Iraqi National Guideline On Standards for Establishing and Accrediting Medical Schools

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Endorsed by Ministry of Higher Education in collaboration with Ministry of Health and World Health Organization

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Forward

Iraq has a long and bright history of medical education in the region and the world. The first medical schools in Iraq have been established in 1927 as ones of the pioneer schools in the region that have provided the early health care providers for Iraq as well as for various countries in the region.

The Ministry of Higher Education and Scientific Research is working hard to sustain this heritage and shares the commitment of improving the quantity and quality of medical education institutes in Iraq.

The need for modernization and quality improvement in medical education is linked with the remarkable increase in the number of medical schools in Iraq over the past decade, as well as the need of improving the quality of health services in our country. The need for sustained production of Human Resources for Health to meet the country development goals that are highlighted in the National Development Plan and the Millennium Development Goals, have increased our awareness for the need of accreditation as a quality assurance tool.

The initiative on accreditation of medical schools has merged in February/April 2007 as a result of the recommendation of the two workshops on medical education and the standards of accreditation that was organized through an appreciated technical support from the World Health Organization and has witnessed the participation of representatives of Ministry of Higher Education, Ministry of Health and the 22 medical schools in Iraq.

This initiative was followed by a series of workshops, meeting and consultations in Baghdad, Manama and Erbil leading to the production of the guidelines, the quality indicators and the self assessment tools for medical schools. The guidelines have been developed on the basis of the WHO/World Federation for Medical Education Guidelines for Accreditation of Medical Schools, published in 2005 keeping in mind the country specific requirements and the prevailing national accreditation practices in the region as the Gulf Cooperation Countries Standards of medical education.

These guidelines are flexible, facilitatory in nature and are under the jurisdiction of the Ministry of Higher Education and Scientific Research. The guidelines represent the minimum requirements each Iraqi medical college should achieve, in order to be accredited on regional and international standards. It is hoped that the medical colleges will follow these guidelines and develop their own instruments to adapt it to their own situation towards institutional accreditation.

The current document is developed to assist Iraqi medical colleges in developing and completing their internal self Assessment studies and also to outline the minimum required standards which guide the development and progress of medical colleges' curriculum.

Lastly, we recognize the challenges that health educational institutions face in terms of resources to apply these guidelines and we are committed to work with them to advocate for and mobilize additional resources to meet the standards for accreditation.

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Acknowledgment:

First of all special word of thanks go to H.E Dr. Salih Al-Hassnouy, Minister of Health and Dr. Tahir Horami, Minister of Health in Kurdistan Region, and their teams for their support to this initiative and our joint efforts that reflects the intersectoral collaboration among the various Iraqi Ministries and different regions of the beloved Iraq.

The Ministry of Higher Education and Scientific Research would like to extend its thanks and appreciation to the World Health Organization (WHO) in Iraq for the technical and logistical support provided throughout this process. We are grateful to the leadership and dedication of WHO representative in Iraq, Dr. Naeema Al-Gasseer, who saved no effort to make this process a success story.

We are very proud of and appreciative to the tireless work of the Iraqi National Accreditation Committee, Deans of medical colleges, task force of the medical education departments and accreditation committees of the various Iraqi medical colleges.

This acknowledgment won't be completed without recognizing the contribution of our sons, daughters and the future leaders of Iraq, the medical students in various colleagues who provided very useful inputs to the process of the guidelines development. Without all their dedication, enthusiasm and positive attitude, this document would never be accomplished.

Lastly, I would like to acknowledge the work and support of the members of the Health Committee of the Iraq Parliament who stands beside us in all issues related to better health and education services for all Iraqis.

I am quite confident this accreditation process will add to our common goals in serving our people in a peaceful and prosperous Iraq.
Background:

The purpose of accreditation and quality improvement in medical education is towards changing conditions in the health care delivery system and to prepare physicians for the needs and expectations of Iraqi society. Accreditation is an affirmation and empowerment for higher education institutions (Colleges) to obtain a distinguished character and identity and a seal approval that actions taken to improve quality are successful, It is a the gate way toward total quality and it is also considered to be a motivation for the college to promote comprehensive educational process and quality systems to raise the level of confidence in the medical college and its graduates. Accreditation is a voluntary peer – review process designed to attest the educational quality of new and established educational program. The Dean’s of Colleges of Medicines in Iraq has approved the need to develop basic minimum standards for accreditation of medical Colleges to meet both the national and international standards in ensuring meeting the interest of the public and the students enrolled in medical programs.

It is indeed imperative to have an established body at national level responsible for accreditation.

The recommendations and guidelines in this document have been modified from Arabian Gulf Cooperation Council ‘Recommendations & Guidelines on Minimum Standards for Establishing and Accrediting Medical Schools in The Arabian Gulf Countries’ and also based on the joint World Health Organization and the World Federation for Medical Education (WFME) recent recommendations on Standards for Basic Medical Education.

The overall aim of the accreditation process is to assess the medical program in any particular college against its own goals and objectives to graduate competent professionals, provided these are concurrent with the general principles described below. It is the medical colleges’ responsibility to develop and implement a curriculum that achieves these objectives. An appropriate internal appraisal mechanism must be in place to monitor the implementation of the curriculum and make appropriate changes in relation to varying requirements.

Mission Statement

- The Medical College will have a documented mission statement, aims and educational objectives to graduate competent physician who is
prepared to meet the needs and demands of Iraqi people enshrined in human rights.

The mission statements and objectives are being set in participation of key stakeholders. They are: Dean; medical college faculty; medical students; health and education authorities, health professional associations and health societies and representatives of community and civil society

- The curriculum should emphasize basic medical sciences and general rules for practicing medicine. This should be governed by the quality & amount of the suitable information that should be taught which would qualify graduates to deal with the common & important medical problems in the community.

1. THE MEDICAL CURRICULUM

1.1 Goals

- The overall goal of undergraduate medical education must be to produce broadly educated medical graduates who are competent to practice safely and effectively.
- Graduates must have an appropriate foundation, not only to function upon graduation as a physician and be prepared to pursue long life learning and ready for further training.
- Emphasis must be placed on the principles, attitudes and values in the practice of medical science, rather than on the acquisition of a detailed compendium of current knowledge or a comprehensive list of clinical skills.
- The programme must be responsive to the health and development needs of the community and ensures engagement of the community.

1.2 Objectives of Undergraduate Medical Education
The objectives must be such that they result in medical graduates who are competent and equipped to respond to the health needs of the individuals, family based on a service that is compassionate, caring and taking into consideration human rights and gender equity.

The competencies, which must be exhibited by the student at the point of graduation, must be defined. These must include the skills of continuing professional development.

1.3 Program duration:

The duration to implement the program in Iraq is for six years that is based on addressing common health needs and problems.

1.4 Curriculum Design and Organization

a. The curriculum must transmit essential factual knowledge, impart requisite professional skills in communication, patient management, develop critical thinking, analytical ability and enhance development of desirable professional values and attitudes and values founded in medical ethics relevant to the Iraqi culture.

b. The units into which the curriculum is divided must demonstrate adequacy of a core content to ensure that competencies required of knowledge, skills and attitudes for entry into medical practice are met.

c. The curriculum must provide opportunities for self-directed learning; for taking optional/elective units and for gaining exposure to a wide range of institutional and community experiences.

d. Students must spend at least three academic years of their training in direct contact with individuals, family and community with increased clinical responsibility under supervision.

e. The curriculum must enable the students to acquire appropriate knowledge, skills and attitudes relating to disease prevention, health promotion and community health.

f. Medical ethics must be an integral part of the curriculum.

g. Basic science teaching must be relevant to the overall objectives of the medical school, and such relevance must be apparent to the faculty and students. Thus, basic science courses must illustrate the
importance of principles being taught to the understanding of health and disease, both at the individual and community level.

h. Clinical medicine must be taught in such a way that the underlying scientific principles and humanitarian values are reinforced. The involvement of staff from basic science departments in the teaching of clinical medicine is desirable, as is the involvement of clinicians in the teaching of basic sciences.

i. An appropriate level of horizontal (concurrent) and vertical (sequential) integration (end point spiral integration) should be in place in order to achieve the educational objectives.

j. Explicit statements about the level of knowledge and understanding, skills and attitudes expected of the students at each phase of the curriculum will enhance its organization, e.g. if clinical skills are learnt in each year of the programme, the medical school must inform the students, faculty and the clinical sites of the standards expected and required from the student at the end of each year.

1.5 Curriculum Implementation

Schools must demonstrate that they have processes in place that allow the overall content and balance of the curriculum and its assessment to be defined in relation to the stated objectives of the medical school. A Curriculum Committee must exist and be given the authority for planning and overseeing the comprehensive curriculum and must have the ability to exhibit sufficient control over the curriculum to secure its objectives and development.

1.6 Teaching and Learning Methods and Educational Settings
These must be consistent with the schools educational Objectives.

a. Teaching methods in different settings (lectures, tutorials, site visits, practical's) must use strategies which promote student-centered rather than teacher-centered learning, encourage active student enquiry, stimulate analytical thinking and organization of knowledge, and foster life-long learning skills.
b. The school must ensure that students are made aware of the importance of information technology and medical informatics and those opportunities are provided for its learning and practice.

c. Professional clinical skills must be introduced early in the curriculum and coordinated with basic medical sciences. Skills laboratories must be developed and used in the preparation of students for their clinical clerkship phase.

d. Students throughout the programme must be exposed to a range of settings in which health care is delivered and health promotion is practiced. In addition to teaching hospitals and primary health care centers, students must also have the opportunity to work in the community, with families, in community health centers, in rural hospitals, in general practice, and in centers for those with chronic mental or physical disability including workplace to address occupational health.

e. Students must be exposed to common medical problems of a more transient nature that are not seen in the hospital setting, and experience the effect of the family and the community environment on symptom expression and therapeutic responses.

f. Mechanisms must be in place to ensure that all clinical placements are well organized and adequately supervised. The objectives and the assessment of all clinical placements, in hospitals and in the community must be clearly defined and made known to both the students and the teachers.

g. It is desirable that students are given the opportunity to undertake a supervised elective study in areas such as social or environmental and community service with identified objectives and for a minimum period of four weeks, which are assessed by the Faculty.

h. The student should have at least one project through the study period.

i. Students must be exposed to issues and concerns that will violate medical ethics and be guided in the development of an ethical professional attitude.

2. STUDENT ASSESSMENT AND EXAMINATION
a. Methods of student assessment must match the objectives of the medical course. Methods of summative assessment must be explicit and made known to the students at the outset of the curriculum or its component.

b. Continuous assessments must play an integral role in the education of medical students.

c. Methods of formative and summative assessment may comprise a variety of approaches, e.g. written assessments, oral assessments, projects, documentation of the performance of practical procedures (log books), site visit checklists and assessments and clinical case examinations with real or simulated patients.

d. Clinical examinations must form a significant component of the overall process of assessment in the clinical disciplines.

e. Students must also be assessed on communication skills and attitudes towards patients and other members of the health care team.

3. MONITORING AND EVALUATING THE CURRICULUM

3.1 Mechanisms for Monitoring and Evaluating the Curriculum

Each medical school must develop mechanisms for monitoring and evaluating the curriculum that is disseminated and known to faculty and students. Representative student as well as faculty opinions must be obtained regularly for each component of the curriculum and evaluated by the appropriate committee, in order to identify problem areas and institute corrective measures. Other pathways for student feedback on the curriculum must also exist. High pass or failure rates need to be thoroughly investigated by the medical school.

3.2 Quality of Graduates

Medical schools must:
i) have mechanisms for obtaining feedback about the performance of their graduates from the graduates themselves, from the involved faculty, from civil society and from the health institutions where their students work as interns and residents after graduation, and

ii) Respond to community and employer perceptions about the performance of their graduates.

4. STUDENTS

4.1 Selection of Students

Students selected to a medical school must have successfully completed their formal secondary education, and have passed the End of Secondary School Certificate Examination or equivalent as approved by the Ministry of Higher Education in Iraq. Student admission minimum scores must be the same in government and private medical schools (± 5%) which with at least to be 85%. The Medical College may choose to apply a student admission or placement test.

4.2 Size of Student Intake

The recommended intake must be subject to the available resources and fulfillment of requirements such as student: faculty ratios: student ration is determined for theory; laboratory and clinical.

4.3 Student Support Services

Support services must include access to counseling services with trained staff, a student health service and student academic advisers. Students must be advised on the risks to themselves and to patients in dealing with infectious diseases. The medical school must have a policy on the immunization of students against infectious diseases, and a mechanism for monitoring its implementation.

4.4 Personal Development of Students
The curriculum must provide opportunities for students’ extracurricular activities in pursuit of their personal and professional development.

5. STAFF

5.1 Faculty: Student Ratio

The academic staff cadre must be such that, overall, the medical school must have a 1/10 number of staff for clinical learning and clarity with ratio for laboratory 1 to six and for group work 1:15 and lectures 1:60. It is imperative that at least 70% of the faculty must be full time. Each department must have at least one full-time Professor or Assistant Professor. Departments must also have adequate numbers of non-academic support staff (secretaries, technicians).

5.2 Qualifications for Recruitment and Promotion of Academic

Where difficulty in recruiting staff exists, the medical school must recognize the problem and take appropriate action to resolve it, such as:

a. Faculty recruitment and promotion must be guided by the University regulations. In the case of private medical college, the University regulations in Iraq must guide the process of recruitment and promotion.

b. Non-medically qualified basic science teachers must be encouraged to teach their subjects in such a way that relevance to medicine is apparent to students

c. Making joint appointments between basic science and clinical departments

d. Making part-time appointments

e. Making joint appointments between university and hospitals

f. Conferring academic designation for hospital or community practitioners involved in teaching and research.
g. Allowing promotion of part-time clinical faculty according to the University regulations
h. Ensuring that faculty is publishing research according to set criteria

5.3 Academic Staff Development and Career Review,

- Medical education unit need to be available with clear policy for the unit.
- Medical schools must have in place a policy for staff development and career review. The process must be formative, and provide opportunities for the mentoring of staff by their immediate superiors and feedback from students.
- Staff must have access to staff development program appropriate to their developmental needs.

5.4 Teaching support and advice on Evidence Based Medicine teaching and learning are available.

5.5 A well plan for human resources development.

6. PHYSICAL RESOURCES

6.1 Teaching Facilities on Campus

The medical school must have adequate resource facilities for diverse learning settings such as: lectures, tutorials and practical classes, including auditoriums, laboratories (multi-disciplinary, basic medical sciences and professional skills laboratories), dissection rooms and anatomy/pathology museums, tutorial rooms, audio-visual equipment, laboratory equipment and computers for satisfactory delivery of the curriculum.

The physical resources must respond to the curriculum structure, organization and implementation.

6.2 Learning Resource Facilities

6.2a Library Resources including virtual library
The school must have a collection of reference materials meeting the standards that are adequate to meet the curriculum and research needs of the students and faculty; support staff must be available to help the students. It is advisable that students have access to computer-based reference systems. A core of essential journals must be available in paper and/or electronic form and ensuring that the most recent periodicals are available and the number of referenced books.

6.2b Learning Resource Centre

This must be capable of providing support to learning and teaching including established skill laboratories plus the production of audiovisual aids with CD and electronic networking facilities.

6.3 Clinical Learning environment / Teaching Primary Health Care and Hospitals

Sites for teaching and clinical environments including primary health care centers and teaching hospitals that meet the health institutions accreditation. In case there is a need to expand the clinical teaching of students or the unavailability of a University hospital, an official agreement must be reached between the medical school and affiliated teaching hospitals, indicating clearly the terms of cooperation and commitment. This agreement must be subject to regular review and there must be clear evidence that the relationship is functioning effectively.

6.3a Specialties and Teaching Beds

Affiliated health care institutions must be suitable for medical education and have teaching beds and outpatient clinics in main specialties (surgery, medicine, pediatrics, obstetrics & gynecology, accident & emergency. ENT, Dermatology and other specialties based on the health problems.
6.3b Student: Hospital Bed Ratio

With regard to the specialties of medicine, surgery, obstetrics & gynecology, pediatrics, a medical college must have access to at least 3 occupied hospital beds per student in a clinical clerkship rotation at a given time. A medical college with an intake of 100 students per year must be affiliated to a teaching hospital(s) providing a minimum of approximately 500 beds with high occupancy rate.

6.3c Ambulatory Care Services

Access to outpatient clinics and primary health care centers must be available. Learning and teaching in ambulatory care services is essential for the training of medical students.

6.3d Educational, library and on-call facilities must be available for Students in the health care facilities.

6.4 Student Welfare Facilities

Adequate physical facilities must be provided for student study, sport and recreation.

7. MANAGEMENT OF THE MEDICAL SCHOOL

7.1 Administration and Structure within the University

The college must have control over its curriculum to allow its objectives to be achieved, as well as sufficient autonomy to be able to direct resources in an appropriate manner to achieve the overall objectives of the college. There must be a clear and direct line of responsibility for the curriculum and its resources.

7.2 Relationship with Affiliated Institutions and the Community
a. University academic staff working within teaching hospitals and other health care institutions must be integrated into the service and administrative activities of the affiliated institution.
b. Institutions associated or affiliated with university medical schools must share the educational and research objectives of the medical school and are working towards being accredited.
c. There must be effective methods for the medical school to communicate with, and receive the opinions of, medical practitioners, allied health professionals, community health workers and recipients of health care in the community.

7.3 Funding

- Schools must ensure that its financial resources are sufficient to allow the school’s objectives to be achieved and to maintain high standards of medical education.
- Although all the medical college now are governmental non profit and centrally funded initiate resource mobilization.
- Sources of financial support must be transparent and disclosed.

8. RESEARCH

An active research environment within a medical college is necessary. Departments must strive to achieve an overall balance in which individuals may make differently weighted contributions in the areas of teaching, research and clinical service.

Opportunities for students to be involved in research activities at some stage of their medical education process must be provided.

The College must have a time plan to develop and implement research;
The College needs to demonstrate the number of research completed, published;
The College needs to show the percentage of funds of the College

9. CONTINUING MEDICAL EDUCATION

Medical colleges must recognize the need for continuing medical and health education for health professionals and the community.

The College has written plan on CME that is known to faculty and staff.

The College ensures that faculty are participating actively in CME.

Regular symposiums, workshops and conferences should be organized to fulfill these needs.

10. INFORMATION DATABASE, AUDIT AND CONTINUING QUALITY IMPROVEMENT

Medical colleges and associated teaching hospitals/ PHC must have up-to-date medical records department, electronic database and instant retrieval facilities. The process of audit should be in place with regular monitoring to ensure continuing quality improvement in teaching, training as well as patient care.

11. Governance

11.1 Providing up-to-date and accurate organizational chart including the relation with the university.

11.2 All staff to be informed about their role and responsibility with effective coordination and leadership across the college.
11.3 A central registration of all policies and regulations and are available to staff and students.
11.4 The College has established linkages with laws and regulations in Iraq