

Report site-visit to University of Algarve – assessment of the Medical Course

The A3ES Committee has analyzed the reports delivered by the University of Algarve and official documents provided by the President of A3ES, Professor Alberto Amaral. The site-visit to University of Algarve (UAlg) took place on June 20 and 21. The whole Committee was present on the 20th, but on the 21st Prof Nuno de Sousa could not attend the morning meeting.

Recommendations:

Having considered all the documentation and the information gathered during the 2-day site-visit, the Committee recommends that the Medicine Study Cycle in UAlg **should be allowed to continue provided that the following conditions are fulfilled within one year**, namely:

- The organizers are able to strengthen the core staff by recruiting the 7 vacant positions, giving priority to academic MDs, with a PhD in Medicine or related subjects, that are indispensable to take the responsibility of coordinating important clinical teaching areas;
- The organizers comply with the condition already formulated previously that concrete joint activities should be developed with the Universidade Nova of Lisboa with respect to reinforcing clinical teaching and the corresponding assessment. We make specific recommendations in respect of quality assurance of processes to assess student learning in the diverse clinical workplaces of the fourth year integrated curriculum. The Universidade Nova of Lisboa should have a vital role to play in bolstering this, especially until the new clinical academic appointees are in place.
- The UAlg ought to appoint an independent Board of Trustees that should advise the School in all matters of policy and monitor the School's internal and external performance and its strategy with respect to human resources. This Board should include at least one experienced international clinical academic with wide experience of medical education and at least one senior representative from another Portuguese medical school and should be convened preferably at the start of the academic year 2012/13. The school should discuss plans for all new senior appointments (including replacement of the Dean on retirement) with this Board.

General appraisal:

These recommendations are based on a number of considerations, as follows:

1. **Uniqueness** – The Cycle of Study of UAlg is a 4-year graduate-entry course that leads to the award of the Medical degree. Besides being the first graduate-entry course of Portugal this Cycle of Study has the feature, also unique for the country, of providing a community-oriented problem/case-based curriculum. In this context this Cycle of Study provides **added-value** to the existing Medical courses including important components of Community and Family Medicine; it is **innovative** with a **forward looking** teaching methodology emphasizing the student's own initiative, critical judgment and self development.

2. The Cycle of Study has still an **experimental character**; this implies that an important part of the experiment is to test how the first graduates will perform in competition with graduates of other Faculties for resident positions within the National Health System. Although the University agreed to increase the intake of students in the current year, it is recommended to postpone this increase in student numbers until the experimental phase is completed, and a final evaluation has been conducted, after the first graduates' applications for residency have been assessed against their peers.

3. The students display a very positive attitude with respect to the course and the teaching staff. This is likely determined, at least partly, by the rigorous selection procedures put in practice at the School. The fact that the students have different backgrounds is a challenge for the tutors but appears to be felt more as an advantage than a hindrance. The tutorial system works well and tutors have an intimate knowledge of the students. There is a continuous system of assessment, including PPI (*Personal Progress Index*), OSCEs (*Objective Structured Clinical Examinations*), and several instances of written (including posters) and oral reporting. The contacts between students and clinical cases takes place from the 1st year and it is tightly monitored. Combining the study groups with seminars in a single curriculum unit should enable the School to dispense assessments based in part on attendance at seminars. It should be possible to assess student contributions to the seminar program in a more meaningful way, contributing to a Portfolio of the student's accomplishments. The students have easy access to the laboratories of basic research and benefit from the interaction with

researchers at the local Center in Molecular and Structural Bio-Medicine. Interviews with the students gave the impression that they are a young but mature, competent and motivated group of people, well prepared professionally. This impression was reinforced by the information obtained from clinicians who have received students as trainees in their institutions outside the School.

4. The general assessment of the organization of the first two years of the course that have been completed by now, is positive. The core staff is highly motivated and aware of the possibilities and limitations of the methodologies used. The Problem/Case-based learning system appears to be working well; it has been very well accepted both by the lecturers/tutors as by the students. There are now a good number of GPs trained and experienced at facilitating PBL sessions. The contribution of GPs is also remarkable in their work to ensure that student attachments to Centers of Community and Family Medicine run smoothly and are highly beneficial for the students. The occurrence of some difficulties in recruiting clinical tutors in Hospitals in the beginning phase was noted, but it was mentioned by the applicants to have been largely overcome for years 1-3. Year-4 clinical placements, however, are still not fully determined with only a short time to go until the rotations start, and some of the essential training of clinical supervisors (especially around assessment) has yet to take place, a situation which might have been avoided had the Medical School achieved the critical mass of clinical academics in the hospital workplaces. The Committee recommends that the School should give the highest priority to strengthening the interaction and collaboration with clinical partners. The continuing development of clinical teachers is essential. The Committee heard some diffidence amongst the senior faculty about quality assuring the assessment of students on clinical attachments to hospitals in the fourth year¹. The Committee pointed out to the faculty that their diffidence likely relates to the paucity of academic footprint in the clinical environment. Experienced clinical professors in key disciplines like Medicine, Surgery, Psychiatry, Obstetrics and Pediatrics, for example, would be most important to lead their fellow clinicians in academic matters and especially in teaching and in student assessment/evaluation.

The School should provide a system of career development for clinical teachers/tutors, implementing a system of training for hospital-based clinical teachers in the same way as they have succeeded with primary care teachers. The performance of all clinical teachers should be monitored and commitment should be adequately rewarded. Particular attention should be given to the recruitment, most likely on a part-time basis, of specialized clinicians, preferably MDs with a PhD, to provide the necessary reinforcement of the academic clinical level of the School. In this sense the School should build alliances with outstanding clinical departments that may actively participate in the clinical training of the students mainly in the last two years of the course.

5, The research unit associated with the Cycle of Studies is being extended in the field of Regenerative Medicine with human and technical resources within the framework of the Center in Molecular and Structural Bio-Medicine supported by FCT. This is an auspicious development that can enhance the research potential associated with the Cycle of Studies and its medical research component. The interaction between the latter and this extended Research center should be reinforced.

6, The School is optimally placed to make significant contributions to two fields of research that have not been much developed until now, namely research in Medical Education and in Health Services. These opportunities should be fully explored.

Historical remarks:

A short note to recall an important aspect of the history of the proposal of the UAlg Cycle of Study within the framework of the present situation.

In 2006 a Commission of the same kind, as the present one, evaluated the proposal submitted by the UAlg at that time, concluding that the proposal was not yet ripe to be approved and noted that it needed "further preparatory work, and clarification of legal implications". In 2008 the UAlg presented a new proposal including a protocol with the Universidade Nova of Lisboa. The Commission recommended that the UAlg should present a development plan including an incremental admission of new students and a concrete plan of activities in cooperation and with the support of the Universidade Nova. Furthermore the plan should demonstrate the adequacy of available Health Care Units to support medical teaching. The Ministry of Science and Higher Education in 2009 gave the green light for the University to launch the Cycle of Study. In 2011 the A3ES became aware that there were serious problems

¹ The daily feedback sheets for GP attachments are exemplary and work well, but they are not fit-for-purpose on specialist attachments where tutors less familiar with the students need to assess and document proficiency in clinical skills, knowledge in the specialty, and professionalism.

in the realization of this plan, namely concerning the lack of active cooperation between the UAlg and the Universidade Nova regarding clinical teaching. Up-dated information was requested by the A3ES. The list of staff provided then by the UAlg was not considered satisfactory by the A3ES and the Agency decided to appoint this Commission and to organize the present site-visit to clarify the situation.

Thus three years elapsed since the official launching of the Cycle of Study in 2009. In this endeavor the task of the UAlg was by no means an easy one. The present evaluation reveals that the UAlg has moved forward in realizing most of the requirements formulated before, although the cooperation with the Universidade Nova is lagging behind since it is, as yet, limited to the contributions of a few professors (see below) who participate by giving lectures and seminars integrated in the curriculum.

Specific queries formulated by the Agency and Committee's comments:

The Administration of A3Es formulated a number of queries about the shortcomings of the UAlg with respect to the development of the Study Cycle; this led to following comments of the Committee.

Q1. Is the protocol between the UAlg and the Universidade Nova de Lisboa fully operational? How many members of the Nova's Faculty of Medical Sciences are teaching regularly in the Algarve programme?

There exists an official protocol in the application: **A3ES.Protocolo.FCM.UNL.01.12** which is formulated in rather general terms. Within the scope of this protocol a number of Professors of this Faculty participate in the Study Cycle as indicated in the footnote². During the site-visit we have had the opportunity of talking with Prof. Caldas de Almeida, Director of the "Faculdade de Ciências Médicas da Universidade Nova de Lisboa" at the working lunch, who manifested readiness to reinforce the collaboration with the UAlg.

Q2. Has the participation of the Ministry of Health been clarified? Do the hospitals attract a good number of well-qualified clinicians with post-graduate degrees? Is the new Faro hospital operational?

There exist protocols of collaboration between the UAlg and several Hospitals of the region, namely Faro, Portimão, Santiago do Cacém, and the Regional Health Administration of Algarve (several Health Centres), in addition with other health institutions in and around Lisbon and Almada. Specifically, specialists and GPs /Family doctors of various institutions participate in teaching in a number of subjects, namely the following; Faro Hospital: Infectious Diseases, Nephrology, Urology, Oncology, Orthopaedics and Cardiology; Hospital of Santiago do Cacém: Surgery and Anaesthesia; Association of Diabetic Patients in Lisbon: Diabetes/Endocrinology; Health Centre of Portimão: Ear-Nose-Throat; Garcia da Orta Hospital of Almada: Neurology, Neurosurgery, Neuroradiology, Psychiatry, Dermatology and Ophthalmology; Hospital Centre of Setubal: Haematology, Oncology³.

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Prof. José Fragata (Surgery) and Prof. Pedro Costa (Physiology) give seminars to year 1 students and are members of the Scientific Committee of the Study Cycle.

Prof. Emilia Monteiro (Pharmacology) and two of her assistants give regular seminars of Pharmacology to year 2 students;

Prof. Isabel Santos (Primary Care: Family: Health and Illness) and two of her assistants give regular seminars to years 1 and 2 students

Prof. Ricardo Afonso (Center of Chronic diseases, CEDOC) gave a full year of PBL tutorials to year 2 students in the academic year 2010-11.

³ The students of the final year that will start in September 2012 will have:

- The clinical rotations in year 4 will be for two weeks in each specialty and complement the year 3 rotations, offering further experience in:

- Infectious Diseases
- Nephrology
- Urology
- Neurology, Neurosurgery and Neuroradiology
- Dermatology and Psychiatry
- Oncology and Hematology
- Orthopedics, Trauma and Intensive Care Unit;
- Ear-Nose-Throat
- Ophthalmology
- Endocrinology and Diabetes

The Director of the Faro Hospital, Dr Pedro Nunes, present at the working lunch, assured that the Hospital is engaged in realizing the necessary support of the School regarding clinical teaching.

The committee has some concerns around the plans for academic supervision and assessment of student learning at the diverse clinical sites. The draft assessment forms for use by tutors in secondary care workplaces are not, in our opinion, yet fit-for-purpose (by contrast with the parallel forms for use in primary care workplaces, which are exemplary). The Committee considers that it is vital that there is a lead for teaching in each clinical locality and that these individuals are accountable for the quality of teaching and assessment of learning. The Committee strongly recommends rapid strengthening of this process by the appointment of academically trained clinicians and by academic training of other lead clinicians, especially by invoking the willing help of the partner team at Universidade Nova de Lisboa. Clinicians new to teaching need to be carefully inducted into the process of making structured judgments around learning, which carry implications for patient safety.

The fourth year takes UAlg into uncharted territory. Just as the 'Wednesday meetings' of the core team have proved so helpful in developing the first three years, so there needs to be a means of developing cohesion and quality assurance around learning when students are dispersed to different sites. Even the experienced teaching hospitals will be unfamiliar with the UAlg curriculum philosophy and processes. Lead clinical teachers from each site, covering all the clinical disciplines should meet monthly even though this is expensive and administratively difficult. It is vital to ensuring cohesion and curriculum integration. The academic lead for the fourth year should also visit all teaching sites very regularly.

Q3. Was the problem that some specialities are of too small dimension to support undergraduate medical teaching, adequately addressed?

The committee was informed that this question is a priority of the UAlg and all necessary measures are being taken in preparation of the 4th study year, in collaboration with the institutions named above. The Director of the Faro Hospital, Dr Pedro Nunes, present at the working lunch, assured that the Hospital is engaged in realizing the necessary support.

Q4. Was the review team able to confirm that the University of Algarve develops research of sufficiently high quality in these areas? Who are the researchers and what is their productivity? Do the local hospitals contribute to this research activity?

The main task of the Committee was not to make a detailed evaluation of the research, but of the teaching program. Nonetheless the Committee visited the research facilities that appear well equipped for modern basic bio-medical research. The UAlg houses an active Research Unit in Life Sciences that has received the classification of Very Good by FCT. The focus of research of this Unit has had a strong biological emphasis, under the leadership of professor José Belo, but with the launching of the Study Cycle and the enlisting of researchers with a MD/PhD within the framework of the Study Cycle, namely professor Isabel Palmeirim, the FCT Research Unit has expanded its scope to involve more bio-medical subjects, and received from FCT extra financial support for up-dated equipment and human resources. This led to the recent creation of a research group on Regenerative Medicine within the Unit. The performance of the Research Unit in terms of publications and citations, according to the Web of Science must be considered very good.

Q5. It was noted previously that the number of research staff with some affinity with health sciences in the University of Algarve was rather low and part of that staff was probably already committed to teaching in the Pharmacy and other programmes. Thus the question whether this situation was substantially improved, was asked by the Agency.

The comments given in point 4 give, at least partially, a reply to these queries. The Committee acknowledges that the extension of the scope of the Research Unit to the field of Regenerative Medicine is still in an early phase of development. The majority of the staff associated with the Research Unit collaborates in the Study Cycle for more than 30% of their time.

There will be a total of 20 weeks of clinical rotations.

- Two 3 week periods of study, one at the beginning and another at the end of the academic year, with revision seminars, skills labs, and PBL sessions.

Q6. *The Agency is worried by the fact that the list of full-time academic staff seems to be rather inadequate to teach Medicine and does not comply with the minimum standards of the Portuguese legislation. Does the review team consider that Algarve offers good conditions to provide a Medicine programme with good international quality?*

There exists a core faculty consisting of very able bio-medical scientists and MDs⁴. The Committee expressed also its concerns with respect to the possibility of recruiting full time individuals in the Departments of Medicine, Surgery, Obstetrics/Gynecology, Pediatrics, and Psychiatry in one year. The Committee became convinced that the GPs and family doctors involved in the teaching are doing a great job teaching clinical medicine alongside how to handle psychosocial problems and broad topics such as child health. However, the Committee also emphasizes the importance of the students having direct contact with academic specialists dealing with the more severe clinical cases. For this reason the Committee strongly recommends that the School should strengthen the interaction and collaboration with academic clinical partners, as stated repeatedly at several places in this report.

Q7. *The University of Algarve has apparently declared to be prepared to open a tender to hire 7 new PhDs in Medicine. Why only now? Have they tried it before and failed because people do not find the programme or the local hospital attractive? Or they never did it before?*

From the discussion of these issues with the staff, the Committee concluded that the initial plans of attracting a number of foreign and national senior staff was confronted with bureaucratic and procedural difficulties, and was only successful in a few cases.

The committee conducted a detailed discussion with the responsible staff, reviewing the previously stated intentions to recruit staff. Some named individuals had been put off by the bureaucratic delays and earlier uncertainty around funding, finding other posts; others had health problems or reached retirement age. The Committee understood that there exist serious difficulties of recruiting clinical teachers from overseas, many of whom would expect salaries unaffordable in Portugal. However, the Committee also detected some ambivalence on the part of the school regarding using their hard-won funding for clinical posts and also around the appointment of experienced Portuguese clinical academics. The fear was voiced that clinical teachers from other parts of Portugal might not integrate into the cohesive, innovate philosophy which is the backbone of the new School. In the Committee's opinion, the School must overcome this fear: conditions are ripe to make strong clinical appointments in Portugal, and the new school must not hesitate to demonstrate its strengths and look for philosophically aligned experienced recruits.

The Committee considers of the highest importance that the UAlg recruits the 7 vacant positions, giving priority to academic MDs, who are indispensable to take the responsibility of coordinating important clinical teaching areas. The Committee expresses also its concern about the fact that the Head of the Study Cycle, Prof José Ponte, is due to retire within about one year. There is a strong internal candidate to succeed him in Prof Isabel Palmeirim, who is now his deputy. The Committee was seriously impressed with what the cohesive team at Faro has achieved under the leadership of these individuals. However, the Committee is not in favour of automatic internal succession, since the retirement of the leader is an opportunity for a vigorous open recruitment process which is a chance to highlight the achievements of the school. Deputies appointed to succeed a leader are usually boosted by having been selected in a fair, transparent, competitive process.

Q8. *The Agency questioned whether the review Committee considers the way that the Case/PBL system is being applied an adequate situation?*

In this respect the Committee was able to be present at some PBL sessions and was briefed with respect of how this system was implemented, how the tutors (including clinicians) were trained and how the students were monitored and assessed (PPI results are comparable to those of foreign Universities). As indicated above the Committee was satisfied that this was being done in a creative, efficient and responsible way.

Conclusions:

The Committee acknowledges that the initial plans of the applicants were too optimistic and that the University of Algarve, as a whole, has underestimated the difficulties of setting up a Cycle of Studies of Medicine with a novel format for Portugal, in a region with a lack of professionals and institutions with clinical teaching experience. In a

⁴ At this date, the full-time staff in place and engaged in the running of the course is shown in Appendix I. This is an addenda do Table 4.1.3 of the Website.

considerable number of aspects this endeavor was successful, but the enterprise has not yet reached fulfillment. The committee stresses that the absence of a core of full-time academic clinicians and a clinical program the value of which is difficult to evaluate, are major flaws. Notwithstanding this hard conclusion the Committee considers that the UAlg should be given one year to correct all the deficiencies indicated.

Be that as it may, a considerable investment was already made in financial and human resources. It must be emphasized that the task of establishing a robust and sustained Cycle of Study in the area of Medicine is not yet fulfilled, but the Committee, although with the reservations indicated above especially concerning the as yet incomplete staff of clinical MDs/PhDs, considers that the UAlg should have the opportunity to bring this task to fruition by allowing the first group of students to reach graduation.

In summary, the Committee's recommendation is **conditional approval**. The conditions of this approval are outlined at the beginning of this report. Matriculation in 2012 should, we recommend, proceed at present numbers.

If the University meets the stipulated conditions in one year's time, then matriculation for 2013 could likewise proceed at this level, but staff, students, and other stakeholders should all understand that it is probable that A3ES will propose a further evaluation of the study cycle in 2014, when there is evidence of the success of the course in delivering graduates to the standards required. Successful evaluation at that stage could permit expansion of student numbers to proceed as originally planned.

July 14, 2012.

The A3ES Committee of evaluation

- Edward Peile, FRCP, EdD, Professor Emeritus of Medical Education at Warwick Medical School, University of Warwick, UK
- Fernando Lopes da Silva, MD, PhD, Professor Emeritus of Physiology at University of Amsterdam, Netherlands (Chair)
- Hugo Lagercrantz, MD, PhD, Professor Neonatal Research Unit, Department of Women and Child Health, Karolinska Institutet, Stockholm, Sweden
- Joseph Gonnella, MD, Distinguished Professor, Department of Medicine, Thomas Jefferson University, Philadelphia, USA
- Nuno Jorge Carvalho de Sousa, MD, PhD, Director of the Medical course of the School of Health Sciences, Universidade do Minho, Portugal
- Vasco Lança, PhD, Agência de Avaliação e Acreditação, Lisboa, Portugal.

UNIVERSITY OF ALGARVE

Addenda to Table 4.1.3

Showing main affiliation/employer, medical specialty, % time for tutoring/COORDINATING and area of coordination, as requested

Name	Degree	Uni Curr Respons	Scientific Area	% contract/ Main Affil	Med Qualif	Coord Funct
** Indicates a coordinator function						
Staff on tenured contracts						
01. José Castelhanos Ponte	PhD		Anaesthesia/ITU	100/UAlg	Yes	
02. José Pedro Quítalo Marvão	PhD	PBL	Physiology	100/UAlg	No	**PBL
03. Leonor Cancela da Fonseca	PhD		Biochem/Biomed Sci	100/UAlg	No	
04. Isabel Mestre Palmeirim	PhD	SEM	Life Sciences	100/UAlg	Yes	**Y4
05. José António de Conde Belo	PhD		Biomed Sci	100/UAlg	No	**RMP
06. Álvaro Marques Tavares	PhD	SEM	Biomed Sci	100/UAlg	No	**Y1
07. Ana Teresa Maia	PhD		Human Genetics	100/UAlg	No	
08. Inês Pombinho de Araújo	PhD	SEM	Celular Biol	100/UAlg	No	**Y3
09. Gustavo Tiscornia	PhD		Celular Biol	100/UAlg	No	
10. José Eduardo Bragança	PhD	MEE	Biochem/Molec Biol	100/UAlg	No	**SSM
11. Rui Gonçalo Martinho	PhD		Biology	100/UAlg	No	**Y2
12. Wolfgang Alexander Link	PhD		Nat Sciences	100/UAlg	No	
Part-time Staff (Based in the DCBM)						
Henrik Bertil Hellquist (SEM)	PhD		Pathology	60/UAlg	Yes	
Pedro Castro Leão Neves	PhD	CLI, SCD	Nephrology	30/H.Faro	Yes	**HFaro
José António Parra Martin (SEM)	PhD		Pathology	30/CHBA	Yes	**CHBA
Dina Pereira Gaspar (PBL)	PhD		Psychology	50/ARS	Yes	
Luís Filipe Gomes	MD	CLI, SCD	GP Principal	40/UAlg	Yes	**GPs
Teresa Figueiredo (SEM Anatomy)	MD		Radiology	50/UAlg	Yes	
M Paula Xavier Marante (SL)	MD		Radiology	15/UAlg	Yes	
M Luisa Pereira Mateus (PBL)	MD		GP Principal	50/ARS	Yes	
Jorge Gusmão da Fonseca (SL)	MD	LAB	Anaesthesia/ITU	60/UAlg	Yes	**SL3,4
Filipe Manuel Veloso Gomes (SL)	MD		Radiology	15/H.Faro	Yes	
Miguel Filipe Lopes Rodrigues (SL)	MD	LAB	Urology	30/H.Faro	Yes	**SL1,2
GPs (Based in their practices)						
Alda do Carmo Viegas	MD		GP Principal	30/ARS	Yes	
Ana R. Mazquez Del Rey	MD		GP Principal	30/ARS	Yes	
Ana Paula Neves F. do Vale	MD		GP Principal	35/ARS	Yes	
Arménio da Conceição Ramos	MD		GP Principal	35/ARS	Yes	
Cláudia Maria P F Alves	MD		GP Principal	30/ARS	Yes	
Cristobal Jose Rodriguez	MD		GP Principal	30/ARS	Yes	
Dyna Torrado M Mestre	MD		GP Principal	30/ARS	Yes	
Fátima Mendes Teixeira	MD		GP Principal	35/ARS	Yes	
Helena Gonçalves M Nunes	MD		GP Principal	35/ARS	Yes	
Henrique Carvalho dos Santos	MD		GP Principal	30/ARS	Yes	
Ivan Serandão Rodrigues	MD		GP Principal	30/ARS	Yes	
Jesus Prado Mediano	MD		GP Principal	35/ARS	Yes	
Jorge Genesca Tantull	MD		GP Principal	30/ARS	Yes	
Manuel Joaquim Veloso Júnior	MD		GP Principal	30/ARS	Yes	
Manuel José Trigueros Álamo	MD		GP Principal	30/ARS	Yes	
M Claudina opes Ferreira	MD		GP Principal	30/ARS	Yes	
M Conceição Ferreira Leite	MD		GP Principal	30/ARS	Yes	
M Eduarda Brito Luzia	MD		GP Principal	35/ARS	Yes	
M Gonzalez Mora	MD		GP Principal	30/ARS	Yes	
M Luisa Neto Brito da Luz	MD		GP Principal	30/ARS	Yes	
M Margarida Santos Feteira	MD		GP Principal	30/ARS	Yes	
Marisa Freire Neto	MD		GP Principal	30/ARS	Yes	
Rubina Correia S Costa	MD		GP Principal	30/ARS	Yes	
Pedro Pablo Jimenez Fernandez	MD		GP Principal	30/ARS	Yes	
Pedro Manuel Teigão	MD		GP Principal	30/ARS	Yes	

Serge Marie Serina Conceição	MD	GP Principal	30/ARS	Yes
Sílvia Maria Conceição	MD	GP Principal	30/ARS	Yes
Sónia Nunez Gonzalez	MD	GP Principal	30/ARS	Yes

Hospital tutors with a specialist qualification

(H.Faro=Faro Hospital; CHBA=Portimão Hospital; CHLA=Santiago do Cacem Hospital)

Ana de Brito Camacho	MD	Cardiology	15/H.Faro	Yes	
Carlos Manuel Alves Cabrita	MD	Internal Med	15/H.Faro	Yes	
Eunice Filipe Alves Capela	MD	Obs/Gynaec	15/H.Faro	Yes	
Isabel Ruivo dos Santos	MD	Chest Med	15/H.Faro	Yes	
Jean François Dantas Alves	MD	Internal Med	15/H.Faro	Yes	
João Pereira Rosa	MD	Paediatrics	15/H.Faro	Yes	
Patrícia Mendes	MD	Paediatrics	15/H.Faro	Yes	
Rita Marques de Ornelas	MD	Gastro-enter	15/H.Faro	Yes	
Ulisses Saturnino de Brito	MD	Chest Med	15/H.Faro	Yes	
Walter Lopes dos Santos	MD	Cardiology	15/H.Faro	Yes	
Paulo Baptista Caldeira	MD	Gastro-enter	20/H.Faro	Yes	
Carlos Ferreira de Sousa	MD	Surgery	0/CHLA	Yes	**CHLA
Alda Maria Dinis da Fonseca	MD	Surgery	0/CHLA	Yes	
Setélio Sampaio Rua	MD	Surgery	0/CHLA	Yes	

Further recruitments to be carried out before September, for year 4 tuition:

H.Faro	Nephrology, Urology, Oncology, Infectious Diseases
APDP (Ass. Prot. Diabet. Portugal, Lisbon)	Diabetes/Endocrinology
CHBA (Portimão)	ENT, ITU
Hospital Garcia de Orta (Almada)	Neurology/N.Surgery/N.Radiology, Psichyatry, Dermatology, Ophtalm.
Centro Hospitalar de Setúbal	Haematology/Oncology