



Ref.: C.L.22.1995

The Director-General of the World Health Organization presents his compliments and has the honour to inform Member States that the Organization intends to publish a seventh edition of the World directory of medical schools.

A short questionnaire relating to medical education and licensure is attached. The Director-General would be grateful if the competent services could complete this questionnaire and return it by 21 February 1996 to the Division of Development of Human Resources for Health, from which any clarification on the questionnaire can be obtained, if required. A more detailed questionnaire is being sent to every medical school in the world requesting details of the school's curriculum and its contribution to the health field.

Basic information on each medical school will be published, as for the previous edition, in the form of a book which will be made widely available in the usual way, whereas the more detailed information will be contained in a computerized database and will be available on request in electronic form.

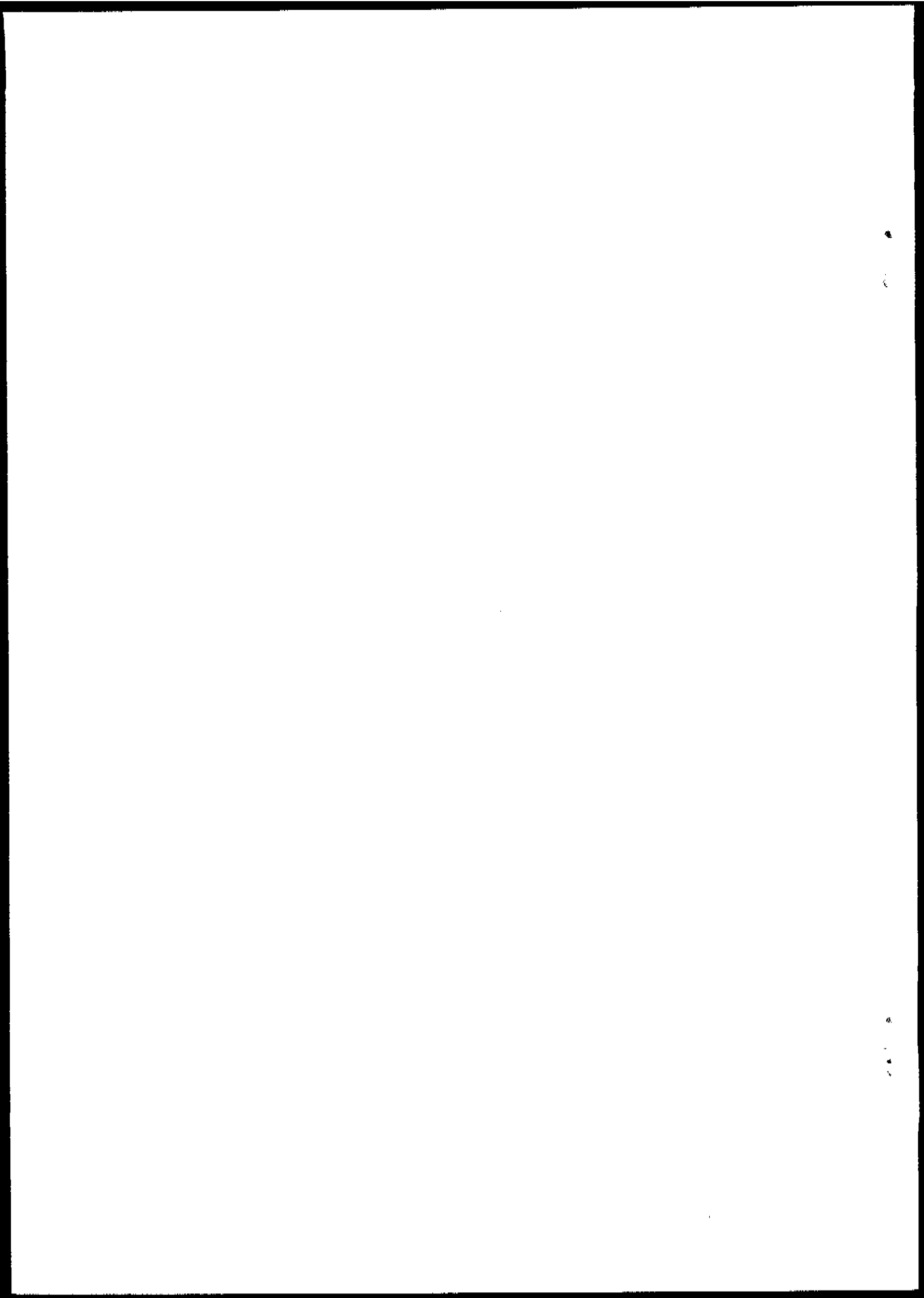
Also attached is a list of those medical schools in your country which appeared in the last edition of the World directory of medical schools or in World health forum, based on information received from Member States. The Director-General would be grateful if Member States would indicate whether this list needs to be modified - for example, whether new schools have been created, or whether any of those listed are no longer accredited or have been closed - so that the list can be updated and a questionnaire despatched to new schools.

Should there be no medical school in the country, it would nevertheless be helpful if the questionnaire could be completed, since the information on licensure is useful for the directory.

The Director-General avails himself of this opportunity to renew to Member States the assurance of his highest consideration.

GENEVA, 21 November 1995

ENCLS: (2)





WORLD HEALTH ORGANIZATION

QUESTIONNAIRE FOR THE SEVENTH EDITION OF THE WORLD DIRECTORY OF MEDICAL SCHOOLS

Please **TYPE** your answers or write **CLEARLY** in capital letters.

Questionnaire to be filled in by ministerial authorities

Name of country _____

1. Present number of medical schools* ____

(*institutions offering a programme of medical education leading to qualification as a physician)

2. Duration of the programme of medical education

2.1 Number of years of study required for graduation, including practical training that takes place **BEFORE** the final examination ____

2.2 Is a period of practice and/or government service required **AFTER** the final examination but **BEFORE** the degree is awarded?

No ____ Yes ____ (specify no. of years)

2.2.1 If yes, what type of service/practice is allowed to meet requirements?

- supervised clinical practice in a specialty? _____
- supervised clinical practice in general medicine or general practice? _____
- public health practice? _____
- practice in a rural area? _____
- other (please specify) _____

3. Title of degree awarded:

3.1 in the language of the country _____

3.2 in English or French _____

4. Medical registration/licence to practise

4.1 Is medical registration and/or licensure obligatory for the practice of medicine in your country?

No ___ Yes ___

If yes, give name and address of authority responsible for:

4.1.1 registration

4.1.2 licensure

4.1.3 further information, if not either of the above

4.1.4 Do the separate states or provinces have their own licensing authority?

No ___ Yes ___

If yes, please attach a list of names and addresses.

4.2 Please specify all requirements to obtain full and unrestricted licence to practise for:

4.2.1 nationals who have qualified in your country

4.2.2 nationals who hold a foreign medical degree

4.2.3 non-nationals who have qualified in your country

4.2.4 non-nationals who hold a foreign medical degree

4.3 Name of the document that shows full registration and/or full and unrestricted licence to practise medicine:

4.3.1 in the language of your country _____

4.3.2 in English or French _____

4.3.3 Provide name and address of the organization that issues the above document

4.4. If full registration or full licence to practise medicine is **not** shown in a separate document, please describe how it is shown on the degree certificate:

4.5 Are graduate physicians under obligation to work in government service **BEFORE** full registration or full and unrestricted licence to practise?

No ___ Yes ___ (please specify no. of years)

4.5.1 If yes, what type of service is allowed to meet requirements?

- clinical practice in a specialty? _____
- clinical practice in general medicine or general practice? _____
- public health practice? _____
- practice in a rural area? _____
- other (please specify) _____

4.6. Are graduate physicians under obligation to work in government service **AFTER** full registration or full and unrestricted licence to practise?

No ___ Yes ___ (please specify no. of years)

4.6.1 If yes, what type of service is allowed to meet requirements?

- clinical practice in a specialty? _____
- clinical practice in general medicine or general practice? _____
- public health practice? _____
- practice in a rural area? _____
- other (please specify) _____

5. **Mutual recognition of qualifications**

Is your country a participant in any bilateral or multilateral agreements concerned with the mutual recognition of qualifications and/or experience of physicians?

No ___ Yes ___

If yes, please specify those agreements and countries
