

Toward Iraqi National Medical Licensing Examination

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Abstract

Many factors that necessitate the need for a national medical licensing examination in Iraq, and these are the following; the rapid increase in the number of medical schools and their students, the expected influx of Iraqi and foreign medical graduates from foreign countries to work in Iraq especially after 2003. The expected increasing number of students and award of scholarships to increasing numbers of students to study medicine in various countries with the absence of published national guidelines for minimal acceptable competencies of a medical graduate are of driving forces for this examination. This article is to discuss the need for consensus of lists of competencies that a graduating medical student is expected to master in order to practice medicine, and then to design national licensing examinations to address these different competencies.

Keywords: medical licensing examination, Iraq medical education.

Introduction

Medical colleges provide an important service to society by creating a cadre of practitioners responsible for healthcare. It is thus important to ensure that medical education is of acceptable and consistent quality and produces practitioners who can meet society's needs [1]. From data on standardized assessment programs that come from the United States and Canada, which have had such programs for many years, which demonstrate that an exit examination can be valid [2] and reliable, and can correlate well with clinical skills and future performance in multiple disciplines [3-5]. An exit examination can serve as a monitor of performance of individual medical schools and as a selection tool for postgraduate training programs that may be fairer than letters of recommendation. It may also act as a monitor of curriculum change or an indicator of the need for change.

Medical Education in Iraq

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It is previously known that the quality of medical education in Iraq is high; but, there was no national process for assessing its outcomes as many countries across the world. Because there is big variability in the content of medical college's curricula, and the process of curriculum change is becoming more challenging because of intense competition for time and space in the course. A national exit examination could provide a uniform standard of assessment for all medical college's graduates in Iraq, as well as Iraqi graduates who study medicine in foreign countries and coming to work in Iraq. Such an examination could assess medical school outcomes, monitor the effects of curriculum change, and provide a standard for new medical colleges that would help medical curricula evolve to better meet society's needs. Is it time for Iraq to consider it? This article will discuss the need of Iraqi health care system for a national medical licensing examination [1].

Iraqi Medical Colleges

In Iraq, by this year, 2010, there will be 23 medical schools and are governmentally funded with no tuition fee for Iraqi students. There are no private medical schools in the country till now, but it is an expected event in near future and this will mandate for thinking about this examination. Admission to medical schools is very competitive and is based on performance in the general national high school exam to enroll in a six year program. Acceptance into medical schools is based on students' high preparatory school grade point average. Each medical school in Iraq decides internally, by virtue of its curriculum committee, which is mostly the college council (experts rather than qualified persons in medical education) on the details of the curriculum and the educational objectives. There is a dean's committee or medical sector committee which is responsible for changes in the curriculum. Honestly and scientifically, these committees are not responding to the rapid changes in medical education for many reasons.

The spectrum of educational strategies ranges from a lecture-based/teacher-centered to problem-based approach to teaching and learning. Finally, each medical school in Iraq develops and administers its own assessment measures which mainly assess knowledge and just few or no skills and no attitude and no communication skills. Consequently, the methods of assessing students' knowledge, in these medical schools are quite variable from one school to another. The written methods of assessment include multiple choice questions (MCQs), true-false questions, short answer questions, essays and modified essay questions. The oral methods of assessment include oral examination/viva, unobserved long and short cases with no use of standardized patients in Iraqi

medical schools. Both external examiners neither from other Iraqi schools nor from other countries participate in the development and administration of these various examination processes.

A mandatory rotating internship year is required of all students before the medical degree (M.B.Ch.B.) is awarded by a medical college. This degree qualifies the graduate as a competent physician with the ability to practice medicine as a general practitioner anywhere in Iraq. If the graduate chooses to apply for a residency program in Iraq, there is no an examination.

Challenges that are facing Iraqi Medical education

Iraqi Medical education is facing multiple challenges; 1) The increasing number of new medical schools over a relatively short period of time; 2) the wide and confusing spectrum of educational philosophies, instructional methods and assessment techniques; 3) Absence of published national agreement on the competency of medical graduates or standards for medical school graduation outcomes; 4) The expected influx of Iraqi and foreign medical graduates from outside the country to work in Iraq. 5) The expected increasing number of students and award of scholarships to students to study medicine in various countries

6) The exponential increase in the enrollment of medical students in the established medical schools with no proportional increase in resources. 7) A heightened public awareness of the challenges facing the Iraqi medical system as presented by medical educator and medical specialist the teaching and health institutes. These include the need for physician accountability, assurance of patients' safety and frequent reports on medical errors. 8) These assessment tools are subjected sometimes to unreasonable and unscientific changes like what happen in an Iraqi medical school, in changing the 2nd term exam to daily short examinations. 9) Sometimes the decisions taken by Ministry of higher education and scientific research (MOHESR) which gave repeated chances of examination to a big number of bad failed students which will permit them to continue their medical study and certainly will lead to a bad future doctors and outcomes.

10) Sometimes the decisions taken by high governmental authorities in the country, which taken due to special country circumstances, like that which permit a large number of Iraqi students who study medicine outside the country to join Iraqi medical colleges in spite their low school grade point average, will lead to the same fate, 11) Although the MOHESR and the government are truly trying to keep the independency of the universities and institutes, there is clear and continuous political interventions from parties and in different ways in all administrative and scientific

appointments and at all levels which will affect all the activities of the medical colleges. At the end this will lead to failure of any developmental program, because the same thing occurs in formation of all scientific committees who will be responsible for application of a program. In turn, this manner will lead to neglect of many academic abilities.

12) As in other ministries, the administrative and scientific bodies in the medical colleges learn by time how to satisfy and persuade the higher authorities without doing any true works on the real life. These administrative and scientific bodies, always state that they are applying new programs and all the things are going well. That's why, nobody see the effect of many programs and efforts on the real ground. 13) Absence of cooperation between MOHESR and Ministry of Health. 14) Absence of a committee that organize the medical education in Iraq, like a National Councils for Health Professions Learning Colleges. 15) Absence of a National Accreditation Board for Graduate Medical Education. 16) Absence of a published consensus on the national competencies for medical education in Iraq at the present time.

Vision of the Iraqi medical licensing examination.

As far as, there is no published consensus on the national competencies for medical education in Iraq at the present time. So first there should be consensus of lists of competencies that a graduating medical student is expected to master in order to practice medicine, and then to design national licensing examinations to address these different competencies.

The proposed examination

By necessity, all national licensing assessment approaches are of highly structured. They mainly use (1) Multiple-choice questions; MCQs, (2) Extended-matching questions, (3) Objective structured clinical examinations (OSCEs) [6]. The first part tests the basic science and clinical knowledge and the second part tests the clinical skills and attitudes. The two parts to be taken as a requirement for licensing medical doctors in Iraq example, for medical students, these should be taken during the last year of medical school. For foreign medical graduates, it would be a pre-requisite prior to any specialty-equivalence assessment they are required to perform [7].

In Canada there is a national OSCE that all medical school graduates should take to be granted a practice license. These two options are not applicable in Iraq now because, OSCE is not applied in medical colleges, but if OSCE applied the 2nd choice will more feasible to Iraqi situations.

Until the time of proper application of OSCE, there should be a method to apply as National Examination.

There is a need for a National Councils for Health Professions Learning Colleges and a National Accreditation Board for Graduate Medical Education [8] need to be established to conduct and maintain the licensing examination with representation from the medical colleges. Such an organization, especially at the initial stages of such a project, would likely benefit from consulting experienced organizations in conducting such examinations. [7].

Step 1- National Councils for Health Professions Learning Colleges put a published consensus on the national competencies for medical education in Iraq at the present time. So first there should be consensus of lists of competencies that a graduating medical student is expected to master in order to practice medicine, and then to design national licensing examinations to address these different competencies.

Step 2- Establishment of National Accreditation Board for Graduate Medical Education or National Commission for Medical Academic Accreditation and Assessment.

Because there is no formal undergraduate medical accreditation organization in Iraq, a commission should develop an accreditation system of medical schools in Iraq. In order for any accreditation body to maintain the highest standards of medical education, its policies and decisions should be transparent and public and it should have enough administrative power to enforce needed changes in any medical school. Furthermore, accreditation is not an alternative to a national licensing exam. Both are complementary and help in competency assessment of our medical graduates.

The expected advantages of a national examination

1. A student who passes a national examination means that he has the minimum standard of performance. This standard can serve as a; (1) Target for attainment, (2) Measure for comparing outcomes between universities, (3) For monitoring the effects of curriculum change, (4) Standard for new medical schools.
2. The examination can also be used to measure the performance of Iraqis who study medicine outside the country, allowing fairer assessment of these doctors.
3. Provides quality assurance and feedback on curriculum implementation and instructional methods across all medical schools
4. Strengthens public trust and maintains the reputation of Iraqi trained physicians

The expected disadvantages of a national examination

1. The medical colleges will start to merely prepare students for the examination and this is the main disadvantage of an exit examination. This will lead to restriction of their ability and willingness to explore more innovative teaching and this is an imaginary thing because the current administrative circumstances in Iraqi medical colleges kill most of these abilities. In contrast an exit examination will force the medical colleges to know the level of their outcome and to improve it.
2. The final result tables of the exit examination may be harmful to the morale of staff and students of "weak" medical schools
3. An important challenge is the need for resources to create and maintain a quality assessment tool.
4. Add an extra financial commitment to the shoulders of the students
5. The risk that students might be exam-oriented
6. One time assessment is not as comprehensive as ongoing assessment of medical schools [9].

Conclusion

All of above mentioned reasons; a quality assurance system is needed to guarantee that acceptable international standards of medical competencies are met by our medical graduates. To do this, there is a need for a national licensing medical examination as a necessity, as it is timely-critical for the best of our health care system. This article is to draw the ministry of higher education and scientific research and ministry of health toward constructive discussions among Iraqi medical colleges, educators, teachers and students to reach a consensus for the best of our country

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