

WHO-EM/HRH/635/E

Summary report on the

# Workshop on accreditation of medical education in Iraq: towards excellence in medical education and health care

Amman, Jordan  
31 March–1 April 2016



World Health  
Organization

Regional Office for the Eastern Mediterranean

Report on the

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## **1. Introduction**

Iraq has 25 medical colleges that produce approximately 3000 graduates annually. Notwithstanding the significant number of colleges, medical education in Iraq faces significant challenges. The major ones include the lack of vision for improving medical education, uncontrolled entry standards that are not linked to the national requirements, and the lack of an effective regulatory system to improve and sustain quality of education and practice. Many medical colleges provide education in the traditional mode with outdated curricula that emphasize didactic rather than applied and practice-based approaches. Faculty capacities and infrastructure are inadequate. Student selection, assessment and quality of medical research are other areas that need further improvement.

For several years accreditation has been considered as the principal approach to address the challenges to medical education in the country. A National Council for Accreditation of Medical Colleges (NCAMC) has been established under the Ministry of Higher Education and Scientific Research to oversee the accreditation, and develop and implement accreditation standards across medical colleges. The progress thus far has not been as was earlier expected.

A national workshop was organized to take stock of the situation and explore ways to strengthen the accreditation of medical education in Iraq. The workshop was held in Amman, Jordan from 31 March to 1 April. The specific objectives of the workshop were to:

- Present and review the situation and challenges to medical education and accreditation in Iraq;
- Review the standards of accrediting medical education in Iraq;
- Propose an institutional arrangement for the accreditation of medical education; and
- Develop a roadmap for implementing the agreed actions over the next 12 months, with specific actions and timelines.

The workshop was opened by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who welcomed senior representatives from the Ministry of Higher Education and Scientific Research (MOHE) and the Ministry of Health (MOH), deans and representatives of health professional education institutions. He expressed the commitment of WHO to provide all possible support to advance the accreditation system that aims to improve the quality of medical education. He noted that the Region faced major shortages in the overall health workforce. Much of this was due to insufficient strategic investment in education and employment, inadequate performance management and high mobility of health workers. While countries were trying to address shortages, concerns about the quality of services provided by health professionals were increasing.

Dr Alwan referred to the framework for action to reform undergraduate medical education adopted by the 62nd WHO Regional Committee for the Eastern Mediterranean in October 2015, which recognized accreditation as an important quality assurance and improvement tool.

It was expected that the workshop would build on earlier initiatives to improve the quality of medical education and would help develop consensus among stakeholders on the roadmap needed to advance medical education in the country.

Dr Hazem Aljumaily, Undersecretary, Ministry of Health, noted that the meeting was timely to boost medical education in Iraq and improve its quality and relevance to meet the requirements of the health services. He added that collaboration between the Ministry of Health and Ministry of Higher Education was invaluable and necessary to improve the overall medical education and deliver outcomes that would meet the needs of the Iraqi population. He expressed commitment on behalf of the Ministry of Health to remain involved and contribute to the process and decisions related to the strengthening of the NCAMC.

Professor Fouad Kasim, Undersecretary, Ministry of Higher Education and Scientific Research, noted that although medical colleges in Iraq were facing exceptional challenges, the government was determined to improve higher education in the country and to continue building capacities of the different faculties. He stated that the Ministry of Higher Education and Scientific Research was determined to work collaboratively with the Ministry of Health to improve the quality of education, training in teaching hospitals and invest in educational institutions and research centres to replace those destroyed in conflict. On behalf of the Ministry of Higher Education and Scientific Research he expressed appreciation for the sharing of international experience and the collaboration with WHO and regional partners to improve the quality of medical education through accreditation.

The list of participants is attached as Annex 1.

## **2. Global and regional developments**

Several interventions were made to share the global and regional perspectives towards medical education. The subsequent section summarizes the key messages.

### **Regional framework for reforming undergraduate medical education**

The regional framework for action for reforming undergraduate medical education, adopted by the 62nd Regional Committee as part of resolution EM/RC62/R.4, was shared with the workshop participants. The framework identifies seven strategic priorities (Box 1) along with short- and medium-term actions to be taken by countries as they embark on reforming medical education (Annex 2).

### **Box 1. Strategic priorities for reforming medical education in the Region**

1. Strengthen the regulatory capacities of the governing institutions and provide standards and guidelines for establishing new medical schools
2. Establish/strengthen independent national accrediting bodies that have the mandate and the resources to ensure quality medical school governance, including social accountability as an essential element of the national accreditation standards
3. Encourage schools to establish medical education units or educational development centres to review curriculum regularly and support faculty development
4. Build the capacity of educational leaders to lead curricular reform that will result in curricula that are student-centred, community-based, competency-based and integrated
5. Develop merit-based student selection criteria, and establish valid and reliable student assessment and programme evaluation systems
6. Attract and retain competent teaching faculty, especially in basic medical and public health sciences, by adopting merit-based recruitment and promotion policies
7. Ensure adequate educational resources to promote student centred training, strengthened clinical training and increased use of primary care and other community-based sites

### **World Federation of Medical Education guidelines and standards**

World Federation of Medical Education (WFME) programmes over the past 15 years have focused on the development of standards for medical education, accreditation and recognition of national accrediting bodies or agencies, and the development of essential databases such as the world directory of medical colleges.

WFME is mainly concerned with overseeing the quality, management, organization, support and delivery of medical education at the global level. The standards are intended to guide medical education programme development and evaluation, facilitate identification of strengths and weaknesses related to the medical education programme, and stimulate the improvement of quality. Each country should review the relevant standards and adapt them in accordance with the local context.

### **Social accountability framework for medical education**

Social accountability obliges health professionals' education institutions to orient education, research, and service activities towards priority health concerns of the local and regional communities. Social accountability is guided by the values of quality, equity, relevance, partnerships and cost-effectiveness. Some accreditation standards, such as WFME standards, incorporate social accountability and accreditation institutions/mechanisms can serve to "enforce" it. Having social accountability as an essential element of accreditation standards facilitates the alignment of transformative health workforce education agenda towards people-centred, integrated health services and increased health equity.

The attributes of social accountability incorporate the need to: 1) focus on outcomes and impact; 2) work with the community and involve them; 3) integrate health care and education systems; 4) focus on local needs and prioritize primary care and continuum of care; 5) align across different professions; 6) measure performance based on impact on health and health inequities; 7) make use of role modelling with emphasis on public service; and finally 8) build capacity of staff to improve quality and reduce operating cost.

### 3. Overview of medical education in Iraq

Iraq has 25 medical colleges distributed across the 18 governorates and all are publicly funded and are under the management of the Ministry of Higher Education and Scientific Research. An assessment of medical education in Iraq against strategic priority areas in the regional framework for action for reforming undergraduate medical education is provided in Table 1 below.

**Table 1. Overview of medical education in Iraq**

Regional strategic priorities	Situation in Iraq
1. <i>The regulatory capacities of the governing institutions and standards and guidelines for establishing new medical schools</i>	<ul style="list-style-type: none"> <li>The MOHE regulates the establishment of medical schools. The MOH does not have an active role in regulating medical education. Currently, there are no need-based criteria for establishing new medical schools.</li> </ul>
2. <i>Independent national accrediting bodies</i>	<ul style="list-style-type: none"> <li>NCAMC has been established under the umbrella of MOHE (until the establishment of National Commission for quality Assurance and Accreditation. Its terms of reference, membership and authority are being reviewed to make it more effective</li> </ul>
3. <i>Medical education units or educational development centres to review curriculum regularly and support faculty development</i>	<ul style="list-style-type: none"> <li>Medical education units have been established in many medical colleges. These do not have the status of departments. The main obstacles in establishing departments are existing bylaws, changing leadership, lack of qualified staff</li> </ul>
4. <i>Capacity of educational leaders to lead curricular reform</i>	<ul style="list-style-type: none"> <li>Absence of and need for such a leadership capacity building is well recognized. There are few well recognized programmes for deans in health professionals' education</li> </ul>
5. <i>Merit-based student selection criteria, and valid and reliable student assessment and programme evaluation systems</i>	<ul style="list-style-type: none"> <li>Student selection is based on the grades at high school and there is lack of flexibility in further evaluation of candidates. Student assessment needs improvement</li> </ul>
6. <i>Competent teaching faculty, especially in basic medical and public health sciences</i>	<ul style="list-style-type: none"> <li>Shortage of faculty is faced, which becomes more severe, especially, in the basic sciences. Some studies also indicated that 50–75% of faculty is part-time.</li> </ul>
7. <i>Adequate educational resources to promote student centred training, strengthened clinical training and increased use of primary care and other community-based sites</i>	<ul style="list-style-type: none"> <li>The need for directing educational resources toward student-centred training is well recognized with the need to strengthen clinical training sites with an expansion to primary care settings.</li> </ul>

## **Accreditation of medical education and National Council for Accreditation of Medical Colleges in Iraq**

The National Committee for Accreditation of Medical Colleges in Iraq (NCAMCI) emerged in February 2007 as a result of the recommendations of the two workshops on medical education and the standards of accreditation that was organized by WHO, with wide participation of representatives of MOHE, MOH and 22 medical colleges.

Iraqi National Guidelines on Standards for Establishing and Accrediting Medical Colleges was formulated in 2009 by MOHE, MOH, Deans of medical colleges, Members of NCAMCI, and members of liaison committees. It was based on the WFME standards, modified according to national requirements.

The NCAMCI requested medical colleges to conduct a self-assessment study, prepare and submit a report to the accreditation committee. All colleges submitted self-assessment reports to the accreditation committee followed with peer review visits by members of accreditation the committee and liaison committees. However, the process could not be taken further as the NCAMC was only an advisory body and was not authorized to accredit institutions.

Following a number of multi-stakeholder meetings, the status of the committee was changed as the National Council for Accreditation of Medical Colleges (NCAMC) in February 2015 with expansion of the duties and responsibilities to be the formal reference for academic accreditation in Iraq based on the foundations and parameters stated in the Iraqi national guidelines on standards for establishing and accrediting medical colleges.

The NCAMC is currently composed of the following.

1. The *permanent members* are 12 faculty members from different medical colleges of Iraq nominated by their deans, in addition to MOH representative and WHO representative.
2. The *advisory board* consists of well-known experts in the field of medical education, accreditation and evaluation to provide advice and support to the council.
3. The *administrative team* comprises supportive teams of administrative personnel to facilitate and manage the routine work.

The Council has drafted a guide for accreditation of medical colleges which is to be finalized.

### **4. Group discussions: towards a roadmap**

Further assessment of current situation and how to improve and strengthen the accreditation standards and required institutional arrangements were discussed in two groups.



## **Institutional arrangements for accreditation of medical education in Iraq**

Possible strategies to strengthen institutional arrangements for accreditation of medical education were discussed in the group. The group proposed the following.

- 1) The NCAMC should continue to work under the umbrella of MOHE (Apparatus for Supervision and Scientific Evaluation) until the establishment of National Commission for Quality Assurance and Accreditation. Its membership should be expanded for better representation from the MOH, its terms of reference should be revised and it should be better resourced to fulfil its mandate.
- 2) The bylaws for the establishment of an independent national accrediting body for medical education should be drafted as a first step towards its endorsement by the appropriate body such as the cabinet or the parliament. WHO can provide the technical support to draft the bylaws.
- 3) The MOHE should consider reviewing the rules and regulations to facilitate the establishment of medical education departments in all medical colleges to sustain the developments achieved and institutionalize the improvement of medical education. Deans of medical colleges should submit to MOHE a request for establishment of medical education unit/department in their colleges.
- 4) The MoHE with the support of WHO should help build capacity of the core leaders of medical education units/departments. This could be done through short leadership courses for deans, upgrading the diploma to a full masters' course for health professionals, benefiting from similar online programs and through exchange visits for developing joint programs in collaboration with other institutions.
- 5) The criteria for entrance to medical schools that should be reviewed in consideration of whether students applying for medical colleges need to pass the national screening process. The concept of national screening process has to be communicated and understood nationwide.

## **Standards for accreditation of medical education in Iraq**

The second group reviewed the accreditation standards developed in 2009 and found the standards were in general still relevant. However, the standards can benefit from revision, recognizing the global and national developments in order to align these to the WFME standards and incorporate elements of social accountability. The group made the following proposals.

- 1) The group proposed some revisions which included:
  - revision of goals with some proposed wording;
  - relevance of standards to local context;
  - reflecting the spirit of preparing life-long learners;
  - outcomes related to good medical practice in addition to knowledge, attitudes and skills; and
  - revision of the section on student selection in accordance with the system in Iraq.

- 2) Some issues require further consideration in line with the current legal frameworks and systems in the country, such as student selection, financing, etc.

It was agreed that the NCAMC should work with a group of national experts to review the document and include the suggested amendments. The NCAMC will also start to develop the pool of assessors and build their capabilities as assessors.

## **5. Roadmap to strengthen and operationalize accreditation of medical education in Iraq**

The main outcome of the workshop is the roadmap with short- and medium-term activities/deliverables that was developed in a participatory approach. The roadmap highlights interventions in four domains.

1. Institutional arrangements
2. Finalizing accreditation standards
3. Building a team of skilled and experienced assessors
4. Involvement of medical colleges

The roadmap and a timeline for its implementation are provided in Tables 2 and 3.

WHO is committed to support establishment of the accreditation programme in Iraq and will:

- facilitate learning from regional experiences, i.e. study tours to other countries;
- develop leadership and management programmes for council members and Deans;
- facilitate technical cooperation between WFME and NCAMC for further operationalization of the accreditation process including the training of assessors;
- facilitate regular forums between stakeholders (including MoH, MoHE, Deans) to advance the accreditation process as well as bridge the education and health services; and
- facilitate the improvement of capacities of NCAMC and medical colleges for knowledge generation and management.

**Table 2. Roadmap for strengthening institutional capacities for and implementing accreditation of medical education in Iraq**

	<b>Institutional arrangements</b>	<b>Accreditation standards</b>	<b>Assessors</b>	<b>Medical colleges</b>
<b>Short term (April– December 2016)</b>	<ul style="list-style-type: none"> <li>• Revise the composition and membership of the NCAMC (3 months)</li> </ul>	<ul style="list-style-type: none"> <li>• Review and finalize the standards</li> </ul>	<ul style="list-style-type: none"> <li>• Define and agree on the composition of the assessment team and criteria for selection</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and disseminate advocacy material to understand importance of accreditation in improving quality of education</li> </ul>
	<ul style="list-style-type: none"> <li>• Recruit legal adviser to strengthen legal framework of the council</li> </ul>	<ul style="list-style-type: none"> <li>• Finalize guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Identify assessors</li> </ul>	<ul style="list-style-type: none"> <li>• Decision to apply for accreditation</li> </ul>
	<ul style="list-style-type: none"> <li>• Capacity building of Council members</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate the standards and guidelines to medical colleges</li> </ul>	<ul style="list-style-type: none"> <li>• Develop training programmes for assessors</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare for accreditation</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure core funding for operationalization of the Council</li> </ul>	<ul style="list-style-type: none"> <li>• Establish website, disseminates standards, guidelines and other documents for easy access to medical colleges</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct training workshops for assessors</li> </ul>	<ul style="list-style-type: none"> <li>• Self-assessment of the colleges which applied for accreditation</li> </ul>
	<ul style="list-style-type: none"> <li>• Convene regular forums between stakeholders (including MoH, MoHE, Deans) to advance the agenda of accreditation and the bridging of education and health services</li> </ul>			<ul style="list-style-type: none"> <li>• Other colleges continue to prepare for accreditation</li> </ul>
	<ul style="list-style-type: none"> <li>• Organize an external mission to review the progress and gaps</li> </ul>			
<b>Medium term (2017–2018)</b>	<ul style="list-style-type: none"> <li>• Convene a national conference on accreditation of medical education</li> </ul>		<ul style="list-style-type: none"> <li>• Continue building capacities of assessors and improve the pool of assessors</li> </ul>	<ul style="list-style-type: none"> <li>External assessment of medical colleges by team of national assessors</li> </ul>
	<ul style="list-style-type: none"> <li>• Convene regular forums between stakeholders (including MoH, MoHE, Deans) to advance the accreditation process as well as to bridge the education and health services</li> </ul>			<ul style="list-style-type: none"> <li>Complete accreditation of 5 medical colleges</li> </ul>
	<ul style="list-style-type: none"> <li>• Apply for recognition by WFME (end 2018)</li> </ul>			

**Table 3. Timetable for the implementation of the roadmap**

	2016												2017												2018												Responsibilities
	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12					
<b>Institutional arrangements</b>																																					
Revise the composition and membership of the NAMC (3 months)																																			NCAMC		
Recruit legal adviser for the council to strengthen legal framework for the council (5 months)																																			NCAMC/WHO		
Build capacity for Council members (Ongoing)																																			NCAMC/WHO/MoHE		
Ensure core funding for operationalization of the council (2 months)																																			NCAMC/WHO/MoHE		
Convene regular forums between stakeholders (including MoH, MoHE, Deans) to advance the agenda of accreditation process as well as bridging the education and health services (Ongoing)																																			NCAMC/WHO/MoHE		
Organize an external mission to review the progress and gaps (6 months)																																			WFME/WHO		
Convene national conference on accreditation of medical education (December 2016)																																			NCAMC/WHO		
Apply for recognition of WFME (end 2018)																																			NCAMC/WHO		
<b>Accreditation standards</b>																																					
Review and finalize standards																																				NCAMC/WHO/MoHE	
Finalize guidelines																																				NCAMC/WHO	
Communicate the standards and guidelines to medical colleges (2 months)																																				NCAMC/WHO/MoHE	
Establish website and disseminate standards, guidelines and other documents for easy access to medical colleges																																				NCAMC/WHO	
<b>Building a team of assessors</b>																																					
Define and agree on the composition of the assessment team and criteria for selection																																				NCAMC/WFME/WHO	
Identify assessors																																				NCAMC/WFME/WHO	
Develop training programmes for assessors																																				WFME/WHO	



## **Annex 1. List of participants**

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## Annex 2. Framework for action for reforming of undergraduate medical education in the Eastern Mediterranean Region

Priorities	Actions for Member States		WHO technical support
	Short-term (6–12 months)	Medium-term (13–24 months)	
<b>Governance, social accountability and accreditation</b>			
Strategic priority 1: Strengthen the regulatory capacities of the governing institutions and provide standards and guidelines for establishing new medical schools	Review and adapt national standards and guidelines for establishment of new medical schools based on the regional guidance developed by the World Federation for Medical Education and WHO	Establish/strengthen regulatory capacity of governing institutions by make resources available to ensure new and old medical schools meet the required standards of medical education	Develop standards and guidelines for opening new medical schools based on international standards and regional needs in collaboration with the World Federation for Medical Education
Strategic priority 2: Establish/strengthen independent national accrediting bodies that have the mandate and the resources to ensure quality medical school governance, including social accountability as an essential element	Develop national standards for medical education based on the regional accreditation guide and integrate social accountability in the standards Conduct training activities for deans and health leaders on social accountability	Strengthen national accreditation bodies by seeking accreditation with international bodies (World Federation for Medical Education) Implement social accountability standards by building partnership among medical schools and health service providers	Produce a guide on regional standards and build country capacity in developing an accreditation system for medical education Partner with international and regional networks to promote social accountability and develop workshops and other aids for educational leaders on social accountability
<b>Curriculum development, student assessment and programme evaluation</b>			
Strategic priority 3: Encourage schools to establish medical education units or educational development centres to review curriculum regularly and support faculty development	Announce policy by governing institutions to establish medical education units in medical schools Make available resources to develop and strengthen faculty enhancement programmes	Establish adequately resourced medical education units that offer medical education activities such as curriculum review and faculty development programmes	Develop terms of reference and a guide for the establishment of medical education units
Strategic priority 4: Build the capacity of educational leaders to lead curricular reform that will result in curricula that are student-centred, community-based, competency-based and integrated	Build capacity of educational leaders to review and reform curricula by offering structured courses	Review and monitor the implementation of reforms that ensure curricula are contextual, competency-based, integrated and student-centred Assess effectiveness of curriculum reform by undertaking process and outcome evaluation studies	Develop workshops and a guide for curriculum design and for evaluating the impact of different curricular approaches Disseminate successful experiences in curricular reform from within and outside the Region
Strategic priority 5: Develop merit-based student selection criteria, and establish valid and reliable student assessment and programme evaluation systems	Assess current practices, identify gaps and develop evidence-based, feasible, reliable criteria for student selection Assess the current practice of student assessment, and identify gaps and priorities Develop policies and regulations for student assessment approved by national regulatory and accrediting bodies	Monitor the effectiveness, reliability, validity and educational impact of student selection criteria and update based on implementation experience Incorporate student assessment within curricula, and ensure it is well aligned with teaching and learning strategies and outcomes Establish a bank of high quality national assessment items to be shared by medical schools	Develop a practical guide on the assessment, revision and update of student selection criteria Develop a regional guide/toolkit for establishing a comprehensive student assessment and programme evaluation system; and for the establishment of national assessment banks

Priorities	Actions for Member States		WHO technical support
	Short-term (6–12 months)	Medium-term (13–24 months)	
<b>Faculty development and enabling environment</b>			
Strategic priority 6: Attract and retain competent teaching faculty, especially in basic medical and public health sciences, by adopting merit-based recruitment and promotion policies	Review existing package of remuneration and incentives for faculty in basic sciences and public health and compare with regional and international market trends  Review current criteria for recruitment and promotion of faculty and develop merit-based policies in consultation with the civil service commission	Seek approval to mobilize additional funds, implement the new package, and monitor trends in retention of faculty in the country  Endorse and implement merit-based criteria and policies for staff recruitment and promotion	Undertake a comparison of remuneration and incentive packages for faculty in basic and public health sciences and disseminate information  Convene a regional forum on migration and management of physicians in line with the Code of Practice for International Recruitment of Health Personnel
Strategic priority 7: Ensure adequate educational resources to promote student centred training, strengthened clinical training and increased use of primary care and other community-based sites	Incorporate a list of minimum requirements for educational resources among standards when re-licensing existing or opening new medical schools	Monitor implementation and update the list of essential requirements to accommodate advances in education and health services delivery	Provide a list of optimum or minimum essential requirements for educational resources for a socially accountable and competency-based medical school
	Institutionalize partnership between academic and health care institutions for the use of non-hospital health sites for training and health care	Evaluate the impact of partnership between health service providers and medical schools on improvement in education and health services	Disseminate case studies of successful experiences of partnership between trainers and providers



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