



THE HUNGARIAN ACCREDITATION
COMMITTEE'S RULES OF PROCEDURE FOR THE
ACCREDITATION OF MEDICAL EDUCATION



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The Hungarian Accreditation Committee (hereinafter referred to as 'MAB') evaluates medical education by following the rules of procedures set out below.

I. GENERAL RULES OF PROCEDURE

- (1) The procedure shall be initiated by the submission of an application by the institution providing medical education (hereinafter referred to as 'medical school'), and it shall be carried out under a service contract concluded between the medical school and MAB, as set out in these rules of procedure.
- (2) The language of the procedure shall be either Hungarian or English. If the procedure is carried out in English, the self-evaluation and the MAB report shall be in the English language, and English shall be the working language of the site visit. In that case, a summary of the report and the decision concluding the procedure shall also be issued in the Hungarian language. If the procedure is carried out in Hungarian, MAB shall, at the request of the medical school, issue a translation into English of the decision concluding the procedure.
- (3) The procedure shall include a site visit unless it cannot be conducted due to any external circumstances or emergency. In such a case, an online visit may be conducted.
- (4) Until the submission of the self-evaluation document, MAB shall provide assistance to the medical school, either in person or online, in the interpretation and clarification of the self-evaluation criteria and the procedure. Such assistance shall not extend to the content of the answers to be given in relation to the standards.

II. CONDUCT OF THE PROCEDURE

- (1) The rector of the medical school shall submit to MAB, both electronically and by post, an application for accreditation at least ten months before the envisaged date of the procedure.
- (2) Following the receipt of the application, the MAB Secretariat and the representatives of the medical school shall hold a consultation to discuss the procedure and to agree on a potential date for the visit.
- (3) The medical school and MAB shall conclude a contract within 8-9 months prior to the site visit.
- (4) The medical school shall submit, by the fourth month prior to the procedure, both electronically and on paper, a self-evaluation report prepared in accordance with the MAB guidelines.

- (5) The staff of the MAB Secretariat shall check the self-evaluation in terms of form (to ensure that the paper-based copy and the electronic copy are identical, the links provided in the electronic copy work, the self-evaluation report contains an answer in relation to each standard, and any consolidation of answers is justified) within 15 working days following the receipt of the self-evaluation report.
- (6) In the event of any shortcomings, MAB shall request the medical school to put the self-evaluation in order. The medical school must remedy shortcomings within 15-30 days. If the corrected self-evaluation report is not received by the given deadline, MAB shall suspend the procedure until the shortcomings are remedied and the corrected report is submitted to MAB.
- (7) The duration of the site visit shall be three to five days, and its detailed programme shall be determined by MAB. MAB shall send the site-visit agenda to the medical school 2 weeks prior to the site visit.
- (8) The medical school will receive a draft report within 6 months after the end of the site visit, and it may submit observations on errors of fact within 30 days. Such observations must not include the medical school's objections to any of the evaluation findings related to the standards.
- (9) Taking into account the observations of the medical school, the MAB Board shall decide on the validity period of the accreditation within 7-8 months following the site visit.

III. SITE/ONLINE VISIT

- (1) The site visit shall be carried out in the form of thematic panel discussions. The panel discussions may be organised in a parallel manner, in which case the site-visit team shall work in sub-groups.
- (2) The agenda and the participants of the panel discussions shall be determined by the site-visit team.
- (3) The interviews and the programme of the site visit shall be organised in a manner that also provides insight into the infrastructural conditions of medical education. Compliance with the infrastructural criteria shall be examined also where a site visit takes place online, and the medical school shall provide an opportunity for that.
- (4) In accordance with its Data Protection Regulations, MAB may take video and audio recordings of the panel discussions, which shall be deleted on the working day following the adoption of the decision on accreditation.



IV. PERSONS AND BODIES INVOLVED, AND THEIR RESPONSIBILITIES IN THE PROCEDURE

- (1) Within 3-4 months before the site visit takes place, the MAB Board shall set up a site-visit team (hereinafter referred to as 'SVT') to carry out the accreditation procedure.
- (2) The SVT shall consist of six to eight members. Two or three of its members shall be persons who have an important and active role in the work of domestic and/or international providers of theoretical and practical medical education and are actively engaged in domestic and/or international research. Two members shall be persons who perform quality assurance and quality assessment activities in higher education and have participated in the accreditation of a higher education institution or doctoral school carried out by MAB. One member shall be delegated by the National Conference of Students' Unions (HÖÖK), and one member shall be a MAB programme officer.
- (3) No SVT member shall have a legal relationship with the medical school to be accredited or be an internal or external member of any institutional committee of the medical school. All members of the SVT shall be persons who can be expected to evaluate objectively and participate impartially in the procedure. If the language of the procedure is English, the SVT shall be set up by also taking into account the oral and written foreign language skills of the members.
- (4) SVT members shall be proposed by the President of MAB, following consultation with the chair of the Committee for Medical and Health Sciences (hereinafter referred to as 'CMHS'), or with its co-chair if the chair is involved, naming the chair and co-chair of the SVT. Prior to the planned date of the Board meeting to appoint the SVT, MAB shall send the planned list of SVT members to the medical school for comments, and the medical school may, within the specified time limit, raise objections due to conflict of interest arising from objective involvement or impartiality.
- (5) Within 2-3 months before the site visit takes place, the MAB Secretariat shall organise preparatory trainings for the appointed members of the SVT.
- (6) The SVT shall be responsible for assessing compliance with the standards on the basis of the self-evaluation and the site visit, and for preparing a report based on the assessment carried out. In order to prepare for its tasks, the SVT shall organise working meetings before, during and after the site visit.
- (7) During the preparation, the responsibilities of the chair of the SVT shall include becoming acquainted with these rules of procedure, the standards, the evaluation criteria, the self-evaluation of the medical school and the related documents, as well as

participating in and conducting the inaugural and working meetings of the SVT. During the visit, the chair of the SVT shall be responsible for organising, coordinating and managing the tasks of the SVT, and leading the site visit and the related meetings. During the production of the report, the chair of the SVT shall be responsible for writing the section of the SVT report undertaken, coordinating the preparation of the report, compiling the full report, reviewing and approving its content, and revising and finalising the report after receiving the observations of the medical school.

- (8) During the preparatory period, SVT members shall be responsible for becoming acquainted with these rules of procedure, the standards, the evaluation criteria, the institutional self-evaluation of the medical school and the related documents, as well as participating in the inaugural and working meetings of the SVT. SVT members shall be present and shall actively ask questions throughout the visit. The responsibilities of SVT members shall include writing the sections of the SVT report undertaken, in flowing text form, and participating in the preparation of the report (reviewing, giving timely feedback, and revising and expressing opinions about the report after receiving the observations of the medical school).

V. THE REPORT, EVALUATION

- (1) The members of the SVT shall prepare their sections of the report and forward them to the chair and the MAB programme officer of the SVT within 20 working days after the end of the site visit. Based on the edited report, the SVT shall develop a proposal for the validity period of accreditation in the framework of a working meeting.
- (2) The SVT shall use a three-grade scale (compliant, partially compliant, non-compliant) to evaluate compliance with the standards based on the evaluation criteria pertaining to the standards. The evaluation of compliance with a given standard (compliant, partially compliant, or non-compliant) shall correspond to the results of the evaluation of the criteria pertaining to that standard.
- (3) The evaluation of compliance with each individual standard shall be recorded on an 'Evaluation Sheet', and then an 'Evaluation Summary Sheet' shall be completed on the basis of these to record overall compliance with the standards.
- (4) The chair of the SVT shall send the report approved by the SVT, including a proposal for accreditation, to the chair of the Committee for Medical and Health Sciences.
- (5) The CMHS shall be responsible for checking if the report covers all evaluation criteria, its findings are coherent, and the overall evaluation correspond to the text of the report. The CMHS shall not question the findings of the SVT.

- (6) After receiving the report, the CMHS shall discuss it in a personal meeting to which the chair of the SVT and one quality expert shall be invited to attend in an advisory capacity. The CMHS meeting shall be organised at such time that allows to meet the deadline specified in paragraph (8) of section II.
- (7) If the CMHS does not consider the report appropriate under paragraph (10), the report shall be sent back to the SVT. If the report or the revised report is found appropriate, it shall be sent to the medical school for comments.
- (8) The medical school may indicate to MAB errors and inaccuracies relating to facts and figures. It shall not raise objections relating to the substance of the evaluation

VI. VALIDITY PERIOD OF ACCREDITATION

- (1) A medical school shall not be accredited if its evaluation relating to the following minimum criteria is worse than '*compliant*'.
 - 2.1. EDUCATIONAL PROGRAMME
The medical school has a publicly available educational programme (also known as 'model curriculum') that is in line with its programme and outcome requirements and its mission statement.
 - 4.1. ADMISSION AND SELECTION OF STUDENTS
The medical school has a clear and publicly available policy that sets out the process for the selection and admission of students, as well as the criteria for admission.
 - 5.1. SELECTION OF ACADEMIC STAFF
The medical school has the number and range of competent academic staff required to implement its mission statement and to deliver the educational programme to the intended number of students, and it has in place clear and transparent processes for the recruitment and selection of academic staff.
 - 6.1. EDUCATIONAL INFRASTRUCTURE
The medical school has the infrastructure required for the fulfilment of the programme and outcome requirements.
 - 6.2. CLINICAL TRAINING RESOURCES
The medical school has the resources, facilities and staff required to ensure that students acquire the necessary clinical experience.
 - 8.1. STRUCTURE AND ORGANISATION
The medical school has transparent organisational frameworks. The organisational framework ensures that decision-making processes relating to education, academic activities and management are transparent for all external and internal stakeholders. The organisational framework of the medical school ensures the stability of its operation, as well as the active participation of students and faculty in decision-making processes. The institution has an internal control system that monitors on a regular basis the regularity and effectiveness of operation and management and is capable of identifying and managing risks.

- 8.2. ORGANISATIONAL UNITS SUPPORTING THE OPERATION OF THE MEDICAL SCHOOL AND ITS EDUCATIONAL AND ACADEMIC ACTIVITIES

The medical school has administrative units that ensure the stability of its operation and of its educational and research activities and support the achievement of its educational objectives. The medical school has the number of highly qualified administrative staff required to implement its educational objectives and to ensure the operation of the medical school.

- (2) Accreditation shall be valid for a maximum period of 8 years.
- (3) Full accreditation shall be conferred for the maximum period if the medical school is evaluated as being '*compliant*' with all standards. Full accreditation may also be accompanied by proposals and recommendations for improvement.
- (4) In the case of obtaining full accreditation, the medical school shall prepare a report for MAB at the half of the accreditation period, in which it shall report on its activities, any changes, modifications and developments carried out in the first half of the accreditation period.
- (5) Conditional accreditation may be conferred if the medical school is evaluated as being '*partially compliant*' with a maximum of one of the following standards listed below and is evaluated as being '*compliant*' with the rest of the standards.

- 1. MISSION STATEMENT

The medical school has a public mission statement that sets out its values and goals.

- 2.2. DEVELOPMENT AND REVIEW OF THE EDUCATIONAL PROGRAMME

The medical school has clear and transparent processes for the development, approval, and periodic review of its educational programme.

- 3.2. QUALITY ASSURANCE OF ASSESSMENT

The medical school has processes in place to provide feedback on the effectiveness of assessment methods and procedures and other academic requirements. Assessment data are fed back to those concerned (students, academic staff, other stakeholders).

- 7. QUALITY ASSURANCE

The medical school has a quality assurance organisation and quality assurance processes and documents that support the implementation of its educational programme.

- (6) For conditional accreditation, the medical school must be evaluated as being '*compliant*' with at least three of the standards below; a maximum of one standard may be evaluated as being "*partially compliant*".

- 2.3. EDUCATIONAL METHODS USED TO DELIVER THE EDUCATIONAL PROGRAMME

The medical school employs a range of educational methods to ensure the acquisition of the competences defined in the programme and outcome requirements and the achievement of the learning outcomes set out in the educational programme.

- 3.1. SYSTEM OF ASSESSMENT

The medical school defines and publishes its student assessment principles, methods, practices and requirements. It maintains a system of requirements and assessment that allows for the provision of regular feedback to students regarding the effectiveness of the learning process. The assessment system used by the medical school is based on uniform principles that ensure that only suitable students will obtain a professional qualification.

- 4.2. STUDENT SUPPORT SYSTEM

The medical school has in place means of human, social and financial support that facilitate the achievement of learning outcomes and career planning for students and contribute to the physical and mental wellbeing of students.

- 5.2. PERFORMANCE, TRAINING AND DEVELOPMENT OF ACADEMIC STAFF

The medical school sets clear and unambiguous requirements for its academic staff regarding their teaching, research and other activities and conduct in the implementation of the educational programme. The medical school ensures the continuous training and development of its academic staff.

(7) Conditional accreditation shall be conferred for a period of 8 years, and the medical school shall submit, on a predetermined date within the validity period of accreditation, a written report on the progress made in relation to those standards against which it was evaluated as being '*partially compliant*'.

(8) Limited accreditation shall be conferred for a period of 8 years or for a period shorter than 8 years (but for at least 5 years or longer than 5 years) if the medical school is evaluated as being "*compliant*", "*partially compliant*" or "*non-compliant*" in the standards listed below, but a maximum of one standard is evaluated as being "*non-compliant*".

- 1. MISSION STATEMENT

The medical school has a public mission statement that sets out its values and goals.

- 2.2. DEVELOPMENT AND REVIEW OF THE EDUCATIONAL PROGRAMME

The medical school has clear and transparent processes for the development, approval and periodic review of its educational programme.

- 3.2. QUALITY ASSURANCE OF ASSESSMENT

The medical school has processes in place to provide feedback on the effectiveness of assessment methods and procedures and other academic requirements. Assessment data are fed back to those concerned (students, academic staff, other stakeholders).

- 7. QUALITY ASSURANCE

The medical school has a quality assurance organisation and quality assurance processes and documents that support the implementation of its educational programme.

(9) For limited accreditation, the following standards may be evaluated as "*compliant*", "*partially compliant*" or "*non-compliant*", but the number of "*non-compliant*" evaluations may not exceed one.

- 2.3. EDUCATIONAL METHODS USED TO DELIVER THE EDUCATIONAL PROGRAMME

The medical school employs a range of educational methods to ensure the acquisition of the competences defined in the programme and outcome requirements and the achievement of the learning outcomes set out in the educational programme.

- 3.1. SYSTEM OF ASSESSMENT

The medical school defines and publishes its student assessment principles, methods, practices and requirements. It maintains a system of requirements and assessment that allows for the provision of regular feedback to students regarding the effectiveness of the learning process. The assessment system used by the medical school is based on uniform principles that ensure that only suitable students will obtain a professional qualification.

- 4.2. STUDENT SUPPORT SYSTEM

The medical school has in place means of human, social and financial support that facilitate the achievement of learning outcomes and career planning for students and contribute to the physical and mental wellbeing of students.

- 5.2. PERFORMANCE, TRAINING AND DEVELOPMENT OF ACADEMIC STAFF

The medical school sets clear and unambiguous requirements for its academic staff regarding their teaching, research and other activities and conduct in the implementation of the educational programme. The medical school ensures the continuous training and development of its academic staff.

- (10) The accreditation period shall be shorter than 5 years if the medical school has also received "*partially compliant*" or "*non-compliant*" evaluations in the standard groups of points (8) and (9), but the number of "*non-compliant*" evaluations is two or more standards per standard group.
- (11) In the case of limited accreditation (see points 8, 9, and 10), a follow-up procedure shall be carried out at the medical school on a predetermined date within the validity period of accreditation.

VII. FOLLOW-UP PROCEDURE, WRITTEN REPORT

- (1) The aim of the follow-up procedure is to ensure that the medical school remedy shortcomings and make improvements in relation to those standards against which it was evaluated as being '*non-compliant*' or '*partially compliant*', as shown by the report that gave rise to the follow-up procedure.
- (2) The follow-up procedure is not a full accreditation procedure. The scope of this procedure only covers those standards that must be followed up. Ideally, the members of the team carrying out the follow-up procedure should include SVT members who carried out the accreditation procedure being followed up.
- (3) The medical school shall prepare the written report on the progress made in relation to the standards against which it was evaluated as being '*partially compliant*', as shown by the report that gave rise to the follow-up procedure, by taking into account the aspects set out in that report. The written report shall be assessed by the SVT members who carried out the accreditation procedure being followed up.

- (4) The follow-up procedure shall be considered as successful, and the accreditation of the medical school shall be maintained if the medical school is evaluated as being at least *'partially compliant'* with the standards against which it was initially evaluated as being *'non-compliant'* and it is evaluated as being *'compliant'* with those against which it was initially evaluated as being *'partially compliant'*.
- (5) However, if the medical school fails to improve its evaluation in relation to the standards against which it was initially evaluated as being *'non-compliant'*, the accreditation shall be valid until 31 December of the year in which the failure in the follow-up procedure is established.
- (6) If the medical school improves its evaluation in relation to the standards against which it was initially evaluated as being *'non-compliant'* but fails to improve its evaluation in relation to the standards against which it was initially evaluated as being *'partially compliant'*, it shall be required to provide a written report on the progress made in relation to the standards against which it was evaluated as being *'partially compliant'* in the follow-up procedure, and the initial validity period of accreditation shall be maintained.
- (7) The written report shall be accepted if the medical school is evaluated as being *'compliant'* with those standards against which it was evaluated as being *'partially compliant'* in the follow-up procedure.
- (8) If the written report cannot be accepted, the medical school shall be requested to submit another written report for the standards against which it was evaluated as being *'partially compliant'*, but no more than one such additional report may be requested during the validity period of accreditation. If the second written report is still unacceptable, the accreditation shall be valid until 31 December of the year in which the report is rejected.

VIII. DECISION ON ACCREDITATION

- (1) The MAB Board shall adopt a decision on the validity period of accreditation, or the denial of accreditation, based on the result of the accreditation procedure and the opinion of the CMHS.
- (2) A member of the SVT shall be invited to attend the meeting of the MAB Board (preferably the chair of the SVT) in order to add comments, if any, on the proposal presented by the CMHS and to answer the questions asked by the MAB Board members. The member of the SVT shall not take part in the debate of the Board and in the voting.
- (3) Following a detailed discussion of the accreditation report, the MAB Board shall take a vote and adopt a decision.



- (4) The medical school may appeal against the accreditation decision of the MAB Board to the MAB Appeal and Complaints Committee for Medical Schools. The decision on accreditation shall be based on the report, which includes the evaluation of compliance with the standards.
- (5) The medical school may submit a complaint against the accreditation procedure in accordance with the MAB's complaints policy.

IX. FINAL PROVISIONS

- (1) The text of the report adopted by the MAB Board and the decision on accreditation shall be made public and accessible through the public interface of the MAB Secretariat's Information System (TIR). It shall also be uploaded on the MAB website, in the language in which the procedure was carried out.
- (2) All procedural matters that are not regulated herein shall be governed by the MAB's Organisational and Operational Rules and its Complaint Management Policy.

Updated version: Budapest, 8 July 2022