



Bylaws and procedures concerning the Standards Compliance process of Medical Schools in Israel

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Visit the CHE website at che.org.il/en/evaluation-process-standards-medical-schools-israel/

The following contains a brief description of the Standards Compliance process and the relevant bylaws and procedures:

1. Process Description
2. Composition of the Advisory Committee for Medical Education (ACME)
3. Reviewing and updating Standards for Medical Education
4. Compliance of Medical Schools
5. Quality Assurance Procedure in Medical Education
6. Notification to the Public
7. Glossary

1. Process Description

The operation of each medical program in Israel is conditional upon its Accreditation from the Council for Higher Education (CHE).

Approximately every eight years the CHE's Quality Assurance Division conducts a Quality Assurance Review of the medical programs. The CHE notifies the schools of the initiation of the review and offers guidance for the process. The school appoints relevant faculty members to compile the Institutional Self-Assessment. A Survey Team assembled by the CHE visits the school and submits an institutional report of its findings containing two sections:

1. A Compliance Section that assesses the school's performance in Elements contained within CHE's Standards for Medical Education.
2. The School Recommendations for Improvement Section.

In addition, the Survey Team will submit a General Cross-Institutional Report on the state of Medical Education in Israel with observations and recommendations for improvement.

Based on the Compliance Section, the Recommendation Section, and the reply of the Institution, the Advisory Committee for Medical Education (ACME) will submit to the CHE a Standards Compliance Report, upon which the Council for Higher Education decides:

1. That a school is
 - a. in Compliance with the Standards for Medical Education.
 - b. in conditional Compliance with the Standards for Medical Education: requires remediation.
 - c. in partial Compliance with the Standards for Medical Education: requires a repeated compliance review process.
 - d. not in Compliance with the Standards for Medical Education: possible revocation of Accreditation.
2. To implement other recommendations.

The CHE will communicate its decision to the schools, encompassing a comprehensive assessment of their performance in the Elements and Compliance with the Standards. In case the school is directed to correct its deficiencies, it will submit a Remediation Report, detailing the steps taken and resources utilized to comply with the Standards. The Remediation Report will undergo a professional evaluation by the CHE and can result in approval of Compliance with the Standards for Medical Education.

The Advisory Committee for Medical Education is made up of experts and educators in the field of medicine and its role is to advise the CHE on all medical education issues, including, among other things, reviewing and updating the Standards for Medical Education, and advising the CHE in evaluating the Standards Compliance Report, and Quality Assurance Report.

2. Composition of the Advisory Committee for Medical Education (ACME)

1. The Advisory Committee for Medical Education (ACME) is a permanent advisory-committee of the Council for Higher Education.
2. Members of the ACME will be appointed and substituted in the following way:
 - a. The Committee will include 6-10 members.
 - b. ACME's members will serve for three years and up to two terms only.
 - c. All Committee members will have a well-established background and/or experience in medical education and/or healthcare management - (under exception of the Student Representative.)
 - d. The Committee will be composed of the following:
 - i. At least two members with significant current experience as medical practitioners in a hospital environment.
 - ii. At least two members with significant current experience as medical practitioners in a community clinical environment.
 - iii. At least two members with significant management experience of medical education or/and expertise in medical pedagogy. At least one must be an expert in medical pedagogy.
 - iv. One member of the Council for Higher Education (CHE).
 - v. A representative of the Ministry of Health (observant member.)
 - vi. A representative of the medical student body.
 - e. The Committee Chair must have significant academic management experience at medical school or/and expertise in medical pedagogy.
 - f. In appointing expert members for the ACME, expertise in medical pedagogy will be a **significant** factor for medical practitioners, and an **essential** factor for medical educators.
 - i. The CHE will have the power to replace a member for, among other things, the following:
 1. Recurring failure to participate in Committee Meetings
 2. Conflict of Interest
 3. Recurring failure to meet deadlines
 4. Other reason considered justified by CHE and/or the majority of remaining Committee Members.
 - g. Committee members will be replaced in a manner that preserves the continuity of the expert members of the hospitals, community clinics, and medical educators.
 - h. Every meeting must be attended by an expert member practitioner of the hospitals, community clinics, and medical educators. A quorum will be 60% of current members either physically or virtually present.
3. Responsibilities of the Committee:
 - a. To advise the CHE in maintaining, evaluating, and updating Standards for Medical Education and their associated Elements.
 - b. ACME will issue a Compliance Report with the Standards for Medical Education to advise the CHE on whether or not schools comply with the Standards and their Elements.

- c. Assisting the CHE's Quality Assurance process in the field of medical education.
 - d. Assist CHE in all matters relating to Medical Education.
4. The Committee will be coordinated and assisted by the CHE's Quality Assurance Division (QAD).
5. QAD will be responsible for documenting and publishing on its website the relevant outcomes of the Committee's work and reviewing and updating the Standards for Medical Education.

3. Reviewing and updating Standards for Medical Education

1. CHE has sole responsibility for the Standards for Medical Education and their associated Elements and for their continuous updating, maintenance, and enforcement.
2. In maintaining the Standards for Medical Education, CHE and/or ACME may consult with any relevant parties/agencies.
3. The Standards and their Elements apply to all medical schools accredited by the CHE.
4. ACME will advise in the following:
 - a. Reviewing and updating the Standards for Medical Education.
 - b. Determining the weight of each Element for the purposes of evaluating Compliance with a Standard.
 - c. Establishing the criteria to determine whether a school is "Fully Compliant", "Partially Compliant", or "Non-Compliant" with an Element/ Standard.
 - d. Advising CHE on Medical School compliance with standards in the following manner:
 - Compliant with the Standards for Medical Education.
 - Conditionally compliant with the Standards for Medical Education: requires monitoring.
 - Partially compliant with the Standards for Medical Education: requires a repeated compliance review process.
 - Non-Compliant with the Standards for Medical Education: possible revocation of Accreditation.
5. The Standards for Medical Education and their Elements, and how they are assessed, will be reviewed at least once every three years.
6. Procedure for reviewing and updating of the Standards for Medical Education:
 - a. Each member of the ACME can ask to convene the Committee to discuss the Standards, the Elements, and their weight.
 - b. The CHE's head of QAD may convene the ACME at his/her discretion.
 - c. 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. Requests will be gathered and submitted together to ACME Committee members once quarterly.
 - d. The QAD will convene the ACME within three months from a request presented by a member.
 - e. 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.
 - f. 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.
 - g. The CHE's General Assembly will discuss and decide on adoption of the QA Subcommittee's recommendations.

4. Compliance of Medical Schools

1. The Accreditation of Medical Schools is under the exclusive authority of the CHE, and it grants the medical school the right to accept new students and issue the MD degree.
2. Approximately every eight years, the CHE will conduct a Quality Assurance Review of the Medical School. A new school, accredited less than four years before the initiation of the review, will be examined in the following review.
3. CHE's General Assembly will determine the standing of a Medical School based on ACME's Report on its Compliance with the Standards for Medical Education (Standards Compliance Report).
4. After its deliberations, the ACME will submit the Compliance Report with its recommendations to the QAD. The CHE Subcommittee for QA or the General Assembly may reject ACME's recommendations and request specific measures/alterations concerning Compliance with specific Standards.
5. Decision Procedure for determining the Compliance of a Medical School:
 - a. The CHE's QAD will convene ACME to assess performance in Elements and discuss whether a medical school complies with the Standards for Medical Education.
 - i. Within three months after the institutions' reply deadline to the Compliance Section of the QA Report.
 - ii. Within three months from receipt of the Remediation Report of a school's Compliance with Standards.
 - b. ACME's Standards Compliance Report will be produced after thoroughly examining the Survey Team's Quality Assessment Report.
 - c. In composing the Standards Compliance Report, ACME may consider:
 - i. The Compliance section of the institution's QA Report.
 - ii. The Recommendations section of the institution's QA Report.
 - iii. Certified responses from the institution under examination.
 - iv. ACME's assessment guidelines for the Standards of Medical Education.
 - d. The Standards Compliance Report will be issued within a month from the ACME's discussion and will result in a recommendation to issue a declaration of the school's: (1) Compliance (2) Partial-Compliance, or (3) Non-Compliance with the Standards for Medical Education.
 - e. The Standards Compliance Report will discuss a school's "Compliance", "Partial Compliance", or "Non-Compliance" with each Element/Standard and additional factors contributing to the recommendation.
 - f. The CHE's Sub-committee for Quality Assurance will review the Standards Compliance Report and will issue its recommendation to the CHE's General Assembly to declare the school: (1) in Compliance; (2) in Partial Compliance (with a need for remediation); (3) Partial compliant that requires a repeated compliance review process; or (4) Not in Compliance - entailing possible revocation of Accreditation.
 - g. The CHE's General Assembly will receive a Compliance recommendation for a medical school from the CHE's sub-committee for Quality Assurance and will decide whether to declare the school: (1) in Compliance; (2) in Partial

Compliance (with a need for remediation); (3) Partial compliant that requires a repeated compliance review process; or (4) Not in Compliance - entailing possible revocation of Accreditation.

- h. The CHE's final Notification will be issued to the Schools and placed on the CHE website within a month of the decision.

5. Quality Assurance Procedure in Medical Education

1. Approximately every eight years, the Quality Assurance Division will review the Medical Schools in Israel. A notification will be sent to the Institutional Quality Assurance Coordinator (IQAC) of each parent institution, who will notify the relevant personnel in their institution. (Dean of Health Sciences, University President, Rector etc.).
2. The medical schools will:
 - a. Appoint a senior member of the medical school as Faculty Lead (FL) who will manage the Standards Compliance process on behalf of the medical school. (The Faculty Lead must be a senior faculty member who is knowledgeable about the medical school and its educational program and familiar with the meaning and interpretation of the CHE Standards and Elements.) He/she should be able to identify institutional policies and information sources, and to ensure participation by members of the administration, faculty, and student body. The school must ensure that the FL has appropriate administrative support, financial resources, and release time from other duties in order to accomplish the responsibilities associated with this role.
 - b. Submit to CHE, a declaration signed by an institutional authorized signatory that its Affiliation Agreements with its clinical teaching facilities include, among other things:
 - i. The assurance of medical student and faculty access to appropriate resources for medical student education.
 - ii. The primacy of the medical education program's authority over academic affairs and the education/assessment of medical students.
 - iii. The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching.
 - iv. Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.
 - v. The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment.
3. The institution's relevant parties (FL, Dean, Administrative Director, Curriculum Committee Chair, and the IQAC) will be invited for preparatory seminars by CHE's QAD.
4. The preparatory seminars will provide participants with a comprehensive explanation of the Standards Compliance and QA processes, and all required information and contacts.
5. After the FL's appointment and receipt of the signed declaration, the CHE will send the FL and the IQAC the relevant documents including the Institutional Self-Assessment (ISA) and instructions for conducting the Student Survey Report.
6. A Self-Assessment Task Force (SATF) of the medical school will be established and coordinated by the FL. The SATF will include, among others:
 - a. The Dean and department heads
 - b. School personnel (academic, fiscal, administrative)
 - c. Junior and senior faculty members
 - d. Students

- e. Graduates in residency programs at the institution
 - f. Representatives of clinical affiliates (hospitals, community clinics).
7. The SATF together with the IQAC will obtain a Student Survey Report using, among other things, the Student Survey Template. A SATF member will provide the students with a comprehensive explanation of the Standards Compliance Process, the aims of the Student Survey, and its importance. The IQAC will disseminate the Student Survey and present the results in a Student Survey Report using the Student Survey Report Template.
8. Based on the contents of the ISA and the Student Survey Report, the SATF will prepare a Self-Assessment Report to make an evidence-based evaluation of the school's performance in Elements/Standards. They will use CHE's Self-Assessment Report Template available on the CHE website.
9. The deadline for submission of the Self-Assessment Report will be the same for all institutions and not earlier than a year following the notification of the medical schools on the initiation of the QA and the Standards Compliance processes.
10. In consultation with ACME, the QAD will appoint an International Committee of Experts in Medical Education. At one least Israeli member will be appended, comprising together the Survey Team. In assembling the Survey Team, the QAD will strive to balance the following criteria:
 - Research excellence in Medical Education.
 - Experience in medical schools' academic administration.
 - Varied and wide professional coverage.
11. In assembling the Survey Team, the QAD will strive to present gender and diversity balancing without jeopardizing the above criteria.
12. Following detailed instruction of all Survey Team Members, the QAD will obtain clear written declarations from each member that they have no Conflict of Interest between themselves, CHE, the schools being assessed, or any other relevant party or agency.
 - a. In the event that a suspected Conflict of Interest is raised, QAD will conduct an assessment and issue a written judgement and its decision.
13. The QAD will be responsible for guiding the members of the Survey Team in all aspects of the Standards Compliance process and will provide a detailed seminar explaining, among other things, their capacity, responsibilities, and limitations.
14. The QAD will plan and budget the QA Review process.
15. The Survey Team will examine the schools' Self-Assessment Reports and will conduct a two-day site visit to each. During the visit, Committee Members will meet personnel arranged in advance with the FL and IQAC. The visit will include, among other things, examination of laboratories, clinical sites, and other infrastructure used in the teaching process. Among the personnel, the Survey Team will interview separately:
 - a. The President and Rector of the university
 - b. The Dean of the School of Medicine
 - c. Junior and senior Faculty members
 - d. Medical students
 - e. Alumni
 - f. Representatives of Clinical affiliates (hospitals, community clinics)

- g. Medical School Administrators
16. Based on the Self-Assessment Report and the site visits, the Survey Team will submit to the QAD the following not later than 24 months from the initiation of the Standards Compliance process:
 - a. A Quality Assessment Report of each institution which will include a Standards Compliance Section, and a Recommendations Section.
 - b. General Cross-Institutional Report on the state of Medical Education in Israel with general observations and recommendations for improvement.
 17. The QA Report will be sent to the institutions within two months of submission to the QAD. Each institution must send their response to the QA Report within two months.
 18. Based on the QA Reports and the institutions' responses to their QA Report, the QA Sub-Committee will discuss, evaluate, then make recommendations to CHE General Assembly (GA) for each institution. QAD may also make recommendations based upon the Cross-Institutional Report,
 19. The CHE GA will review and discuss the reports and decide whether to adopt the recommendations.
 20. As described in section 6d, ACME will issue a Standards Compliance Report with recommendations to CHE to determine that a school is:
 - a. Compliant with the Standards for Medical Education.
 - b. Partially-Compliant with the Standards for Medical Education.
 - c. Non-Compliant with the Standards for Medical Education - that may result in revocation of Accreditation.
 21. CHE will discuss the recommendations of the QA Sub-committee and decide if the school is:
 - a. Compliant with the Standards for Medical Education.
 - b. Partially-Compliant with the Standards for Medical Education.
 - c. Non-Compliant with the Standards for Medical Education that – that may result in revocation of Accreditation.
 22. The CHE decision will be delivered to the institutions within three weeks of their acceptance by the GA.
 23. The CHE General Assembly will discuss the Resolution approved by the Quality Assessment Sub-committee and will discuss the resolutions and will adopt, alter, or reject any of the resolutions. The decision of the CHE General Assembly is the final decision of the CHE.

6. Notice to the Public

1. The CHE maintains a dedicated website where the following is published:
 - a. The CHE's decisions and general information regarding the operation of the ACME and QAD (in Hebrew and English)
 - b. Approved updates to the Standards for Medical Education and their Elements (in Hebrew and English)
 - c. Protocols of ACME/QAD discussions about Standards for Medical Education.
 - d. All procedural guides and necessary documents associated with the Compliance process, relating to CHE, the Survey Teams, and the Medical Schools.
2. The Quality Assessment Division will compile, update, and publish all documents no later than three months from the CHE's General Assembly approval.

7. Glossary of Terms used in Quality Assessment and Standards Compliance process

Compliance Notification

After the General Assembly of the Council for Higher Education (CHE) decides on an institution's Compliance, the outcome is communicated to the institution.

The Advisory Committee for Medical Education (ACME)

The Advisory Committee for Medical Education (ACME) is a standing committee of CHE comprising senior Israeli medical educators and practicing physicians from hospitals and community/ambulatory clinics tasked with advising the Council on all aspects of medical education, including, among other things, reviewing and updating the Standards for Medical Education, evaluating Quality Assessment Reports by Survey Teams, advising in selecting members of International Committee of Experts/Survey Teams, assessing Survey Team recommendations, and producing an Compliance Report for submission to CHE.

Standards Compliance Report (SCR):

The Standards Compliance Report is generated by the Advisory Committee for Medical Education (ACME) and submitted to the Quality Assurance Division (QAD) of CHE.

Faculty Lead (FL)

The Faculty Lead is appointed by the dean of the Institution and serves as the manager of a school's Self-Assessment Task Force. The FL should be a senior faculty member who is knowledgeable about the medical school and its educational program and familiar with the meaning and interpretation of the Standards of Medical Education and associated Elements.

CHE's General Assembly (GA)

The General Assembly is the authorized decision-making body of the Council for Higher Education.

CHE QA Review Coordinator

The staff member of QAD CHE who is responsible for implementation of the QA Review, including, among other, coordination between QAD, the schools and the Survey Team.

Data Collection Instrument (DCI)

The Data Collection Instrument (DCI) is attached to the Institutional Self-Assessment (ISA) and contains all data supporting the Institution's narrative responses to the ISA.

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

A General Report delivered to QAD by the Survey Team after completion of all individual Quality Assurance Reports that assesses of the state of medical education in Israel, with recommendations for improvement.

Institution Quality Assurance Coordinator (IQAC)

The designated permanent Quality Assurance Coordinator at each institution who provides guidance, support, and advice throughout the QA process. The IQAC is in continuous coordination with the CHE on matters of QA at the institution.

International Committee of Experts (ICE)

The International Committee of Experts is assembled by the QAD to conduct the site visit and QA/Compliance Review of the medical school. Together with Israeli team members, this constitutes the Survey Team.

Institutional Self-Assessment (ISA) with included Data Collection Instrument (DCI)

The Institutional Self-Assessment is the self-assessment document prepared by the medical school. The ISA is completed using the CHE Institutional Self-Assessment Template that itemizes each Standard of Medical Education and its associated Elements. Using the ISA, the school assesses its performance in each Element of each Standard. The ISA includes a narrative explanation for performance in each Element along with all supporting data.

Institutional Recommendation Report

A part of the Quality Assessment Report containing the Survey Team's recommendations to the Institution for the improvement of any aspect of the school's performance that arose (or did not arise) during their assessment of the school.

Preliminary Accreditation

Developing programs that have not yet received full accreditation by CHE are designated as holding Preliminary Accreditation.

Quality Assurance Report (QA Report)

The report presented to QAD by the Survey Team as part of a QA Review. The Quality Assessment Report includes the Survey Team's assessment of the Institution's Performance in Elements along with Recommendations for improvement of medical education at the school.

Quality Assurance Review

The periodical visit and review of an institution by a Survey Team and subsequent Quality Assurance Report, Compliance Report, and Compliance decision of CHE.

QA Sub-committee

The Quality Assessment and Assurance Committee is a General Committee of CHE that offers recommendations to the General Assembly of the Council for Higher Education.

Quality Assurance Division (QAD)

The Quality Assurance Division (QAD) of CHE manages the Quality Assurance (QA) and Compliance process. This encompasses developing a plan of action for the

system, implementing the periodic QA process, gathering data from institutions, recruiting and appointing experts for the International Committee of Experts and Survey Team, overseeing committee operations, presenting reports to the Council for Higher Education, and tracking progress.

Remediation Report

The Remediation Report, submitted to the QAD by the a school constitutes the institution's official response addressing the deficiencies noted in the Quality Assessment Report. The QAD selects expert reviewers to assess the Remediation Report and determines if the identified deficiencies have been resolved and to what extent.

Self-Assessment Task Force (SATF),

The team appointed by a medical school to implement the QA process. The SATF is headed by the Faculty Lead and includes, among others, qualified faculty, administrative personnel, and the IQAC.

Self-Assessment Report

The Self-Assessment Task Force reviews all documentation (e.g., ISA and supporting data, Student Survey Analysis) to make evidence-based determinations about performance in Elements. This analysis is the basis of the Self-Assessment report, which contains a description of institutional strengths, challenges related to performance in Elements, and strategies to address the specific identified challenges.

Shortened Accreditation Term

Where CHE has voted 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.

Survey Team Chair

The chairperson of the Survey Team.

Survey Team Secretary

The individual responsible for administration at the school of the QA process. This may be the Institution Quality Assurance Coordinator (IQAC) or his/her appointee. This person provides administrative assistance to the Faculty Lead and Self-Assessment Task Force (STAF).

Student Survey Template

The Template that outlines the type of questions and data required from the students, from which the Student Survey Report is produced.

Student Survey Report

The Student Survey Report is produced from the results of the Student Survey Questionnaire that is distributed to all students in the school. It is based on all data collected and presented using the Student Survey Report Template. Once information

is gathered, it is collated, summarized, and compiled into the Student Survey Report. The Student Survey Report is presented to the SATF to be considered with as part of the Institutional Self-Assessment.

Survey Team

The Team that conducts the visit to an Institution to conduct the QA Review. The Survey Team differs from the International Committee of Experts (ICE) in that it also includes the Israeli team members.