

**Council for Higher Education in Israel**

**Quality Assurance Rules**

2023

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## **Introduction**

This *Quality Assurance Rules* document governs the implementation of the Council for Higher Education (CHE) Quality Assurance and Compliance with Standards process. The document's purpose is to articulate the procedures used in these processes for MD-granting medical education programs, to provide information to the public, and to promote transparency and consistency in CHE actions.

## **Overview of CHE and Scope of Responsibility**

The CHE has the authority and responsibility to certify or license the medical schools in Israel. The Council for Higher Education was established as a corporation under the Higher Education Law 1958 as the national body in charge of higher education.

### ***General***

The Council for Higher Education was established as a corporation under the Higher Education Law 1958 as the national body in charge of higher education.

### ***The Council's Powers***

The main powers granted to the Council for Higher Education by law are:

1. To grant permission to open an institution of higher education / to grant accreditation to an institution as a higher education institution.
2. To authorize an accredited institution to award an academic degree.
3. To authorize institutions to conduct studies under the academic responsibility of an accredited institution.
4. To authorize an institution to use names that require authorization in accordance with the Council for Higher Education Law.
5. To make proposals to accredited institutions regarding their consolidation, expansion and improvement and regarding academic cooperation among them for teaching and research.
6. To submit to the government - by means of the Planning and Budgeting Committee - proposals for the development of higher education and for government participation in the budgets of the higher education systems according to the needs of society and the State.
7. To provide branches of foreign higher education institutions with licenses to operate in Israel.
  - The granting of a license by the Council does not imply recognition as an institution for higher education, nor authorization to award academic degrees.
8. To grant recognition of degrees given by accredited institutions in Judea and Samaria.

### ***Composition of the Council***

The council is composed of twenty-five members including the Chairman, who is the Minister of Education *ex officio*. The Chairman of the Planning and Budgeting Committee and the Chairman of the National Association of Students are also members of the council by virtue of their positions. At least two-thirds of the council members are individuals of recognized stature in the field of higher education and the rest are public figures. Council members are appointed by the President of the State upon the recommendation of the government for a period of five years.

### ***Sub-Committees within the CHE***

There are three professional Sub Committees that work continuously in coordination with the Academic Division within the CHE:

- The Sub Committee for Humanities, Teaching and Law.
- The Sub Committee for Social Sciences.
- The Sub Committee for Technology, Engineering and Medicine.

In addition, there are three General Committees:

- Academic Policy, Accreditation, and Licensing Committee.
- Regulation and Supervision Committee.
- Quality Assessment and Assurance.
  - Advisory Committee for Medical Education

### ***The Planning and Budgeting Committee (PBC)***

The PBC is a committee of the Council and its executive arm, established by a government resolution in 1974. The Chair of the PBC is a member of the CHE by virtue of the position and presents reports to the CHE during its meetings about the PBC's activities. The Council appoints the Chair for a period of three years with the possibility of extending the appointment for an additional three years.

The PBC is composed of seven members (including the Chair): four are professors (two from the social sciences and humanities and two from the exact and engineering sciences); two are representatives of the public; and one senior faculty member of a budgeted college. PBC members are appointed by the Council for a period of three years (with the possibility of extending the appointment for a further three years), after being proposed by the Chair of the Council, and chosen by secret ballot.

The functions of the PBC, as defined in the government's decision, are:

- To act as an independent intermediary body between the government and national institutions, on the one hand, and the institutions of higher education, on the other, regarding all budgetary issues for higher education.
- To propose the regular budget and the development budget for higher education, while taking into consideration the needs of society and the State, and while safeguarding academic freedom and assuring the advancement of research and learning.
- To have exclusive authority for disbursing the global authorized budgets to the institutions for higher education.
- To propose to the government and the Council for Higher Education plans for the development of higher education, including their financing.
- To promote efficiency in the institutions of higher education and to coordinate among them.
- To oversee the use of the allotments, in order to prevent deficits or excesses.
- To express its opinion to the Council for Higher Education on the opening of any new institution or new unit with significant financial ramifications at an accredited institution.

## **Overview of Quality Assurance and Compliance with Standards of Accredited MD-Granting Medical Education Programs in Israel**

Accreditation is a process conducted by CHE at the commencement of an academic program. To receive Accreditation, the program must:

1. Be registered with CHE in accordance with the guidelines of the Council for opening a new curriculum.
2. Be examined by a professional examination committee or reviewers appointed by CHE.
3. If the professional examination committee recommends opening of the program, it will be awarded “preliminary accreditation” for a period of two years.

Developing programs that have not yet received full accreditation by CHE are designated as holding “Preliminary Accreditation.” Students enrolled in education programs with preliminary accreditation enjoy the same rights and privileges as students enrolled in programs with “full” accreditation.

After receiving full Accreditation, CHE conducts regular Quality Assurance and Compliance with Standards reviews of the program, typically once in an eight-year cycle.

The Quality Assurance Review, conducted by a Survey Team comprises two parts:

- The Survey Team’s assessment of the Institution’s Performance in Elements – which is subsequently used to determine the institutions Compliance with Standards
- Recommendations for improvement of the medical education program at the school.

The Quality Assurance Review is the process by which institutions and programs undergo an extensive peer-based evaluation of their compliance with accepted standards for educational quality. Through the QA Review process, the CHE provides assurance to medical students and graduates, the medical profession, healthcare institutions, and the public that (1) educational programs culminating in the award of the MD degree meet reasonable, generally-accepted, consistently-applied, and appropriate national standards for educational quality and (2) graduates of such programs have a complete and valid educational experience sufficient to prepare them for the next stage of their training. CHE standards for medical education program quality are contained in the *Standards for Medical Education on Israel* document available from the CHE website. Medical students graduating from a CHE-accredited medical education program have access to state medical licensure.

Programs judged by the CHE to meet national standards of quality are designated as having passed their periodic Quality Assurance and Compliance with Standards Review.

### **I. Policies on Quality Assurance and Compliance with Standards of MD-Granting Programs**

#### **A. Compliance with Standards Review Term**

Medical education programs are normally subject to an eight-year Compliance with Standards review cycle. However, the Council for Higher Education (CHE) may vote to advance the date of a survey visit, so that the program has a review in less than eight years, if there are questions about the sustainability or quality of a program. This is referred to as a “Shortened Compliance with Standards Term.”

New medical education programs seeking initial CHE accreditation undergo a stepwise review process until full accreditation is granted. Programs are defined as “Accredited” beginning with the granting of preliminary accreditation and have the rights associated with that designation. See “The Survey Process for New or Developing Medical Education Programs” in this document. After the CHE grants full accreditation to a new program, its next full survey occurs together with existing accredited programs.

An educational program leading to the MD degree, once accredited, remains accredited until the CHE terminates the program’s accreditation through a formal action to withdraw accreditation. An accreditation status does not change until a formal action taken by the CHE is finalized.

## **B. Entities Eligible for CHE Accreditation**

As described earlier, the CHE accredits only complete medical education programs whose students are geographically located in Israel and that are operated by Israeli universities or colleges. Accreditation is granted to the educational program leading to the MD degree.

### **Receipt of Degree-Granting Authority**

Before a medical education program admits its charter class, it must be legally authorized under Israeli law to provide medical education leading to the MD degree and must have received degree-granting authority from CHE.

The CHE does not separately accredit segments of medical education programs (e.g., two-year basic science programs) or distinct parallel curricula (tracks) within a medical education program.

If a medical school in Israel has more than one medical education program leading to the MD degree, (four-year, six-year, military etc.), the CHE will accredit such programs separately, but will conduct periodic Quality Assurance reviews together.

## **C. The Quality Assurance and Compliance with Standards Survey Process**

Medical education programs are reviewed to determine compliance with CHE Standards for Medical Education and to ensure that medical education programs conform to commonly accepted academic Standards related to the educational process, such as the presence of a complete and effective curriculum and a credible internal student assessment system, as well as outcome standards, such as student performance in national licensing examinations and graduation rates. CHE Standards and their related Elements are stated in terms that respect the diversity of Israeli medical schools.

### ***Responsibility for Survey Visit and Consultation Expenses***

For surveys of accredited programs, the CHE pays the expenses of all teams. Where relevant, the program being evaluated is responsible for transporting the survey team to and from the team’s hotel, for providing survey team meals during the day, and for arranging and funding any transportation to affiliated hospitals and to regional campuses.

Survey team members cannot accept gifts of any type from medical education programs or their parent university.

### ***Definitions used for Compliance with Standards and Performance in Elements***

The CHE uses the following definitions for **COMPLIANCE WITH STANDARDS**:

**Compliance:** Taken as a whole, the expectations of the Standards are being met.

**Compliance with a Need for Monitoring:** While there are concerns based on the performance in individual Elements, those concerns do not seriously compromise meeting the expectations of the Standard.

**Noncompliance:** Taken as a whole, the performance in Elements does not permit the expectations of the Standard to be met.

The CHE uses the following definitions for **PERFORMANCE IN ELEMENTS**:

**Satisfactory:** The policy, process, resource, or system required by the Element is in place and, if required, there is sufficient evidence that it is effective.

**Satisfactory with a Need for Monitoring:**

- 1) The policy, process, resource, or system required by the Element exists but there is insufficient evidence of sustainability and/or effectiveness, OR
- 2) The requirements of the Element are met but anticipated circumstances could negatively impact future performance.

**Unsatisfactory:** One or more requirements of the Element is/are not met. The required policy, process, resource, or system is not in place or is ineffective. Formal evidence of effectiveness/sustainability is absent.

### **Scoring and Consolidation of Elements and Standards**

The Council for Higher Education has established 11 Standards, which are used to evaluate medical education. These Standards comprise approximately 58 elements, each of which assesses a different component of medical education.

The scores for the Standards and Elements are given on a grading scale of 1 to 6, as follows:

- 5-6: Compliant
- 3-4: Partially Compliant
- 1-2: Non-compliant

The use of a range of numbers is intended to provide additional accuracy in relation to the threshold above or below.

The score for each Standard is the weighted average of all the Elements in that Standard, with each Element carrying a different weight according to its importance. The weights for the Elements range from 1-4. The weights for the Standards range from 0.8-1.2, with less important Standards having a weight of 0.8, highly important Standards having a weight of 1.2, and moderately important Standards having a weight of 1.

The consolidated score for the school is the weighted average of the Standards, adjusted to the grading scale of 1 to 6 as follows:

$$3 > \text{Non-compliant} \geq 1$$



5 > Partially Compliant ≥ 3  
 5-6 ≥ Compliant ≥ 5

In addition, minimum Compliance requirements have been established:

If the school does not meet at least one highly important Standard (red standards), it will be considered non-compliant.

If the school does not meet at least two moderately or less important Standards (blue and green standards), it will be considered conditionally compliant.

XI	X	IX	VII	VII	VI	V	IV	III	II	I	Standard Element
4	4	4	4	4	4	3	4	4	3	4	1
3	4	4	4	4	4	2	3	2	3	3	2
3	2	4	4	4	4	4	4	4	3	2	3
2	2	4	4	4	4	4	3	4	3	4	4
4			4	4	4	4	3		3		5
4				4					3		6
				4					3		7
				4							8
				4							9
0.8	1	1.2	1.2	1.2	1.2	1	1	1	0.8	1	
4	5	6	6	6	6	5	5	5	4	5	Standard Weight

***The Survey Process for Accredited Medical Education Programs***

For fully accredited medical education programs, the CHE QA Division will conduct the process according to the timeline illustrated in Appendix I. CHE will conduct a “rotating cycle” beginning midway between QA Review survey visits, allowing all parties to properly prepare for the review visit. Resources, such as the *Institutional Self-Assessment (ISA)* and *Data Collection Instrument (DCI)* (jointly referred to hereinafter as the ISA) and the *CHE Guide to Institutional Self-Assessment* will be sent to the schools and are also available on the CHE website 12-15 months before the survey visit.

The CHE QA Division staff provides information/consultation sessions through webinars and workshops to assist schools in preparing for QA and Compliance surveys. CHE QA Division staff members are also available for pre-survey consultations virtually or by phone or other suitable arrangement.

The CHE QA Division staff send the medical school Dean information regarding the composition of the Survey Team prior to the school’s submission of its survey materials. Survey Team members for a given medical education program are selected based partly on the CHE’s conflict of interest guidelines included later in this document. If the Dean has reason to believe that any survey team member has a conflict of interest that should disqualify that person from evaluating the program, he or she must contact the CHE QA Division immediately upon receiving the team list to determine if an alternate member can be appointed. The CHE QA Division makes all final decisions about survey team membership.

Schools must submit their survey package by 12 weeks before the first day of the scheduled survey visit. For more details about the process of preparing for QA Review survey visits and submitting survey

materials, see the *CHE Guidelines for Planning and Conduct QA Survey Visits* available on the CHE website.

A full QA Compliance with Standards visit typically begins with an entrance meeting with the university president and medical school Dean and lasts a total of two to three days. Within two months of the site visit the survey team secretary provides a report of the team's initial findings to the Dean.

After concluding the survey visit, Survey Team members compile a written Quality Assurance Report of their findings related to the program's performance in each of the Elements, along with general recommendations for improvement. The Survey Team does not make recommendations or decisions regarding Compliance with Standards or about the program's status. These determinations are made by the CHE based on the review of the Quality Assurance Report and associated documents. The Survey Team secretary submits the draft Quality Assurance Report and the Survey Team findings to the CHE QA Division offices for review to verify that the report is complete, internally consistent, adequately documents the team's findings, and that Standards are applied and interpreted consistently across reviews. After revisions based on QA Division comments are considered, the Quality Assurance Report and the Survey Team findings are circulated to team members and to the Dean for review and feedback.

The medical school Dean has two months to respond in writing to the Team Secretary regarding areas of the draft Quality Assurance Report that he or she believes are errors of fact.

If there are remaining concerns about the process of the visit, the Dean may write a letter to the CHE detailing these concerns.

The CHE's Advisory Committee for Medical Education (ACME) reviews the final Quality Assurance Report and any other relevant documentation and makes determinations about the program's performance in Elements, compliance with Standards, the status of the program, and any required follow-up. Depending on the extent of the program's compliance with Standards, the CHE will take the following actions:

#### ***Types of Compliance with Standards Actions***

No change to a program's status will be applied retroactively.

When considering the status of a medical education program leading to the MD degree, the CHE may at any time take any of the following actions:

- Declaration of Compliance with Standards
- Declaration of Partial Compliance with Standards
- Declaration of non-Compliance with Standards

The CHE may also require one or more follow-up activities (limited survey visits, completion of an action plan, and/or completion of status reports, with or without accompanying consultations by the QA Division) if it determines that the program has unsatisfactory performance in one or more Elements, is not in Compliance with one or more Standards.

The school must correct compliance deficiencies in accordance with the decision and schedule of CHE.

The CHE QA Division communicates the outcome of the CHE's deliberations, including the program's Compliance with Standards, status, and any required follow-up actions, in writing to the President or equivalent chief executive of the institution, with a copy to the Dean.

### ***The Survey Process for New or Developing Medical Education Programs***

New programs seeking CHE accreditation should contact the QA Division for advice and consultation to facilitate orderly development of the program and with full understanding of the accreditation process.

Prior to receiving Preliminary Accreditation, programs must not recruit or advertise for students, collect applicant information, initiate a process for reviewing applications for admission, schedule applicant interviews, or issue letters of admission.

### **Initiation of Review for New Medical Education Programs**

The accreditation review process for a new Israeli medical education program formally begins when the chief executive officer of the institution planning to offer the new program submits a formal letter to the CHE stating the goal of seeking CHE accreditation. The formal letter must affirm that the medical education program is operated by a university or college in Israel and whose students will be geographically located in Israel for the required portions of their education.

If there are appropriate plans to meet these eligibility criteria, the program will be listed on the CHE website as an "Applicant." A program with applicant status is not accredited.

## **D. Survey Teams**

### ***Selection and Training of Survey Team Members***

The CHE QA Division is responsible for recruiting and training Survey Team members who are knowledgeable about medical practice and education. The Survey Team is made up of members of the International Committee of Experts (ICE), along with Israeli team members. The pool of Survey Team members includes both practitioners and educators. Practitioners are defined as physicians who hold an active medical license and engage in/recently have engaged in significant clinical practice. Educators are defined as individuals (physicians, education specialists, basic scientists, or others) who currently hold or have held a faculty position, with or without an administrative title, at a medical education program leading to the MD degree.

Upon receipt of a notification of a planned QA Review from CHE, school deans must designate a faculty lead (FL) to manage the Self-Assessment process. The FL should be a senior faculty member who may also hold an administrative position and who is knowledgeable about the medical school and its educational program and familiar with the meaning and interpretation of the CHE Standards and Elements.

At the same time, the parent Institution's Quality Assurance Coordinator (IQAC) will commence working with the designated faculty member in preparing for the Quality Assurance process. The IQAC will provide continuous guidance and support throughout the Quality Assurance processes taking place within the institution.

The CHE QA Division provides training for all Survey Team members. All Survey Team members are required to complete this training before participating in their survey. The CHE QA Division determines the content, frequency, extent, and format of survey team member training. All Survey Team members

are provided with training on the intent of CHE Elements/Standards, so as to support consistency in decision-making. The CHE QA Division staff monitor participation to ensure completion of training requirements. (See *CHE Guidelines for Planning and Conduct QA Survey Visits*)

## **E. Survey Reports**

The Survey Team's Quality Assurance Report constitutes the formal record of the Survey Visit and is the source of information that the CHE uses to decide a program's status. The report following a Survey Visit includes a detailed narrative and quantitative information about the program's performance in each Element, including the program's performance with respect to student outcomes and achievement, which are the specific focus of several Standards. The Survey Report includes tabular and narrative information from the Institutional Self-Assessment as well as information that was obtained by the Survey Team during the visit. Part of the Report will be a section of recommendations for program improvement.

With the guidance of the Advisory Committee for Medical Education (ACME), CHE uses this documentation to independently judge Performance in Elements and Compliance with Standards. Survey Reports for all types of visits are accompanied by a Survey Team findings document containing the Survey Team's recommendations related to performance in Elements. The CHE considers this document in making its final judgment about performance in Elements and Compliance with Standards.

The Advisory Committee for Medical Education (ACME) will review the Quality Assurance Report and submit its recommendations to CHE at one of its regularly scheduled meetings.

## **II. Other Policies and Procedures**

### **A. Development, Review, and Modification of Medical Education Standards and Elements**

The Council for Higher Education (CHE) conducts reviews of all Medical Education Standards and Elements over a timeline that supports participation by relevant parties and at least once every three years.

CHE has sole responsibility for the Standards for Medical Education and their associated Elements and for their continuous updating, maintenance, and enforcement. In maintaining the Standards for Medical Education, CHE and/or ACME may consult with any relevant parties/agencies.

The Standards and their Elements apply to all medical schools accredited by the CHE.

ACME will advise in the following:

1. Reviewing and updating the Standards for Medical Education.
2. Determining the weight of each Element for the purposes of evaluating Compliance with a Standard.
3. Establishing the criteria to determine whether a school is "Fully Compliant", "Partially Compliant", or "Non-Compliant" with a Standard.
4. Advising CHE on Compliance with Standards to determine if a Medical School should be declared:
  - Compliant with Standards
  - Partially Compliant with Standards
  - Non-Compliant with Standards

#### ***Procedure for reviewing and updating of the Standards for Medical Education:***

- Each member of the ACME can ask to convene the Committee to discuss the Standards, the Elements, and their weight.
- The CHE's head of QAD may convene the ACME at his/her discretion.

- Any person or agency can request to review a Standard/Element by sending a reasoned request in writing to the CHE's QAD. The postal address can be found at the CHE website at [www.che.org.il](http://www.che.org.il). Requests will be gathered and submitted together to ACME Committee members once quarterly.
- The QAD will convene the ACME within three months from a request presented by a member.
- ACME will submit recommendations to CHE's Sub-committee for Quality Assurance. The Sub-committee will debate the proposed changes and make a recommendation to the CHE's General Assembly. The GA will decide whether to adopt, reject, or refine the recommendation.
- The QA Sub-committee/QAD may request to consult expert/s to discuss alternatives to the proposed changes to the Standards and their possible ramifications and/or consequences. The expert/s will submit their report within three months. ACME will discuss the expert's findings and submit its recommendations to the QA Subcommittee. The QAD is responsible for assembling expert groups.
- New Standards and Elements, revisions to existing Standards and Elements which alter their content or requirements for compliance. Announcements for public comments are disseminated through the CHE website and comments are accepted in writing.
- Based upon the QA Subcommittee's recommendations, the CHE's General Assembly will discuss and decide on adoption of the changes to the Standards. Final decisions on the content of any Standard or Element is at the sole determination of the CHE.
- Any new or revised Standard or Element adopted by the CHE will be published on its website along with the academic year in which the Standard/Element will be effective.

## **B. Conflict of Interest Guidelines**

The CHE requires that all Survey Team members sign conflict of interest statements in which they agree to abide by the following policies in order to avoid actual or perceived conflicts of interest.

### ***Participation in Survey Visits, QA Review and QA Decisions***

No CHE representative (defined as a CHE member, ACME Member, Survey Team member, or QA Division member) will participate in a survey visit, in the review of materials submitted by or about a medical school, in discussions or voting at CHE meetings, if the program meets any of the following criteria:

- A program with which the representative or an immediate family member (defined as a spouse, domestic partner, child, parent, or sibling) has been connected as a student, graduate, faculty member, administrative officer, staff member, employee, or contracted agent within the past five years.
- A program with which the representative or an immediate family member has interviewed for employment within the past two years or has immediate plans to apply for employment.
- A program that is part of a university system where the representative is employed.
- A program engaged in substantial cooperative or contractual arrangements with the program or institution of the representative or an immediate family member.
- A program which has engaged the representative or an immediate family member as a paid consultant within the past eight years. Provision of short-term educational services (such as guest lectures) is not considered consulting that poses a conflict of interest.
- A program with which the representative or an immediate family member has any financial,

political, professional, or other interest that may conflict with the interests of the CHE.

- A program in which the representative believes that there may be a conflict due to other circumstances, such as participation in QA or consultative review of the program for other agencies, close personal relationships with individuals at the program, etc.
- A program for which the program has reason to believe and can document to the satisfaction of the CHE QA Division, that the participation of the representative could be unfairly prejudicial.
- A program where the representative or family member has invested or donated research funds.

### ***Consultations***

No CHE member will act as a paid or unpaid external consultant on CHE matters to any program or institution subject to CHE QA Review unless such consultation is authorized by the CHE. A CHE Survey Team member will not act as a consultant on CHE QA matters to a school the individual has visited as a CHE survey team member within the past eight years without approval from CHE. CHE members and staff will not provide consultation on CHE QA Review matters to any program or institution subject to CHE QA for a period of two years after completion of their service with the CHE.

## **C. Records Retention, Data Collection, Research, and Confidentiality of Information Collected during the QA/Compliance Process**

### ***Records Retention***

All materials provided by schools in conjunction with QA Surveys, including the Institutional Self-Assessment, Student Analysis, and any other relevant documents, such as school responses to Survey Reports, will be retained in electronic format for the most recent QA Review cycle. QA Survey Reports, status reports from medical education programs, change notifications, historical records and decision letters of CHE actions for each program and each program seeking Compliance with Standards, and all CHE meeting minutes and agendas will be retained indefinitely in electronic format. Complaints, information from credible and verifiable public sources, or third-party comments about program quality, if shown to relate to areas of noncompliance with Standards or unsatisfactory performance in Elements, will be retained indefinitely, so as to inform future survey team reviews.

### ***Data Collection and Reporting***

From time to time, CHE may require of a school to submit a report on data relevant to the school's performance. This may include among other things, student enrollment, national exam pass rates, student drop out, and significant changes to the curriculum and/or buildings.

Data from the questionnaires may also be used by the CHE QA Division to provide benchmarking reports and other activities for improving medical education quality.

### ***Confidentiality of Information Collected During the QA Review Process***

All information collected in preparation for QA Review surveys or collected on-site is held in strict confidence by the CHE. Such information includes the contents of the program's Institutional Self-Assessment Report, DCI, and correspondence regarding the program's prior history. Other documents submitted to the CHE by medical education programs (such as status reports, change notifications) also are treated in a confidential manner.

Survey Team members, must sign a confidentiality statement agreeing to abide by the CHE's confidentiality requirements as a condition for participating in a survey visit. All information received by the CHE that relates to a school's status (including survey reports and status reports) is treated as confidential, and CHE members and staff must sign a confidentiality statement as a condition for participating in CHE meetings and related activities.

#### **D. Complaints, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality**

##### ***Complaints and Information from Credible and Verifiable Public Sources about Program Quality***

The CHE will consider complaints about program quality from students or others that, if substantiated, would represent noncompliance with one or more CHE Standards or unsatisfactory performance in Elements. The CHE will not intervene on behalf of a complainant to achieve redress of the individual's grievances with regard to issues such as admission to medical school, dismissal or disciplinary actions involving students or faculty, or faculty appointment or advancement. Complaints may come from any source. All complaints must be submitted in writing to the CHE QA Division and complainants must sign a form allowing the complaint to be disclosed to the medical education program. Anonymous complaints and duplicate complaints by one individual that address the same circumstances will not be considered.

If, at any time through credible and verifiable public sources (i.e., print or online newspaper articles), the CHE is informed of circumstances at a medical education program that might indicate noncompliance with Standards/unsatisfactory performance in Elements, the information will be treated as a complaint about program quality.

##### ***Third-Party Comments about Program Quality***

The CHE provides opportunity for third-party comment related to a medical education program undergoing QA Review. Comments must be focused on potential areas of noncompliance with Standards/unsatisfactory performance in Elements or other related matters that could impact the school's ability to provide a quality medical education program. Anonymous comments will not be accepted.

##### ***Complaints about CHE Standards, Policies, Procedures, and Operations***

Complaints about the CHE's Standards/Elements, policies, procedures, and operations are reviewed by CHE. Such complaints must be submitted in writing to the CHE through QAD and will not be considered if submitted anonymously. If a QA Division staff member is the subject of a complaint, he/she will not participate in the investigation of or decision-making about the complaint. The QAD will present its findings and any recommended actions to the CHE at its next regularly scheduled meeting. The complainant will be advised in a timely manner of the CHE's response to the complaint.

Complaints about Survey Teams or Survey Team members must be submitted in writing or through a call to a member of the QAD and may not be anonymous. The QAD will investigate the complaint by collecting information relevant to the specific incident, for example, through interviews with school personnel and survey team members. The QAD will present the results of the investigation to the Chair of the CHE for appropriate action, which the QAD will carry out. The CHE will not notify the complainant of the results of the investigation.

### **E. Institutional Recommendations**

The Survey Team will append to the Institutional Quality Assurance Report the Team's recommendations to the school for the improvement of any aspect of the school's performance that arose or did not arise during their assessment of the school. For the avoidance of doubt, such recommendations are advisory and are not taken into consideration when assessing Compliance or Non-compliance with Standards or Performance of Elements.

### **F. General Cross-Institutional Report on the State of Medical Education in Israel.**

Upon submission of Quality Assurance Reports concerning all medical programs, the Survey Team may issue a general Cross-Institutional Quality Assurance Report that assesses the state of medical education in Israel, with its recommendations for improvement.



# Appendix I - Timeline

