1. INTRODUCTION

1.1 The year 2003 was a period of significant consolidation for the School of Health Sciences (ECS). First of all, everyone at the School, including the students, have by now acquired self-confidence on the new pedagogical methodologies in use, which are producing very satisfactory results. Equally important, research is now proceeding on a steady basis, with all the academic staff and a growing number of young researchers on fellowships actively involved in scientific activities.

Major progress was achieved, too, in relation to the provisional facilities, which were extended to install the research laboratories and to carry out the pedagogical activities up to the final curricular year, while keeping adequate standards. The opening for tenders concerning the construction of the new buildings had a salient moral lifting effect within the School.

The links with the Health services were also consolidated, both through practice regarding a growing level of cooperation activities and by the establishment of formal protocols with the Hospitals in Braga, Guimarães and Viana do Castelo.

As critical mass is reached at the different curricular areas and services, the organisational structure within the School is operating on a more clear and efficient way, leading to a proper sense of responsibility by all major actors.

As a consequence, the main information concerning the scientific and pedagogical activities can be found in the sectorial reports concerning the Medical Degree Programme and the Life and Health Sciences Research Institute (ICVS). Therefore, the

present report concentrates on an overall view of the School's strategies and activities, and must be read together with the sectorial reports.

1.2 Once again, the year 2003 was a period of change in the political environment, due to the substitution of the Minister for Science and Higher Education last October. This means that since the signing of the contract for the launching of ECS, in February 2000, the School had to deal with four changes of Minister, which obviously does not help in the development of an innovative project with a clear national purpose. However, the close and frequently contacts with the Ministry offset in some way the inconvenience of the political instability.

Within the University of Minho, the School of Health Sciences continued to get all the institutional support which has been so crucial for its development.

1.3 The School activities are attracting a broader attention from inside and outside the University. Particularly meaningful was the prolonged visit by the President of the Republic on the 27th of June 2003, who has shown a detailed interest in all the innovative aspects of the School operation and projects, as well as in talking personally with leadership, staff and students. Also interesting was the Seminar "Two Years of Experience at the School of Health Sciences", organised by the Pro-Rector for Quality Assurance, in which a detailed presentation of the curriculum development, methodological approaches and assessment methods related to the undergraduate medical degree programme was attended by a broad and interested audience, including many leaders from other Schools and Course Committees.

2. PLANS AND STRATEGIES FOR 2003

2.1 Objectives and policies

The main objectives established for 2003 were again to continue the preparation of the necessary elements, in terms of human resources, proper facilities and equipments, and of courseware, to keep the dynamics of the School operation and allow for the reinforcement of projects, namely the admission of a new batch of 50 students.

The principal strategies for the effect were:

-to finish the preparations of the courseware for the third curricular year of the undergraduate programme and to proceed with the curricular development of the third phase (years 4 and 5);

-to proceed with the post-graduation programme;

-to continue to stabilize the conditions for a steady participation of the academic staff in research projects and to attract new researchers on fellowship schemes; for this effect, to establish contracts with the Foundation for Science and Technology for the financing of ICVS;

-to strengthen the human resources, by recruiting and training new staff members and supporting the development of the staff, taking into consideration not only the admission of a new batch of students but also the preparation of the subsequent years, with a growing emphasis on the academic staff for the clinical subjects;

-to accelerate the process for the construction of the new buildings;

-to prepare and equip the necessary extra provisional spaces;

-to continue and deepen the contacts and dialogue with the national health system (Ministry, Regional and Sub-Regional Administration, Hospitals, Health Centres) and to formalize the links and cooperation with health services;

-to support the operation of the governing bodies, paying special attention to the monitoring and improvement of quality.

2.2 Organisation and Management

The proper functioning of the governing bodies is essential for the fulfilment of the foreseen objectives. The composition and main duties of the School bodies are presented next.

2.2.1 The Steering Committee

The Steering Committee was reappointed in September 2003. One of the former members was replaced, in order to provide a gradual shift towards the normal composition of the future School Council, as anticipated in the School's Regulations.

The Dean kept the nomination of Prof. Joaquim Pinto Machado as Deputy Dean for scientific and pedagogical affairs and of Prof. Maria Cecília Leão as Deputy Dean for administrative affairs.

The present composition is therefore the following:

- *Sérgio Machado dos Santos*, **Dean** (Honorary Rector, UM);
- *Joaquim Pinto Machado*, **Deputy Dean** (Professor Emeritus, ECS);
- *Maria Cecília Lemos Pinto Estrela Leão*, **Deputy Dean** (Director of ICVS, ECS)
- *Maria Irene Magalhães Assunção Montenegro* (Pro-Rector for Quality Assurance, UM);
- *José Fernando Gomes Mendes* (Vice-Rector, UM);
- Jorge Manuel Rolo Pedrosa (Assistant Professor, ECS)
- *Américo dos Santos Afonso* (Director of Hospital de São Marcos);
- *Carlos Carvalho Moreira* (Coordinator of the Braga Sub-Regional Health Administration).

The Steering Committee met on a monthly basis, concentrating its activities on the planning of the School development in all its dimensions, on monitoring the on-going activities and on reinforcing the links with the health services and authorities.

2.2.2 The Scientific Council

The Scientific Council integrates all the School academic staff with a doctoral degree. Its present composition is the following:

- *Joaquim Pinto Machado*, President
- *Maria Cecília Lemos Pinto Estrela Leão*, Vice-President
- *António Gil Pereira de Castro*

- *Armando Alberto Pinto de Almeida*
- *Fernando José dos Santos Rodrigues*
- *Isabel Maria Mestre Palmeirim Esteves*
- *Joana de Almeida Santos Pacheco Palha*
- *Jorge Correia Pinto*
- *Jorge Manuel Rolo Pedrosa*
- *Maria de Fátima Baltazar*
- *Manuel João Mendes Costa*
- *Nuno Jorge Carvalho de Sousa*
- *Patrícia Espinheira Sá Maciel*
- *Paula Cristina Ludovico*
- *Rui Manuel Vieira Reis*

Additionally, participate in the meetings, as invited members:

-Alberto Filipe Sansonetty Gonçalves

-António Alegre Sarmento;

-António Carlos Megre Eugénio Sarmento

-Carlos Alberto de Almeida Valério

-Fernando Lander Schmitt

-Maria Amélia Ferreira

The Scientific Council met regularly every fortnight, dealing with the scientific policy for the School, namely in what concerns the decisions on the general guidelines for the planning and development of research, teaching and extension activities and on matters concerning the recruitment and promotion of academic staff. These regular meetings, that usually take place at lunch time, contribute in a substantial way to the cohesion and wide and effective participation within the School.

The Council concentrated particularly on the supervision of the curricular areas of the undergraduate programme, on the supervision of post-graduation activities and on

the initiative for proposals relating to the financing of the research laboratories and projects.

2.2.3 The Medical Course Committee (Curriculum Committee)

As explained in the previous annual report, the regulations concerning the Course Committees at University of Minho were adapted to apply to the medical undergraduate programme, due to specificities of the curricular organization in relation to the horizontal and vertical integration of the curriculum and also to the concept of curricular organization by phases and their role in both dimensions of integration.

Indeed, as specified in the conception of the degree programme [1], the curriculum is designed as an ongoing educational process and "although this process has periods with specific characteristics, its sequence has no boundaries that may affect its essential unit. Such periods are called *phases*, transmitting the idea of continuous stages in a path that is from the very beginning designed to arrive to a precise final destination. Each phase is not only firmly interconnect with the following one but it also covers, although in a different proportion, the major science fields of life, health, anthropology and medical practice".

The coordination of each phase is, therefore, of vital importance, as well as the coordination between phases. This points out the convenience of the participation of the phase coordinators in the Medical Course Committee.

According to the Regulations adopted for the Medical Course Committee, it will integrate, on a steady-state basis, the Course Director, the Coordinators of Phases I to IV, the Coordinator of the Vertical Themes, the Scientific Director of the Medical Education Unit and six students elected by and among the students of each of the six curricular years of the course. During the installation period the composition of the Committee will be established, each year, by the Steering Committee, on a proposal from the Dean, guaranteeing parity between students and academic staff apart from the Course Director.

The Medical Course Committee for the academic year 2003/04 is the following:

- *Joaquim Pinto Machado*, Course Director (and Coordinator of the Vertical Themes);
- *Jorge Manuel Rolo Pedrosa*, Coordinator of Phase I (1st and 2nd years)
- *Maria Cecília Lemos Pinto Estrela Leão*, Coordinator of Phase II (3rd year)

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1 *Medical Degree Course*, Health Sciences School, Universidade do Minho, September, 2001, p.23.

- *Nuno Jorge Carvalho de Sousa*, Coordinator of Phase III (4th and 5th years)
- *Joana de Almeida Santos Pacheco Palha* (as Delegate of the Scientific Director of the Medical Education Unit)

-*Pedro Ricardo Luís Morgado* (Student, 3rd year)

-*Carla Marina Mendonça Gonçalves* (Student, 2nd year)

-*Ana Raquel Franky Gomes Carvalho* (Student, 2nd year)

-*Pedro Miguel Oliveira Azevedo* (Student, 1st year)

The main competences of the Medical Course Committee are to watch over the normal operation of the degree programme and the continuing review of the curricula, to propose changes in the curricula and to adopt the course annual report prepared by the Director. It will also keep a look on the actions taken as a result of the recommendations from the External Advisory Committee and on the organization and updating of the course dossier under responsibility of the Medical Education Unit.

2.2.4 The Phase, Curricular Area and Module Coordinators

As said before, each phase has a Phase Coordinator, who is responsible for the articulation of the curricular areas in each phase and for the articulation between the phases, in order to guarantee the overall coherence of the curriculum, highlight any omissions and avoid repetition. To facilitate and strengthen this role and make it more independent, the Phase Coordinator for each phase was chosen from the academic staff teaching at a different phase. The nominated coordinators are, as already indicated in point 2.2.3:

-Phase I - *Jorge Manuel Rolo Pedrosa*

-Phase II - *Maria Cecília Lemos Pinto Estrela Leão*

-Phase III - *Nuno Jorge Carvalho de Sousa*

The Area and Module Coordinators are responsible for the dynamization and coordination of the curricular development and teaching in the corresponding area or

module, in order to assure the accomplishment of the educational strategies and pedagogical methods.

The present coordinators are listed in Tables I-a, I-b and I-c.

Table 1.a — Area and Module Coordinators of Phase I

Curricular Area Module	Coordinator	Status
Introduction to the Degree Programme	JOAQUIM PINTO MACHADO	Full Professor (ECS, UM)
The Human Being, Health and Illness	JOAQUIM PINTO MACHADO	Full Professor (ECS, UM)
Pedagogical Introduction	Cecília Leão	Full Professor (ECS, UM)
Antropological Introduction	Rui Mota Cardoso	Full Professor (FM, UP)
Molecules and Cells	CECÍLIA LEÃO	Full Professor (ECS, UM)
From Molecules to Cellular Bioenergetics	Isabel Palmeirim	Assistant Professor (ECS, UM)
Molecular Genetics Foundations	Fernando Rodrigues	Assistant Professor (ECS, UM)
Cells and Cellular Proliferation	Paula Ludovico	Assistant Professor (ECS, UM)
Organic and Functional Systems	MARIA AMÉLIA FERREIRA	Full Professor (FM, UP)
Gen. Introd. Musculoskeletal System and Skin	Nuno Sousa	Assistant Professor (ECS, UM)
Digestive System	Jorge Correia Pinto	Assistant Professor (ECS, UM)
Circulatory and Respiratory Systems	Jorge Correia Pinto	Assistant Professor (ECS, UM)
Urinary System	Patrícia Maciel	Assistant Professor (ECS, UM)
Reproductive System and Development, Postnatal Growth and Ageing	Armando Almeida	Assistant Professor (ECS, UM)
Nervous System	Nuno Sousa	Assistant Professor (ECS, UM)
Endocrine System	Joana Palha	Assistant Professor (ECS, UM)
Synopsis of SOFs	Maria Amélia Ferreira	Full Professor (FM, UP)
First Aid	FERNANDO RODRIGUES	Assistant Professor (ECS, UM)
Optional Project - I	ISABEL PALMEIRIM	Assistant Professor (ECS, UM)
Optional Project - II	ARMANDO ALMEIDA	Assistant Professor (ECS, UM)
Training in a Health Centre	JOAQUIM PINTO MACHADO	Full Professor (ECS, UM)
Family, Society and Health	JOAQUIM PINTO MACHADO	Full Professor (ECS, UM)
Family and Health	Teresa McIntyre	Associate Professor (IEP, UM)
Family Life	Teresa McIntyre	Associate Professor (IEP, UM)

Family and Society	Engrácia Leandro	Full Professor (ICS, UM)
Follow up of a Family I	JOAQUIM PINTO MACHADO	Full Professor (ECS, UM)
Vertical Themes (“To Feel the Pulse to Life”)	JOAQUIM PINTO MACHADO	Full Professor (ECS, UM)

Table 1.b — Area and Module Coordinators - Phase II

Curricular Area	Coordinator	Status
Biopathology and Introduction to Therapeutics	FERNANDO SCHMITT	Assistant Professor (FM, UP)
Biopathology and Pharmacology Foundations	Fernando Schmitt	Assistant Professor (FM, UP)
General Pathology	Fernanda Milanezi	MD, Assistant (ECS, UM)
Immunopathology	Jorge Pedrosa	Assistant Professor (ECS, UM)
Infectious Pathology	António Gil Castro	Assistant Professor (ECS, UM)
Genetic and Environmental Pathology	Rui Reis	Assistant Professor (ECS, UM)
Neoplasies	Fernando Schmitt	Assistant Professor (FM, UP)
Introduction to Clinical Medicine	NUNO SOUSA	Assistant Professor (ECS, UM)
Introduction to Community Health	CARLOS VALÉRIO	Director Comm. Health (ECS, UM)
Optional Project III	ANTÓNIO GIL CASTRO	Assistant Professor (ECS, UM)
Follow-up of a Family II	JOAQUIM PINTO MACHADO	Full Professor (ECS, UM)

Table 1.c — Area Coordinators - Phase III

Curricular Area	Coordinator	Status
Hospital Internships	Clinical Coordination Group	(a)
Health Centre Internship	Carlos Valério	Director Comm. Health (ECS, UM)
Seminars *From Clinic to Molecular Biology*	Cecília Leão	Full Professor (ECS, UM)

(a) Chaired by Prof. Joaquim Pinto Machado (Full Professor, ECS, UM)

The Clinical Coordination Group mentioned in Table 1.c has the overall responsibility to coordinate the clinical training programme (cognitive teaching in the School facilities, and skills and attitudes development in the Hospitals). Specific competences of the Group include: to define the learning objectives of Phase III; to validate the learning programmes prepared by each of the Module (Clinical System) Coordinators; to nominate the coordinators for each Clinical System; to select the clinical teaching staff, in collaboration with the University-Hospital Articulation Committees; to monitor and assess

the clinical training programmes and to make the necessary recommendations for its improvement.

The Clinical Coordination Group includes the following elements:

-*Joaquim Pinto Machado*, MD, Full Professor, ECS

-*Mário Cerqueira Gomes*, MD, Full Professor (Cardiology), ECS

-*Óscar Rolão Candeias*, MD, Director (Internal Medicine), ECS

-*Damião Lourenço da Cunha*, MD, PhD, Director (Internal Medicine, Cardiology), ECS

-*Nuno Sousa*, MD, PhD, ECS

2.2.5 Coordination of Postgraduate Programmes and Research

A Director of the postgraduate programmes on health sciences oversees the whole postgraduate activities within the School. Each post-graduation programme has its own Programme Coordinator.

The Life and Health Sciences Research Institute (ICVS) has its own governing bodies, according to the rules applying to the research units integrated in the national system of Science and Technology. The Director of the Institute liaises with the Scientific Council.

The Director of both the Postgraduate Programmes and the ICVS is Prof. *Maria Cecília Lemos Pinto Estrela Leão.* The coordinators of the different post-graduation programmes are listed in Table 2, under point 3.2.

2.2.6 The External Advisory Committee

The External Advisory Committee (EAC) includes the following external members

- *Arsélio Pato de Carvalho* (University of Coimbra)
- *Júlio Fermoso Garcia* (University of Salamanca)
- *Joseph S. Gonnella* (Thomas Jefferson University)

- *Eduardo Marçal Grilo* (Calouste Gulbenkian Foundation)
- *Miguel Leão* (North Regional Council of *Ordem dos Médicos*)
- *José Avides Moreira* (North Regional Health Administration)
- *Walter Friedrich Osswald* (University of Porto)
- *Fernando Lopes da Silva* (University of Amsterdam)
- *Henry Walton* (University of Edinburgh)
- *Alistair Warren* (University of Sheffield)
- *Jean Claude Yernault* (Université Libre de Bruxelles)

The Rector and the Dean are also formal members of the Committee.

The external members have designated Prof. *Fernando Lopes da Silva* as the EAC Coordinator.

The EAC visited the School on the period of 6-8 February 2003. The report from the visit is fully transcribed next:

"1. Committee Members Present

Professor Joseph Gonnella
Professor Fernando Lopes da Silva
Professor Eduardo Marçal Grilo
Professor Walter Osswald
Professor Arsélio Pato de Carvalho
Professor Henry Walton
Dr Alistair Warren

In attendance:

Dr. Ângelo Azenha (North Regional Council of Ordem dos Médicos)
Mr. Serafim Rebelo (North Regional Health Administration)

Absence due to illness:

Professor Jean Claude Yermault

2. Introduction

Prior to meeting in Braga, the EAC had received the *Annual Reports* (2002) of (i) the *Medical Degree Course* and of (ii) the *School of Health Sciences*, both by e-mail and as documents. In addition, (iii) the *Annual Report (2002) of the Life and Health Sciences Research Institute* was handed out at the meeting. The three *Reports* made evident that the recommendations of the EAC set out in its April 2002 *Report* had been fully considered by the Medical Faculty of Minho. The School had been

given similarly careful attention to the series of questions set out by the EAC at the beginning of January 2003 (Appendix I)

At its introductory meeting the EAC reviewed the three *Reports* received. The EAC wishes to express appreciation of the detailed, comprehensive, and exceedingly informative account of progress during the past year, and the very clear indications of the prospects for the next years. The EAC shares the concerns of the School about obstacles to progress, and delays in implementation, to some extent a consequence of political changes in the year 2002, referred to in Section 8 below.

The *Reports* provided an invaluable basis for the ensuing intensive dialogue between the EAC and the representatives of the School. The EAC began its work by formulating the main issues it sought to have addressed, first at its meeting the Minho Steering Committee, next with the Coordinators of curricular areas, and later on with the Medical Education Unit. These questions concern: the Medical Curriculum,; Selection Procedures for Students and for Staff Members; Management of the School (governance); Relations with the Hospitals and Health Organizations (including new buildings); and Issues regarding Research, considered separately.

1. Medical Curriculum:

The EAC noted that the School viewed critically the larger courses of the First Year, with timetables crowded, and the assessment programme excessive. The EAC concurred with this adverse view. From the discussion it became clear that the School had already taken the criticism into account, and had changed the curriculum and assessment system accordingly. The EAC commended the School on making these timely corrections to the curriculum.

The EAC suggested consideration of a dual system of examinations for students on the brink of failing, and also for Honours students, in order to minimize the chance of assessment error.

The ECA strongly approved the plans for the Biopathology module for the Third Year: interdisciplinary, and the subjects integrated (horizontally across the sciences, and vertically to connect the basic sciences with the clinical subjects).

> **The EAC recommends that the School should strengthen: social and psychological subjects; statistics; and practical laboratory skills, including work with radioactive materials.**

The EAC was most favourably impressed by the very positive accounts given – by both staff and students - of the Option Projects, successfully implemented, obviously educationally beneficial, and valued by students as well as the providers of projects.

> ***An extension of this elective form of teaching is recommended, the intention welcomed to provide a second short and a third long Clinical Option (elective).***

Regarding general curricular issues, the EAC made the following recommendation:

> ***The School should avoid giving undue weight to acquisition of factual knowledge and overloading the timetable with exams, giving more emphasis to acquisition of skills and professional and personal development.***

2. Medical Students:

The meeting of the EAC with the student representatives from the First and Second Years was most informative and exceptionally interesting. The EAC was highly impressed by the quality of the students, their strong motivation, their strong loyalty to and appreciation of their teachers, and their robust identification with the philosophy orienting the medical course. The students were emphatic that, in choosing Minho for their medical studies, their expectations had been very well met, as the following comments illustrate:

> "O.K. – this is where I want to be."

"That teachers care about us make us enjoy all the more what they say to us."

"By chance I ended up here – now Braga would be my first choice."

"The clinical cases turn the learning into more than learning."

"For the first time in my life a teacher came to me and said: 'I missed you during the vacation'" (feigns shock).

"I've got no times for hobbies, but I'm getting used to it" (big smile).

The students repeatedly conveyed their satisfaction, indeed surprise, that their teachers were always encouraging, collegial in their approach, and generous with their time. The highest praise was expressed of the quality of their teaching.

Although almost all the students intend in the future to have a medical and not a research career, many expressed interested in doing research in addition to clinical practice, and on that account welcomed the possibility of a MD/PhD programme.

The possibility of instituting a MD/PhD programme should be considered by the School.

The ECA is encouraged that longitudinal research will commence to follow the educational progress of each student. As in any social science research, use of appropriate methods ensure students that their privacy will always be respected, information always provided only as group data. Records of each student will be identifiable only by researchers through a confidential name-number index.

The assessment and questionnaire responses obtained from students should be part of a data base with respect to the longitudinal educational development of each student.

The EAC valued highly the information that the students are organizing themselves in an Association, and have begun to issue a *Newsletter*.

3. Selection Procedures:

The EAC was pleased to hear that the selection procedure for appointment of new staff members (four full professors and nine assistant professors) is taking place in open competition, quality of both teaching and research being the primary criteria of the selection.

The EAC recommended that the same strict procedure should be applied in the selection of clinical teaching staff.

The EAC reiterated its recommendation that the School should challenge the official Portuguese ruling disallowing the Minho medical school from conducting a procedure for selection of entrants, to be in keeping with the innovative programme of the school. The Minho School of Health Sciences cannot admit entrants only on the basis of cognitive criteria, but must select for non-intellectual attributes as well, such motivation for self-study, and communicative and humanitarian qualities.

The EAC recommends that the Educational Unit carries out longitudinal educational research on all entrants, to determine the attributes conducive to academic attainment as a medical student, and subsequent career achievement as a practicing doctor.

4. Management of the School:

The EAC enquired about the number of committees responsible for administration of the different aspects of the School activities. However, it became clear that system works satisfactorily, not seen as burden by the participants. The governance model of the School was analyzed in detail and considered adequate, taking into consideration the phase of development of the School. (The *Curriculum Committee* is not executive, but rather a curriculum management committee, and the number of student representatives therefore appropriate.) The EAC is convinced that the management bodies of the School show a high degree of leadership and responsibility in

constantly seeking to improve the curriculum, and to meet the challenge ahead of the clinical phase of teaching.

Regarding criteria for appointment to posts with special responsibilities for the top management of the School, the EAC recommended that these criteria should be the specific qualities and abilities needed for each such post.

5. Relations of the Medical School with Hospitals and Health Services:

The EAC regretted to hear that, due to economic reasons, there are delays in the building of the Hospital. To compensate for delays, administratively complicated arrangements are being made for contracts with neighbourhood hospitals and health centres. This multi-centre approach, to different Hospitals and Health Centres, is an acceptable alternative provided that the School can select and train the medical teachers who collaborate in the teaching programme.

The EAC emphasized a high priority be given for ensuring the smooth transition between the pre-clinical and clinical phases of the curriculum. This interface may give rise to problems avoidable only if key clinical staff are rapidly recruited soon, and receives proper guidance from the teaching staff members already in post. The EAC is confident that the management is well prepared to ensure necessary liaison between existing and awaited staff.

The EAC recommends that the School should promote the implementation of an accreditation scheme for the Hospitals and Health Centres now being designated.

6. Research:

The EAC was positively impressed with the new laboratory facilities and with the research work that is already taking place at the School. Although the reporting about scientific activities was open to question in some respects, the EAC views the research now in progress as a very good start. However, the EAC is not the body best equipped to undertake detailed assessments of research activities, and is reassured that a specialized Committee will be appointed for this purpose.

It is recommended that this new committee be invited to give advice about prioritization of current research, strategic developments for future research, a policy for funding, and research sabbaticals for staff. Additionally the promising plans for collaboration with hospital-based disciplines should be considered further.

The EAC strongly supports the view that a combined programme of teaching and research is indispensable for the realization of the medical degree course. Although some staff members noted that time for research was sometimes under pressure, due to the priority that had to be given to starting new teaching programmes, in general the majority considered a satisfactory balance between time for research (about 50 %) and for teaching had been reached.

The EAC regretted deeply the obstacle to the formal constitution of the Life and Health Sciences Research Institute, resulting from delay in the process of accreditation of the Institute by the FCT.

The EAC recommends that the School management should give the highest priority to obtaining formal recognition, not only to obtain due recognition for the School, but also to provide the School with the financial basic support from the FCT (see below).

7. Finances:

The financial prospects of the School are a matter of great concern for the management. The EAC fully shares this concern. The School has a unique and innovative teaching programme, potentially a case study in educational reform with national implications, and certainly should receive special funds from the corresponding governmental agencies.

The EAC recommends that the University should set up and staff a Medical School Fundraising Committee, to target alumni, philanthropists, governmental and private foundations, and industry.

8. External Forces Obstructing Progress

The EAC expresses its concern that delays caused by external forces are obstructing the progress in the development of the Medical School programme. These delays, the responsibility of bodies outside the Medical School, are seriously impeding implementation of the curriculum as planned. Although some of these issues were mentioned above, the EAC wishes to emphasize their importance:

1. Urgent decision is necessary by the Foundation of Science and Technology of the proposals submitted in 2002 for the regular financing of ICVS as a research unit, and for the financing the research laboratories.

2. Approval and authorization is overdue by the Ministry of Education to call for tenders for the construction of new medical school buildings, plans of which were sent in March 2002: the Minister has declared this project a priority.

3. Authorization is urgently awaited for the construction of the new Hospital in Braga, which requires to equipped with the necessary teaching facilities and capacity.

4. Formal contracts must establish relations with honorary Clinical Teachers in the Health Services, and ensure the availability of district hospitals and health centres.

5. Although not current in Portugal, admissions procedures for students, and procedures for appointment of teaching staff appropriate to an innovatory medical school, must be actively explored.

The actions taken by the School in connection with the EAC recommendations are detailed in point 5.2.

2.3 Articulation with the National Health System

The strategy concerning the articulation with the health services is being developed on the following lines and different levels:

? Within the legal framework concerning the articulation between the Medical Faculties and the Health Services, a legal document (*Portaria* 36/2002) establishes that the School of Health Sciences is institutionally articulated, under the terms established by law, with *Hospital de São Marcos* - Braga, *Hospital da Senhora da Oliveira* – Guimarães, other Hospitals in the Northern Region subject to the establishment of a protocol, and with Health Centres in the Northern and Central Regions under the scope of protocols to be signed with the Regional Health Administration authorities.

? A protocol with the Regional Health Administration – North, endorsed in January 2002, sets an innovative scheme for the cooperation between the

School and the Health Centre close to the Campus (*Unidade de Saúde de Gualtar*). It establishes that the allocation of medical doctors to the Centre will take into consideration the specificities of the required profile, due to the double function to be fulfilled (health care and medical education).

The Government has recently produced new legislation concerning the Health Centres, which may allow for a greater specificity for the *Unidade de Saúde de Gualtar*, viz. its integration, by contract, in the School of Health Sciences. A proposal is already under discussion with the Health Regional Administration and contacts are proceeding well.

? Frequent contacts have been established with Hospitals in the Region and all the necessary cooperation has been readily available. A formal protocol was signed with *Hospital de Viana do Castelo* (in the northern part of Minho, 50 Km from Braga).

? The cooperation with the key Hospitals of *São Marcos* – Braga and *Senhora da Oliveira* – Guimarães has been increasing, as a stronger involvement of health professionals in the degree programme takes place. Formal protocols were agreed with both Hospitals and were signed on the 26 of November 2003, in a public session which provided a good opportunity to present to a wide audience the policies concerning the interaction of ECS with the health units in the region and contributed to a greater visibility of the medical degree programme, with a good press coverage.

? The cooperation with Sub-Região de Saúde de Braga and the Health Centres under its umbrella is progressing very well both in what concerns: (i) the practical training (*estágio*) of students in the health units; (ii) the preparation and implementation of the curricular area *Attaching of a Student to a Family*, which attracted a great enthusiasm from the cooperating medical doctors; and (iii) the preparation of the clinical area *Residence in a Health Centre* to start next academic year.

? At a more political level, the Ministry of Health has introduced important changes in the administration of Hospitals, in a movement towards the privatization of their management. There is some concern in all Faculties of Medicine regarding the statute and financing of the University Hospitals. The Government recognizes the specific profile of such Hospitals and is producing

legislation to define and safeguard their statute. The Medical Faculties (the five established ones and the new Schools in Minho and Beira Interior) are jointly following this process, in articulation with the *Grupo de Missão para a Saúde* established by Resolution 140/98 of the Council of Ministers. The Minister of Health called two meetings with representatives from all the Medical Faculties (on the 3rd and 16th of December) and has shown receptivity to the suggestions received. The ECS produced a statement on the draft decree distributed by the Minister, which is included as an appendix to this report.

? A joint effort of the Ministries of Health and of Science and Higher Education was launched in articulation with *Grupo de Missão* to redefine the structure of the 6th year of he Medical Curriculum as a Certification Year. A broad consense of all Medical Schools was achieved and a proposal was advanced with the agreement of the National Medical Students Association.

? The Ministry of Health took also the initiative of producing a draft for a legal document concerning the postgraduate training of medical doctors. Unfortunately, according to the draft the Schools of Medicine continue to be left out of the process. The School of Health Sciences has presented to the Ministry a document with comments on the draft, which is included as appendix. We are following this process closely and still hope that a better continuum can be achieved in the transition from undergraduate to postgraduate training.

2.3.1 University-Hospital Articulation

Under the scope of the protocols with the Hospitals that are institutionally articulated with the School, a School-Hospital Articulation Committee (*Comissão Mista Permanente*) is established with each of the Hospitals, including two members from the School and two from the Hospital, with the aim to coordinate and facilitate the cooperation between the two institutions.

Two of the committees were nominated recently, with the following composition, and a first joint meeting of these committees did already take place.

Articulation Committee	Members From ECS	Members from the Hospital
ECS – Hospital de São Marcos	*Joaquim Pinto Machado* MD, PhD, Course Director	*Américo dos Santos Afonso* MD, PHD, President of Administration Council
	Nuno Sousa MD, PhD, Clinical Area Coordinator	*Maria Emília Duarte Oliveira* MD, Clinical Director
ECS – Hospital Senhora da Oliveira	*Joaquim Pinto Machado* MD, PhD Course Director	*Fausto Manuel V. Santos Fernades* MD, Clinical Director
	Nuno Sousa MD, PhD, Clinical Area Coordinator	*Joaquim Manuel Araújo Barbosa* MD, by delegation of the President of the Administration Council

3. ACTIVITIES IN 2003

3.1 Medical Degree Programme

An autonomous annual report was prepared for the undergraduate programme, detailing the pedagogical activities undertaken in the academic year 2002/03, the objectives, contents, methodologies and bibliography adopted for each curricular area, the teaching teams, the assessment of students and the evaluation of the staff and of the programme. It also includes a review of the curriculum based on the experience of the first two years and the pedagogical planning for the academic year 2003/04.

It is worth mentioning that the student centred learning methodologies are leading to very good success rates, as expected. Indeed, in the academic year 2002/2003, only two first year students (4%) failed and one hundred per cent success was registered for second year students.

A strange peculiarity of the Portuguese higher education legal framework is that students can be placed in a degree programme and not attend any classes or examinations through the whole academic year, just waiting to apply for a transfer to a different university at the end of the year. In 2002/03 we had two such cases, i.e., although fifty two first year students were registered, only fifty participated in the learning activities, of whom forty eight were successful in passing to the second year, as said before.

For the year 2003/04 fifty four new students were admitted into the medical programme (fifty via the normal national competition and four relating to special admission mechanisms of conjunctural nature determined by the Ministry).

The number of undergraduate students registered is therefore of 56 in the first year, 48 in the second year and 50 in the third year, amounting to a total of 154.

Two more points deserve a special reference in this report. One relates to the essential role of the Medical Education Unit, in its treble function of supporting the pedagogical activities, training staff and students on the new learning methodologies and counselling. The Unit counts with the collaboration of a highly qualified expert on medical education and lately also with a full time academic staff member with a degree on psychology.

The second point concerns the participation of the undergraduate students in research and the definition of alternative learning paths for students who are more motivated towards research. The School would like to develop a MD/PhD optional programme, but will only consider it after the undergraduate programme is stabilised. Meanwhile, a cooperation agreement is being established with two Universities in the United States that are willing to accept a few of our best students in their MD/PhD programmes.

3.1.1 Association of Medical Students (NEMUM)

The undergraduate medical students have created a very dynamic association (NEMUM – *Núcleo de Estudantes de Medicina da Universidade do Minho*), which is carrying out an ambitious programme of activities within and outside the School. On the occasion of the formal registration of NEMUM's Statutes, last October, a public presentation of the Association gathered a wide and qualified audience from the School, the University and the society and was given a good media coverage.

NEMUM has been accepted as member of the National Association of Medical Students (ANEM), which acts as a federation of the medical students' associations in the country and is affiliated with the International Association of Medical Students Associations (IFMSA). With the collaboration of the School, NEMUM hosted the last ANEM's General Assembly that took place in Braga on 19-21st of December.

Last year NEMUM has organised two Scientific Assemblies, on the themes of *Playing with your Brain* and *Inside your Heart*, carried out in city's bars and opened to the entire population. Invited guests included clinicians, teachers and researchers. In the ambit of medical education, a training session about OSCE was performed at the University.

The monthly Newsletter *HAJA SAÚDE!* continued to be regularly published and a brochure addressed to the new students was produced. A poetry book *No Sótão do Pensamento* (In the Mind's Attic) was also published, including contributions from students and teachers of the medical course.

Multiple cultural, recreative and sports activities were also carried out by NEMUM, all of them with a very high participation of students.

NEMUM proclaims to be faithful to the principle that nothing *that is human is unfamiliar to the physician*. Accordingly, the Association tries to diversify its initiatives, namely the constitution of a musical group and several interventive programmes in the community, which are already making progress.

The School is proud of the capacity of initiative of its students, which deserve all kind of support.

3.2 Post-graduation

For the third consecutive year, high priority was given to the preparation and offer of post-graduation studies with a two-fold objective: (i) to contribute to a highly specialized in-service training of medical doctors under conditions compatible with their normal duties and schedules; (ii) to extend the opportunities for the acquisition of formal Master or Doctoral degrees in the field of life and health sciences.

The post-graduation programme in 2003 included six intensive international courses, listed in Table 2, targeting medical doctors as well as academic staff, researchers and health professionals. An intensive short course on laboratory safety was also organised, addressed to professionals and students who use research, teaching or hospital laboratories.

Credit units are associated with each course, on request, valid for credit accumulation pertaining to post-graduation, master and PhD programmes in the field of biology and health sciences at University of Minho.

The ICVS annual report includes detailed information on the post-graduation courses and their evaluation. It is worth mentioning that the programme was attended by 205 participants (64% medical doctors, 23% participants with a background on biological sciences, 9% from other health professions and 4% others), and the results from the questionnaire passed to all the participants showed a very high degree of satisfaction (55 % excellent, 42 % good, 3 % adequate) and many appeals were made for the School to proceed with the programme and repeat some of the courses.

Table 2 — Post-graduation Programmes in 2003

Course Title and Dates	Coordinator(s)	Invited Tutor(s)
Microsurgical Anatomy in Neurosurgery **(1st edition)** **20-21 May, 2003**	**Nuno Sousa**, ECS, UM, Braga, Portugal **Carlos Alegria**, Hospital de São Marcos, Braga, Portugal	**Albert L. Rhoton**, University of Florida USA **Antonio Cesar Mussi**, Univ. de S. Paulo, Brasil **Evandro de Oliveira**, Univ. de S. Paulo, Brasil **Sebastião Gusmão**, Univ. de Belo Horizonte, Brasil **Ugur Ture**, Marmara University, Turkey
Light Microscopy and Analysis **(2nd edition)** **26-30 May, 2003**	**Filipe Sansonetty**, ECS, UM, Braga, Portugal **Armando Almeida**, ECS, UM, Braga, Portugal	**Peter Evennett**, Univ. of Leeds, United Kingdom **Paul Robinson**, Purdue University, West Lafayette, USA
Cell and Tissue Culture Techniques **(1stedition)** **25-27 July 2003**	**Filipe Sansonetty**, ECS, UM, Portugal **Nuno Sousa**, ECS, UM, Braga, Portugal	**Martie Verschuren**, Nova Knowledge, Breda, The Netherlands **Begoña Criado**, Instituto Politécnico de Saúde do Norte, V.N. Famalicão, Portugal **Margarida Quinta e Costa**, Escola Superior de Educação de Paula Frassinetti, Porto, Portugal

Cytometry: Applications in cellular biology and medicine **(3rd edition)** **28 July – 1 August, 2003**	**Filipe Sansonetty**, ECS, UM, Braga, Portugal **Paula Ludovico**, ECS, UM, Braga, Portugal	**Paul Robinson**, Purdue University, West Lafayette, USA **Gerald Gregori**, Purdue University, West Lafayette, USA **Chris Hewitt**, University of Birmingham, Birmingham, UK **David Hedley**, University of Toronto, Toronto, Canada **Olga Lage**, The European Commission, Brussels, Belgium **Jordi Petriz**, University of Barcelona, Barcelona, Spain **Alberto Orfão**, University of Salamanca, Salamanca, Spain **Jorge Candeias**, Hospital S. João, Porto, Portugal **Enrique O´Connor**, University of Valencia, Valencia, Spain **Florencio Carretero**, Izasa, Barcelona, Spain **Bruno Garganta**, Izasa, Porto, Portugal **Alexandre Salvador**, Enzifarma, Porto, Portugal **Maria José Gonçalves**, ISCS-N, Paredes, Portugal **Manuela Côrte-Real**, UM, Braga, Portugal **Cidália Pina-Vaz**, Universidade do Porto, Portugal

Table 2 — Post-graduation Programmes in 2003 (Cont.)

Course Title and Dates	Coordinator(s)	Invited Tutor(s)
Paediatric Cardiovascular and Pulmonary Histology **(1st edition)** **1-4 October, 2003**	**Jorge Correia-Pinto**, ECS, UM, Braga, Portugal **Maria João Baptista**, ECS, UM, Braga, Portugal	**Adelino Leite-Moreira**, FM, UP, Portugal **António Vieira**, Hospital S. João, Porto, Portugal **Augusto Ribeiro**, Hospital S. João, Porto, Portugal **Carla Sá Couto**, FEUP, Porto, Portugal **Dick Tibboel**, Erasmus University, Rotterdam **Fátima Clemente**, Hospital S. João, Porto, Portugal **Fernando Schmitt**, IPATIMUP, Porto, Portugal **Goreti Silva**, Hospital S. João, Porto, Portugal **Hercília Guimarães**, Hospital S. João, Porto, Portugal **Isabel Palmeirim**, ECS, UM, Braga, Portugal **Isabel Ribeiro**, ECS, UM, Braga, Portugal **João Primo**, Centro Hospitalar VNG, Vila Nova de Gaia, Portugal **José Carlos Areias**, Hospital S. João, Porto, Portugal **Maria Ana Sampaio**, Hospital Cruz Vermelha, Lisboa, Portugal **Rui Anjos**, Hospital Santa Cruz, Lisboa, Portugal **Sónia Magalhães**, ECS, UM, Braga, Portugal
Segurança Laboratorial: Biológica, Química e Radiológica **(1st edition)** **29-31 October, 2003**	**Joana Palha**, ECS, UM, Braga, Portugal **Jorge Pedrosa**, ECS, UM, Braga, Portugal	**João Paulo Sousa**, Academia Militar, Portugal **Augusto Oliveira**, Instituto Tecnológico e Nuclear, Portugal **Fernando Carvalho**, Instituto Tecnológico e Nuclear, Portugal **Maria Berta Martins**, Instituto Tecnológico e Nuclear, Portugal **Romão Trindade**, Instituto Tecnológico e Nuclear, Portugal **Rosa Leitão**, Quimitécnica Ambiente, Portugal **Alfredo Magalhães**, SUCH, Portugal **Alberto Sérgio Miguel**, ENG, UM, Braga Portugal **Joana Palha**, ECS, UM, Braga, Portugal **João Ferreira**, EC, UM, Braga, Portugal **Jorge Pedrosa**, ECS, UM, Braga, Portugal **Magda Carlos**, ECS, UM, Braga, Portugal **Nelson Lima**, IEC, UM, Braga, Portugal

Table 2 — Post-graduation Programmes in 2003 (Cont.)

Course Title and Dates	Coordinator(s)	Invited Tutor(s)
Lung Cancer: Advances in Molecular Diagnosis and Treatment **(1st edition)** **5-6 December, 2003**	**Filipe Sansonetty**, ICVS-ECS, UM, Braga, Portugal **João Cunha**, Hospital de São Marcos, Braga, Portugal	**Agostinho Costa,** Hospital Pulido Valente, Lisboa, Portugal **Bárbara Parente**, Centro Hospitalar de VNG, Vila Nova de Gaia, Portugal **Bartomeu Massutí Sureda**, Hospital General Universitario Alicante, Alicante, Spain **Bauke Ylstra,** University Medical Center**,** Amsterdam, Netherlands **Encarnação Teixeira**, Hospital de Santa Maria, Lisboa, Portugal **Fernando Barata**, Centro Hospitalar de Coimbra**,** Coimbra, Portugal **Fernando Schmitt,** IPATIMUP, Porto, Portugal **Guenter Valet**, Max-Planck-Institut für Biochemie, Martinsried, Germany **Henrique Queiroga**, Hospital de S. João, Porto, Portugal **Jan van Meerbeeck**, Ghent University Hospital, Ghent, Belgium **José Luis Ramírez**, Hospital Germans Trias i Pujol, Barcelona, Spain

3.3 Research

The research activities are organised and carried out at the ICVS, which acts as a fully incorporated research structure within the School. A detailed report of the activities of ICVS is available separately, but some essential points deserve a reference here.

As mentioned in a former report, the financing of new research units by FCT has been postponed for some time. Two main proposals were formally submitted to FCT, in early 2002, for the financing of ICVS, concerning: (i) the regular financing (basal and programmatical) of ICVS as a research unit integrated in the national system of science and technology; (ii) the financing of equipment for the research laboratories, aiming at the establishment of an infrastructure of *Shared Instruments Facilities* in partnership with related areas in Biology, Physics, Bioengineering and Biotechnology.

Regarding the first proposal, the FCT panel of experts visited ICVS only on the 10th of December 2003. The oral assessment presented by the panel was very positive and supportive of the programmatic funding needed for laboratory equipment. The decision by FCT on the formal acceptance of ICVS and the allocation of funding should be taken very

soon. We know, however, that the total amount of money for the programmatic funding of research units is dramatically low. Meanwhile and due to the big delay registered in this process, FCT was very supportive in two ways: (i) part of the basal financing due to ICVS was advanced (thirty thousand Euros); (ii) a total of 36 fellowships were awarded to the School, for a period of three years [12 for young researchers (6 in 2003 and 6 in 2004), 18 for PhD students (4 in 2003, 5 in 2004 and 9 in 2005) and 6 post-doc (in 2005)].

As for the second proposal, there is still no indication from FCT on the probable timetable concerning their programme for the research financing of infrastructures. As a consequence, the School has proposed a special contract to the Ministry of Science and Higher Education for the infrastructural financing of ICVS, involving a total amount of 4.2 million Euros spread in the period 2004-2007, with a 20% copartnership from the School, in order to complement the contract signed in 2000 (as was then foreseen).

In spite of the above mentioned difficulties, the School continued its efforts to allocate as much of its resources as possible to the reinforcement of laboratories and the support of research projects. It was therefore possible not only to keep all members of the academic staff active in research, including part-time staff, but also to attract a meaningful number of research students into the research projects. In this way, although the School of Health Sciences has at present on its pay roll only a number of 45 faculty members (24,6 FTE), 76 researchers are actively involved in the ICVS activities [18 PhD researchers (13 PhD faculty members of ECS, 3 post-docs and 2 external invited researchers); 58 Post-graduation students (22 PhD students, 7 Master students, 9 Assistants and 6 Monitors at ECS, and 14 research scholarships)], supported by 18 members of the non-academic staff (8 in administration, 8 in the laboratories and 2 in the Medical Education Unit) shared with the School.

A great effort was made to prepare additional laboratories, fully operational and function-oriented, in parallel with an internal network of shared facilities intended to support, in a multidisciplinary way, the different research groups of ICVS. The most significant additions concern the *Biological Resources Centre and Animal House*, recently accredited as biosafety level 3.

Although the work load on the academic staff is still very high, due to the planning and setting-up of the undergraduate programme, the post graduation programmes and the new laboratories facilities, the results from the scientific work are already meaningful. In 2003, the international publications from ICVS included 36 papers, 3 book chapters and 38 abstracts in Congresses, together with one paper, one book chapter and

23 abstracts in national publications. Two Master and 10 undergraduate theses were concluded and 18 PhD theses and 2 Master theses were under progress. Five scientific research prizes were awarded to researchers of the ICVS.

3.4 Human Resources

Academic Staff

As already stated in former reports, the School is paying careful attention to the recruitment of academic staff. The number of potential candidates with relevant scientific qualifications is high and keeps growing, but it is necessary to be aware that scientists/professors used to more traditional ways must be integrated into the innovative conditions of the medical degree programme at University of Minho.

So, it is important to make sure that the selected candidates understand well how the project is expected to develop and accept its specificities, namely in what concerns five essential aspects: (i) the perspective of the programme, as a project to be constructed and developed in a participated way within the School; (ii) the student-centred learning process, in which the traditional formal lecturing looses most of its significance; (iii) the horizontal integration of the curricular contents and the modular organisation of the curriculum, meaning that the coordination competences traditionally associated with individual subjects are transferred to the coordinators of the curricular areas and modules; (iv) the role of the Medical Education Unit, in terms of support, coordination and monitoring in connection with the pursuit of the educational objectives; (v) the role of research, as a crucial element for a research-based learning process, and the submission of the research projects to the strategic guidelines and priority areas defined for the Research Institute.

In quantitative terms, there are severe administrative limitations imposed by the Government on the maximum number of FTE teaching staff that can be hired, as a function of the number of students enrolled (ratio 1:6). During the installation period, special provisions were negotiated aiming at recruiting the necessary staff one year in advance regarding student enrolment. Thus, the standard number of FTE for the current academic year is 33 and must already include the teaching staff for the fourth curricular year. Considering the admission of 50 new students next September, the maximum number of FTE for 2004/2005 will be 41.

At present the School has a faculty of 45 members (24,6 FTE) and counts also with 4 regular collaborators from University of Porto (1.0 FTE), 4 other regular collaborators (1.2 FTE) and many occasional collaborators. The full composition of the regular teaching staff is listed in Table 3, together with their qualifications, rank and scientific area (for a matter of precision, the rank is indicated in Portuguese).

In terms of the faculty profile, it is interesting to notice that 77% (41 out of 53) of the regular staff members and collaborators are MDs. Regarding academic qualifications, 15 staff members and 6 collaborators have a doctoral degree.

Table 3 — Academic Staff

Name	Qualifications	*Categoria* (Rank)	Research	Area
Joaquim G. Pinto Machado C. Silva	MD, PhD, *Agregação*	*Prof. Catedrático Emeritus*		CSH,SC, C
Maria Cecília L.P. Estrela Leão	PhD, *Agregação*	*Prof. Catedrático* Exc.	Infectious Diseases	MC
Armando A.N. Pinto de Almeida	PhD	*Prof. Auxiliar Exc.*	Neurosciences	SOF
Fernando J. dos Santos Rodrigues	MD, PhD	*Prof. Auxiliar Exc.*	Infectious Diseases	MC
Isabel M.M.M. Palmeirim A. Esteves	MD, PHD	*Prof. Auxiliar Exc.*	Development and Neoplasia	MC
Joana Almeida S. Pacheco Palha	PhD	*Prof. Auxiliar Exc.*	Neurosciences	SOF
Jorge Manuel Rolo Pedrosa	PhD	*Prof. Auxiliar Exc.*	Infectious Diseases	BP
Nuno Jorge Carvalho de Sousa	MD, PhD	*Prof. Auxiliar*	Neurosciences	SOF, C
António Gil Pereira de Castro	PhD	*Prof. Auxiliar Conv. Exc.*	Infectious Diseases	BP
Maria de Fátima M. Baltazar	PhD	*Prof. Auxiliar Conv. Exc.*	Development and Neoplasia	BP
Patrícia Espinheira Sá Maciel	PhD	*Prof. Auxiliar Conv. Exc.*	Neurosciences	SOF
Paula Cristina C.A.M. Ludovico	PhD	*Prof. Auxiliar Conv. Exc.*	Infectious Diseases	MC
Rui Manuel Vieira Reis	PhD	*Prof. Auxiliar Conv. Exc.*	Development and Neoplasia	BP
Manuel João T. Mendes Costa	PhD	*Prof. Auxiliar Exc (Requisitado)*		CSH
Alberto F. Sansonetty Gonçalves	MD	*Prof. Auxiliar Conv. 60%*	Development and Neoplasia	MC
Jorge Manuel Correia Pinto	MD, PhD	*Prof. Auxiliar Conv. 50%*	Development and Neoplasia	SOF
António J. M. Eugénio Sarmento	MD	*Chefe Serviço Clínica Geral (Requisição 50%)*		SC
Ana Maria Lacerda A. Horta	MD	*Assistente Conv 30%*		BP
André Filipe Couto Carvalho	MD	*Assistente Conv. 40%*	Neurosciences	SOF
António Luís Ferreira dos Santos	MD	*Assistente Conv. 40%*	Neurosciences	SOF
Carla Rolanda Rocha Gonçalves	MD	*Assistente Conv. 40%*	Development and Neoplasia	SOF
Elisabete Guimarães de Sousa	MD	*Assistente Conv. 20%*		BP
Fernando Pardal de Oliveira	MD	*Assistente Conv. 20%*		BP
Filipa Santos Costa Pinto Ribeiro	Licª Biology	*Assistente Conv. 50%*	Neurosciences	SOF
Isabel Maria S.S. Ribeiro Oliveira	MD	*Assistente Conv. 40%*	Development and Neoplasia	SOF
Luís Miguel Gonçalves Torrão	MD	*Assistente Conv. 40%*	Development and Neoplasia	SOF

Manuel José L. Costa Rodrigues	MD	*Assistente Conv. 50%*	Neurosciences	SOF
Maria Fernanda Grillo Milanezi	MD	*Assistente Conv. 40%*	Development and Neoplasia	BP
Maria João R. Leite Baptista	MD	*Assistente Conv. 40%*	Development and Neoplasia	SOF
Sónia M. Rodrigues Magalhães	MD	*Assistente Conv. 40%*	Development and Neoplasia	SOF
Vítor Manuel Varandas Moreira	MD	*Assistente Conv. 40%*	Neurosciences	SOF

Table 3 — Academic Staff (Cont.)

Name	Qualifications	*Categoria* (Rank)	Research	Area
Gustavo Filipe M. Alves Rocha	MD	*Monitor*	Development and Neoplasia	SOF
Hugo Miguel B. Almeida Tavares	MD	*Monitor*	Neurosciences	SOF
Isabel Margarida M. Mesquita	MD	*Monitor*		SOF
João Carlos Cruz Sousa	MD	*Monitor*	Neurosciences	SOF
João José F.C. Araújo Cerqueira	MD	*Monitor*	Neurosciences	SOF
João Miguel S. Bessa Peixoto	MD	*Monitor*	Neurosciences	SOF
João Paulo Soares Fernandes	MD	*Monitor*	Development and Neoplasia	SOF
José Mário Coutinho Roriz	MD	*Monitor*		SOF
José Miguel G. Moreira Pêgo	MD	*Monitor*	Neurosciences	SOF
Maria Leonor Barbosa Gonçalves	Licª Biology	*Monitor*	Neurosciences	SOF
Mário Jorge Alves Oliveira	MD	*Monitor*	Neurosciences	SOF
Pedro Alexandre L.A.G. Teixeira	MD	*Monitor*	Neurosciences	SOF
Rui Pedro da Rocha Bastos	MD	*Monitor*	Development and Neoplasia	SOF
Tiago da Silva Pinto Teixeira	MD	*Monitor*		SOF
Collaborators:				
António Megre Eugénio Sarmento	MD, PhD, *Agregação*	*Prof. Auxiliar (Colab.)*		BP
Carlos Alberto Almeida Valério	MD	*Chefe Serviço Clínica Geral (Aposentado)*		SC
Claudio H. Sunkel Cariola	MD, PhD, *Agregação*	*Colaborador*		MC
Damião Lourenço da Cunha	MD, PhD	*Chefe Serviço Cardiologia (Colab.)*		C
Fernando Carlos L. Schmitt	MD, PhD	*Colaborador*	Development and Neoplasia	BP
Maria Amélia Ferreira Duarte	MD, PhD, *Agregação*	*Prof. Catedrático (Colab.)*		SOF
Mário José Cerqueira Gomes	MD, PhD, *Agregação*	*Prof. Cat. Cardiologia (Colab.) (Jubilado - FMUP)*		C
Óscar Ferreira Rolão Candeias	MD	*Chefe Serviço Medicina Interna (Colab.)(Aposentado)*		C
Maria Teresa Alfonso Roca	PhD	*Assessoria* (colaboração)		UEM

Non-academic staff

Three new staff members were recruited, two of them with a University degree. Table 4 indicates the staff members and their qualifications, rank and allocation. The academic profile of the staff is above average when compared with other Schools (50% of the staff have a higher education degree).

Table 4 — Non-academic Staff

Name	Qualifications	*Categoria* (Rank)	Service
José Carlos F. Henriques	*Licenciatura*	*Assessor Principal*	Head Office
Paula C.F. Gomes Pereira	*Licenciatura*	*Técnico Superior Administrativo*	Human Resources
Ana Cristina M.R. Taboada	*Licenciatura*	*Técnico Superior Laboratório*	Laboratories
Ana Paula Salgueira Rodrigues	*Licenciatura*	*Técnico Superior (Psicologia)*	UEM
Magda João C. Carlos	*Licenciatura*	*Técnico Superior Laboratório*	Laboratories
Cláudia M. Borges Barreira	*Licenciatura*	*Técnico Superior Administrativo*	Secretariat/PG & Research
Lucília G. Ribeiro Pinto	*Licenciatura*	*Técnico de Diagnóstico e Terapêutica*	Laboratories
Maria Paulina D.M. Santos	*Licenciatura*	*Técnico Superior Administrativo*	Secretariat/Research
Jorge Manuel S.G. Freitas	Bachelor	*Especialista de Informática Estagiário*	UEM
Domingos Ferreira Dias	Secondary Education	*Técnico de Informática Adjunto*	Laboratories
Olga Maria S. Miranda Abreu	Secondary Education	*Assistente Administrativo*	Secretariat
Helena Maria A. Nascimento	Secondary Education	*Assistente Administrativo*	Secretariat
Catarina N. Sousa Freitas	Secondary Education	*Assistente Administrativo*	Secretariat
Isabel Maria V. Barbosa	Secondary Education	*Assistente Administrativo*	Secretariat
Susana Isabel Vaz Santos	Secondary Education	*Auxiliar Técnico*	Laboratories
João Filipe A. Malheiro	Basic Education	*Auxiliar Técnico*	Laboratories
Jorge Manuel S.G. Paula	Basic Education	*Auxiliar Administrativo*	Laboratories
Maria Celina F. Barros	Basic Education	*Auxiliar de Manutenção*	Laboratories

Staff development

The training of the staff is essential to the integration of new members and to the normal development of the project.

The Medical Education Unit has organized four new training activities in 2003, regarding the learning methodologies. School members and some collaborators from other Schools have participated in those activities (the students were also specifically trained to adapt to the learning methodologies).

Regarding staff development, the School has a total of 13 places for tenure positions available (4 places for Full Professors and 9 places for Associate Professors - the rank of Assistant Professor is not a tenure position). There are, therefore, conditions for the promotion of staff members with high standard CVs. Competition on three places for Associate Professor will be opened very soon, following a proposal already submitted to the Rector by the Scientific Council.

The integration of staff in the national and international scientific community is also important. In 2003 a total of 25 leaves of absence to travel abroad, comprehending 382 days of absence, were provided to 21 staff members, including financial support.

3.5 Infrastructures

The infrastructures for the School activities continued to be developed in three concomitant lines: the process for the construction of the new buildings, the provisional academic area and the provisional laboratory spaces.

After one year of delay, the Ministry for Science and Higher Education finally gave approval, in February 2003, to the plans for the new buildings, and authorised the call for tenders, although imposing special administrative conditions for the animal experimentation facilities which implied a rearrangement of plans and a further delay of about three months. The call for tenders was launched in May and the tenders become available in October. The complex and heavily burocratic process of selection is now under way and it is highly probable that the constructions can start at the end of the current semester, to be finished in 2006.

As the provisional spaces will have to hold for at least two more years, additional space was found to expand both the academic and research areas and detailed contingency planning was made to allow for the operation of the full programme (six curricular years), keeping the *numerus clausus* at 50 places.

For the current academic year, there was an expansion of the academic area (2 extra tutorial rooms fully equipped) and a very significant expansion in the areas for laboratory facilities, administration and clinical seminars. Once again, the University of Minho made a big financial effort to prepare the installations, without support from the Ministry.

A brief account of the provisional facilities is presented next.

Pedagogic Complex II

In the Pedagogic Complex II of the Gualtar Campus, a growing part of the third floor is occupied by the Health Sciences School. This area, with a floor space of about 1 250 m^2, comprises six self-learning and tutorial classrooms (**1**), seminar rooms (**2**), the

medical education unit (**3**) and three large rooms for the use of the teaching staff (**4**), in a collective "open-space" concept.

Provisional Health Sciences School Facilities

Gualtar Campus

Pedagogic Complex II

All the administrative offices and facilities that were located in this area were transferred to the new spaces in the laboratory facilities (upper floor), in order to avoid the splitting of the teaching staff rooms into two different buildings.

Each of the six tutorial classrooms presently available has a capacity for 26 students, with one computer per student connected to the Internet and the Intranet. Each classroom is also equipped with a multimedia projection system, three worktables to accommodate groups of up to nine students and one bookcase per group where the pedagogical materials for the academic year are permanently available.

Laboratory facilities

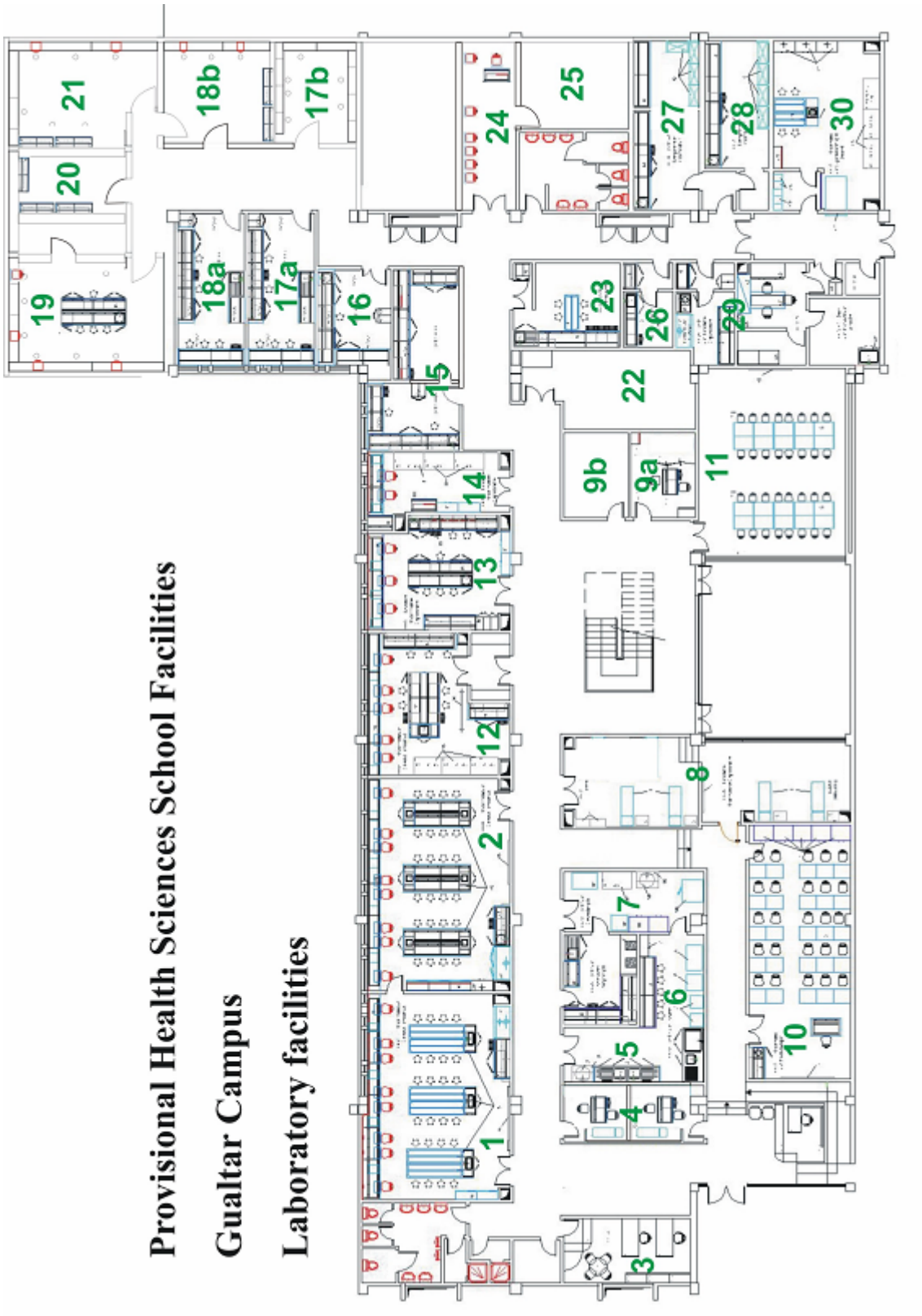
The laboratory facilities of the ECS/ICVS occupy an area of 1 750m^2 and are located about 100 meters from the classrooms of Pedagogic Complex II. The School will use these facilities for a few years (before and during the construction of the Medical School Building). In the future they will be used as a Post-graduation Centre, servicing several Schools of the University.

The laboratory facilities are divided in two different areas: the academic area and the area dedicated to research and postgraduate activities.

Academic area

The academic area comprises five distinct laboratories and two rooms for training of clinical skills, as well as central support facilities. Based on the concept of the integrated learning system, the five distinct laboratorial areas are: Anatomy (**1**), Biochemistry and Molecular Biology (**2**), Physiology (**8**), Histology and Cytology (**10**) and Biopathology (**11**), with an accommodation for 26 students each. The area for clinical skills training comprises a room for clinical simulation (**3**) and medical consultation offices (**4**).

The central support facilities include a decontamination and material cleaning room (**5**), a sterilization room (**7**), and a room for stock reagents and preparation of solutions (**6**). All the rooms and the corridors of the academic area provide access to Internet and Intranet using cable/wireless network and all teaching laboratories include a multimedia projection system.


Provisional Health Sciences School Facilities
Gualtar Campus
Laboratory facilities
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Area for research, postgraduate studies and specialised services

The medical students may have access to the research area to perform specific techniques or to carry on the "Optional Project" under the supervision of the project instructor.

The area for research and postgraduate studies is organised into different, functionally specific laboratories. This network of shared facilities was established to support, in a multidisciplinary way, the different research groups and concern the following areas: Immunology (**12**), Molecular Biology (**13**), Tissue and Cell Culture (**14**), Immunochemistry (**15**), Histology an Tissue Processing (**17a** and **17b**), Development Studies (**18a** and **18b**), biosafety level two Molecular Microbiology (**19**) and Microscopy (**20**). Both researchers and postgraduate students of the Life and Health Sciences Research Institute share these laboratories. Each research group has a 'home base' in the laboratory most closely related to its specialisation.

Furthermore, there are four offices and several support rooms: a technicians' office (**16**), an informatics office (**24**), a room for postgraduation students (**9a**), a room for medical students (**9b**), a room for computer terminals (**21**), a centrifuge and ultra freezer room (**22**), an anatomy cadaver preparation room (**23**), a storage room (**25**), a dark room (**26**), a 4º C temperature controlled room (**27**), and an area for animal experimentation. This animal facility has presently a capacity for 1 000 mice and 300 rats and is divided into three distinct areas: an external quarantine (**28**), a biosafety level three negative pressure area for animal models of infection (**30**) and a positive pressure clean area (**29**) which includes rooms for surgery in animal models as well as for animal models of behaviour studies.

Administration and clinical facilities

Due to the delay in the construction of the new buildings, the University of Minho approved an expansion of the ECS/ICVS facilities, occupying an area of 500 m^2 in the upper floor of the laboratory facilities.

The administrative headquarters, including the secretariat (**1**), the Direction board offices (**6**) and the Scientific Council boardroom (**2**) were transferred from the Pedagogic Complex II to this new area.

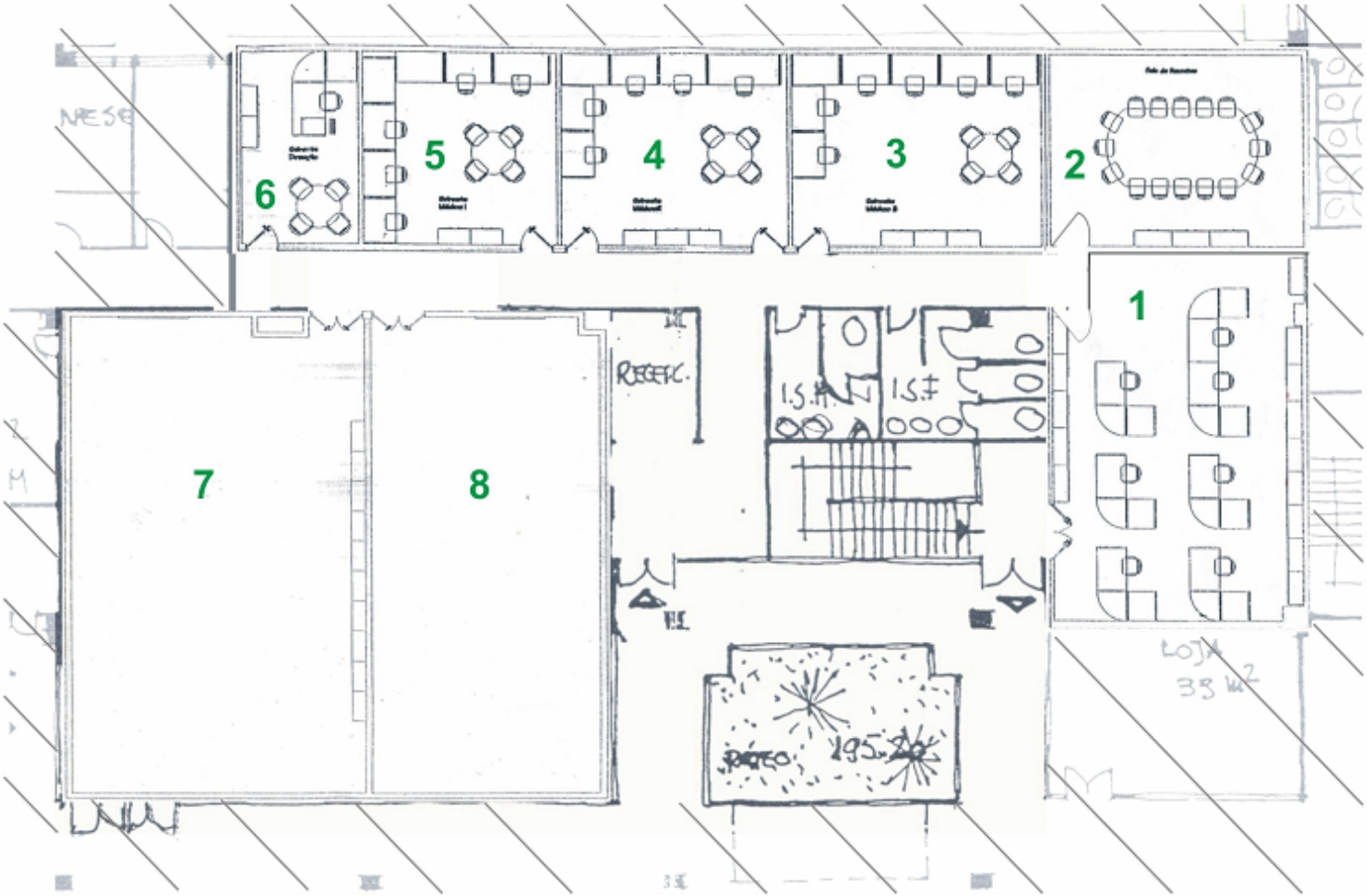
The availability of additional space allowed the creation of three 'open space' concept locations for researchers (**3-5**) and two seminar rooms with a capacity of 52 seats

each (**7** and **8**). The seminar rooms will be used for the clinical seminars of the undergraduate programme, as well as for internal meetings and for postgraduate seminars.

Provisional Health Sciences School Facilities

Gualtar Campus

Clinical Facilities and Administration



3.6 Financial Resources

Since 2000, an annual lump sum has been allocated to the School of Health Sciences to cover current expenses, including salaries and small equipments. As said before, all the possible saves were made in order to shift as many resources as possible to pedagogical and research equipments.

The income and expenses in 2003 related to the lump sum are indicated in Table 5. The expenses are categorized as “salaries”, “other current expenses” and “capital investments” (equipment), to show their relative weight. Although the amount for salaries has doubled when compared with the previous year, it was still possible to invest around 18% of the income in equipment.

Table 5 – Financial resources (2003)

Income			**Expenses**				**Surplus**
Surplus 2002	Annual allocation	Total	Salaries	Other current expenses	Capital investment	Total	
- 58.4	2 021.9	1 963.5	1 109.7	596.8 (a)	372.7	2 079.2	- 115.7

Unit: 10^3 Euro

(a) Includes 103.5 kept at central administration, for general expenses and maintenance.

In the scope of the contract with the Government regarding the new infrastructures, the School was allocated a sum of half a million Euros for computers and pedagogical equipment concerning the new tutorial rooms and the laboratories for the clinical subjects. This earmarked income allowed an investment of 188 000 Euros in computers and related equipment, as well as the acquisition of laboratorial equipment and clinical simulators worth 312 000 Euros (74 000 Euros spent in 2003 and the remaining in early 2004).

Some of the research projects run at ICVS also had external financing from FCT (3 projects), Calouste Gulbenkian Foundation (2 projects), GRICES/DAAD (1 project) and *Agência de Inovação* (1 project), in a total amount of about 666 600 Euros over three years, of which 147 000 were actual income in 2003. As mentioned before, the FCT has advanced an amount of 30 000 Euros as basal financing for ICVS.

In conclusion, in the year 2003 the School had a total income of around 2.6 million Euro.

4. PLANS FOR 2004

The dynamics of the School operation is now well established and the experience of the first two academic years permitted a consolidated overall view of the curriculum of the undergraduate programme. The main problems to be solved in the coming year relate to the reinforcement of the human resources available, the completion of the detailed curricular development for the full undergraduate programme and the consolidation of the links and cooperation with the health services. Specific objectives for 2004 are, therefore:

-to finish the preparation of courseware for the fourth curricular year of the undergraduate programme and to complete the curricular development of the third phase (years 4 and 5);

-to admit a new batch of students;

-to proceed with the post-graduation programmes and to have the proposals for Master and Doctoral programmes formally approved by the Academic Council and the University Senate;

-to continue to stabilize the conditions for a steady participation of the academic staff in research projects and for attracting new researchers on fellowship schemes;

-for this effect, and as a complement to the contracts to be established very soon with the Foundation for Science and Technology for the basic financing of ICVS, other sources of income will be actively pursued;

-to start offering specialized services to the health system and the local community, as soon as the proper facilities are ready;

-to promote the process for the construction of the new buildings and to make the extra provisional spaces fully operational;

-to recruit and train new staff members, with a special emphasis on the academic staff for the clinical subjects;

-to review the protocol with ARS-N concerning the *Unidade de Saúde de Gualtar*, aiming at a stronger interaction between the School of Health Sciences and the Health Centre in order to create a role-model “pedagogical laboratory” for the practical training of students on community health;

-to deepen the cooperation with other Health Centres;

-to make fully operational the School-Hospital articulation committees for the coordination of the protocols with the Hospitals in Braga and Guimarães, having in mind to help shift their profile to true University Hospitals, complying with the requirements for the accreditation of health services regarding the participation in teaching activities, and to guarantee the education and training of the undergraduate students on the clinical subjects accordingly to adequate standards;

-to continue to pay special attention to the monitoring and improvement of quality.

As said in earlier reports, some of the problems to be addressed are common to all the other Medical Faculties in Portugal and must be dealt with in cooperation. This is particularly the case of three important issues:

-the establishment of the requirements for the accreditation of health services as teaching units, which will act as an essential incentive for some Hospitals and Health Centres to redefine and focus their specific mission in relation to the opportunity and ambition to participate in the medical training of students;

-the (re)organization of the sixth curricular year, taking into consideration the Directive from the European Parliament and the European Council concerning the recognition of professional qualifications (proposal from the European Commission 2002/0061 (COD), article 26th);

-the follow-up of the legislative initiatives concerning the special statute of the University Hospitals and the postgraduate training of clinicians.

The School of Health Sciences will continue to actively participate in the initiatives that the *Grupo de Missão* is taking in this regard, viz. the meetings of the Medical Faculties.

5. CONCLUSIONS

5.1 Analytical Summary

In a brief critical analysis of the School operation, a first main conclusion is that the core strategies set up for 2003 were implemented in their essential aspects, although with some delay regarding the construction of the new buildings and of the new Hospital. As in the previous years, the enthusiasm, commitment, permanent availability and competence of all School members constitute the principal asset for the School.

Some other important strengths worth mentioning relate to:

-the qualification and youth of the staff and the easy recruitment of new qualified members;

-the stability of the faculty;

-the willingness of all staff to adhere to the innovative ways of the School operation, at all levels, and their acceptance and participation in the training activities;

-the quality of the students and their capacity for action;

-the standards of the working spaces and equipment, in spite of their provisional status, and the function-oriented organisation of the facilities;

-the innovative and flexible coordination and management procedures;

-the continuous support from the Rector and from all the University of Minho;

-the good relations with the health services and with *Ordem dos Médicos*;

-in summary, the favourable teaching and research environments.

There are, however, some points of concern that have deserved special attention and care from the School bodies. As stated in former reports, a main question relates to the necessary innovation in the clinical training of the students within the health services. The experience of the cooperation with the Health System so far is positive, there are good links established and many medical doctors are enthusiastic and cooperative about the project. The recent accreditation of *Hospital de São Marcos* by the King's Fund Health Quality Service also reinforces our expectations on the quality of its support to the training of the students. However, there is need for a more adequate legal framework for the operation of the University Hospitals and the still prevailing traditions may raise some difficulties.

In particular, the health units articulated with the School still need to proceed efforts in order to shift their profiles to reach a proper balance between their traditional mission of health care services and the new responsibilities concerning teaching and research.

As said before, the recent Government initiatives and the work of *Grupo de Missão* are of strategic importance to push forward a new legal environment for the participation of health services in teaching and research.

The delays in the construction of the new School buildings and the new Hospital are also bothersome. However, there are now conditions to start the constructions

in the mid 2004, and the multicentric approach in the clinical training of the students somewhat mitigates the lack of the new Hospital.

Regarding opportunities, the experience is confirming our belief that the new medical degree is highly relevant in the context of the growing national concern with pedagogical methods and education outcomes, namely the horizontal and transversal graduate skills that can hardly be acquired without an adequate active and student centred learning environment. It is hence raising a great interest in the higher education environment, playing in some way a role of pilot-project and enhancing the chances of external support.

Another window of opportunity is opened by the Foundation for Science and Technology, regarding the recognition and financing of ICVS, which will have a strong impact on the working conditions and in improving critical mass for research and in attracting new sources of financing.

We are still very much aware that, as a new and innovative project, there is always the danger that the programme will drift into just one more traditional project. It can however be reiterated that, to counteract this latent threat, we count on important assets, like previous experience in accomplishing and maintaining innovative educational projects, the institutional support from the University, the strong and informed leadership at all levels within the School, and the live commitment of staff and students to the project identity, not forgetting the permanent monitoring of the project. The functionally oriented organisation of the facilities also promotes the integration of projects and the interaction between the School members. As an extra and essential safeguard, we keep counting on the support and watchful attention of the External Advisory Committee.

The difficult national financial conjuncture, with its negative impact in investments on education, science and technology, may put additional threats to projects not yet stabilised, as it is the case of ECS. Recent developments in the financing of higher education, with some factors of opacity that hinder the positive trends in the last decade, are to some extent worrying. Also, due to underfinancing, there are no calls from FCT for research project grants since May 2002, the financing for heavy scientific equipment is delayed and the money for programmatical funding is scarce. Nevertheless, in the preparation of the budget for 2004, the Minister for Science and Higher Education has declared Medicine as a priority area, namely with the objective of increasing the capacity of admission of new students. The School should therefore give serious consideration to a small and gradual rise on the number of new admissions for the next academic year.

5.2 The Recommendations from the External Advisory Committee

There is a strong commitment from the School of Health Sciences to address and take into consideration the opinions and recommendations from the External Advisory Committee and to make explicit on the annual report what was done (or could not be done) in relation to each of them. Thus, the recommendations included in the last report of the EAC, as expressed in section 2.2.6, are addressed next, point by point.

1. Medical Curriculum

The EAC recommends that the School should strengthen: social and psychological subjects; statistics; and practical laboratory skills, including work with radioactive materials.

Social and psychological subjects are indeed of great importance to the education of medical doctors. Within the concept of an integrated curriculum that takes into consideration all the biological-psychological-social facets of the human being, these subjects are informally approached through the curriculum, as part of the horizontal approach at the different curricular areas and particularly under the scope of the Vertical Themes "To Feel the Pulse to Life", but they are also formally addressed in several ways: (i) in the module *the Human Being, Health and Illness* (two weeks in the first year); (ii) as part of the curricular areas *Family, Society and Health* (two weeks) and *Follow-up of a Family* (six workshops on interpersonal communication) in the second year; (iii) from the third year onwards, in seminars, workshops and assignments with an integrative nature, within the area *Follow-up of a Family*.

The subject of bio-statistics was also reinforced in the curriculum. In 2002/03, it included four working sessions of three hours each, within the Vertical Themes. It was meanwhile realised that this subject did not fit well under the Vertical Domains and the assigned period of time was not enough to cover all the necessary basic tools. Accordingly, in 2003/04 bio-statistics were organised as an independent module (24 hours) named *Basic Statistics Tools*, within the curricular area of *Introduction to the Degree Programme*. As part of the established objectives, the students must acquire skills on the use of the software package SPSS.

Regarding practical laboratory skills, it is our understanding that students should learn as much laboratory techniques as possible. As a consequence, at the current academic year the students are spending more time on laboratory work and the number of

students per group in the laboratory classes was decreased, in order to make their work more efficient and participative.

As for the more specific question of working with radioactive materials, in the present facilities there are no anticipated teaching laboratories to use radioactive materials, but there are classes in which the data generated in the diagnostic procedures employing radioactive material is presented and interpreted (e.g. radio-immunoassays for several hormonal measurements).

An extension of this elective form of teaching* (Option Projects) *is recommended, the intention welcomed to provide a second short and a third long Clinical Option (elective).

The *Option Projects* are really proving so successful that it was decided to increase the time available for the students to carry out their projects, starting already this academic year. So, for the first five years (*Option Projects I to V*), the previously established duration of three weeks (to do the projects, write the reports and publicly present and discuss the results) was extended into a fourth week, so that the students can dedicate three full weeks just to carry out the project, using the following week to write the report and do the presentations. The *Option Project VI*, at the sixth year, keeps the duration of eight weeks.

The School should avoid giving undue weight to acquisition of factual knowledge and overloading the timetable with exams, giving more emphasis to acquisition of skills and professional and personal development.

The multidimensional character of the student's assessment is being reinforced as the students move into the more clinical subjects. In fact, the assessment covers the testing of factual knowledge, problem-solving capabilities, skills and attitudes, as explained in detail in the report concerning the undergraduate programme. The relative weight of the different dimensions varies from one curricular area to another, in articulation with their specified objectives.

For example, the quality of the essays presented by the students in the *Option Projects* demonstrates the attention paid to the acquisition of skills other than the factual knowledge. Also, the extra time now dedicated to laboratorial work and the smaller dimension of the groups working in the laboratories place a greater emphasis on practical laboratory skills. In the clinical subjects, the learning objectives identify specific lists of skills to be acquired.

Attitudes like punctuality, absenteeism, capacity of expressing oneself, of listening and of observing, sense of responsibility and capacity of initiative, as well as practical skills and competences, are explicitly assessed and taken into consideration for the final marks.

It is also relevant to notice that personal development is among the main objectives of the Vertical Themes.

In terms of the docimologic analysis of the written examinations, the Medical Education Unit systematically examines the degrees of difficulty and of discrimination of each question. The taxonomic level of the questions is also analysed in relation to: (i) memorizing (factual knowledge); (ii) interpretation (use and interrelation of knowledge); and (iii) problem solving.

The results concerning the docimologic evaluation of each examination, shown in the undergraduate programme report, in general indicate a preponderance of the "interpretation" dimension. It must also be referred that, when comparing the taxonomic level of the questions of the module's exams with the questions of the integrated exam at the end of each curricular area, there is a clear shift towards the right (i.e., from factual knowledge to problem solving), since the students are expected to be able to interrelate knowledge from different modules and to apply it to solve clinical problems. This is, however, deserving permanent scrutiny and concern from the School.

One of the advantages of the horizontal integration of the curriculum is to lower significantly the number of times the students sit for exams. Indeed, the students of University of Minho sit on average for 24 exams during the annual teaching period (2 exams [*frequências*] in each of the 12 different semestrial subjects), whereas the medical students sit for about one third of that number.

2. Medical Students

The possibility of instituting a MD/PhD programme should be considered by the School.

The School intends to actively engage the undergraduate students in research activities and it is our wish to develop a MD/PhD optional programme, as said earlier, although some administrative barriers need to be overcome. We count upon the enthusiastic collaboration of Thomas Jefferson Medical School, in Philadelphia, and of Columbia University Medical School, in New York, which are willing to accept one of our

students in their MD/PhD programmes each year. We expect to be able to develop this collaboration into a formal commitment in the next two years.

The assessment and questionnaire responses obtained from students should be part of a data base with respect to the longitudinal educational development of each student.

This question is answered below (point 3), in conjunction with the recommendation on the longitudinal educational research project.

3. Selection procedures

The EAC recommended that the same strict procedure* (as for tenured professors) *should be applied in the selection of clinical teaching staff.

It is a legal requirement (strongly supported by the ECS) that the appointment of full and associate professors for tenure position takes place in open competition, establishing as the primary criteria for selection the quality of research and teaching. At University of Minho there is a tradition of taking also in consideration the experience and capacity for strategic planning and management, in a concept of *whole integrated curriculum*. The School, through the Scientific Council, is keeping open procedures, well publicized, to recruit all the academic staff, including the clinical teaching staff, and the selection criteria is based on strict scientific, professional and personal quality requirements.

To this effect, in 2003 a public call for potential candidates relating to the area of Biopathology and Therapeutics (specifically in the subjects of Pathology, Microbiology and Clinic Parasitology, and Clinic Pharmacology) was made in local and national newspapers. A highly qualified panel nominated by the Scientific Council analysed the CVs of the candidates taking into consideration the clinical experience and the pedagogical and scientific curriculum. From the 86 candidates, 16 were selected for an interview, from whom eight were finally selected and appointed.

The EAC recommends that the Educational Unit carries out longitudinal educational research on all entrants, to determine the attributes conducive to academic attainment as a medical student, and subsequent career achievement as a practicing doctor.

The School regards this project as very promising to get feedback not only on the entrance attributes conducive to educational and professional attainment, but also on the relevance of the curriculum and the learning methodologies. The expectations that the admission of a new experienced member of the administrative staff at the end of 2002 should allow to launch the project did not materialize, mainly due to the many

administrative tasks related to the preparation of facilities, acquisition of equipment and installation of routines for administration and control. Realising these limitations, the Direction of the School started to look for a full time academic staff member to coordinate the Medical Education Unit and give priority to the creation of the database on entrants. A very suitable candidate with relevant experience on education was identified and recruited, but could move to the School only at the end of 2003. The longitudinal project will be among his priorities.

4. Management of the School

Regarding criteria for appointment to posts with special responsibilities for the top management of the School, the EAC recommended that these criteria should be the specific qualities and abilities needed for each such post.

The Steering Committee welcomes the endorsement of the current practice followed by the Direction of the School in selecting the leaders for each relevant level of coordination within the School. It should be noticed, however, that the appointment of leadership by nomination is not a common rule in the Portuguese high education system, it is possible at ECS because of the special installation regime. A proposal for a new law on the autonomy of Universities is now under discussion in Portugal, which will hopefully introduce greater flexibility in the organisation and management of Schools, allowing for a better balance between uninominal and collegial bodies, nomination and election mechanisms, and personal *versus* collegial responsibilities.

5. Relations of the Medical School with Hospitals and Health Services

The EAC recommends that the School should promote the implementation of an accreditation scheme for the Hospitals and Health Centres now being designated

The pilot project on the accreditation of health units that participate in teaching, which has been run by the two Faculties of Medicine of University of Porto (FMUP and ICBAS) under the scope of *Grupo de Missão* and with the cooperation of two consultants from the Imperial College (UK), is now finished and the final report was recently released. Consequently, the Medical Schools are now equipped with some guidelines and standards to proceed with the accreditation of Hospital Services and of Health Centres on a comparable basis. At ECS we are already in contact with the consultants from UK to prepare accreditation procedures for the health units articulated with the School. They will visit the School at the end of March, to help launch the process.

The subject of accreditation was also raised in the meeting of the School-Hospital Articulation Committees mentioned in point 2.3.1, and both Hospitals have shown a good understanding and willingness to accept the process.

The accreditation process can indeed have a very positive effect in helping the health units cooperating with the ECS to shift their profiles to a more integrated tripartite mission (health care, education and research).

6. Research

It is recommended that this new committee* (the ICVS external advisory committee) *be invited to give advice about prioritization of current research, strategic developments for future research, a policy for funding, and research sabbaticals for staff. Additionally the promising plans for collaboration with hospital-based disciplines should be considered further.

As mentioned before, the ICVS is in the final stage of the process to be recognised by FCT as a research unit integrated in the national system of science and technology and should then comply with the FCT regulations, namely the establishment of an external advisory body.

This committee will be nominated very soon and one of its first tasks will be to look at the questions raised by the EAC, which we find of the utmost relevance.

The EAC recommends that the School management should give the highest priority to obtaining formal recognition, not only to obtain due recognition for the School, but also to provide the School with the financial basic support from the FCT (see below).

As explained under 3.3, this was a priority for the School and we feel highly motivated by the positive views expressed by the FCT international team of experts.

7. Finances

The EAC recommends that the University should set up and staff a Medical School Fundraising Committee, to target alumni, philanthropists, governmental and private foundations, and industry.

Under the scope of ICVS, a fundraising *ad hoc* group of project leaders is starting to target institutions that can co-finance research projects. Some results were already obtained, but the accreditation of ICVS raises the prospects to attract other sources of income.

At School level, the Dean's team is coordinating efforts to raise funds for infrastructural investments, namely the construction of the new animal experimentation

facilities. The conjuncture associated to the economic recession, however, is not favourable to fund rising from industry or philanthropists, including institutions with a good tradition to support innovative ideas. For example, although Calouste Gulbenkian Foundation was very supportive to two of our research projects, we were rather disappointed to know that the Foundation, due to lack of funds, could not support our proposal concerning the co-financing of the Clinical Skills Centre, notwithstanding the fact that it is a completely new approach to medical education in Portugal, with high visibility potential for sponsors. Alumni will surely be an important target group in the far future.

Very recently the Government has announced its intention to pass a new law on scientific patronage creating better fiscal incentives that may help fundraising for research.

8. External Forces Obstructing Progress

1. Urgent decision is necessary by the Foundation of Science and Technology of the proposals submitted in 2002 for the regular financing of ICVS as a research unit, and for the financing the research laboratories.

Fortunately, the regular basal financing of ICVS will start soon, with back effects to January 2003. Some programmatic financing will also be allocated, but we fear it will be insufficient for the more pressing needs. Our hopes rely heavily on the special contract proposed to the MCES.

2. Approval and authorization is overdue by the Ministry of Education to call for tenders for the construction of new medical school buildings.

Approval was obtained and tenders are already under scrutiny for selection.

3. Authorization is urgently awaited for the construction of the new Hospital in Braga, which requires to equipped with the necessary teaching facilities and capacity.

This is a big concern for ECS and the progress in 2003 was rather disappointing. The Government recently declared its intentions to have the new Hospital ready in 2008. A position from the School in relation to an enquiry presented at the Parliament by a member from Braga is included as appendix.

4. Formal contracts must establish relations with honorary Clinical Teachers in the Health Services, and ensure the availability of district hospitals and health centres.

The protocols with the Hospitals in Braga, Guimarães and Viana do Castelo are already established and a good cooperation is in progress. The protocol regarding the Health Centre of Gualtar is operating well and the cooperation for the clinicians is excellent. The discussions in progress with the *Administração Regional de Saúde – Norte*

point to still closer ways of association to and collaboration with the Health Centres in the Region.

5. Although not current in Portugal, admissions procedures for students, and procedures for appointment of teaching staff appropriate to an innovatory medical school, must be actively explored.

We completely agree with this approach. The ECS is cooperating actively with the working committee that is revising the national entrance examinations into the medical undergraduate programmes.

Regarding the recruitment of teaching staff, all the care is being taken to select the candidates better suited to the School needs and specificities.

5.3 A Final Comment

Looking back at 2003, one can conclude that the School of Health Sciences has achieved very positive results with quite scarce human and financial resources. That was possible only because of the enormous effort, enthusiasm and professionalism of all the School members - staff and students alike. A warmest word of praise and thanks is due to all of them.

Our task of building a new and innovative School of Health Sciences is still far from completion. A considerable dynamics has however been acquired and the sense of belonging and of zeal is strong within the School, which are a favourable omen for the success of the ambitious project we have undertaken.

Sérgio Machado dos Santos
President of the Steering Committee
January. 2004

List of Acronyms

ANEM	-	National Association of Medical Students
ARS-N	-	Northern Regional Health Administration
BP	-	Biopathology
C	-	Clinics
CHS	-	Social and Human Sciences
EAC	-	External Advisory Committee
EC	-	School of Sciences
ECS	-	School of Health Sciences
ENG	-	School of Engineering
FCT	-	Foundation for Science and Technology
FM	-	Faculty of Medicine
FTE	-	Full time equivalent
GRICES	-	International Relations Office - MCES
ICBAS	-	Institute of Biomedical Sciences *Abel Salazar*
ICVS	-	Life and Health Sciences Research Institute
IEC	-	Children Studies Institute
IEP	-	Education and Psychology Institute
IFMSA	-	International Association of Medical Students Association
IPATIMUP		Institute of Pathology and Immunology of University of Porto
Lic	-	*Licenciatura* (university 1st cycle degree)
MC	-	Molecules and Cells
MCES	-	Ministry for Science and Higher Education
MD	-	Medical doctor
NEMUM	-	Association of Medical Students of University of Minho
SC	-	Community Health
SOF	-	Organic and Functional Systems
UEM	-	Medical Education Unit
UM	-	University of Minho
UP	-	University of Porto

A P P E N D I C E S

A P P E N D I X I

DRAFT FOR DECREE ON UNIVERSITY HOSPITALS

A STATEMENT FROM ECS

DECREE ON UNIVERSITY HOSPITALS

Summary

Last November the Ministry of Health informed the Medical Schools about the Government intention to pass a Decree on University Hospitals and sent a draft proposal for the legal document.

The Minister met representatives from the Schools in December and declared his availability to receive comments on the proposal. Consequently, the School of Health Sciences prepared and sent to the Ministry a statement with comments and suggestions on the following points:

a) General comments**:** praise for the initiative; basic principles to be considered for the University Hospital profile (specificity of tripartite mission and its implications on the organisation, financing and staffing of the Hospital); flexibility in the legal framework applying to the organisation of the Hospital, the organisation of the medical courses and the articulation between Schools and Health Services; accreditation of Health Services for teaching.

b) Specific comments and suggestions: clarification of language regarding basic and clinic teaching cycles; joint financial responsibility of the Ministries of Health and of Science and Higher Education for the education of medical doctors and for clinical research activities in the University Hospitals; balance between institutional autonomy and the direct intervention of the Ministry; flexibility of operational mechanisms; independence of accreditation bodies; staff development and valoration of research.

In consonance with the comments and suggestions that were made, a new concrete formulation for the whole document was presented.

PARECER SOBRE O PROJECTO DE DIPLOMA - HOSPITAIS UNIVERSITÁRIOS

Apreciação na Generalidade:

1. A Escola de Ciências da Saúde da Universidade do Minho felicita Sua Excelência o Ministro da Saúde pela iniciativa de legislar sobre o assunto (projecto de diploma sobre os Hospitais Universitários), bem como pela forma aberta como colocou à discussão das partes envolvidas o referido projecto de diploma.

2. Na caracterização dos Hospitais com ensino universitário devem considerar-se dois princípios básicos:

    a. especificidade destes Hospitais na missão de desempenharem a função tripartida de prestarem actividade assistencial, promoverem o ensino pré e pós graduado, bem como desenvolverem investigação biomédica e clínica. Para o sucesso desta missão, estes Hospitais devem conferir àquelas três vertentes importância equivalentes. Com tal atitude pretende-se criar as condições para o desenvolvimento de Hospitais de vanguarda, com reflexos na qualidade do serviço assistencial que se pretende ser de excelência.

    b. Como consequência natural do perfil específico destes Hospitais há que considerar que tal implica alterações na organização, no financiamento e nos critérios de recrutamento e promoção dos quadros de pessoal destes Hospitais.

    Estes princípios estão implícitos no projecto de diploma, mas seria interessante torná-los mais explícitos desenvolvendo-os no preâmbulo e definindo, no articulado, a missão e perfil específico dos Hospitais com ensino universitário.

3. Concomitantemente sugere-se que o articulado seja menos regulamentador e defina formas flexíveis que se adaptem à diversidade de modelos de gestão dos hospitais, da organização dos cursos e da articulação entre os estabelecimentos de ensino e os Hospitais.

4. A preocupação, implícita no diploma, de garantir que apenas serviços com qualidade assumam responsabilidades no ensino deve ser atendida por entidade independente, devendo a este respeito, ser tidos em consideração os documentos elaborados pelo grupo de missão para a saúde coordenado pelo Professor Doutor Alberto Amaral.

Apreciação na Especialidade:

1. Ciclo básico e ciclo clínico: A separação entre ciclo básico e ciclo clínico não se adapta a todos os programas curriculares da licenciatura em medicina ministrados em Portugal. Assim, propomos que, ao longo de todo o projecto de diploma, a designação 'ciclo clínico pré-graduado' seja substituída pela '*ensino médico pré-graduado*'.

2. Em termos de financiamento: Face às especificidades e particularidades do ensino médico, nomeadamente a necessidade de participação activa dos estabelecimentos da

Rede de Cuidados de Saúde Hospitalares e Primários, o ensino médico pré-graduado deve ser responsabilidade conjunta dos Ministérios da Saúde e da Ciência e do Ensino Superior. A parceria entre os Hospitais com ensino universitário e os estabelecimentos de ensino médico, a definir por protocolos de colaboração, deve ser vista, no entanto, em termos de apoio e proveito mútuos. Na verdade, ao estabelecerem-se protocolos de colaboração, os elementos dos Hospitais com ensino universitário passam a ter acesso a instalações, equipamentos e meios documentais dos estabelecimentos de ensino e das suas Unidades de Investigação I&D. Tendo por base esta colaboração bidireccional, a forma de financiamento dos encargos inerentes ao desempenho da função tripartida (assistencial, ensino, investigação) dos Hospitais com ensino universitário, a clarificar neste projecto de diploma, deverá ser distribuída da seguinte forma: i) aos estabelecimentos de ensino médico cabem os encargos relativos à actividade docente dos médicos, bem como os decorrentes de projectos de investigação biomédica e clínica comuns às duas instituições; ii) aos estabelecimentos da rede de cuidados de saúde hospitalares e primários cabem os encargos relativos à prestação dos cuidados de saúde, aos bens de consumo corrente, despesas de conservação e de beneficiação das suas instalações, bem como comparticipação em projectos de investigação comuns às duas instituições.

3. Em termos de intervenção governamental: Concorda-se que os protocolos de colaboração sejam homologados por despacho conjunto dos Ministros da Saúde e da Ciência e do Ensino Superior (nº 3 do artigo 3º) bem como que a atribuição da designação de 'universitário' (nº 4 do artigo 7º) seja conferida por despacho dos titulares dos Ministérios da Saúde e da Ciência e do Ensino Superior. Por outro lado, não faz sentido que a comissão mista seja nomeada por despacho ministerial (artigo 9º) dado que a forma para a sua composição está prevista no protocolo de colaboração, o qual é submetido a homologação ministerial.

4. Em termos de regulamentação e flexibilidade: As matérias a constar dos protocolos de colaboração (nº 5 do artigo 3º) devem ser definidas de modo global (por exemplo, não faz sentido explicitar no protocolo a composição nominal da comissão mista, que corresponde a inerências e está por conseguinte sujeita a alterações periódicas). A constituição de um Órgão de Coordenação Nacional (artigos 5º e 6º) para o ensino médico poderá ser enriquecedora enquanto órgão consultivo, de coordenação e de supervisão que vise melhorar o ensino médico pré-graduado e a investigação biomédica e clínica a nível nacional. Este Órgão não deve, no entanto, ter funções executivas e a sua composição, que é demasiado extensa no projecto de diploma, pode ser reduzida a metade considerando apenas um representante por instituição. Na composição do Órgão de Coordenação Nacional (nº 2 do artigo 5º) e das comissões mistas (nº 2 do artigo 5º), convirá prever sempre a possibilidade dos respectivos lugares se poder fazer pelos detentores das presidências dos órgãos em causa ou seus representantes.

5. Em termos de Acreditação: A acreditação das instituições prestadoras de cuidados de saúde envolvidas no ensino universitário deve ser levada a cabo por entidades independentes, devendo ser a este respeito, tidos em consideração os documentos elaborados pelo grupo de missão para a saúde coordenado pelo Professor Alberto Amaral.

6. Em termos de recurso humanos e valorização da investigação: Considera-se que os médicos destes Hospitais, a quem é exigida actividade docente e de investigação para além da actividade assistencial, devem ver essa tripla actividade devidamente clarificada e contemplada nos concursos da sua carreira. Assim, o presente diploma deve clarificar no nº 4 do artigo 11º, sob pena de que todos os seus objectivos não sejam atingidos, de que forma o desempenho na actividade docente e de investigação, bem como a formação académica pós-graduada, vão ser tidos em conta na progressão nas carreiras dos

médicos dos hospitais com ensino universitário. De igual modo, este conceito deve ser aplicado aos docentes universitários com actividade assistencial.

Em consonância com as considerações feitas na especialidade, sugerem-se as seguintes alterações ao articulado:

Capítulo I

Artigo 1º

1. **Substituir** "...leccionação do ciclo clínico pré-graduado..." **por** "*...leccionação do ensino médico pré-graduado...*".
2. Alínea c) **Substituir** "...pedagógica ou profissional..." **por** "*...pedagógica e profissional...*".
3. Sem alterações.

Artigo 2º

1. Sem alterações.
2. Sem alterações.
3. Alíneas a), b e c) ?
4. Alínea a) **Substituir** "...standards..." **por** "*...padrões...*".
   Alínea b) **Substituir** "Operar na actualização e formação profissional pós graduada, favorecendo a sua integração na docência" **por** "*Integrar na docência a formação profissional pós-graduada e a educação médica contínua*"

Artigo 3º

1. **Substituir** "Para efeitos da articulação entre as actividades de ensino ou de investigação, designadamente a leccionação do ciclo clínico pré-graduado, ou a investigação biomédica e clínica, com a actividade clínica...são celebrados protocolos, entre estes e as faculdades onde se ministre o curso de licenciatura em medicina ou em ciências médicas." **por** "*Para efeitos da articulação entre as actividades de ensino médico pré-graduado ou de investigação biomédica e clínica, com a actividade clínica. são celebrados protocolos, entre estes e os estabelecimentos Universitários onde se ministre o curso de licenciatura em medicina.*"
2. Sem alterações.
3. Sem alterações.
4. Sem alterações.
5. a) **Substituir** "...da lista de disciplinas ou das unidades curriculares, ou parte delas, do ciclo clínico pré-graduado da licenciatura em medicina ou em ciências médica..." **por** "*...da lista das unidades curriculares, ou parte delas, do ensino pré-graduado da licenciatura em medicina...*".
   b) Sem alterações.
   c) **Substituir** "...consignada ao ensino, teórico e prático, à investigação biomédica...actividade clínica e rotina assistencial." **por** "*...consignada ao ensino, à investigação biomédica...actividade clínica*.".
   d) Eliminar esta alínea (cf. artº 9º, nº 4).
   e) Eliminar esta alínea (cf. artº 9º, nº 4).
   f) Eliminar esta alínea.
   g) Sem alterações.
6. **Substituir** "Os protocolos de colaboração acima referidos devem ser submetidos a parecer de um organismo nacional, previsto no artigo 4º, designado por Órgão de Coordenação Nacional do ensino clínico pré-graduado, investigação biomédica e clínica." **por** "*Os protocolos de colaboração acima referidos devem ser submetidos a parecer de um organismo*

nacional, previsto no artigo 5º, designado por Órgão de Coordenação Nacional para o ensino médico pré-graduado, investigação biomédica e clínica."

Artigo 4º

Sem alterações.

Artigo 5º

Substituir "(Órgão de Coordenação Nacional do ensino clínico pré-graduado, investigação biomédica e clínica)" **por** "*(Órgão de Coordenação Nacional do ensino médico pré-graduado e a investigação biomédica e clínica)*"

1. **Substituir** "O Órgão de Coordenação Nacional do ensino clínico pré-graduado, investigação biomédica e clínica, adiante designado por Órgão de Coordenação Nacional, assegura o planeamento e a coordenação, a nível nacional, dos protocolos de colaboração e das actividades desenvolvidas pelos serviços da rede de cuidados de saúde, no âmbito da leccionação do ensino do ciclo clínico pré-graduado, e da investigação biomédica e clínica." **por** "*O Órgão de Coordenação Nacional do ensino médico pré-graduado e a investigação biomédica e clínica, adiante designado por Órgão de Coordenação Nacional, supervisiona e coordena, a nível nacional, os protocolos de colaboração e das actividades desenvolvidas pelos serviços da rede de cuidados de saúde, no âmbito da leccionação do ensino médico pré-graduado, e da investigação biomédica e clínica*."
2.
    a) **Substituir** "Os presidentes dos conselhos de administração e os directores clínicos do "Hospitais com ensino Universitário", de acordo com o disposto no nº 1 do artigo 7º" **por** *"O presidente do conselho de administração ou representante por si designado, de cada um dos "Hospitais com ensino Universitário", de acordo com o disposto no nº 1 do artigo 7º"*
    b) **Substituir** "Os presidentes dos conselhos científicos e directivos das faculdades de medicina e das ciências médicas." **por** *"Um representante de cada um dos estabelecimentos universitários com protocolos de colaboração com "Hospitais com ensino universitário designado conjuntamente pelos órgãos directivos e científicos do estabelecimento"*
3. **Substituir** "...a fixar em regulamento próprio." **por** "*....a fixar em regulamento próprio, que deve prever o funcionamento quer em plenário quer em comissões especializadas*.".
4. Sem alterações.

Artigo 6º

Substituir "(Competências do Órgão de Coordenação Nacional do ensino clínico pré-graduado, investigação biomédica e clínica)" **por** "*(Competências do Órgão de Coordenação Nacional do ensino médico pré-graduado e a investigação biomédica e clínica)*"

Substituir "...a interligação funcional e institucional entre as faculdades de medicina ou das ciências médicas com as entidades..." **por** "*...a interligação funcional e institucional entre os estabelecimentos Universitários que ministrem a licenciatura em medicina com as entidades...*"

Eliminar a alínea c), d), g) e h) deste artigo. Restantes alíneas sem alterações.
Adicionar uma nova alínea com o seguinte texto *"criar normativos gerais orientadores da elaboração de protocolos de colaboração a que os contratantes deverão obedecer, nomeadamente no que respeita ao processo de acreditação"*

<u>Capítulo II</u>
Secção I

Artigo 7º

1. **Substituir** "A participação da totalidade ou da maioria dos serviços, departamentos e unidades funcionais de um estabelecimento...em actividades de ensino, concede a este estabelecimento..." **por** "*Todo o hospital que tenha por missão, para além das funções assistenciais, o envolvimento*

da totalidade ou da maioria dos serviços clínicos, departamentos e unidades funcionais em actividades de ensino pré-graduado e de investigação biomédica e clínica, terá ...”

nº 2 e 3. Sem alterações.

Artigo 8º

Sem alterações.

Secção II

Artigo 9º

1. Sem alterações.
2. a) **Substituir** “...de administração do hospital.” **por** “*...de administração do hospital ou um representante por si designado.*”
   b) **Substituir** “...directivo da faculdade.” **por** “*...directivo da faculdade ou um representante por si designado.*”
   c) **Substituir** “...conselho científico.” **por** “...conselho científico *ou um representante por si designado.*”
   d) **Substituir** “...do hospital ou adjunto.” **por** “*...do hospital ou um representante por si designado.*”
3. Sem alterações.
4. **Substituir** “A comissão mista reúne...assuntos específicos” **por ”***A comissão mista reúne pelo menos duas vezes ao ano, uma das quais no mês de Junho para elaboração de um plano de actividades para o ano lectivo seguinte, do qual constem, nomeadamente, os encargos financeiros adicionais previstos com os elementos do pessoal médico envolvido no ensino, bem como outras eventuais compensações financeiras que sejam acordadas entre as duas instituições face a desequilíbrios acentuados no apoio mútuo prestado, reunindo ainda sempre que convocada pelo seu presidente ou por solicitação de dois terços dos seus membros.*”

nº 5 e 6. Sem alterações.

Artigo 10º

1. **Substituir** “À comissão mista compete assegurar e zelar...entre a faculdade de medicina ou das ciências médicas e os serviços, departamentos e unidades funcionais envolvidas na leccionação do ciclo clínico pré-graduado, da investigação biomédica e clínica.” **por** “*À comissão mista compete elaborar, assegurar e zelar...entre a estabelecimento universitário e os serviços, departamentos e unidades funcionais envolvidos no ensino médico pré-graduado e na investigação biomédica e clínica.*”

nº 2, 3 e 4. Sem alterações.

<u>Capítulo III</u>

Artigo 11º

nº 1, 2 e 3. Sem alterações.

4. **Substituir** “O concurso para as vagas de assistentes ou chefes de serviço do quadro hospitalar dos estabelecimentos com ensino universitário, das disciplinas que constam do protocolo, deverá valorizar experiência no ensino pré ou pós graduado e na investigação” **por** “*No concurso para as vagas de assistentes ou chefes de serviço do quadro dos estabelecimentos com ensino universitário, a experiência no ensino pré ou pós graduado, o grau académico e a produção científica deverão ser valorizadas numa percentagem nunca inferior a trinta por cento*”.

Artigos 12º, 13º, 14º e 15º

Sem alterações.

Escola de Ciências da Saúde
Dezembro.2003

A P P E N D I X I I

DRAFT FOR DECREE ON POSTGRADUATE TRAINING OF MEDICAL DOCTORS

A STATEMENT FROM ECS

DECREE ON POSTGRADUATE TRAINING OF MEDICAL DOCTORS

Summary

The Ministry of Health sent to all Medical Schools a draft proposal for a Decree on Postgraduate Training of Medical Doctors (*Internato Médico*), for information.

The School of Health Sciences, conscious of the importance of the theme, prepared and sent to the Ministry a statement commenting on the following points:

a) The education of medical doctors must develop as a *continuum* not only in the undergraduate programme, but also in the transition to the postgraduate training;

b) Consequently, the Medical Schools must not be left out of the postgraduate training, as anticipated in the draft document;

c) the draft does not consider all the possible positive implications of the reorganisation of the 6th year of the medical curriculum as a certification year; indeed, very little is changed in the former (too long) training process;

d) The access to the *Internato* is wrongly based on only one entrance examination.

PARECER SOBRE O PROJECTO DE DIPLOMA – INTERNATO MÉDICO

A Escola de Ciências de Saúde da Universidade do Minho adoptou como princípio básico para a estruturação curricular do seu curso de Medicina que a organização do plano de estudos corresponda a um processo educativo a desenvolver-se num *continuum* no qual, embora se distingam períodos com características específicas, a sequência de formação decorra sem fronteiras que afectem a sua unidade essencial. É nesse sentido que o contacto dos alunos com a realidade profissional do médico se inicia no 1º ano, desenvolvendo-se de forma crescente ao longo do curso, e as ciências biomédicas percorrem todo o curso, coexistindo com a prática profissional supervisada sob a forma de Seminários "Da Clínica à Biologia Molecular". Tem sido entendimento da Escola que esse *continuum* de formação se deve igualmente estender ao período de internato médico, na lógica de um processo de aprendizagem ao longo da vida que cultive em permanência o gosto pela actualização científica e profissional.

Assim, embora se aceite que a responsabilidade principal da formação médica pós-graduada caiba ao Ministério da Saúde e à Ordem dos Médicos, continuamos a defender o princípio da não exclusão das Escolas Médicas nesse processo. Com efeito, pensamos que esta dicotomia rígida da responsabilização do ensino prégraduado (Escolas Médicas/Ministério da Ciência e do Ensino Superior) *versus* ensino pós-graduado (Ministério da Saúde/Ordem dos Médicos) prejudica a transição entre estas etapas e introduz grande entropia no sistema. Acreditamos que a definição dos objectivos finais da licenciatura em Medicina deve resultar de esforço conjunto entre todos estes agentes, do mesmo modo que defendemos a participação de todos nos processos de formação médica pós-graduada e contínua. Só assim se poderá optimizar os recursos existentes e melhorar o processo de ensino/aprendizagem médico contínuo que permita a aquisição e treino de novas competências e atitudes.

O presente Diploma parece apenas mudar a designação do actual Internato Geral (18 meses) para "Ano Comum" com duração por definir, seguido de um período subsequente de formação específica (lia-se anteriormente Internato Complementar).

Tal estratégia poderá esvaziar o significado da introdução na licenciatura em Medicina de um ano profissionalizante (6º ano Médico) tal como vinha sendo defendido pela Tutela, com o acordo das Escolas Médicas.

Mais importante, o presente Diploma perpetua o erro de um exame único de acesso (excluindo outros parâmetros igualmente fundamentais de ponderação como sejam a média ponderada da licenciatura ou a classificação do desempenho no 6º ano médico profissionalizante) e agrava esse erro ao deslocar esse único momento de avaliação para o período que medeia entre o final da licenciatura e o início do Ano Comum. Aliás, pergunta-se *qual o sentido da existência desse Ano Comum se é precedido de um 6º ano profissionalizante e a ele se segue um Tronco Comum*? Seguramente apenas para repetir o 6º ano médico e/ou desvirtuar o Tronco Comum e, agora, sem classificação do desempenho.

Importa ter em atenção a Proposta de Reforma do 6º ano médico, que permite eliminar o Ano Comum e atribuir outro significado e dimensão ao tronco comum (início de formação específica). Importa ainda valorizar efectivamente os desempenhos e os conhecimentos adquiridos no tronco comum num segundo momento de avaliação onde se proceda ao acesso posterior à formação suplementar de especialização.

Pelas razões acima expostas expressamos a nossa discordância relativamente aos princípios gerais que orientam o *Projecto de Diploma – Internato Médico* porque representa mais uma oportunidade desperdiçada de proceder à Reforma Integrada que possibilitará uma formação mais adequada e competente dos jovens Médicos em Portugal.

Escola de Ciências da Saúde
Conselho Científico
Novembro.2003

A P P E N D I X I I I

PARLIAMENT REQUEST TO THE GOVERNMENT FOR INFORMATION ON THE NEW HOSPITAL OF BRAGA

THE PERSPECTIVE FROM ECS

NEW HOSPITAL OF BRAGA

The perspective from ECS

Summary

A member of Parliament from the Braga constituency presented an interpellation to the Government concerning the construction of the new Hospital, in which the following questions were advanced:

1. *Are the model of financing and the means for the construction and equipment of the future Central University Hospital in Braga already stabilised, as far as the Government is concerned, according to consolidated specifications?*
2. *If yes, as expected, which modality will be in effect and what will be the role of the University in the future management and organisation of that public equipment?*
3. *When is the Government expecting the works to start? Which dates can the Government guarantee of its beginning of operation?*

The Ministry for Science and Higher Education asked the University to inform about the second question. For the effect, the School of Health Sciences issued a position document summarising the consequences of the delay in the construction of the Hospital in relation to the medical course, as well as the interaction between the School and the Group *Parcerias* that is preparing the specifications for the call for tenders.

The School reiterates its strong conviction that the public-private partnership for the financing of the Hospital must be limited to a contract for the construction and maintenance of the Hospital. The organisation and management of the Hospital must follow the same model as for the other University Hospitals, under the regulations provided by the new decree, to be (hopefully) passed soon.

POSIÇÃO DA UNIVERSIDADE DO MINHO FACE AO NOVO HOSPITAL DE BRAGA

A Universidade do Minho, através da Escola de Ciências da Saúde, tem demonstrado repetidamente junto ao Governo a sua preocupação pelos atrasos na construção do novo Hospital de Braga, motivados pela inclusão desta unidade de saúde nas parcerias público-privado e correspondente dificuldade de elaboração de um caderno de encargos que enderece convenientemente a missão tripartida – componente assistencial, ensino e investigação – de um Hospital Universitário. Continuamos convictos de que a única forma de desbloquear em tempo útil este dossier passará por limitar a parceria relativa ao Hospital de Braga a uma concessão de construção/manutenção, que é aliás a única de que há experiência consolidada a nível internacional, obedecendo a gestão do hospital ao estatuto de Hospital de Serviço Público Administrativo (SPA), em igualdade de circunstâncias com os principais Hospitais Universitários no País.

A decisão de iniciar a Licenciatura em Medicina em Outubro de 2001 foi tomada após garantia por parte do Governo de que o novo Hospital de Braga estaria construído e operacional até 2005. Os atrasos verificados têm como principais consequências, no que se refere à Escola de Ciências da Saúde:

-a impossibilidade de aumentar o *numerus clausus* do actual valor de arranque de 50 vagas para o número contratualizado de 100 vagas anuais;

-encargos adicionais para garantir transporte diário aos alunos dos 4º, 5º e 6º anos do curso (a partir de Outubro próximo) para outros Hospitais da Região;

-atrasar a promoção de um ambiente de proximidade física e funcional que facilite a criação de equipas multidisciplinares de investigação nas ciências clínicas, com envolvimento sistemático de médicos da carreira hospitalar, como forma de promover e incentivar a investigação clínica.

A Escola de Ciências da Saúde participou em reuniões com o Grupo *Parcerias Público.Privado* em 2002, tendo nessa altura sido garantido que a Universidade do Minho acompanharia o processo de elaboração do caderno de encargos. A Universidade colaborou activamente na elaboração do Programa Funcional no novo Hospital, na parte relativa a uma área integrada de formação pré e pós-graduada e de investigação. No entanto, há mais de um ano que a Universidade e a Escola vêm a ser ignoradas neste processo.

Em termos da pergunta directa colocada, se a gestão do novo Hospital se enquadrar, como esperamos, no modelo SPA, as disposições de articulação previstas no projecto de diploma legislativo recentemente apresentado às Escolas de Medicina pelo Senhor Ministro da Saúde, com a introdução das alterações propostas pelas Escolas, serão suficientes para o cumprimento dos objectivos pretendidos. Caso, no entanto, o Governo venha a optar por um modelo de gestão concessionado a privados, haverá que garantir no caderno de encargos uma cuidadosa especificação da missão do Hospital, com importância equivalente atribuída às funções assistenciais, de formação e de investigação, devendo igualmente ser prevista uma posição preponderante da Universidade do Minho na fixação e controlo desses requisitos.

Escola de Ciências da Saúde
Janeiro.2004

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