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Reform Strategies of Medical Education in Egypt

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ABSTRACT

– The purpose of this paper is to explore the challenges facing medical education system in Egypt particularly in the area of education quality. It builds upon several existing studies conducted in Egypt to make the case for improving education outcomes.

Design/methodology/approach

– Samples were drawn from existing studies conducted in Egypt by experts in the education field.

Findings

– Results suggest that there is a chance for improvement of the quality of medical education in Egypt with subsequent potential increase of graduates employability and direct impact on national and global healthcare.

Conclusion

– Strategies of reform are suggested.

KEYWORDS: *Medical education, reform, internalization.*

INTRODUCTION

In Egypt, the medical sector of higher education includes five major specialties; medicine, pharmacy, dentistry, nursing and physical medicine. Education in the medical sector is offered via three relatively independent bodies; public, public religious, and private. The education of medicine system in Egypt is dominated by 22 medical schools: number of students 18000

Enrollment in higher education in Egypt is managed solely through the total score of the secondary school graduation examination and certificate (the thanawiyya ‘amma) – there are no interviews for prospective university candidates. Admitted students into medical school are normally among the highest scorers because of the perceived desirability of medical qualifications (1).

The medical education system in Egypt roughly follows the British system. This includes three years of pre-medical academic study and training, leading to an undergraduate qualification (a BSc), followed by further three years of clinical education training. Upon graduation from medical school (i.e. after six years of university study) candidates are awarded an MBCh.

Once candidates have graduated from medical school, they participate in a registration (internship) year. This requires graduates to spend one to two months in each department of a state hospital, on rotation (1).

Further education and specialization post-qualification in Egypt is now split between two streams. On one hand, doctors may follow a formal academic track, by applying for PG study in Universities/teaching hospitals in Egypt. On the other, they may pursue a relatively, recently introduced professional qualification administered by the . Masters Degrees takes a further 2-3

years. PhDs are awarded after 3-4 years of postgraduate study, as they are in Britain. Career progression in academic medicine is closely tied to these qualifications, and academic doctors are unlikely to be promoted to Consultant status without a PhD. In general, a Master's degree is enough to secure a Junior Lecturer status; a PhD will elevate the holder to Senior Lecturer. For those seeking further specialization without an academic career, the MoHP has recently established a Fellowship qualification, which includes a range of specialist clinical skills. This qualification was introduced about 14 years ago, with the first graduates emerging in the early 2000s (2,3).

Regarding the Continuing education is perceived as a key weakness in the Egyptian health system. Indeed, a recent WHO report held that "continuing education for all categories of health worker continues to be fragmented and uncoordinated". The choice of whether to pursue continuing education is regarded as an individual decision and there are no formal structures for encouraging it presently. The impact of this relative lack of training provision appears to be that knowledge and skills among the health workforce in the country are a major problem. However, there are moves underway to address this, as part of the efforts to introduce a system of revalidation. These developments come partly in response to declining demand for Egyptian-trained doctors elsewhere in the Arab world (4).

Based on the TEMPUS review of higher education in Egypt , main challenges and recommendations can be summarized as (5).

1. To increase the opportunities for higher education in Egypt.
2. To produce high quality graduates and strong research-based highly ranked academic institutions.
3. To motivate stakeholders to continuously improve, modernize, and finance higher education institutions and their programs
4. To enhance the creativity and innovation skills of younger generations
5. To create higher education institutions (HEIs) and programs in a way that they are attractive for expatriates from neighboring countries to come to study in Egypt.
6. To foster the use of technology, and facilitate lifelong-learning.
7. To develop – to the highest possible level – technical education and vocational training.

STUDY METHODOIOGY

Samples were drawn from existing self studies published by medical schools in Egypt, other expert articles and TEMUS review of Egypt higher education were included.

RESULT

Tow types of problems and challenges were found, first those shared by higher education/education system in Egypt and that include , expired system-for governance and management; low quality and relevance at the university level; low quality and relevance at the middle technical

level. Besides the typical problems of overcrowding, limited financial resources, lack of a sustainable financial policy, inadequate infrastructure, under-trained faculty members in some areas, poor instructional materials and equipment and lack of a formal evaluation and accreditation mechanism, a number of other problems have emerged in the era of rapid explosion of information and modern communication technology.

The second group of problems and challenges are extracted from revising self assessment reports of some medical schools in Egypt (6-11) and are summarized in the following list:

- The undergraduate curricula need review and reform.
- There is a need for introducing new courses based on recent advances in science, and on identified community needs.
- Faculty members need more training in curriculum planning, teaching and assessment methods, and other aspects of medical education
- The educational program needs comprehensive repeated evaluation in order to ensure continuous improvement and self correction.
- The total budget allocated to research activities is very limited with no contribution from private sectors in research budget.
- There is no complete updated database for faculty contributions in scientific conferences, and for their publications in conferences and periodicals.
- Capacity building and developmental programs for non-academic administrative staff are lacking.
- Many clinical departments have no skills labs, e.g., surgery, emergency.
- There is a need for practical training of students on use of IT in self-learning, accessing information.

Undergraduate students are rarely involved in research.

All medical schools are involved in some of the higher education reform projects in Egypt which include Faculty and Leadership Development Project (FLDP), the Technical Colleges Project (TCP), the Quality Assurance and Accreditation Project (QAAP),

the Faculties of Education Project (FOEP), the Information and Communication Technology Project (ICTP), and the Higher Education Enhancement Project Fund (HEEPF) are all ongoing projects for reform of HE in Egypt and as we see none of the focus specifically on medical education (12)

CONCLUSION

As a result of all these problems there is a great concern about international employ-ability of medical graduates in Egypt. That concern is supported by reported decreased demand for Egyptian-trained doctors elsewhere in the Arab world, where it is perceived that the standards of training in Egypt are in decline. Practice in EU and USA requires a long procedure of study and training due to limited comparability and consistency of medical education programs in Egypt. The undergraduate education system for medicine in Egypt is currently undergoing substantial reform. However, these reforms have not been fully implemented yet, and need a lot of collaborative efforts and capacity building.

SUGGESTED REFORM STRATEGIES

strategies to modernize and harmonize medical curriculum and training to become more compatible and responsive to global labor market needs. Developing joint strategies to modernize and harmonize medical curriculum and training to become more compatible and responsive to global labor market needs.

Establishing an academic network for medical education curriculum harmonization and consistency. Performing comparative study of academic curriculum, training and assessment with suggested improvement or reform. Assessment of available national standards and gap analysis based on international Minimum Essential Requirements and Standards in Medical Education. Study of possible challenges and impediments of curriculum internationalization. Development of a practical guide for internationalization of curriculum in medical education.

One of the possible initiatives could be fostering a joint degree of medical education to prepare future medical and clinical educators.

Other joint degrees can be added. The prospective of including international departments into medical schools in Egypt would be a new idea that requires discussion and can be hosted in Fayoum International University as a start.

REFERENCES

1. Review of the utilization of HEEPF – competitive projects for educational enhancement – in the Egyptian medical sector, Galal Abdel-Hamid Abdallah, Salah El-Din Mohamed Fahmy Taher and Somaya Hosny* *Human Resources for Health* 2008, 6:7
2. Supreme Council of Universities, "Statistical Data about University Education in Egypt," Department of Statistics 2006.
3. El Sebai NM: *The Egyptian Higher Education System: Towards Better Quality in the Future.*
4. *Basic Medical Education: WFME Global Standards for Quality Improvement.* WFME Office: University of Copenhagen Denmark; 2003.
5. TEMPUS Review of Higher Education in Egypt, 2010.
http://www.google.com/eg/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CCAQFjAA&url=http%3A%2F%2Fwww.jfs.tku.edu.tw%2F11-2%2F5-egypt.pdf&ei=rcsjVMz_BMvEggTLxICIBA&usg=AFQjCNHr-LDP-qhDDCPr56wzX2bDCsBAug&sig2=J6IJbCZRq5vU03P7nouLzA

6. Self-study: Faculty of Medicine, Cairo University; 2004.
7. Self-study: Faculty of Medicine, October 6th University; 2005.
8. Self study: Faculty of medicine, Alexandria university; 2005.
9. Self study, Faculty of medicine, Zagazig university; 2006.
10. Annual self evaluation report: Faculty of Pharmacy, Helwan University; 2005.
11. Self-study: Faculty of Medicine, Suez Canal University; 2005.
12. Egypt: Higher Education Enhancement Project [[http:// web.worldbank.org/ WBSITE/ EXTERNAL/ PROJECTS/ 0,,contentMDK:20040415~menuPK:64282 138~pagePK:41367~piPK:279616~theSitePK:40941,00.html](http://web.worldbank.org/WBSITE/EXTERNAL/PROJECTS/0,,contentMDK:20040415~menuPK:64282138~pagePK:41367~piPK:279616~theSitePK:40941,00.html)] webcite2007.