Hungarian Accreditation Committee (MAB)

site-visit team report based on WFME 2020 standards

University of Pécs,

Medical School

general medicine programme

Annex to Decision No. 2021/10/V. of the MAB BOARD

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I. Accreditation proposal

University of Pécs **Medical School**	**DECISION NO. 2021/10/V.** **Accreditation of the undivided general medical training of the medical school** **–** **valid from March 3, 2022, to March 3, 2030.**

Based on the self-evaluation report of the medical school and the site visit, it can be concluded that general medical education at the Medical School of the University of Pécs, with regard to the WFME 2020 (World Federation for Medical Education) standards, is found to be

- **compliant** with the minimum criteria (educational programme, selection of academic staff, admission of students, educational infrastructure, clinical training resources, structure and organisation, organisational units supporting the operation of the medical school and its educational and academic activities),
- **partially compliant** with the quality assurance processes (mission statement, development and review of the educational programme, quality assurance of assessment),
- **compliant** in terms of support processes (educational, teaching and pedagogical methods used to deliver the educational programme, system of assessment, student support system, performance, training and development of academic staff),

and thus it can be granted an 8-year accreditation for a period from 2021 to 2029, pending a monitoring procedure combined with a site visit to be completed by 31 December 2025. The monitoring process shall primarily examine the institutional measures taken on the basis of the recommendations of this report and their effectiveness.

II General overview of the institution

The University of Pécs (hereinafter: University), situated in Western Hungary, is one of the largest higher education institutions in Hungary with 20,000 students, 1,400 lecturers and researchers, and 10 faculties. Dating back to 1367, its predecessor was the first university in Hungary. The Medical School of the University of Pécs (founded in 1918) (hereinafter: Institution) is one of the four medical training institutions in Hungary. Its medical graduates make up almost a fifth of Hungary's new physicians each year.

A total of 3,500 students are enrolled in the undivided general medicine course at the Institution studying in Hungarian, German and English. The institution has 19 theoretical institutes, and 28 clinics, with more than 500 doctors, researchers and specialists, 74 academic doctors, and 5

members of the Hungarian Academy of Sciences (MTA). In addition to the gradual training programmes in General Medicine and Dentistry, the institution offers master's programs in Biotechnology, PhD training, and specialist training. The Institution's experts are members of organisations of the Hungarian Academy of Sciences, the Egészségügyi Szakmai Kollégium (colleges of medical professionals), professional societies, and accreditation bodies. The Institution's health care organisations and clinics, which operate independently of the Institute as separate legal entities, are crucial components of the region's health care system.

The ranking of the University and the Institute in international rankings is good (https://international.pte.hu/international-relations/international-rankings). In the latest thematic world rankings published by the British Times Higher Education (THE), the University is ranked between 801 and 1000, and is among the top 500 universities in the clinical and health sciences (401-500).

A significant change in the operation of the university at the time of the evaluation is that from August 1, 2021, the maintainer of the University has changed. The Universitas Quinqueecclesiensis Foundation (asset management foundation) took over the maintenance of the University from the Hungarian State. The change of maintainer affected not only this university, but also 10 other higher education institutions. Including the University of Pécs, a total of 21 formerly state-run institutions have become foundation-run (the process of structural change) since 2020. According to the higher education public policy expectation towards the new maintainer system, higher education institutions shall operate efficiently and economically, delivering competitive, high-quality higher education programmes to students, responding to the needs of the labour market.

With regard to the University and the Institution, the founding charter of the Institution defines the powers and rights of the maintainer (foundation) strictly in accordance with the law, guaranteeing the autonomy of the University and thus of the Institution, the authority of the University, and the responsible management of the University. The site-visit team concluded that the change of legal framework did not affect the functioning of Medical Education in Pécs, and that its powers are clearly defined with respect to the right to make decisions regarding strategy development and research strategy.

Medical education is nationally conducted according to uniform principles, in accordance with the programme and outcome requirements, in the pursuit of excellence, incorporating the latest advancements in science and technologies. The Institution places great emphasis on providing practice-oriented education throughout the training programme. In recent years, practice-oriented education has been fostered by significant procurement efforts in terms of equipment, as well as infrastructure development projects.

The leadership of the Medical School is committed to high quality education, research, and patient care. It is furthermore committed to the pursuit of excellence, and to nurturing and developing its human resources.

III Evaluation

III/1 Mission Statement

Evaluation:

The Institution has a mission statement that is publicly available in all languages of instruction (Hungarian, English, German). The Institution's mission statement, available at the time of the evaluation, was formulated in 2020. PotePillars, the Institution's strategic plan, is integral to the re-formulated mission statement. This document outlines the medium-term development directions of the Institution, defining the main interrelated pillars of the strategy. From the pillars, the so-called "Learning Culture Concept" has been developed and formulated as a strategy document, while elements of the other three pillars ("Science and Innovation", "Well Being", "Built Environment"), which are in line with the Institution's mission statement, have been defined by the Institution. With regard to institutional awareness, the elements of the PotePillars document are known to staff beyond the upper and middle management level, meaning that lecturers, students, as well as non-teaching staff are aware of it and embrace its contents.

The Institution operates its quality management system according to the ISO 9001:2015 standard. In this ISO-based approach, the Institution treats its mission statement as part of its quality policy document system, and not as a core document. The mission statement is a high-level document that underpins the operating principles of the quality management system, as well as the quality policy and the quality objectives themselves.
The institution adopted this revised mission statement in 2020, while its quality policy statement was adopted in 2018. On the whole, the contents of the two documents are consistent with each other, but the 2018 Quality Policy Statement has not been aligned with the 2020 Mission Statement and the conceptual framework of the PotePillars.
The mission statement is in line with the institutional mission statement, and the core values of institutional quality management.

However, the role the Institution plays in its local, social context, and in the context of national, European and global medical education, from the point of view of external and internal stakeholders, is not explained clearly and specifically in the statement. On the basis of the interviews, it can be concluded that the Institution's role directly, as a health care provider, and indirectly, as a health care professional training institution, is substantial taking into account its size. Furthermore, through its professional relationships and associations (e.g. its consultant role in decision-making mechanisms concerning the health care system and medical education, or its role in professional associations and bodies), it also plays a profound regional, professional, and social role.

A further observation can be made about the content of the mission statement. It is recommended that the document make specific, rather than general statements, as it does currently, in order to facilitate the incorporation of the specific details of the educational programme's design, review and quality development processes. At the moment, with regard

to the delivery mechanisms of the Institution's two aforementioned tasks, the content of the mission statement is too abstract, and it is difficult to understand. Regarding these tasks, it is essential that specific development goals and quality objectives can be derived from the mission statement.

Overall, the content of the mission statement clearly defines the strategic thinking of the management and creates a comprehensive culture of quality in the Institution. The foundations of this quality culture are established by active relationships between management, lecturers and students, reflecting an open, common set of values and goals. Moving beyond these informal relationships, it is also essential to document how stakeholders were involved in the development of the content of the mission statement, PotePillars, and the quality policy documents, and how stakeholders can submit their comments to management upon reviewing these documents.

Recommendations:

- the harmonization of the content of the mission statement, the PotePillars concept, and the quality policy statement, taking into account the core values of the Institution's quality management,
- a more specific re-formulation of the general statements made in the mission statement, as set out in the evaluation above,
- documenting how stakeholders can get involved in the development and review processes of the above documents (mission statement, PotePillars, quality policy).

III/2 Educational programme

Standard 2.1: Educational programme

Evaluation:

The course descriptions (model curriculum) and programme description of the General Medicine training programme are publicly available and are kept up to date with respect to the academic year 2021/2022. In terms of content, it complies with the current programme and outcome requirements for domestic medical education. It enables the acquisition of the necessary knowledge, professional skills, competences and attitudes set out by the document.

The components of medical knowledge, skills, and competences, as defined in the programme and outcome requirements, are fully covered by the modules of the basic, pre-clinical, and clinical subjects of the model curriculum. Specific disciplines are integrated into them in the appropriate form, proportionately to the specificities of medical education and the medical profession. The structure and content of the educational programme clearly ensures that students acquire the appropriate clinical skills. Topics relating to health care, law, economics, and management are available to students as elective subjects. In addition to compulsory

professional knowledge, the Institution offers its students a wide range of courses to acquire deeper knowledge in terms of various medical professions, by taking courses according to their chosen specialisation.

Although it was not sufficiently underscored in the self-evaluation report, the interviews showed that the expected learning outcomes set out in the educational programme fit the Institution's role in the regional health care system: it can ensure a supply of well-trained doctors with up-to-date knowledge.

Recommendations:

- highlighting the impact of the Institution's regional role, and of its social role on the educational programme, in line with the renewed mission statement.

2.2 Standard: Development and review of the educational programme

Evaluation:

The Institution has presented the policies and procedures regulating the adoption and review of the educational programme. In relation to the review process of the present regulatory framework, the site-visit team gathered the additional information needed to gain a complete picture of the process presented in the self-evaluation document through the interviews it conducted with the directors of the institution, heads of department, and lecturers.

The educational programme is reviewed annually: the curriculum and syllabi are updated, modified as necessary, new courses are launched upon submitted requests. The tasks and roles of the department/institute heads, the course directors, and the lecturers are clearly incorporated into the process (professional needs, integration of new knowledge, new technologies, etc.). The committees involved in the evaluation and decision-making process have an appropriate balance between lecturers and students, and the levels of decision-making are well identified. An important role in this process is played by the Educational Development Committee of the Student Self-Government, the Curriculum Committee, which is also the decision-preparation forum of the Faculty Council. The Committee verifies compliance with the evaluation principles set out in its Rules of Procedure before presenting the results of the overall review process. In the case of non-compliance with the conditions set out in the Rules of Procedure, or in the case of multiple conditions set out therein being satisfied (syllabus, purpose of the course, justification, duration, course overload of the curriculum, examinations, previous courses not properly advertised or not properly completed, student feedback, opinions), the modification of the educational programme cannot be submitted to the Faculty Council. On the one hand, the Educational Development Committee, provides data from its own data collections, participates in the planning process, and has the right to consult.

The process operates on a regular basis, several documents contain related provisions. A process description providing an overview, and a diagram could help to become familiar with and understand the process better. New scientific discoveries and feedback from the labour

market have an obvious impact on the revision of the content of the educational programme at the level of the department heads/institute directors, and course directors. It is recommended that these aspects be directly included in the examination criteria used by the Curriculum Committee.

The Institution reviews its educational programme based on faculty data collections, according to the criteria set out in the Curriculum Committee's rules of procedure.

The distribution of credits, and the vertical and horizontal arrangement of each subject according to the course prerequisites is in line with the programme and outcome requirements. In addition to the compulsory subjects, the Institution ensures that students can acquire specialist knowledge in the form of compulsory or elective subjects by completing additional courses imparting skills and approaches.

Recommendations:

- a clear overview describing, and a chart illustrating the review process of the educational programme,
- the incorporation of new scientific discoveries and labour market feedback into the review criteria,
- an overview of the large number of elective courses in order to support optimization in terms of content and quantity.

Standard 2.3: Educational methods used to deliver the educational programme

Evaluation:

The first of pillar of the PotePillars strategy, the Learning Culture, has been formulated as a comprehensive strategy document.

The Learning Culture concept does not only focus on teaching methods, but it presents a complex method by linking several areas. The development of the concept took nearly a year, involving a number of working groups made up of lecturers and students. The concept was fully completed in March 2021, the implementation phase is now in progress. Based on the interviews, the site-visit team is convinced that the heads of departments, directors of institutes, lecturers both in the institution and in the clinics are familiar with this document, and that its elements are continuously and gradually introduced within the possibilities the subjects they teach.

Components of the concept: organisational culture and personal development, strengthening student engagement and responsibility, empowerment of academic staff, building motivational systems, new possibilities in pedagogical methodology, digital learning spaces, PotePedia.

All components of the complex concept interact with each other and thus can contribute to the development of teaching and pedagogical methods used to deliver the educational programme. Three components can be highlighted that are directly of interest with respect to the standard:

the new pedagogical methods component, the pedagogical courses component from the category of empowerment of academic staff, and the digital learning spaces component.

Presently, the new pedagogical methodology component lists the methods of teaching that help to move away from frontal instruction. This goal is facilitated by the development of a streaming system and the use of AR/VR educational content. The latter methods, applied in the basic modules, can help to develop three-dimensional visual skills and better spatial understanding of certain structures and processes, while in clinical education they provide an opportunity to demonstrate the procedures and interventions taught in the courses from the physician's point of view.

PotePedia, the Institution's multilingual learning content system, where lectures are available in text and audio formats, together with tutorial videos, also supports the application of novel pedagogical methods, and effective learning outcomes. The learning content system is enhanced by the fact that connection between the various disciplines are presented in a network demonstrating the logical connections and connected information.

Even before the implementation of the new concept, the Institution widely applied problem-oriented education, small group education, case-based teaching, technology-supported methods, as well as medical simulation. The effectiveness of these methods is measured on the basis of exam results. Based on the system of developing and revising the learning content of the subjects taught, as described in Section 2.2, the selection and revision of the form of teaching and pedagogical methods are the responsibility of the course director.

Among the components of the new concept, the pedagogical methodologies component is directly relevant to the present standard, it requires the development of pedagogical methodologies that can be assigned to each form of education.

Recommendations:

- testing the applicability of the components already developed within the framework of the Learning Culture concept,
- formulating comprehensive descriptions of the pedagogical methodologies which are to be applied to each form of education.

III/3 Evaluation processes of the educational programme

Standard 3.1: System of assessment
Evaluation:

Regulations and rules regarding the evaluation processes and requirements are available on the Institution's website. The completion requirements of each subject can be found in the course descriptions. In addition to the rules and regulations of the assessment system, students also receive information and documents necessary to fulfil their study obligations from the Registrar's Office: the schedule of the academic year, the model curriculum, course descriptions, the requirements of the professional practices, language and various general

requirements. A separate system of requirements regulates the criteria of the rotational year, practice places, the examinations during the rotational year, the formatting and substance related specifications of the thesis, the procedure of the final examination, organisational and management requirements, and the assessment criteria. All documents are available on the Institution's website in all languages of instruction.

The assessment requirements of each subject are defined by the course directors. Thus, the review and modification of these requirements are also part of the processes described in Section 2.2 and are therefore carried out in accordance with the stipulations of Section 2.2, also including the Educational Development Committee in the process.

Teaching experience and examination performance indicators play a profound role in shaping expected learning outcomes, as well as assessment principles and methods. The development of assessment principles and methods has no methodological background at the institutional level, but rather it largely falls under the authority of the institutional or clinical unit that is responsible for the particular subject, taking into account the content of the curriculum. The content of the educational programme is aligned with the programme and outcome requirements, however, the study content is extended in a way that shows divergences from the entire model curriculum (e.g. the content of basic modules is relatively stable). On the one hand, it can be conceded that developing a uniform assessment methodology for the entirety of the training content is undoubtedly difficult. On the other hand, however, the issues of developing transparent assessment methods, forms of assessment, and assessment levels could be incorporated into the topics of lecturer involvement, motivation systems, or innovative pedagogical methodologies within the complex system of the Learning Culture concept described in Section 2.3. This would certainly support the objectives and effectiveness of the concept.

The nationally standardised, centralised written examination system concluding the rotational year helps to ensure uniform compliance with the programme and outcome requirements. The National Committee for Final Examination in Medicine and Pharmacology organises and conducts the written final examinations at the four universities which offer programmes in medicine and pharmacology. The exams take place at the same time, and comprise the same set of questions. All medical training institutions in Hungary participate in the development of the test questions for this examination. All Hungarian medical training institutions can submit questions to the so-called "test bank" via the Committee's website, and students can familiarize themselves with the questions in advance. This process supports both student preparation and output quality.

All in all, the assessment criteria are clear and unambiguous thanks to the transparency of the assessment and examination requirements (availability, up-to-dateness), and to the availability of regulations and additional information supporting the fulfilment of other study obligations related to the assessments. The methodological links between the forms of assessment and expected learning outcomes should be further developed.

Recommendations:

- incorporating the methodological components related to assessment processes into the components already developed within the framework of the Learning Culture concept.

Standard 3.2: Quality assurance of assessment
Evaluation:

The unified institutional system of quality assurance of evaluation processes is related to the process of reviewing educational programme content. The examination performance indicators are not analysed or summarized at the institutional level, but rather they are tracked by the various organisational units (departments, institutes). In addition to the exam performance indicators, within the framework of the student feedback on teaching activity (Feedback system), students have the opportunity to offer feedback on the exams 24 hours after the particular exam was taken for the duration of a month beginning at the end of the exam period. This feedback is similarly available to heads of organisational units.

In this matter, with regard to the quality assurance processes of the Institution, the joint analysis of the overview of the performance indicators of the assessment processes and student evaluations should be further developed, furthermore, recommendations should be formulated for the heads of the organisational units that perform educational activities.

Analyses regarding the effectiveness of the evaluation processes can support the development of the evaluation methodology set out in Section t 3.1, as well as the creation of institution-wide recommendations for the revision of the evaluation criteria. It is necessary to note here as well that it is possible to develop the review criteria for the assessment system at the institutional level in compliance with the learning outcomes and outcome objectives set out in the programme and outcome requirements due to the divergences, observed throughout the entire training content system, between individual subjects in their expected learning outcomes and outcome objectives.

Recommendations:

- The joint analysis of the overview of the performance indicators of the assessment processes and student evaluations should be further developed, furthermore, recommendations should be formulated for the heads of the organisational units that perform educational activities.

III/4 Students

Standard 4.1: Admission and selection of students
Evaluation:

The Organisation and Functional Order (SZMSZ) and its annexes, available on the Institution's website, contain the current admission requirements for both Hungarian and foreign-language courses. In addition to Hungarian, the Institution has separate websites on issues related to admission in both English and German as well. In addition to the admission requirements, further information is available here that helps students in making their choices with regard to housing, financial aid, and scholarships. In addition to information on admission, the "Frequently Asked Questions" section provides practical answers to the questions most frequently asked by applicants, in Hungarian, English and German as well.

The rules for transferring, and transfer admissions are explained in detail in the general provisions of the Code of Studies and Examinations. The special rules for transferring to an undivided medical training programme, which differ from the general rules, are set out in detail in Annex 2 of the Code. These special provisions can also be found on the website of the Registrar's Office of the institution in the "Transfer" section. Admission decisions are made by the Educational Committee of the faculty that the student transfers to, in accordance with the provisions of the regulations and the rules of procedure. The requirements regarding the fulfilment of study obligations, such as deferral and other issues affecting student status, are also set out in the Code of Studies and Examinations, Code of Charges and Benefits, and their annexes issues by faculties/institutions in all languages of instruction.

Students comprise 50% in the institutional Educational Committee, as such, student feedback is ensured in the interpretation and application of the aforementioned regulations. The members of the student government who participate in these committees are well-prepared, have extensive knowledge on training, and are active in shaping the regulatory processes affecting the academic obligations of students.

4.2 Standard: Student Support System
Evaluation:

From admission to final examinations and beyond (under the UP ALUMNI programme), the Institution has a complex human, social and financial support system covering the entire student life cycle.

At the Institution, financial support provided on a social basis is available through a tender at the beginning of each semester. The application conditions can be found on the Institution's website. The social support system also includes dormitory housing for students, which is well managed under normal circumstances, however, due to the renovation works on Balassa College, there is currently a 40% oversubscription, thus not all students can get a dormitory place who need one.

Under the dual support scheme for academic performance, students receive a scholarship for their engagement in the Undergraduate Research Society. Higher-year students can participate in teaching lower-year students as demonstrators (teaching practices and seminars), for which they may receive remuneration. Based on student feedback, it is timely to increase the rate of remuneration for this activity in view of the remuneration for the same activities at other medical training institutions.

The participation of the Student Self-Government in the decision-preparing and decision-making bodies of the Institution is ensured by regulations. The Institution is open to fostering student interests in its operational processes, including the design and operation of student support systems. In this area, the student government has broad autonomy and competence (within the framework of the relevant institutional and legal provisions) in the development, and operation of the relevant tenders, and in the resource allocation, in addition to the management of the procedures laid down in the regulations (social grants, dormitory admission, academic grants).

The system of student support programs operated locally (at the faculty), and the support programs available at the university-level are exemplary. The well-being of the students is of paramount importance to the management of the Institution. The student self-government, lecturers, and the management of the Faculty work closely together in the operation of the support programmes. Ensuring student well-being is the fourth pillar of the PotePillars concept. The various support programmes are well known to both lecturers and students, and in several cases, during the interviews, the mental assistance programmes, student groups, and other events supporting learning were cited as examples.

In addition to the strategic articulation of the objective to preserve and maintain physical and mental health, and the formal operation of the programmes, the site-visit team was convinced that the Institution's academic and student communities are active participants in these programmes, helping to shape and operate them.

The Student Self-Government monitors student satisfaction regarding these support systems too, and provides a feedback system for students to express their opinions. Currently, this element is not emphasized in the organisational framework of the quality assurance system of the Institution.

Recommendations:

- It is recommended that the collection of the feedback on the entire student support system, and its sharing with organisational units participating in each form of support, is incorporated into the institutional quality assurance task system.

III/5 Academic staff

Standard 5.1: Selection of academic staff

Evaluation:

A separate institutional regulation contains the conditions for filling each teaching position, the criteria of promotion, and the procedure for assessing applications for each position. This institutional regulation is in line with the general provisions of the university employment requirements system, complies with the provisions of the National Higher Education Act on teaching positions, and with the HAC's accreditation requirements for staff.

To deliver the sample curriculum, the Institution has the appropriate number of academic staff with adequate qualifications. The number of students, the subjects taught, the workload, the needs of lecturers related to the forms of education arising from the nature of the given subject, and the sectoral professional minimum conditions prescribed for health care providers are taken into account in determining the required number of lecturers.

The number of lecturers was clearly summarized in the table attached to the self-evaluation report, including the data on each teaching position. The dean's leadership is clearly committed to valuing and developing human resources.

With regard to the various scientific and clinical disciplines, the course load, and the requirements of the particular subject are monitored, in the process of which the feedback and the satisfaction indicators play an important role. The faculty composition and headcount analysis support managerial decision-making processes.

Standard 5.2: Performance, training and development of academic staff

Evaluation:

There is no single document that would describe the duties of lecturers for each position. The duties of lecturers can only be discovered and deduced from the Code of Studies and Examinations. The Code of Studies and Examinations is a regulation formulated from the point of view of student learning requirements. Therefore, the creation of a document is recommended which lists the various duties of academic staff in relation to each teaching position, formulated from the employer's point of view.

The regulations for the evaluation of institutional performance form an annex to the system of the University's employment requirements. The regulations are up-to-date and publicly available. The evaluation comprises two pillars. Written self-evaluation every six months, managerial evaluation and the in-personal discussions about these (quality, quantity, meeting deadlines, personal competences, as well as setting goals and objectives (additional tasks) every six months and defining managerial support for these) and exploring motivations. The process is clear, its conditions are known to the lecturers. An online interface is also available for this, which lecturers and evaluators can log into with unique IDs, access authorization levels are defined. A guide is available for both using the interface and for the evaluation process.

Important areas of the performance evaluation process are the quantitative and qualitative indicators of education, the publication and citation data, scientific grants, and indicators of activities in science popularization. In addition to the lecturers, students also participate in the process (Faculty Committees, Faculty Council).

The change in operational structure and the human resource-centred approach of the institutional management support the widespread acceptance of the performance evaluation system. Without exception, every lecturer interviewed was able to reference the aspects and process of performance evaluation, confirming the importance of this system.

The institution has its own Code of Conduct, which contains ethical requirements not only for teaching, but also with regard to, for example, student assessment.

The training of lecturers and in-service trainings are conducted as educational development trainings, and various other courses such as the "Modern Teaching Methods Course". This course was integrated into the promotional system of the Medical School in the autumn of 2020, as a requirement at this time for university teaching assistant and senior lecturer positions. The integration of pedagogical training into the professional promotional system supports the effective implementation of the PotePillars Learning Culture Concept. To make the process effective, it may be appropriate to integrate trainings and courses into the promotional system for other positions.

Recommendations:

- defining the various components of the educational tasks in relation to each teaching position in a single document,
- the training of trainers, further maintenance and continuous development of the programmes.

III/6 Infrastructure

Standard 6.1: Educational infrastructure
Evaluation:

The Institution has the necessary infrastructure conditions for the successful delivery of the programme and outcome requirements, and it continuously develops its infrastructure along clear ideas, strategies and plans. One of the most important stages in this infrastructure development is a new building dedicated to education and research which was recently handed over at the opening of the 2021/22 school year, in the framework of the Modern Cities Program, with two large lecture halls seating 334 people, two smaller lecture halls (92 people), and 34 seminar rooms. The building also includes additional spaces supporting student learning, and service units (e.g., a restaurant). The number of rooms used for medical training exceeds fifty in total.

In general, classrooms are equipped with modern multimedia systems (projectors, local computer systems, large monitors, sound systems, audiovisual systems, etc.), many of which have only recently been installed. Internet access (via WiFi network) is provided for both instructors and students at multiple authentication levels. As an interesting on-demand service, 3D-printed models (e.g., anatomical models) can be ordered by students online. Education is directly assisted by the Department for Technical Support of Education, which ensures and monitors the availability of modern technologies in central education units.

Medical education, as well as medical research, is supported and served by the Mihály Pekár Medical and Life Sciences Library, which is part of the network of the University Library and Knowledge Centre, which was completely renewed a few years ago. The library is open to students 83 hours a week, and it provides access to modern scientific databases.

The institution has strategic plans to develop and maintain its educational infrastructure, these ideas are reflected in the recently drafted PotePillars strategic plan. The Institution collects information on the efficiency of the educational infrastructure (condition, quality) on the basis of the feedback from the Department for Technical Support of Education, and also on the basis of student feedback. These are primarily used in planning (budgeting, procurement) processes.

Recommendations:

- maintaining the systematic development of educational infrastructure,
- making the library and the reading rooms accessible 24 hours a day.

Standard 6.2: Clinical training resources
Evaluation:

The Institution has the necessary staff and infrastructure conditions to impart clinical skills. This is facilitated by effective and harmonious cooperation with the Clinical Centre. The centre of clinical education is the Janus Pannonius Clinical Centre, which was completely renovated and modernised a few years ago, and offers the highest standards of medical health care. During the renovation of the Janus Pannonius Clinical Centre, small patient rooms were created according to current expectations. A clinical education centre, which includes a large clinical education centre, seminar rooms and patient demonstration rooms, has replaced the small rooms that were previously used in the clinical wards for case presentations and teaching small groups. Teaching in small groups (3-5 people) of students was better served by the previous design. It would be advisable to find a way to better facilitate such teaching activities under the current circumstances. It is also important to develop block-scheduling classes, which provide students with the opportunity to encounter not only theory, but also real patient pathways and patient-related decisions. It is important to control the quality of the teaching hospitals, which requires the systematic application of the Students' Evaluation of the Teaching Activity system in the teaching hospitals as well.

On the basis of teaching capacity in the clinical practice, the institution draws on external teaching hospitals to help run the summer clinical practices (nursing, internal medicine, surgery), as well as the sixth-year clinical training. A list of teaching hospitals is available on the Institution's website.
The Institution maintains regular contact with the teaching hospitals, and students have the opportunity to provide feedback on these practices in the form of questionnaires. The connection to the teaching hospitals is strengthened by the Hova Tovább?! (Where to go next?) event which helps graduating medical students. During the event, students can listen to talks where the teaching hospitals introduce themselves.
The acquisition of clinical skills is facilitated by the Simulation Education Centre (MediSkills Lab). The MediSkills Lab operates in the Központi Elméleti Tömb (Theoretical block). The main task of the Lab is to develop and improve the manual skills of undergraduate, graduate, and postgraduate medical students and physicians. Its tasks include delivering compulsory, elective, and optional courses as well as meeting the training needs of external partners. Its state-of-the-art technological tools are of the highest quality by international standards, including high-fidelity (HI-FI, high fidelity) simulators, equipment using 3D technologies, and innovative demonstration tools. Its IT and audiovisual systems, using "Smart" solutions, have been custom developed to facilitate interdisciplinary, complex simulations. Educational activities in the MediSkills Lab are supported by a specialist demonstrator programme.
Detailed information on clinical education is available on the Institution's website, both as part of the model curriculum, and as part of the requirements for specific summer clinical practices.

Recommendations:

- fully developing and systematically extending small-group-based education to all clinical subjects,
- developing block-scheduling classes,
- extending the use of the Students' Evaluation of the Teaching Activity survey to teaching hospitals.

III/7 Quality assurance

Standard 7: The quality assurance system of the medical school
Evaluation:

The Institution operates a quality management system in accordance with the MSZ EN ISO 9001:2015 standard (hereinafter ISO). It regularly carries out the annual external and internal audits necessary for the operation of the system and complies with the requirements of the standard. The Institution has its own independent quality policy document. This document is dated 2018. It has been noted in Section 1.1 that the document needs to be updated. The Institution has a medium-term three-year institutional development plan. The institutional development plan is a document, complete with very detailed indicators, but its approach concentrates on funding. Typically, institutions do not set quality objectives independently of

the institutional development plan, complete with together with indicators, not even in the present case.

The institutional quality assurance system includes the testing of compliance with ESG 2015 standards, but the in-depth understanding of the standards needs to be further improved.

The Institution's current leadership has formulated a strategic programme called PotePillars. However, the plan has not yet been broken down by actions or actionable projects, or by educational units. Furthermore, it is also not clearly defined what the Institution means by the qualitative implementation of the strategy and what role the quality assurance organisation plays in it. Following the approximately one-year process of creating the strategy, the Annexes of its Quality Assurance Handbook have not yet been updated with respect to the PotePillars strategy, the results of the compliance test probing compliance with ESG 2015, and the medical education standards of WFME–MAB. This requires a more in-depth development of the content of the PotePillars strategy at the organisational level (the requirements set by the new maintainer may be included here), and a deeper interpretation of the standards.

In several interviews, the site-visit team provided feedback to the Institution that the concept of the ISO system, and the constraints resulting from it may not be able to effectively facilitate the implementation of the PotePillars strategy, and the interpretation and implementation of the ESG2015 and MAB-WFME standards, or support to the achievement of the objectives set out in each pillar. This is also confirmed by the fact that the Institution's quality objectives, methods and actions are limited due to ISO 9001:2015 used as an administrative model. The Handbook is not suitable for the development of PDCA-based procedures for educational programmes and processes. In terms of institutional processes, formally, the PDCA cycle takes place regularly and is repeated within the setting of the Institution's operations, however, the depth (extent) of development of some elements is not homogenous.

The Quality Management and Institution Development Department, the central unit of the Institution's quality management system, which operates with an allocated budget, provides significant support in the quality assurance system. The Department has made significant progress in improving processes, developing operational systems, and improving the student and faculty experience, but in the current framework the Department performs micro-management level tasks, rather than strategic tasks. Obviously, it is necessary to rethink the quality assurance and quality management tasks in the system of planning, implementation and control, and to create an appropriate organisation facilitating these. The role of the 34-member Quality Improvement Committee as a consultative body should also be reconsidered.

The partners, external and internal stakeholders are identified in quality assurance system specifications according to stakeholder groups. Nevertheless, it is not defined how each stakeholder influences the Institution, and what expectations the Institution has towards them. The collection of information and data from the stakeholders is not homogenous, and, apart

from assessing the needs of external stakeholders, it is not clear how these stakeholders are involved in the institutional processes. For example, it is classified as "active stakeholder involvement" if the final examination committee includes a member of an external professional medical organisation who later might even employ the graduate. For example, according to the current rules, external committee members should be invited only from other twinned university faculties.

Recommendations:

- detailed development of PotePillars according to the recommendations made in the report, that is the explanation of what the Institution means by the qualitative implementation of this strategy,
- defining the role and tasks of the quality management organisation system in the implementation of the strategy,
- setting quality objectives,
- developing PDCA-based procedures for educational programmes and education processes, and improving the operation of PDCA-cycles in other institutional processes as well,
- re-considering the further application of the ISO quality assurance system taking into account the observations of the report.

III/8 Organisational frameworks

Standard 8.1: Structure and organisation
Evaluation:

The Organisation and Functional Order that describes the organisational operations of the Institution, is available on a public website in the form of Annex 21 to the University's Organisation and Functional Order. Besides the leadership of the Dean, faculty-level bodies, teaching and research, as well as functional units are involved in its operation. Responsibilities are defined at the regulatory level. The Dean is assisted by the Vice-Dean for General Affairs, Student Welfare and International Relations, the Vice-Dean for Education, and the Vice-Dean for Science, as well as the Dean's Representative for Postgraduate Education. The Faculty Council is a body with decision-making, consultative, proposing, and monitoring powers. It has the power to control education, training, research and professional activities, as well as the institutional quality assurance system. In addition to the Faculty Council, the Dean's Council is a consultative and decision-preparing unit. Student representation in both bodies is proportional.
The operational frameworks of the other educational (institutes, departments) and research units (research groups) within the Institution are defined, thus the powers and responsibilities of the heads of the institutes and departments are well defined.

Educational programmes conducted in a foreign language are overseen by the English Programme Committee, and the German Programme Committee. The English and German Admissions and Student Service Office are responsible for the overall coordination of the admissions process.

The Institution, as a unit of the University, performs its tasks in accordance with the annual budget approved by the maintainer, and the harmonised university-level Funding Plan, approved by the University's Senate. The University's Directorate for Finance and Controlling monitors the allocation of capacities, budgets and the main features of management, according to pre-specified criteria, and regularly informs the heads of the relevant financial management units.

The Clinical Centre has legal personality and is an autonomous health care provider on the basis of an operating licence issued by the state health care authority. Pursuant to Government Decree 524/2020 of 25 September, The Clinical Centre and the University are obliged to agree in an institutional document on the delivery and financing of the professional and operational tasks of clinical training in medicine and health sciences, as well as the operation, management, financial and administrative tasks of the independent infrastructure of patient care, and of the joint infrastructure of patient care, education and research, and also to conclude an internal agreement or contract on the variable tasks related to each budgetary year. The agreement shall also specify the price of the educational services delivered between the Clinical Centre and the educational units.
The annual budget and asset management plan of the Clinical Centre, as well as any amendments thereto, are subject to the approval of the Director General at National Directorate of Hospitals. The University sends the report on the Clinical Centre to the Director General at National Directorate of Hospitals in advance.

Internal audit is a university-level activity. The Internal Audit Department formulates findings, conclusions and recommendations related to the processes at the Institution in order to remedy, eliminate or reduce risk factors and deficiencies, to prevent and detect irregularities, to increase the efficiency of the University, and to improve and further develop its internal control systems. The Institution monitors quality management processes and compliance with objectives through internal audits as well. This process description is not publicly available. The Faculty's Quality Management Handbook, accessed during the visit, only refers to the process chart used. Internal audits are performed by the Institution's Quality Management and Institutional Development Department. Internal audits can provide information on the effectiveness of the management system.

The adequacy of resources, the assessment of risks, and the efficiency of management are reviewed and evaluated once a year by the institutional management in cooperation with the heads of the organisational units. The management review covers all processes and procedures of the Institution.

The decision-making levels and processes are known to and applied by the Faculty staff. The documents describing the operation of the organisation are up-to-date and publicly available, the organisational framework and processes of management are regulated at the institutional level, the operational stability of the institution is ensured, and the participation of lecturers and students in decision-making processes is guaranteed. The Institution has an internal control system that can measure the regularity and efficiency of its operation and management, however, these processes and their results are not public.

Standard 8.2: Organisational units supporting the operation of the medical school and its educational and academic activities

Evaluation:

The medical school has an extensive organisational support system and infrastructure. Student administration and information are provided by the staff of the Dean's Office, the Student Service Department, the Registrar's Office, and the student service offices coordinating the admissions. Other organisational units and departments of the institution are also involved in administration and educational support.

The work of the educational organisation is supported by the Neptun study system. Other records related to internal faculty programs are managed by the Department for Technical Support of Education. Office 365 services are available at the Institution to perform administrative tasks.

The Department of Languages for Biomedical Purposes and Communication organises language and IT trainings for administrative staff. The Division of Medical Education Development and Communication, operating within the Department of Behavioural Sciences, provides an opportunity to develop skills and abilities that help to work effectively ("7 Habits of High Performers" training, communication and customer service training, assertiveness training, coping strategies, "6 Essential Leadership Responsibilities" training, "4 Essential Roles of Leadership" training). The Institution supports the acquisition of higher education qualifications within the framework of a study contract, and offers the possibility to participate in mobility programmes. The Erasmus + call for staff training is available on the website of the University's Centre for Internationalization Connections.

The performance evaluation system (Teljesítményértékelési Rendszer, TÉR) is suitable not only for evaluating lecturers, but also for evaluating the performance and achievements of the staff of the Dean's Office. ADMIN TÉR encourages employees along performance- and achievement-based career path opportunities. As part of the evaluation, each staff member prepares a written self-evaluation each semester and sets out objectives to be achieved. Following the self-evaluation, the objectives, motivation and areas for development of the faculty staff for the next year are defined in cooperation with the employees' direct superior.

Overall, it can be stated that the Institution has an adequate number of highly qualified administrative staff to ensure the achievement of its training goals and the stability of its operational, educational and research activities. The training, development and evaluation of staff working at the supporting organisational units are ensured.

Report finalised: 29. 10. 2021.

Members of the site-visit team:

Chair: Prof. Dr. László Mátyus
Members: Dr. Gyöngyvér Hervainé Szabó
Dr. Ágnes Mosolygóné Gődény
Anikó Bogdán
Prof. Dr. Miklós Kellermayer
Dr. Norbert Németh
Árpád Rózsa

Annex 1

SUMMARIZED EVALUATION TO DETERMINE THE ACCREDITATION PERIOD

	STANDARD		ASSESSMENT		
	NO.	TOPIC	COMPLIANT	PARTIALLY COMPLIANT	NON-COMPLIANT
MINIMUM CRITERIA	**2.1**	**Educational programme**	✓		
	5.1	**Selection of academic staff**	✓		
	4.1	**Admission and selection of students**	✓		
	6.1	**Educational infrastructure**	✓		
	6.2	**Clinical training resources**	✓		
	8.1	**Structure and organisation**	✓		
	8.2	**Organisational units supporting the operation of the medical school and its educational and academic activities**	✓		
QUALITY ASSURANCE PROCESSES	**1.**	**Mission statement**	✓		
	2.2	**Development and review of the educational programme**		✓	
	3.2	**Quality assurance of assessment**	✓		
	7.	**Quality assurance**		✓	
SUPPORT PROCESSES	**2.3**	**Educational methods used to deliver the educational programme**		✓	
	3.1	**System of assessment**		✓	
	4.2	**Student support system**	✓		
	5.2	**Performance, training and development of academic staff**	✓		