

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 11, 2008
ATTENTION: Board Members
DEPARTMENT: Medical Board of California, Licensing Program
SUBJECT: Recognition of International Medical School Program
Medical University of Lublin (English Program)
Lublin, Poland
STAFF CONTACT: Deborah Pellegrini, Chief, Licensing Program

REQUESTED ACTION:

Determine if the Medical University of Lublin's English-language program satisfies the minimum requirements of statute and regulation and should be granted recognition.

STAFF RECOMMENDATION:

Staff recommends that the Board grant recognition to the Medical University of Lublin's English Program, based on the Medical Consultant's positive findings and recommendations. This would be consistent with the Board's prior decisions regarding other European programs of this type.

EXECUTIVE SUMMARY:

The Medical University of Lublin in Lublin, Poland, founded its Polish-language medical school in 1949. In 1995, the institution began to operate a four-year medical education program for non-citizens using English as the language of instruction. A six-year English-language program was added in 1999 for applicants who have not completed the postsecondary pre-medical coursework to enter medical school.

The Board presently recognizes the Medical University of Lublin's Polish-language medical school whose primary purpose is to educate its own citizens to practice medicine in Poland. In accordance with Title 16, CCR, subsection (c) of section 1314.1, the Medical University of Lublin has requested the Board to grant recognition to its four-year and six-year English programs for foreign nationals. Subsection (a)(2) of section 1314.1 requires the institution to meet the standards set forth in subsection (b) of section 1314.1. Copies of B&P Code sections 2089 and 2089.5 and Title 16, CCR, section 1314.1 are attached for your reference.

The institution submitted a Self Assessment Report to the Board on March 3, 2008 and supplemental responses on May 10, 2008 and May 30, 2008. These items were forwarded to our Medical Consultant, Harold J. Simon, M.D., Ph.D., at the University of California, San Diego

(UCSD) for review. Dr. Simon is an expert medical education consultant and professor at the UCSD School of Medicine, Division of International Health and Cross-Cultural Medicine. Dr. Simon completed a comprehensive evaluation of the institution's Self Assessment Report and supporting data. Dr. Simon's June 11, 2008 report outlining his findings and recommendations is attached for your review. Institution officials addressed all questions and requests for additional information satisfactorily. Dr. Simon recommends that the Board grant recognition to Lublin's English programs with full retroactivity to prior students and graduates.

FISCAL CONSIDERATIONS:

There is no fiscal impact on the Medical Board of California to granting recognition to the Medical University of Lublin's English Program. If the Board grants recognition to the school's English program, graduates of the program will apply for licensure in California. The application processing fees that they remit will defray the costs of reviewing their applications.

PREVIOUS MBC AND/OR COMMITTEE ACTION:

Since 2002, the Board's Division of Licensing has granted the same recognition to six English-language programs offered by existing native-language programs in Europe, including all four Hungarian medical schools and Charles University First Faculty of Medicine in the Czech Republic. At its July 2007 meeting, the Division of Licensing granted recognition to Jagiellonian University's English-language programs in Krakow, Poland. Dr. Simon also served as the Board's Medical Consultant for these six reviews.

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CALIFORNIA BUSINESS & PROFESSIONS CODE

2089. (a) Each applicant for a physician's and surgeon's certificate shall show by official transcript or other official evidence satisfactory to the Division of Licensing that he or she has successfully completed a medical curriculum extending over a period of at least four academic years, or 32 months of actual instruction, in a medical school or schools located in the United States or Canada approved by the division, or in a medical school or schools located outside the United States or Canada which otherwise meets the requirements of this section. The total number of hours of all courses shall consist of a minimum of 4,000 hours. At least 80 percent of actual attendance shall be required. If an applicant has matriculated in more than one medical school, the applicant must have matriculated in the medical school awarding the degree of doctor of medicine or its equivalent for at least the last full academic year of medical education received prior to the granting of the degree.

(b) The curriculum for all applicants shall provide for adequate instruction in the following subjects:

Alcoholism and other chemical substance dependency, detection and treatment.

Anatomy, including embryology, histology, and neuroanatomy.

Anesthesia.

Biochemistry.

Child abuse detection and treatment.

Dermatology.

Geriatric medicine.

Human sexuality.

Medicine, including pediatrics.

Neurology.

Obstetrics and gynecology.

Ophthalmology.

Otolaryngology.

Pain management and end-of-life care.

Pathology, bacteriology, and immunology.

Pharmacology.

Physical medicine.

Physiology.

Preventive medicine, including nutrition.

Psychiatry.

Radiology, including radiation safety.

Spousal or partner abuse detection and treatment.

Surgery, including orthopedic surgery.

Therapeutics.

Tropical medicine.

Urology.

(c) The requirement that an applicant successfully complete a medical curriculum that provides instruction in pain management and end-of-life care shall only apply to a person entering medical school on or after June 1, 2000.

Clinical Instruction

2089.5. (a) Clinical instruction in the subjects listed in subdivision (b) of Section 2089 shall meet the requirements of this section and shall be considered adequate if the requirements of subdivision (a) of Section 2089 and the requirements of this section are satisfied.

(b) Instruction in the clinical courses shall total a minimum of 72 weeks in length.

(c) Instruction in the core clinical courses of surgery, medicine, family medicine, pediatrics, obstetrics and gynecology, and psychiatry shall total a minimum of 40 weeks in length with a minimum of eight weeks instruction in surgery, eight weeks in medicine, six weeks in pediatrics, six weeks in obstetrics and gynecology, a minimum of four weeks in family medicine, and four weeks in psychiatry.

(d) Of the instruction required by subdivision (b), including all of the instruction required by subdivision (c), 54 weeks shall be performed in a hospital that sponsors the instruction and shall meet one of the following:

(1) Is a formal part of the medical school or school of osteopathic medicine.

(2) Has an approved residency program in family practice or in the clinical area of the instruction for which credit is being sought.

(3) Is formally affiliated with an approved medical school or school of osteopathic medicine located in the United States or Canada. If the affiliation is limited in nature, credit shall be given only in the subject areas covered by the affiliation agreement.

(4) Is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada.

(e) If the institution, specified in subdivision (d), is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada, it shall meet the following:

(1) The formal affiliation shall be documented by a written contract detailing the relationship between the medical school, or a school of osteopathic medicine, and hospital and the responsibilities of each.

(2) The school and hospital shall provide to the division a description of the clinical program. The description shall be in sufficient detail to enable the division to determine whether or not the program provides students an adequate medical education. The division shall approve the program if it determines that the program provides an adequate medical education. If the division does not approve the program, it shall provide its reasons for disapproval to the school and hospital in writing specifying its findings about each aspect of the program that it considers to be deficient and the changes required to obtain approval.

(3) The hospital, if located in the United States, shall be accredited by the Joint Commission on Accreditation of Hospitals, and if located in another country, shall be accredited in accordance with the law of that country.

(4) The clinical instruction shall be supervised by a full-time director of medical education, and the head of the department for each core clinical course shall hold a full-time faculty appointment of the medical school or school of osteopathic medicine and shall be board certified or eligible, or have an equivalent credential in that specialty area appropriate to the country in which the hospital is located.

(5) The clinical instruction shall be conducted pursuant to a written program of instruction provided by the school.

(6) The school shall supervise the implementation of the program on a regular basis, documenting the level and extent of its supervision.

(7) The hospital-based faculty shall evaluate each student on a regular basis and shall document the completion of each aspect of the program for each student.

(8) The hospital shall ensure a minimum daily census adequate to meet the instructional needs of the number of students enrolled in each course area of clinical instruction, but not less than 15 patients in each course area of clinical instruction.

(9) The division, in reviewing the application of a foreign medical graduate, may require the applicant to submit a description of the clinical program, if the division has not previously approved the program, and may require the applicant to submit documentation to demonstrate that the applicant's clinical training met the requirements of this subdivision.

(10) The medical school or school of osteopathic medicine shall bear the reasonable cost of any site inspection by the division or its agents necessary to determine whether the clinical program offered is in compliance with this subdivision.

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 13. MEDICAL BOARD OF CALIFORNIA
CHAPTER 1. DIVISION OF LICENSING
ARTICLE 4. SCHOOLS AND COLLEGES OF MEDICINE

This database is current through 01/06/2006, Register 2006, No. 01.

Section 1314.1. International Medical Schools.

(a) For purposes of Article 5 of Chapter 5 of Division 2 of the code (commencing with Section 2100), a medical school's resident course of instruction that leads to an M.D. degree shall be deemed equivalent to that required by Sections 2089 and 2089.5 of the code if the medical school offers the curriculum and clinical instruction described in those sections and meets one of the following:

(1) The medical school is owned and operated by the government of the country in which it is located, the country is a member of the Organization for Economic Cooperation and Development, and medical school's primary purpose is educating its own citizens to practice medicine in that country; or

(2) the medical school is chartered by the jurisdiction in which it is domiciled and meets the standards set forth in subsection (b) below.

(b)(1) Mission and Objectives.

The institution shall have a clearly stated written purpose or mission statement and objectives that include:

(A) The institution's broad expectations concerning the education students will receive;

(B) The role of research as an integral component of its mission, including the importance, nature, objectives, processes and evaluation of research in medical education and practice; and

(C) Teaching, patient care, and service to the community.

The institution shall have institutional objectives that are consistent with preparing graduates to provide competent medical care.

(2) Organization.

The institution shall be organized as a definable academic unit responsible for a resident educational program that leads to the M.D. degree. The manner in which the institution is organized shall be set forth in writing.

(3) Curriculum.

The structure and content of the educational program shall provide an adequate foundation in the basic and clinical sciences and shall enable students to learn the fundamental principles of medicine, to acquire critical judgment skills, and to use those principles and skills to provide competent medical care.

(4) Governance.

The administrative and governance system shall allow the institution to accomplish its objectives (i.e. its statements of the items of knowledge, skills, behavior and attitude that students are expected to learn). An institution's governance shall give faculty a formal role in the institution's decision-making process. A student enrolled in the program shall not serve as an instructor, administrator, officer or director of the school.

(5) Faculty.

The faculty shall be qualified and sufficient in number to achieve the objectives of the institution. A "qualified" faculty member is a person who possesses either a credential generally recognized in the field of instruction or a degree, professional license, or credential at least equivalent to the level of instruction being taught or evaluated. The institution shall have a formal ongoing faculty development process that will enable it to fulfill its mission and objectives.

(6) Admission and promotion standards.

The institution shall have and adhere to standards governing admission requirements and student selection and promotion that are consistent with the institution's mission and objectives.

(7) Financial Resources.

The institution shall possess sufficient financial resources to accomplish its mission and objectives.

(8) Facilities.

The institution shall have, or have access to, facilities, laboratories, equipment and library resources that are sufficient to support the educational programs offered by the institution and to enable it to fulfill its mission and objectives. If an institution utilizes affiliated institutions to provide clinical instruction, the institution shall be fully responsible for the conduct and quality of the educational program at those affiliated institutions.

(9) Quality Assurance System.

If the institution provides patient care, it shall have a formal system of quality assurance for its patient care program.

(10) Records.

The institution shall maintain and make available for inspection any records that relate to the institution's compliance with this section for at least five years, except, however, that student transcripts shall be retained indefinitely.

(11) Branch Campuses.

An institution with more than one campus shall have written policies and procedures governing the division and sharing of administrative and teaching responsibilities between the central administration and faculty, and the administration and faculty at the other locations. These policies shall be consistent with the institution's mission and objectives. The institution shall be fully responsible for the conduct and quality of the educational program at these sites. If an institution operates a branch campus located within the United States or Canada, instruction received at that branch campus shall be deemed to be instruction received and evaluated at that institution. For purposes of this section, the term "branch campus" means a site other than the main location of the institution but does not include any hospital at which only clinical instruction is provided.

(c) The division may, on its own or at the request of an institution, determine whether that institution meets the requirements of subsections (a) and (b). The division shall have the sole discretion to determine whether a site visit is necessary in order to verify the accuracy and completeness of the data provided and to conduct an in-depth review of the program to determine whether the institution is in compliance with this regulation.

(d) An institution's failure to provide requested data regarding its educational program or to cooperate with a site team shall be grounds for disapproval of its educational program.

(e) If the division determines that a site visit is necessary, it shall appoint a site inspection team to conduct a comprehensive, qualitative onsite inspection and review of all aspects of the institution's operations to determine whether the institution complies with the requirements of subsections (a) and (b).

The fee for a site visit is all reasonable costs incurred by the board staff and the site team, payable in estimated form in advance of the site visit. If the cost of the site visit exceeds the amount previously paid, the board shall bill the institution for the remaining amount and shall not take action to determine the institution's equivalency until such time as the full amount has been paid. If the amount paid exceeds the actual costs incurred, the board shall remit the difference to the institution within 60 days.

The site team shall prepare and submit to the division a report that includes

(1) Its findings regarding the institution's compliance with the requirements of the law and this regulation;

(2) Its assessment of the quality of the institution as a whole and the quality of the institution's educational program, including any deficiencies; and

(3) Its recommendation whether or not the institution's resident course of instruction leading to an M.D. degree should be deemed equivalent to that required by Sections 2089 and 2089.5 of the code, including a recommendation regarding the correction of any deficiencies identified in the report. A copy of the report shall be provided to the institution, which shall have 60 days following the date of the report in which to respond to board staff as to any errors of fact or erroneous findings.

(f) If an institution wishes to retain the division's determination that its resident course of instruction leading to an M.D. degree is equivalent to that required by Sections 2089 and 2089.5 of the code, or if it is currently being evaluated for such equivalency, it shall do the following:

(1) It shall notify the division in writing no later than 30 days after making any change in the following:

(A) Location;

(B) Mission, purposes or objectives;

(C) Change of name;

(D) Any change in curriculum or other circumstance that would affect the institution's compliance with subsections (a) and (b).

(E) Shift or change in control. A "shift or change in control" means any change in the power or authority to manage, direct or influence the conduct, policies, and affairs of the institution from one person or group of people to another person or group of people, but does not include the replacement of an individual administrator with another natural person if the owner does not transfer any interest in, or relinquish any control of, the institution to that person.

(2) Every seven years, it shall submit documentation sufficient to establish that it remains in compliance with the requirements of this section and of Sections 2089 and 2089.5 of the code.

(g) The documentation submitted pursuant to subsection (f)(2) shall be reviewed by the division or its designee to determine whether the institution remains in compliance with the requirements of these regulations and of Sections 2089 and 2089.5 of the code.

(h) The division may at any time withdraw its determination of equivalence when an institution is no longer in compliance with this section. Prior to withdrawing its determination of equivalence,

the division shall send the institution a written notice of its intent to withdraw its determination of equivalence, identifying those deficiencies upon which it is proposing to base the withdrawal and giving the institution 120 days from the date of the notice within which to respond to the notice. The division shall have the sole discretion to determine whether a site visit is necessary in order to ascertain the institution's compliance with this section. The division shall notify the institution in writing of its decision and the basis for that decision.

(i) The division may evaluate any institution described in subsection (a)(1) to determine its continued compliance with Sections 2089 and 2089.5 of the code if, in its sole discretion, the division has reason to believe that the institution may no longer be in compliance.

DIVISION 13. MEDICAL BOARD OF CALIFORNIA

For disposition of former Sections 1370-1375.45, see Table of Parallel Reference, Chapter 13.2, Title 16, California Code of Regulations.

General Materials (GM) - References, Annotations, or Tables

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2018, 2089, 2089.5, 2102 and 2103, Business and Professions Code.

HISTORY

1. New section filed 11-13-2003; operative 12-13-2003 (Register 2003, No. 46) .



DIVISION OF INTERNATIONAL HEALTH AND
CROSS CULTURAL MEDICINE

9500 GILMAN DRIVE
LA JOLLA, CALIFORNIA 92093-0622

Attn: Ms Stacie Berumen, Manager Date: June 11, 2008

From: Harold J. Simon, M.D., Ph.D., FACP, Medical Consultant

Subject: **Recognition of International Medical School Program
Medical University of Lublin (English Program) (MUL-ELD) – Lublin, Poland**

The Division has requested a review of the **MUL -ELD's** Self Assessment Report (**Report**) submitted in pursuit of an application for recognition of the **MUL -ELD** by the Division of Licensing (DOL) to enable students at and graduates of **MUL** to participate in clinical clerkships and graduate clinical training programs in California and – provided all other requirements have been satisfied – to become eligible for licensure to practice medicine in this State. The ensuing narrative is based on study and analysis of this **Report**.

INTRODUCTION AND OVERVIEW

Documentation about the institution's Statement of Objectives and Mission, Charter, Organization and Governance is provided in the **Report** and fulfills the DOL's requirements in these dimensions.

MUL is chartered, operated by and under the aegis of the Polish Government through the Ministries of Health and of Science and Higher Education. The **ELD** is administered within **MUL** under the direction of **MUL'S** central administration.

Note: This Review and Analysis is based entirely on the materials contained in the **Report**. No other sources of information on **MUL** were available to this reviewer.

Poland is a Member of the Organization for Economic Cooperation and Development (OECD) and the European Union (EU) .

MUL's primary purpose is to educate its own citizens to practice medicine in Poland.

The **MUL's** professional degrees have long been recognized by Poland, and its graduates have been permitted to practice in numerous countries of Europe, Asia and North America.

Graduates of the **ELD** are eligible to practice in Poland after satisfying all the **MUL's** requirements. US students are eligible to take the USMLE.

All **MUL's** programs require approval by the Faculty Council, and are further subject to approval by the Ministries of Health and of Science and Higher Education.

MUL is situated in Lublin, a large city located in Western Poland near the Eastern Boundary of the European Union. It embodies 5 universities with 80,000 students.

MUL was established in 1949, is comprised of >100 departments and clinics and offers programs leading to the BSc, MA, MD and Ph.D. degrees.

MUL embodies

- The First Faculty of Medicine and Dentistry Division;
- The Second Faculty of Medicine with the **ELD**;
- The Faculty of Pharmacy with the Medical Analysis Division; and
- The Faculty of Nursing and Health Sciences.

Note: **MUL** is a free-standing institution and not part of a larger university.

FACILITIES:

MUL embodies 11 new and old buildings. Seven buildings house lecture halls, offices, student and faculty research laboratories and libraries. There are 3 hospitals and clinic buildings and an athletic facility.

The **main library's** holdings include 130,535 books; 40,033 journals which include 431 Polish titles; 158 Foreign titles; and access to Polish and International data bases.

These facilities appear adequately equipped and eminently sufficient for the stated purposes.

There is an A/V facility but no special facilities for illustration, photography, electronics or computer/data processing, nor is there a machine shop.

According to a newspaper's ranking, MUL is accorded 5th place among the 11 Polish medical universities. In 2007, the Polish Parliament saw fit to amend the institution's title "Academy" to "University."

CURRICULUM

Note: The entire curriculum was last reviewed in 2005 by the Polish State Accrediting Agency (PKA) and found to conform completely to the requirements and standards established in 1993 by the **Association of European Medical Schools**. Consequently, accreditation was extended for the next 5 years.

Admission requirements are identical with those for the mainstream program. Instruction in the Polish Language throughout the first two years is the principal difference between the mainstream (Polish) and **ELD** curriculae which are otherwise identical. All preclinical science courses include practical exercises conducted in well-equipped student laboratories.

The 6-year curriculum of the **ELD** is divided among three main categories: basic education in premedical sciences (1st and 2nd years); pre-clinical subjects and introduction to clinical clerkships (3rd and 4th years); basic clinical clerkships (5th year); and a year for "internships" comparable to advanced clinical clerkships and subinternships in the U.S. Some of these may be taken in affiliated hospitals in other countries.

The 4-year* medical curriculum is identical with the 6-year* program but omits the pre-medical 2 years. It includes >5,500 didactic, laboratory-based and clinical hours. Both programs include instruction in the Polish Language in the first 2 years.

***Note:** the term "final year" will be used henceforth in place of 4th or 6th year, respectively, and as appropriate.

The aims and objectives of the individual courses are described *in extenso*. Both programs conform completely to the stipulations specified in **Section 2089** of the California Business & Professions Code. Insofar as the stipulations in **Section 2089.5** are concerned, the documentation provided regarding the affiliated hospitals currently being used in the United States conform to the requirements of statute.

Instruction in the pre-medical and pre-clinical years of the **ELD** is in English utilizing standard American and British texts. The Polish Language courses are augmented by specially prepared materials addressing matters pertaining to obtaining and conducting the medical history, physical examination, and psycho-social factors in physician-patient relationships and interactions in accord with Polish culture and customs.

ELD students must demonstrate proficiency in Polish before they begin clinical training by passing a final examination in the Polish language at the end of four semesters. During the students' clinical training, English-speaking clinicians also assist students to enhance communication with patients.

Instruction proceeds in parallel with the mainstream (Polish) curriculum in terms of topic coverage and duration. Moreover, since all ICM and clinical activities involving patients require competency in the Polish language, intensive instruction in Polish is integral within the **ELD** curriculum for the first 2 years.

The last 2 years are taught chiefly in Polish.

On petition, a limited number of leaves of absence may be granted for students to pursue approved, specialized courses elsewhere and/or to prepare for and/or sit for specific diploma or other examinations (e.g., USMLE).

The specifics of the curriculum are described in exhaustive detail by department and lecture/laboratory/practical/study topic on a credit hour basis. Examination policies and practices are also described in detail, together with a schedule of course-by-course examinations. A summary follows:

Attendance at every class is strongly recommended and monitored.

Attendance at and participation in laboratory/practical exercises and seminars is mandatory and enforced by requiring students to have attendance records signed at every occasion.

If such a class/exercise is missed, a valid excuse must be submitted. Makeups may be permitted through attendance at another student group. A student faces disciplinary if s/he misses more than 2 such sessions.

In addition to instruction in some pre-medical topics and the usual pre-clinical sciences, the academic program for the 1st year of the **6-year medical curriculum** includes required courses in first aid and resuscitation, medical psychology, and the Polish language.

Instruction in the pre-medical sciences is continued in the 2nd year supplemented with continuing instruction in the Polish language.

The bulk of the 3rd year (**1st year of the 4 year program**) is devoted to pre-clinical courses, introduction to the clinical disciplines (ICM), and medical sociology. Students study and participate in exercises addressing introduction to the hospital, its organization and diverse functions, interactions among the various professional and supporting personnel, and approaches to and interactions with patients. They also learn to perform diagnostic and therapeutic procedures.

The **4th year (2nd year of the 4 year program)** continues to address pre-clinical topics such as pharmacology, therapeutics, and introduction to the basic clinical clerkships again taught almost exclusively at **MUL**.

Every student's progress is monitored and closely evaluated in each course in accord with a 5-point grading scale. Evaluation is based upon performance on written, oral and practical examinations. The examinations are followed by obligatory practicals in laboratory and/or hospital settings, as appropriate.

Strict adherence is required to each and every element of student evaluation: Attendance (with sign-ins and maintenance of log books), dates and times for taking examinations, etc.

Note: Most instruction in ICM and the basic clinical clerkships in Years 3-4 takes place entirely in the University teaching hospitals and clinics located in Lublin.

The **5th year (3rd year of the 4 year program)** covers the basic clinical clerkships which include internal medicine, surgery, pediatrics, Ob/Gyn, neurology, and psychiatry plus topics in epidemiology, forensics, family medicine, emergency medicine, and bioethics.

The 6th and final year (4th year of the 4 year program) embodies advanced and specialty clinical clerkships which correspond to advanced clerkships and subinternships in the US. These clerkships may be pursued at **MUL**, in Polish regional hospitals, or in teaching hospitals abroad (often in students' home countries) when recognized as appropriate teaching institutions by the **MUL** administration. Off-site teaching hospitals are said to be reviewed every 5 years by the Dean and his associates.

Students pursuing clerkships outside Poland must submit detailed reports of their work and conditions at the host institution.

The **Report** identifies the locations where final year students may pursue advanced clinical clerkships elsewhere in Poland, at 21 sites in 20 other European countries and the US. Although the **Report** refers to affiliations in India and the UK information, **MUL** does not have any affiliations with any teaching hospitals in India or the UK at this time. There are no plans for opening any training sites in the UK or India.

The **Report** addresses the duties and responsibilities of the partners, the activities to be conducted at these hospitals, and financial considerations. Copies of documents utilized for site visits to assess conditions and educational activities at affiliated hospitals are also provided in the **Report**.

Note: The **Report** states that final year clerkships at affiliated hospitals in the US exist only at ACGME/LCME approved facilities.

Note: The **Report** indicates that **MUL-ELD** has formal (written) affiliation agreements for clinical instruction with all hospitals utilized for teaching abroad and that all of these are affiliated with medical schools. Documentation provided on the affiliated US hospitals clarified the hospitals' medical school affiliations.

MUL confirmed that residency training programs exist in these institutions in the clinical disciplines in which the clerkships are conducted or the institutions otherwise satisfy the requirements in Section 2089.5. **MUL** identified which hospitals also train students from other medical schools in these hospitals. **MUL's** Dean is committed to assisting students who plan to qualify for licensure in California by ensuring that they are assigned to train in hospitals that will satisfy the current and future requirements in California statute.

For monitoring the final year clinical clerkships in North America, **MUL** utilizes the Director of Medical Education at Hope Medical Institute (HMI). **MUL** provided the Curriculum Vitae of the site visitors who monitor these clinical training facilities.

The Dean of the **ELD** and a faculty member visit off-campus training facilities to assess compliance with **MUL** standards. Currently site visits are conducted annually by designated members of the Dean's Office. Under a newer protocol, site visits will be conducted yearly or more frequently, if needed.

Several site visit reports were provided for the Board's review. This reviewer noted that the report format solicited data in a more qualitative rather than quantitative approach. For example, the form asks if the bed census was adequate rather than requesting the bed census. The Dean accepted this reviewer's suggestion to revise the form to add quantitative data.

Before graduation, students are required to write a "thesis." Their choice must be approved by the relevant department. The completed work is submitted as an integral part of the final examination before the diploma/degree is awarded.

With mandatory fulfillment of these requirements, as is the case for all components and requirements of the mainstream medical education program, the **ELD** curriculum is initially identical with and proceeds in parallel with the mainstream medical curriculum. It is eventually completely integrated into the mainstream program.

Before receiving a diploma, students enrolled in the **ELD** must have satisfied all the requirements set forth by **MUL** and in accord with the Ministries of Health and of Science and Education and the EU. This includes all requirements that pertain to the mainstream curriculum, including mid-term, semi-final and final examinations in the individual courses and clerkships plus submission of the "thesis." They must also adhere to the established schedules, sign in to classes, maintain log books, and conform to every other requirement.

The **final year** concludes with final written, oral and practical examinations in the major clinical disciplines.

ELD students are not required to pass a national examination in Poland before a diploma is awarded. **ELD** graduates who wish to practice medicine in Poland would need to pass a national examination and complete a 13-month internship in Poland.

All faculty are required to schedule office hours so that students may request advice, discuss academic problems, and receive additional information from professors. They may also

consult the Vice-Dean of the **ELD** directly and, for complex issues or to appeal a decision of the Vice-Dean, to consult the Vice-Rector for Education.

Note: The **Report** describes a self-directed “independent study process under a tutor.” This process provides for some individualizing of the curriculum in accord with a student’s own proclivities and interests while at the same time not omitting any of the standard courses, examinations, and required attendance at laboratory exercises.

US students in the **ELD** may take Step I of the USMLE after completion of the pre-clinical curriculum. Taking/passing the USMLE is neither required nor monitored. However, **MUL** plans to implement USMLE-type testing as part of the curriculum to assist students to become acquainted with USMLE-type questions during their basic science courses.

MUL offers only a partial record of the **ELD**’s students taking/passing the USMLE. Thus: Between 2002 and 2007, 50 students took Step 1 and 41 passed on the first try. **MUL** officials do not know the fate of the nine students who failed Step 1 on their first attempt.

Between 2002 and 2007, 7 students took and passed Step 2 on the first try. In the future, students being accepted into **MUL** will sign an agreement requiring them to forward their USMLE scores to the university for inclusion in the school’s databank. **MUL** states that they have initiated a program to require students to submit their USMLE scores to the administration.

Note: Students enrolled in the **ELD** are not permitted to serve as instructors, administrators, officers, or directors of the University.

RESEARCH AT MUL:

Students learn how research is conducted through targeted instruction, participating in a broad range of faculty research activities, and working on student-generated projects organized within the Students Research Association under supervision of the Vice-Rector for Science. They design and participate in research projects which, if they involve clinical work, must be approved by the Bioethical Committee and must meet the ethical and scientific requirements imposed by Polish/EU and international law. If appropriate, they may obtain support from funds specifically designated for student projects, participate in conferences and poster sessions, and have results of their work published.

Before graduating, students in the **ELD** have to conduct a “draft” research project under supervision of a professor and present their results in writing. These are discussed and analyzed by the course coordinator and classmates.

Support for research at **MUL** in 2006 amounted to about US\$7 million (US\$1.00 = Polish Zloty 2.00 (approximately)) with US\$15,000 available for student projects and travel to scientific meetings.

Upon first review, this seemed a very small amount of research grant support for faculty and almost impossibly small for students, all of whom are supposed to complete a research project prior to graduation. However, the Dean clarified that the sums identified are those available for student travel to scientific meetings. Support for the projects themselves comes through their preceptors/supervisors.

An extensive listing of faculty and student clinical and laboratory-based research projects and the responsible faculty is provided in the **Report** as is a comprehensive list of laboratories and equipment to support projects. A list of publications shows that the great majority are in Polish journals.

STUDENTS

A total of 5,500 students are currently enrolled in all **MUL** programs of whom 2,200 are medical students.

The **ELD** was added to the existing **MUL** programs in 1995 as a 4-year program for students who had attended college. Three students enrolled in the first class. In 1999, a 6-year program was added for students straight out of high school. Currently, 338 students are enrolled in the **ELD**.

By 2006, **MUL** had graduated 110 students from the **ELD** program.

Initially, **MUL** responded that the school is not obligated to maintain records of where the graduates of the **ELD** have entered residency training programs. Subsequently, **MUL** provided a list of 52 residency training placements secured by graduates of the **ELD** program in U.S. teaching hospitals, mostly in primary care specialties. A system is now in place to collect information on their graduates' success in obtaining residency training positions and licensure. **MUL's** U.S. affiliate, Hope Medical Institute, has created a position of Director of Alumni Affairs to maintain and update this information for inclusion in an extensive databank.

In 2004, the **ELD** was enlarged to include other international students with preference given to applicants from countries in North America and Europe. Later, the **ELD's** mission was further broadened to include students from countries which have a physician shortage. Entering enrollment in the **ELD** for 2007-08 is estimated at > 70.

MUL also offers programs leading to the Ph.D. degree in basic and clinical biomedical sciences. These are available to "outstanding" students in the **ELD** after completion of that program's requirements.

Students are admitted after completion of college or high school (which, in Europe, includes the US equivalent of the first 2 years of college). (See below) .

There is an Academic Office for Career Development which provides students with personal, professional and career advice, a data base of potential employers and job catalogues.

The majority of students are said to be very pleased with their teaching/learning experiences at **MUL**, residency placements at prestigious institutions, and licensure in many countries. Although **MUL** has not routinely tracked residency placements in US hospitals or licensure, sample data to support this statement was provided to this reviewer, and, as stated above, **MUL** has created a position of Director of Alumni Affairs who will oversee the process of compiling the data into a database.

ADMISSION TO AND PROMOTION IN THE ELD

All applicants for admission to the **ELD** are required to have completed high school and possess certification to that effect. Minimum requirements for eligibility for the **6-year program** include

- *A completed application with attached current passport size photo;
- *Birth certificate;
- *Copy of Passport ID page;
- *High school transcript(s);
- *Minimum of a one-page essay about I want to become a physician.
- *SAT score (if SAT was taken);
- *Two letters of recommendation (one from an academic and one from a non-academic institution (employer) or where applicant did volunteer work; and
- *Completion of a health assessment form.

Minimum requirements of applicants for the **4-year** include all of the above plus official copies of MCAT score (if exam taken); college transcripts; and college diploma/degree.

Note: There does not appear to be an entrance exam in the basic sciences for either the 6-year or the 4-year program to assess adequacy of preparation. Neither SAT nor MCAT are required to apply to the ELD. When this reviewer inquired into this issue, the Dean responded that their preliminary data indicate that applicants to the 6-year program with a GPA above 3.3 and Advanced Placement classes in the sciences perform best in the program. Applicants to the 4-year program with a college degree and a concentration of advanced-level sciences courses perform best in the program.

On **MUL's** receiving an application for admission, the file is assessed for completeness. A detailed analysis is conducted to assess the student's level of exposure and depth of knowledge in diverse medical/scientific courses, extracurricular activities and professional experience in science, if any.

Preference is given to international applicants with a science background, research orientation, evidence of self-discipline and ethical behavior. After a preliminary decision is reached to consider admission, applicants are interviewed by the **MUL** Admissions Committee to assess the presence of these factors. After a final decision is reached to admit the student, s/he matriculates after taking and signing an oath which confirms adherence to the **MUL's** mission and objectives. The admission decisions are made by an Admissions Committee headed by the Vice-Rector for Education.

Data on applicants' average GPAs are not to hand.

MUL provided its criteria for accepting transfer students in advanced standing. These admissions criteria were largely sound, and acceptance of such transfer students is not common practice. **MUL** has not accepted any transfer students from medical schools that the Medical Board of California has disapproved. The maximum allowable credit that students may transfer from another school is two years. **MUL** will not accept course work completed outside a medical school or course work completed on the Internet or in a school that requires little time spent in the classroom and laboratories.

FACULTY

The **MUL Faculty** consists of a comprehensive, apparently competent and well-organized teaching faculty which conducts a logically ordered, comprehensive medical educational program along traditional European lines. All faculty are required to

- Educate students;
- Conduct scientific research;
- Participate in the organization of **MUL**; and
- Upgrade their own qualifications.

More highly qualified faculty are also required to participate in the education of scientific staff.

The Faculty of Medicine numbered 628 in 2005 of whom 92 were professors, 83 were assistant professors and the remainder were Ph.D.s. The total was 646 in 2007-2008. (The numbers provided do not quite match up). Among the faculty

- *The great majority are holders of both M.D. and Ph.D. degrees;
- *Most have been employed at **MUL** for >20 years; and
- *They are evaluated periodically by students, peers and by the Administration in accord with their teaching, research activities, publications, supervising of students, attendance at national and international congresses, conferences and scientific symposia, honors and prizes received, extramural financial support, administrative and senate activities, etc.

All are established medical educators. All are said to be full-time. Faculty members participate in research and publish findings in both national and internationally recognized journals.

Furthermore, the **Report** states that the physician faculty does not carry out much research because they practice their professions in the University Hospitals and Clinics. Overall research productivity seems relatively meager, considering the size of the faculty. When this reviewer inquired, **MUL** clarified that clinical faculty are required to devote at least 50% of their time to their clinical responsibilities. Faculty are permitted to pursue private practice that is compensated separately from their **MUL** salary, but they must obtain written permission from the Rector.

No information is provided about the **ELD's** faculty's bi- or multi-lingual competence in the pre-medical, pre-clinical or clinical years. In the clinical years, lectures, seminars, rounds and case presentations may be held in English or Polish.

Faculty teaching in the **ELD** receive additional compensation for their teaching services from the tuition and fees paid by students in the **ELD** program.

FINANCIAL MATTERS

All activities at **MUL** are said to be financed by the Polish Government through the Ministries of Health and of Science and Education.

Based on the detailed breakdown provided, the **ELD** is fully funded through student tuition and fees. Revenues collected from tuition and fees from **ELD** students in 2007 totaled 6,667,232 zlotys (or approximately U.S. \$3,157,990.95).

An extraordinarily detailed set of documents covering **MUL**'s financial situation and the budget for 2007 is included in the **Report** together with copies of detailed Reports from both governmental and independent auditors.

Tuition is free for native students admitted into the mainstream program. For students enrolled in the **ELD**, which also includes Polish citizens:

In the **ELD**, tuition and other costs amount to

- *US \$33,176 for the Basic Science Years;
- *US \$31,586 for the Clinical Years (Polish students);
- *US \$47,250 for the Clinical Years (US students); and
- *A one-time US\$500 Registration fee.

*The above cost differential depends on whether students take advanced clinical clerkships in Poland or in the US.

*These amounts do not include costs of room, board and other living expenses which may be conservatively estimated at about US \$500/month.

FUTURE PLANS

A detailed set of plans and proposals for the future is supplied in response to the Questionnaire. These largely consist of a long list of hopes and wishes for expansion and modernization of existing activities and facilities as well as a much greater emphasis on IT throughout.

The document suggests that many of these plans will likely not be achievable with the current faculty. However, the **MUL-ELD** employs relatively young and very well-qualified teachers. The Dean believes that the faculty is adequate to achieve future goals. We can wish **MUL** every success in these endeavors.

Funds to support any conversion of these plans and proposals into reality do not yet seem to be to hand. Efforts are to be made to increase financial support through patient-care programs and solicitation of funds from national, international and private sources. For example, **MUL** secured \$40,000,000 to construct a new pharmacy college and physiotherapy center.

RECOMMENDATIONS:

This reviewer suggests that approval be recommended for final year students in the **MUL-ELD** to participate in clerkships in California and for graduates to participate in residency training and to become eligible for licensure to practice medicine in the State of California, subject to the following stipulations:

For final year medical students to be eligible to pursue clinical clerkships in California, documentation should be required that they are proficient in English, have satisfied all of the **ELD**'s requirements, are in good academic standing, and have passed the USMLE Step 1.

For graduates of the **MUL-ELD** to be eligible to pursue residencies in California, the same requirements should apply as for final year students with the additional stipulations that they shall have received the Diploma or M.D. degree, have passed Steps 1 and 2 of the USMLE, the Clinical Skills Assessment examination, and the ECFMG examination, as may be indicated.

To become eligible for licensure, applicants from **MUL-ELD** should be required to satisfy all the above plus having passed Step 3 of the USMLE as well as satisfying all additional statutory requirements (e.g., two years of residency training) as well as those applicable to US and Canadian applicants.

A condition for recognition of the **MUL-ELD** might stipulate periodic reviews of this program at 7-year intervals, as is authorized in subsection (f)(2) of section 1314.1, Title 16, CCR. (Perhaps one site visit for all Board-recognized Hungarian, Czech and Polish English Language Programs might be considered.)

As another condition for recognition, it may be desirable to ask **MUL-ELD** to provide periodic (annual or biennial?) reports of the information obtained from the various data bases on their students' USMLE performance and on their graduates' experiences vis-à-vis residencies and licensure.

In consideration of the above, and when **MUL** is finally recognized by the Board, this reviewer recommends that recognition be extended retroactively to include all graduates of the **MUL-ELD**.

Respectfully submitted,

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Consultant