



schweizerische agentur
für akkreditierung
und qualitätssicherung

agence suisse
d'accréditation et
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agenzia svizzera di
accreditamento e
garanzia della qualità

swiss agency of
accreditation and
quality assurance

Accreditation pursuant to HEdA and MedPA Human Medicine, USI

External evaluation report | 15 May 2023



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Part A

Decision of the Swiss Accreditation Council

24 March 2023



Decisione
del Consiglio svizzero di accreditamento

**Accreditamento di cicli di studio secondo la LPSU e la LPMed
Programma di studi in Medicina umana dell'Università della
Svizzera italiana**

I. Basi legali

Legge federale del 23 giugno 2006 sulle professioni mediche universitarie (legge sulle professioni mediche, LPMed), RS 811.11

Legge federale del 30 settembre 2011 sulla promozione e sul coordinamento del settore universitario svizzero (LPSU), RS 414.20

Ordinanza del Consiglio delle scuole universitarie del 28 maggio 2015 per l'accREDITAMENTO nel settore universitario (Ordinanza per l'accREDITAMENTO LPSU), RS 414.205.3

Ordinanza del Consiglio delle scuole universitarie del 29 novembre 2019 sul coordinamento dell'insegnamento nelle scuole universitarie svizzere, RS 414.205.1

Ordinanza del Consiglio delle scuole universitarie del 20 maggio 2021 sull'ammissione alle scuole universitarie professionali e agli istituti universitari professionali (Ordinanza sull'ammissione alle SUP), RS 414.205.7

Regolamento del 12 marzo 2015 sull'organizzazione del Consiglio svizzero di accREDITAMENTO (Rorg-CSA)

II. Fatti

Il 27 novembre 2019 l'Università della Svizzera italiana (USI) ha inoltrato una domanda di accREDITAMENTO del Programma di studi in Medicina umana.

L'USI ha scelto l'Agenzia svizzera di accREDITAMENTO e di garanzia della qualità (AAQ) per svolgere la procedura di accREDITAMENTO.

L'USI ha scelto l'italiano come lingua della procedura.

Il 9 dicembre 2019 l'AAQ ha deciso di entrare nel merito sulla domanda dell'USI e ha informato il Consiglio svizzero di accREDITAMENTO.

Il 25 ottobre 2021 l'AAQ ha aperto la procedura.

Sulla base del rapporto di autovalutazione dell'1 giugno 2022 e della visita sul posto all'USI del 26-27 settembre 2023, il gruppo di esperti incaricato dall'AAQ ha verificato se le condizioni di accreditamento secondo la LPSU e la LPMed sono soddisfatte e ha riportato le sue conclusioni in un rapporto (rapporto preliminare del gruppo di esperti del 21 novembre 2022).

Sulla base della documentazione procedurale, in particolare il rapporto di autovalutazione e il rapporto preliminare degli esperti, l'AAQ ha preparato la proposta di accreditamento e l'ha presentata all'USI il 21 novembre 2022 per la sua presa di posizione.

Il 30 novembre 2022 L'USI ha preso posizione sul rapporto degli esperti e sulla proposta di accreditamento dell'AAQ.

Sulla base del parere dell'USI, il gruppo di esperti ha adattato il suo rapporto del 21 novembre 2022 e l'AAQ ha finalizzato la proposta di accreditamento.

Il 19 gennaio 2023 l'AAQ ha inoltrato al Consiglio svizzero di accreditamento la proposta di accreditamento del Programma di studi in Medicina umana dell'Università della Svizzera italiana.

Il 16 gennaio 2023 la commissione extraparlamentare delle professioni mediche (MEBEKO) ha preso posizione sulla proposta di accreditamento dell'AAQ e sul rapporto del gruppo di esperti.

III. Considerando

1. Considerando del gruppo di esperti

Secondo la proposta di accreditamento dell'AAQ, il gruppo di esperti ha riportato i seguenti considerando nel suo rapporto:

«Il gruppo di esperti esprime un giudizio complessivo positivo sul nuovo programma di studi in Medicina umana. Il MMed si basa su PROFILES, con scopi e obiettivi chiari. Secondo il gruppo di esperti, la collaborazione con UNIBAS e ETHZ è strutturata in modo chiaro e funziona bene.

Il MMed si concentra sull'attività clinica, dando agli studenti molte opportunità di mettere in pratica quanto appreso. Settimane speciali sono dedicate alla medicina generale e alla pediatria. Questo aspetto potrebbe essere ulteriormente rafforzato, come raccomanda il gruppo di esperti.

Il gruppo di esperti rileva, tra l'altro, che le richieste relative alle competenze linguistiche degli studenti sono percepite come un vantaggio. Gli studenti del BMed possono seguire corsi di lingua in italiano e possono continuare a farlo anche quando iniziano il MMed a Lugano. Si sentono supportati dall'ambiente in cui si trovano a Lugano e sono quindi in grado di assistere i pazienti in italiano, pur frequentando i corsi dell'USI che si tengono in inglese.

Anche la coorte relativamente piccola è percepita come un vantaggio, sia dagli studenti che dal personale. Il gruppo di esperti sostiene senza remore l'USI nella sua scelta di limitare il numero di posti per coorte.

Il gruppo di esperti ha anche notato che, pur essendo un curriculum ancora giovane, sono già stati fatti piccoli adattamenti, in particolare nell'insegnamento della farmacologia.

È nell'attività clinica che il gruppo di esperti individua la necessità di un onere:

Onere 1 (relativo agli standard 1.03a, 2.07 e 4.03):

Le prestazioni e i progressi degli studenti nell'attività clinica sono valutati durante tutto il programma di studio e i risultati sono rivisti.

Secondo la versione inglese: The students' performance and progress in the clinical activity is assessed throughout the study programme, and the results are reviewed.

2. Considerando e proposta dell'AAQ

L'AAQ ha riportato i seguenti considerando nella sua proposta di accreditamento:

«Il gruppo di esperti identifica questa esigenza [l'onere 1] nell'analisi dell'adempimento di tre standard, ovvero 1.03a, 2.07 e 4.03.

Lo standard 1.03a richiede che gli studenti siano in grado di fornire ai pazienti un trattamento completo, individuale e di alta qualità. A tal fine, gli studenti del MMed hanno un gran numero di opportunità per fare pratica. Per accompagnare gli studenti e per vedere i loro progressi, è stato installato un programma chiamato "Checkpoint". Il gruppo di esperti è giunto alla conclusione che Checkpoint non è utilizzato in modo così esteso come potrebbe e che, quindi, il supporto agli studenti nell'apprendimento di come fornire un trattamento completo, individuale e di alta qualità ai pazienti potrebbe essere migliorato. Per rimediare a questa situazione, il gruppo di esperti si pronuncia sull'onere sopra citato.

L'Agenzia ritiene che la descrizione e l'analisi siano coerenti e in linea con lo standard.

Lo standard 2.07 richiede che i metodi di valutazione delle prestazioni degli studenti siano adeguati agli obiettivi di apprendimento. Solo per quanto riguarda l'attività clinica, il gruppo di esperti ha individuato la necessità di migliorare ulteriormente i metodi di valutazione e ha quindi ripetuto l'onere 1.

Come per lo standard 1.03a, l'Agenzia ritiene che l'argomentazione del gruppo di esperti sia coerente e in linea con i requisiti dello standard.

Lo standard 4.03 dichiara che l'istituto di formazione esamina regolarmente i risultati degli studenti (compreso l'esame federale) e documenta le conseguenti implicazioni per il programma di studi. Come il gruppo di esperti ha sottolineato nella descrizione dello standard 1.03a, Checkpoint non è ancora utilizzato dalla maggioranza degli studenti e quindi la documentazione relativa alle attività cliniche degli studenti non è ancora completa come dovrebbe. Il gruppo di esperti considera la documentazione come un primo passo per la revisione e il follow-up delle implicazioni per il programma di studi, e pertanto ripropone l'onere 1.

Secondo l'Agenzia, questa analisi è coerente e in linea con lo standard 4.03.

Il gruppo di esperti formula inoltre raccomandazioni relative alla collaborazione interprofessionale (IPC), alla ricerca scientifica, alla valutazione dell'efficacia dei servizi medici al di là dell'ambito della medicina di famiglia, allo sviluppo del corpo accademico, all'orientamento verso i pazienti visti come stakeholder, nonché alla mappatura dei processi della facoltà come misura di garanzia della qualità interna dell'USI.

L'analisi del gruppo di esperti considera gli aspetti rilevanti degli standard di qualità. Le spiegazioni e il giudizio del gruppo di esperti sono coerenti.»

L'AAQ presenta la seguente proposta di accreditamento al Consiglio di accreditamento:

«Sulla base del rapporto di autovalutazione del programma di studi in Medicina umana dell'Università della Svizzera italiana del 1° giugno 2022, del rapporto degli esperti del 21 novembre 2022, della presa di posizione della Facoltà di scienze biomediche dell'Università della Svizzera italiana del 30 novembre 2022 e delle considerazioni di cui sopra, l'Agenzia svizzera di accreditamento e garanzia della qualità (AAQ) propone che l'accREDITAMENTO del programma di studi in Medicina umana dell'Università della Svizzera italiana sia concesso al seguente onere:

Onere 1 (relativo agli standard 1.03a, 2.07 e 4.03):

Le prestazioni e i progressi degli studenti nell'attività clinica sono valutati durante tutto il programma di studio e i risultati sono rivisti.

Secondo la versione inglese: The students' performance and progress in the clinical activity is assessed throughout the study programme, and the results are reviewed.

L'AAQ ritiene che due anni siano un periodo ragionevole per soddisfare l'onere.

L'AAQ propone di far valutare l'onere su dossier da due membri del gruppo di esperti.»

3. Parere dell'Università della Svizzera italiana

L'USI indica nella sua presa di posizione all'AAQ di essere pronta ad adottare l'onere e le raccomandazioni formulate del gruppo di esperti.

4. Parere della MEBEKO

La Commissione delle professioni mediche (MEBEKO) ha preso posizione sul rapporto di autovalutazione dell'USI e sul rapporto del gruppo di esperti. Nel suo parere, la MEBEKO da un lato approva il rapporto di autovalutazione e il rapporto del gruppo di esperti. Dall'altro lato, sostiene la proposta del gruppo di esperti d'accREDITARE il Programma di studi in Medicina umana dell'Università della Svizzera italiana con un onere.

5. Valutazione del Consiglio svizzero di accREDITAMENTO

La proposta dell'AAQ è pienamente e adeguatamente motivata. Consente al Consiglio svizzero di accREDITAMENTO di prendere una decisione.

La proposta di accREDITAMENTO dell'AAQ indica che il Programma di studi in Medicina umana dell'USI

soddisfa le condizioni per l'accreditamento di programmi secondo la LPSU e la LPMed.

Il Consiglio svizzero di accreditamento considera conclusivo l'onere formulato dal gruppo di esperti e adottato dall'Agenzia. Adotta quest'onere secondo la proposta di accreditamento, in quanto fornisce una base adeguata alle misure da adottare da parte dell'USI per rimediare alle carenze individuate. Il Consiglio adatta leggermente la formulazione dell'onere per renderla più coerente con la formulazione inglese proposta dal gruppo di esperti:

Onere 1:

Le prestazioni e i progressi degli studenti nell'attività clinica sono valutati durante tutto il programma di studi e i risultati sono analizzati in vista di adattamenti e revisioni da attuare al programma.

IV. Decisione

Sulla base dei fondamenti legali, dei fatti e dei considerando, il Consiglio svizzero di accreditamento decide quanto segue:

1. Il Programma di studi in Medicina umana dell'Università della Svizzera italiana è accreditato con riserva del seguente onere:
 - 1.1 Le prestazioni e i progressi degli studenti nell'attività clinica sono valutati durante tutto il programma di studi e i risultati sono analizzati in vista di adattamenti e revisioni da attuare al programma.
2. L'USI deve presentare al Consiglio svizzero di accreditamento un rapporto sull'adempimento dell'onere entro 24 mesi dalla decisione del Consiglio svizzero di accreditamento, ossia entro il 23 marzo 2025.
3. La verifica dell'onere è effettuata su dossier da due membri del gruppo di esperti.
4. L'accREDITAMENTO è concesso per un periodo di sette anni a partire dalla data di decisione, ossia fino al 23 marzo 2030.
5. Il Consiglio svizzero di accreditamento pubblica la decisione di accreditamento in formato elettronico su www.akkreditierungsrat.ch.
6. Il Consiglio svizzero di accreditamento rilascia un certificato al Programma di studi in Medicina umana dell'Università della Svizzera italiana.
7. Il Programma di studi in Medicina umana dell'Università della Svizzera italiana ottiene il diritto di utilizzare il marchio «Ciclo di studio accreditato in base alla LPSU & LPMed per 2023-2030».

Berna, 24 marzo 2023

Presidente del Consiglio svizzero di accreditamento



Dr. Markus Hodel

Modalità di ricorso

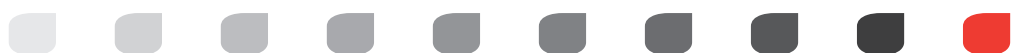
Contro la presente decisione può essere interposto ricorso presso il Tribunale amministrativo federale, casella postale, 9023 San Gallo, entro 30 giorni dalla notifica.



Part B

Accreditation pursuant to HEdA and MedPA and accreditation proposal of AAQ

30 November 2022



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1 Legal principles, objective and object of accreditation

Medical training is regulated by the Medical Professions Act (MedPA). In order for a study programme to lead to a Swiss federal diploma (Art. 24 MedPA), it must be accredited in accordance with Article 31 Higher Education Act (HEdA). Upon registration for the federal exam, candidates must produce evidence of accreditation for the completed study programme. Accreditation in the university medical professions is carried out within the framework of programme accreditation pursuant to HEdA, whereby the HEdA quality standards are supplemented by the MedPA quality standards.

HEdA and MedPA differ in terms of the object of accreditation. HEdA focuses on Bologna-compliant programmes of study, i.e. Bachelor's and Master's degrees are considered individually. MedPA focuses on the six-year training for a medical profession pursuant to Art. 2 MedPA, i.e. study programmes pursuant to MedPA. As MedPA insists on the accreditation of university medical training courses, the term 'study programme' is used in the following sections.

As a prerequisite for accreditation, the MedPA stipulates that graduates of the study programme must attain all of the objectives set out by MedPA and thus qualify for postgraduate education (Art. 24 (1) MedPA). All the objectives – i.e. the general objectives, the objectives specific to the profession and the qualification for postgraduate education – cannot be assumed to have been attained until the six-year training course has been completed. It is not possible within the framework of accreditation to extrapolate sub-objectives for, for example, the first three years (Bachelor's programme) from the criteria for accreditation pursuant to MedPA. Programme accreditation pursuant to HEdA and MedPA covers the entire six-year training course leading to a Swiss federal diploma (Art. 23 (1) MedPA) (study programme as defined by MedPA).

The object of the accreditation procedure is the combination of Bachelor's and Master's programmes within the framework of which the training for a medical profession pursuant to Article 2 MedPA is carried out. The starting point for accreditation is the respective Master's programme of the university that awards the title. As part of the accreditation procedure (self-evaluation of the quality standards in the self-assessment report), the university awarding the title must explain how it ensures that students meet the criteria for admission at the beginning of a study programme (i.e. duly qualified Bachelor's degree holders) under the terms of Article 24 (1) MedPA.

2 Procedure

2.1 Expert group

- Univ.-Prof.in Dr.in med. Anita Rieder, Vice Rector for Education, Medical University of Vienna, Austria, **peer leader**
- Jann Bangerter, Medical student, University of Bern
- Dr med Thomas Fassier, Director of the Interprofessional Simulation Centre, Faculty of Medicine, University of Geneva
- Prof Isabel Palmeirim, Director Medical Course, Faculdade de Medicina e Ciências Biomédicas, Universidade do Algarve, Portugal

2.2 Calendar

Admission to the procedure	09 December 2019
Kick-off meeting	25 October 2021
Deadline of the self-assessment report	01 June 2022
On-site visit	26–27 September 2022
First version of the report of the expert group and accreditation proposal by the agency	21 November 2022
Statement by the Faculty of Biomedical Sciences, USI	30 November 2022
Definitive version of the report of the expert group and the accreditation proposal by the agency	30 November
Hearing of MEBEKO	16 January 2023
Accreditation decision by the Swiss Accreditation Council	24 March 2023

2.3 Self-assessment report

The self-assessment report was handed in on time on 1 June 2022. It includes a portrait of the study programme, the self-assessment process, an extensive analysis of the fulfilment of the quality standards and an action plan. As this represents the first accreditation of the study programme, there were no results of previous procedures that could have been followed-up.

2.4 On-site visit

The on-site visit was carried out as planned in Lugano on 26 and 27 September 2022. The expert group held several interviews with various stakeholders of the study programme: the board of directors, people responsible for the study programme, students, teachers, administrative staff and people responsible for quality assurance as well as young scientists. There have been participants from all partaking institutions, namely from the University of Basel, ETH Zurich and Università della Svizzera italiana. The expert group chose to use the optional session to speak once again with the dean and the programme manager. The debriefing marked the end of the on-site visit.

At the same time, the on-site visit has represented the on-site visit of the WFME Recognition Programme that AAQ undergoes on behalf of the Swiss Medical Faculties. The expert group of WFME was present at all meetings. The members of the expert group are:

- Prof. Ivana Oborná, MD, PhD, team chair
- Michéle Wera, team member
- Uwom Eze, MBBS, FWACP, FCPATH (ECSA), MForensMed (Melbourne), DipCrim, MSc, LCS, team member
- Agostinho Sousa, MD, MPH, FFPH, team secretary

2.5 Expert report

The report of the expert group contains a thorough analysis of all quality standards and their fulfilment. The report was submitted to the Faculty of Biomedical Sciences of Università della Svizzera italiana together with the accreditation proposal of the AAQ on 21 November 2022 for comments.

2.6 Statement of the Faculty of Biomedical Sciences

The Faculty of Biomedical Sciences handed in its statement on time on 30 November 2022. In its statement, the Faculty outlines the measures it will take to address the eight recommendations and the condition of the expert group.

3 Accreditation proposal of the Swiss Agency of Accreditation and Quality Assurance

Background

The study programme in Human Medicine of the Università della Svizzera Italiana (USI) is a newly developed programme; undergoing accreditation for the first time. It consists of the Bachelor's programme in Human Medicine (BMed) at ETH Zurich (ETHZ) or the University of Basel (UNIBAS) and the Master's programme (MMed) in Human Medicine at USI.

There is a maximum of 72 places available per year (cohort). The reason for this limitation is the number of patients available for bedside teaching in the cantonal hospitals (Ente Ospedaliero Cantonale, EOC).

The first cohort started in Autumn 2020 and will take the Federal Examination in 2023. The whole curriculum is based on PROFILES.

The Faculty of Biomedical Sciences of USI applies for accreditation of the study programme in Human Medicine for an accreditation period of seven years.

Considerations

The expert group is impressed with the newly developed programme in Human Medicine. The MMed is based on PROFILES, with clear aims and objectives. In the view of the expert group, the cooperation with UNIBAS and ETHZ is structured clearly and working well.

The MMed focuses on clinical activity, giving the students a lot of opportunities to practice what they learn. Special weeks are dedicated to general practitioners and pediatric practices. This could be further strengthened, as the expert group recommends.

The expert group notes, among other points, that the demands regarding student's language skills are perceived as an asset. Students in the BMed can take language classes in Italian and can continue to do so once they start their MMed in Lugano. They feel supported by their environment in Lugano and are then enabled to care for patients in Italian, whilst attending the courses at USI that are held in English.

The comparatively small cohort is also perceived as an advantage, both by students and staff. The expert group strongly supports USI in its reasoning for the limitation on the number of places per cohort.

The expert group has also noted that, although being still a young curriculum, small adaptations have already been made, namely in the teaching of pharmacology.

It is in the clinical activity where the expert group identifies the need for a condition:

Condition 1 to standards 1.03a, 2.07 and 4.03:

The students' performance and progress in the clinical activity is assessed throughout the study programme, and the results are reviewed.

The expert group identifies that need in the analysis of the fulfilment of three standards, namely 1.03a, 2.07 and 4.03.

Standard 1.03a demands that students are enabled to “provide comprehensive, individual and high-quality treatment to patients”. In order to do this, students in the MMed have a great number of opportunities to practice. To accompany the students and to view their progress, a programme called “Checkpoint” is installed. The expert group has concluded that Checkpoint is not used as extensively as it could be, and that therefore support of students in learning how to provide comprehensive, individual and high-quality treatment to patients could be improved. In order to rectify this, the expert group pronounces the above-cited condition.

The agency thinks that the description and analysis are coherent and in line with the standard.

Standard 2.07 demands “[t]he methods of assessing the performance of students” shall be “adapted to the learning objectives”. Only concerning the clinical activity the expert group identified here the need to further improve the methods of assessment and thus repeated Condition 1.

As with standard 1.03a, the agency judges the argumentation of the expert group to be coherent and in line with the standard’s demands.

Standard 4.03 says that “[t]he training institution reviews regularly the results of the students (including the federal examination) and documents the consequent implications for the study programme”. As the expert group has outlined in the description of standard 1.03a, Checkpoint is not yet used by a majority, and therefore the documentation of students’ clinical activities is not as complete as it should be. The expert group regards the documentation as a first step for the review and follow-up of implications for the study programme, and therefore repeats Condition 1 again.

In the view of the agency, this analysis is coherent and in line with standard 4.03.

The expert group makes recommendations regarding interprofessional collaboration (IPC), scientific research, assessment of the effectiveness of the services of a medical doctor beyond the field of family medicine, faculty development and patients as stakeholders, as well as mapping of the Faculty’s processes as part of USI’s internal quality assurance.

The expert group’s analysis considers all relevant parts of the quality standards. The expert group’s explanations and judgement are consistent and coherent.

Proposal

On the basis of the self-assessment report of the study programme in Human Medicine of the Università della Svizzera italiana dated 1 June 2022, the expert report of 21 November 2022, the statement of the Faculty of Biomedical Sciences of the Università della Svizzera italiana of 30 November 2022 and the above considerations, the Swiss Agency of Accreditation and Quality Assurance (AAQ) proposes that accreditation of the study programme in Human Medicine of the Università della Svizzera italiana be granted subject to the following condition.

Condition 1 to standards 1.03a, 2.07 and 4.03:

The students’ performance and progress in the clinical activity is assessed throughout the study programme, and the results are reviewed.

The AAQ considers two years to be a reasonable period for the condition to be met.

The AAQ proposes to have the condition assessed "sur dossier" (in writing) by two members of the expert group.



Part C

Expert report

30 November 2022





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1 Study programme in Human Medicine of the Università della Svizzera italiana

The study programme of Human Medicine at Università della Svizzera italiana (USI) consists of the Master's programme in Human Medicine (MMed) at USI and places available in the Bachelor in Human Medicine (BMed) of the University of Basel (UNIBAS). For the places available in the Master's programme, priority is given to holders of a BMed of one of USI's partner universities, UNIBAS or ETH Zurich (ETHZ).

Currently, USI offers a maximum of 72 places to study medicine per year. It accepts 15 students from UNIBAS who are immatriculated at USI from their first year of study in their BMed, and as guest students at UNIBAS during their BMed. It also has an agreement with ETHZ to accept students who have successfully attended the BMed at ETHZ.

It is a newly established study programme undergoing its first accreditation in order to enable the first cohort of students to attend the Federal Licencing Examination (FLE) in 2023. Consequently, there are no results from prior accreditation procedures to take into consideration.

2 Analysis of the conformity of the study programme with the quality standards

1. area: Educational objectives

Standard 1.01:

The study programme has clear objectives, clarifying its special features and complying with national and international requirements.

Description

When planning the study programme, six characteristics (5P+R) were defined:

- Proximity: Proximity to professors thanks to small groups in clinical activity (student-teacher ratio goal two to one) and small classes for the teaching at the campus
- Practice: Practice-oriented training (abundant bed-side teaching, simulated patients and high-tech simulations)
- Profiles: Curriculum derived from and consistent with PROFILES
- Promotion: Possibility to start a MD or a MD-PhD thesis already during the fifth semester
- Personal: Personalized curriculum thanks to a rich offer of optional courses
- Research: Research integrated in clinical modules, special weeks and optional courses

(see self-assessment report, p. 9).

Furthermore, as a cornerstone for the curriculum, the ratio of two students per teacher in the clinical setting was defined and still serves as a basis for calculating and defining the number of students (more on this under standard 3.02).

The 5P+R state clearly that PROFILES serves as the basis for the curriculum and the focus of the Master's programme lies on the clinical activity.

The expert group takes note that the clinical activity takes up a considerable amount of time in every week of the first two years of the master's programme, which is mostly structured as follows (except for the special weeks about family medicine and paediatrics):

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 – 10:00	Theory lesson Transversal topic	Theory lesson Module (groups of 24)	Theory lesson Module (groups of 24)	Clinical activity	Clinical activity
10:00 – 12:00	Theory lesson multidisciplinary	Case discussions and practical exercise (group of 8)	Case discussions and practical exercise (group of 8)		
13:00 – 15:00	Optional course	Individual study	Assessment & feedback		Own clinical case preparation
15:00 – 17:00	Optional course		Individual study		

Table 1: Weekly structure of typical clinical week

Analysis

Since the objectives of the study programme are clearly defined, the national requirement of PROFILES is implemented in the whole curriculum and the special feature of focusing on both a close supervision of students and clinical activity are clearly stated, the expert group rates quality standard 1.01 as completely fulfilled.

Standard 1.02:

The study programme pursues educational objectives in line with the mission and strategic planning of the higher education institution or other institution within the higher education sector.

Description

The introduction of a master's programme in Human Medicine at USI was a decision taken by the government of the Canton of Ticino in 2015. The canton has an agreement with USI that is renewed every four years. It was an explicit wish of the government to have this study programme in Ticino and to collaborate with other universities in Switzerland to offer a full study programme in Human Medicine.

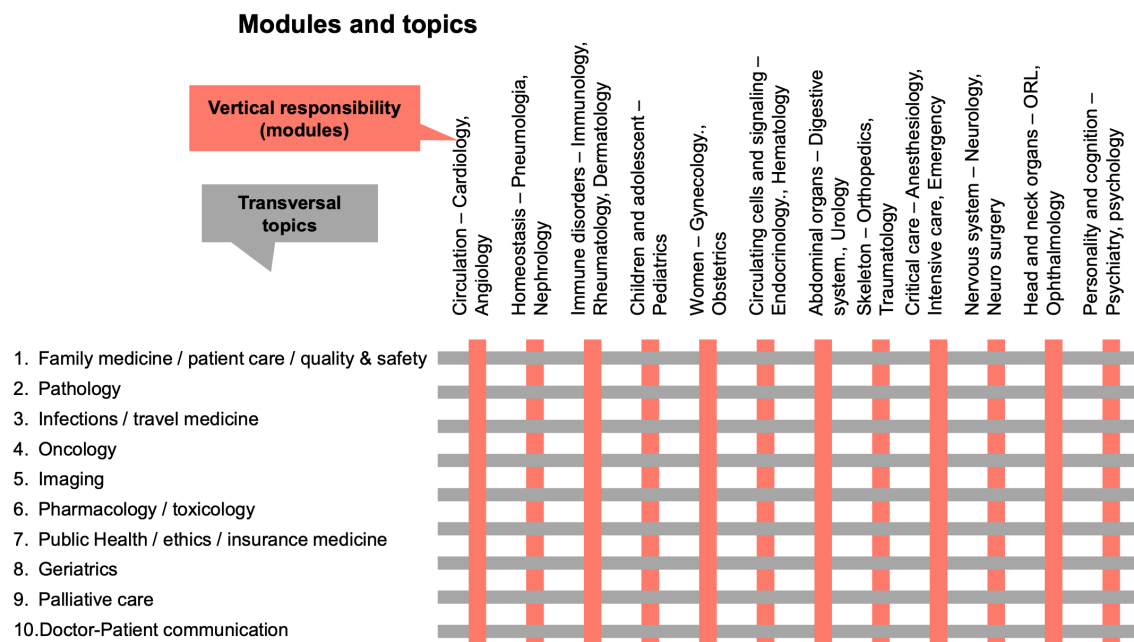
In the self-assessment report, the strategic planning of USI is summarised with consolidation, cohesion and service.

As the study programme in Human Medicine is still new and there is no cohort yet, who has finished the programme, it cannot reach yet the phase of consolidation.

To reach more cohesion in the academic community, USI aims at an expansion of interdisciplinarity, which is in line with the learning objectives of the study programme in Human Medicine that aims to enable its students to learn with and from other health professionals (see standards 1.03f, 2.02d, 2.02f).

By service, USI wants to strengthen the relationship with the region. With students of the MMed are working in hospital sites and clinical practices across the whole canton, the MMed is at the forefront of fulfilling this third part of the strategic planning.

The study programme consists mainly of different modules. For each module it is clearly defined when and where students learn which entrustable professional activity (EPA), detailing the process with learning objectives for both teachers and students. Additionally, apart from the topics of the modules, transversal topics have been defined as well:



(dean's presentation, 26 September 2022)

Analysis

In the view of the expert group, the strategic planning of USI and the learning objectives of the study programme are coherent. Therefore, the expert group rates quality standard 1.02 as completely fulfilled.

Standard 1.03:

The tertiary-level type A institution, if applicable the institutions, regulate the study programme for earning a federal diploma in accordance with the objectives set out in the Medical Professions Act. The responsibility for the quality as well as the accreditation of the study programme lies with the institution that awards the master diploma.

The study programme enables the graduates – at the appropriate level over the course of their university medical education – to:

- a) provide comprehensive, individual and high-quality treatment to patients;

Description

Students acquiring their BMed at ETHZ have patient contact, for example, in nursing homes and through skills training. For example, students at ETHZ have a simulation of birth together with prospective midwives studying at the Zurich University of Applied Sciences (ZHAW). In the longitudinal module patient journey, students have contact with simulated patients. Furthermore,

there are two modules of the BA that are already taught at USI, the emergency module and clinical bedside teaching in the clinic.

Students studying at UNIBAS for their BMed do have the so-called “Arzt-Patienten-Unterricht”, which takes place in hospitals where small groups of students learn with tutors. They learn how to make anamnesis, ascertain the status and perform specialist examination techniques, as well as how to communicate with patients. Students also learn in the Skills Lab of the Medicine Learning Centre. They are assessed, among others, through OSCEs.

One of the cornerstones of the MMed is the focus on clinical activity (see “Practice” in standard 1.01). To enable the students to provide comprehensive, individual and high-quality treatment to patients, it was decided that in the first two years each student should spend one and a half days in a clinical setting per week (see typical clinical week in standard 1.01). The placement depends on the topic of the module in question. At the end of the week, students must present a summary of a clinical case they have seen during the week.

The fifth term of the MMed represents the elective term, where students spend at least six months in internships in clinical settings of their choice, in Switzerland or abroad. They must spend at least one month at each placement (see Directives for elective term online). There are specific learning objectives for the elective term, and students must document their corresponding activities in the e-platform, Checkpoint.

In addition to the oral feedback given directly by the tutors at the end of the day, the faculty introduced the e-platform Checkpoint to assess the student’s performance during their clinical activity because it allows documentation using PROFILES. So, for each module, students can enter their attendance and which EPA and Situation as Starting Point (SSP) they have been working on. They then ask their corresponding teacher to confirm their performance. Once this is done, the entry is registered. By doing this, students can create their digital diary of their clinical activities during their studies.

It turned out that Checkpoint is not used as extensively as it was expected at the introduction. The expectation that students would enter in detail what they learn, when and with whom, is not always met. Furthermore, the going back and forth with the clinical teachers is another obstacle. The expert group gained the impression that it was not perceived as very user-friendly.

The faculty monitors the entries of all students and is at the time of the on-site visit discussing, how to proceed. So far, the use of Checkpoint has been declared mandatory, but no consequences have been defined, if students did not use Checkpoint as planned. It is now decided that if students attend 80% of their clinical activity and document this on Checkpoint, they get an extra reward in their grades.

It is planned to have a Commission that will discuss the results of the monitoring of the students’ performance in their clinical activity according to Checkpoint.

Concerning the learning in the Skills Lab, students do have courses in the Skills Lab and can also book the Skills Lab individually to practice further.

The clinical skills of the students are assessed, among others, through various OSCEs throughout the MMed. After having completed the first two years, there is a formative OSCE with four stations. After the third year, there is a summative OSCE with ten stations.

Analysis

The focus on clinical activity by having a very close supervision of the students in the MMed is appreciated by both the students and the teachers. In the view of the expert group, this is an outstanding feature of the MMed that should be preserved (see also standard 3.02).

In the view of the expert group, clinical assessment is critical for ascertaining the students' progress in providing comprehensive, individual and high-quality treatment to patients, as well as for patients' safety. In the end, the students must be trusted to provide the care that is needed. The group therefore regards it as important that the students' progress in their performance during the clinical activity not only be monitored, but also supported where needed. For the teacher to do this, the students' activities must be documented.

In the MMed, it has been decided to use the e-platform Checkpoint to do this. The expert group has no objections regarding that choice. It nevertheless stresses the need to react when a student may need additional training in a specific field. For the time being, the expert group learns that this is not being done. The expert group thinks that this should be adapted and proposes a condition in that regard.

The expert group rates quality standard 1.03a as partially fulfilled.

Condition 1 to standards 1.03a, 2.07 and 4.03:

The students' performance and progress in the clinical activity is assessed throughout the study programme, and the results are reviewed.

Standard 1.03b) address questions with scientifically recognised methods and in consideration of ethical and economic aspects, and make appropriate decisions on that basis;

Description

Students learn about the concept of evidence-based medicine in their BMed at ETHZ and at UNIBAS, and continue to do so in the MMed. Medical ethics and economics are included in all three curricula, as well.

Analysis

The expert group underlines the high value of the focus on clinical teaching and the presentation and discussion of clinical cases during the first two years of the MMed. However, they think that giving a bit more room to the scientific foundations ("theory") of the clinical cases would represent an added value for the students to understand and grasp the concepts in question.

The expert group rates quality standard 1.03b as largely fulfilled.

Standard 1.03c) communicate with patients and other involved parties in a professional and direct manner;

Description

Students learn continually about anamnesis techniques and enhance their social and communication skills in skills training and during clinical practice in their BMed at ETHZ and UNIBAS, and continue to do so in the MMed. In the MMed, there is a strong longitudinal communication track with simulated patients and real patients, including lectures and workshops covering patient vulnerability, the structure and process of consultations, empathy and listening skills, as well as breaking bad news.

Analysis

The expert group rates quality standard 1.03c as completely fulfilled.

Standard 1.03d) assume responsibility in the healthcare system, in particular in the field of primary medical care, and in their chosen profession in society;

Description

Students are introduced to the field of primary medical care in their BMed at UNIBAS and ETHZ during the course “Ärztlicher Alltag” and the patient journey module. In the MMed, Family Medicine is one of the transversal topics. Students have workshops about, among others, “From symptom to diagnosis”, “Unhealthy behavior” and “Psychosomatic medicine”. In the third semester of the MMed students spend two weeks at a paediatric practice, and in the fourth semester two weeks at a family doctor practice.

Analysis

The expert group takes note that, so far, general practitioners are insufficiently involved in the teaching of the MMed, and that it is rather hospital-based. The expert group thinks it is important for the topic of primary care to give more weight to their perspective in the programme. Therefore, the expert group encourages more involvement of general practitioners in the teaching of the MMed and rates quality standard 1.03d as largely fulfilled. The upcoming establishment of a family medicine institute will certainly help USI achieve this goal.

Recommendation 1 to standards 1.03d, 2.04k and 4.01:

The expert group recommends strengthening the role of general practitioners in the curriculum and in the teaching of the MMed.

Standard 1.03e) perform organisational and management tasks within the context of their profession;

Description

Students learn how to perform organisational and management tasks in their BMed during the patient journey module and in the MMed during the “Choosing wisely” module and during their clinical activity.

Analysis

The expert group refers to its analysis of standard 1.03a and again strengthens the need for more thorough work place-based assessment to support students in their learning during the clinical activity.

The expert group rates quality standard 1.03e as largely fulfilled.

Standard 1.03f) respect the competencies of other recognised healthcare professions;

Description

Students learn how to respect the competencies of other recognised healthcare professions during their BMed throughout the skills training with midwives, the patient journey module, the teamwork module and the clinical activity at an emergency clinic. In the MMed, students gain more theoretical knowledge and have the opportunity to work with students of the BA of Science in Nursing of the University of Applied Sciences and Arts of Southern Switzerland (SUPSI). Furthermore, students of the MMed have the opportunity to also work with students of the BA of Science in Physiotherapy of SUPSI and with students of the BA of Science in Occupational Therapy of SUPSI in different workshops about interprofessional education (IPE). This serves as a prerequisite for interprofessional collaboration (IPC), the impact on quality of care, the

outcomes, the (organisational) climate, the satisfaction for the professionals involved, the key concepts, the challenges of IPC and the ethical point of view.

Analysis

The expert group underlines the great significance of equipping students with knowledge and practice in IPE and IPC. In the view of the expert group, both the theoretical foundation and the practical activity with students from SUPSI studying to become recognised healthcare professions other than medical doctor is an excellent starting point. The expert group encourages the MMed to further implement IPC in the programme in that way. Suggested opportunities for improvement include (a) the endorsement of an IP competency framework to be used from BA programmes at UNIBAS and ETHZ to MMed at USI; (b) the mapping (LOOP) and documentation (Checkpoint) of other IPE opportunities during clinical rotations; as well as (c) the use of IP-simulation in collaboration with the local simulation center.

The expert group rates quality standard 1.03f as largely fulfilled.

Recommendation 2 to standards 1.03f, 2.02d and 2.02f:

The expert group recommends further strengthening of the subject of IPC in the programme, building on the existing elements in the curricula of the BMed at UNIBAS and ETHZ and of the MMed at USI.

Standard 1.03g) remain competitive on an international level.

Description and Analysis

Both in the BMed and in the MMed, PROFILES has been introduced, using its concept of EPAs. The expert group sees this as highly competitive on an international level.

Furthermore, the expert group regards the diverse linguistic landscape of the curriculum as an excellent preparation for the students to work in various national and international contexts, if they wish to do so.

The expert group rates quality standard 1.03g as completely fulfilled.

2. area: Conception, architecture and structure of the study programme

Standard 2.01:

The study programme implements the respective learning objectives in a manner that allows the graduates to attain their educational objectives in accordance with MedPA.

Description

In the BMed of UNIBAS and in the BMed of ETHZ, PROFILES has been implemented. At ETHZ and USI, the curriculum mapping software LOOP (Learning Opportunities, Objectives and Outcomes Platform) allows matching the content of PROFILES with the modules. For each so-called learning event, the teacher defines the learning objectives and maps them to the relevant PROFILES item. He or she also writes a short summary and defines the reading material for the students. LOOP furthermore allows for checking whether all the items of PROFILES are covered in the curricula. For the implementation in the BMed and MMed, see standard 2.02.

Analysis

The expert group rates quality standard 2.01 as completely fulfilled.

Standard 2.02:

Graduates of the study programme must demonstrate the following knowledge, skills and capabilities (adjusted in accordance with MedPA Art. 6):

a) possession of the scientific foundations required to perform preventive, diagnostic, therapeutic, palliative and rehabilitative care;

Description

The BMed at UNIBAS is structured in the core study and in the mantle study. In the first year of the core study, the following blocks are taught:

- Components of life
- Blueprints of life
- Body / subject / environment
- Nerve system
- Locomotor system

In the second year, the following blocks are taught in the core study:

- Digestion
- Blood / infection / protection
- Interfaces (skin / allergies)
- Heart / circulation
- Respiration
- Psyche / ethics / forensic medicine

In the third year, the following subjects form the core study:

- Health / disease / tumors
- POEM (Patient-Oriented Evidence-Based Medicine)
- Endocrine system
- Kidney / urinary tract
- Nervous system / sensory organs
- Reproduction
- Life cycles
- Emergency medicine

For the mantle study, students can choose between different projects. In the first year, this is generally about Learning on a Project (LAP); in the second year, there are Projects in Clinical medicine and emergency practice and in the third year, there is interprofessional work and psycho-social medicine.

In the BMed at ETHZ the focus lies on scientific medical knowledge. Students must attend organ system modules as well as several practical courses. In the first year, the following subjects are covered:

- Fundamentals of Medicine and the Human Body
- Musculoskeletal System
- Nervous System
- Medical Anamnesis Technique
- Cardiovascular System
- Respiratory System
- Kidney and Homeostasis

In the second year, the following subjects are treated:

- Blood and Immune System
- Nutrition and Digestion
- Endocrinology and Metabolism
- Sensory Organs
- Infectious Diseases
- Skin
- From Symptoms to Diagnosis
- Clinical Research
- Ethics in Medicine and Health Care
- Precision Medicine

In the third year of the BMed at ETHZ, the following subjects are taught:

- Emergency Medicine
- Pathology
- Pediatrics
- Geriatrics
- Reproduction
- Rheumatology
- Pathology
- Patient Journeys
- Ethics/Legal Aspects / Communication
- Oncology

- Psychiatry & Computational Psychiatry
- Psychosomatic and Psychosocial Medicine
- Bedside Teaching
- Differential Diagnosis

As highlighted for standard 1.01, PROFILES has been the foundation of the MMed. This has been implemented with the following modules that are taught in the first two years:

- Circulation
- Immune disorders
- Homeostasis
- Children and adolescents
- Women
- Circulating cells and signaling
- Critical care
- Skeleton
- Abdominal organs
- Nervous system
- Head and neck organs
- Personality and cognition

The programme is further enhanced with these transversal topics, of which one is treated every week:

- Family medicine / patient care / quality & safety
- Pathology
- Infections / travel medicine
- Oncology
- Imaging
- Pharmacology / toxicology
- Public Health / ethics / insurance medicine
- Geriatrics
- Palliative care
- Doctor-Patient communication

In the third year of the MMed, students have their elective term, during which they can choose to spend two months doing scientific research. This is followed by the completion of their Master's thesis, repetition and preparation for the FLE.

The modules and transversal topics are implemented in the study programme as follows:

Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
First semester															
Group A	General introduction		Circulation			Homeostasis			Immune disorders			Exams			
Group B			Immune disorders			Circulation			Homeostasis						
Group C			Homeostasis			Immune disorders			Circulation						
Second semester															
Group A	Children and adolescents			Women			Bench to bedside		Circulating cells and signaling			Exams			
Group B	Circulating cells and signaling			Children and adolescents					Women						
Group C	Women			Circulating cells and signaling					Children and adolescents						
Third semester															
Group A	Pediatric practice	Critical care			Pedi-atrics	Skeleton		Abdominal organs			Exams				
Group B	Abdominal organs		Pediatric practice	Critical care			Pedi-atrics	Skeleton							
Group C	Pedi-atrics	Skeleton		Abdominal organs			Pediatric practice	Critical care							
Fourth semester															
Group A	Family doc practice	Nervous system			Head and neck organs			Personality and cognition			Exams				
Group B	Personality and cognition		Family doc practice	Nervous system			Head and neck organs								
Group C	Head and neck organs		Personality and cognition		Family doc practice	Nervous system									
Fifth semester															
Elective term (6 months)															
Sixth semester															
Master thesis				Complementary topics, repetition blocs, DAK											

Table 2: Study program MMed USI

(self-assessment report, p. 6).

Analysis

The expert group notes that due to the timing of the accreditation procedure, which must be completed before the first cohort has finished the MMed allowing the first cohort to take the FLE, this still has to be demonstrated.

The expert group rates quality standard 2.02a as completely fulfilled.

Standard 2.02b) an understanding of the principles and methods of scientific research;

Description

In the BMed, students attend a clinical research module “Translation Animal Models” (BMed ETHZ) and patient-oriented and evidence-based medicine (POEM, BMed UNIBAS) is taught.

In the MMed, students attend “Bench to bedside”, a two-week module in which they learn how to plan a study, formulate a research question and do basic statistical calculations. This is then applied when they write their MA thesis.

Furthermore, there is the PhD school.

Analysis

The expert group rates quality standard 2.02b as largely fulfilled.

Recommendation 3 to standard 2.02b:

The expert group recommends supporting the achievement of the same level of scientific knowledge and skills for all students, providing seminars throughout the curriculum, educating them in understanding science and learning about research methods.

Standard 2.02c) a recognition of the factors needed to maintain good health, the ability to evaluate and consider them in a professional capacity;

Description

The transversal topic “Public Health” in the MMed includes the following topics:

- From prevention to health promotion
- Work and health and occupational medicine
- Environmental medicine and its methodological aspects

In the transversal topic “Family medicine”, care of the asymptomatic patient is treated, as well.

Analysis

The expert group rates quality standard 2.02c as completely fulfilled.

Standard 2.02d) the ability to advise, assist and support patients in cooperation with members of other professions;

Description

The expert group refers here to the description of standard 1.03f.

Analysis

The expert group rates quality standard 2.02d as largely fulfilled.

Recommendation 2 to standards 1.03f, 2.02d and 2.02f:

The expert group recommends further strengthening of the subject of IPC in the programme, building on the existing elements in the curricula of the BMed at UNIBAS and ETHZ and of the MMed at USI.

Standard 2.02e) the ability to analyse medical information and research results and make a critical assessment and application in a professional capacity;

Description

Students attend a module on clinical research as well as a seminar on critical and appraisal skills, and furthermore discuss the application of research results in various lectures (BMed ETHZ). In the context of POEM, critical appraisal of medical research is taught (BMed UNIBAS). In the MMed, students have weekly case discussions where they learn how to interpret clinical information. Furthermore, there are two workshops about “Clinical Reasoning” and “Choosing Wisely” and two weeks of “Bench to bedside”, where students learn how to apply what they have been learning so far.

Analysis

The expert group takes note that there is an emphasis on clinical reasoning in the curriculum.

The expert group rates quality standard 2.02e as completely fulfilled.

Standard 2.02f) the capacity to learn how to work in inter-professional collaboration with members of other professions;

Description

The expert group refers to the description of standard 1.03f.

Analysis

The expert group rates quality standard 2.02f as largely fulfilled.

Recommendation 2 to standards 1.03f, 2.02d and 2.02f:

The expert group recommends further strengthening of the subject of IPC in the programme, building on the existing elements in the curricula of the BMed at UNIBAS and ETHZ and of the MMed at USI.

Standard 2.02g) a knowledge of the legal framework of the Swiss social insurance and healthcare systems and ability to apply that knowledge in a professional capacity;

Description

In the transversal topic of “Public Health”, the following subjects are covered:

- Insurance medicine: duties and liability principles
- Swiss social insurance system: funding, regulations
- Swiss accident insurance law
- Health insurance law
- Disability insurance
- Criteria of effectiveness, appropriateness and efficiency of medical measures

Analysis

The expert group recommends considering whether the legal framework of the Swiss social insurance and healthcare systems and its application could be treated at a different (later) time.

The expert group rates quality standard 2.02g as largely fulfilled.

Standard 2.02h) the ability to assess the effectiveness, appropriateness and economic efficiency of their services and conduct themselves accordingly;

Description

In the family medicine workshops, students acquire the ability to assess the effectiveness, appropriateness and economic efficiency of their services by learning about “Adequate and Sustainable Medicine”. This is applied in the case discussions and the clinical activity.

Analysis

The expert group rates quality standard 2.02h as largely fulfilled.

Recommendation 4 to standard 2.02h:

The expert group encourages to consider whether the topic of assessing the effectiveness, appropriateness and economic efficiency of the services of a medical doctor could be addressed beyond family medicine.

Standard 2.02i) an understanding of the relationship between the national economy and the healthcare system and its various care provision structures;

Description

All students of the MMed attend a course about “Health Economics and Management”, where they learn to understand the relevant concepts in economics and healthcare as well as the importance of the healthcare sector in the economy.

Analysis

In the view of the expert group, students become equipped to understand this complex relationship.

The expert group rates quality standard 2.02i as completely fulfilled.

Standard 2.02j) an ability to apply their knowledge, skills and capabilities in a professional capacity and continuously build upon them.

Description

Through the constant duality of clinical activity and theoretical teaching, accompanied by corresponding case presentations and discussions in every week of the first two years of the MMed, students have the opportunity and the support to apply their knowledge, skills and capabilities in a professional capacity. The elective term presents an even greater opportunity, still accompanied by their university, to expand their knowledge and their skills even further.

Analysis

The expert group acknowledges that there is a vast number of opportunities for the students to apply their knowledge, but refers here to its critique regarding the assessment of the clinical activity (see standard 1.03a).

The expert group rates quality standard 2.02j as largely fulfilled.

Standard 2.03:

The study programme supports the development of social competence and students' character with a view to enabling them to meet the requirements of their future profession.

In particular, the study programme prepares students to:

a) recognise and respect the limits of the medical profession as well as their own strengths and weaknesses;

Description

Students are confronted with the limits of the medical profession on various occasions in the programme. Students learn about informed consent, they discuss palliative care, shared decision-making and two clinical ethics cases in connection with the subject of "Do Not Resuscitate (DNR)".

If a student should encounter personal difficulties, consulting and coaching is offered.

Analysis

The expert group rates quality standard 2.03a as completely fulfilled.

Standard 2.03b) understand the ethical dimension of their professional conduct and appreciate their responsibility towards individuals, society and the environment;

Description

In the BMed at ETHZ, students learn to understand the ethical dimension of their professional conduct in the transversal module "Clinical ethics". The following topics are covered:

- capacity and informed consent
- advance directives and surrogate decision-making
- ethical issues in paediatrics
- ethical distinctions in end-of-life care
- defining, forestalling and hastening death
- physicians' moral distress
- futility
- rationing
- culture, religion and clinical ethics
- truth-telling and confidentiality
- reproductive ethics

In the MMed, there are ethics lectures based on clinical ethics cases that students can discuss in class. Students can then apply their knowledge in the clinical activity. Furthermore, from 2023 onwards there will be two to three interdisciplinary days in the House of Sustainability, where students will have the opportunity to work on projects in the field of sustainability and the environment.

Analysis

The expert group rates quality standard 2.03b as completely fulfilled.

Standard 2.03c) uphold patients' rights of self-determination in the course of their treatment.

Description

In the ethics lectures, students discuss the role of the physician in the context of patients' rights of self-determination. The definition of self-determination and the topic of autonomous decision-making are covered.

Analysis

The expert group rates quality standard 2.03c as completely fulfilled.

Standard 2.04:

The study programme sets the following educational objectives:

Graduates will

a) have knowledge of the fundamental structures and functional mechanisms of the human body as are relevant to the practice of the profession, from the molecular level to the organism as a whole, in all its developmental phases and covering the entire spectrum from healthy to diseased;

Description

The expert group refers to the description of the different curricula given for standard 2.02a.

Analysis

The expert group rates quality standard 2.04a as completely fulfilled.

Standard 2.04b) be able to diagnose and treat common and urgent health problems and diseases that are treated in their professional field;

Description

The whole curriculum is based on PROFILES, which ensures the students' ability to diagnose and treat common and urgent health problems and diseases that are treated. This way, students learn about the most frequent health diseases that they will probably face as medical doctors. Then, every week in the first two years (four semesters) of the MMed, students present a portfolio case in small groups. If the case was chosen by students or teachers, students are expected to develop clinical diagnostic reasoning and patient presentation skills using a standardised format. It is noted that by the end of the first four semesters of the MMed, students will have prepared and presented over 40 cases and will have listened to more than 100 cases.

Analysis

The expert group rates quality standard 2.04b as completely fulfilled.

Standard 2.04c) be able to handle medication in a professional, environmentally sound and economical manner;

Description

In their BMed, students acquire the corresponding knowledge in the module "Pharmacology". The topics of prescribing medicine, antibiotic resistance and economic aspects are also covered

in other modules (BMed ETHZ). Pharmacology and pharmacotherapy are part of the basic blocks, the theme blocks and the mantle studies (BMed UNIBAS).

In the MMed, the focus lies on specialty and disease-specific pharmacotherapy and on prescription adequacy. Furthermore, there is a transversal module “Pharmacology / toxicology”, which covers the topics of medication safety and age-related issues.

Analysis

The expert group notes further that the curriculum of the MMed has already been adapted to include more teaching in pharmacology. This has been done quickly, due to student feedback. The expert group acknowledges the improvement process.

The expert group rates quality standard 2.04c as completely fulfilled.

Standard 2.04d) recognise diseases patterns relevant to related professional fields and adapt their approach to the overriding problems;

Description

In the teaching of the MMed, disease patterns according to the SSPs in PROFILES are used. In their clinical activity, students then have the opportunity to apply their skills and knowledge. This is assessed in a further step when they present their case at the end of the week (in the first four semesters).

Analysis

The expert group rates quality standard 2.04d as completely fulfilled.

Standard 2.04e) be able to summarise and communicate findings and their interpretation;

Description

In the MMed, there is a longitudinal track about communication (transversal module “Doctor-Patient communication”) including lectures and workshops with real and simulated patients. The expert group also refers to the description and analysis for standard 1.03c.

Analysis

The expert group rates quality standard 2.04e as completely fulfilled.

Standard 2.04f) understand health problems holistically and grasp in particular the physical, psychological, social, legal, economic, cultural and environmental factors and impacts, and incorporate these in solving health problems at the individual and community level;

Description

In the patient journey module in the BMed at ETHZ, students learn to understand health problems holistically. This global approach is further deepened in the MMed, with clearly defined demands which EPAs have to be covered in which clinical activity.

Analysis

The expert group rates quality standard 2.04f as completely fulfilled.

Standard 2.04g) understand patients as individuals and within their social environment, and address their concerns as well as those of their relatives;

Description

The expert group refers to its description of the communication in the curriculum for standards 1.03c and 2.04e. Students can apply the acquired skills in the clinical activity and in the elective term.

The expert group suggested that involving real patients, relatives and people (e.g. from minorities) as partners in the curriculum could be beneficial to students, to develop not only communication skills but also awareness of individuals' needs and experiences in health.

Analysis

The expert group rates quality standard 2.04g as completely fulfilled.

Standard 2.04h) show a commitment to human health by providing advice and taking the necessary preventative and health-promoting measures in their professional field;

Description

The expert group refers to its descriptions of standards 2.02a and 2.02c.

Analysis

The expert group rates quality standard 2.04h as completely fulfilled.

Standard 2.04i) respect the dignity and autonomy of each person, possess knowledge of ethical reasoning methods, be familiar with the ethical problems in their professional field, and be guided in their professional and scientific activities by ethical principles that serve the common good;

Description

The expert group refers to its descriptions of standards 1.03b, 1.03f, 2.02a, 2.03b and 2.03c.

Analysis

The expert group rates quality standard 2.04i as completely fulfilled.

Standard 2.04j) have an appropriate level of knowledge of complementary medicine methods and therapeutic approaches;

Description

In the curricula of the MMed, there are two workshops, one covering acupuncture; the second covering other areas of complementary medicine, such as ayurvedic medicine.

Analysis

The expert group rates quality standard 2.04j as completely fulfilled.

Standard 2.04k) be familiar with the role of the various experts in the primary care setting and know the central importance and function of general practice medicine.

Description

The expert group refers to the description for standard 1.03d.

Analysis

The expert group rates quality standard 2.04k as largely fulfilled.

Recommendation 1 to standards 1.03d, 2.04k and 4.01:

The expert group recommends strengthening the role of general practitioners in the curriculum and in the teaching of the MMed.

Standard 2.05:

The study programme is reviewed regularly to determine how the general objectives of MedPA are being implemented in light of new challenges and conditions in the professional field and how the requirements for the necessary training are being fulfilled.

Description

The first cohort started the MMed in September 2020 and has not yet completed their studies. The timing of the accreditation is due to the fact that students can only enter the FLE if the study programme has been accredited beforehand.

As soon as the first cohort has completed their MMed and the FLE in September 2023, a full review will take place.

Until then, the results of the exams, the students' feedback on the modules via online questionnaires and the direct feedback from the students who are in the Study Board are considered and used to evaluate and adapt the programme. This has been done regarding the topic of pharmacology in the curriculum (see standard 2.04c).

Analysis

The expert group rates quality standard 2.05 as completely fulfilled.

Standard 2.06:

It is documented that all applicable regulations in Switzerland for the professional qualifications of graduates are taken into consideration in the study programme.

Description

The study programme is structured, developed and organised according to the Medical Professions Act and to PROFILES.

Analysis

The expert group rates quality standard 2.06 as completely fulfilled.

Standard 2.07:

The methods of assessing the performance of students is adapted to the learning objectives.

Description

During their studies, students must pass multiple choice exams and OSCEs and are assessed during their clinical activity.

Students must pass a multiple-choice exam after every clinical semester and after the sixth semester. The Institut für Medizinische Lehre of the University of Bern (IML) reviews the questions and analyses the results.

After the first year of the MMed, there is a formative OSCE with four stations. The results are analysed by the IML. The teachers then meet with the students and discuss the results. The

OSCE is formative, but students can see their own results in comparison to the performance of their cohort.

The same is repeated after the second year of the MMed.

In the third year of the MMed, they offer students an OSCE two months before the FLE, to train their skills and capabilities on a special model of stations. It is a summative OSCE with ten stations. The OSCE can be done in Italian or German. Students are assessed in their communication (including history taking) and physical examination skills, among others. The exam commission analyses the results of every station and of the cohort and their means, in collaboration with the IML in Bern.

As described for standard 1.03a, the clinical activity is assessed via Checkpoint.

Analysis

The expert group acknowledges that a carefully designed assessment system has been put in place. In relation to the critique concerning the clinical assessment already outlined for standard 1.03a, the expert group rates quality standard 2.07 as partially fulfilled.

Condition 1 to standards 1.03a, 2.07 and 4.03:

The students' performance and progress in the clinical activity is assessed throughout the study programme, and the results are reviewed.

Standard 2.08:
The admission requirements and requirements for earning a qualification are regulated and published.

Description

The admission requirements are regulated and published in the "Regulations for admissions and matriculations at Università della Svizzera italiana" and in the "Regulations for limitation of Admission to Medical Studies at the Università della Svizzera italiana" as well as on the website.

Students who would like to enter the BMed at ETHZ or UNIBAS and then the MMed at USI must pass the Swiss aptitude test (Eignungstest für das Medizinstudium, EMS).

Analysis

The expert group rates quality standard 2.08 as completely fulfilled.

3. area: Implementation

Standard 3.01:
The study programme is offered regularly.

Description

USI offers the MMed regularly, with new cohorts starting every September.

Analysis

The expert group rates quality standard 3.01 as completely fulfilled.

Standard 3.02:

The available resources (supervision and material resources) enable students to attain their learning objectives. The higher education institution describes how the number of students is determined in all phases of the curriculum and to what extent it is adjusted to meet the capacity of the training institution.

Description

USI defined the number of students based on a ratio of two students per one medical doctor doing bedside teaching during the clinical activity. Based on the currently available resources regarding teachers and patients (especially in the smaller disciplines), this results in a maximum capacity of 72 places per year (cohort). In September 2022, 69 students started in their first year of the MMed at USI.

The programme with the BMed in either Basel or Zurich and the MMed in Ticino, is perceived as a huge advantage both by students and the faculty. Students appreciate the opportunity of getting to know the languages (both English and Italian); two universities and two cantons with their own health care system.

All participating universities agree that the collaboration creates an added value and flexibility in the Swiss system and that it works smoothly. Each institution can work its strengths, for example the basic sciences or clinical activity.

Concerning the language, students can take language classes to learn Italian at the Bachelor level and can continue to do so at USI during their MMed. In the clinical activity they have vast opportunities to improve their Italian language skills and to appreciate the support they get.

The first year of the BMed at ETHZ is in German (as a rule of ETHZ), while in the second and third year, teaching is sometimes in English. The BMed at UNIBAS is taught in German. The MMed at USI is taught in English, and with the patients during the clinical activity the language to be used is Italian.

For the beginning of the programme, it was decided to have the faculty's budget separate from the budget of the university. There will be a combined budget in the future. In Ticino, there is a public multi-site hospital, the Ente Ospedaliero Cantonale (EOC), and private hospitals. The university has agreements with all of them and compensates the hospitals for the bedside teaching and increased demands on their staff.

The Faculty of Biomedical Sciences has sourced scholarships to make sure that the tuition fee does not play a role in the student's choice of university for their studies in Human Medicine, as USI has one of the highest tuition fees among Swiss universities.

For younger students, a system of mentorship with more advanced students has been put in place and is well received.

To enable all teachers to do bedside teaching, the Faculty of Biomedical Sciences is offering "teach the teachers" workshops that all new teachers must attend. So far, this has been a huge success. Also, it must be noted that many of the teachers already have experience from teaching and working in other study programmes in Human Medicine in Switzerland and abroad (see more on this for standard 3.03).

The administration office is at the same time the matriculation office and the office for students' affairs. For the maximum number of 72 students per year, the capacities are suitable and allow close contact with the students, which is perceived as an advantage both by the students and the administration staff.

Concerning the OSCE exams, there are 150 simulated patients and four trainers. The simulated patients are able to perform in Italian and/or in German.

Analysis

The expert group acknowledges the high quality of teaching and strongly supports the Faculty of Biomedical Sciences in its careful calculation of its capacities and the decision to define the maximum number of students at 72 both to maintain the high quality of teaching and students' support.

The expert group rates quality standard 3.02 as completely fulfilled.

Standard 3.03:

The teaching staff possesses the competencies appropriate to the special features of the study programme and its objectives.

Description

There are various formats of faculty development at ETHZ. There is the "Study course workshop" that lasts 3.5 hours and the rather informal "Happy hour education" that lasts 1.5 hours. Both are offered twice per year and are documented.

At the Medical Faculty of UNIBAS, there is a broad range of courses under the title "Medizindidaktisches Angebot". To achieve an academic position, it is compulsory to attend elements of the "Medizindidaktisches Angebot".

As briefly introduced in standard 3.02, for the start of the new MMed, the Faculty of Biomedical Sciences at USI introduced faculty development classes that were mandatory for all teaching staff, with or without experience in post-graduate education or undergraduate education, before they could teach in the MMed, and for promotion to become a "Privatdozent" (PD) or professor. The aim was to prepare the teachers for the different formats of teaching that are used in the MMed:

- Interactive classroom teaching
- Flipped classroom teaching
- Small group discussions
- Teaching in the clinic

USI organised three different workshops: "Teaching in the classroom", "Teaching in the clinic" and "Feedback". The teachers of these workshops were partly local and partly from other Medical Faculties in Switzerland.

With "Teaching in the classroom", teachers learn tools and strategies for interactivity in the classroom with concepts of competency-based teaching like flipped classroom models, team-based learning, small group discussions and interactive tools (online voting, mind maps, etc.).

The workshop "Teaching in the clinic" enables teachers to form the kind of relationship with the students that is deemed essential for a high quality of teaching. The use of clinical supervision for teaching, systematic evaluation and role modelling are also covered.

The workshop "Feedback" focuses on the importance of the communicative processes that are giving feedback about strengths and weaknesses to students.

The start of the MMed in September 2020 was in the middle of the pandemic. After only a few weeks, all the teaching had to be shifted to online formats, as was the case for all (higher)

education institutions. Both teachers and students report that the shift was manageable – with a huge effort at the beginning on the part of the Faculty of Biomedical Sciences. The workshops for faculty development were continued in online formats as well, and were attended by a majority of the staff. It is important to note that the clinical teaching was always conducted on-site.

Analysis

The expert group acknowledges that the newly established Faculty of Biomedical Sciences introduced a structured offer of faculty development that is well attended and appreciated by staff. Staff appreciates the workshops and deems them suitable for the demands set by teaching.

The expert group also notes that despite the pandemic, the Faculty of Biomedical Sciences managed to establish the new MMed in collaboration with UNIBAS and ETHZ and to create a high level of identification and motivation among teachers, students and staff.

The expert group deems it of critical importance that at this point the high level of engagement is kept up with and can be stabilised in sustainable structures. The definition of the maximum number of students is an important element in that regard, giving a security in planning to everyone who is already involved, as well as aspiring students.

The expert group rates quality standard 3.03 as largely fulfilled and makes two recommendations, firstly about the continuation of faculty development, and secondly about securing the future of the Faculty of Biomedical Sciences and the MMed at USI.

Recommendation 5 to standard 3.03:

The expert group recommends pursuing the ongoing effort in faculty development beyond the three workshops, especially for those teachers responsible for the clinical assessments, including MedEdu training for general practitioners when taking care of students.

Recommendation 6 to standards 3.03 and 3.04:

The expert group recommends pursuing the current efforts to have staff with degrees in medical education in order to prepare the next generation and ensure the sustainability of the MMed.

Standard 3.04:

The training institution pursues a long-term policy to promote young talent, which includes continuing education and training, development and assessment of the teaching staff. The criteria applied here takes into consideration research performance as well as teaching qualifications.

Description

The promotion of young talent is anchored in the characteristics of the study programme: “Promotion: Possibility to start a MD or a MD-PhD thesis during the fifth semester” (self-assessment report, p. 9).

The Faculty of Biomedical Sciences established a PhD school. The PhD students appreciate the opportunities to conduct interdisciplinary research and are working in the laboratory alongside students of the MMed, who themselves are writing their Master’s thesis. During a PhD, there is a formal process including the presentation of your project to your thesis director and regular meetings throughout the process. Support for PhD students comes from a mentor, who the students can choose themselves.

The process of becoming a professor is structured according to the rules of USI, as stated in the “Regulations for promotion and tenure of academic staff at USI”. For a promotion, performance in research, teaching and faculty development all count as essential elements. At the Faculty of Biomedical Sciences, there is also the possibility to become a “Clinical practice teacher” in addition to the career paths of becoming a PD and professor. The requirements are listed in the “Legal bases and directives for the clinical practice teachers”. At the time of accreditation, there are 21 full professors, 44 adjunct professors, 42 PDs, 2 assistant professors and 16 clinical practice teachers at the Faculty of Biomedical Sciences.

Concerning the development of teaching staff, the expert group refers to the description given in standard 3.03.

Teaching staff is regularly assessed, as are all teaching staff of USI. Students are asked to give online feedback on all modules, which is analysed and forwarded to the teachers.

Analysis

The expert group highly values the faculty development for teachers, be it in the clinical activity or at university, the title of “Clinical practice teacher” as an alternative pathway and the PhD school.

At the same time, the expert group notes that the infrastructure supporting the different careers and pathways at the Faculty of Biomedical Sciences is in high demand. Therefore, it encourages the Faculty to consider reinforcing the workforce running and organising the programme to maintain the high level of personal support that it currently provides. Also, the expert group repeats the recommendation to foster the sustainability of the Faculty in the field of medical education.

The expert group rates quality standard 3.04 as largely fulfilled.

Recommendation 6 to standards 3.03 and 3.04:

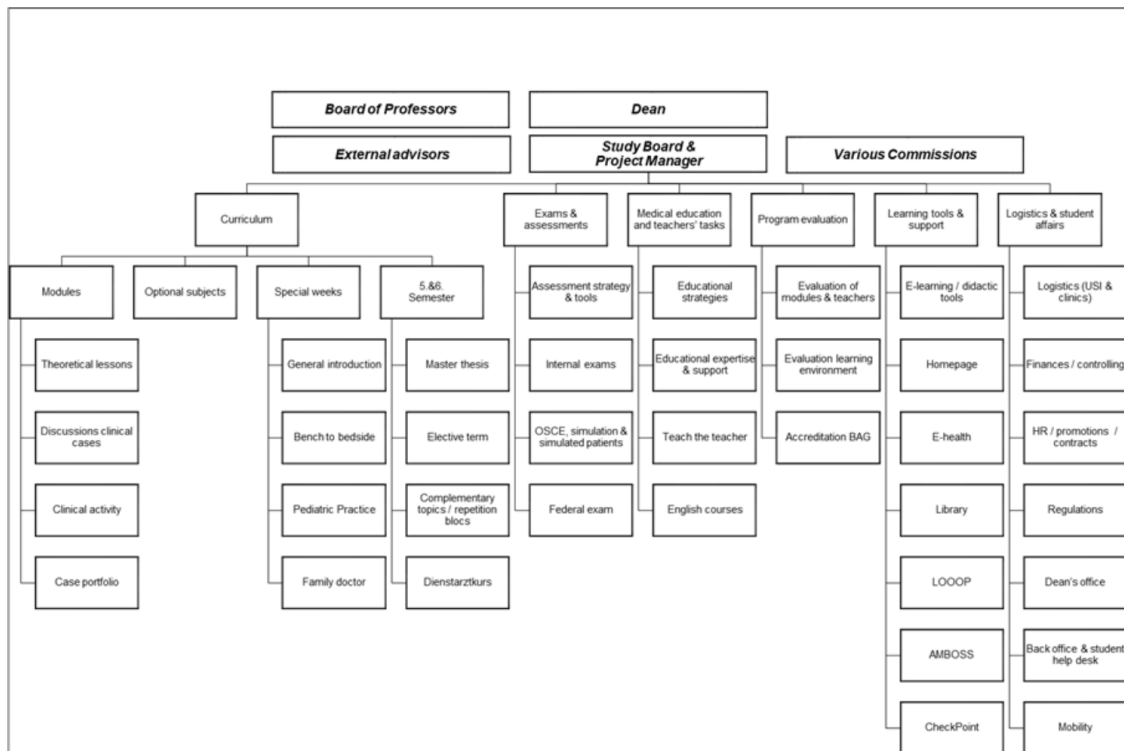
The expert group recommends pursuing the current efforts to have staff with degrees in medical education in order to prepare the next generation and ensure the sustainability of the MMed.

4. area: Quality assurance

Standard 4.01:
Managing the study programme takes into consideration the interests of the relevant interest groups and makes it possible to achieve the necessary developments.

Description

The management of the study programme is organised as follows:



(self-assessment report p. 7)

The central organ here is the Study Board, which discusses and approves the study programme and modifications to it. Every module from every semester, the clinical partners, IT and e-learning services, logistics and finance, administrative services as well as the student body (one student per year with the right to vote) are all represented in the Study Board.

The Faculty of Biomedical Sciences is part of the “Schweizerische Medizinische Interfakultätskommission” (SMIFK), the Collège des Doyens, the Examination board for the FLE, the “Schweizerische Institut für ärztliche Weiter- und Fortbildung” (SIWF), the “Bildungsnetzwerk” and LOOP Switzerland network.

At USI, the faculty is represented by the dean in the management board of USI, the university senate (meeting four times a year) and the university council.

The vice-dean for education participates in the Study board, the federal Examination Board and the local Examination Board.

The deanery itself meets once a week. The coordinators of the modules meet twice a year, as do the people responsible for the transversal topics.

As described in standard 2.04c, the programme has already been adapted concerning the teaching of pharmacology due to student feedback.

At the end of each semester, there is a feedback round where students can give direct feedback to the modules and the teachers. This is perceived as very valuable by everyone involved. Students can also give feedback on the clinical teachers in the hospital. At the end of each week in the first four clinical semesters, the person responsible for the week asks for direct feedback.

Analysis

The expert group acknowledges the carefully designed system of feedback both from students and teachers that is filtered and then discussed in the Study Board. It highlights the fact that this system is perceived as working well by everyone involved.

The expert group takes the opportunity to point at the patients as one group of stakeholders that has not been included so far, and encourages the study programme to do so. It furthermore repeats the recommendation concerning general practitioners.

The expert group rates quality standard 4.01 as largely fulfilled.

Recommendation 7 to standard 4.01:

The expert group recommends also considering the group of patients as stakeholders of the study programme.

Recommendation 1 to standards 1.03d, 2.04k and 4.01:

The expert group recommends strengthening the role of general practitioners in the curriculum and in the teaching of the MMed.

Standard 4.02:

The study programme is an integral component of the quality assurance system of the higher education institution or other institution within the higher education sector.

Description

At UNIBAS, the BMed is part of the university-wide quality management, with the results of the Faculty's evaluation being the subject of annual meetings between the Dean of Studies and the Vice-Rector for Academic Affairs.

The BMed of ETHZ is also part of the internal quality assurance system of ETHZ.

With the feedback system for the modules that is in place at USI, teachers receive the students' feedback on their modules and can then adapt their teaching. The quality assurance office has begun mapping the processes of the Faculty of Biomedical Sciences, but has not yet finished. In the evaluation of the modules, there are questions that concern every faculty of the university, and questions designed specifically for the Faculty of Biomedical Sciences.

Analysis

The expert group sees that feedback processes are in place and that the mapping of the processes is still work in progress. It acknowledges up that the MMed is part of the internal quality assurance system of USI.

The expert group rates quality standard 4.02 as largely fulfilled.

Recommendation 8 to standard 4.02:

The expert group recommends concluding the mapping of the processes of the Biomedical Faculty in due course.

Standard 4.03:

The training institution reviews regularly the results of the students (including the federal examination) and documents the consequent implications for the study programme.

Description

The results of the students' performance in the exams are analysed by the IML, as described in standard 2.07, and discussed in the Study Board. This is not true for the students' performance in their clinical activity, as was highlighted in standard 1.03a.

As the accreditation is a prerequisite for students to attend the FLE, at the time of accreditation no graduate from the MMed at USI has yet attended the FLE.

Analysis

The expert group notes that the students' exam results are reviewed, except for Checkpoint. The expert group thinks it is of great importance to have a full picture of the students' performance and to review the results of the students' performance in their clinical activity, as well. It therefore rates quality standard 4.03 as partially fulfilled.

Condition 1 to standards 1.03a, 2.07 and 4.03:

The students' performance and progress in the clinical activity is assessed throughout the study programme, and the results are reviewed.

3 Overall appraisal and strengths/weaknesses profile of the study programme

During the accreditation process, the expert group identified the following strengths and opportunities, as well as threats and weaknesses of the study programme at different levels of the curriculum.

At the “macro” level (i.e. the overall structure and organisation), the programme is a well-designed competency-based curriculum, rooted in the PROFILES national competency framework. The multilingual training is a major strength and could be further exemplified as an opportunity to attract and train the best students from and for all parts of Switzerland.

The expert group noted strong political support from federal, inter-cantonal, cantonal and university authorities. It also witnessed impressive leadership and ownership from all stakeholders: deanery, teachers, administrative staff and students. The fact that the MMed curriculum was implemented and adapted in the midst of the COVID-19 pandemic is especially impressive: it is an illustration of adaptive leadership in medical education, and furthermore suggests the potential to adapt and improve the programme over time.

Meanwhile, the number of enrolled students is carefully appraised based on the clinical training capacity, both in physical space (clinical placement sites) and in human resources (clinical trainers trained in medical education). The expert group estimates that this figure seems to have nowadays reached an optimal target, increasing further may be a threat to the quality of the training.

At the “meso” level (i.e. the modular structure and organisation), the programme is well-structured, combining a modular approach with transversal “topics”. The expert group noted the importance of interconnectivity and open communication channels across UNIBAS, ETH and USI educational staff to optimise the continuity of students' learning from Bachelor to Master modules. From interviews with both teachers and students, the experts perceived a stimulating learning atmosphere where all learn and reflect while implementing new modules.

While appraising the assessment in a simulated environment (OSCE) as a strength and an

opportunity for students before the 2023 Federal Exam, the expert group identified the need to improve the workplace-based assessment (WBA). Directions to improve WBA include (i) the compulsory documentation in “Checkpoint” of a minimal number of EPAs with required endorsement of clinical teachers, in a variety of SSPs and contexts; (ii) the training and support of clinical supervisors in WBA; (iii) synergy across assessment modalities and tools (e.g. OSCE checklists used at the bedside by clinical teachers and peer students).

The discussions around weaknesses that already have been identified and addressed (e.g. pharmacology) and of issues that are underestimated so far (e.g. clinical assessment) demonstrate the reflexivity and reactivity of both teachers and administrative staff involved in modules and transversal “topics”.

At the “micro” level (i.e. the learning / teaching activities), the programme includes several of the “**SPICES**” principles, with the potential for further improvement.

- The programme appears to be **Student-centred** with indicators of individualised learning pathways (e.g. language training, **Electives**), involvement of students’ delegates in curriculum committees and strong support from administrative staff (e.g. for newly arriving students in Lugano).

- Although not **Problem-based**, learning activities promote active engagement and social interaction (e.g. case-based presentation to peers), at least based on their description in the accreditation report. It would be interesting to observe large group activities (i.e. lectures) to evaluate and eventually improve the interactivity in this format.

- Concerning **Interprofessional Education (IPE)** the existing activities are a strength of the programme, building upon seminal exposure to IPE in Basel and Zürich. The discussions between the expert group and USI faculty (and with the Center of Simulation the day after the visit) suggest the following directions for improvement: (i) using an IPE competency framework to explicit the link across IP activities in BA and MA programmes; (ii) strengthening IPE as a transversal “topic” (as noted in the original accreditation report, it was not mentioned in the slides during the visit); (iii) collaborating with other healthcare professional training programmes in Lugano and Switzerland to develop more IPE activities, notably IP simulation.

- **Community-based training** is another direction for further improvement, since it is underdeveloped as compared to hospital-based training. The establishment of a family medicine institute will require the training and involvement of more general practitioner trainers.

- **Electives** are another strength of the programme, with learning opportunities for students to address individual learning needs and interests. Of note, electives in research institutions have the potential to prepare faculty human resources in the mid- and long-term.

- The curriculum demonstrates a **Systematic** approach, notably in the constructive alignment of learning objectives, learning-teaching activities and assessment. The weakness of the WBA has been discussed. **Simulation-based education** seems already well integrated, especially with the sound communication training programme and OSCEs.

4 Recommendations for development of the study programme

- Recommendation 1 to standards 1.03d, 2.04k and 4.01:

The expert group recommends strengthening the role of general practitioners in the curriculum and in the teaching of the MMed.

- Recommendation 2 to standards 1.03f, 2.02d and 2.02f:

The expert group recommends further strengthening of the subject of IPC in the programme, building on the existing elements in the curricula of the BMed at UNIBAS and ETHZ and of the MMed at USI.

- Recommendation 3 to standard 2.02b:
The expert group recommends supporting the students further in learning the principles of methods of scientific research.
- Recommendation 4 to standard 2.02h:
The expert group encourages to consider whether the topic of assessing the effectiveness, appropriateness and economic efficiency of the services of a medical doctor could be addressed beyond family medicine.
- Recommendation 5 to standard 3.03:
The expert group recommends pursuing the ongoing effort in faculty development beyond the three workshops, especially for those teachers responsible for the clinical assessments, including MedEdu training for general practitioners when taking care of students.
- Recommendation 6 to standards 3.03 and 3.04:
The expert group recommends pursuing the current efforts to have staff with degrees in medical education in order to prepare the next generation and ensure the sustainability of the MMed.
- Recommendation 7 to standard 4.01:
The expert group recommends also considering the group of patients as stakeholders of the study programme.
- Recommendation 8 to standard 4.02:
The expert group recommends concluding the mapping of the processes of the Biomedical Faculty in due course.

5 Accreditation proposal of the expert group

Based on the self-assessment report of the study programme in Human Medicine at the Università della Svizzera italiana dated 1 June 2022 and the on-site visit of 26 September 2022 and 27 September 2022, the expert group proposes that a formal pronouncement should be made to grant accreditation of the study programme in Human Medicine of the Università della Svizzera italiana subject to the following condition:

Condition 1 to standards 1.03a, 2.07 and 4.03:

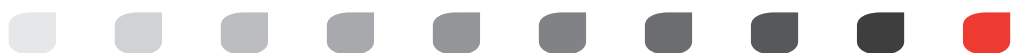
The students' performance and progress in the clinical activity is assessed throughout the study programme, and the results are reviewed.



Part D

Statement by the Faculty of Biomedical Sciences, USI

30 November 2022



Statement to the report of the expert group and the agency's accreditation proposal

Dear Dr. Grolimund

We have received and read in detail the report of the expert group. On behalf of the Faculty of Biomedical Sciences, USI (Faculty), we thank the expert group for the detailed analysis, the useful recommendations and the condition. The accreditation has been an insightful process for us. We enjoyed the stimulating exchanges with the expert group and we are determined to adopt the condition as well as the recommendations during the further development and improvement of our young study program. Our Master has just started, we are enthusiastic and proud of it and of the success of its early life, but we are well aware, that a lot still needs to be done, in order to reach a stable and solid position in the national landscape of medical study programs. In this context, your suggestions will be of great help in showing the way toward continuous improvement.

In the following sections, we summarize initial ideas on how to integrate your recommendations in the development of the study program and how we want to respond to the condition the expert group has asked us to fulfill.

1. Recommendations for development of the study program

- **Recommendation 1 (standards 1.03d, 2.04k and 4.01):**

The expert group recommends strengthening the role of general practitioners in the curriculum and in the teaching of the MMED

Faculty statement: We are aware, that this aspect needs to be further strengthened throughout the master program and we imagine it as a continuum with the creation of the Institute of Family Medicine, scheduled for January 2023. Our Master structure, mainly focused on specific medical areas (12 modules and 10 transversal topics), bears a potential risk of marginalizing the role of general practitioners. That is the reason why we included a number of hours dedicated to "Family medicine" in the second year of the MMED. We are confident that the creation of the Institute of Family Medicine, with one full professorship in family medicine and the support of three GPs working part-time (20%) in the Institute will correct and compensate for this weakness and strengthen the vision of a strong family medicine.



Additionally, exploiting synergies with the team operating the Master in Cognitive Psychology in Health Communication, the general practitioners will be trained specifically to offer optional courses focused on clinical reasoning and shared decision-making, workshops about adequacy of care and overuse, as well as direct Master Thesis. Finally, we want to put more effort in the training of the general practitioners who host students in their private practices by offering a Certificate of Advanced Studies in “Care community management”.

- **Recommendation 2 (standard 1.03f, 2.02d and 2.02f):**

The expert group recommends strengthening further the subject of IPC in the program, building on the already existing elements in the curricula of the BMED at UNIBAS and ETHZ and of the MMED at USI.

Faculty statement: This recommendation has a high priority for us. Applying the experience we acquired in other areas, as cardiovascular teaching (an analysis that confirmed the usefulness of the LOOOP in giving congruence to the transition from Bachelor to Master), we will proceed with the mapping of the IPC curriculum in LOOOP for the next edition of the MMED in September 2023. Once we will have it mapped, we foresee to develop a competency framework from BA to MA to ensure the longitudinal learning curve. Furthermore, we will select some EPAs concerning IPC and add them to Checkpoint, so that they will be evaluated during the clinical activities. We are also discussing other initiatives to foster IPC, for example actively encouraging students to perform a one-month stage in the hospital as members of the nursing staff or organizing joint simulation sessions involving both medical students and students of the nursing school (e.g. resuscitation simulation).

- **Recommendation 3 (standard 2.02b):**

The expert group recommends supporting the students further in learning the principles of methods of scientific research.

Faculty statement: With the support of the two internationally recognized research institutes associated to the Faculty (IRB – Institute of research in biomedicine and IOR- Institute of oncology research), the translational and clinical (LTR - Laboratory of Translational Research) and the clinical research carried out at the EOC hospitals, all MMED students have the possibility to approach clinical and biomedical research. We are stimulating students' awareness and interest towards these possibilities. In addition, we are evaluating to open a Master study program in medical biology. Should this be implemented, then a number of courses could be made available to both Master programs, improving the reciprocal knowledge and the potential future collaborations between medical doctors and researchers in biomedical sciences.

- **Recommendation 4 (standard 2.02h):**

The expert group encourages considering whether the topic of assessing the effectiveness, appropriateness and economic efficiency of the services of a medical doctor could be addressed beyond family medicine.

Faculty statement: With this recommendation, the expert group touches a topic which is of paramount importance in the whole medical system, and which has given rise in the last decades to the so called “Smarter Medicine – Choosing Wisely” movements. When



constructing our curriculum, we discussed several times on how to insert this important aspect in the different modules without rendering them too heavy or affecting the time dedicated to clinical education. In the beginning, we had introduced this topic in the family medicine section, a choice motivated by the specific expertise of the colleagues involved. We are confident that the future Institute of Family Medicine will take on this role of creating and promoting among students and doctors the new concept of a coordinated and interdisciplinary care system that evaluates, among other aspects, the effectiveness, appropriateness and cost-efficiency of medical care.

- **Recommendation 5 (standard 3.03):**

The expert group recommends pursuing the ongoing effort in the faculty development beyond the three workshops, especially for those teachers responsible for the clinical assessments including MedEdu training for general practitioners when taking care of students.

Faculty statement: This recommendation will be pursued in the next years in two ways. On one hand we will create a common Medical Education team between USI and EOC (see answer to recommendation 6), which will deepen the training for the different roles in medical education, including specific training for teachers responsible for the clinical assessment. On the other hand, EOC decided to implement a new project on post-graduate training: The latter includes passing all the post-graduate specialty-training programs to a system based on EPAs, as recommended by SIWF, which implies instructing accordingly all the medical staff involved. As the majority of this staff is as well involved in pre-graduate training, the two projects will advance in parallel.

- **Recommendation 6 (standard 3.03 and 3.04):**

The expert group recommends pursuing the current efforts to have staff with degrees in medical education, to prepare the next generation and ensure the sustainability of the MMED.

Faculty statement: The recently signed agreement between the hospitals (EOC) and USI includes the creation of a common Medical Education team, which will be responsible for didactic teaching of the staff involved in both pre- and post-graduate teaching. A new medical education staff member with a completed Master in medical education has been hired by EOC starting in April 2023, and a second medical education staff member is concluding the Master in medical education next year. Therefore, within the end of next year we will pass from one to three competent physicians active in medical education. Further development of this team includes the enrolment of non-medical specifically trained people (two have already been identified).



- **Recommendation 7 (standard 4.01)**

The expert group recommends also considering the group of patients as stakeholders of the study program.

Faculty statement: This recommendation could offer a great opportunity to get a feedback from patients and discover how they perceive the educational activity in clinics as well as at private practices. This could become an interesting study to perform in collaboration with our Institute of Public Health. In Ticino, there are several existing patient groups, e.g. groups of patients with cancer, with neurological, cardiologic, renal and rare diseases. Collaborating with them on the MMED is a challenge to undertake in the coming years.

- **Recommendation 8 (standard 4.02)**

The expert group recommends concluding the mapping of the process of the Biomedical Faculty in due course.

Faculty statement: This recommendation is very much in line with our intention. The quality assurance office intends to finish the mapping of the process of the Faculty.

2. **Condition 1 (standard 1.03a, 2.07 and 4.03)**

The student's performance and progress in the clinical activity is assessed throughout the study program and the results are reviewed.

Faculty statement: The expert group correctly points out a weakness in our MMED, summarized in the above-mentioned statement and well described in the report. We understand that we are asked to improve two aspects:

1. **The assessment of the students' progress in clinical activity** (the assessment of theoretical knowledge is considered as satisfactory). The main problem appears to be the compliance of both students and teachers with the electronic "Checkpoint" tool, which is used insufficiently and perceived as complicated to handle. In this regard, we very much appreciated the constructive discussion with the expert group, which highlighted the general need for evaluation tools that can fill the gaps in most available systems. At the national level, SIWF and the Collège des Doyens are already collaborating to identify a platform to be made available in the medium to long term for the evaluation of pre- and post-graduate EPAs.

Concerning the "Checkpoint" tool, we have already modified some parts of the software to make it more user-friendly and further adaptations are planned in the near future. Additionally, we have recently introduced incentives for the students (based on extra rewards in grades) which have already brought a significant improvement in their compliance, which increased from 37 to 80 %.

2. We do not only have to assess the students' performance, but also find a suitable way to **support students** with their progress and their difficulties. For this, we have planned the creation of a "Student support commission". This commission will be in charge of regularly analyzing the data provided by "Checkpoint" and faculty exams (MC and OSCE), with the



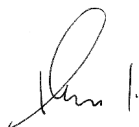
aim to identify students (and teachers) needing support, and to develop a targeted intervention strategy.

In conclusion, besides thanking again the expert group for their valuable input and the interesting, constructive and pleasant discussions during the on-site visit, we would like to express our satisfaction for being proposed as deserving federal accreditation.

For the very engaged group of people involved in the creation of this Master program, the challenge was high. It was the first time such a project was started in a smaller Canton, without a single central cantonal hospital, in a cultural and language minority region, and with three languages used for teaching and exams (English, Italian and German). Moreover, the implementation had to occur during the COVID-19 pandemic. In this context, we view the suggestions of the expert group as an excellent occasion to further improve and we will again put all our efforts in pursuing them in the best possible way.

We would like to thank you again for the fruitful discussions, the important analysis and the inspiring recommendations.

Best regards



Prof. Dr. med. Giovanni Pedrazzini
Dean



Monica Link
Faculty Manager





Part E

Hearing of the Commission for Medical Professions

16 January 2023



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Eidgenössisches Departement des Innern EDI

Medizinalberufekommission MEBEKO
Ressort Ausbildung

CH-3003 Bern, BAG **A-Priority**

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Referenz/Aktenzeichen:
Ihr Zeichen:
Unser Zeichen: pf/HMA/REB
Bern, 16. Januar 2023

Akkreditierung des Studienganges Humanmedizin an der Università della Svizzera Italiana in Lugano

Sehr geehrte Damen und Herren

Im Namen der Medizinalberufekommission (MEBEKO), Ressort Ausbildung, wird wie folgt Stellung genommen:

1. Rechtsgrundlagen der Akkreditierung:
 - Nach Artikel 12 Absatz 1 Buchstabe b des Bundesgesetzes über die universitären Medizinalberufe (Medizinalberufegesetz, MedBG, SR 811.11) erhalten namentlich diejenigen Personen Zutritt zur eidgenössischen Prüfung einer der universitären Medizinalberufe, die einen nach dem MedBG akkreditierten Studiengang absolviert haben.
 - Die Artikel 23 und 24 MedBG regeln die Akkreditierungspflicht und die Akkreditierungskriterien. Die Studiengänge müssen nach den Anforderungen des Hochschulförderungs- und Koordinationsgesetz (HFKG, SR 414.20) und des MedBG akkreditiert sein. Die anzuwendenden Qualitätsstandards sind entsprechend einer Kombination der Anforderungen dieser beiden gesetzlichen Grundlagen. Das Verfahren richtet sich nach Artikel 32 HFKG. Nach Artikel 19 der Verordnung des Hochschulrates über die Akkreditierung im Hochschulbereich (Akkreditierungsverordnung HFKG, SR 414.205.3) gilt die Akkreditierung für sieben Jahre ab Akkreditierungsentscheid.

2. Aufgaben und Vorgehen der MEBEKO, Ressort Ausbildung, im Akkreditierungsprozess:
 - Nach Artikel 50 Absatz 1 MedBG kommen der MEBEKO im Bereich der Akkreditierung zwei Aufgaben zu. Sie berät verschiedene Gremien (darunter auch das Akkreditierungsorgan) in Fragen der Aus- und Weiterbildung (Buchstabe a). Die MEBEKO nimmt zudem Stellung zu Akkreditierungsanträgen im Bereich der Aus- und Weiterbildung (Buchstabe b). Das Ressort

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Ausbildung der MEBEKO ist für die Akkreditierungsverfahren betreffend Ausbildungsgänge, das Ressort Weiterbildung der MEBEKO ist für diejenigen hinsichtlich Weiterbildungsgänge zuständig. Die Stellungnahme der MEBEKO, Ressort Ausbildung erfolgt nach Erhalt des Berichtsentwurfs des Akkreditierungsorgans, welcher auf der Beurteilung der Selbst- und Fremdevaluation beruht.

- Jeweils zwei Mitglieder der MEBEKO, Ressort Ausbildung, bereiten gestützt auf sämtliche Dokumente der Selbst- und Fremdevaluation (inklusive Expertenvisitation) sowie des Berichtsentwurfs des Akkreditierungsorgans die Diskussionen der Kommission vor. Sie berichten der Kommission schriftlich und mündlich und schlagen ihr eine Stellungnahme vor.
3. Die MEBEKO, Ressort Ausbildung, stellt fest, dass das Akkreditierungsverfahren des Studienganges Humanmedizin an der Università della Svizzera Italiana in Lugano korrekt nach den geltenden Rechtsgrundlagen und Standards durchgeführt worden ist. Die von den Experten ausgesprochenen Empfehlungen sowie die Auflage werden von der MEBEKO ebenfalls unterstützt.
4. Stellungnahme der MEBEKO, Ressort Ausbildung, bezüglich der Akkreditierung des Studienganges Humanmedizin an der Università della Svizzera Italiana in Lugano:
- Der Selbstevaluationsbericht und der Expertenbericht aaq werden zustimmend zur Kenntnis genommen.
 - Die Beurteilung des Studienganges durch die Experten ist korrekt und empfiehlt eine Akkreditierung mit einer Auflage (Leistungen und Fortschritte der Studierenden in der klinischen Tätigkeit sollen während des gesamten Studienganges bewertet und die diesbezüglichen Fortschritte in zwei Jahren evaluiert werden).
 - Die MEBEKO, Ressort Ausbildung, unterstützt die Empfehlung der Experten, den Studiengang Humanmedizin an der Università della Svizzera Italiana in Lugano mit einer Auflage zu akkreditieren.

Freundliche Grüsse

Medizinalberufekommission
Ressort Ausbildung
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