Hungarian Accreditation Committee (MAB)

Site-visit team report
based on WFME 2020 standards
on the medical education of

Albert Szent-Györgyi

Medical School, University

of Szeged

Appendix of

Decision No 2023/9/XI of the MAB BOARD

24 November, 2023

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I. Accreditation proposal

Albert Szent-Györgyi Medical School, University of Szeged	**DECISION NO 2023/9/XI** **Accreditation of the medical school is valid until 15 December, 2031**

Based on the self-evaluation report of the medical school and the site visit, it can be concluded that the basic medical education of Albert Szent-Györgyi Medical School, University of Szeged, on the basis of the WFME 2020 (World Federation for Medical Education) standards, has been evaluated as

- **compliant** with the minimum criteria (educational programme, selection of academic staff, admission and selection 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, quality assurance),

- **compliant** with the support processes (educational 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 eight-year accreditation for a period from 24 November, 2023 to 15 December 2031, pending a monitoring procedure combined with a site visit to be completed by 31 December 2027. 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

A brief description of the role of the evaluated training institution in education and research at the time of the evaluation, the characteristics of the training institution's medical education, and the events and circumstances that determined the institution's operation during the evaluation period. The description of any other circumstance that is relevant to the evaluation.

The University of Szeged (hereinafter: University) is one of the largest higher education institutions in Hungary, located in the southeast of the country, with a history dating back to 1581. The University has 12 faculties, providing education to around 22 000 students. 22% of the students are foreign nationals from over 126 countries. The University has 8000 employees, 2000 of whom are academic researchers and teaching staff.

As part of the model change of the higher education system in Hungary, the maintenance and management of the University was taken over from the Hungarian state by the Foundation for the University of Szeged on August 1, 2021.

In 2022, the University was ranked 801-1000th in the Times Higher Education (THE) World Rankings, 701-800th in the Shanghai Academic Ranking of World Universities, and 401-500th in the QS University Rankings for Life Sciences and Medicine.

The Albert Szent-Györgyi Medical School (hereinafter: Medical School/Faculty) was founded in 1921. As a distinguished medical school in the Southern Great Plain Region, it provides foundation training in English and German, undivided six-year general medical programmes in Hungarian and English, a two-year German-language basic medical training programme, postgraduate residency training, as well as PhD education in 16 programmes offered by four doctoral schools: the Doctoral School of Theoretical Medicine, the Doctoral School of Clinical Medicine, the Doctoral School of Multidisciplinary Medicine and the Doctoral School of Interdisciplinary Sciences. The Medical School has 18 theoretical institutes and 29 clinics. Patient care is provided at the Albert Szent-Györgyi Clinical Centre, which can treat 1800 inpatients and is home to several medical specialties at regional and national level.

According to the self-assessment report of the Medical School, the number of students enrolled in the Hungarian and English general medical programmes in the academic year 2022/2023 is 1172 and 947 respectively, while the number of students attending the German two-year medical programme is 240. The number of lecturers in the medical programme is currently 452. The international students at the Faculty represent more than 40 nationalities.

The Faculty is headed by the Dean, who is assisted by the Vice-Dean for Educational Affairs, the Vice-Dean for Economic Affairs, the Vice-Dean for General Affairs and Professional Training, and the Vice-Dean for Scientific Affairs. In addition, he is further assisted by officers for admissions and recruitment, the German medical programme education, preclinical education, clinical training, and scientific and financial affairs.

The governing body of the Faculty is the Faculty Council, which is composed of representatives of the management, academic and administrative staff, the various institutes, departments, councils, and students of the general medical and PhD programmes of the Medical School. The work of the Faculty is also supported by eleven standing committees, such as the Committee of

Basic Science Departments, the Committee of Clinical Science Departments, the Academic Affairs Committee, the Credit Transfer Committee, etc.

The administration of the Faculty is managed by the Dean's Office, which includes several administrative units, namely the Academic Office, the Centre for Specialisation and Further Education, the Faculty Office of Business Affairs, the Secretariat and the experts of the Dean's Office.

As stated on its website, the Faculty places particular emphasis on the unity of education, research and patient care to ensure national and international excellence in its medical education and training, theoretical and clinical research and therapeutic work.

III Evaluation

III/1 Mission Statement

Does the institution have a publicly available, up-to-date mission statement? Is the mission statement in alignment with the mission statement of the higher education institution that the medical school is part of? Do its content meet the requirements set out above in the explanatory section? Has the mission statement been developed with the involvement of a wide range of stakeholders? Is the mission statement taken into account by the training institution in developing and reviewing its educational programme? Are the goals and values set out in the mission statement reflected in the quality assurance (planning, measurement, evaluation) and other operational processes?

The Albert Szent-Györgyi Medical School is one of the largest faculties of the University. The Faculty's mission statement is publicly available on its website in Hungarian and English. As stated in the self-assessment report of the Faculty, the document was updated in 2021. The current version of the English-language mission statement was published on the faculty website in May 2022.

The mission statement describes the history of medical education in Szeged and the influence of Albert Szent-Györgyi, the world-famous biochemist who received the Nobel Prize in Physiology in 1937 for his research work conducted in Szeged. The mission statement outlines the role of the faculty in the region for the Hungarian healthcare system (third mission) and points out the importance of medical education and training, theoretical and clinical research and patient care. However, the mission statement remains very general, without giving further details on education, research activities or staff development, but it is in line with the core values of the University's mission statement. Since there is little specific information in the Faculty's mission statement, it is rather challenging to establish a direct link to the educational programme or the quality assurance of the Faculty.

The development of the Faculty's mission statement involved representatives of the Faculty, the Faculty management and the Education Committee. The latter plays an active part in the implementation of the quality assurance system. As stated in the self-assessment report, prior to the development of the mission statement, the Faculty management held extensive consultations with the academic staff, researchers as well as with the Faculty Council and the Student Union. However, even following the discussions with the responsible faculty heads, the role of the external partners involved in the development of the mission statement remained somewhat unclear to the site-visit team.

The goals and values included in the mission statement are reflected in the operational processes of the Faculty. It is recommended that specific rather than general statements be made in the updated mission statement to better reflect the focused details of the processes of educational programme design, review, and quality development. It is important that specific development and quality goals can be derived from the mission statement.

Recommendations:

- The mission statement should contain specific rather than general statements in order to better incorporate the details of the design, review, and quality development of the education programme, focusing on the needs of the 21st century.

- The process of creation, review and updating of the mission statement and quality assurance policy should be carefully structured, with a planned time schedule, the steps of the process should be thoroughly documented, and should involve all important internal and external stakeholders of the Medical School.

- The important external stakeholders of the Medical School should be identified and documented. The involvement of a wider range of external stakeholders should be assured at the regular review and development of the mission statement and Educational Programme beyond information exchange with the internal and external stakeholders.

III/2 Educational programme

Standard 2.1: Educational programme

Does the training institution have a publicly available educational programme? Is the publicly available educational programme up to date? Is the educational programme of the medical school responsive to the needs of the region? By what means does the medical training institution contribute to social responsibility in its region? Are the disciplines of biomedical sciences, clinical sciences and skills, and behavioural and social sciences clearly included in the educational programme? Does the educational programme enable the acquisition of clinical and professional skills?

The Medical School has a publicly available and up-to-date educational programme, which is responsive to the needs of the Healthcare system of Hungary, the City of Szeged, and the Southern Great Plain Region. A comprehensive curriculum reform was implemented in 2020/2021 academic year. Through its contact with the governing organisations, the Faculty is actively contributing to the social responsibilities in its region, and together with the other three Hungarian medical schools, to the higher education system, healthcare system and social system of Hungary. This is accomplished by the distribution of evidence-based knowledge, through scientific and political communication, an active and leading role in healthcare, and close relations to the labour market in the health sector.

The Faculty builds a close unity between the basic science and clinical departments. Through its clinical departments, by being the most extensive healthcare facility system of the region serving from the primary to the tertiary level, it contributes significantly to the patient care and management in the region. Through communication and cooperation with local and regional social and healthcare facilities, the Faculty possesses central importance in shaping the health- and social care of the region.

The Faculty's educational programme consists of basic biomedical sciences, preclinical and clinical sciences, including behavioural, medical humanities and public health sciences topics, in a balance that is typical for the Hungarian and European medical schools. The proportion of social and behavioural sciences in the educational programme is clearly defined and well documented. The programme includes mandatory, required optional and optional courses that accompany the medical studies from the beginning to the final year.

The Medical School's educational programme (model curriculum) includes more than twelve months of well-structured clinical practice, giving sufficient possibilities for the acquisition of minimum-requirement clinical practical and professional skills, attitudes, and responsibilities. The acquisition of practical clinical skills teamwork is supported by a newly expanded Skills and Educational Center, giving the possibility for every student to obtain the sufficient, required amount of practical clinical skills, and provide additional opportunity for the interested, most talented and motivated students to deepen their knowledge and practical experience.

The Faculty, with its clinical departments, is one of the four Hungarian medical schools meeting the needs of graduate medical training, postgraduate Ph.D. training, postgraduate resident, and specialist training, as well as continuing medical education (CME) for medical specialists within the national framework. Sports and physical education are an essential mandatory part of the educational program and serve the wellbeing and healthy lifestyle of students.

The Faculty home page is transparent and valuable regarding the readily available description of the educational programme and the procedures aiming at its review, renewal, and development. Based on staff interviews, the faculty members are aware of the content of the educational programme and the associated regulatory documents.

Recommendations:

- Further strengthen the medical students' contribution to the region's social responsibilities by taking part in disease prevention programs and public health measures.

- The educational programme should be communicated to a wider range of external stakeholders, such as governing organisations, cooperating health care facilities, scientific societies, research institutes, alumni students, pharmaceutical and other industrial companies, chambers, and trade unions.

2.2 Standard: Development and review of the educational programme

Does the medical school have clear processes for adopting, reviewing and monitoring the educational programme? Is the educational programme reviewed on a regular basis? Are the review criteria clear? Are the development and review of the educational programme carried out by taking into account feedback from students and the labour market, and advances in science? (E.g.: Does the institution take into account information from Graduate Career Tracking System (DPR) research?) Are the 360 credit points required to obtain a professional qualification distributed among mandatory courses, courses chosen on a mandatory basis, and freely chosen courses in a proportional manner, and in line with the outcome requirements?

The Faculty has clear processes and assigned responsibilities for adopting, reviewing, and monitoring the educational programme. The review and adjustment of the educational programme take place promptly at the level of the course directors via the inclusion of new scientific advances, and on a regular, annual basis at the level of the entire Medical Faculty.

The selection process of the leading faculty members ensures a high degree of scientific activity, competence, scientific and professional communication, and responsibility of the course directors. The review criteria are clear, well documented and they are communicated towards the internal and towards some external stakeholders.

The decisions on the most important components of the educational programme are made transparently, after thorough preparation, and with the approval by the Faculty Council. The regular review of the educational programme provides course directors with a wide range of freedom and flexibility applying state-of-the-art knowledge, evidence-based medicine, and advancements in their particular scientific fields but imposing clear criteria at the faculty level.

The development and review of the educational programme are carried out by taking into account feedback from students, from the labour market, the information from the Graduate Career Tracking System (DPR), and advances in biomedical scientific research. Students actively contribute to the development of the educational programme; they take part not only in approving but also in evaluating and initiating changes to the curriculum. Students can shape the educational programme (model curriculum) in several ways: through direct personal feedback to the course coordinators or to the Faculty leadership, as members of the Faculty committees, through anonymous student feedback systems and as decision-making partners in the Faculty Council or in the Senate. Representative bodies of students have a direct communication channel to the dean, the vice-dean for education and the Faculty's leadership. Students appreciate this direct and personal communication and consider it to be an outstanding feature of the Faculty that impacts the curriculum development besides their wellbeing.

The Graduate Career Tracking System (DPR) and information of the labour market have a relatively fast and almost immediately detectable impact on the development of the curriculum, since course directors of the graduate studies at the Medical School frequently represent heads of the boards of the postgraduate medical speciality training and at the same time lead the corresponding medical departments or at least work in these departments, so that feedback from the healthcare system can actively be taken into account at the review of the educational programme.

The 360 ECTS credit points required to obtain a professional qualification are optimally distributed among mandatory courses, courses chosen on a mandatory basis, and freely chosen courses in a proportional manner, and in line with the Programme and Outcome Requirements ("Képzési és Kimeneti Követelmények", KKK). The educational programme is assembled so that there is a proper balance between theoretical and practical training of students by providing a large number of possibilities for experimental research studies (Student Scientific Projects, critical evaluation of scientific literature, active participation at student conferences) and clinical practices. Important global higher education features and tasks are well incorporated into the curriculum and into the standard operating procedures, e.g., recognition and protection of human and animal rights, valuing human dignity, preserving, and promoting patient safety, work safety, appropriate data handling and data protection (e.g., GDPR), the spread of informatics and digitalisation, environmental protection, sustainability, global and public health, awareness of the legal, economic and ethical framework, development of intercultural and international competencies and experiences, maintaining equal opportunities for students and staff, avoiding discrimination, valuing diversity.

Because of the growing importance of oncological diseases, the Medical School recently introduced an Oncology practice part into the rotational year practices of Obstetrics and

Gynaecology, Internal Medicine and Surgery. There is a continuous ongoing review and renewal of course instruction materials, teaching facilities and methods (e.g., novel therapeutic options for immune-mediated skin diseases, expert-led thematic practices in Dermatology, renewal of Neurology teaching materials, introduction systematic practical teaching of lumbar punctures, increasing use of the Skills and Educational Center in Neurology and Internal Medicine, observation facility for the heart catheterization laboratory, early beginning of the surgical skills training).

Recommendations:

- The Medical School should broaden the scope of its external stakeholders involved in the review and development of the educational program (model curriculum) (e.g., teaching hospital leadership and medical staff, regional health care providers, alumni students, governing institutions, industry partners, research institutes, international partners).

- It is recommended that alumni be more actively and regularly involved in the review and development of the educational program at least on an annual basis, using online communication channels. Their feedback and contribution could be positive by integrating knowledge of the local education and that of medical education, needs of health care elsewhere.

- The communication between teaching staff members of the basic biomedical sciences, preclinical and clinical courses should be strengthened, thus making teaching more effective, building knowledge dependably onto the prerequisite courses, avoiding unwanted parallelism and unnecessary repetition.

Standard 2.3: Educational methods used to deliver the educational programme

Does the medical school apply a range of different educational methods? Are these proven by examples? Does the medical school have a clear process for the selection of teaching and pedagogical methods? Does the medical school have processes in place for the review of the educational methods applied?

The Faculty applies a wide range of different educational methods. As described in the self-assessment report and observed by the site-visit team, these methods include interactive lectures, problem-solving group discussions, e-learning, clinical education, evidence-based medicine, and high-fidelity medical simulations. The site-visit team was impressed by the recently expanded Skill Centre which offers state-of-the-art facilities ranging from simple procedural teaching models and mannequins to high-tech models and high-fidelity patient simulators. The Centre provides practice opportunities in a range of subjects before students are introduced to bedside training. E-learning materials and platforms (lecture materials, supplementary teaching materials, educational films, tests, self-evaluations, problem-solving tasks, InSimu Patient e-learning tool), bedside teaching (e.g., Internal Medicine), blended learning, simulation of clinical scenarios (Behavioural Medicine), student-initiated training workshops (Winter Camp, Behavioural Medicine), in-class polling (e.g., use of Kahoot in Biophysics, Biostatistics), hybrid and online classes, introduction to scientific research (Scientific Students' Association - TDK), peer and near-peer teaching (teaching assistants, student demonstrators) have become an integral part of teaching methods in recent years (as

witnessed by the site-visit team at the Department of Medical Physics and Informatics, and the Department of Physiology).

The choice of educational methods depends on the learning outcomes. As stated in the self-assessment report and noted during the expert team's site visit, the academic staff's teaching methods include and based on an understanding of the curriculum, students' learning styles, academic performance and subject knowledge. Since 2016, several relevant changes have been introduced. In the 4th academic year, practice blocks were introduced in Internal Medicine, Surgery and Obstetrics. In the academic year 2018/19, several behavioural science subjects and Medical Physics were restructured. Clinical Genetics and Genomics as well as Transfusion Medicine were introduced as compulsory subjects. Furthermore, the development of learning outcome-based subject descriptions was completed within the framework of the relevant legal regulations. Based on the recommendations of the internal expert committee, the most common causes of death and illness as well as evidence-based medicine were given more weight in the clinical subjects as part of a comprehensive reform of the curriculum. These changes correspond to the international development in medical education. The Hungarian and international students interviewed described the high level of motivation, enthusiasm, friendly and empathic communication of the teaching staff as a positive feature of the Faculty.

A high degree of freedom is given to the course directors in selecting teaching and pedagogical methods. For training the staff, curriculum reform workshops and Train the Trainer courses have been organized as part of the Human Resources Development Operational Programme. Based on the on-site visit, it appears that the staff would welcome repetitive, structured, and systematic pedagogical and methical training. This would ensure that methodological competences are acquired at a high level, which would guarantee the successful and high-quality development of the curriculum.

Representatives of the four Hungarian medical faculties regularly coordinate their curricula within the framework of the Hungarian Society for Medical Education and Health Sciences. However, it was not clear from the documents and site visit how often a review of the teaching methods applied takes place and how this process is set up.

The recruitment, training, and teaching of "student helpers" or "student demonstrators" acting as teaching assistants serves multiple goals. It involves the most motivated students into teaching of some departments, thereby acting as multiplicators of the teaching effort. Near-peer or peer teaching may enhance the motivation of students, raise the interest and responsibility of fellow students in the learning process. Student teaching assistants or student helpers may once become teaching staff, if they sufficiently deepen their knowledge and skills, and if they become directly involved in the department's everyday workflow.

Recommendations:

- The Faculty should conduct regular evaluation of the teaching methods examination and assessment processes applied at the course director and faculty level.

- Regular, structured and systematic pedagogical and methical training should be established for the staff.

- The faculty-based repetitive and structured pedagogical and methodological training (workshops and Train the Trainer courses) for teaching staff could be regularly and systematically repeated to support newly appointed faculty, new staff members and disseminate best teaching and assessment practices.

- The Medical School is encouraged to widen the student feedback system with the incorporation of a faculty-level quick reaction feedback to effectively help the course development efforts of the teaching staff and course directors.

- The students should regularly receive information on the effects of their input and on the response to their feedback regarding course development, improvements of teaching (action plans of course directors and teaching staff), and teaching methodology.

- Practical clinical skills teaching should be further intensified at the Skills and Educational Center to meet the minimum entry requirements of the clinical teaching, to protect patients, but for talent support reasons as well.

- The Faculty may consider the establishment of a group of "test patients" or "virtual test patients" to teach Hungarian and international students more effectively in clinical areas with the methods of case-based and problem-based learning. Department of Family Medicine and large clinical departments could lead and supervise this activity.

- Involvement of students in the teaching should be further emphasised and promoted to an increasing number of departments to increase student engagement and motivation by applying the advantages of near-peer and peer teaching.

- A culture of formative assessment systems could be disseminated and promoted at the Faculty, guiding students, and informing them on their progress in the learning process.

III/3 Evaluation processes of the educational programme

Standard 3.1: System of assessment

Does the medical school have publicly available, up-to-date assessment requirements (policies and other documents)? Does the medical school have clear processes for developing and reviewing assessment requirements? Is there a clear relationship between the assessment methods and the expected learning outcomes? Is it transparent who decides/decide the assessment methods, the forms of assessment, and by what process? Does the educational programme enable the acquisition of clinical and professional skills? Is the final examination, as an assessment system, suitable for measuring the professional competences acquired during the programme and does it guarantee the quality of output?

The Faculty possesses a regularly updated assessment policy published in the Faculty Academic Regulations, which conforms to and is part of the institutional Academic and Examination Regulations. The Faculty re-investigates these regulations periodically, reviews the assessment processes at the level of the departments and specific subjects and at the level of the Faculty Council. The subject requirements and the assessment methods are fine-tuned according to the principles of the Programme and Outcome Requirements (KKK).

The review and revision of the curricular assessment processes are initiated by the management of the Faculty. This is done on the basis of proposals by the departments or students. Subsequently, the proposals are reviewed by the Education Committee, the Academic Affairs Committee, and, if necessary, the Credit Transfer Committee, and finalized by the Faculty Council.

The curriculum specifies the deadlines for completing the compulsory internship, the content requirements, and the form of assessment and evaluation. The methods of assessment, which in the case of specific subjects are regulated primarily based on departmental recommendations, include oral and written tests, oral assessment of competencies and bedside skill assessment. The semester exams are complemented with mid-term tests and examinations. During the site visit, in the student forum, there were some complaints about the excessive number of midterms. The various levels of assessments are semester grades, reports, colloquial exams and final exams. Exam performance is evaluated on the five-grade scale (excellent, good, average, satisfactory and unsatisfactory). The assessment requirements are communicated to the students every year in the updated syllabus on the CooSpace electronic portal. Although the published requirements cannot be modified during the semester, the dates of mid-terms and exams during the examination period may be changed upon requests by involved students and the Students' Union. The Faculty takes good care of providing sufficient exam appointment times distributed evenly across the examination period.

The training program of the Faculty provides the necessary tools and possibilities for students to acquire proper theoretical knowledge and clinical skills throughout its courses, clinical practices and skills laboratory trainings. The newly constructed Skills and Educational Center offers state-of-the-art training and practical examination possibilities.

The final examination is organized at a national level by the National Committee for Final Examination in Medicine and Pharmacy. A committee consisting of the deans (or their representatives) of the Hungarian medical faculties and the heads of the offices under the Dean and the educational administration involved in the organization of the examinations has been set up to contribute to the development and continuous updating of the question database. The final examination consists of a written and oral theoretical and practical part, and thus includes patient history taking, physical examination, and recommendation of diagnostic and therapeutic plans. The questions of the written examination are selected randomly from the national database. The database is kept up to date by annually reviewing the questions by independent teaching staff of the respective faculties and giving consideration to student feedback. The exam-question database is published in advance for students and staff of all Hungarian medical faculties. The National Committee for Final Examination in Medicine and Pharmacy provides clear guidelines for oral final examinations. The final oral examination is held before a five-member examination board, where the members represent the main final-exam disciplines. At least one of the committee members is a non-affiliated expert and another one is the chairperson, who is a professional of national or international renown. The chairperson and members are

appointed by the Dean. This procedure aims at guaranteeing that the most up-to-date medical knowledge and skills are assessed.

Recommendations:

- The Faculty is encouraged to maintain and improve teaching and examination materials that reflect the Programme and Outcome Requirements and the examination settings at the graduate level. Care should be taken to avoid venturing into the postgraduate and specialization-level assessment. Consider converting oral exams to written tests where it may be appropriately applied (chemistry, biochemistry, public health).

- The Faculty is encouraged to increase the rigor in the training and assessment of the summer practice periods (nursing, internal medicine, surgery).

- The Faculty is encouraged to increase the relevance of the final examination with respect to the Programme and Outcome Requirements. The training efficiency of the internship-year (6th year) rotations should be enhanced so that they directly aid the final examinations.

- It is recommended to introduce and maintain Objective Structured Clinical Examinations (OSCE) for all students to assess clinically relevant competencies based on objective testing through direct observation.

Standard 3.2: Quality assurance of assessment

Is the review of the assessment system ensured in the medical school? Are the review criteria defined and known for those involved in assessment? Is feedback regularly collected on assessment procedures, which is then fed back to those concerned? Are concrete interventions and improvements made on the basis of the feedback received on assessment processes?

The Faculty's assessment policy and quality assurance of assessment are defined and published in the Faculty Academic Regulations that is part of the institutional Academic and Examination Regulations. Furthermore, the principles and rules of student feedback of training are defined and published in the University of Szeged Policy on Student Evaluation of Teaching and in the Albert Szent-Györgyi Medical School Regulations on Student Evaluation of Instructor Performance. We note here that the self-assessment report of the Faculty described only the student feedback system but not the general and faculty-level quality assurance processes.

A faculty-wide feedback system exists and is used. The feedback system evaluates individual teacher performance and subject/department-based performance. The feedback is done through the NEPTUN system in general, but other systems exist as well (CooSpace, GoogleForm). The general principles of the feedback are that questionnaires refer to the compulsory subjects and their related practices and seminars in the prior semester. Completion of the feedback is anonymous, but the group number must be indicated so that the instructors can be identified. Evaluations in which the number of completed questionnaires is less than the lower quartile of the number of evaluations received for the particular subject are not considered. During the site

visit the faculty members commented on the problem of the generally low representation in the feedbacks (<25%). To alleviate this problem, students who complete the questionnaire are awarded points and priority admission to subjects where student numbers are limited, and students are ranked on the basis of the points obtained.

In addition to the NEPTUN-based semester feedback system, there is a once-per-curriculum feedback/voting given by the 6th-year Hungarian and English students and the 2nd-year German students for the "Best Instructor of the Year", "Best Internship Leader of the Year", and "Best Institute of the Year". These awards are given out during the Freshmen Ball. These awards are to be commended as they enhance faculty motivation.

Compiled feedback data (in excel spreadsheets) are submitted to the Dean and the Faculty management. The relevant parts are submitted to each head of department. In the following assessment period, the realization of the recommended improvements is also taken into account when evaluating the instructors. Bulk data processing is also carried out by presenting an average score obtained by the study groups for each subject. Members of the Education Committee, members of the Faculty Council, the students, and other Faculty members receive the consolidated data, which are also published in the Faculty Newsletter.

There were several examples for changing examination conduct upon student feedback. During the site visit students positively noted the suspension of an examiner as a response to student complaints. Students commended the ease of communication with faculty administration. An online problem/complaint submission system also exists. The information is received and handled directly by the Dean's representative for quality assurance.

Recommendations:

- The Faculty is encouraged to set up an on-the-spot feedback system, such as a QR-code-based system for the efficient evaluation of lectures (or for anything that needs a rapid response).

- Questionnaire content (the questions themselves) should be regularly revised and tailor-made to faithfully reflect the quality of training and assessment towards general-practitioner education.

- Structured departmental response (action plans) to the student feedback should be regularly required (annual basis). The departmental responses should be mandated to be published electronically on the website of the faculty or the department/clinic.

- The representativity of the student feedback must be improved.

III/4 Students

Standard 4.1: Admission and selection of students

Are the admission requirements and policies applying to medical education accessible and kept up to date? Are all policies and documents relating to the admission process available to foreign students in foreign languages? Are the rules clear for transfer, passive semesters, or the deferral of other training requirements clear?

The Faculty offers full, 6-year basic medical programmes in Hungarian and English and a two-year medical programme in German, which have different procedures for the admission of students. The admission for the programmes is available for applicants with valid certificates of their Matura examinations.

The process of admittance into the Hungarian programme is done according to the regulations set out in Act CCIV of 2011 on National Higher Education. At the faculty level, the Admissions Office is responsible for overseeing the admission procedures for the foreign-language programmes. The Admissions Office is in charge of organising the entrance examination for the English-language programme (which has a written and oral part and has been conducted online since the start of the pandemic). At the same time, the admission for the German-language programme is based on the candidates' application documents. Those applicants who failed Biology, Chemistry, Physics and/or Mathematics in the last semester of their secondary school studies or in the baccalaureate examination are not entitled to apply.

The applicants' performance are assessed with the use of a points-based scoring system. The final decisions are delivered to the candidates through the DreamApply system. Although the applicants can appeal the final decision, the site-visit team was informed during the meetings with the representatives of the Faculty that this situation rarely happens.

The information required for the admission process of the three programmes is available on the website of the University (in Hungarian, English and German) and can be easily accessed. At the same time, the Faculty offers the candidates the opportunity to attend preparatory courses.

Students have the possibility to transfer to the Medical School if they have completed at least two semesters before the beginning of the academic year and minimum 36 credits of required courses in the last two semesters. The details about the rules and regulations on transfer are public on the website.

Recommendations:

- The implementation of admission policies and practices addressing the needs of applicants with disabilities is recommended.

Standard 4.2: Student support system

Does the medical school have a complex system of human, social and financial support that covers the entire student life cycle? Is this accessible to students? Are the relevant terms and conditions, rules and other documents clear and accessible (to all students)? Are the organisations representing student interests actively involved in the development of the support system, the criteria of access, and the management and review of the means of support

offered? Does the medical school carry out needs assessment, and collect feedback on the adequacy, suitability, etc. of the means of support?

The Faculty offers a diverse range of human, social, and financial resources that cater to the entirety of the student life cycle. Throughout their academic tenure, students are afforded multiple opportunities to engage in activities such as group mentoring, counselling, medical research, or volunteering.

Students can ask for career guidance and psychological counselling at the Student Counselling Centre. In order to access these services, students can contact anonymously the staff through MODULO. While the counselling opportunities are well-promoted to the students of the Hungarian and English programmes, the site-visit team noted during the meetings that students from the German-language programme are not very familiar with the counselling services. Additionally, due to a shortage of staff, it may take longer for students to be scheduled for a meeting. Nevertheless, students have expressed their satisfaction with the professional and beneficial services offered by the Counselling Centre.

The Faculty provides various scholarships to assist students in covering tuition fees and living expenses, as stipulated in the internal regulations. Additionally, the Faculty offers internal prizes, scholarships, and awards to students who achieve excellent academic results. Information pertaining to social and financial support is disseminated through the University's website and with the support of the Students' Union; the regulations on student fees and benefits are publicly available.

The involvement of students in the decision-preparing and decision-making bodies of the University and the Faculty is ensured by regulations. The Students' Union appoints student representatives to the Committees of the Faculty, such as the Education Committee (which has 4 student members). Additionally, a representative is appointed by each year of students; these representatives communicate with the head of representatives responsible for informing the Dean's Office of any academic issues. During the curriculum reform, students' voices were heard and their proposals for improvement, such as changes in the Pathology and Pathophysiology courses, were implemented.

The Students' Union assumes a high responsibility in gathering valuable feedback from the student body on key aspects of the Faculty's support system. Based on student perspectives, the administrative staff consistently provides major assistance on essential matters for Hungarian and international students alike.

Recommendations:

- The student support system should assume greater responsibility in identifying the needs of the international students and facilitating their adaptation to the academic environment.

- A greater emphasis should be placed on promoting the counselling services to the international students.

- An increase of the staff number of the Counselling Centre is recommended to provide more students with access to its services.

- The participation of international students should be increased in both the Students' Union and the Faculty's committees to better address their needs and requirements.

- The Faculty should periodically deliver electronic questionnaires to the students in order to collect feedback about the most important aspects of the student support system.

- The Dean's Office should analyse the results of the questionnaires regarding the student support system and make them public together with the measures or strategies that will be implemented to enhance various aspects. This will help to increase transparency and accountability within the institution and show students that their feedback is being taken into account.

III/5 Academic staff

Standard 5.1: Selection of academic staff

Has the medical school determined the composition of academic staff in such a way that is in line with its educational programme and mission statement? Does the medical school monitor whether the academic staff involved in the delivery of the educational programme is capable of ensuring that students acquire the competences defined in the programme and outcome requirements? Does the medical school monitor the adequacy of the number and composition of academic staff in the light of the number of students? Does the medical school regularly monitor whether the number of academic staff is sufficient to deliver the educational programme with respect to the number of students? Does the medical school have clear and unambiguous rules in place regarding the selection, recruitment and responsibilities of academic staff?

The University sets criteria for the selection of academic staff to ensure the high quality of education and to meet its strategic goals. The criteria, including job descriptions and competences, as well as requirements for the different positions are set out in the University's Employment Requirement System (Parts 11-16) of the Organizational and Operational Regulations, publicly available on the University's website.

In general, it is the responsibility of the heads of departments to ensure the availability and professional development of new medical instructors. This task is performed under the supervision of the Dean. All proposals concerning appointments or promotions submitted by the head of department are subject to a rigorous pre-evaluation by the Faculty management. During the pre-evaluation, they assess teaching experience and research/academic performance, as well as the academic results achieved in the Scientific Student Circle and PhD training. The Faculty complies with the Act of National Higher Education of Hungary and the regulations of the Hungarian Accreditation Committee throughout its promotional processes. Furthermore, the Faculty relies on performance indicators provided by university bodies relevant for scientific research and talent support activity (e.g., Scientific Student Circle). As part of the quality control with respect to qualifications, in general, a medical degree is compulsory for medical instructors in institutions which provide medical care; in the case of pre-clinical and basic module subjects, instructors are required to have a degree in Medicine, Pharmacy,

Biology, Chemistry, or Physics. A bachelor's degree in the subject taught (e.g., Sociology in Medical Sociology and Psychology in Behavioural Sciences) is required in certain cases. In the majority of cases, a PhD and/or habilitation in a medical discipline is required.

Reviewing and evaluation of academic staff are the responsibilities of the department heads and the Faculty management. Based on NEPTUN data, the reviews are submitted to the Faculty management annually for review. Subsequently, the appropriate decisions (budgeting, wage-adjustment, etc.) are made, but with not precisely set algorithms.

Recommendations:

- The Faculty is encouraged to develop the instructor-student ratio, particularly in modules where practical training is central (pre-clinical, clinical modules, practices of the basic module). Care must be taken for appropriate faculty development, particularly now as the Faculty plans to establish a six-year German medical training program.

- The Faculty is encouraged to respond to the departure of instructors with medical degree from the basic and pre-clinical modules. This is of particular importance in Anatomy and Physiology. A priority should be given to maintaining the existing number of MDs as academic staff in non-clinical departments.

Standard 5.2: Performance, training and development of academic staff

Does the medical school clearly define the tasks and responsibilities of academic staff in relation to teaching, research and other activities of the higher education institution? Does the medical school have a code of ethics that lays down its requirements regarding the conduct expected from academic staff? Are these requirements (for performance, responsibilities and conduct) published, and is awareness of them ensured?

Does the medical school have a system in place for the evaluation of academic staff performance? Are the academic staff involved in the development and review of the performance evaluation criteria? By what means does the medical school prepare academic staff and supervisors in clinical settings for the delivery of the outcomes required under the educational programme? Does the medical school also ensure that academic staff can develop their skills further? Does the medical school provide institutional or other resources and administrative support for the academic and professional development of academic staff?

The Medical School clearly defines the tasks and responsibilities of academic staff in relation to the teaching, research, and other activities of the higher education institution. The motivated teaching personnel is found to be open to fulfil obligations that optimally could or should be solved by administrative staff. The Hungarian and international students interviewed by the site visit team valued the high degree of motivation of the academic teaching staff in terms of reaction to student feedback, fast and effective communication with students and student-centred teaching organization.

The Faculty has a Code of Ethics that lays down the Medical School's requirements regarding the conduct expected from academic staff, in line with the University regulations. This performance, responsibility, and conduct requirements are published in the Faculty regulatory documents and the sufficient awareness of them could be detected by the site visit team. The documents are available on the internet page of the Faculty.

Teaching personnel exhibit a high degree of loyalty towards the Dean's management and were found to be fully supportive towards the Faculty's quality objectives, including introduction of new teaching methodologies (e.g., small group practical clinical teaching, interactive teaching, etc.).

The Faculty has a system for the evaluation of academic staff performance (Teljesítményértékelési Rendszer), the criteria of which are developed and reviewed by the leadership of the Medical School, with the involvement of academic staff. Academic performance evaluation takes place annually and the personal developmental plan session is coordinated by the direct supervisor or by the specific department head.

The Medical School prepares teaching academic staff and supervisors in clinical practice settings for the delivery of the educational programme according to the Programme and Outcome Requirements (KKK), and ensures that teaching personnel develop their skills, teaching methods and effectively contribute to the institutional culture. The Faculty provides institutional resources and administrative support for the academic and professional development of its academic staff.

Recommendations:

- The faculty-based repetitive and structured pedagogical and methodological training (workshops and Train the Trainer courses) for teaching staff should be regularly and systematically repeated to support newly appointed faculty, new teaching staff members and disseminate good teaching and assessment practices.

- Setting up a long-term development strategy for academic staff, which includes digital skills and active learning techniques, is recommended.

III/6 Infrastructure

Standard 6.1: Educational infrastructure
Does the medical school have the infrastructure required for the successful delivery of the educational programme (classrooms, seminar rooms, computer-equipped examination rooms and the related technical and social rooms and facilities)? Are there tools available to support different methods of teaching and learning? Does the medical school offer adequate library services to support the implementation of the educational programme? Does the medical school regularly measure and evaluate the adequacy of infrastructure (in terms of its condition, functionality, modernity and efficiency)?

The Faculty does have the infrastructure necessary for implementing the medical training program across the entire scale of basic, pre-clinical and clinical modules and the internship. The Medical School possesses lecture halls, classrooms, seminar rooms, student laboratories, autopsy and histology rooms and associated facilities, computer-equipped examination rooms for the in-house online examinations. Due to the historical architectural heritage, the teaching and instruction are carried out not so much in departmental facilities, except for the subject-specific training such as in anatomy and pathology, but in centralized facilities. Examples of such central teaching facilities are the Albert Szent-Györgyi Teaching Center (located in the center of the main campus), the Albert Gellért Teaching Center (located off campus), and the new Health Sciences Training Block, to be opened in 2023, which was constructed on the

grounds of the old Surgery building. The Health Sciences Training Block is centrally located in the campus, and it offers a truly state-of-the-art teaching center with lecture hall, seminar rooms, skill center, experimental surgery and some department-specific teaching classrooms and offices. The Pathology Department was relocated to its new site on the Clinical Center campus a few years ago and possesses state-of-the-art autopsy and digital histology rooms for training and examination. The Ear-Nose-Throat Clinic is a good example of combining the old with the new facilities, and it possesses well equipped surgery wards and laboratories available not only for health services and training but also for research. The Faculty operates a newly developed Biobank infrastructure of international quality and standards, which, although intended primarily for research and development, provides an excellent support for student science programs as well. During the visit the site-visit team could obtain an in-depth insight into the broad range of infrastructures and how they serve the medical training. It is also clear that the infrastructures are operated by dedicated and knowledgeable personnel.

Undoubtedly, the most challenging — in fact, a bottleneck — infrastructure is related to the Anatomy and Forensic Medicine building, which is located off campus, in an old, run-down building, which is more than hundred years old and was originally intended for operating as a public elementary school. Even though both the Faculty and these two departments do much about maintaining the high quality of training at this site, it is evident that the circumstances are far from optimal. The building does not have a large-enough lecture hall. The autopsy rooms are too large for small-group training, and most often 2-4 student groups are crammed into the at the same time.

E-learning systems and IT interfaces are generously available on campus, not only confined to the Faculty, but accessible via central cervices. The University has a number of computer-equipped classrooms available for instructors and students. In addition, our Faculty has six computer labs of its own, and the University of Szeged Klebelsberg Library provides further opportunities for the students, the faculty and the staff to expand their theoretical knowledge in the form of e-learning.

The Faculty has generous access to the central library (Klebelsberg Library), which is a modern, state-of-the-art educational center that offers a wealth of services. Clearly, the medical students use this facility frequently for their studies, even though the open hours are not around the clock.

Recommendations:

- The Faculty is highly encouraged to improve the infrastructure of the Anatomy and Forensic Medicine building, and consider re-locating it into the central campus.

- It is desired and recommended to improve the library services by making them available during around-the-clock open hours (7 days, 24 hours). Continuously available learning spaces should also be provided outside of the central university library. Student work could be incorporated to oversee the night shift.

- Proper bicycle storage places should be built and maintained by the University at all the teaching locations and learning spaces of the Medical School (e.g., at the Szent-Györgyi

Albert Educational Centre), to further promote the environment-friendly transportation of students and staff.

- At the Cochlear Implantation Centre, one of the three such centres functioning in Hungary, operating facilities, teaching and clinical personnel represent the cutting-edge medical care on a European and global scale, clinical infrastructure is a colourfully complex mixture of old and new, modern, and classical. This suboptimal infrastructural complexity can lead to higher running costs, faster amortization, decreases the perception of excellence and may reduce marketing value, patient, and staff wellbeing. A prospective, systematic planning of new infrastructure may lead to more efficient use of financial resources and to higher degree of satisfaction, wellbeing of the users.

Standard 6.2: Clinical training resources

Does the medical school ensure the acquisition of clinical skills in terms of the necessary professional, human and infrastructural conditions? Does the medical school have a system of clinical training sites that adequately supports the delivery of the educational programme, and the acquisition of a professional qualification? Do students receive adequate information and support from the medical school for the completion of their clinical practice?

The Medical School possesses a wide system of clinical training sites (clinical departments, teaching hospitals, international teaching hospitals) that adequately supports the delivery of the educational programme and the acquisition of the clinical skills, necessary professional and human attitudes, and responsibility, required for the medical degree. It provides sufficient infrastructural, human, and professional resources to ensure the acquisition of practical skills.

The clinical infrastructure is backed up and complemented by a newly developed independent educational unit, the Skills and Educational Center. This Center is a modern simulation centre for the practical training of general medical skills. The Center is and will be equipped with several complex educational tools, simple and hi-fi simulators that provide the background for task-oriented practices. The Skills and Educational Center is set up based on international standards.

Students receive adequate information and support from the Medical School for the completion of their clinical practices through the Faculty's home-page system.

The Medical School closely collaborates with its clinical departments representing both medical teaching and healthcare. Through the cooperation with the other three Hungarian medical schools, they possess a large number of accredited teaching hospitals and departments for the clinical practices of the Hungarian and international students. The range of clinical practical training sites include teaching hospitals and wards throughout Europe and worldwide.

The clinical practical teaching and training sites, teaching or practicing hospitals follow the Medical School's curriculum, provide feedback from the motivation, contribution, and activity of students. Students, on the other hand, evaluate the quality of teaching at these specific hospitals and departments. State-of-the-art professional qualification and scientific activity are required from the leading faculty of the teaching hospitals and departments.

The course descriptions of the specific clinical practices provide enough guidance for the personnel of the practical teaching site to follow the Medical School's educational programme.

The Faculty applies small group teaching at course practices (12-20 students) and even more importantly at clinical bedside teaching (4-14 students).

Recommendations:

- Close collaboration of the preclinical and basic science departments with the clinical departments provides a solid background for developing the educational programme both in the area of medically relevant scientific knowledge, and in the area of their translation into clinical research or practice. This close collaboration should be maintained and strengthened.

III/7 Quality assurance

Standard 7: The quality assurance system of the medical school

Does the medical school have its own independent organisation and processes for quality assurance, which fit into the structure of the quality assurance system maintained by the higher education institution that the medical school is part of? Are the documents relating to the quality assurance activities of the medical school clear and kept up to date? Does the medical school set quality objectives on an annual basis, and does it monitor their achievement? Does the medical school have extensive quality assurance processes that address the activities covered by standards 1 to 6 relating to the implementation of the educational programme? Does the medical school perform quality assurance activities in a systematic and regular manner? Does the medical school use the PDCA approach?

The University has recently started to complete its existing quality assurance system for the Faculty and to further develop it in accordance with the standards and strategic documents. The University aims to have a Quality Assurance System (QAS) that complies with the following national and international higher education standards and internal strategic documents: the criteria provided by the Hungarian Accreditation Committee, the guidelines of the Ministry of Culture and Innovation and the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). The documents submitted and the site visit show that the Quality Policy Statement, Quality Objectives, and The Standards for Quality Improvement together with the Institutional Development Plan 2021–24 guide the quality assurance activities.

The University has an integrated multi-level QAS that operates at the University, Faculty and department levels:

- At the University level, the Rector and the Chancellor of the University are jointly responsible for quality assurance. The operation and coordination of the integrated QAS is carried out by the Director General of Strategy and Development as the head of the system at the University and supervised by the Quality Development Committee (QDC). The coordination activities and operational implementation of the quality assurance tasks are carried out in the office of the Director General for Strategy and Development under the direction of the QAS Manager.

- At the Faculty level, monitoring of teaching and research is carried out by the QDC (called as Quality Assurance Board at the Medical Faculty) at each faculty, whose chairperson and members are appointed by the respective dean.

- The methodological, coordinating and administrative tasks of the education, research, service and functional departments in connection with the operation of the QAS shall be performed by the quality assurance unit of the department concerned or, in the absence of such an organisation, by the person responsible for quality in the department.

The Faculty's QAS was established in November 2022 and has just started its work. Accordingly, many documents have just been created and there has been no update so far. The review is planned annually.

The quality objectives of the Faculty cover two areas currently: teaching and research, to improve the quality of studies and develop basic and clinical research. The Vice-Dean for Educational Affairs, the Vice-Dean for Scientific Affairs, and the Head of the Registrar's Office are responsible for the respective areas.

- The system for teaching is implemented solely by measuring student opinion (surveys). The indicators from the student satisfaction surveys are linked to teaching, and the indicators for the discipline of electronic data transmission are linked to courses.

- Two indicators have been developed to improve research (i) number of publications in basic and clinical research (ii) impact factor and classification of publications in basic and clinical research. These documents are published by the Faculty and communicated to the heads of its departments.

The University carries out several surveys to achieve the goals. At the university level, the Graduate Career Tracking system is implemented centrally. Subsequently, the data are analysed to support decision making. At the level of the Faculty, these procedures do not seem to have a long tradition, and the systems (e.g., the evaluation system of administrative staff or the Policy on Student Evaluation of Teaching) are currently either being reviewed or modernised.

Recommendations:

Teaching:

- It is recommended to introduce a more comprehensive and structured QAS covering four areas of teaching: the programme of study, the competences of teaching staff, learning resources, and the environment and needs of students (for the latter see also recommendations #4.2).

- A system should be introduced to systematically and regularly measure and analyse the opinion of lecturers, graduates and employers.

- Students should be provided more information on the results of the surveys.

Research:

- A collection of research impact indicators should be introduced in addition to counting the number of papers or journal impact factors.

General:

- It is recommended to align the Standards for Quality Improvement with the WFME standards in the future.

- In the frame of staff development, systematic training should be introduced on the most important quality assurance areas for teaching and administrative personnel.

III/8 Organisational frameworks

Standard 8.1: Structure and organisation

Does the medical school have a management structure that is transparent in terms of decision-making levels and processes, and ensures the involvement of student and faculty in decision-making? Are the documents and regulations on the operation and organisation of the medical school up-to-date and publicly available? Are the management structure and management practices of the medical school clear and regulated? Does the medical school have an internal control system that is suitable to monitor the regularity of decision-making, and to assess and manage operational risks?

The University and the Faculty have a transparent organisational framework. The Faculty's Organisational and Operational Regulations are up-to-date and publicly available on the faculty website under "Quality Policy".

The supervisory authority is the Foundation for the University of Szeged (Foundation). As a non-profit foundation with public duties, the Foundation exercises supervisory rights over the University and thus creates the conditions for the operation of the University in accordance with the Law on Non-profit Foundations with Public Duties. The Board of Trustees of the Foundation exercises the rights of the founder. The Rector is the responsible head and representative of the University, the President of the Foundation Board exercises the rights of the employer vis-à-vis the Rector. The Rector is assisted by four Vice-Rectors. In addition, the University has a Council of Deans, which acts as a decision-making and advisory body alongside the Rector and a Rector-Chancellery Cabinet. The Rector-Chancellery Cabinet is an advisory and decision-preparing body that supports the Rector and the Chancellor in their work and meets regularly on the dates set by the Rector and the Chancellor.

The decision-making body of the University is the Senate, whose duties are set out in the Foundation Charter and in the Rules for Organisation and Operation, and which is responsible for overseeing the implementation of decisions. The majority of the members of the Senate are elected by the academics and researchers, including the President.

The Chancellor is the administrative and economic head of the University. The Chancellor exercises his right to approve resolutions and measures of the Senate that have an economic

impact on the financial management, organisation and operation of the university and are a prerequisite for the validity and entry into force of these resolutions. The Chancellor is supported in this work by the senior staff (i.e., Director General for Economic Affairs (also Vice-Chancellor for Health), Director General for Legal Affairs, Administration and Human Resources (also Vice-Chancellor), Director General for Strategy and Development (also Vice-Chancellor), Technical Director, Director of Procurement, Director of Information Technology and Services, Director of Education and Director of International Affairs and Public Relations.

The university has 12 faculties, which are independent organisational units with operating regulations, internal financial budgets, staff with management duties and units with administrative duties. The faculties are not independent legal entities, but the Deans act as representatives of the University within the framework of the faculties' operations and tasks, subject to the written approval of the Rector. Within the limits set by the Rector, the Deans may make independent legal declarations and enter into obligations within the framework of the faculty budget in accordance with the rules of procedure.

The Medical Faculty's governing body is the Faculty Council, which may establish and operate advisory and decision-support bodies. The Faculty Council shall be chaired by the Dean or, in his absence, by the Vice-Dean or, in the case of more than one Vice-Dean, by the Vice-Dean appointed by the Dean on a permanent basis. The Faculty Council has 11 standing committees whose members are confirmed by the Faculty Council. The structure and functioning of the Faculty Council are described in the University's Rules for Organisation and Operation and in the Faculty's Rules of Procedure. The Faculty Council instructs, monitors and evaluates the activities of the Faculty's teaching and research departments, the work of its heads of units under delegated powers and determines the operation of the Faculty. The Faculty Council performs its duties partly directly and partly through various committees elected by the Faculty Council. The Faculty Council decides on the establishment of the Faculty's rules of procedure, the educational principles, the requirements and evaluation of teaching at the Faculty, on the assessment of applications for teaching and research posts which do not fall within the competence of the Senate, the development of curricula, including electives and special subjects, with the approval of the Rector and the Chancellor, the allocation of the budget, on the conditions and principles of academic student work. It gives its opinion on all personnel matters, on the integration of the pedagogical organisational units, on academic matters affecting students and on the regulations of the University and the Faculty, on the reports to be submitted to the Senate in connection with the activities of the Faculty, on all matters submitted to the Council by the Dean, and on matters in which consultation of the Faculty Council is prescribed. It shall propose to the Senate all organisational and academic changes.

As stated in the Faculty's Rules of Procedure, members of the Faculty Council are elected for a term of 4 years, and undergraduate and postgraduate students may be members for one year. The student members of the Faculty Council are delegated by the Students' Union according to the number of members specified in the Faculty's Rules of Procedure.

The management structure and practises of the Faculty are described in the Faculty's Rules of Procedure, providing detailed information about the boards and committees involved in decision-making and the role of the Faculty and students.

Internal control is ensured by the Internal Audit Department. This unit is responsible for monitoring compliance with laws, policies and procedures, as well as auditing the economy, efficiency and effectiveness of the University's budgetary income and expenditure and operations to ensure sound and transparent management. The overall objective of the department is to ensure the effective, efficient, economical and orderly operation of the University and to safeguard its assets. The Chancellor is in charge of ensuring the functional independence of the internal auditors, particularly with regard to the design of audit programmes, the choice of audit methods and audit reports and recommendations.

Recommendations:

- It is recommended to make additional efforts at both University and Faculty level to ensure that organisational units, staff and students are made more aware of the role and importance of internal control and quality assurance systems and familiarised with the procedures.

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

How does the medical school ensure administrative support in the fields of operation, management, and teaching? What kind of IT support systems does the medical school maintain in order to support administrative activities? Does the medical school ensure the training and development of administrative staff in an organised manner?

The operation, management and teaching activities of the Faculty are supported by several administrative units. The main administrative unit is the Dean's Office, which oversees the work of the Secretariat and experts of the Dean's Office, the Academic Office, the Centre for Specialisation and Further Education, and the Financial Office. Among other things, these units are responsible for administrative tasks and the preparation of faculty events, the management of the Medical School's human resource activities, the implementation of regulations and decisions, administrative support for students, and assistance in the financial management of the Faculty. Detailed information on the activities of the administrative units is available in the Faculty's Rules of Procedure.

The Faculty works in close cooperation with several units and senior managers of the University, such as the Klebersberg Library, the University Office of the Director for Research, Development and Innovation, which oversees the research activities of the Medical School, or the Chancellor and the Office of the Director General for Economic Affairs, supervising the financial matters of the Faculty.

There are various IT systems available to support education and the administrative system of the Faculty: Neptun, CooSpace, Modulo, EOS and Nexon. Neptun and CooSpace are study-related systems, while the other systems support economic management (EOS) and provide support for university administration (Modulo) and HR services (Nexon). During the site visit, students representing the Faculty mentioned that the Neptun system should be improved to make it more stable and reliable.

The Faculty's administrative staff receive regular training on study-related IT systems; training courses are also provided at staff request, and based on the feedback from participants, the

content of training materials is modified if necessary. In addition, staff can participate in English and German language courses and Erasmus+ mobility opportunities.

Administrative staff meetings, which take place once or twice a month, provide an opportunity for staff members to express their views and satisfaction regarding their work and administrative matters. As the site-visit team members were informed, a formal method for evaluating the performance of administrative staff is currently being developed. During the visit, students interviewed by the site-visit team commended the helpful and professional attitude of the administrators and confirmed that they receive useful technical support from the faculty administration. Currently, according to the representatives of the Dean's Office, the ratio of administrative coordinators to students is around 1:200. The students mentioned that increasing the number of administrative staff would enhance the amount of support provided to them.

Recommendations:

- An increase in the number of administrative staff should be considered to provide more support to students.

- It is recommended to improve the Neptun system to ensure that it works reliably during the course and exam registration periods.

Members of the site-visit team:

Chair: Prof. Dr. Andrea Olschewski
Co-Chair: Prof. Dr. Miklós Kellermayer

Members:
Dr. László Czopf
Dr. Péter Vámosi
dr. Alexandra-Simona Zamfir
dr. Péter Levente Lakatos
Anna Szombathelyi

Date of the site-visit: 2-4 May 2023

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**		✔	