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Menntamálaráðuneytið  
Þorgerður Katrín Gunnarsdóttir  
menntamálaráðherra  
Sölvhólsögötu 4  
150 Reykjavík

Reykjavík, 29. febrúar 2008  
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**Efni: Viðbrögð Háskóla Íslands við lokaskýrslum sérfræðinganevnda um viðurkenningu á fræðasviðum félagsvísinda og heilbrigðisvísinda**

Vísað er til tveggja bréfa menntamálaráðuneytis, dags. 8. febrúar sl., sem fylgdu lokaskýrslum sérfræðinganevnda (sem trúnaðarmál) vegna umsókna Háskólans um viðurkenningu fyrir fræðasvið félagsvísinda og heilbrigðisvísinda. Í bréfum ráðuneytis var óskað eftir því að athugasemdir – ef einhverjar eru – berist ráðuneyti innan þriggja vikna frá dagsetningu bréfsins.

Fyrir hönd Háskóla Íslands er starfsfólki menntamálaráðuneytisins sem að málinu kom færðar þakkir fyrir gott samstarf um þetta verkefni og sömuleiðis starfsfólki RANNÍS og erlendu sérfræðingunum sem skipuðu matsnefndirnar og settu saman skýrslurnar um fræðasviðin.

Þær deildir Háskóla Íslands sem hlut áttu að máli voru lagadeild, viðskipta- og hagfræðideild og félagsvísindadeild vegna fræðasviðs félagsvísinda og læknadeild, lyfjafræðideild, tannlæknadeild og hjúkrunarfræðideild vegna fræðasviðs heilbrigðisvísinda. Viðkomandi deildir Háskólans áttu þess kost að gera athugasemdir og setja fram ábendingar við drög að matsskýrslum á fyrri stigum umsóknarferlisins. Nokkrar þessara athugasemda og ábendinga voru teknar til greina. Ekki er talin ástæða til þess nú, er lokaskýrslur liggja fyrir, að gera sérstakar athugasemdir við efni skýrslanna og efnistöð umfram það sem fram kemur í meðfylgjandi bréfum deildanna.

Vinnan við undirbúning umsókna um viðurkenningu þessara fræðasviða var í senn umfangsmikil og gagnleg og mun eðli máls samkvæmt í senn nýtast í starfi Háskólans almennt og á þeim fræðasviðum sem hér eiga hlut að máli, eins raunin er á fræðasviðum hugvísinda, verk- og tæknivísinda og náttúruvísinda sem fengu viðurkenningu með bréfi ráðherra 3. september 2007 við lok fyrri hluta viðurkenningarferlisins.

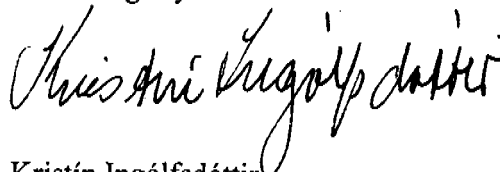
Ábendingar um starfsemi fræðasviðanna sem fram koma í skýrslunum komu í flestum tilvikum ekki á óvart. Allar ábendingar og athugasemdir verða vandlega yfirfarnar í samvinnu við viðkomandi deildir og brugðist við þeim eftir því sem kostur er.

Eins og fram kom í bréfi rektors til ráðherra 22. ágúst sl., er brugðist var við lokaskýrslum sérfræðinefnda á fræðasviðum hugvísinda, verk- og tæknivísinda og náttúruvísinda, hefur Háskóli Íslands á undanförunum fáum árum gengist undir nokkrar ytri úttektir sem ýmist hafa tekið til Háskólans í heild eða einstakra deilda hans. Allar þessar úttektir hafa staðfest mjög sterka stöðu Háskólans sem kennslu- og rannsóknastofnunar. Þær hafa nýst vel í starfi skólans og rennt stoðum undir stefnu Háskóla Íslands 2006-2011 sem samþykkt var á háskólafundi 5. maí 2006 og staðfest af háskólaráði 11. maí 2006. Þær hafa ennfremur reynst gagnlegar við endurskoðun á skipulagi og stjórnkerfi Háskólans sem samþykkt var á háskólafundi 19. október 2007 og í háskólaráði 23. október 2007 og 17. janúar sl. Um þessar mundir er unnið að útfærslu skipulags stoðþjónustu og stjórnsýslu á vettvangi sameiginlegrar stjórnsýslu, fræðasviða og deilda skólans.

Í kjölfar stefnumörkunar Háskóla Íslands var hinn 11. janúar 2007 undirritaður samningur á milli menntamálaráðuneytisins og Háskólans um kennslu og rannsóknir sem gildir til ársloka 2011. Sameiginleg markmið samningsaðila eru að tryggja gæði kennslu og rannsókna við Háskóla Íslands, stuðla að metnaðarfullri framþróun í starfsemi skólans á samningstímanum og að skapa forsendur fyrir því að Háskólinn öðlist viðurkenningu sem háskóli í fremstu röð í heiminum. Í samningnum kemur fram að Háskólinn muni aðlaga starfsemi sína nýjum lögum um háskóla á samningstímanum, m.a. að afla sér viðurkenningar á þeim fræðasviðum sem skólinn starfar á. Sem fyrr greinir hefur Háskóli Íslands, í fyrri áfanga viðurkenningarferlisins, fengið viðurkenningu fyrir fræðasvið náttúruvísinda, verk- og tæknivísinda og hugvísinda og lagði í framhaldi af því fram umsókn um heimild til þess að bjóða upp á doktorsnám á þessum fræðasviðum, sbr. reglur nr. 37/2007 um doktorsnám í háskólum samkvæmt 7. gr. laga um háskóla nr. 63/2006. Fram er nú komin lokaskýrsla sérfræðinganefndar um þá umsókn sem við er brugðist í öðru bréfi.

Með umsóknunum fyrir fræðasvið félagsvísinda og heilbrigðisvísinda sem nú hafa sætt mati sérfræðinga, eins og hinar fyrri umsóknir, telur Háskólinn sig hafa uppfyllt markmið samningsins við ráðuneytið fyrir öll fræðasvið skólans. Þegar er hafinn undirbúningur innan Háskólans að umsókn um heimild til þess að bjóða upp á doktorsnám á þessum tveimur fræðasviðum.

Virðingarfyllt



Kristín Ingólfssdóttir  
rektor



Þórður Kristinsson  
Kennslusvið HÍ  
Aðalbygging

Reykjavík, 26. febrúar 2008

Efni: Viðbrögð hjúkrunarfræðideildar við lokaskýrslu sérfræðinganefndar vegna umsóknar HÍ um viðurkenningu.

Hjúkrunarfræðideild fagnar skýrslu sérfræðinganefndarinnar vegna umsóknar hjúkrunarfræðideildar um viðurkenningu á fræðasviði sínu. Umsóknarferlið reyndist deildinni gagnlegt og upplýsandi. Jafnframt hefur samvinna við aðrar heilbrigðisvísindadeildir verið mikils virði. Ábendingar um atriði sem mætti betur fara verða sérstaklega skoðuð með tilliti til áframhaldandi uppbyggingar innan deildarinnar.

Í skýrslu sérfræðinganefndarinnar koma fram mikilsverð atriði en hjúkrunarfræðideild telur nauðsynlegt að skýra betur eftirfarandi:

- Sérfræðinganefndin greinir frá, undir liðum 2.2 og 11.3, að ekki gæti jafnræðis við fjárveitingar til hjúkrunarfræðideildar miðað við aðrar heilbrigðisvísindaeildirnar. Mikilvægt er að þetta atriði sé sett í skýrt samhengi við ýmsar aðrar staðreyndir. Í ljósi takmarkaðrar fjárveitingar til margra ára hefur ekki reynst unnt að ráða fleiri fastráðna kennara í fullt starf, mikið vinnuálag er á kennara deildarinnar, mikill fjöldi stundakennara kemur að náminu og fjármögnun ekki nægjanleg til að halda úti kennslu í litlum hópum. Jafnframt er vinnuálag aðstaða kennara og aðstaða til að kenna nemendum áður en þeir fara á deildir sjúkrastofnana ófullnægjandi. Öll þessi atriði tengjast fjárveitingu til námsins og er mikilvægt að bæta til að stuðla að gæðum náms í hjúkrunarfræði.
- Sérfræðinganefndin telur það vera veikleika á doktorsnámi í hjúkrunarfræðideild að alþjóðleg tengsl og áhrif séu/verði ekki nægjanleg. Á það skal bent að í þeim doktorsnefndum sem þegar hafa verið settar á fót er erlendur fræðimaður í þeim öllum. Nemendur hafa einnig sótt námskeið og dvalið um lengri og skemmri tíma erlendis í tengslum við námið. Erlendur fræðimaður kennir einnig kjarnanámskeið í doktorsnáminu.

- Í samantektinni undir lið 11.3 koma vart fram neinir styrkleikar deildarinnar. Hins vegar er margvíslegra styrkleika getið í skýrslunni eins og undir lið 4.1. Má þar nefna þá styrkleika að hafa verið í forystu um hjúkrunarmenntun síðan 1973, hafa orðið sjálfstæð deild innan HÍ árið 2000, að nemendur úr hjúkrunarfræði eigi gott með að fara í nám í virtum skólum erlendis, að hjúkrunarfræði hafi með háskólamenntun sýnt fram á styrkleika sína í íslensku samfélagi, að kennarar deildarinnar eru menntaðir við virtar menntastofnanir erlendis og að ritrýndar greinar hafi aukist um 60% á örfáum árum.

Hjúkrunarfræðideild vill að lokum leggja áherslu á það meginatriði að naumar fjárveitingar hafa hamlað starfsemi deildarinnar hvað varðar kennslu og rannsóknir en ekki síður er lýtur að þekkingarþróun og alþjóðlegu samstarfi. Samfélagið kallar á aukinn fjölda hjúkrunarfræðinga, auk sérfræðiþekkingar í hjúkrunar- og ljósmóðurfræði á landsvísu og því eru ábendingar sérfræðinefndarinnar afar mikilvægar nú til að efla frekar hjúkrunarfræðimenntun innan Háskóla Íslands.

Virðingarfyllst,



Sóley S. Bender,  
deildarforseti



Reykjavík 22. febrúar 2008

Kristín Ingólfssdóttir  
Rektor Háskóla Íslands

### **Viðbrögð lyfjafræðideildar vegna skýrslu sérfræðinefndar um viðurkenningu á fræðasviði heilbrigðisvísinda.**

Lyfjafræðideild fagnar niðurstöðu sérfræðinefndarinnar um viðurkenningu á fræðasviði heilbrigðisvísinda og þakkar góðar ábendingar sem fram koma í skýrslunni. Lyfjafræðideild hefur ekki efnislegar athugasemdir við skýrsluna en vill koma eftirfarandi á framfæri:

Það er ánægjulegt að sjá að sérfræðinefndin viðurkennir sterka stöðu lyfjafræðideildar og tiltekur fjölda styrkleikapunkta í umsögn sinni um deildina undir lið 11.5 í skýrslunni:

**Liður 1** tiltekur skýra stefna deildarinnar. Það má bæta við að lyfjafræðideild fylgir skýrri stefnu sinni fast eftir og hefur síðan 2006 sett sér framkvæmdaáætlun í upphafi hvers árs, og vel hefur gengið að framfylgja stefnunni.

**Undir lið 2 og 3** er undirstrikað hversu vel menntaðir og rannsóknalega virkir kennarar lyfjafræðideildar eru. Þetta er grundvallaratriði þegar kemur að því að framfylgja stefnunni.

**Liðir 5, 6 og 7** er varða fjölda einkaleyfa, sprotafyrirtæki, samstarf við stofnanir og fyrirtæki og stofnun Rannsóknastofnunar um lyfjamál, eru styrkleikar sem allir eru til komnir vegna hæfni, metnaðar og vinnusemi kennara deildarinnar.

**Liðir 4, 8 og 9** varða nemendur og benda á að kostur sé að kennt er í tiltölulega fámennum hópum, fjöldi brautskráðra nemenda úr deildinni fari vaxandi og að þeir séu eftirsóttir á vinnumarkaði.

Varðandi liði 10, 11 og 12 viljum við koma eftirfarandi á framfæri:


**Liður 10** kemur inn á skort á stoðþjónustu. Þarna er sérstaklega átt við hamlandi skort á stoðþjónustu á rannsóknastofum. Þetta er verkefni sem lyfjafræðideild er mjög meðvituð um og vinnur að því að leysa á komandi misserum. Vandamálið snýst um fjárveitingar.

**Liður 11** fjallar um takmarkaða aðstöðu lyfjafræðinema og þröngan húsakost lyfjafræðideildar. Úrbætur hvað þetta varðar eru þegar hafnar, kennslustofur og hópinnurými fyrir nemendur voru tekin í notkun í Neshaga 16, næsta húsi við lyfjafræðideild þegar Alþjóðaskrifstofa háskólastigsins flutti þaðan í Háskólatorgið í lok síðasta árs. Lyfjafræðideild hefur einnig fengið til umráða tvær skrifstofur á 2. hæð í Neshaga 16. Þetta eru tímabundnar ráðstafnanir en framtíðaraðsetur lyfjafræðideildar mun verða í nýrri byggingu heilbrigðisvísindasviðs Háskóla Íslands í tengslum við nýbyggingar LSH.

**Liður 12** fjallar um lítið úrval valnámskeiða í lyfjafræðinni. Undanfarna mánuði hafa kennarar lyfjafræðideildar auk fulltrúa nemenda unnið að endurskoðun lyfjafræðinámsins og nýtt námskipulag mun taka gildi haustið 2008. Samkvæmt nýju skipulagi mun valnámskeiðum fjölga og stefnt að því að allar einingar á seinna ári meistaranámsins verði val.

Það var bæði gagnlegt og ánægjulegt að fá sérfræðinefndina í heimsókn og erum við sátt við niðurstöður hennar. Við fögnum öllum ábendingum um hvað betur má fara og kunnum að meta viðurkenningu fyrir það sem vel er gert.

Fyrir hönd lyfjafræðideildar,

  
Elín Soffía Ólafsdóttir, deildarforseti

## Athugasemdir frá læknaeild HÍ vegna „Accreditation Report - Field of Health Sciences, University of Iceland”:

Í skýrslunni 11.6.1 segir að læknaeild hafi verið eina deildin án uppfærðar stefnuáætlunar eða stefnuyfirlýsingar. Læknaeild birti stefnu sína, “Stefna læknaeildar 2006 – 2011” á sama tíma og hinar þrjár deildirnar innan heilbrigðisvísindasviðs. Stefnan hefur verið þýdd á ensku og báðar útgáfunar, sú enska og íslenska hefðu átt að vera með umsókninni enda þeirra getið í viðhengjalista (Appendix Læ33). Svo virðist sem að einungis íslenska skjalið hafi farið með. Við biðjumst afsökunar á þessum mistökum og enska útgáfan er hér með látinn fylgja.

En nánast allar þær breytingar sem um er rætt í 11.6. 5-8 hafa verið ræddar í smáatriðum í nefndum og ráðum deildarinnar. Niðurstaðan hefur verið að, a.m.k. sumir þessara þátta séu þess eðlis að vert sé að prófa þá. Fyrir liggja áætlanir um að gera það á næstu misserum. Vandamálið hefur verið að deildin býr við mjög þröngan fjárhag svo það hefur ekki verið hægt að fjölga starfsmönnum í stjórnun deildarinnar.

Deildin mun nota þá gagnrýni sem viðurkenninganefndin (Accreditation committee) hefur sett fram til þess að rökstyðja beiðnar um auknar fjárveitingar til stjórnunar deildarinnar.

Þrátt fyrir skort á fjármunum og undirmönnun hefur deildin náð þeim óumdeilanlega árangri að útskrifa vel menntaða lækna, lækna með menntun sem stenst ítrasta alþjóðlegan samanburð.

Þegar eru til staðar ferlar til þess að fylgjast með framgangi á þeim sviðum sem nefndin telur að úrbóta sé þörf.

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Í ljósi jákvæðra niðurstaðna í viðurkenningarskýrslunni, (Conclusions 2.5, 3.2, 4.5, 5, 6.3, 7.9, 8, 9 og 10), þarf að ræða frekar samantekt nefndarinnar um læknaeild (Summary of findings applicable to the Faculty of medicine). (Conclusion 9 virðist eiga við um lyfjafræði eingöngu og þarf sú framsetning frekari skýringar.

**Um fyrsta kafla: 1.3 Terms of Reference** – Meðal áhersluatriða sem eiga að vera í úttekt nefndarinnar eru rannsóknir og kennsla til viðbótar við umfjöllun um starfsmenn og sérfræðipækkingu-/reynslu. Læknaeild endurtekur fyrri athugasemdir, að það er í raun hvergi fjallað um rannsóknarvirkni í deildinni jafnvel þó að í umsókninni hafi verið vakin athygli á því að rannsóknir starfsmanna deildarinnar hafi endurtekið skipað sér á sess með því sem best gerist í heiminum. Það er t.d. mælt með fjölda ISI greina miðað við 100 þúsund íbúa og jafnframt með mjög háum tilvitnanastuðli (citation index) eins og t.d. kemur fram í meðfylgjandi OECD skýrslu, sem gerð var að beiðni Finna. (sjá meðfylgjandi, Læ 2). Þar sem lækisfræði fléttar saman á mjög náinn hátt þjónustu við sjúklinga, rannsóknir og kennslu, eins og endurtekið er viðurkennt í viðurkenningaskýrslunni, þá er erfitt að skilja þennan skort á umfjöllun, sérstaklega þar sem að rannsókn er getið í umræðu um hinar deildirnar.

**Skipulag og framkvæmd kennsluskipulags (Curriculum):** Á bls. 17 í skýrslunni eru sett fram/tekið undir mjög jákvæð ummæli um kennslu í læknaeild sem og um erlend tengsl og samskipti og samanburð. Í Samantektinni (11.2.1, 11.2.2, 11.2.3) eru tilteknaðar aftur góðar athugasemdir um endurnýjun mannauðs í deildinni, almenna veikleika í uppbyggingu (infrastructure) og að kennarar í fullu starfi séu fáir. Þetta eru allt þættir sem hafa ítarlega verið ræddir innan deildarinnar. Þessi yfirsýn og þetta innsæi viðurkenninganefndarinnar er mjög ganglegt til þess að leggja frekari áherslu á þessa þætti og verða vonandi hjálplegir

deildinni við að leita eftir frekari stuðningi opinberra aðila og Háskólans til frekari uppbyggingar og úrbóta.

**Í 11.2.4 er sett fram sú athugasemd að svo virðist sem að stúdentar hafi mjög takmörkuð tækifæri til þess að hafa áhrif á skipulag læknakennslu.** Hér hlýtur að vera um einhvern misskilning að ræða þar sem að stúdentar hafa virka fulltrúa í kennsluráði, á deildarfundum, í deildarráði sem á öðrum þeim vettfangi sem fjallar um skipulag kennslu. Stúdentar hafa verið virkir þátttakendur og ábendendur um það sem betur má fara og eru m.a. í þeim hópi er stóð fyrir síðustu endurskoðun á kennslufyrirkomulagi í deildinni.

**Við getum ekki annað en glaðst yfir athugasemdum í 11.5 um lyfjafræðideild en viljum benda á það, að megnið af þeim athugasemdum/punktum við eiga á sama hátt við um læknadeild.**

**Í 11.6.1 er réttilega bent á að síðasta heildarendurskoðun á kennslufyrirkomulagi og kennsluskrá hafi verið gerð fyrir u.þ.b. 5 árum síðan.** Nýja kennslufyrirkomulagið hófst 2003-2004 og þ.e. það tekur 6. ár að keyrast til enda, er það enn að fara í gang. Fyrsti stúdentahópurinn sem farið hefur í gegn um nýja prógrammið mun ljúka námi 2009. Í upphafi breytinganna, þegar að fyrst var breytt frá gamla fyrirkomulaginu yfir í það nýja, kom fram mjög einlæg gagnrýni frá nokkrum stúdentum sem að leiddi til ákveðinna breytinga og endurskoðunar, sem voru settar inn að óskum stúdenta. Námskráin hefur síðan og verður áfram, stöðugt undir endurskoðun og í umræðu og hefur verið svo á fundum innan deildarinnar. Stúdentar eiga fulltrúa af hverju námsári á þessum fundum og samanstendur kennsluráð af fulltrúum þeirra og fjórum kennurum. Kennsluráð er undir stjórn varadeildarforseta sem jafnframt er þannig formaður kennsluráðs.

**11.6.2, 11.6.3, 11.6.4** eru mjög jákvæðar og lýsa góðu innsæi.

**11.6.5** Ekki er hægt að fallast á að það skorti á yfirsýn og samhæfingu í kennsluskipulagi. Jafnvel þó að skrifstofan sé undirmönnuð, þá tekst samt skrifstofunni að skipuleggja yfir 3000 fyrirlestra á hverju ári til viðbótar við fjöldan allan af verklegum æfingum og verklegum námsskeiðum. Slíkt er ekki framkvæmanlegt án þess að hafa nákvæma yfirsýn og djúpa þekkingu á kennslufyrirkomulaginu í smáatriðum.

Kaflinn sem fjallar um markmið kennslu og afrakstur starfs deildarinnar (Learning outcomes) (9) sýnir hvernig skipulagið byggir á kjarnanámi með tveimur stórum val tímabilum á 3. og 6. ári, rannsóknarval og almennt val. Þetta kennslufyrirkomulag er byggt á nákvæmri skoðun á kennslufyrirkomulagi margra erlendra skóla sem og þeirri reynslu sem fengist hefur með þátttöku á Evrópskum, Norrænum og alþjóðlegum þingum um læknánám (Medical education) Það eru nálægt 2000 læknaskólar í heiminum og þeirra kennslufyrirkomulag er mjög mismunandi frá einum skóla til annars. Það sem horft er til er gæði útskriftarárganga og samkvæmt viðurkenningarskýrslunni er það mælikvarði sem Íslendingar geta fyllilega sætt sig við og jafnvel stært sig af. Að segja að yfirsýn og samhæfing sé stórlega gölluð, getur í þessu samhengi einfaldlega ekki staðist og er gjörsamlega röng og órökstudd.

**11.6.6.** Samþáttun innan ára og milli ára (vertical integration and horisontal integration) er viðvarandi umræðuefni á alþjóðþingum um læknanemakennslu og hefur verið svo í mörg ár. Skólar leysa þetta mál á mismunandi hátt. Dýrasta er, þegar fleiri en einn kennari koma saman í eina kennslustund. Mjög margir skólar ganga hins vegar alveg í hina áttina og eru einungis með fyrirlestra og ætlast síðan til að nemendurnir sjálfir samþætti í huga sér. Litlar deildir eins og hér á Íslandi geta sjaldnast leyft sér þann munað að setja fleiri en einn kennara í hverri kennslustund. Það hefur verið sæst á þá lausn, einkum í preclinical árunum, að leysa þetta

með sérstökum umræðuhópum og vandamiðaðri nálgun (problem based learning (PBL)) til þess a.m.k. að nemendum sé innprentuð aðferðafræðin við samþáttun. Klínískt nám byggir í sjálfu sér á samþáttun (horizontál) milli ára sem og vertical innan greina og það hefur verið lögð rík áhersla á þetta í kennslu og starfsþjálfun. Þá hefur á 3. ári verið reynt að setja til hliðar tíma til þess að tengja grunngreinar og klínískar greinar og kennarar mismunandi ára leiðir þar saman.

**11.6.7.** Umræðan um göt (gaps) og tvítekningar (redundancies: óþarfa endutekningar) hefur einnig verið mjög áberandi á alþjóðavettvangi. Flestir eru sammála um það að göt í svo yfirgrípsmiklu námsefni sé ekki hægt að útiloka. Það verði að viðukenna þau og benda á þau og tryggja það að nemendur hafi tileinkað sér þá aðferðafræði að þeir geti fyllt upp í götin þegar á þarf að halda. Endurtekningar eru nátengdar skörun. Í umræðunni er það að sjálfsgöðu ekki talið æskilegt að mikið sé um óþarfa endurtekningar. Því er hins vegar ekki neitað að það geti verið afskaplega gagnlegt fyrir nemendur að heyra fjallað um sömu þættina, sömu vandamálin á fleiri en einn hátt og frá sjónarhóli fleiri en einrar sérgreinar. Þannig er mjög mikilvægt í raun að nemandi fái umfjöllun um t.d. hjartabilun út frá sjónarhóli lífeðlisfræðinnar, meinafræðinnar, lyfjafræðinnar, lyflæknisfræðinnar, handlæknisfræðinnar og endurhæfingarfræðinnar. Hér er auðvitað um ákveðna endurtekningu að ræða en skapar samt eina nauðsynlega heild.

Hvað varðar „bútavandamálið“ (piece meal) hafa á síðustu árum verið reyndar ýmsar leiðir til þess að skipuleggja námskeið í einstökum greinum. Þannig var reynt að hafa heilsárskúrsa í preklínískum fögum svo sem eins og lífeðlisfræði, lífefnafræði og líffærafræði. Vandamálið er það að próf stjórna námi og það bar greinilega á því að stúdentar byrjuðu ekki að læra þessi fög fyrr en eftir áramót. Þá var reynt að setja desember- og maípróf með nokkrum bata. Þegar kennslufyrirkomulagi var breytt núna síðast var góð samstaða um það að ganga enn fram og leggja áherslu á kennslu í smærri blokkum innan faggreina eða jafnvel líffæra/líffærakerfa. Þannig eru nemendur hverju sinni í einungis einni aðalgrein eða mjög fáum og próf í lok hverrar blokkar. Þetta fyrirkomulag er þegar farið að sýna árangur. Þetta fyrirkomulag gerir hins vegar auknar kröfur til þeirra sem sjá um samþáttun og kallar á meiri yfirsýn og samhæfingu kennslustjóra og skrifstofu.

**11.6.8.** Við tökum undir þær skoðanir nefndarinnar að mikið af þeim vandamálum sem nefnd hafa verið stafi af skorti á starfsfólki í stjórnun deildarinnar. Ýmsar þær hugmyndir sem að ofan eru tilgreindar og settar hafa verið fram af nefndinni eru samt sem áður micro management stigi og hafa verið ræddar ítarlega innan deildarinnar m.a. til þess að ná betri samvinnu milli kennara innan hvers árs og milli ára. Í þessum umræðum þá hafa komið fram áhyggjur af þeirri hugmynd að setja upp sérstakan kennslustjóra fyrir preklínískt nám þar sem það geti þvert á móti unnið gegn samþáttun með einangrun preklíníska námsins.

Umræða um símsvörun á skrifstofu deildarinnar kemur okkur á óvart að hún sé sett fram með neikvæðum formerkjum. Þvert á móti hefur þetta gefist vel og þjónusta skrifstofunnar og þessa tiltekna skrifstofumanns hefur verið með miklum ágætum og er eitt af grundvallaratriðum þess að svo fáliduð skrifstofa og stjórnun geti haldið úti svo veigamikilli starfsemi sem starfsemi læknadeildar er. Á sama tíma og þessar athugasemdir berast, hefur m.a. komið til okkar gestakennari frá Noregi sérstaklega til þess að hæla þeirri þjónustu sem hann hefur fengið á deildinni og eftir samanburð við samskonar þjónustu í hans skóla í Noregi. Þetta fyrirkomulag leiðir til þess að oft tekst að leysa úr vandamálum, stórum og smáum, fyrir stúdenta og kennara á faglegan og skjótan hátt.



**11.6.9** Það kemur okkur ekki á óvart en við erum að sjálfsögðu mjög ánægð með það að við útskrift séu læknanemar vel menntaðir og eftirsóknaverðir til frekari náms og starfa. Þetta er ekki einungis stutt af ummælum stúdenta heldur af alþjóðlegum prófum sem tilgreind eru og fengin hafa verið frá Bandaríkjunum. Sömuleiðis sýnir listi yfir þær stofnanir sem nemendur deildarinnar sækja til eða fá inngöngu í til framhaldsnáms, að þar er um að ræða heimsþekktar stofnanir sem ekki tekinn inn í hvað aukvisi sem er.

Að teknu tilliti til þessara þekktu staðreynda eru þær athugasemdir að (verulegir) gallar séu á kennslufyrirkomulagi og framkvæmd þess í deildinni, óskiljanlegar og geta alls ekki átt við rök að styðjast. Við trúum því að sum af þeim ummælum sem vitnað er til, s.s. eins og „a state of chaos“, séu einhverjar tilvitnanir eða dæmi tekin úr spjalli nefndarinnar aðallega við nemendur, en byggji ekki á vel úthugsuðum eða athugasæðri eða rannsóknarvinnu eða staðreyndasöfnun eins og halda mætti að væru eðlilega fagleg vinnubröð. Það var t.d rætt um þessi atriði beint við deildina eða leitað skýringa á því af hverju þetta ætti að eiga við.

Breytingar eru ekki sama og óreiða en eins og fram hefur komið áður, þá hefur verið í breytingum á kennslufyrirkomulagi reglulega verið leitað eftir álit og ábendingum stúdenta og kennara. Breytingar hafa því verið gerðar árlega til að mæta þeim athugasemdum sem talið hefur verið að eigi við rök að styðjast. Þetta hefur leitt til þess að kennslufyrirkomulagið og breytingar á þeim hafa færst stöðugt til betri vegar en þýðir á móti að það eru breytingar (smávægilegar) gerðar á hverju ári. Þetta er sveiganleiki en ekki óreiða.

**11.6.10** Er mjög tímabært og skilningsrík athugasemd.

Í ljósi ofangreindra athugasemda getur deildin ekki séð nokkur rök fyrir þeirri tillaga að læknadeildin skuli vera endurmetin eða fari undir sérstakt eftirlit fyrr en aðrar deildir innan heilbrigðisvísindasviðs. Deildin mun að sjálfsögðu halda áfram að hagnýta sér ráðgjöf sérfræðinga og skoða áfram allar tillögur, m.a. frá stúdentum, sem gera deildina betri og reynslu stúdenta í deildinni gagnlegri.

Stefán B. Sigurðsson, forseti læknadeildar

Kristján Erlendsson, varadeildarforseti og formaður kennsluráðs

## Comments from the Faculty of Medicine on „Accreditation Report “Field of Health Sciences, University of Iceland:

In the report in 11.6, part 1 it says that the Faculty of Medicine „was the only one without a current updated strategic plan and vision statement“. The Faculty of Medicine published its *Faculty of Medicine Policy 2006 – 2011* at the same time as the other three Faculties in the field of Health sciences. The policy had been translated into English and both versions should have been sent with the application (Appendix Læ33), but it seems that only the one in Icelandic was sent. We apologize for that and the English version is now attached to this letter.

Most of the changes that are suggested in 11.6 parts 5-8 have been discussed thoroughly in committees and it has been decided that at least some of them will be put in effect within the next two semesters. Lack of funding has always been a problem at the Faculty, therefore we have not been able to increase the staff as necessary at the management level. The Faculty intends to use the critic of the Accreditation committee to get more funding and increase the staff.

Despite lack of funding and under staffing, the faculty has succeeded to produce graduates of high quality.

Mechanism is already in place to review progress in those areas identified by the committee as being deficient.

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In view of the favorable conclusions in the Accreditation report, (2.5, 3.2, 4.5, 5, 6.3, 7.9, 8, 9 and 10), the Summary of findings applicable to the Faculty of medicine, needs a further discussion. (Conclusion 9 seems only apply to Pharmacy that needs still a further clarification).

**In the first chapter: 1.3 Terms of Reference** – The emphasis is said to be on research and teaching in addition to staff and expertise. The Faculty of Medicine repeats its notice from previously, that there is no mention of research activity at the Faculty of Medicine even though in the original application there are put forward evidence of very high quality international research activity as judged by number of ISI articles per hundred thousand inhabitants with a very high citation index as documented in the OECD report well cited in the application (ref, Læ 2 and acc.). As in medicine service to patients, research and teaching is tightly interwoven as is repeatedly acknowledged in the Accreditation report, this omission is hard to understand, especially as research is mentioned in the discussion on the other faculties.

**On organization and execution of curriculum:** On page 17 in the report there are favorable comments on teaching in the Faculty of Medicine, also about foreign relations and comparison.

In the Summary of findings (11.2.1, 11.2.2, 11.2.3) there are also some very good points about faculty renewal the general deficiency of infrastructure and a small number of full time faculty. Those are all points that have been discussed within the Faculty of Medicine. This insight of the Accreditation committee is very helpful to further emphasize this point and can be very helpful in seeking further/necessary (fiscal) support and improvement from the University and the Government.

**In 11.2.4 it is set forward that it appears to be very limited opportunities for students to influence the educational programs.** There must be some misunderstanding here as the students have an active presentation on the Curriculum committee, at the General assemble and at the General board of the Medical faculty. They have been instigators in a number of changes and adjustments as best can be seen in the development of the most recent curriculum changes.

**We are very happy to see the comments in 11.5 about Pharmacy and point out that the majority of the points there could/should similarly be listed for the Faculty of medicine.**

**In 11.6.1** In the Accreditation rapport it's correctly pointed out that the last major revision took place about 5 years ago. The new curriculum started in 2003/2004 and is still in process. The first group of students that will have gone through the new curriculum will finish their studies in 2009. During the changeover from the old curriculum to the new one there were some fierce criticism from some of the students that resulted in some changes and revisions were made to meet the student's wishes.

The curriculum is regularly discussed at the meetings of the Faculty teaching committee/curriculum committee. The committee includes four teachers and students have a representative for each of the six years. The committee is headed by the Associate dean of teaching.

**11.6.2, 11.6.3, 11.6.4** Very positive and insightful comments.

**11.6.5** It cannot be agreed upon, that there is a lack of overview and coordination of the curriculum. Even though short staffed and with a small office, the staff manages to organize over 3000 lectures every year in addition to a multitude of practical courses. That cannot be done without an extensive overview and knowledge of curriculum in minute details. The chapter that describes the Learning outcomes (9) shows a general structure of a core curriculum with two major periods of electives, laboratory and general. This curriculum is generated after an extensive study of curriculum of many other medical schools as well as participation in European, Scandinavian and International meetings on a medical education. There are close to 2000 medical schools in the world and their curriculum build-up is different from one school to another. The quality of the "product" is the important thing and according to the Accreditation report it is very good at the Icelandic Medical School. To say that overview is lacking is a very harsh criticism considering the above.

**11.6.6** As for integration this is a subject that has been discussed at international forums for many years. Different schools have solved this in different ways. The most teacher intensive solution is when there are more than one teacher in each class but there are also schools where students are simply thought in lectures and the responsibility left to them to integrate. Small schools such as the Icelandic Medical Faculty do not have the luxury to put more than one teacher in each class. Attempts to work on this especially in the preclinical years include use of special discussion groups and PBL to at least teach the methods of integration. Clinical training is by definition an exercise in integration and the Faculty has emphasized on this in the clinical years as well as in the third year where there are in fact special sessions attended by the more than one teacher simultaneously.

**11.6.7.** The discussion about gaps and redundancies has also been prevalent in international discussions of medical education. Most of the people seem to agree that the gaps cannot be avoided and the redundancies are closely related to "overlap". Most people of pedagogic seem to agree that certain degree of overlap is beneficial for the student especially where the students are introduced to the same problem with the view of many disciplines; such as the view of the physiology teacher, pathology teacher, pharmacology teacher and the clinicians.

As for the "peace meal" problem we have tried to have yearlong courses especially in the preclinical years such as in physiology, biochemistry and anatomy. The problem is that exams govern studies and with that organization the students didn't start to take their studies seriously until after the New Year. There were some improvements when the examinations were moved to May and December. At the last curriculum reform it was agreed upon that we would go even further and teach intensively one subject or one organ, "subject blocks" or "organ system blocks" and end each block with an examination. This arrangement is already showing good results. It makes integration more difficult and calls for more detailed overview by the Dean of teaching and the Faculty office.

**11.6.8.** We agree with the committee's feelings that much of the problems mentioned stem from lack of staff at the managerial level. Many of the ideas that are put forward (in this point) are actually micro management and have been discussed thoroughly within the Faculty to gain a better cooperation from the teachers of each year. We have been worried about that a separate Associate Dean for the preclinical years might in fact distance them more from the clinical years, rather than improve integration.

We are very happy with the staff person noted in this paragraph and have received many favorable comments, amongst other from guests professors from abroad, who regularly comment on how this arrangement manages in a very efficient way to solve quickly many students' and faculty members' problems.

**11.6.9** We are happy to see that note that the graduates are clearly of high quality and are sought out. That is very true and this outcome would not be possible in a very deficient faculty. We therefore believe that some of the comments such as the one of "a state of chaos" are more sort of examples rather than well thought out and substantiated researched observations. Changes are not the same as chaos, although they might seem a bit chaotic to

some of the students at the time. In the period of curricular changes, the Faculty evaluates the curriculum every year and receives some valuable notices, not the least from the students. This process changes the curriculum to a better fit as should be in a vibrant faculty. This means that because of those micro evaluations, there can be changes made from one year to another in the curriculum. That is flexibility not chaos.

**11.6.10** Is a very timely and thoughtful comment.

In view of above notes, we feel that there are no arguments to the suggestion to have the Medical Faculty re-evaluated sooner than the other faculties. We will of course continue to draw on an expert advice as well as suggestions from the students to make the Faculty and the students' experience better and more worthwhile.



**HÁSKÓLI ÍSLANDS**  
**UNIVERSITY OF ICELAND**

**Faculty of Medicine**  
**Policy 2006 -2011**

**Agreed by the Faculty Forum, 7 June and 4 October 2006**

## Dean's Address

In 1911 the University of Iceland was founded by the merging of the Clerical Seminary, School of Medicine and School of Law, each becoming a faculty of the University: the Faculties of Theology, Medicine and Law. A Faculty of Humanities was also founded. The Faculty of Medicine is thus one of the oldest faculties of the University of Iceland. The Faculty has striven from its foundation to be in the forefront of innovation in research and tuition.

The public have great confidence in the Faculty of Medicine; when the Faculty is mentioned, people automatically think of respectable, reliable public servants, whom they can trust to come to their aid in all kinds of physical and mental difficulties, whenever they are needed. People's perception of doctors is that they keep up with new developments in medicine and innovations in their own specialist fields. Physicians are known for campaigning for the newest and best treatments to be introduced as soon as they are fully tried and tested.

A special feature of the Faculty of Medicine from its foundation has been its close ties to hospitals and healthcare facilities. Within the university community the Faculty has often been criticised for the staff's close connection with the daily work of hospitals, the implication being that they are not "real" academics. The Faculty has thus constantly had to prove itself as a university faculty, and this has had a very positive influence upon its development.

The University of Iceland must increase and promote its ties with the National University Hospital and the healthcare sector; reciprocal representation is required in the administration of these institutions, with active participation by the health sciences faculties. The opportunities which are created by the construction of a new university hospital on a single site, together with facilities for the health sciences, must be fully utilised.

Reciprocal recognition of work within each of the institutions must be greatly increased; this applies especially to the University's recognition of the work of those who work both at the University and at the Hospital. In the field of research, less emphasis must be placed upon diversity of research, paying special attention to those fields where the University's faculties can excel, and creating centres of excellence.

The Faculty assigns great importance to retaining the image it has had for nearly a century, and also to being one of the 200 best medical faculties in the world. The Faculty believes that it is close to attaining this objective, and it intends to make its contribution to raising the University of Iceland into the top 100.

Stefán B. Sigurðsson  
Dean, Faculty of Medicine

## **Vision**

### *Research*

The Faculty aims to make the research factor even more dominant in the work of all faculty members, and to ensure that all have adequate research facilities. The Faculty aims for growing collaboration with other faculties of the University of Iceland and other higher education institutions, both in Iceland and overseas. Collaboration between the Faculty of Medicine and the National University Hospital will increase greatly in the new joint university hospital, and not least in the new biosciences centre, with the Institute for Experimental Pathology at Keldur.

The aim is to establish a clinical research institute at the National University Hospital, to be operated jointly by University of Iceland and National University Hospital staff. It is envisaged that there will be postdoctoral students in all fields of scholarship, and the financial basis of MSc and PhD students should be far more secure after the establishment of the Eimskip Fund and increased funding for competitive grants.

### *Tuition*

The aim is to increase coordination within and between subjects, more varied teaching methods and study assessment. More interdisciplinary collaboration is envisaged between the faculties of the University and many universities abroad. Study requirements are to be standardised, taking account of the main comparable universities. The aim is to increase the range of studies offered, which would give all student the option of completing a BSc degree. Coordination of clinical teaching and the daily work of health institutions is to be increased, along with broadening the range of study options available.

### *Administration*

The Faculty aims to be administratively strong, and to have good relations and close collaboration with other health-science faculties. Administrative collaboration with health institutes, especially the National University Hospital, is constantly increasing. The aim is that work units be well-defined, with increasing responsibility and more funding. The aim is that the Faculty of Medicine be more professional and more effective, and that academics be paid competitive salaries.

### *Interaction*

The Faculty aims to maintain effective information flow and publicity efforts, within the Faculty and outside, through a publicity officer. The policy is that the Faculty continue to enjoy a position of respect, and be an active party in all decision-making.



### **The Faculty of Medicine in a nutshell – role**

The Faculty of Medicine comprises three departments: Medicine, Physiotherapy and Radiography/Biomedical Laboratory Science. Faculty staff include Iceland's leading specialists in all fields of biology, medicine and physiotherapy. Over 100 tutors and specialists are tenured, and in addition a large number of sessional tutors are involved in tuition; these academics all have postgraduate training from the leading education and health institutions in the western world. Study of medicine culminates after six years with a professional qualification (*Candidatus/Candidata medicinae*). In physiotherapy a four-year course leads to the degree of BSc, and studies in Radiography/Biomedical Laboratory Science lead to the degree of BSc after three years, and a professional qualification after four years. Restrictions apply to student numbers, due to the limited number of teaching staff, the capacity of clinical wards to undertake teaching, and patient numbers.

Alumni/alumnae of the Faculty are welcomed into the world's leading educational institutions, due to their good experience of people trained by the Faculty. Faculty staff also have strong international connections through their studies abroad, and this helps the Faculty to maintain its outstanding position.

*The role of the Faculty of Medicine in tuition is:* to provide guidance, directly or indirectly, in such a way as to stimulate the student's critical thinking, provide him/her with inspiration, and encourage him/her to seek knowledge independently; to nurture student/faculty interaction in a professional manner, thus prompting their social development; to develop and maintain quality of tuition through international collaboration, coordination and performance evaluation.

The research activity of Faculty staff is deemed high. A major factor here is the contribution of staff who are also employed at the National University Hospital; the Hospital's funding and facilities are important. Vigorous research activity is also carried out by many specialists at the University Hospital, in the healthcare sector, and at institutions related to the Faculty, such as the University of Iceland Institute for Experimental Pathology at Keldur.

A formal collaboration agreement with the National University Hospital was signed on 10 May 2001, and renewed on 27 April 2006. The agreement was based on the principle that research, tuition and educational activities are the foundation of improved services to the patient.

*The role of the Faculty of Medicine in research is:* to acquire knowledge in a critical manner, to create opportunities, funding and circumstances that encourage research, and also to stimulate the individual's desire to be original and autonomous; to ensure the quality of research; to encourage collaboration both within Iceland and abroad, in order to provide our scientists with the best possible training, and to create opportunities for them to share their knowledge.

The Faculty of Medicine offers postgraduate study programmes for the degrees of MSc and PhD, and for other research-centred broad-based study in health sciences. At present 56 MSc students and 46 doctoral students are registered at the Faculty.

With respect to the external environment, our role is to be visible and to encourage critical debate; to create new bonds, and strengthen existing ones, both by providing information to others and by gathering information for use within the Faculty; to provide advice in an effective, broad-minded manner, but also professionally; to make the Faculty part of a larger whole.

## **Values of the Faculty of Medicine**

### **In research we wish to seek to...**

promote researchers' will to display honesty and responsibility; to enhance quality and collaboration, without encroaching on research freedom. To seize all opportunities for acquiring knowledge, seek the truth, and pass on the findings to other in an effective way. To display foresight, by ensuring that those who show initiative reap the benefit.

### **In tuition we wish to seek to...**

display professionalism, respect and tolerance in guidance of students. To provide stimulus, to arouse students' interest and ambition, while also being critical of study material in order to be conducive to its development. To keep the study and teaching freedom of students and other tutors in mind, and encourage students both to think independently and to work together. To make principles of equality an integral part of teaching material.

### **In administration of the Faculty we wish to seek for...**

democracy and consultation to be upheld, but without restricting normal administration. For professionalism and high standards to be upheld, along with effective information flow and interaction. For processes to be transparent, in order to maintain confidence, as well as coordination and quality of management.

### **In our outreach we wish to seek to...**

display frankness and honesty, to enhance our credibility and nurture our own self-respect. To show goodwill and understanding for those with whom we interact, in order to enhance effectiveness and reciprocity in interaction. Transparency is to be maintained in processes of interaction, which are to be guided by principles of equality.

## **OBJECTIVES AND METHODS 2006 - 2011**

### Principal objective I: Outstanding research

#### **Major increase in funding and improvement of facilities for research within the Faculty of Medicine.**

In order to attain this principal objective in research, the Faculty of Medicine will apply the following objectives and methods in the period 2006-2011.

#### **Related activities to be moved close together, a biosciences centre to be established, and a clinical research institute founded.**

- In 2006 the Dean of the Faculty will discuss these issues with the Rector and the Minister of Education. The Faculty of Medicine's needs analysis groups will meet with the National University Hospital/University of Iceland construction committees, and the Dean will meet with the board of Keldur, to ensure that the policy of building up a biosciences centre and hospital in tandem is followed through in 2006. A committee will be appointed in 2006 to prepare the establishment of a University of Iceland/National University Hospital clinical research institute.

#### **Research facilities to be provided for all disciplines/subjects.**

- Heads of each academic field will make an evaluation of the needs for the field during 2006, and present their findings to the National University Hospital and University of Iceland construction committee(s) so that they can be taken into account in design of new facilities.
- Minimum required facilities for research within each field are to be specified.

#### **All staff are to have the opportunity to pursue research, and are to publish their findings**

- The Faculty board? The Faculty management? is to define the time set aside for research for academic staff in 2006 and 2007.
- The Faculty board? The Faculty management? is to promote publication of scientific findings by staff in peer-reviewed international journals.
- The science committee is to organise a conference on teamwork and research collaboration within the Faculty.
- In 2007 steps are to be taken to ensure that *all* research reports are submitted by faculty members.

#### **Make better use of the human resources of the University Hospital and healthcare sector by increasing academic rankings by 100.**

- Continue with the present system until this objective is reached.
- Complete agreements with all existing rank-holders by year-end 2006, and then complete agreements when the ranking is conferred.

**Double the number of students in research-based postgraduate study, five-fold the number of postdoctoral students, and raise the number of physicians in specialist training by 50%.**

- The role of the research-study committee to be redefined, and funding to research-based study to be specified especially.
- More people to undertake supervision of research projects. More funding to be raised for basic research activity, in order to sustain doubling of the number of research students in the next five years.
- Increase the number of postdoctoral posts in the next five years in collaboration with funds and businesses.
- Lobby the Ministry of Health to raise the number of places for specialist training of physicians at the National University Hospital over the next five years.

**Increase international research collaboration**

- Representatives of the Faculty of Medicine to visit in 2006 at least two universities overseas which are interested in research collaboration. Personal connections to be established in order to develop research collaboration.
- Representatives of those universities to visit the Faculty of Medicine in 2006.
- Collaboration agreements to be concluded with those universities in 2006.
- Appointments/joint appointments of foreign academics to be made to the Faculty; these academics to participate in research collaboration.
- This development of international collaboration to continue in the coming years.

**Double applications to competitive funds in Iceland and abroad next year**

- The Dean and the chair of the science committee are to work with applications, in order to achieve a doubling of grants from competitive funds in the next 6-12 months.
- Applicants to receive increased assistance in applications for grants in the next 6-12 months, under the supervision of the Dean.
- The Faculty is to provide applicants with information on those parties within the University who assist grant applicants, and to strengthen ties with those parties.

**Ensure addition funding for overheads**

- The Dean and the chair of the science committee are to seek an increase in funding for overheads, to 15% of total grants, in the coming months.
- Grant applicants to seek to increase understanding of the importance of funding for overheads on the part of the administrators of competitive funds, and to include overheads funding in the information provided in applications.

**Double funding from business and donations**

- The Faculty board? The Faculty management? is to encourage debate on changes to taxation, to encourage introduction of tax concessions on donations to research projects.
- Grants agreements to be made with businesses on funding of research projects.

- The Faculty board? The Faculty management? to aim to establish funds to receive donations.

**Considerable increase in basic funding to research institutes and academic disciplines.**

- The Faculty is to seek, together with the University's top management, to conclude an acceptable research contract with the Ministry of Education within one year.

**Newly-appointed academics to receive ISK 3 million as initial research funding**

- The Faculty/academic field to allocate funding from the above sources for this purpose.

## Principal objective II: Outstanding tuition

**The Faculty of Medicine aims to meet the highest international standards for tuition, and to provide training which is of the first rank internationally.**

In order to achieve this principal objective in tuition, the Faculty of Medicine will apply the following objectives and measures in the period 2006-2011

**In 2010 admission of students will be through a multifaceted selection system spanning examination, interview, education and experience.**

- A working party is to develop a standardised examination to be taken by all applicants to the University of Iceland Faculty of Medicine. The examination would be administered by the Ministry of Education.
- Explore the possibility of applicants also being interviewed by a selection committee. The working party to draw up evaluation guidelines for selection committees for evaluation of the interview.
- Explore the possibility of a selection committee evaluating applicants' education and employment history. The working party to draw up evaluation guidelines for selection committees.
- The above-mentioned measures are intended to enable selection of the best students, thus reducing the drop-out rate.

**In 2007 international advertising of teaching posts is to be the general rule.**

- The Dean to strengthen ties between the Faculty of Medicine and the University's Office of International Education with respect to advertising of teaching posts.
- The publicity manager and Dean are to prepare by year-end 2006 an English-language version of the Faculty of Medicine website, where applicants can find information on the Faculty.
- The office of the Faculty of Medicine is to send advertisements of vacancies to universities abroad. The relevant universities and contacts are to be specified by year-end 2007.
- The office of the Faculty of Medicine is to start to advertise vacancies in respected professional journals during 2007.

**International criteria are to be applied to evaluation of tuition**

- The tuition board is to make it compulsory for students to take an international examination such as the United States Medical Licensing Examination (USMLE). To be implemented during 2007.
- The Ministry of Education is to arrange by 2008 for international experts to evaluate the quality of tuition in the Faculty of Medicine.
- The Faculty board? The Faculty management? is to encourage teaching staff to improve and enhance their skills in new teaching methods. Those who perform well to be rewarded. Implementation in 2007.

**Well-defined curriculum; diverse and effective tuition**

- Heads of subject are to ensure that a detailed and consistent curriculum be drawn up for each subject by 2008.
- Heads of subject, together with tutors in that subject, are to increase the proportional weight and credit value of project work by 2007.
- The Faculty of Medicine is to seek to have the third-year research project recognised for the degree of BSc, and for the project to be counted towards the supervisor's research points.
- Heads of subject are to devote efforts to new teaching approaches such as problem-based learning (PBL) developing further within the Faculty, and being in use in all subjects by 2009.

**All facilities for tuition and study to be exemplary in the new university/hospital campus**

- The Faculty Board is to nominate faculty and students to a committee, to make a needs analysis for accommodation and equipment for undergraduate training by year-end 2006.
- The Faculty Board is to nominate faculty and students to a committee, to define the facilities required by students by year-end 2006.

**More independent study**

- The Faculty of Medicine will aim to increase the role of independent study in the Faculty. The head of tuition is to present the idea in a letter to heads of subject during 2006.
- Heads of subject are to draw up a work schedule on the place of independent study in their subject during 2006, and an action plan in 2007.

**Students to have good communication skills**

- Head tutor in communication studies is to create an examination model to test communication skills by year-end 2006, so that the examination can be administered in spring 2007.
- Dean of the Faculty to arrange funding for this work in the autumn of 2006.

**Use skills tests in medical training**

- Faculty Board to appoint a committee to organise skills labs during 2006.
- Committee to submit a plan on organisation and funding by the beginning of 2007.
- Skills labs to be developed in the autumn of 2007.

**Facilitate students entering postgraduate study**

- Faculty office to have information available for those who wish to undertake postgraduate study, and regularly acquire information on postgraduate study with the assistance of heads of subject.
- Heads of subject to institute a communication network. Links to be confirmed by the Dean.
- Portfolio to be kept for each student.



**Principal objective III: Outstanding administration**

**The Faculty of Medicine is to strengthen the Faculty's administration and make it more effective, promote coordination and transparency, and reinforce the democratic base. For this purpose it must raise sufficient funding to ensure operational autonomy and high standards of work.**

In order to attain this principal objective in administration the Faculty of Medicine will apply the following objectives and measures in the period 2006-2011

**The work of the Dean of the Faculty of Medicine to be categorised as a full-time position**

- This issue to be taken up with the Rector and University Council during 2006

**Lobby for the Faculty to receive the funding due to it according to the Ministry of Education funding model with respect to tuition and research.**

- The operations manager of the Faculty of Medicine and the University's Financial Division are to analyse in the autumn of 2006 the funding which the Faculty loses through use of the current funding model.
- The aim shall be that the University of Iceland transfer the above-mentioned funding to the Faculty in two stages. The Faculty of Medicine will allocate the funds to innovations and to the disciplines on performance-related principles.
- The Faculty board? The Faculty management? to lobby for the funding model in its current form to be abolished within a year.

**Make costs of tuition and research at healthcare institutions visible. Lobby the authorities for it to be comparable to that in neighbouring countries.**

- The Office of Education, Research and Development at the National University Hospital is to make a cost analysis during 2006 of tuition and research at the Hospital and in the healthcare sector, and make a comparison with the relevant costs of institutions abroad.
- The National University Hospital and University of Iceland are to conclude a service agreement with health authorities on the training of medical students and newly-graduated physicians, and on research work, by the beginning of 2007.
- The National University Hospital and University of Iceland are to draw up rules of procedure by the beginning of 2007 on how the above-mentioned funding is to be allocated within the Hospital.

**The office of the Faculty of Medicine is to be coordinated and organised into departments, with clear leadership. Responsibilities of staff members to be clearly defined.**

- With this aim in mind, the Dean will prepare within a year an organisation chart for the Faculty of Medicine administration, together with job descriptions for all staff members.
- The Dean will, during this process, explore the need for more staff, and advertise vacancies within a year.

**Matters referred to the Faculty administration are to be handled in accord with a specified time-schedule, the aim being to achieve 90% performance.**

- The Dean, in collaboration with the Faculty Council, will draw up definitions of work processes, carry out quality monitoring, and draw up time schedules.
- The Dean/Faculty Council will in due course make an assessment, and is to introduce continuous quality monitoring within two years.

**Active support services to staff and students to be strengthened. Design of teaching material, promotional material etc. to be standardised.**

- The Dean and Faculty Council are to make a needs analysis, work through the results, and make an action plan during 2006.
- The Dean and Faculty Council are to aim to implement the plan within a year.

**Establish effective information channels, so that minutes of meetings, announcements, news etc. are placed on the website within a week.**

- The Dean will draw up a procedure for promulgation of information, and seek to ensure that staff and facilities are provided.

#### Principal Objective IV: Outstanding communication

**The Faculty of Medicine intends to strengthen both its international communication and its outreach and collaboration on tuition, research and services, and to increase the respect and confidence enjoyed by the Faculty.**

In order to attain this principal objective in communication, the Faculty of Medicine will apply the following objectives and methods during the period 2006-2011

**Promote further development and enhancement of collaboration between the Faculty of Medicine and research/service institutions.**

- The Rector and Dean are to promote collaboration with the National University Hospital. Possibility of merger in certain fields.
- The Professor of Hygiene, together with the managing board of Primary Healthcare in the Capital Area, is to promote during this year collaboration between the Faculty of Medicine and Primary Healthcare on the basis of the existing agreement.
- Heads of relevant subjects to promote collaboration with research institutes, taking account of academic subjects and synergy.

**Be an influence in policy formation on health issues and health services**

- The Dean is to seek during this year for the Faculty of Medicine to be allocated a permanent representative on the management boards of the National University Hospital and Primary Healthcare in the Capital Area by 2007.
- The Faculty of Medicine is also to meet with members of the parliamentary Health and Social Security Committee and Education Committee, in order to pursue the interests of the University of Iceland Faculty of Medicine.
- The Faculty Council is to seek during the year for the Faculty to intensify its interaction with the Ministries of Education and of Health, and with the Directorate of Health, through consultative meetings.

**Make agreements on interdisciplinary collaboration with institutions in Iceland and abroad.**

- The Dean is to seek to provide funding for a salary for a project manager for this task, to commence in 2006. The project manager is then to appoint a working party comprising representatives of the Faculty of Medicine and the University's Office of International Education and other bodies.
- The project manager to explore in 2007 possible interest from institutions abroad, in the USA, Europe and developing countries.
- The project manager is also to explore interest in collaboration on the part of Icelandic institutions: the University of Akureyri, the Marine Research Institute, healthcare institutions, Ministry of Health, Director of Health, Public Health Institute, etc.

**Nurture formation of stronger ties and more grant applications in Iceland and internationally over the next five years.**

- The Faculty of Medicine's contacts with e.g. Rannís, the Icelandic Centre for Research, are to publicise within the Faculty opportunities with regard to the EU and NIH (National Institutes of Health), and help raise the number of applications for international grants.
- Heads of academic fields and institutes are to provide support for applications for grants from funds in Iceland.

**Increase the number of dual positions in the Faculty of Medicine and health institutions by at least six posts.**

- The Dean/heads of academic fields are to assess by year-end 2006 where the need is greatest, and ensure provision of funding and facilities by the spring of 2007.
- The Dean/heads of academic fields are to make appointments by the usual procedures by the spring of 2008.

**Develop a new policy on publicity for the Faculty.**

- The Faculty board? The Faculty management? is to appoint a publicity manager in the first half of 2007, who is to develop a publicity policy, to be completed in the second half of 2007.

**The Faculty of Medicine's performance in research and tuition is to be comparable with universities in the Nordic countries (independent evaluation)**

- The Faculty Council is to find an evaluator in 2006 to make an evaluation in 2007. Evaluations to be made every ten years.
- The University of Iceland Research Division/Office of Education, Research and Development are to keep annual records of scholarly papers and grants.

**Students' judgement of tuition and working methods in the Faculty of Medicine is to be outstanding (tuition survey)**

- The tuition board is to produce standardised tuition surveys for the Faculty of Medicine, to be implemented by January 2007.
- The Dean is to reward teaching staff for outstanding achievements, and to provide assistance for those whose performance is unsatisfactory.

**The Faculty of Medicine to be publicised through articles in the press.**

- The publicity manager is to arrange for a regular column for the Faculty of Medicine, published twice a month in a certain newspaper, e.g. *Morgunblaðið*, by February 2007. Columns to be contributed by heads of subject or the publicity manager.

**The Faculty of Medicine is to increase its participation in work in the developing countries, in collaboration with businesses and agencies.**

- Faculty board to arrange collaboration on development aid between the Faculty of Medicine and companies/agencies, and to promote more work by the Faculty in the developing countries.
- The Dean/publicity manager is to publicise the Faculty's work in developing countries at conferences and in the media.

**More interaction between students, faculty and administration**

- The Faculty's website is to be greatly improved as a source of information for students and faculty.
- Welcome freshmen at the start of the autumn term, at an interesting information meeting with social aspects.
- Students who are having difficulties in their studies to be called to a consultation meeting with the head of tuition, to provide guidance on managing studies, to reduce risk of drop-out.
- Regular Faculty meetings to be held focussing on issues of tuition.

### **Implementation and follow-up**

The Dean and the Faculty Council, on behalf of the Faculty Forum, are responsible for the implementation of the Faculty's policy. Regular progress reports will be made to the Rector.

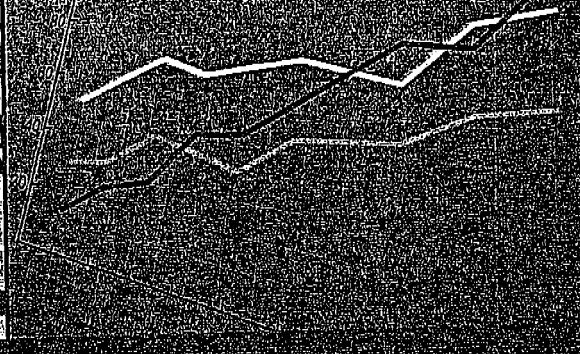
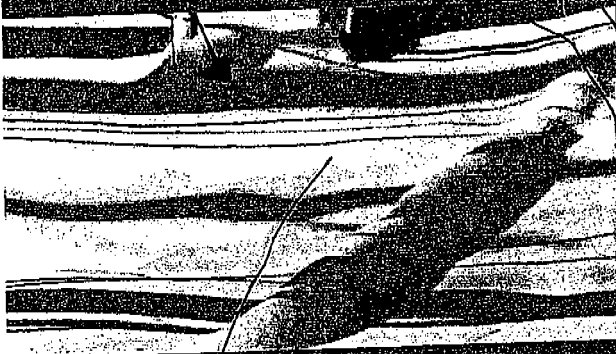
Heads of department, chairs of committees, and the heads of administration and operations are responsible for the implementation of the policy, each in his/her own field, vis-à-vis the Dean and Faculty Council.

The Dean will meet regularly with these parties, thus maintaining an overview of the implementation of the policy.

The Faculty's measures to put the policy into action are developed in a special action plan, which will be revised annually in accord with the Faculty's budget. Regular progress reports on the policy will be made to the Faculty Forum.

Publications of the Academy of Finland 15/06

# FINNISH SCIENCE IN INTERNATIONAL COMPARISON



A Bibliometric Analysis  
*Annamajja Lehto*  
*Anu Nantunen*



ACADEMY OF FINLAND  
RESEARCH FUNDING AND EXPERTISE

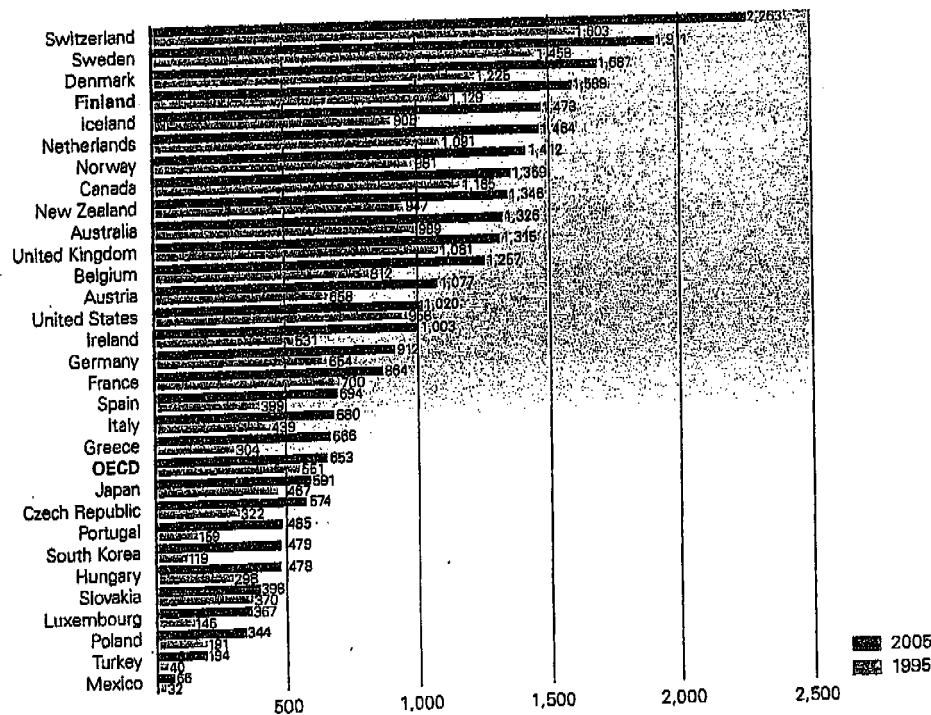


Figure 24. Number of scientific publications in OECD countries in 1995 and 2005 relative to one million population (in 1995 and 2004). Countries listed in order of the number of publications in 2005. Sources: *Main Science and Technology Indicators 2006/1*; Thomson Scientific, NSI 1981-2005.

Finland ranked fifth. The top three countries remain unchanged over the past ten years, but Finland overtook Canada to climb to fourth place in the 2005 rankings.

Publication numbers in the OECD countries can also be compared to GDP (Table 3). Finland ranked fourth in this comparison in 2005 after Switzerland, Sweden and New Zealand.

King (2004) compared the nation's wealth (GDP / population) with the country's citation intensity (citations / GDP). In this comparison Finland ranked third among OECD countries after Switzerland and Sweden.

These indicators provide rough guidance for the interpretation of country differences. In principle they may help to shed light on differences in the efficiency of national research systems.

#### *The development of publication numbers*

The total number of publications in EU 25 countries more than doubled from 1985 to 2005 (Figure 25). During the same period the total number of publications in OECD countries increased 1.8-fold. The number of publications in Finland increased 2.5-fold over these 20 years.

Looking more closely at the changes in publication numbers from 1985 to 2005, the sharpest relative increase is recorded for South Korea (41-fold increase), Turkey (28-fold) and Portugal (14-fold). However, in 1985 the publication numbers for these countries were still comparatively low. Publication numbers in Turkey have

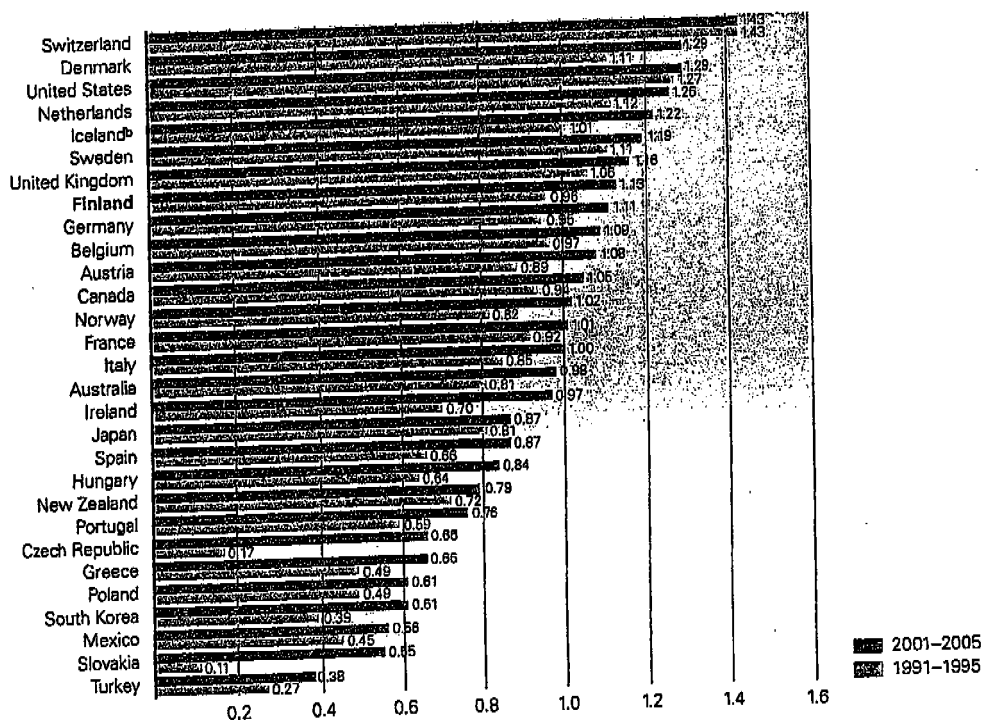


Figure 30. OECD countries' relative citation impacts<sup>a</sup> in 1991-1995 and 2001-2005. Countries listed in order of the citation impacts for the most recent period.

<sup>a</sup> Relative citation impact = impact factor e.g. for Finland (number of citations / number of publications) / impact factor for OECD.

<sup>b</sup> The number of publications for Iceland is small in comparison with other OECD countries. Values for Luxembourg are missing because of the small total number of publications.

Source: Thomson Scientific, NSI 1981-2005.

### 3.2 Comparison of the structure of publishing and citation impacts by major fields of science

The Finnish publishing profile is quite similar to the average OECD profile in which the natural sciences and medical sciences are very prominent (Figure 31). However, medical sciences account for a larger proportion of publishing in Finland than they do in OECD countries on average.

The natural sciences account for at least 45 per cent of all publications in two-thirds of OECD countries; this is the average figure for all OECD countries. The average figure for medical sciences in OECD countries is 33 per cent. In one-half of OECD countries the share of medical sciences is the same or higher than in the OECD on average. Medical sciences account for a larger proportion of the publishing profile than the natural sciences in only three countries. Engineering and technology account on average for eleven per cent of all OECD publications. In eleven countries the share of engineering and technology is the same or higher than the OECD average.

Table 4 shows the relative citation impacts for major fields of science in the OECD countries. This is obtained by comparing each country's citation impact in different fields (citations/publications) with the corresponding index for the OECD group.



Table 4. Relative citation impacts<sup>a</sup> for OECD countries by major field of science in 2001–2005 and for Finland also in 1991–1995. Countries listed in order of their relative citation impact.

<sup>a</sup> Relative citation impact = Impact factor e.g. for the major field of natural sciences in Finland (number of citations / number of publications) / impact factor for the same major field in OECD countries. The relative citation impact for the OECD in all major fields of science is one and is indicated in each table with a horizontal line.

<sup>b</sup> Forestry sciences not included in agricultural sciences as they are divided in the NSI database between different natural sciences.

<sup>c</sup> Less than 200 publications in this major field in 2001–2005.

Source: Thomson Scientific, NSI 1981–2005.

2001–2005	Natural Sciences	Engineering and Technology	Medical Sciences
1	United States 1.30	Switzerland 1.50	Switzerland 1.36
2	Switzerland 1.30	Denmark 1.43	United States 1.30
3	Iceland 1.23	Netherlands 1.30	Iceland 1.28
4	United Kingdom 1.22	United States 1.21	Denmark 1.28
5	Netherlands 1.21	Austria 1.17	Belgium 1.26
6	Denmark 1.17	Germany 1.14	Finland (6) 1.25
7	Sweden 1.10	Belgium 1.12	Netherlands 1.24
8	Germany 1.08	Sweden 1.11	Canada 1.20
9	Austria 1.05	France 1.05	Sweden 1.17
10	Canada 1.00	Finland (10) 1.01	United Kingdom 1.17
11	Ireland 0.98	Norway 1.01	Norway 1.15
12	Finland (12) 0.96	Spain 0.99	Australia 1.06
13	France 0.94	United Kingdom 0.98	Italy 1.06
14	Belgium 0.94	Portugal 0.91	Germany 1.04
15	Australia 0.94	Italy 0.90	France 1.04
16	Norway 0.88	Ireland 0.90	Ireland 1.03
17	Italy 0.85	Japan 0.90	Luxembourg 1.01
18	Japan 0.83	Australia 0.89	Austria 1.01
19	Spain 0.80	Canada 0.89	Spain 0.95
20	Hungary 0.78	Czech Republic 0.88	New Zealand 0.94
21	New Zealand 0.74	New Zealand 0.88	Portugal 0.94
22	Portugal 0.70	Hungary 0.87	Hungary 0.93
23	Greece 0.66	Iceland <sup>c</sup> 0.84	Czech Republic 0.83
24	Luxembourg 0.66	South Korea 0.78	Japan 0.83
25	South Korea 0.64	Greece 0.76	Poland 0.78
26	Czech Republic 0.61	Slovakia 0.76	Slovakia 0.73
27	Poland 0.67	Mexico 0.71	Greece 0.66
28	Slovakia 0.63	Turkey 0.63	Mexico 0.64
29	Mexico 0.50	Poland 0.60	South Korea 0.59
30	Turkey 0.42	Luxembourg 0.45	Turkey 0.33
1991–1995	Finland 0.86	Finland 1.02	Finland 1.01

Agricultural Sciences	
<b>Finland</b>	1.86
Iceland	1.48
Denmark	1.42
United Kingdom	1.38
Norway	1.36
Sweden	1.37
Netherlands	1.31
Ireland	1.22
France	1.18
United States	1.17
Switzerland	1.15
Belgium	1.18
Canada	1.07
Portugal	1.07
Australia	1.06
New Zealand	1.04
Italy	1.03
Luxembourg	1.01
Spain	1.00
Greece	1.00
Germany	0.89
South Korea	0.83
Japan	0.81
Austria	0.79
Czech Republic	0.61
Mexico	0.55
Slovakia	0.51
Poland	0.45
Hungary	0.43
Turkey	0.41
<b>Finland</b>	0.92

Social Sciences	
United States	1.16
Hungary	1.12
Netherlands	1.08
Canada	1.04
United Kingdom	1.00
Belgium	0.98
Germany	0.96
Italy	0.94
Sweden	0.91
France	0.90
<b>Finland</b>	0.83
Norway	0.87
Denmark	0.86
Switzerland	0.85
Australia	0.86
Iceland	0.81
New Zealand	0.77
Austria	0.75
Mexico	0.70
Spain	0.68
Ireland	0.68
Poland	0.65
South Korea	0.62
Japan	0.60
Luxembourg	0.56
Portugal	0.53
Turkey	0.53
Greece	0.50
Czech Republic	0.28
Slovakia	0.20
<b>Finland</b>	0.78

Humanities	
Greece	1.94
Denmark	1.64
Netherlands	1.60
Iceland	1.33
Portugal	1.29
New Zealand	1.29
United Kingdom	1.27
Sweden	1.25
Japan	1.19
United States	1.17
Australia	1.06
Norway	1.01
<b>Finland</b>	1.00
Italy	0.95
Mexico	0.93
Canada	0.93
Turkey	0.89
Austria	0.86
Germany	0.81
Belgium	0.79
Poland	0.77
Ireland	0.64
Switzerland	0.61
Hungary	0.58
South Korea	0.54
Czech Republic	0.52
Spain	0.51
France	0.49
Luxembourg	0.49
Slovakia	0.27
<b>Finland</b>	0.67



HÁSKÓLI ÍSLANDS

TANNLÆKNADEILD

26. febrúar, 2008.

Þórður Kristinsson  
Kennslusvið  
Háskóla Íslands

**Efni: Minnisblað frá tannlæknadeild um viðurkenningu á fræðasviði tannlæknávisinda.**

Tannlæknadeild fagnar niðurstöðum nefndar um viðurkenningu á fræðasviði tannlæknávisinda og er afar sátt við þær jákvæðu ábendingar sem fram koma í skýrslunni um starf deildarinnar.

Tannlæknadeild gerir ekki athugasemdir við skýrsluna en vill nýta sér tækifærið að nefna fáein atriði.

1. Tannlæknadeild saknar þess að í nefndinni var ekki menntaður tannlæknir. Ástæðan er vegna sérstöðu tannlæknadeildar sem felst í að innan hennar er rekið munnsjúkrahús þar sem saman kemur menntun nemenda, rannsóknir og þjónusta við almenning.
2. Styrkur tannlæknadeildar Háskóla Íslands er fyrst og fremst hið öfluga sex ára grunnnám til kandidatsprófs í tannlækningum. Með vaxandi rannsóknum innan deildarinnar hafa á síðustu þremur árum brautskráðst tveir doktorsnemar og er í stefnu deildarinnar að stuðla að eftirsóknarverðu framhaldsnámi við deildina.

Virðingarfyllst,

Dr. Inga B. Árnadóttir, deildarforseti