

COMMENTS/ SUGGESTIONS FROM THE MEETING OF KURDISH DOCTORS AND ACADEMICS IN THE UK HELD ON 27TH FEBRUARY 2010:

Drs Hiro Khoshnaw, Teshk Shawis and Rizgar Amin, gave three presentations covering the document **Rules and Regulation of KBMS** which was sent to the speakers by Prof Hamma Najim Jaff earlier.

More than 80 doctors attended the meeting which was held on 27th of Feb 2010 at Abrar Hall . London. The meeting was organized by Kurdish Medical and Scientific Federation (KMSF).

The following are some feedback and suggestions from the doctors who attended the meeting.

1. Overall welcome for the establishment of the Kurdistan Board Medical Specialisation (KBMS) and the need for medical specialisation in the Kurdistan region to improve the standards of medical education and practice.
2. The clear structure of the Board organization was acknowledged. It was not clear to the audience whether the document was meant to be a skeleton so that flesh could be added to it or was it just an attempt to copy/reproduce the existing Board structures in the region.
3. There is an attempt to define the structures of the Board such as training centers/hospitals, head of the centre/postgraduate tutor, training supervisors and clinical or educational supervisors.
4. The introduction of quality assurance and monitoring as well as selection criteria, defining the roles and responsibilities of educational supervisors, log books and criteria for successful completion of training are all well defined.
5. The document attempts to outline curriculum/syllabus for various specialties. However there is no demarcation between the syllabus and the curriculum.
6. The rationale behind submission of a research paper as part of the Board study was not clear. It was felt that perhaps research methodology and evidence based medicine principals and practice could be incorporated into the syllabus and curriculum and be tested along these lines rather than separately.

7. There is no trainee representation on the Board or in any of the structures of the training.
8. It is not clear if the training schemes/programmes will be region or city/university based.
9. There is an assumed reliance on the Ministry of Health to raise standards of hospitals to the level where they can be recognised as a training centre. The participants felt that most of the existing hospitals in the region are not up to standards suitable as training centers. The question was is there a mechanism by which the standard of the training centers are improved to meet the requirements of the board?
10. There is no mention of the qualifications, skills and expertise of educational and clinical supervisors.
11. There does not seem to be any guidelines for various specialty Boards to design/develop curriculum and training programmes. Apart from passing exams there are no other criteria on how the progress of a trainee could be measured apart from passing written exams. Therefore it is possible that the trainee reaches final exams without his clinical skills being adequately assessed.
12. Assessments are more summative rather than formative and no weight is giving for training in attitude and skills. Teaching and assessments are all focusing on knowledge. Lack of clarity on training and assessments in generic curriculum such as team work, professionalism, ethics, and communication and so on....
13. Selection criteria for chairs of specialty boards, training programmes, and clinical tutors, educational and clinical supervisors are not clear.
14. Concern that the KBMS could be ranked third after the Arab and Iraqi Boards.
15. There does not seem to be any attempt to explain on how the Board and health authorities coordinate efforts to design, develop and implement training programmes.
16. The participants expressed willingness to contribute to the Board's functioning and success at all levels such as the Board management, training programmes, training centers or at the assessment and examination levels. It was felt that Kurdish medical experts abroad could contribute to strategies of KBMS and various councils and committees, to the development of mechanisms for quality assurance, and to setting up monitoring mechanisms and maintaining professional standards. They can help in establishing quality assurance mechanisms by supporting KBMS in revising curriculum for various specialties.

Input from Kurdish doctors outside Kurdistan could be channeled into the implementation, delivery and evaluation of the new curriculum and methods of assessment/examination in line with the new curriculum. Considering the vast range of experience and expertise of the Kurdish medics abroad, they could contribute towards establishing, developing, running and monitoring training schemes and having input into revising curriculum for various specialties.

They could also provide advice and assistance in training the trainers and introducing formative assessments and improving current summative assessment methods/examination with the view of introducing necessary changes in line with the new curriculum. Expert input into reviewing the structure, responsibilities of the training committees including training programme directors, tutors, educational and clinical supervisors are desirable.

17. There were suggestions to learn from the experience of the rest of the country and cooperate with other centers in the country and utilizing the expertise and skills of many senior trainees working in the region.

A strong message that came across from the majority of the audience was that

A-KBMS is a very ambitious move. The success of it would require careful planning, review and monitoring. It was recommended that it was implemented in stages, and that in the first instance the focus should be on specialties for which there is high need/demand and sufficient training sources. Specialties of Primary Care and Public Health were felt to be of high priority.

B-If the leadership of KBMS is really interested to take forward these suggestions and is seriously seeking help and support from experts out side Kurdistan, then organising a work shop is a must. This would provide an opportunity where all interested parties meet over a two day period and appropriate suggestions and action points could be taken forward.

The work shop could be held either in Kurdistan or in London. Kurdish Medical Association - UK (KuMA) is willing to organise such a work shop in London with full provision of venue and refreshments for the two days, provided key KBMS members could attend from Kurdistan.

Alternatively the work shop could be held in Kurdistan were the larger number of the personnel involved with the KBMS on the ground would be able to attend.

This summary was prepared by Drs Rizgar Amin, Teshk Shawis and Hiro Khoshnaw