



Agenda Item 13A

MEMORANDUM

DATE	July 13, 2007
TO	Members, Division of Licensing
FROM	<i>GA</i> Gary Qualset, Chief Division of Licensing
SUBJECT	Recognition of International Medical School Program Jagiellonian University Medical College (English Program) – Krakow, Poland

ISSUE

Should the Division of Licensing (Division):

- 1) require a site visit to be conducted in order to evaluate the accuracy and completeness of the data provided by the Jagiellonian University Medical College (institution) in its application for recognition of its English Programs and to determine compliance with the regulation for recognition of its medical education programs' equivalency with California's code requirements for curriculum and clinical instruction, and
- 2) deem the institution's English Programs equivalent to the code requirements of Business and Professions Code sections 2089 and 2089.5 and Title 16, California Code of Regulations (CCR), section 1314.1 and grant recognition to them for the medical school?

BACKGROUND

Jagiellonian University Medical College in Krakow, Poland founded its Polish-language medical school in 1364. In 1994, 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 is also available for applicants who have not completed the postsecondary pre-medical coursework to enter medical school.

The Division presently recognizes Jagiellonian University Medical College's Polish-language medical school whose primary purpose is to educate its own citizens to practice medicine in Poland. This would be the Division's first recognition of an English-language program in Poland. Currently, the Division recognizes five other English programs, four in Hungary and one in the Czech Republic.

In accordance with Title 16, CCR, subsection (c) of section 1314.1, the Jagiellonian University Medical College in Krakow, Poland has requested that its English Programs for foreign national students be recognized by the Division. Additionally, 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 Business and Professions 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 Division on October 17, 2005, and a supplemental response on April 12, 2007. 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 two-part evaluation of the institutions Self Assessment Report and the data provided by the institution in support thereof. Dr. Simon's reports outlining his findings and recommendations are attached for your review. In his first report dated July 5, 2006, Dr. Simon requested the institution to provide outcome measures data, such as their students' USMLE pass rates and success in entering postgraduate training programs, among other things. Institution officials addressed all questions and requests for additional information satisfactorily, as Dr. Simon describes in his second report dated May 3, 2007.

RECOMMENDATION

Our Medical Consultant, Dr. Simon, and Division staff recommend that:

- 1) the Division determine that a site visit is not deemed necessary based upon the institution's comprehensive responses submitted with its Self Assessment Report and the additional reasons pointed out in Dr. Simon's recommendations, and
- 2) the Division grant recognition to Jagiellonian University Medical College English Programs and the recognition be retroactive to the date of inception of the programs in 1994.

If you have any questions about this agenda item, please contact me at (916) 263-2365.

Attachments:

Business and Professions Code section 2089
Business and Professions Code section 2089.5
Title 16, California Code of Regulations, section 1314.1
Dr. Simon, Medical Consultant Report Dated July 5, 2006
Dr. Simon, Medical Consultant Report Dated May 3, 2007
Dr. Simon, Medical Consultant Letter Dated June 26, 2007

Section 2089 – Proof of Completion of Medical Curriculum; Curriculum Requirements

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.

Business and Professions Code
Division 2 – Healing Arts, Chapter 5 – Medicine
Article 4 – Requirements for Licensure
Sections 2089 and 2089.5

(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.

Section 2089.5 – Clinical Instruction; Affiliation Requirements

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

Business and Professions Code
Division 2 – Healing Arts, Chapter 5 – Medicine
Article 4 – Requirements for Licensure
Sections 2089 and 2089.5

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.

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

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.

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).



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July 5, 2006

To: Division of Licensing
 Medical Board of California

Attn: Ms Pat Park, Associate Analyst
 Licensing Program

From: Harold J. Simon, M.D., Ph.D.

Subject: Review of and Comments on Documents Provided
 by the **JAGIELLONIAN UNIVERSITY COLLEGIUM MEDICUM
 (JUCM) - SCHOOL OF MEDICINE IN ENGLISH (SOMEPE)** at
 Krakow, Poland, for the education of medical
 students.

The Division of Licensing (DOL) has requested a review of materials provided by **JUCM-SOMEPE**. These were submitted in pursuit of a request for recognition of **JUCM-SOMEPE** by the DOL to enable their students and graduates 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 the following:*

- 1) Responses to the Division's **Questionnaire** and attachments.
- 2) Information concerning Poland's governmental financing, supervision, administration and evaluation of medical education at **JUCM**.
- 3) Two booklets entitled, **JUCM-SOMEPE CURRICULUM DESCRIPTION:**

INFORMATION FOR 4-YEAR PROGRAM STUDENTS and 6-YEAR PROGRAM STUDENTS FOR 2004/2005, respectively. (Presented in lieu of attachment 2 in item 4, below).

The booklets offer the following:

- *Lists, content and hours of courses by year of study.
- *Lists of required readings for each course.

***NOTE:** Unless indicated otherwise, the following narrative refers exclusively to matters concerning the **SOMEPE**.

- *Identification of the principal goals, topics, didactic and practical activities, teaching aids, and the methods of evaluation and examination for each course and clerkship.
 - *Stipulations governing clerkships abroad.
 - *Requests for anonymous students' questionnaire-based evaluations of the programs.
- 4) A set of 12 attachments (numbered 1 to 13, with item (3), above, in lieu of attachment 2). The attachments consist of
- *The Jagiellonian University Mission Statement.
 - *An Example of a Diploma.
 - *Contingency plans in the event of natural or man-made disasters.
 - *Regulations and rules of the **SOME**P in English.
 - *Copy of a form for Student evaluations of clinical clerkships at the home University.
 - *Graphic summary of students' course evaluations.
 - *The Ministry of the Treasury Directive (in English).
 - ***JUCM** investment plans.
 - ***JUCM** consolidated audit report (in English).
 - *Statement of **JUCM** ownership (in English).
 - *Copies of affiliation agreements between **JUCM** and teaching hospitals in Krakow.
 - *Copies of course and clerkship evaluation forms.

NOTE: Replies to the DOL questionnaire comprehensively address almost every topic posed therein. In consequence, this review and analysis will briefly address the major issues and focus on matters requiring additional information.

OVERVIEW:

Documentation about **JUCM's Statement of Objectives and Mission, Charter, and Governance** are provided in reference 4 (above) and fulfill the DOL's requirements in these dimensions.

JU is chartered by and under the aegis of the Government of Poland, a member of **OECD**. Diverse functions relating to **JUCM** are subsumed by the Ministries of Education, Health, Science and Treasury, respectively. **SOME**P is administered within **JUCM** under the direction of the **JU** central administration.

JU is one of Europe's oldest universities, having been in existence continuously since 1364 through several ups and downs of Poland as an independent nation. **JUCM's** professional degrees have been recognized by and its graduates have been practicing for many decades in numerous countries.

JUCM is situated in Krakow, Poland's second largest city and its capital in former times. Krakow has a long history as a major economic and cultural center.

Graduates of the **SOMEPE** are eligible to practice in Poland after satisfying all requirements, passing the mandatory oral and written State Examinations and completing a thesis. US students are eligible to sit for the USMLE and are eligible for Stafford Loans through the US Department of Education.

All **SOMEPE** programs require approval by the Faculty Assembly, and are further subject to approval by the Ministry of Education.

JUCM also offers programs in nursing, social work, health management, pharmacy, physiotherapy and paramedical fields, and teaches team approaches to medical care.

The **SOMEPE** was established in 1994 and is patronized by a broad range of international students mainly from Norway, Canada and the US - a total of 67 from the US since inception of the **SOMEPE** 12 years ago - and a smattering from several other countries. The curriculum conforms to the requirements prescribed by the Association of European Medical Schools in 1993. The **SOMEPE** offers two study programs:

The 4-year program, designed primarily for US and Canadian students, is open to international students who have completed a course of undergraduate college study leading to a baccalaureate degree or its equivalent; and

The 6-year program for international students who have completed their secondary education and are eligible for admission to medical school in their native countries.

Neither program is open to Polish nationals but is open to applicants of Polish extraction residing in other countries.

The 6-year program's curriculum begins with 2 years of premedical studies, followed by 2 years of preclinical and 2 years of clinical instruction.

The 4-year program's curriculum depends on the premedical education having been completed satisfactorily prior to entry into the **SOMEPE** and proceeds identically with the last 4 years of the 6-year program and the mainstream curriculum.

JU's principal responsibility is to educate Polish citizens and JUCM addresses primarily Poland's needs for physicians. **SOME**P is an add on to JUCM's principal obligations and - undoubtedly not incidentally - a significant source of additional income both for the institution and the faculty.

In 2004/5, the total JUCM medical student enrollment numbered 2204 of which 325 were enrolled in the **SOME**P. (In 2005/6 **SOME**P enrolled 335 students (230 in the 6-year and 105 in the 4-year programs, respectively). Tuition for the 4-year program amounts to \$40,000 and \$63,500 for the 6-year program exclusive of any additional costs for special instructional needs such as books, tutorials, repeat examinations, and of the costs of living - room (dormitory charge is \$2,500 per 9 month academic year), board, transportation, entertainment, etc.

The typical applicants to admissions ratio for the **SOME**P is 3:1. The single annual entering class usually numbers 60 students.

The **SOME**P premedical and preclinical courses are taught in English by 345 of the 785 full time JUCM faculty who possess the requisite language and linguistic skills. By the time students reach the clinical years, they will have acquired the ability to converse in Polish to meet the demands of the clerkships or be denied access until a deficiency is overcome.

The principal difference between the mainstream and **SOME**P curriculae consists of intensive required instruction in medical Polish for 2 years in the latter. Optional instruction in Conversational Polish can be pursued throughout except for the first clinical year. The **SOME**P curriculum is otherwise identical with the mainstream curriculum.

Special tutorials/seminars in any course may be arranged for students in the **SOME**P on payment of a tutorial fee. Faculty involved in such activities are barred from any role in examinations in the curriculum involving the topics they teach in the tutorials.

NOTE: All items specified in section 2089(b) of the Business and Professions Code are addressed in the curriculum with the exception of **pain** and **end of life** topics which are not specifically identified as such.

FACILITIES:

JUCM's physical plant consists of 23 fully owned and 5 leased buildings embodying a comprehensive assemblage of hospitals, clinics, lecture halls, offices, student- and research laboratories, libraries and dormitories. These facilities are fully equipped with modern appurtenances to meet the clinical, instructional, research, and administrative needs and purposes of the institution and the community served.

JUCM is the region's referral center, the most important resource for day-to-day medical care up to and including the most advanced medical and surgical procedures. It serves the needs of Krakow's 725,000 and the surrounding region's 3,500,000 residents. The eight teaching hospitals in Krakow embody 1,895 teaching beds in every clinical discipline. The numerous clinics subserving primary, secondary and tertiary medical care saw 314,000 ambulatory patient visits in 2004. All facilities are publicly owned and managed by the University. Copies in English translation of formal affiliation agreements between JUCM and clinical facilities in Krakow have been supplied in response to the DOL questionnaire.

NOTE: JUCM states that there are no formal affiliation agreements with clinical facilities elsewhere in Poland or abroad. In fact, and notwithstanding that students in the clinical years of the SOMEPEP may take a significant part of their advanced clerkships off-site in the course of their clinical years, the JUCM administration claims to keep no records of where these activities take place. The student's work in these institution is evaluated and recorded on a form supplied to the host facility and returned to JUCM. Student evaluations of these clerkships also have to be submitted to JUCM but their eventual fate is not apparent. (See Curriculum, Summary, and Recommendations).

JUCM staff provides a comprehensive range of CME opportunities for physicians of the region and elsewhere to fulfill the State-mandated requirements.

All **Teaching and research** activities are conducted at the diverse facilities in Krakow in mostly modern or renovated buildings. Current construction projects include a new cantine with sports facilities, a new lecture hall/laboratory building and diverse projects aimed at renovating and upgrading existing hospitals and clinics.

All preclinical science courses include practical exercises conducted in well-equipped student laboratories. Requirements are met for effective address of A/V needs, illustration, photography, electronics, computer/data processing, machine shop, etc.

Library resources include the **JU** central library, the **JU** Institutes Library, the Medical Library and 66 departmental libraries housing almost 4 million volumes, a large collection of journals in every scientific and medical discipline and on-line access to 8 international and Polish language data bases. Medical students' access to the libraries is unrestricted and there is a sufficiency of study areas, library-information systems, viewing facilities and computers to meet the needs of faculty, researchers, residents and students. There is an active interchange loan program with numerous European university and medical libraries.

RESEARCH AT JUCM:

In 2004, more than 500 active research programs were being pursued at **JUCM** involving every one of its administrative units. These were funded largely through various government sources, with additional funding from industry, European scientific organizations and private foundations. In 2004, the total funding for research amounted to US\$9,6 million. Faculty continuously publish in peer-reviewed journals in Polish and in diverse European and US journals.

Medical students in the **SOMEPE** pursue their thesis work utilizing the libraries and both the Faculty's research and student laboratories. A scientific exchange program involves numerous foreign universities in Europe, Japan, Asia and North America.

STUDENT-ORIENTED FACILITIES:

These include several hostels/dormitories, dining facilities, a student lounge and recreational facilities. Access to and into the city is easy and Krakow offers a great variety of social and cultural resources.

CURRICULUM

The medical curriculum consists of **4** or **6 year** courses of studies. A year equals 30 weeks of instruction plus pre-clinical preparation in the summer(s) before the clinical

curriculum begins. The curriculum embodies >5,500 credit hours and is divided among three main categories: basic theoretical education (1st and 2nd years in the 6-year program); pre-clinical subjects (3rd and 4th years in the 6-year program; 1st and 2nd years in the 4-year program); clinical clerkships (last 2 years). The last year is devoted to advanced clinical clerkships, medical specialties, and subinternships. Up to 50% of clinical clerkship time may be pursued off-site.

On petition, A limited number of leaves of absence may be granted. Upon **SOME**P approval, credit may also be awarded for courses pursued elsewhere.

Classroom instruction for the pre-clinical curriculum of the **SOME**P is in English utilizing British and American texts, data bases and other resources. Instruction proceeds in parallel with the mainstream 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 **SOME**P curriculum. Students must demonstrate proficiency in Polish or be barred from further studies until they have fulfilled this requirement.

The curriculum is described in exhaustive detail by department, lecture/laboratory/practical/study topic, required and recommended readings on a weekly and credit hour basis (see reference 3, above). Examination policies and practices are described in reference 4 (above), together with exhaustively detailed responses to the Questionnaire embodying a course-by-course examination schedule with dates and specific topical coverage.

Every course offers frequent self-examinations and requires satisfactory performance on midterm and final oral, written and laboratory/practical examinations before a student may progress to the next phase of the curriculum. Grading is on a 5-point scale.

Attendance in classes is strongly recommended. 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 an exercise is missed, a valid excuse must be submitted. Makeups may be permitted for cause. A student faces disciplinary proceedings if s/he misses more than 2 such sessions.

NOTE: In the course of their clinical years, students may undertake core and/or advanced clerkships and subinternships in other (often their home) countries. JUCM apparently does not prescribe nor select such target institutions other than to specify that the host hospitals must be university teaching hospitals or teaching hospitals affiliated with a local university (medical school). No formal affiliation agreements exist between JUCM and such institutions. JUCM does not identify any specific individuals at these institutions who might carry any responsibility for the academic quality of the instruction or the students' welfare.

Students may spend up to 50% of the time ordinarily devoted to clinical clerkships off-site but JUCM recommends against utilizing the next-to-last clinical year for such instruction. Consequently, the bulk of off-site training is accomplished in the final year. No specific information is provided on guidance/recommendations as to how these clerkships are selected by the students, their location, nature, content or supervision, except as noted below.

The prescribed procedure for attending an off-site clerkship stipulates that the student should write to the Chair of the JUCM Council and include a plan for the proposed rotation. This should be in compliance with JUCM's academic schedule, the duration of the rotation and supported by a letter of acceptance from the host institution. Some additional and routine stipulations refer to the student being in good standing, fulfilling all his/her obligations to the SOMEPE, and continuing to pay full tuition there.

The student's choice must be approved by the Chair of the JUCM Council and only after receipt of a letter of acceptance from the prospective host institution. Some specific requirements and recommendations are provided about content and duration for a few specifically identified clerkships.

Quality assessment of off-site clerkships by JUCM amounts to review of the Student's Evaluation Form completed by the clerkship supervisor and submitted to JUCM. This should be supported by a detailed, signed report speaking to procedures performed and total time devoted to specific items in the clerkship. These documents are then forwarded to the JUCM counterpart clerkship supervisor for approval.

Through a special arrangement with the Norwegian Ministry of Health, Norwegian citizens in the SOMEPE are permitted to complete an unspecified number (which may be all!) of their clinical studies in Norwegian hospitals which are responsible for the quality of the rotations completed.

This responsibility may not be delegated in the case of US and Canadian hospitals hosting **SOME**P students as no appropriate counterpart certifying authority exists in these 2 countries.

The documentation states that students are not required to provide information on their off-site experiences to **JUCM** nor is the School obligated to collect such data. The documentation further states that, according to Polish law, **JUCM** may not disclose such information to third parties!

As currently administered and practiced, this constellation pertaining to off-site clinical experiences poses a serious obstacle to recognition of the SOMEP by the DOL at this time. (See Summary and Recommendations).

Note: US students in the SOMEP may take Part I of the USMLE after the 2nd year of the 4-year program. No information is presented as to how many of the 67 US students enrolled over the past 12 years sat for the USMLE, nor about individual or collective pass rates.

Further, **JUCM** does not require students to take/pass the USMLE. It does not collect such data, nor any data on their applications/successes with the NRMP match program.

Completion of the final year of formal studies is followed by a comprehensive State examination consisting of written and oral components, and submission of a thesis. The State examination may be taken in English.

A diploma or degree is awarded upon satisfactory completion of these and all other requirements.

Every student's **Progress** is closely monitored and evaluated in each course in accord with a 5-point grading scale and depends on performance on semi-final written, oral and practical examinations in each course. The final 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. On petition, one re-take of a failed examination is permitted. If permitted, a failed retake requires repeat of the course.

Students are required to write a thesis. Their choice of topic must be approved by the relevant department. The completed work must be approved 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 **SOME**P curriculum is essentially identical with and initially proceeds in parallel with the mainstream medical curriculum. It is eventually completely integrated into the mainstream program.

STUDENTS

Students are admitted to the **SOME**P after completion of college or high school which, in Europe, includes the US equivalent of the first 2 years of college. Unless possessing a baccalaureate degree or equivalent, applicants must pass a comprehensive **Entrance Examination** covering topics in biology, physics, and chemistry. Proficiency in English is also evaluated.

Other items required of applicants for admission include a curriculum vitae, records of prior academic work (degree/diploma/certificate), GPA, letters of recommendation (optional), medical certification of health, immunizations and freedom from HIV/AIDS, birth certificate, documentation of citizenship/permanent residency, passport pictures, and financial ability to finance the entire course of study.

Data on applicants' average or range of GPAs are not to hand.

Students may transfer in advanced standing into years 2 or 3 after review and approval of their credentials. Applicants for admission into advanced standing may gain exemption from some courses depending on their prior studies and performance.

FACULTY

The **SOME**P faculty consists of a comprehensive, competent and well-organized teaching faculty which conducts a logically ordered, comprehensive medical educational program along traditional European lines. Most are long-standing members of the **JUCM faculty**.

All faculty members are established medical educators. The physician faculty practice their professions in the University Hospitals and Clinics. Faculty members

participate in and publish their research findings in both national and internationally recognized journals.

Faculty teaching in the **SOME**P in the pre-clinical years are bi- or tri-lingual, as are many faculty teaching in the clinical years. Lectures, seminars, rounds and case presentations may be held in English and/or Polish but all interactions between students and patients take place in the Polish language.

FINANCIAL MATTERS

JU and **JUCM** are financed by Ministries of the Polish Government. Specific itemization of the budget is provided in the replies to the Questionnaire. The **SOME**P is entirely self-supporting. A significant fraction of the **SOME**P budget is derived from student support funds from the US Department of Education through the Stafford Student Loan Program.

SUMMARY:

This review and analysis is based on the documentation concerning its **English Language Program in Medical Education** provided by the **JAGIELLONIAN UNIVERSITY COLLEGIUM MEDICUM - SCHOOL OF MEDICINE** in Krakow, Poland. There seems no reason to doubt that students enrolled in and graduating from the **SOME**P obtain a medical education equivalent to that offered to the native-language speakers in the same facilities and on a par with that in most European federally-sponsored medical schools. However, several issues require address and clarification before a judgment can be rendered as to whether to recommend recognition by the **DOL**.

UNRESOLVED ISSUES:

Several issues pertaining to **off-site clinical clerkships** are of concern. To wit:

- 1) The absence of formal affiliation agreements between **JUCM** and actual/potential host institutions elsewhere for clinical clerkships is of concern. Students may pursue a large proportion of their core and specialty clinical rotations elsewhere. Indeed, the documentation does not provide any information on these sites. This item needs clarification about the location, nature, administration, quality assurance and supervision at these sites; how they are selected and reviewed, and more specific documentation about the activities of and resources at these sites. (See **Curriculum**, above).

2) Matters pertaining to the **USMLE** for **SOME**P students:

Taking/passing the USMLE parts 1 and 2 is not required for **SOME**P students to progress in the program or to commence clinical studies. The documentation states that US students may and do take these examinations. However, the School does not maintain or record names, scores or pass rates. The same holds for records of graduates' successes with regard to the **NRMP**. This raises serious questions concerning quality assessment of the curriculum and preparation of graduates for their further education.

A statement to the effect that **JUCM** is beginning to use NBME shelf examinations may be taken as a first step toward preparation of students specifically for the USMLE. It does not, however, address the issues of quality assessment and preparation in the previous paragraph.

3) The absence of specific identification of **pain** and **end of life** topics from the list of items covered in the curriculum.

CONCLUSIONS AND RECOMMENDATIONS:

The following addresses the issues precluding an immediate recommendation for recognition of the **JUCM-SOME**P by the **Division**:

1) **The problems with the off-site clinical clerkships.**

As this reviewer interprets the California statutes there is no possibility of according the requested recognition at this time. **SOME**P's current practices with regard to off-site education and matters of Polish law, which apparently prohibit providing specific information about student activities to third parties, can probably not be reconciled with California's requirements. Although **JUCM-SOME**P should be advised to change their practices with regard to off-site education of their students, this may not happen.

However, there may a possibility to address these issues by means of a waiver and substitution of other criteria for a resolution of this dilemma in individual cases. To wit:

* The **SOME**P is a small part of **JUCM**, an old, well established and highly regarded School of Medicine.

* Applicants from **SOME**P for clinical training in California are likely to be few in number since the US complement in the program is relatively small.

* Since **SOME**P stipulates that off-site clinical clerkships must take place in university- or university-affiliated hospitals, the lack of a specifically designated off-site clerkship director responsible for oversight of **SOME**P students may not be a critical obstacle to recognition, per se.

* Potential applicants for clerkships or residencies could request a waiver. Requests to participate in clinical clerkships in California would only be considered from students in their last clinical year and could be time limited. Applicants could be required to submit the following to a designated **DOL** delegate for review and recommendations:

For final year medical students applying for clerkships:

Their USMLE I and II officially authenticated test scores;
The Clinical Skills Examination evaluations;
Signed evaluations from other clerkship directors;
A letter of endorsement from the Director of the **SOME**P to the effect that all **SOME**P requirements have been satisfied; and
Demonstrated proficiency in English.

For graduates applying for residencies:

All of the above with the additional stipulations that they shall have received the M.D. degree or a diploma and have passed the ECFMG and/or TOEFL examinations, as may be appropriate.

The **DOL**'s delegate would evaluate these materials and, as may be appropriate, recommend that the **DOL** grant or deny the waiver.

2) There is a question as to how well the **SOME**P prepares graduates for residencies in US hospitals. The program claims not to have any data on US graduates' performance in the NRMP nor their success in gaining residencies and their performance therein. Possible approaches to address this issue include the following:

*) **JUCM** might request such information from the NRMP for submission to the **DOL**. (Does Polish law prohibit this?).

*) **JUCM** might petition **NRMP** to provide this information directly to the **DOL**.

*) **DOL** might request these data directly from the **NRMP** - with or without a letter of authorization from **JUCM**.

All costs associated with these approaches would be borne by the **SOMEPE**.

3) The apparent absence of topical coverage of **pain** and **end of life** in the curriculum could be addressed by means of correspondence with Professor Piotr Laidler, the official responsible for replies to the Questionnaire.

ON THE MATTER OF OFFICIAL RECOGNITION OF THE SOMEPE:

If, as and when the above matters have been addressed and resolved to the **Division's** satisfaction, the matter of recognition of the **SOMEPE** may be taken up.

If the **Division's** questions are resolved satisfactorily, approval may be recommended for students in their last clinical year to participate in clerkships in California and for graduates to participate in residencies. To become eligible for licensure to practice medicine in the State of California they must also have passed **USMLE III** and have satisfied all additional statutory requirements applicable to US and Canadian applicants.

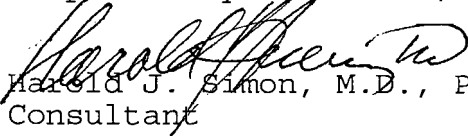
A further condition for recognition of **SOMEPE** might stipulate periodic reviews of this program, possibly at 5-year intervals. (Perhaps site visits should eventually be arranged for the other European English Language medical programs recognized by the Division, as well).
The above recommendations are based on the following:

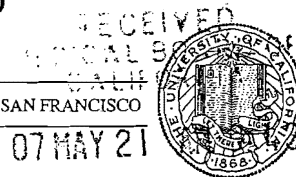
- *The expectation that the problems and issues identified in this review will have been resolved to the **Division's** satisfaction.
- *The distinguished history and reputation of the **JAGIELLONIAN UNIVERSITY** and its **SCHOOL OF MEDICINE**
- *The **JUCM's** comprehensive mainstream pre-clinical and clinical educational programs. After specifically arranged pre-clinical education in English, and having passed a proficiency examination in the Polish language,

international students enrolled in the **SOME**
participate fully in the mainstream curriculum. Their
medical education is essentially identical with that of
the students in the mainstream program and closely
parallels that in LCME accredited institutions (with
apparently much closer supervision of individual
students' progress and behavior);

- *The **JUCM's** widely recognized faculty;
- *The **JUCM's** comprehensive pre-clinical and clinical facilities and other resources;
- *The **JUCM's** educational and service roles in the primary, secondary and tertiary medical arenas;
- *The **JUCM's** University and affiliated hospitals' teaching and service functions as a major referral center for the region;
- *Acceptance of **JUCM** medical graduates to practice in numerous other countries; and
- *The **JUCM's** functioning under close governmental oversight.

Respectfully submitted,


Harold J. Simon, M.D., Ph.D.
Consultant



LICENSING PROGRAM

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HAROLD J. SIMON, M.D. Ph.D.
SCHOOL OF MEDICINE
DIVISION OF INTERNATIONAL HEALTH AND
CROSS-CULTURAL MEDICINE

May 3, 2007

To: Division of Licensing
Medical Board of California

Attn: Ms Pat Park, Associate Analyst
Licensing Program

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

Subject: Review of and Comments on a document, dated April
12, 2007, and provided by the Jagiellonian
University Collegium Medicum (JUCM) - School of
Medicine in English (SOMEPE) at Krakow, Poland.

This document was provided in response to questions raised in a November 6, 2006, review* of a set of documents originally submitted by **JUCM-SOMEPE** in pursuit of recognition by the State of California toward obtaining permission for **JUCM-SOMEPE** medical students to pursue clerkships in California institutions, for their graduates to pursue residencies, and eventually to stand for licensing to practice in the State. As a result of that review, an opinion was rendered that several outstanding issues remained to be addressed and resolved prior to a formal recommendation on the petition by **JUCM-SOMEPE**.

The following will identify the issues in question, the responses offered by the **JUCM-SOMEPE**, and comments from the undersigned. A formal recommendation on the matter of recognition of the **SOMEPE** by the **DOL** will then be offered.

FIRST ISSUE: Matters pertaining to off-site clinical clerkships pursued by students enrolled in the SOMEPE.

The questions raised initially pertain to the apparent absence of formal affiliation agreements between **JUCM** and

*A copy of that review is appended. It has been modified slightly with deletion of typographical errors and a modification of a previous recommendation.

off-site host institutions wherein clinical clerkships are pursued; their nature, location, and administration; quality assurance and supervision; how they are selected and reviewed; and about the activities and resources at these sites.

In reply, the letter from **SOME**P has supplied a list of 36 hospitals where off-site clerkships are currently pursued by senior medical students. With only one exception, all are well-known and highly regarded university or university-affiliated teaching hospitals. The exception is Ross University in the West Indies which hosts a very small number (1-3) students.

Of the others, 31 are in U.S. and Canadian hospitals associated with LCME-approved medical schools, 3 are in well-recognized and highly regarded teaching hospitals in the UK and one is New Zealand.

By far the greatest number (well over half) of off-site clerkships are pursued in 2 locations: The University of Rochester School of Medicine and Dentistry in Rochester, New York, and the University of Toronto's Faculty of Medicine in Toronto, Ontario, Canada. The other institutions generally host 1-3 students each.

A separate table lists the clinical clerkships utilized at each site which range from single offerings to essentially the complete gamut of clinical disciplines.

Copies are to hand of the **formal agreements** between **JUCM** and the medical schools in Toronto and Rochester. These cover exchange programs involving students, residents and senior clinicians. They also address issues pertaining to visiting lecturers, participants in colloquia and seminars and look to collaborative clinical and research programs.

The individuals overseeing these activities at the involved institutions are identified. Matters pertaining to institutional support, coordination, and screening of participants in the diverse exchange programs are addressed.

In exquisite detail, the agreements cover the required educational backgrounds of those eligible to participate in the exchange programs; the maximum number of places available in the various programs; the duration of the clerkships; financial arrangements between the institutions and the students; and support for housing of visitors, etc.

Of note: Tuition fees are waived and free housing is available for visitors on a reciprocal basis. In addition, student visitors to Rochester from the **JUCM** Polish Language Program are given \$1,000 for living expenses.

The agreements are presented in English and Polish and are equally binding. The agreement with Rochester covers three years and is subject to renewal in November 2007. The agreement with Toronto covers 5 years as of August 2004.

Further details are provided in the letter, dated April 14, 2007.

In the future, such agreements will be made with other off-site accredited institutions in the U.S., Canada, Australia and EU, reviewed by the **JUCM** Council, and subject to the **quality assurance process** currently in use.

The **Quality Assurance Process** consists of

- *confirmation of accreditation of an off-site institution in any particular location by the appropriate medical board;

- *Review by the **JUCM** Council of clerkships at all off-site locations; and

- *Review of course/clerkship descriptions, including the entire curriculum.

A table is provided which identifies course/clerkship length, number of hours, numbers of students enrolled, prerequisites, goals, learning objectives, topics covered, schedules of clinical and didactic activities, required readings, supervision, and methods for evaluating student performance.

Exchange students' performance is evaluated by physician professors, attending staff, and residents at the host sites.

As necessary, telephone contacts with off-site institutions supplement correspondence. On occasion, site visits may be undertaken.

SECOND ISSUE: Matters pertaining to performance on the USMLE by SOMEPE students.

In the original submission, the **JUCM-SOMEPE** authority stated that they were unable to obtain such information as a result of privacy concerns and Polish law which forbids transmission of such information to third parties. These concerns seem to have been resolved. In fact -

JUCM now requires students to take the USMLE at the designated times and provide their scores to the Dean's office as a requirement for graduation. At matriculation, students must submit a signed agreement to this effect. Thus:

a) For the 2006 graduating class of the **4-year English Program:**

All 12 students (100%) took and passed **Step 1**.
10 students took **Step 2 CK** and **all passed**.
9 of the 10 students (90%) who took **Step 2 CS** passed.

b) For the Class of 2007 (current 4th year students in the **4-year English Program**).

14 of the 17 students (82%) passed **Step 1**. Results for another (6%) are pending and 2 are scheduled to retake the exam.
All 7 (100%) taking **Step 2 CK** passed.
All 7 (100%) taking **Step 2 CS** passed.

c) For the Class of 2008 (current 3rd year in the **4-year English Program**).

To date, Of 20 students who have taken **Step 1**, 14 (70%) have passed. The other six are scheduled to retake the exam.

d) The majority of students in the **6-year English Program**, accredited by the EU, have been and continue to be from Norway. They are subject to a separate exam to be eligible to practice in Norway. 100% of these students are pursuing graduate training programs in Norway.

In recent years, the **6-year English Program** enrolled only 2-4 students from Canada and 2 from the US yearly. USMLE records for these students are not available. However, data obtained from the Class of 2003 indicated a **100%** pass rate for **Steps 1, 2 CK, and 2 CS**.

THIRD ISSUE: Post-Graduate training performance of SOMEPE graduates.

The question was raised as to how well the **SOMEPE** prepares graduates for residencies in US hospitals. The original submission lacked data on **SOMEPE** graduates' performance in the NRMP, their success in obtaining residency positions in the US, and on their performance therein.

Since the previous review, the **JUCM-SOME**P has begun to collect the requested information from its graduates. Thus, although no data are supplied as to success rates:

Three (3) graduates of the Class of 2003 from the **6-year Program in English** found residency placements in US teaching hospitals. (Be it remembered that this program enrolls very few US and Canadian students).

Forty-three (43) graduates of the **4-year program in English** obtained residencies in US teaching hospitals.

By year of graduation, the data show the following:

- 2 graduates of the Class of 1998 (the first graduating class);
- 3 graduates of the Class of 1999;
- 7 graduates of the Class of 2000;
- 5 graduates of the Class of 2001;
- 4 graduates of the Class of 2002;
- 6 graduates of the Class of 2003;
- 5 graduates of the Class of 2004;
- 6 graduates of the Class of 2005; and
- 5 graduates of the Class of 2006.

Effective with the current year, the **JCUM** Chair and Council have mandated that students must provide the names of the residency programs they will enter to the Dean's office. This initiative was formally approved by both the **JUCM** and Student Councils.

FOURTH ISSUE: The apparent absence of 'PAIN MANAGEMENT' and 'END OF LIFE' topics from the Curriculum:

The current submission from the **SOME**P provides detailed information on the teaching of these two topics. Included are the following:

- *Placement (timing) within the 2 **EMP** curriculae;
- *Format (lectures, seminars and clinical practice in ambulatory and in-patient settings);
- *Inclusion within specified courses and clerkships;
- *Specific topics covered.

These include comprehensive treatments of the two named topics and go much farther into aging and age-related changes in the organ systems; special aspects of history-taking and physical examination of the elderly; communication skills for addressing the elderly; major geriatric medical problems such as pressure ulcers, incontinence; infections, nutrition and symptom management; falls, rehabilitation, delirium, dementia, depression, social issues; and decision making.

CONCLUSIONS:

The communication from **JUCM-SOMEPE**, dated 4/18/07, provides comprehensive replies with detailed supporting information to the four sets of issues and questions raised in the review of the original petition for recognition by the Division of Licensing.

The current review strongly suggests that essentially all outstanding issues have been addressed satisfactorily.

RECOMMENDATIONS:

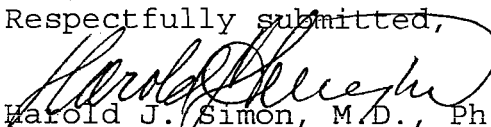
Approval by the DOL is recommended for recognition of the SOMEPE. This recommendation is intended to apply to

- *Students in their last clinical year to participate in clinical clerkships in California; to
- *Graduates to participate in residencies in California; and to
- *Applicants for licensure in California from **SOMEPE**. These must have passed **USMLE I, II, and III** and have satisfied all statutory requirements applicable to US and Canadian applicants.

In addition, the **DOL** might stipulate periodic reviews of this program at 5 year intervals and/or in consequence of any significant change in governance or curriculum.

This recommendation is based on the **JUCM-SOMEPE**'s satisfactory replies to the issues raised in the previous review and the supporting information presented on pages 14 and 15 therein.

Respectfully submitted,


Harold J. Simon, M.D., Ph.D.
Consultant



STEFFANIE A. STRATHDEE, PH.D.
 PROFESSOR AND HAROLD SIMON CHAIR
 CHIEF, DIVISION OF INTERNATIONAL HEALTH AND CROSS-CULTURAL MEDICINE
 DEPARTMENT OF FAMILY AND PREVENTIVE MEDICINE

07 JUL -2 AM 9:44
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DATE: June 26, 2007

TO: The Division of Licensing
 Medical Board of California

Attn: Ms. Pat Park, Associate Analyst
 Licensing Program

FROM: Harold J. Simon, M.D., Ph.D.
 Consultant

SUBJECT: Recognition of Jagiellonian University Collegium Medicum (JUCM)
 School of Medicine in English Program (SOMEPE)

I have been asked to offer my opinion as to the date when this Program should be recognized by the Medical Board in view of my recommendation that it should be offered recognition.

I believe full recognition is warranted as of the date of the inception of the English Language Program - 1994. My reasoning:

My first review I saw a generally well-organized and well - administered program. In point of fact, if it had not been for a few unfulfilled stipulations by the Medical Board and the applicable statutes, full recognition would have been recommended at that time. These issues and my recommendations toward their resolution are fully detailed in my prior submissions.

In my view, the latest submission demonstrates that such outstanding issues have been resolved satisfactorily.

In addition, be it noted again that this institution is highly regarded throughout the Western World and has been in operation for centuries. Its buildings, laboratories, and libraries have existed and functioned for many years and are continuously being upgraded.

Its faculty is highly regarded and - for the most part - serve the English Program as a sideline for its first two years until the Program is fully integrated into the mainstream program. Its graduates enjoy high regard throughout Poland and in the many other countries in which they practice.

Finally, the institution and its program are accredited by the responsible Polish and European authorities.

Respectfully submitted,

Harold J. Simon, M.D., Ph.D.
 Consultant