



July 11th 2018

Assignment Report

WHO EMRO, WHO Iraq Office

Supporting Iraqi National Council for Accreditation of Medical Colleges and Training a new cadre of Academic Assessors

The Assignment:

This assignment was held between the 3rd and 7th of July 2018 with the aim of supporting the Iraqi National Council for Accreditation of Medical Colleges (NCAMC) and preparing for the process of accrediting all medical colleges in Iraq. Four Terms of Reference (objectives) were identified to achieve this aim, namely:

1. Assess the rationale and process followed for accrediting medical colleges in Iraq;
2. Share regional and global good practice and incorporate lessons learnt that suit the Iraqi context;
3. Review and finalise the draft guidelines for the NCAMC;
4. Intensive training sessions for selected assessors with a certification of attendance of the workshop for those who pass a post workshop test.

In fulfilling these objectives, the Imperial College London WHO Collaborating Centre for Training and Education (WHOCC) was selected through a tendering process. The WHOCC was involved through its leadership in the development of the standards of undergraduate medical education and the formation of the National Committee of Accreditation of Medical Colleges. In particular, we worked closely with and admired the WHO inputs into this complex developmental process through two workshops held in 2012 and 2016 in Amman, Jordan. Imperial College WHO Collaborating Centre team members took part in these two workshops including the editing of the National Standards for Medical Education.

Building for the future:

The WHO (2016) *Global Strategy on Human Resources for Health: Workforce 2030* stipulates that 'by 2020, all countries will have established accreditation mechanisms for health training institutions'. This document stresses the need to progress and strengthen the regulatory and accreditation system of medical education in Iraq. In doing so, the WHO Iraq Office have commissioned WHOCC in providing a bespoke workshop and a bespoke training course.



1. A Bespoke Workshop for the Members of the NCAMC (3rd and 4th July 2018)

Introduction:

This Workshop was designed and delivered, in discussion with WHO and NCAMC Leadership, on the basis of the WHOCC's assessment of the NCAMC's current National guidelines and published document. This assessment has identified the strengths and the weaknesses of the current guidelines and the opportunities 2020 provides for modernising medical colleges in Iraq

All members of the NCAMC and two Deputies of Minister of Higher Education and Research attended the two-day interactive workshop.

Learning Objectives /Deliverables:

- Participants will be exposed to and learn about best practices in medical accreditation and methods of enhancing medical education in Iraq to the highest international standards
- Needs analysis for 2020 for medical colleges
- Address the curriculum needs to shape medical education in Iraq.
- Finalise the NCAMC Guidelines to start immediate implementation of self and formal assessments

Participation and Delivery:

Eleven members of the NCAMC, two Deputy Ministers and WHO Medical Officer attended the workshop, which was held in the Titanic Hotel in Sulymaniah, Iraq. Professor Salman Rawaf, Professor and Director of WHOCC Imperial College London, and Dr Graham Easton, Clinical Senior Lecturer and a General Practitioner (Family Physician) from University College London and Imperial College London provided the leadership at the workshop. Both have extensive experience in medical education within and outside the UK.

Methods:

Through a specially designed programme aimed at building capacity within the NCAMC the 2 days interactive learning and full participation was divided into five themes (see Appendix 1):

1. Achieving excellence in medical education;
2. Moving ahead (leadership in medical education);
3. Promoting Excellence;
4. Best Learning Environment; and
5. Governance

Working to the principle of '**Include, Invest and Innovate**' we engaged participants in interactive and purposeful discussion in the following areas;

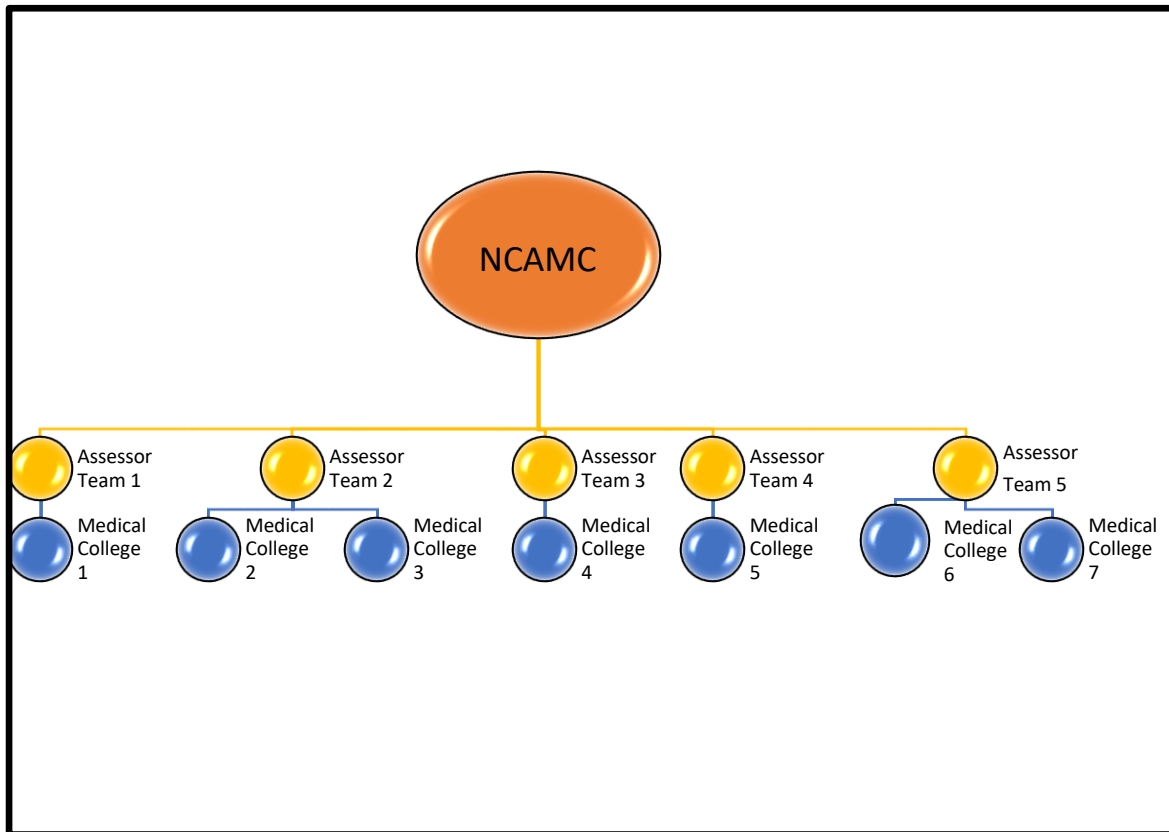


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- Revisiting the NCAMC Guidelines and Standards;
 - Defining actions and next steps of the Revised Roadmap (based on the one agreed in April 2016 in Amman);
 - Identifying current and potential obstacles and challenges;
 - Addressing capacity building and resources needed;
 - Defining governance, responsibility, conflicts of Interest, confidentiality;
 - Spelling out the Outcomes and Success Criteria,
 - Communication, marketing and PR needs;
 - Links with and approval/recognition by international Organisations;
 - Defining the methods of disseminating learning narratives and best practice;
 - Engaging the public in the process;
 - Transparency;
 - Future Innovative Approaches needed to achieve excellence.

On the second day, we identified and rehearsed the Medical Colleges Assessment Process through group discussions. Furthermore, we worked with the participants on how they should strengthen their leadership role and focus on 'situational leadership'; the role and responsibilities of the National Council; and building a 'Chinese wall' between members and visiting teams.



Relationship diagram – an example showing suggested relationship between NCAMC, Assessor Teams and Medical Colleges. (Each assessor team will eventually visit several medical colleges).



We introduced delegates to the newly developed “ Visit Assessment Form” and the importance of adopting a consistent and professional style and constructive approach to encourage continuous improvement of medical education in Iraq.

The final session focused on building a road map with specific dates and seven action points agreed by the Deputies of Minister of Higher Education and Scientific Research to strengthen the role of NCAMC as a regulatory body. In addition to the roadmap, a discussion between the Ministry’s two Deputies, Member of the Council and Imperial College Team seven actions points were agreed between the Ministry and the Council to strengthen the roles and functions of the NCAMC. These 7 action points are:

1. Mandate all medical colleges to implement the national standards of accreditation and prepare all necessary documents of evidence to share with the visiting accreditation team from the NCAMC
2. Mandate all medical colleges to construct a roadmap to overcome all the obstacles and prepare by all means to achieve accreditation before the year 2020.



3. Authorise the National Council with regulatory function to fulfil its role as the guardian of medical education in Iraq
4. The National Council should develop communication and publicity strategy and the Ministry of Higher Education and Scientific Research will help in the implementation through its media platforms
5. The MoHESR and Medical Colleges should show grant Members of the NCAMC dedicated sessions to undertake such an important national duties. The number of session needed will be negotiated by each member with his / her college. A Ministerial Order should support such action.
6. The National council should undertake regular training for faculty staff of all medical colleges with the support of MoHESR to ensure that build capacity and enhance quality of teaching and research staff.
7. Activate and Implement the financial framework and governance as advocated in the Ministerial Order

Certification:

A Certificate of Completion of the Workshop was awarded to all the candidates who attended and fully participated in all the workshop sessions. We are grateful to all those who attended and impressed with their commitment as everyone attended all the sessions, including their Excellences the Minister's Deputies.

2. Training Course on Assessment of Medical Colleges (5-7th July 2018)

The aim of this interactive course was to prepare a new generation of medical accreditation visitors / assessors to implement, in a professional and practical way, the National Guidance of the NCAMC. This course was carefully designed to provide an actual virtual medical college visit to assess all dimensions of the accreditation requirements, within the national standards.

Learning Objectives/ Deliverables:

- Participants/Assessors who are capable of working in a team will be able to visit and assess medical colleges' preparedness, as well as their delivery of modern education and learning for graduate doctors who are fit for purpose (See Tomorrow's Doctors).
- Participants will be trained on how to carry out an assessment using a specially designed form (which will hopefully be adopted by the NCAMC)
- Participants /Assessors will be able to identify the key challenges for medical education and training across Iraq by assessing the quality of education (undergraduate) and training (postgraduate) against the NCAMC standards.
- Participants/Assessors will learn that the review is risk-based. The visits to each medical college (or training programme such as Iraqi Board, Kurdish or Arab Board) will focus on identifying and managing areas of risk. Assessors will also look to identify and share good practice.



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- Participants will be able to train other colleagues in the future (training the trainers)

Methods:

We have developed an innovative and practical training programme of a visit to a medical college. Using a range of simulation exercises of group activities and role play scenarios, participants were introduced to a sequences of steps, which mimic actual preparation for and visit to a medical college. The steps were:

- Identifying the team and chair of the visiting team;
- Planning for the visit (draw a complete plan with dates and responsibilities);
- Introduction to the college and collaborating with college on visit timetable;
- Generate and collect evidence (including study survey, and all information requested from the medical college that is required as proof of meeting the standards);
- Analyse the evidence and information collected to identify possible areas of risk and good practice for further investigation and focus of visits;
- Plan for the preliminary meeting with the college;
- Carry out the visit including:
 - Meet representatives from the college including students;
 - Meet college leadership (management);
 - Visit all relevant facilities including LEPs (Local Education Providers);
 - Prepare the draft report;
 - Discuss the draft report and give initial headlines feedback to the college in face-to-face meeting;
- Submit the draft report to the National Council for their approval and decision;
- Submit report to college for any corrections of factual errors or omissions (they can appeal at this stage)
- Review and evaluate the process and outcomes of the visit / assessment with the Council (nominated member).

Thirty six participants took part in the training including Members of the NCAMC (10), two Deputy Minister of Higher Education and Scientific Research, and 24 academic assessors / visitors.

Each session was designed and delivered as an interactive learning in small groups including role-play and simulated scenarios mimicking actual visit. The interactive learning generated many documents including:

- Charter of academic visitor / assessor
- Possible issues / obstacles and things to avoid



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- Outline of the medical college assessment
 - Possible elements of a successful visit to a medical college
 - Generating and collecting evidence
 - Key points on listening skills
 - Tips on writing a Report
 - A possible report format
 - Tips on giving constructive feedback
 - Implementation Roadmap

All these documents were send via WhatsApp to all participants by Dr Amer Bebanny, WHO Iraq Office.

Certification:

A Certificate of Completion of the training course was awarded to all delegates who attended and participated fully. We are grateful to all those who attended and impressed with their commitment as everyone attended all the sessions, including their excellences the Minister's Deputies.

Further Work

We would like to ensure that that these visits are conducted to the highest standards and within a well-defined operational framework. To achieve this, we are proposing further work by sending two members of our Imperial College WHO Collaborating Centre to accompany the assessors on 5 visits to 5 medical colleges across Iraq. The aim of this phase is to assure quality and provide technical support to the process. This will enable the assessors to conduct a high quality review aiming at improving the quality of medical education in Iraq. We are confident that the training course of all the 24 academic assessors / visitors have equipped them with good technical capacity to undertake the task of assessing medical colleges. In our view it is now vital that the visiting process begins as soon as possible in order to maintain momentum and minimise any de-skilling of the newly trained assessors.



Acknowledgements

We are most grateful for the WHO EMRO (Dr A Al-Mandhari, Dr Z Mirza, Dr FG Gedik), and WHO Iraq Office (Dr A. Musani, Dr A Bebany, Ms R Alkhafaji) for their leadership and fantastic support in re-building medical education in Iraq. We appreciated the support of Professor Fouad Kasim and Professor Nabil Hashem, Deputy Minister of Higher Education and Scientific Research during both the workshop and the training course. Their dedication and commitment over 5 days enthused all participants. Special thank you to Professor Yusra Mahmood, who has managed to steer the work of the National Council successfully through uncharted water. To all members of the NCAMC and academic assessors who participated either in the Workshop, the Training Course or both, we are grateful for your dedication and hard work during the 5 days of learning.

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Appendix 1: Workshop and Training Course Timetable

Module		Session 1 9:00-11:00	Session 2 11:30-13:00	Session 3 14:00 – 15:30	Session 4 16:00 – 17:00
Medical Accreditation Workshop 3rd & 4th July 2018					
Day 1	Achieving Excellence in Medical Education	Welcome and Introduction: Participants' Introduction <i>Salman Rawaf</i>	Introduction to the National Guideline <i>Chair, NCAMC Yusra Mahmood</i>	Include, Invest and Innovate Revisiting the NCAMC Guideline 1. Action of the Revised Roadmap (April 2016) 2. Obstacles challenges identified 3. Capacity and Resources 4. Governance, responsibility, Conflicts of Interest, Confidentiality 5. Outcomes and Success Criteria 6. Marketing and PR 7. Links and approval by international Organisations 8. Disseminating Learning Narrative 9. Public Engagement and Transparency 10. Future Innovative Approaches Group Discussion Questions <i>Graham Easton</i> <i>Mays Raheem</i>	
Day 2	Moving Ahead: Leadership in Medical Education	Medical Schools' Assessment Process Group Discussion <i>Mays Raheem</i> <i>Graham Easton</i> <i>Salman Rawaf</i>	<i>Break</i> The Leadership Role of the National Committee Delivering Responsibility <i>Mays Raheem</i> <i>Graham Easton</i> <i>Salman Rawaf</i>	<i>Lunch</i> The Visit Assessment Form Group Discussion <i>Mays Raheem</i> <i>Graham Easton</i> <i>Salman Rawaf</i>	<i>Break</i> The Way Forward (to agree some dates) Review of NCAMC Standards and Procedures <i>Salman Rawaf</i>
Assessors Training Course 5th-7th July 2018					
Day 1	Promoting Excellence	Introduction The NCAMC Guidelines	<i>Break</i> The Standards Purpose of the Visits Compliance with the Standards <i>(Promoting Excellence: standards of Medical education and Training)</i> https://www.gmc-uk.org/-/media/documents/promoting-excellence-standards-for-medical-education-and-training-0715.pdf 61939165.pdf	<i>Lunch</i> Interview Skills Exercise 1	<i>Break</i> Listening Skills Exercise

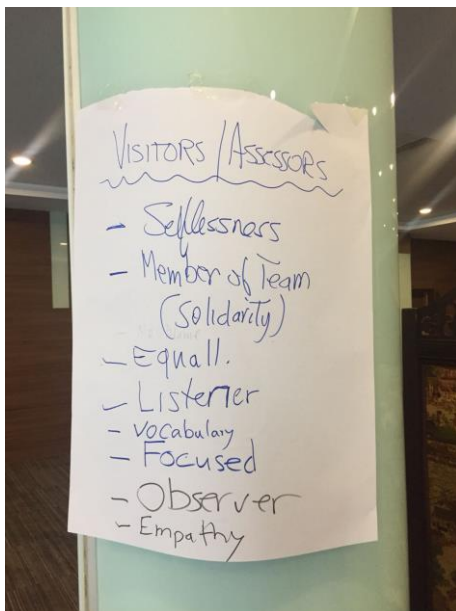


Day 2	Best Learning Environment	The Medical School Visit Procedures and Process 1 (Using the Draft Form)	Break	The Medical School Visit Procedures and Process 2 (Using the Draft Form)	Lunch	Giving Feedback Exercise	Break	Writing A Report Exercise
Day 3	Governance	Team Work Exercise	Break	Conflict of Interest Confidentiality	Lunch	Discussions Summing Up Certificate		

Appendix 2

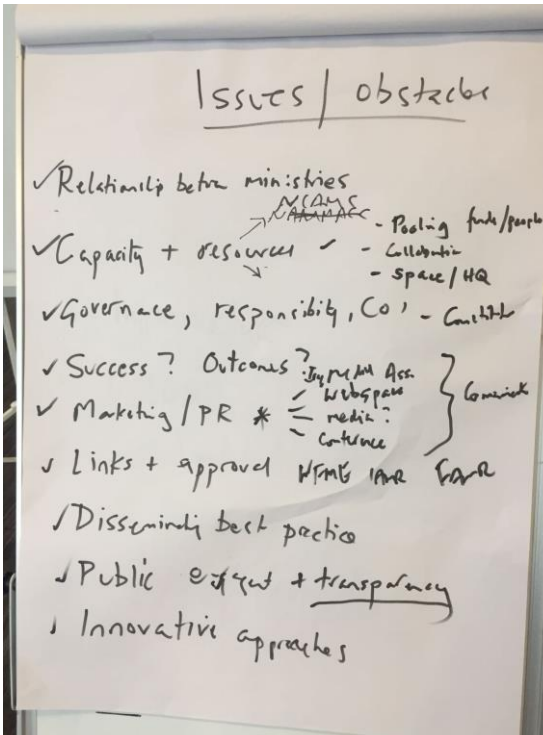
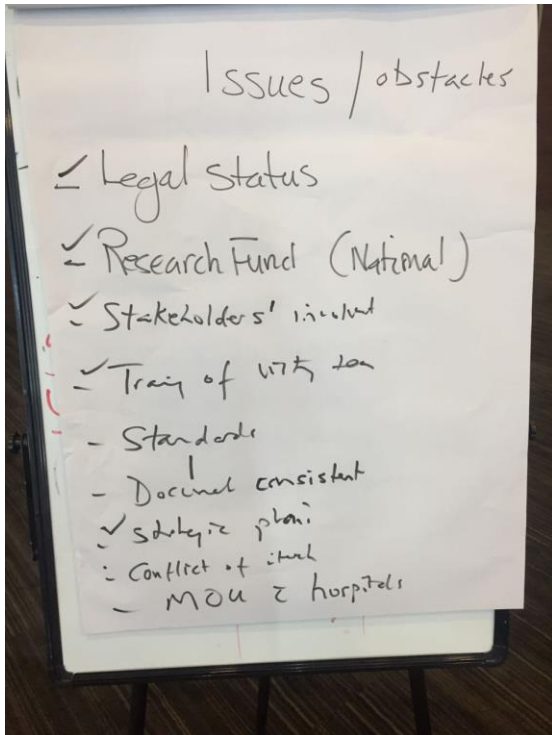
Documents generated during the workshop and the training Course

1.Characteristics of the Visitor / Assessor

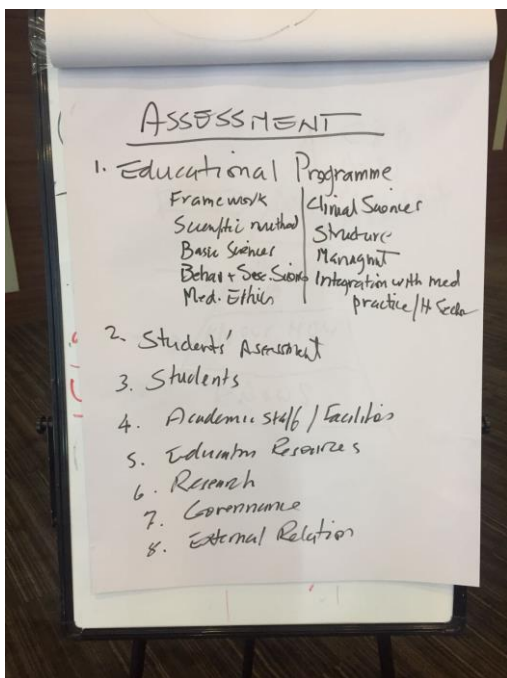




2. Obstacles / Issues have to be addressed



3. The College Assessment





4. Giving Feedback

Requirements

The school must improve the reliability of its **long case finals clinical assessment**. This is because the reliability of a single long case is compromised by a wide variability of patients, examiner performance and the physical surroundings. Chronbac's Alpha for the academic year of 2015/16 was 0.64 therefore the school must continue to address the reliability of this assessment. During the visit we were told about variability in the marking of assessments and we heard about variability in the marking of the long case assessments. Some of the educational supervisors at xxx hospital said that it is difficult to standardise their marking due to the variability in some of the long cases.

The College must address **why some students perceive there to be barriers to raising patient safety and bullying or undermining concerns**. In advance of our visit to the School, we met with students in various local education providers (LEPs) as part of our national review. We heard that many students felt that they would be able to raise a concern about the care of patients, and noted that they would feel confident and comfortable to do so. Despite this, we were concerned to note that during our visit to the School a number of students reported that they feel there are significant barriers in place to raising concerns. This was felt most keenly at LEPs, where students reported they are not always made to feel part of the ward team. Some students told us that they had been discouraged from providing negative feedback, as clinical supervisors had told them they may receive poor feedback in return. As such, we heard that some students had therefore not raised incidents with senior staff at LEPs or the School.

Recommendations

Processes for giving feedback to students should be reviewed to ensure that they are receiving a consistent, high quality, and detailed level of feedback on assessment.

Support and training for teachers should be improved, We found a low level of formal training or qualifications for teachers, from clinical to science faculty, Faculty told us they felt there was no process for development or training and they would welcome this.

We found evidence of a variety of learning and teaching methods including small group teaching and PBL. But too many of the lectures we observed **lacked any form of interaction**. Student feedback corroborates this observation. We recommend some training and feedback for lecturers in improving their lecturing styles.

Good practice

The school continues to provide **excellent professional, academic and pastoral support** which now extends to phase two. We are impressed that the level of support is maintained despite an increase in student numbers.

We are very impressed by the level of organisation **of the school's OSCEs**. This indicates that the planning and delivery of the OSCEs are well embedded in the school's procedures and are sustainable.

The **anatomy facilities** and teaching were commended by students in all year groups.

The enthusiasm and motivation of both clinical and academic supervisors was evident.

There is a good strategic approach to the use of technology to enhance and support medical education. From a review of the documentation provided prior to the visit, we saw reference to technology that was in use within



the medical school. This included the provision of smartphones to clinical students and the development of apps. We wanted to explore the student experience of technology in supporting their learning experience throughout the programme. We arranged an additional meeting with students for this purpose as part of the visit. The students demonstrated a range of apps developed by the school that could be used to aid their learning and assessment in the clinical environment as well as those supporting course material and theory; for example, we were shown an app that students could use to aid their differential diagnosis when admitting medical patients. We also saw that students could access learning resources remotely and could use their phones to complete workplace-based assessments (WPBAs). It was clear that the range and quality of the apps was greatly valued by the students we spoke to.

5. Visit / Assessment Form

Already Circulated to participants

6. Writing the visit Report

Writing the report - tips Neutral

<input type="checkbox"/> <u>S_t_i_c_k_t_o_f_a_c_t_s_</u>	
<input type="checkbox"/> <u>A_v_o_i_d_p_e_r_s_o_n_a_l_</u>	
<input type="checkbox"/> <u>_o_p_i_n_i_o_n_</u>	
<input type="checkbox"/> <u>A_v_o_i_d_p_e_r_s_o_n_a_l_</u>	
<input type="checkbox"/> <u>_c_o_m_m_e_n_t_s_</u>	
“We” not “I”	Or “the visiting team...” Or “it”, “they”
Based on consensus	General agreement of team
Objectivity	Dissociate yourself from the report Describe observations
Constructive approach	<input type="checkbox"/> <u>_How will the report benefit the institution?</u> <input type="checkbox"/> <u>_Look to improvement for the future</u> <input type="checkbox"/> <u>_Avoid unconstructive criticism/punishment</u>
Structure	A clear structure –not necessarily exactly the same every time Start with intro Body Finish with brief summary
Link to evidence	Reference to specific standards, and/or to



other parts of report

Avoid fragmentation

The report should be cohesive, hang together clearly and fluently

Elegance

Well organized. Professional product, reflects you and the accreditation council/process

Plain English

Avoid jargon/medical language

Write for a general audience

First time you use an acronym or jargon word, please explain it. (eg NCAMC, PBL)

Sacrifice: don't overcrowd the text

For the summary and intro and conclusion please just include key messages and highlights. Too much detail will hide your key messages. The detail can come elsewhere eg as an appendix with all the standards met or not met.

7. Timeframe for the Assessment / visit

Proposed Methodology

Action	1	2	3	4	5	6	7	8	9	10	11	12
Review evidence and carry out student survey												
Review all evidence submitted by the medical school including compliance with national standards, previous visit reports, school, and dean's reports to the NCAMC												
A request to each school to fill out a contextual information template and provide some standard documentation, for example organisation charts. Preliminary meetings												
Meet with representatives of medical school being visited to outline the process and relevant standards, and answer any questions. Action planning												
Each visit team will review existing documentary evidence on organisation and identify possible areas of risk and good practice for further investigation. Medical Schools will be provided with a copy of the action plan following the meeting and may also get a request for some additional documentation. Visits to Local												



Educational Placements (PCC/Hospitals/Community Settings)												
Visit teams will meet with education/senior management teams, students, trainees and supervisors (undergraduate and postgraduate). School visits												
Visit teams will meet with education/senior management teams, students, trainees and supervisors (undergraduate and postgraduate). School visits												
Visit teams will meet with school management, students, teachers (university and clinical including family physicians) and school staff responsible for: the curriculum, assessment, student support/fitness to practise, and quality management. Deanery/LETB visits												
Provide medical school and other organisations with a draft copy of the report a week before the wrap up meeting. This meeting will then be an opportunity to clarify any areas of ambiguity and correct factual inaccuracies, and to discuss what sort of actions might follow in your action plan. Final report												
Medical School will have 28 days from receiving the draft report to provide an action plan. They may also provide a formal response to the report if they wish. These will be published with the final report on our website. Evaluation												
Feedback from assessors to NCAMC and the lesson learnt												

8. Possible Links

WHO Global Strategy on human resources for health

http://www.who.int/hrh/resources/global_strategy_workforce2030_14_print.pdf?ua=1

Guidelines for Accreditation of Basic Medical Education

http://wfme.org/publications/who-wfme-guidelines-for-accreditation-of-basic-medical-education_english/

WHO Policy Brief on Medical Education Accreditation



https://whoeducationguidelines.org/sites/default/files/uploads/whoeduguidelines_PolicyBrief_Accreditation.pdf

IAMRA Statement

<https://www.iamra.com/resources/Pictures/IAMRA%20Statement%20on%20Accreditation.pdf>