient and educationally detrimental. The expert panel advises the faculty to do a survey of the 65% that are not passing the selection exam at the end of the first year.

There is appropriate gender equality. No information was available on the participation of migrants.

Conclusions

The standards on admission policy and selection process are fulfilled, although the expert panel advises the Faculty to engage in an advocacy for change of the existing regulations towards a selection before the first bachelor year.

Sub-area 3.2: Number of students

Standard:

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

Analysis

The Self-Evaluation Report states that the clinical capacity is currently 140 students in human medicine. However, there are actually 170 students in second bachelor year, so there will be a need to increase capacity which requires an increase in budget. As mentioned earlier, the panel notes that the number of first year bachelor students is higher than ideal to allow for optimum learning conditions.

Conclusions

The standard on the number of students is fulfilled, although there is room for further review of this area as mentioned above.

Sub-area 3.3: Student support and counselling

Standards:

- 3.3.1 The medical faculty offers support and counselling services for the students.

3.3.2 The counselling programme is based on monitoring the learning progress of the students and takes their social and personal needs into account.

3.3.3 Students have access to a gender equality commission.

Analysis

During the visit, the panel of experts experienced a very positive, open and friendly interaction between students, staff, professors and other stakeholders. Moreover, the expert panel appreciates the efforts made in student counselling: the role of Students' Advisors is quite important: they give collectively about 1000 personal consultations each year related to academic problems, social and financial issues and health problems. Also the secretariat in the dean's office provides assistance to the Students' Advisors and can be reached all weekdays from 9.30 a.m. to 12.30 a.m. The fact that there have been no suicides in the last 15 years is an indicator of appropriate attention being given to the needs of the students. Nevertheless, there are no data about the 65% that failed in the first year. It is noted that there is a functioning Gender Equality Commission.

Conclusions

The standards on student support and the counselling are all fulfilled. The faculty should be congratulated on its efforts in the field of counselling and monitoring the progress of the students. It should be noted however that this service is highly person-dependent, and that it will be a challenge to find student advisors as good as the current staff should any wish to stand down from this role.

Sub-area 3.4: Student representation

Standards:

3.4.1 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.

3.4.2 Student organisations are promoted.

Analysis

The expert panel appreciates that this chapter of the Self-Evaluation Report was written by the students themselves. The students are represented at different levels, in the Education Committee, in the Bachelor and Master Curriculum Committees, in the Participative Council and in the Library Committee. The students are generally not involved in the design of major educational changes. However, in recent years, the faculty has tried to involve students at the beginning of new educational changes. The students are invited to give ongoing feedback, which enables them to express criticisms and provide suggestions on the different modules and the teachers involved.

Conclusions

The standards on student representation are fulfilled and students participate actively at different levels. A recommendation is that the faculty could look for ways of formally recognising the commitment of the students e.g. by giving credits, or some educational acknowledgement.

Area 4: Assessment of students

Sub-area 4.1: Assessment methods

Standards:

- 4.1.1 The faculty of medicine defines and communicates the methods and criteria for the assessment of students.
- 4.1.2 The reliability and validity of the assessment methods are documented and evaluated and new assessment methods developed.

Analysis

A variety of assessment methods are used, including MCQ, OSCE, CBA-stations and others, both in a formative and summative way. The assessment program addresses knowledge, skills, and attitudes. During the master years, assessments put particular emphasis on professional attitude and behaviour, and are mandatory for taking the summative semester exams. There are clear procedures that guarantee the validity and reliability of the assessments. The first outcomes of the final federal licensing examination (EFMH) are positive.

Conclusions

The standards in relation to the methods and criteria for the assessment of students are fulfilled and the reliability and validity of the assessment is documented.

Sub-area 4.2: Relationship between assessment and learning

Standards:

- 4.2.1 Assessment principles, methods and practices correspond to teaching objectives and promote learning.
- 4.2.2 The number and type of examinations encourage integrated and interdisciplinary learning.

Analysis

The UDREM plays an important role in the quality assurance of the assessment system. They train staff in the necessary skills to master the different formats, including written, computer-based, oral and practical exams. Interdisciplinary learning is mostly evaluated between the clinical specialties (e.g. integration of internal medicine and radiology and surgery).

Conclusions

The standards on relationship between assessment and learning are fulfilled. The undergraduate program has a very strong emphasis on linking assessment and learning. The assessment principles, methods and practices correspond to teaching objectives and promote learning, and there is some attention to integrated and interdisciplinary learning, mostly restricted to clinical disciplines.

Area 5: Academic staff/faculty

Sub-area 5.1: Recruitment policy

Standards:

- 5.1.1 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.
- 5.1.2 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.
- 5.1.3 The recruitment policy for academic, administrative, and technical personnel is published.

Analysis

A permanent academic Planning Committee, chaired by the dean, examines all positions that will be vacant over a 4-year period. A comprehensive assessment of applicants takes place involving experts from Switzerland and abroad. During the procedure, the evaluation of teaching ability is restricted to the performance at the public seminar delivered by each short-listed candidate. Although there are a few positions designed for persons with a predominant involvement in teaching, the faculty does not favour the possible emergence of a "teaching track" parallel to the "research track" for professorship. Staff with a dual affiliation (both hospital and university) now have a "Règlement sur la collaboration hospitalo-universitaire et le statut du corps professoral (RCHU)" to define their work conditions.

Conclusions

The standards on recruitment policy are fulfilled. The staff recruitment policy is effective and is appropriately balanced. Apart from scientific criteria, it takes into account teaching aspects, although there is not a "teaching track" for professorship.

Sub-area 5.2: Staff policy and development

Standards:

- 5.2.1 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.
- 5.2.2 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.
- 5.2.3 The staff has access to a gender equality commission.
- 5.2.4 The faculty of medicine supports a long-term promotion of young academic staff.
- 5.2.5 The staff has access to continuing education, career development opportunities, and appropriate counselling.

Analysis

Different strategies are in place regarding staff development. The Renewal Committee identifies individuals with academic potential, with particular attention given to those active in the domains defined as priorities for the faculty. The Committee has established a repertoire of young, non-tenured faculty members, and follows their progression, making sure that they benefit from working conditions that will allow them to develop as independent researchers and that they are given the opportunity to contribute to teaching. The Committee for Coordination of academic careers examines all requests for internal promotions. The staff policy includes teachers' training, development and evaluation. Teachers are encouraged to improve the quality of their performance, e.g. through the acquisition of a master-title in medical education abroad. The minimum teaching duty is 30 hours per year; supervising a master-thesis counts for 25 hours. There is a monitoring system (MIMOSA) that makes an inventory of all the teaching activities of each staff member. It serves as a basis for the personalised objectives of the staff in education. There is some concern about the position of the "intermediate staff", who have no clear title and are sometimes worried about their future.

Conclusions

The standards for staff policy and development are fulfilled, with the exception that the position of the intermediate staff is unclear and should be addressed (standard 5.2.1 is partially fulfilled). The faculty is urged again to look into mechanisms for awarding titles of some kind to these staff members who are making significant academic contributions.

Area 6: Educational resources

Sub-area 6.1: Infrastructure

Standards:

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

Analysis

The infrastructure is appropriate, with the exception of the theatres for the first year lectures, where students are not all able to put questions due to the large size of the groups, spread across two lecture rooms. The technical infrastructure encompasses all modern equipment that is needed for medical education.

Conclusions

Standard 6.1.1 is partially fulfilled as far as the appropriateness of the infrastructure for the first year students is concerned. As stated earlier, the solution for this problem lies in introducing a process for student selection before the first year to permit reduction of the size of the year 1 cohort. The expert panel recommends that the Faculty follow the recommendations made elsewhere in that matter. The rest of the standards on infrastructure are fulfilled.

Sub-area 6.2: Practical clinical training resources

Standard:

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

Analysis

The skills lab has provided good opportunities for early training in clinical skills, but urgently requires an increase in space: the actual space available is inadequate for the number of students needing to be trained and for the increasing role of a skills lab in a modern medical education system. Excellent opportunities for clinical learning in the tertiary referral hospital environment are available at the HUG and elsewhere. As far as primary health care is concerned, the actual facilities available in the university hospital are well conceived, but this service and teaching unit is situated in the wrong place and should be moved to the community.

Conclusions

The standard on practical clinical training resources is partially fulfilled. The expert panel recommends that some of the resources for clinical skills training be upgraded. Moreover, Community-Based Primary Care platforms are needed as a matter of priority.

Sub-area 6.3: Information Technology

Standard:

6.3.1 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 self-learning, accessing information, managing patients and working in health care systems.

Analysis

The technological infrastructure of the faculty of medicine is excellent. Students and staff have computer access to the most relevant databases and to library facilities: 115 computers are installed in the computer rooms at the main library. A team of 12 computer assistants help the students to use the IT infrastructure by answering their questions and by organising and offering basic computer courses. The central e-learning platform DOKEOS is used intensively. Email is the official information channel between faculty and students for administrative and organisational communication. A sophisticated tool, the "CursusMap", allows browsing and finding details about the curriculum according to learning objectives and is regularly updated.

Conclusions

The standard on information technology is fulfilled.

Sub-area 6.4: Research

Standards:

6.4.1 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.

6.4.2 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.

Analysis

The faculty of medicine of the University of Geneva has a leading position in research internationally. There is a clear research strategy, formulating research priorities for a 4-year period. The fostering of interest in research among undergraduates is mainly a personal initiative (e.g. by Prof. Kiss), while the PREM is also a very positive initiative. A more structured information strategy directed towards the students could help to raise interest in a research career, which is needed as the number of MDs active in research is presently decreasing. The expert panel noted that the students do not have a comprehensive idea of

the research activities within the faculty. There is no strategic approach in order to encourage students to participate in medical research and development.

Conclusions

The standards on research are fulfilled, except for the encouragement of students to participate in medical research and development (6.4.2 partially fulfilled). The expert panel notes that a systematic information strategy on opportunities for research is lacking and recommends that the faculty addresses this deficit, in order to stimulate future MDs to engage in research.

Sub-area 6.5: Educational expertise

Standard:

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

Analysis

At the time of the reform of its curriculum in 1995, the faculty of medicine created the Unit of Development and Research in Medical Education (UDREM). This was the first unit of its kind to be introduced in Switzerland. Its role is to promote innovation in educational quality through activities and program development, including curriculum and instructional methods, in student assessment and program evaluation, in faculty development, and in research in medical education. Thus UDREM provides considerable support at different levels of the educational process, and develops high-quality research in medical education. Although it was pointed out that for many faculty members the role and activities of UDREM are unclear, the Unit develops strategies to link with the different academic disciplines and offers a lot of educational support. UDREM is now looking at evolving towards a new role, reducing some service activities and concentrating on development and research.

Conclusions

UDREM is one of the most developed units of its kind in medical education in Europe. It is of utmost importance for the quality assurance of the curriculum, and also contributes to capacity building in the field of medical education. This standard of educational expertise is fulfilled in an exemplary way. The expert panel recommends that funding for research projects in medical education at the local, federal and private levels should be developed further.

Sub-area 6.6: Cooperation

Standards:

6.6.1 The faculty of medicine has formulated a policy for cooperation with other educational institutions and the transfer of educational credit points.

6.6.2 Regional and international exchange of academic staff and students is facilitated by the provision of appropriate resources.

Analysis

At the level of the faculty there is a committee for international cooperation. Nowadays, there is not much exchange of students in the framework of ERASMUS. It would be advisable to explore how this could be improved, although the expert panel recognises that the specificity of the integrated curriculum of Geneva makes international exchange during the bachelor and master years not so easy. Nevertheless, there are specific cooperations e.g. between Leiden and Geneva, in the third bachelor year. In the third master year, there are exchange programs in relation to clerkships, especially with Africa and Latin-America. The faculty has a longstanding cooperation with Yaoundé in Cameroon.

Conclusions

The standards in relation to cooperation are fulfilled. Ways to take advantage of the ERASMUS-exchange program in the undergraduate curriculum could be explored.

Area 7: Programme evaluation

Sub-area 7.1: Study programme evaluation

Standards:

- 7.1.1 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.
- 7.1.2 Study programme evaluation includes the context of the educational process, the specific components of the study programme, and the general outcome.

Analysis

There are appropriate mechanisms for the evaluation by the student of the teaching units. Moreover, there are regular reviews by the BA and MA Curriculum Committees and retrospective curriculum evaluation by senior students and by 1st and 2nd year graduates. As far as postgraduate career choice is concerned, students are polled to determine their prospective choices of specialty, professional career and the type and location of practice. Finally, the UDREM plays an important role in the study program evaluation components: design, administration, development, analysis and report. There is a clear approach of collecting relevant information, analysing, reporting and giving feedback.

Conclusions

The standards on study program evaluation are fulfilled in a very comprehensive and high-quality manner.

Sub-area 7.2: Teacher and student feedback

Standards:

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

Analysis

The role of the students in curriculum evaluation is prominent. Students are regularly informed about implementation of improvements they have asked for. At different levels of the educational process information is collected, processed, analysed and conclusions are implemented.

Conclusions

The standards on teacher and student feedback are fully met.

Sub-area 7.3: Student performance

Standard:

7.3.1 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.

Analysis

Globally, 41% of the students who began their studies in the first year at the faculty of medicine between 1992 and 2004 obtained a physician's diploma. The first year acts as a selection year with a low average pass rate (35%). From the second year onwards the pass rate is about 90%. At the first session of the EFMH in 2011, the pass rate of the students of Geneva was 97.5%.

Conclusions

The standards on student performance are fulfilled. However, the problem of the first year, acting as a selection year, with a very low pass rate, asks for a fundamental review of the selection of students at the start of the undergraduate curriculum. The expert panel strongly recommends including this reflection in the overall strategic plan of the faculty, ideally cooperating with the universities of Lausanne and Neuchâtel which are facing analogous problems.

Sub-area 7.4: Involvement of stakeholders

Standard:

7.4.1 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.

Analysis

The different levels of governance demonstrate clear leadership and appropriate constitution of the decisional bodies. Academic staff is represented at the different levels of the committees involved in the educational process. Students also have their representatives in the same committees. However, there are almost no external stakeholders involved in the whole process. The Participative Council is internal to the faculty, composed of faculty-members and students. There is a need to examine how a wide range of community and health services stakeholders could be involved, e.g. in the Participative Council.

Conclusions

The standard on involvement of stakeholders is partially fulfilled. There is an appropriate representation of members of the faculty. The expert panel mandates that efforts be made to involve stakeholders from the community and health services facilities (health professional organisations, NGOs, other health care agencies, companies, international organisations and other potential stakeholders) in the activities of the medical school, including its structures that contribute to governance and advice curriculum development.

Area 8: Governance and administration

Sub-area 8.1: Governance structures and functions

Standards:

- 8.1.1 Governance structures of the faculty of medicine and their functions are defined, including their relationship within the university and to the university hospital.
- 8.1.2 The faculty of medicine has a strategic plan.
- 8.1.3 The academic staff participates in decision-making processes concerning teaching and research.
- 8.1.4 Decision-making processes, competencies, and responsibilities are communicated to all participants.

Analysis

The 3 main authorities of the faculty of medicine are the Dean's Office (executive body), the Participative Council (participative body), and the "Collège des Professeurs". The new "Règlement" clarifies the relationship between staff members, the faculty and the University Hospital.

As mentioned earlier, the faculty of medicine has no explicit clear strategic plan.

Conclusions

The standards on governance structures of the faculty of medicine and their functions, including relationship with the University and the University Hospital, are fulfilled. The same applies to the standard on academic staff participation in decision-making and on the communication of decision-making processes, competencies and responsibilities to all participants. However, standard 8.1.2 "The faculty of medicine has a strategic plan" is not fulfilled. The expert panel mandates that by the 1st of July 2013, a clear strategic plan should be developed to guide the evolution of its programmes and activities in the years ahead.

Sub-area 8.2: Academic leadership

Standards:

- 8.2.1 The responsibilities of the academic leadership of the faculty of medicine for the medical study programme are clearly stated.
- 8.2.2 The academic leadership is periodically assessed with regard to the fulfilment of the mission and objectives of the faculty of medicine.

Analysis

The responsibilities of the academic leadership are clearly stated. The faculty's organisation allows a continuous adaptation of the curriculum and provides adequate authority to implement changes. Coordination between the BA and MA Curriculum Committees can be improved. There is regular assessment of the leadership.

Conclusions

The standards on academic leadership are fulfilled.

Sub-area 8.3: Administrative staff

Standard:

8.3.1 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.

Analysis

Regarding teaching, the faculty can count on a core of highly competent and committed members of the administrative staff. They are very active and important agents in the curriculum implementation process. Moreover, they act as links between staff and students, when appropriate.

Conclusions

The standard on administrative staff is fulfilled: the staff is sufficient, very motivated and guarantees efficient curriculum implementation.

Sub-area 8.4: Educational budget and resource management

Standards:

8.4.1 The faculty of medicine has clear authority and responsibility for the study programme and its financing. This includes a dedicated educational budget.

8.4.2 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.

8.4.3 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.

Analysis

It was quite difficult for the expert panel to gain some idea about the educational budget and resource management. There is no clear, identified, earmarked, educational budget. The Educational Committee has 1 million CHF to spend on education. As far as the expert panel could see, the total budget of the faculty is somewhere around 160 million CHF, with another 120 million CHF as input from the hospital for education and research. A substantial fraction of the salary budget is assigned to teaching. There is a running budget for teaching, which pays for the contribution of private practice of primary care physicians in the education of the students, and for the expenses of health care facilities and hospital settings outside the university hospital that accept students for clinical rotations.

Conclusions

The standard on sufficient autonomy to direct resources is fulfilled. The standards on a dedicated educational budget, and on a transparent financing system for teaching, are

partially fulfilled. The expert panel recommends that the faculty increase the transparency of the way resources are spent respectively for education and research.

Sub-area 8.5: Interactions with the health sector

Standard:

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

Analysis

The faculty of medicine mainly has a relationship with the health sector via the university hospital. Moreover, there are collaborations with many private medical practitioners and with the international health sector. There are plans to create a centre for interprofessional training in clinical skills and new master degrees in integrated care, which really will have an added value. From the information the expert panel could gather, there is place for improvement in interaction with the health sector. The faculty could adopt a more open, externally-oriented approach to other stakeholders in relation to health and health care in the society.

Conclusions

The standard on collaboration with the health and health-related sectors of society and government is partially fulfilled. The expert panel recommends that the faculty develops a clear strategy to improve its social accountability as defined in the "Global consensus on social accountability of medical schools"⁹. This would create opportunities for interaction with a lot of stakeholders in the society.

⁹ <http://healthsocialaccountability.org/>

Area 9: Continuous renewal/quality assurance

Standard:

9.1.1 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.

Analysis

Taking into account the major changes that have been realised in the curriculum of the last 5 years, the institution really demonstrates an effort to carry out continuous renewal and quality assurance.

Conclusions

The standard on continuous renewal and quality assurance, updating structure and functions, is fulfilled.

4 Compliance with legal requirements

- LPMéd art. 24, para. 1 a and b.

Art. 24 (Loi sur les professions médicales, LPMéd) Filières d'études

1 Une filière d'études devant mener à l'obtention d'un diplôme fédéral est accréditée si elle répond, outre à l'exigence d'accréditation prévue dans la LAU aux critères suivants:

- a. elle permet aux étudiants d'atteindre les objectifs de la formation à la profession médicale universitaire qu'ils ont choisie;*
- b. elle permet aux étudiants de suivre une formation postgrade.*

The study program on human medicine of the faculty of medicine of the University of Geneva, is in accordance with the legal requirements.

5 Conclusions

Strengths, weaknesses and suggestions for improvement

The expert team is fully aware of the impressive achievements of this faculty at different levels, but recognises that, quite often, the legal and organisational framework hinders further developments. The absence of a selection test before the beginning of the first BA year is one example, the challenges for the development of a comprehensive primary health care system with family physicians in Switzerland is another illustration.

The expert panel invites the faculty to reflect on its role in the societal and political debate, in order to explore what strategies could be developed and what evidence could be brought in, for the improvement of the systems the faculty and the society have to work with nowadays.

The expert panel very positively assesses the strongly integrated nature of the curriculum, with a high degree of flexibility to adapt to new circumstances. The permanent monitoring of process and outcome by UDREM is used as an opportunity.

Also the broad scope of the education, looking at the biomedical, psycho-social, ethical and societal dimensions, is highly appreciated. However, we would like to invite the medical and dental program to reflect and formulate its ambition in a clear mission statement that identifies the unique position this program has: the typical features of the Geneva-trained physician. Undoubtedly, the strategic position of Geneva could inspire the faculty to include a perspective on global health, illustrating the social accountability of this institution.

Moreover, the faculty needs to define a strategy to structure and strengthen its links with external stakeholders such as community organisations, industry, NGOs and health services and providers. Adapting the distribution of different human resources (specialists, family physicians and others) is advisable, orientating the numbers required to train in the different specialties to the future needs of society. This will imply an improvement in the selection procedures and motivating students for careers in family medicine. The experts are impressed by the efforts made by the Family Medicine team, but advise the faculty to double the capacity of this group, to upgrade the current unit to become a full "Department of Family Medicine and Primary Health Care" and to invest in PhDs in family medicine. Moreover, capacity for clerkships in family medicine in the 6th year should be increased, and every student should stay at least one month in primary health care during the undergraduate training.

The experts congratulate the faculty on the way they take care of their students, with an important role for the student advisors. Strategies for improving international student mobility could be explored. A faculty Alumni group should be created, and alumni should be offered the opportunity to keep their university email address. This would facilitate career follow-up and statistical analysis of the outcomes of their undergraduate studies.

Although there is a strong research-component in the whole faculty, strategies to improve the communication with students regarding research are needed.

The expert panel appreciates the efforts made to clarify the relation between hospital and university through the new "Règlement". However, it is advisable to look at the situation of the intermediate staff and find ways to improve their recognition and career development.

The expert panel acknowledges the change processes in follow-up of the 2006 visit. The current challenge will be to reflect on the role of the faculty in addressing the external boundaries and taking the necessary steps to become a "change-agent" in the university landscape in Switzerland.

By doing so, the institution can play a leading role in contributing in Switzerland to the realisation of relevant, equitable, high-quality, person-centred, sustainable, cost-effective and innovative health care.

Recommendation on accreditation

The expert panel advises that the study program in basic medical education of the faculty of medicine of the University of Geneva should be accredited for 7 years, with the following conditions:

1. The faculty must engage in a process of formulation of a clear "mission statement" that highlights the uniqueness of the position which the medical faculty of the University of Geneva wants to take with its medicine training program. Coherently with its mission statement, the faculty must develop a strategic plan to guide the evolution of its programmes and activities in the years ahead.
2. The faculty must take steps to increase the engagement of external bodies (health professional organisations, NGOs, other health care agencies, companies, international organisations and other potential stakeholders) in the activities of the medical school, including its structures that contribute to governance and advise curriculum development.

The expert panel advises that the two conditions should be fulfilled by the 1st of July 2013.