

## Medical education in the Eastern Mediterranean Region

### Executive summary

1. Health system strengthening for universal health coverage is one of the five strategic priorities endorsed by the WHO Regional Committee for the Eastern Mediterranean for WHO's work with Member States in the Eastern Mediterranean Region 2012–2016. Human resource development is the backbone of any health system and imparting quality medical education is essential to enable physicians of the future to assume diverse roles as service providers, academics, researchers, managers, leaders and builders of the health system. The number and density of physicians in the population increased significantly in the Region between 1990 and 2013 in the majority of countries. There has been a rapid increase, especially since 1990, in the number of medical schools, while private medical schools have doubled in number since 2000. The major challenge has been to ensure the quality of medical education.
2. WHO undertook a comprehensive review of the situation of undergraduate medical education with a view to identifying the challenges facing medical education in the Region, determining priorities and developing a framework for action. A total of 157 of the 297 medical schools invited (53%) responded to a survey, including at least 20% of the medical schools of each country. Almost 75% of the respondents were deans or department chairs. The survey was complemented by an extensive literature review and interviews with key informants.
3. The results of the review showed that more than half of medical schools are registered with the Ministry of Higher Education, and the rest with the Ministry of Health or medical councils. More than 70% of schools are funded by the public sector, and 60% have some form of accreditation. Key governance challenges were identified in the areas of regulation, needs assessment, accreditation, social accountability, distribution of medical schools and migration of graduates. Many medical schools offer more than one track of curricula, with the majority of medical schools offering traditional, discipline-based curricula, or integrated, system-based curricula. Key challenges were identified in teaching methodology and curriculum design and relevance. In the area of student assessment and programme evaluation, most medical schools were unable to provide a written policy for student assessment and continue to rely on recall of facts rather than testing cognitive functions, such as integration and application of knowledge, problem-solving and critical thinking. The key challenges concern methods, training and quality. The principal criteria for faculty promotion are years of work experience and research and publications. More than 65% of medical schools reported having a weak or no development programme for teaching faculty. Key challenges in the area of faculty recruitment and development include availability, student:faculty ratios, recruitment criteria and development activities. Medical schools in most countries are inadequately equipped with regard to providing an enabling environment and learning resources, with particular challenges in availability of educational resources to support student-centred education and clinical skills training.
4. Medical education is a lifelong endeavour and comprises a continuum of undergraduate, postgraduate and continuing education. This paper focuses mainly on undergraduate medical education but also highlights the importance of postgraduate or continuing medical education, which is also the subject of ongoing review by WHO in the Region. A regional framework for action is proposed that identifies strategic priorities and outlines short- and long-term actions for countries and for WHO support towards the reform of medical education. Countries are encouraged to take urgent action by: establishing a multisectoral steering committee to guide the reform of medical education in the country; establishing or strengthening medical education departments in medical schools; developing and implementing leadership programmes for deans of medical schools; reviewing the current status of accreditation of medical schools and strengthening independent national accrediting bodies; and developing national action plans based on the regional framework for action. The Regional Committee is invited to consider the evidence for reform presented and to endorse the regional framework for action to strengthen undergraduate medical education in the Region.

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