WFME Site Visit at The College of Medicine

April 2009

King Saud bin Abdulaziz University
for Health Sciences

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SITE VISIT

The College of Medicine, King Saud bin Abdulaziz University for Health Sciences, Riyadh

Final Report of the WFME External Evaluation in April 2009
WFME Office . University of Copenhagen . Denmark . October 2009

King Saud bin Abdulaziz University for Health Sciences's Students

SUMMARY OF FINDINGS - PROFILE OF MEDICAL SCHOOL

			No Standard Fulfilled	Basic Standard		Quality Development	
				Partly Fulfilled	Ful-filled	Partly Fulfilled	Ful-filled
1. Mission and Objectives:		1.1					
		1.2					
		1.3					
		1.4					
2. Educational Programme:		2.1					
		2.2					
		2.3					
		2.4					
		2.5					
		2.6					
		2.7					
		2.8					
3. Assessment of Students:		3.1					
		3.2					
4. Students:		4.1					
		4.2					
		4.3					

		4.4					
5. Academic Staff/Faculty:		5.1					
		5.2					
6. Educational Resources:		6.1					
		6.2					
		6.3					
		6.4					
		6.5					
		6.6					
7. Programme Evaluation:		7.1					
		7.2					
		7.3					
		7.4					
8. Governance and		8.1					
Administration:		8.2					
		8.3					
		8.4					
		8.5					
9. Continuous Renewal:		9					

WFME SITE VISIT TO COLLEGE OF MEDICINE

KING SAUD bin ABDULAZIZ UNIVERSITY FOR HEALTH SCIENCES

A three member team made the visit, Professors Jorgen Nystrup, Leif Christensen and James Ware, over five days, April 4 – 8, 2009. A full and useful programme had been arranged and all major officers of the College were met, see attached programme with College representatives and the activities summarised. An open and collegial atmosphere was maintained over the entire visit and the Site Team were very satisfied with the access given to all essential elements of the College's mission.

The College of Medicine was founded by a Royal Decree of the Custodian of the Two Holy Mosques, King Abdullah bin Abdulaziz in January 2004. The Dean and his senior management team were in place by March 2004, and considered a number of alternative curricula to provide the initial programme using three essential criteria, and one logical additional, to make the final choice:

- Problem-based learning (PBL) strategy
- Graduate Medical Programme, and
- Electronically enhanced curriculum delivery
- Hybrid balance

A number of schools where investigated including Manchester - UK, Dalhousie – Canada and the University of Sydney – Australia, and the final decision was to implement the Graduate Medical Programme bought and delivered from the University of Sydney (USyd) in June 2004. This is a four year hybrid programme built around four themes, strongly contextualised through horizontal and vertical integration with a major educational input delivered with authentic PBL cases. The College then made the following modifications to the original programme, summarised in the following way:

- One semester Foundation studies – Phase I
- Two year organ-system based studies – Phase II
- Three semester mainly clinical studies – Phase III

The first batch of graduate students were admitted in September 2004 and has already graduated in August 2008, while, in September 2007, the first batch of school matriculates were admitted to the college in a two year, four semester, Phase I preparatory programme. Although the college remains only for male students, there are plans to admit females some time after the new campus for the King Saud bin Abdulaziz University for Health Sciences (KSAU-HS) is completed in June 2011. It was noted that the College has already distinguished itself by coming top of 24 schools in the Kingdom who entered 1700 graduates in the National Certifying Examination held in 2007:

Mean Test Scores, all candidates (n=1700)	57.2%
KSAU-HS College of Medicine (n=24)	62.9%
Nearest other school	59.2%

The school has embraced the early introduction of clinical skills as the main pillar of the Patient-Doctor theme supported by the clinical elements in Phase III, self-directed learning as an important adult learning strategy, a significant reduction in content overload and creative innovations with advanced technology to enhance and facilitate the delivery of the curriculum. This is modern medical education at its best supported by dedicated, loyal and well informed Faculty. Combined with the leading position the National Guard Hospital holds in respect of postgraduate training in the Kingdom, the King Saud bin Abdulaziz University of Health Sciences Medical College will surely assume a leadership role for a country wide reform of undergraduate medical school curricula.

The Report from the Self Evaluation was received by the WFME Office well in advance. It was the starting point for the Site visit to verify the statements and determine any reasonable suggestions to enhance already ongoing activities to reach the ultimate goals set in the mission. It should be noted that the report was very helpful and gave the team an extremely good impression of the College and its medical programme. The report itself was fairly brief end precise, but a large amount of detailed written documentation was enclosed.

THE EXTERNAL EVALUATION

This part of the report is organised in the same way as a normal Self Study, following the WFME Global Standards in Basic Medical Education.

1. Mission and Objectives

1.1 STATEMENTS OF MISSION AND OBJECTIVES

Basic standard:

The medical school must define its mission and objectives and make them known to its constituency. The mission statements and objectives must describe the educational process resulting in a medical doctor competent at a basic level, with an appropriate foundation for further training in any branch of medicine and in keeping with the roles of doctors in the health care system.

As documented in annex 1.1.1 of the self study a written document concerning mission, vision, values, and objectives exists. The mission statement is disseminated widely through fact sheets, booklets, posters, newsletters, workshops, and seminar series. This was witnessed by the site visit team. The standard is fulfilled.

Quality development:

The mission and objectives should encompass social responsibility, research attainment, community involvement, and address readiness for postgraduate medical training.

The content of the document on mission and objectives contain the issues mentioned in this standard. The standard is fulfilled.

1.2 PARTICIPATION IN FORMULATION OF MISSION AND OBJECTIVES

Basic standard:

The mission statement and objectives of a medical school must be defined by its principal stakeholders.

The School's principal stakeholders are defined and consulted concerning development of statements of mission and objectives.

The standard is fulfilled.

Quality development:

Formulation of mission statements and objectives should be based on input from a wider range of stakeholders.

The self study points towards involvement of international partners, all strictly preoccupied with medical education. The WFME quality standards aim at involving a wider range of stakeholders as patients, politicians, and partners and organisations in the health sector.

This standard is partly fulfilled.

1.3 ACADEMIC AUTONOMY

Basic standard:

There must be a policy, for which the administration and faculty/academic staff of the medical school are responsible, within which they have freedom to design the curriculum and allocate the resources necessary for its implementation.

Under the national regulations of the Ministry of Higher Education there is a clear policy for the medical school including academic freedom to design the curriculum and allocate the necessary resources for its implementation, documented in annex 1.3.2 of the self study.

The standard is fulfilled.

Quality development:

The contributions of all academic staff should address the actual curriculum and the educational resources should be distributed in relation to the educational needs.

The contribution of each academic staff is well described in block books defining carefully the four themes of the curriculum (documented in annex 1.3.3 of the self study).

The standard is fulfilled.

1.4 EDUCATIONAL OUTCOME

Basic standard:

The medical school must define the competencies that students should exhibit on graduation in relation to their subsequent training and future roles in the health system.

The competencies expected of the students graduating from the school seem well described.

The standard is fulfilled.

Quality development:

The linkage of competencies to be acquired by graduation with that to be acquired in postgraduate training should be specified. Measures of, and information about, competencies of the graduates should be used as feedback to programme development.

The College direct great attention to the evaluation of the graduates' performance and subsequently to utilize the data to modify the undergraduate curriculum. However, the school is so young that no results of this process can be seen. The successful result by ranking 1st in the national certifying exam is no specific sign that the graduates are competent in postgraduate clinical training.

The standard is partly fulfilled.

Concluding remarks regarding AREA 1

Comments to Mission and Objectives

Due to the constraints of time, consultations with all potentially important stakeholders were not possible before the first graduates were admitted in September 2004. However, this deficit is now being systematically addressed by a renewed attempt to widen the consultations and this activity is at an advanced planning stage. With the appointment of the President of the King Saud bin Abdulaziz University for Health Sciences to the post of Minister of Health, Dr. Abdullah Al Rabeeah, it is very likely that this important office will also be included among the stakeholders consulted, as well as a broad selection of the population and potential health care users. The Site Visit Team does not see the former lack of consultations as a serious omission and note the planned future activity.

Annex 1.1.1 provided detailed evidence of the Mission, Vision and Values, which were also seen, framed and hung prominently in many different places within the College; it seems highly likely that all academic staff and students could recite these intentions. The programme outcomes have been clearly articulated under the four themes and maybe the only possible omission under the Personal and Professional Development Theme was the need for the graduate to recognise his own limitations and seek advice and assistance from senior colleagues when meeting such situations.

Another omission now being systematically addressed is the provision of useful learning objectives which guide the students through the various components of their studies (delivered on a weekly basis, Week Learning Objectives, WLOs). It is suggested that whereas WLOs are useful and meaningful in Phase I and II of the curriculum, probably some modification might be needed in Phase III.

When this work is completed the College will deliver a level of excellence that others could well seek to emulate.

The degree of fulfilment is summarized in the profile sheet attached to this report.

2. Educational Program

2.1 CURRICULUM MODELS AND INSTRUCTIONAL METHODS

Basic standard:

The medical school must define the curriculum models and instructional methods employed.

The curriculum model and instructional methods are clearly described in the self study and in various documents which were available to the site visit team.

The standard is fulfilled.

Quality development:

The curriculum and instructional methods should ensure that students have responsibility for their learning process and should prepare them for lifelong, self-directed learning.

The curriculum is delivered in a web-based format, the content of which is released to the students in stages corresponding to their academic progression in the medical program.

Furthermore, the strong emphasis on problem-based learning as one of the main educational methods presumably prepares the students for lifelong self-directed learning.

The standard is fulfilled.

2.2 SCIENTIFIC METHOD

Basic standard:

The medical school must teach the principles of scientific method and evidence-based medicine, including analytical and critical thinking, throughout the curriculum.

The school puts heavy emphasis on evidence-based medicine. In the preparatory stage of the curriculum, a 4-week block is entitled Introduction to Evidence-Based Medicine and Research Methodology. In addition, one of the four themes of the curriculum is basics in clinical sciences

amounting to 5% of the curriculum time.
The standard is fulfilled.

Quality development:

The curriculum should include elements for training students in scientific thinking and research methods.
There are two required Option Blocks in the curriculum, allowing the students to engage in short in-depth projects in order to nurture academic individuality. In the second Options Block, students are required to present their projects in a conference-style format for peer review and evaluation by members of College of Medicine Research Committee. The top three scientific researchers are awarded prices for excellence in scientific research.
The standard is fulfilled.

2.3 BASIC BIOMEDICAL SCIENCES

Basic standard:

The medical school must identify and incorporate in the curriculum the contributions of the basic biomedical sciences to create understanding of the scientific knowledge, concepts and methods fundamental to acquiring and applying clinical science.
The classical biomedical sciences are well represented in the curriculum.
The standard is fulfilled.

Quality development:

The contributions in the curriculum of the biomedical sciences should be adapted to the scientific, technological and clinical developments as well as to the health needs of society.

There is a basic biomedical science working group. This group regularly reviews the program in order to improve the quality of the basic biomedical sciences in the curriculum and updates any recent technology advancement in the field. It also undertakes the task to match the contents with local health needs.

The standard is fulfilled.

2.4 BEHAVIOURAL AND SOCIAL SCIENCES AND MEDICAL ETHICS

Basic standard:

The medical school must identify and incorporate in the curriculum the contributions of the behavioural sciences, social sciences, medical ethics and medical jurisprudence that enable effective communication, clinical decision making and ethical practices.

These disciplines are an integral part of the curriculum. Also this part is regularly monitored in order to improve the quality of behavioural and social sciences in the curriculum and in order to match the content with the local health needs.

The standard is fulfilled.

Quality development:

The contributions of the behavioural and social sciences and medical ethics should be adapted to scientific developments in medicine, to changing demographic and cultural contexts and to health needs of society.

These issues are specifically dealt with in the Community and Doctor Theme.

The standard is fulfilled.

2.5 CLINICAL SCIENCES AND SKILLS

Basic standard:

The medical school must ensure that students have patient contact and acquire sufficient clinical knowledge and skills to assume appropriate clinical responsibility upon graduation.

Throughout its four years, the curriculum is organized around four main themes:

Basics in clinical science (50%)

Community and doctor (25%)

Patient and doctor (12.5%)

Personal and professional development (12.5%)

Students are required to demonstrate the satisfactory performance in all four themes throughout the course.

The Standard is fulfilled.

Quality development:

Every student should have early patient contact leading to participation in patient care. The different components of clinical skills training should be structured according to the stage of the study Program.

The program ensures early patient contact to the students at the King Saud bin Abdulaziz University for Health Sciences.

The standard is fulfilled.

2.6 CURRICULUM STRUCTURE, COMPOSITION AND DURATION

Basic standard:

The medical school must describe the content, extent and sequencing of courses and other curricular elements, including the balance between the core and optional content, and the role of health promotion, preventive medicine and rehabilitation in the curriculum, as well as the interface with unorthodox, traditional or alternative practices.

The content extent and sequencing of courses in the curriculum are well laid out. A summary is given in the self-study.

The standard is fulfilled.

Quality development:

Basic sciences and clinical sciences should be integrated in the curriculum.

The curriculum is integrated throughout the programme. Integration is ensured by faculty from different departments contributing to each course or block.

The standard is fulfilled

2.7 PROGRAMME MANAGEMENT

Basic standard:

A curriculum committee must be given the responsibility and authority for planning and implementing the curriculum to secure the objectives of the medical school.

Although, the curriculum committee in practice is having full responsibility and authority for planning and implementing the curriculum, there is in principle no full authority. The authority lies in the hands of the Dean and the College Council. Due to very good relations and trust this creates no problems.

The basic standard is partly fulfilled.

Quality development:

The curriculum committee should be provided with resources for planning and implementing methods of teaching and learning, student assessment, course evaluation, and for innovations in the curriculum. There should be representation on the curriculum committee of staff, students and other stakeholders.

The curriculum committee seems to be provided with the necessary resources for planning and implementing methods of teaching and learning, student assessment, course evaluation, and for innovations in the curriculum. There is representation in the curriculum committee of staff and students but not of other stakeholders.

The quality development standard is partly fulfilled.

2.8 LINKAGE WITH MEDICAL PRACTICE AND THE HEALTH CARE SYSTEM

Basic standard:

Operational linkage must be assured between the educational Program and the subsequent stage of training or practice that the student will enter after graduation.

Phase III of the curriculum is hospital-based. The clinical exposure prepares the students to function proficiently during the internship period and ultimately gain the academic foundation needed to pursue postgraduate training or general medical practice.

The standard is fulfilled.

Quality development:

The curriculum committee should seek input from the environment in which graduates will be expected to work and should undertake Program modification in response to feedback from the community and society.

The medical Education Evaluation Unit undertook a 2-year retrospective evaluation of the medical program (Annex 2.8.2.7) where input from all stakeholders of the College was solicited. This information

gave impact on program modifications. In addition, progress examinations are used to determine gaps in the students' knowledge that need to be addressed through curricular modification.

The standard is fulfilled.

Concluding remarks regarding AREA 2

The programme itself is still strongly influenced by University of Sydney content and Australian educational philosophies, which the students and staff are well aware of. Already a major project is undertaking the revision of the content with adjustments to align the programme with the Saudi Arabian culture and societal needs. For any Faculty this is a major undertaking, and time will be needed to complete this task. Through a process of Block review overseen by the Curriculum Committee, there is already evidence of this change. When the College moves to their definitive building, student numbers will increase in parallel with increased Faculty staff numbers and more resources will become available for the content transformation.

3. Assessment of Students

3.1 ASSESSMENT METHODS

Basic standard:

The medical school must define and state the methods used for assessment of its students, including the criteria for passing examinations.

In annex 3.1.1. and annex 3.1.2. the methods used in assessment of the students are carefully defined and described. The system is transparent for the students and teachers.

The standard is fulfilled.

Quality development:

The reliability and validity of assessment methods should be documented and evaluated and new assessment methods developed.

The reliability and validity of the assessment methods are carefully followed, documented, and evaluated. The bank of exam questions is carefully secured and questions only included when tested. There is an ongoing attempt to make exam questions more carefully linked to local health issues and cultural context.

The standard is fulfilled.

3.2 RELATION BETWEEN ASSESSMENT AND LEARNING

Basic standard:

Assessment principles, methods and practices must be clearly compatible with educational objectives and must promote learning.

The school is making a great effort to improve the relationship between assessment principles and educational objectives in order to promote learning.

The standard is fulfilled.

Quality development:

The number and nature of examinations should be adjusted by integrating assessments of various curricular elements to encourage integrated learning. The need to learn excessive amounts of information should be reduced and curriculum overload prevented.

See annex 2.3 and annex 3.3.4. The documents verify that this standard is fulfilled.

Concluding remarks regarding AREA 3

While the Objective project work is ongoing the formal assessments are judged to be aligned with the delivery of learning resources, such as lectures, tutorials, practicals, etc. The final goal will be the alignment of summative assessments with the intent described by WLO. Meanwhile, the Theme Outcomes serve as a general guide and have become part of a comprehensive blueprinting process for the preparation of summative assessments. In view of the many checks and balances already in place this can in no way be described as a serious omission.

4. Students

4.1 ADMISSION POLICY AND SELECTION

Basic standard:

The medical school must have an admission policy including a clear statement on the process of selection of students.

The Medical School has a clear admissions policy and process for selection of its students. There are two categories of admissions. 1. Secondary school entry program.

2. Graduates entry program. See annex 4.1.1.1 to the self evaluation report.

The standard is fulfilled.

Quality development:

The admission policy should be reviewed periodically, based on relevant societal and professional data, to comply with the social responsibilities of the institution and the health needs of community and society. The relationship between selection, the educational Program and desired qualities of graduates should be stated.

When necessary, the Dean forms a committee to review student performance in relation to different selection instruments. Many methods are used for the selection of students, for instance multiple mini-interviews, high school certification, the comprehensive assessment test for application and knowledge and an aptitude test for critical thinking.

The standard is fulfilled.

4.2 STUDENT INTAKE

Basic standard:

The size of student intake must be defined and related to the capacity of the medical school at all stages of education and training.

The size of student enrolment is clearly related to the capacity of the medical school. There is a planned expansion of the student intake. The school has made a projection for the next ten years to reach the maximum intake of 300.

The standard is fulfilled.

Quality development:

The size and nature of student intake should be reviewed in consultation with relevant stakeholders and regulated periodically to meet the needs of community and society.

The intake and its projection are determined by a multidisciplinary committee including representatives of all stakeholders.

The standard is fulfilled.

4.3 STUDENT SUPPORT AND COUNSELLING

Basic standard:

A Program of student support, including counselling, must be offered by the medical school.

A student counselling and support office is available staffed by a qualified person (PhD).

The standard is fulfilled.

Quality development:

Counselling should be provided based on monitoring of student progress and should address social and personal needs of students.

There seem to be great satisfaction with the student counselling system expressed by the students.

The number of students is so limited that individual personal needs of students can be monitored and addressed.

The standard is fulfilled.

4.4 STUDENT REPRESENTATION

Basic standard:

The medical school must have a policy on student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.

Student representatives are full members of the curriculum committee, program evaluation, and student progression committee. Their views and suggestions are actively sought.

The standard is fulfilled.

Quality development:

Student activities and student organisations should be encouraged and facilitated.

Students are actively encouraged to form their own social and academic associations, Eg, Academic Book Club, Students Scientific committee.

The standard is fulfilled.

Concluding remarks regarding AREA 4

The Site Visit Team had plenty of opportunities to meet student groups representing the three curricular phases as well as graduate entrants and school matriculates. Some very positive impressions were formed relating to the successful impact of the curricular strategies shaping the students into developing professionals. Frequent comments by students testified to the way they had personally changed as they participated in small group activities and these changes were often compared with earlier experiences in more traditional university curricula.

Although there were noticeable differences in the maturity and confidence between graduate entrants and schools matriculates it seems highly likely that combined batches will benefit each other in a positive way, creating an adult learning environment. One may conclude that the decision to start the College with graduate entrants was a very successful one.

An interesting innovation that might be emulated by some other schools in the region is the use of a common hospital uniform to identify medical students when in the health care facilities and also reinforce the health care team ethos they will soon be members of.

5. Academic staff/faculty

5.1 RECRUITMENT POLICY

Basic standard:

The medical school must have a staff recruitment policy which outlines the type, responsibilities and balance of academic staff required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, and between full-time and part-time staff, the responsibilities of which must be explicitly specified and monitored.

The college ensures that the recruitment of the staff matches the needs of curriculum. An important criterion for recruiting full time faculty is previous experience in problem-based learning and other curriculum innovations. See annex 5.1.2 and annex 5.1.3.

The standard is fulfilled.

Quality development:

A policy should be developed for staff selection criteria, including scientific, educational and clinical merit, relationship to the mission of the institution, economic considerations and issues of local significance.

The college supplies integrated PBL. This necessitates clinicians working at King Abdulaziz Medical City Riyadh. The medical school is planning to review its policy regarding recruitment regularly to meet the needs of continued monitored and updated mission and objectives.

The Standard is fulfilled.

5.2 STAFF POLICY AND DEVELOPMENT

Basic standard:

The medical school must have a staff policy which addresses a balance of capacity for teaching, research and service functions, and ensures recognition of meritorious academic activities, with appropriate emphasis on both research attainment and teaching qualifications.

A staff policy is in place. Faculty is promoted based on their research production (40%), teaching activities (30%), patient care (15%), and community service (15%). Participation in staff development courses is also taken into account.

The standard is fulfilled.

Quality development:

The staff policy should include teacher training and development and teacher appraisal. Teacher-student ratios relevant to the various curricular components and teacher representation on relevant bodies should be taken into account.

There is an extensive and intensive teacher training program supported also by a masters program in medical education.

The standard is fulfilled.

Concluding remarks regarding AREA 5

Compared to most medical schools the number of academic staff is extremely favorable. The student/teacher ratio is almost 1 to 1, in the basic sciences a little less favorable. However, the efforts to ensure the quality and quality development of the staff are even more impressive. The existing formal rules seem to secure recruitment of staff meeting the needs of the programme. An elaborate faculty enhancement programme consisting of a large number of international and local workshops and seminars (25 in the period November 2008 – May 2009) then takes care of upgrading the skills of the teachers.

6. Educational resources

6.1 PHYSICAL FACILITIES

Basic standard:

The medical school must have sufficient physical facilities for the staff and the student population to ensure that the curriculum can be delivered adequately.

The medical school has well equipped tutorial rooms and laboratories, sufficient for the present student population and staff.

The standard is fulfilled.

Quality development:

The learning environment for the students should be improved by regular updating and extension of the facilities to match developments in educational practices.

The educational resource committee represents all departments. Members are requested to provide updated lists of the educational resources required. A meeting occurs every semester with students in order to review their needs.

The standard is fulfilled.

6.2 CLINICAL TRAINING RESOURCES

Basic standard:

The medical school must ensure adequate clinical experience and the necessary resources, including sufficient patients and clinical training facilities.

The National Guard Hospital connected to the College is first class with ample clinical capacity for the medical students.

The standard is fulfilled.

Quality development:

The facilities for clinical training should be developed to ensure clinical training which is adequate to the needs of the population in the geographically relevant area.

The National Guard Hospital has a catchment area where the needs of the population are served broadly.
The standard is fulfilled.

6.3 INFORMATION TECHNOLOGY

Basic standard:

The medical school must have a policy which addresses the evaluation and effective use of information and communication technology in the educational Program.
A policy is in action governing the use of IT facility (annex 6.3.1.4).
The IT department is headed by a senior person who is reporting directly to the Dean to avoid any delays in action taken.
The standard is fulfilled.

Quality development:

Teachers and students should be enabled to use information and communication technology for self-learning, accessing information, managing patients and working in health care systems.
The curriculum is fully web-based and accessible twenty four hours. The teaching hospital is paperless and fully automated.
The standard is fulfilled.

6.4 RESEARCH

Basic standard:

The medical school must have a policy that fosters the relationship between research and education and must describe the research facilities and areas of research priorities at the institution.

The curriculum includes a major component called the "Options" program. This program entails that each student should carry out a research project under the supervision of one of the faculty members. Staff is also encouraged to undertake research through facilitating their application to a research centre as well as promotion purposes.

The standard is fulfilled.

Quality development:

The interaction between research and education activities should be reflected in the curriculum and influence current teaching and should encourage and prepare students to engagement in medical research and development.

See comments under basic standards. The students are further encouraged to communicate with staff from the hospital and identify research projects in their field of interest.

The standard is fulfilled.

6.5 EDUCATIONAL EXPERTISE

Basic standard:

The medical school must have a policy on the use of educational expertise in planning medical education and in development of teaching methods.

The College ensures that the education methodologies are appropriate through oversight of the curriculum committee which oversees the delivery of the curriculum and any necessary changes.

The standard is fulfilled.

Quality development:

There should be access to educational experts and evidence demonstrated of the use of such expertise for staff development and for research in the discipline of medical education.

The College has a strong Department of Medical Education staffed by experienced international medical educators. All relevant units are represented in this department. The department seems to have adequate resources.

The standard is fulfilled.

6.6 EDUCATIONAL EXCHANGES

Basic standard:

The medical school must have a policy for collaboration with other educational institutions and for the transfer of educational credits.

At present, there are no formal collaborations with other educational institutions for transfer of educational credits.

For this reason, the standard is only partly fulfilled.

Quality development:

Regional and international exchange of academic staff and students should be facilitated by the provision of appropriate resources.

Staff is encouraged to attend international conferences in medical education and students are supported in seeking postgraduate training abroad.

The standard is fulfilled.

Concluding remarks regarding AREA 6

Educational exchanges are being organised informally by students but will become an established feature as the programme matures and there are electives scheduled in Phase II and III.

It would be expected that in time there would be educational transfers and the College is encouraged to explore the potential means for presenting their students' academic records as there are sometimes difficulties encountered when coming from a modern integrated curriculum. The Associate Dean for Student Affairs has a particular interest in these developments and will surely be an effective driver to reach the College goals in this area.

Although the College is housed in temporary quarters the provision of cutting edge resources is evident everywhere. Attention to detail with creative solutions, such as sunken LAN and power connections for laptops on all conference and small group learning room tables facilitates the intention of making a world class study and professional environment.

The Library is more than adequately stocked to support the mission of the College, to which the various specialist libraries in the hospital represent a huge additional resource having been built up over twenty five years. It is noted that thirteen different databases for accessing electronic e-journal and e-books are available to staff and students. This is just another example of the outstanding provisions that support the life of the College.

Basic Medical Sciences facilities include multi-disciplinary laboratories for the delivery of biochemistry, physiology, microbiological and pathology practical sessions as well as a well provisioned anatomy dissection room.

The PBL rooms are appropriately equipped with LCD projection and smart boards and throughout the rooms is a singular absence of carpeting and other environmentally unsound furnishings. The attention paid to the detail in planning is very evident.

The Site Visit Team spent two days inspecting the National Guard Hospital and a Primary Care facility. Unquestionably, the teaching hospital represents an enviable asset, sharing its leadership with the University. The planned expansion to 1600 beds with access to five primary care facilities should be enough to provide finally for the numbers planned for in the future of about 1000-1200 medical students, 800 of whom would be in Phase I and II and therefore need limited scheduled access to the hospital.

While Saudi Primary Care is more akin to secondary level ambulatory care, with access to specialist consultations on site and provision of pharmacy, radiology and laboratory services, the students have direct access to a mix of self referred patients.

The College already has the University of Sydney version of an electronic curriculum delivery and use Blackboard as an additional resource. However, in the planning is a new innovative electronic curriculum which will incorporate the latest technologies and also allow a comprehensive linkage between curriculum objectives and delivery resources, as well as archives for digital libraries, student forums and many others.

7. Program Evaluation

7.1 MECHANISMS FOR PROGRAM EVALUATION

Basic standard:

The medical school must establish a mechanism for Program evaluation that monitors the curriculum and student progress, and ensures that concerns are identified and addressed.

There is a very intense both extensive and rich evaluation program covering all aspects of the curriculum including student progress.

The standard is fulfilled.

Quality development:

Program evaluation should address the context of the educational process, the specific components of the curriculum and the general outcome.

There is a director for student evaluation whose job is continuously to monitor the educational process with a specific component of the curriculum and the general outcome.

There is a well balanced evaluation, curriculum and faculty enhancement committees, with student representatives and broad use of expertise in the department of medical education. As an encouragement, the students complete evaluations anonymously and faculty evaluations are returned individually with feedback and recommendations incorporated.

The standard is fulfilled.

7.2 TEACHER AND STUDENT FEEDBACK

Basic standard:

Both teacher and student feedback must be systematically sought, analysed and responded to.

Student evaluation is conducted for all courses and all faculty; course coordinators submit self-evaluation of courses to the Curriculum Committee. Biennial Retrospective Evaluation involves all relevant stakeholder data sources.

The standard is fulfilled.

Quality development:

Teachers and students should be actively involved in planning Program evaluation and in using its results for Program development.

The teacher and student participation in planning and feedback is very well and intensively developed.

The standard is fulfilled.

7.3 STUDENT PERFORMANCE

Basic standard:

Student performance must be analysed in relation to the curriculum and the mission and objectives of the medical school.

Analysis of student performance data is handled by the Assessment Committee. Everything is well analysed and compared with international standards.

The basic standard is fulfilled.

Quality development:

Student performance should be analysed in relation to student background, conditions and entrance qualifications, and should be used to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.

This standard is not relevant. (Confer 4.1)

7.4 INVOLVEMENT OF STAKEHOLDERS

Basic standard:

Program evaluation must involve the governance and administration of the medical school, the academic staff and the students.

The principal stakeholders defined by the medical school are actively involved in program evaluation.

The Standard is fulfilled.

Quality development:

A wider range of stakeholders should have access to results of course and Program evaluation and their views on the relevance and development of the curriculum should be considered.

The ongoing evaluation of the program and improvements involve the defined stakeholders.

The standard is fulfilled.

Concluding remarks regarding AREA 7

The site visit team was informed about the ongoing activities and the very elaborate programme of evaluation. The information also included details such as the different questionnaires used, the reports produced etc.

The well planned, high quality, comprehensive evaluation programme could almost be accused of being too much. However, to establish a base-line for assessment of results of future expansion and change is extremely useful and the programme will arouse envy of most medical schools.

Especially, it should be mentioned that mechanisms to follow up on results and actually use or act upon the results of evaluations are part of the system.

8. Governance and Administration

8.1 GOVERNANCE

Basic standard:

Governance structures and functions of the medical school must be defined, including their relationships within the University.

The Governance structure is very well defined and described.

The basic standard is fulfilled.

Quality development:

The governance structures should set out the committee structure, and reflect representation from academic staff, students and other stakeholders.

The Quality standard is similarly fulfilled.

8.2 ACADEMIC LEADERSHIP

Basic standard:

The responsibilities of the academic leadership of the medical school for the medical educational Program must be clearly stated.

Based on a well defined education programme and guidelines for budget and resource allocation, the basic standard is fulfilled.

Quality development:

The academic leadership should be evaluated at defined intervals with respect to achievement of the mission and objectives of the school.

The College ensures that the required learning resources are available to meet the objectives of the educational program. The site visit team found no restrictions and lack of funding for the purpose of the medical school program.

The standard is well fulfilled.

8.3 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION

Basic standard:

The medical school must have a clear line of responsibility and authority for the curriculum and its resourcing, including a dedicated educational budget.

There is a clear line of responsibility for all matters in the school.

The standard is fulfilled.

Quality development:

There should be sufficient autonomy to direct resources, including remuneration of teaching staff, in an appropriate manner in order to achieve the overall objectives of the school.

So far, the management of the program has not been reviewed directly.

The standard is partly fulfilled.

8.4 ADMINISTRATIVE STAFF AND MANAGEMENT

Basic standard:

The administrative staff of the medical school must be appropriate to support the implementation of the school's educational Program and other activities and to ensure good management and deployment of its resources.

There is a well developed interaction with the health sector, early clinical involvement, clerkship, etc.

The standard is fulfilled.

Quality development:

The management should include a Program of quality assurance and the management should

submit itself to regular review.

There are formal mechanisms for mutual dialogue in the medical school and the National Guard Hospital.

The standard is fulfilled.

8.5 INTERACTION WITH HEALTH SECTOR

Basic standard:

The medical school must have a constructive interaction with the health and health-related sectors of society and government.

There is daily interaction between the College and colleagues in the National Guard Hospital.

The standard is fulfilled.

Quality development:

The collaboration with partners of the health sector should be formalised.

Dual appointments are common and clinicians are represented in the governing bodies in the College.

The standard is fulfilled.

Concluding remarks regarding AREA 8

As the organisation is not based on disciplines and departments it has been necessary to develop another organisational structure and to provide a comprehensive and precise description of the organisation and the units in the organisation, primarily councils and committees. This work is apparently finalised. It has resulted in clear descriptions of the membership, tasks or responsibilities, frequency of meetings, reporting etc.

Also, relations to the health care system are ensured.

9. Continuous Renewal

Basic standard:

The medical school must as a dynamic institution initiate procedures for regular reviewing and updating of its structure and functions and must rectify documented deficiencies.

The school is very active in regular reviewing and updating its mission, structures, and activities. Furthermore, the presence of a Masters Program in Medical Education will provide support for the present and future staff by establishment of a basis for personal and scientific development of the staff and hereby facilitating continuous renewal of the College and the programme.

The standard is well fulfilled.

Quality development:

The process of renewal should be based on prospective studies and analyses and should lead to the revisions of the policies and practices of the medical school in accordance with past experience, present activities and future perspectives. In so doing, it should address the following issues:

- Adaptation of the mission and objectives of the medical school to the scientific, socio-economic and cultural development of the society.
- Modification of the required competencies of the graduating students in accordance with documented needs of the environment graduates will enter. The modification shall include the clinical skills and public health training and involvement in patient care appropriate to responsibilities encountered upon graduation.
- Adaptation of the curricular model and instructional methods to ensure that these are appropriate and relevant.
- Adjustment of curricular elements and their relationships in keeping with developments in the biomedical sciences, the behavioural sciences, the social sciences, the clinical sciences, changes in the demographic profile and health/disease pattern of the population, and socio-

economic and cultural conditions. The adjustment shall assure that new relevant knowledge, concepts and methods are included and outdated ones discarded.

- Development of assessment principles, and the methods and the number of examinations according to changes in educational objectives and learning goals and methods.
- Adaptation of student recruitment policy and selection methods to changing expectations and circumstances, human resource needs, changes in the premedical education system and the requirements of the educational Program.
- Adaptation of recruitment and staffing policy regarding the academic staff according to changing needs of the medical school.
- Updating of educational resources according to changing needs of the medical school, i.e. the student intake, size and profile of academic staff, the educational Program and contemporary educational principles.
- Refinement of the process of Program monitoring and evaluation.
- Development of the organisational structure and management principles in order to cope with changing circumstances and needs of the medical school and, over time, accommodating to the interests of the different groups of stakeholders.

This comprehensive standard seems to be fulfilled.

Concluding remarks regarding AREA 9

The Site Visit Team noted the rare attention to future quality improvement of the college and its programme. The team do not doubt that the College of Medicine at King Saud bin Abdulaziz University for Health Sciences will continue to provide an outstanding programme in medical education. However, the emphasis on awareness of international developments, on evaluation and on continuous quality improvement will also result in experience and practise that should be disseminated to other medical schools in the country, the region and internationally.

CONCLUDING REMARKS

Compared to most medical schools, the College of Medicine as well as the King Saud bin Abdulaziz University for Health Sciences are clearly in an enviable resource situation with the possibility of obtaining adequate financial support for necessary facilities, staff etc. However, one thing is the availability of resources; another thing is how the resources are used. It is the impression that resources generally are used in an extremely well planned and efficient way.

Several aspects of the medical programme impressed the site visit team. The following should be noted as major strengths of the programme:

- The clinical training is often neglected or at a low level especially in new medical schools. This is certainly not the case at the College of Medicine. The emphasis on the clinical part of the programme, the size and diversity of the clinical facilities used in the clinical training etc. should be noted.
- In this connection, also the close relations between the medical school and the health care system should be stressed.
- Another often neglected part of a basic programme in medicine is orientation in research methods and small exercises or projects where students use scientific methods. This is not the case at the College of Medicine.
- The non-traditional organisational basis of the programme and the school avoiding the discipline and departmental structure put heavy demands on the alternative organisation. The team recognised the very precise and coherent descriptions of the organisation and as far as we could assess, the descriptions corresponds to reality.
-
- Members of the site visit team are in general not in favour of medical schools buying an entire curriculum or programme of another medical school especially when the programme is developed for a medical school in another country in another culture, with another disease pattern etc. The quantity and quality of the staff involved in adaptation and implementation

of the programme must be the explanation of the limited problems we encountered at the College of Medicine. However, the foreign content part of the programme is still the major weakness of the programme:

- Some of the trigger cases for the problem based learning sessions are alien to the local context, in some cases even funny. The staff is of course aware of this problem and work is in progress.

ANNEX

PROGRAMME FOR SITE VISIT

WORLD FEDERATION OF MEDICAL EDUCATION

SITE VISIT – 04TH – 08TH APRIL 2009

MEDICAL EDUCATION DEPARTMENT, COLLEGE OF MEDICINE

KING SAUD bin ABDULAZIZ UNIVERSITY FOR HEALTH SCIENCES

Programme Schedule - Day 1

4 April 2009 Saturday	Activities	Venue	Day Coordinator
0830-0930	Welcome Introduction and Discussion of Schedule/Activities [Dr. I. Al Alwan, Associate Dean, Academic & Student Affairs-COM, Prof. Magzoub, Chairman, Department of Medical Education-COM, Dr. A. Hajeer, Chairman, Basic Medical Sciences-COM, Engr. Ali Hadwer, Manager, IT Services]	F1 Conference Room	Prof. Magzoub
0930-1000	Dr. Mohamed Al Moamary Role of the College in the Hospital	F1 Conference Room	
1000-1015	Break		
1015-1100	Dr. Ibrahim Al Alwan Introduction of the Curriculum and the College	F1 Conference Room	
1100-1200	Tour of the College of Medicine [Dr. I. Al Alwan & Engr. Ali Hadwer] Library IT Services Dept. Clinical Skills Lab and Laboratories	COM	
1200-1300	Lunch		
1300-1345 1345-1430 1430-1515	Meeting with the Sub-committees Mission and Objectives Prof. Mohi Magzoub Dr. Abdulmalik Katheri Dr. Ada Al Qunaibet Dr. Margaret Elzubeir Educational Programme Dr. Ibrahim Al Alwan Dr. Ali Hajeer Dr. Hani Tamim Dr. Ali Al Haqwi Ms. Susan El Masri Assessment of Students Dr. Ibrahim Al Alwan Prof. Mohi Magzoub Dr. Hanan Al Kadri Tarig Mohamed Abdul Gadir Mr. Imran Zafar	F1 Conference Room	
1515-1530	Break		

1530-1600	Prof. Youssef Al Eissa, Vice President, Educational Affairs & Dean, College of Medicine [Office of the Vice President)		
1600	Transport from Admin Bldg. to Marriot Hotel		
1945	Dinner – Spazzio 77 Pick-Up from Marriot Hotel to Kingdom Tower		
2200	Pick-Up from Kingdom Tower back to Marriot Hotel		

Programme Schedule - Day 2 (Revised)

5 April 2009 Sunday	Activities	Venue	Day Coordinator
0830-0900	Meeting with the Sub-committees Students Prof. Ali Al Tuwaijri Dr. Ibrahim Al Alwan Mr. Nabil El Masri	F1 Conference Room	Dr. I. Al Alwan
0900-1000	Visiting PBL Session	PBL Classroom	
1000-1030	Dr. Ali Hajeer, Chairman, Basic Medical Sciences, COM Integration of Basic Sciences	F1 Conference Room	
1030-1100 1100-1130	Meeting with the Sub-committees Programme Evaluation Dr. Michael Seefeldt Dr. Andleeb Arshad Dr. Nasr Ahmed Educational Resources Dr. Ali Hajeer Dr. Mohamed Al Moamary Dr. Hani Tamim Dr. Nasr Ahmed Engr. Ali Hadwer	F1 Conference Room F1 Conference Room	

1130-1200	Options Program / Evidence-Based Medicine (EBM) - Dr. Hani Tamim, Assistant Professor of Epidemiology and Biostatistics Elective Program - Dr. Nasr Eldin Ahmed, Lecturer of Medical Education	F1 Conference Room	
1200-1300	Lunch		
1300-1330	Dr. Abdulmohsen Al Kushi, Chairman, Basic Sciences 2 Yr-Pre Profession Program	F1 Conference Room	
1330-1400	Wrap Up		
1400-1600	Tour to Camel Souk		
1600	Transport back to the COM		
1600-1630	Break		
1630-2000	Tour of Riyadh Museum [with Prof. Cees Van Vleuten] (Public Relations Department)		
2000	Back to Marriot Hotel		

Programme Schedule - Day 3

6th April 2009 Monday	Activities Visit to general and specialised teaching & clinical facilities	Venue	Day Coordinator
	Meeting with the Sub-committees	Clinical Affairs Conference Room [VIP Protocol]	Dr. M. Al Moamary
0830-0915	Academic Staff/Faculty Dr. Mohamed Al Moamary Dr. Andleeb Arshad Dr. Imran Siddiqui		
0915-0945	Governance and Administration Mr. Saud Al Bakr Ms. Susan El Masri Prof. Mohi Magzoub Mr. Abdulaziz Al Blaihed		
0945-1000	Break		
1000-1030	Continuous Renewal Dr. Nadia Al Attas Dr. Abdulmohsen Al Kushi Dr. Abdulmalik Katheri Dr. Michael Seefeldt Dr. Margaret Elzubeir		
1030-1230	Visits to general & specialised teaching facilities	National Guard Health Affairs	
1230-1330	Lunch (Clinical Faculty and Selected three Chairmen)	VIP Dining	
1330-1400	Visit to teaching sessions PBL Session and Clinical Tutorial	Classrooms in the New Admin Building	Dr. H. Al Kadri

	Visit to Research Facilities King Abdullah International Medical & Research Center (KAIMRC)	KAIMRC	Dr. Mohammed Zamakhshary
1400-1415	Meeting with Dr. Hanan Balkhy Head, Research Promotion & Education Section		
1415-1430	Meeting with Dr. Majed Al Jeraisy Head, Clinical Research Section		
1430-1445	Meeting with Dr. Mohammed Al Kelya Quality Management		
1445-1500	Meeting with Dr. Ibrahim AL Abdulkareem Head, Research Molecular Biology Section		
1500-1530	Meeting with Dr. Mohammed Al Balwi Main Laboratory		
1530-1600	Dr. Mohammed Al Jumah, Executive Director , KAIMRC Dr. Salem Al Suwaidan, Operations Director, KAIMRC		
1600	Wrap up		
1600	Transport from the Large Auditorium to Marriot Hotel		
1945	Pick-Up from Marriot Hotel to Al Faisaliah Hotel Dinner – Brazilian Restaurant		
2200	Pick-Up from Al Faisaliah Hotel back to Marriot Hotel		

Programme Schedule - Day 4

7th April 2009 Tuesday	Activities	Venue	Day Coordinator
0900-1000	Primary Health Care Facilities [General Clinical Facility-Um Al Hammam]	Um-Al Hammam	Dr. A. Al Haqwi
1000	Transport from Um Al Hammam to COM		
1100-1200	Meeting with the Chairman and Faculty Staff-DME		
1200-1300	Lunch with Full-Time Faculty Staff	F1 Conference Room	
1300-1330 1330-1400 1400-1430	Meeting with students, [new (2x6-8 students)] Meeting with students [advanced (2 x 6-8 students)] Meeting with COM's First Batch of Graduates	Classroom 10, 2nd Floor	
1430-1500	Student Research Examples – Dr. Tamim (Batch 1)	F1 Meeting Room	
1500-1630	Curriculum Committee Meeting	F1 Meeting Room	
1630	Transport from COM to hotel		

Programme Schedule - Day 5

8th April 2009 Wednesday	Activities	Venue	Day Coordinator
0930-1200	Final Meeting – Presentation of preliminary results/impressions	F1 Conference Room	Prof. Mohi Magzoub
1230-1330	Lunch	F1 Conference Room	
1330	Transport from COM to Admin Bldg.		
1345-1400	H.E. Dr. Bandar Al Knawy, President, KSAU-HS & CEO, NGHA	Office of the President	
1400-1430	Final Meeting with Prof. Youssef Al Eissa		
1430	End of the Site Visit		

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SITE VISIT

The College of Medicine, King Saud bin Abdulaziz University for Health Sciences, Riyadh

Final Report of the WFME External Evaluation in April 2009
WFME Office . University of Copenhagen . Denmark . October 2009

King Saud bin Abdulaziz University for Health Sciences's Students

SUMMARY OF FINDINGS - PROFILE OF MEDICAL SCHOOL

			No Standard Fulfilled	Basic Standard		Quality Development	
				Partly Fulfilled	Ful-filled	Partly Fulfilled	Ful-filled
1. Mission and Objectives:		1.1					
		1.2					
		1.3					
		1.4					
2. Educational Programme:		2.1					
		2.2					
		2.3					
		2.4					
		2.5					
		2.6					
		2.7					
		2.8					
3. Assessment of Students:		3.1					
		3.2					
4. Students:		4.1					
		4.2					
		4.3					

		4.4					
5. Academic Staff/Faculty:		5.1					
		5.2					
6. Educational Resources:		6.1					
		6.2					
		6.3					
		6.4					
		6.5					
		6.6					
7. Programme Evaluation:		7.1					
		7.2					
		7.3					
		7.4					
8. Governance and		8.1					
Administration:		8.2					
		8.3					
		8.4					
		8.5					
9. Continuous Renewal:		9					

WFME SITE VISIT TO COLLEGE OF MEDICINE

KING SAUD bin ABDULAZIZ UNIVERSITY FOR HEALTH SCIENCES

A three member team made the visit, Professors Jorgen Nystrup, Leif Christensen and James Ware, over five days, April 4 – 8, 2009. A full and useful programme had been arranged and all major officers of the College were met, see attached programme with College representatives and the activities summarised. An open and collegial atmosphere was maintained over the entire visit and the Site Team were very satisfied with the access given to all essential elements of the College's mission.

The College of Medicine was founded by a Royal Decree of the Custodian of the Two Holy Mosques, King Abdullah bin Abdulaziz in January 2004. The Dean and his senior management team were in place by March 2004, and considered a number of alternative curricula to provide the initial programme using three essential criteria, and one logical additional, to make the final choice:

- Problem-based learning (PBL) strategy
- Graduate Medical Programme, and
- Electronically enhanced curriculum delivery
- Hybrid balance

A number of schools where investigated including Manchester - UK, Dalhousie – Canada and the University of Sydney – Australia, and the final decision was to implement the Graduate Medical Programme bought and delivered from the University of Sydney (USyd) in June 2004. This is a four year hybrid programme built around four themes, strongly contextualised through horizontal and vertical integration with a major educational input delivered with authentic PBL cases. The College then made the following modifications to the original programme, summarised in the following way:

- One semester Foundation studies – Phase I
- Two year organ-system based studies – Phase II
- Three semester mainly clinical studies – Phase III

The first batch of graduate students were admitted in September 2004 and has already graduated in August 2008, while, in September 2007, the first batch of school matriculates were admitted to the college in a two year, four semester, Phase I preparatory programme. Although the college remains only for male students, there are plans to admit females some time after the new campus for the King Saud bin Abdulaziz University for Health Sciences (KSAU-HS) is completed in June 2011. It was noted that the College has already distinguished itself by coming top of 24 schools in the Kingdom who entered 1700 graduates in the National Certifying Examination held in 2007:

Mean Test Scores, all candidates (n=1700)	57.2%
KSAU-HS College of Medicine (n=24)	62.9%
Nearest other school	59.2%

The school has embraced the early introduction of clinical skills as the main pillar of the Patient-Doctor theme supported by the clinical elements in Phase III, self-directed learning as an important adult learning strategy, a significant reduction in content overload and creative innovations with advanced technology to enhance and facilitate the delivery of the curriculum. This is modern medical education at its best supported by dedicated, loyal and well informed Faculty. Combined with the leading position the National Guard Hospital holds in respect of postgraduate training in the Kingdom, the King Saud bin Abdulaziz University of Health Sciences Medical College will surely assume a leadership role for a country wide reform of undergraduate medical school curricula.

The Report from the Self Evaluation was received by the WFME Office well in advance. It was the starting point for the Site visit to verify the statements and determine any reasonable suggestions to enhance already ongoing activities to reach the ultimate goals set in the mission. It should be noted that the report was very helpful and gave the team an extremely good impression of the College and its medical programme. The report itself was fairly brief end precise, but a large amount of detailed written documentation was enclosed.

THE EXTERNAL EVALUATION

This part of the report is organised in the same way as a normal Self Study, following the WFME Global Standards in Basic Medical Education.

1. Mission and Objectives

1.1 STATEMENTS OF MISSION AND OBJECTIVES

Basic standard:

The medical school must define its mission and objectives and make them known to its constituency. The mission statements and objectives must describe the educational process resulting in a medical doctor competent at a basic level, with an appropriate foundation for further training in any branch of medicine and in keeping with the roles of doctors in the health care system.

As documented in annex 1.1.1 of the self study a written document concerning mission, vision, values, and objectives exists. The mission statement is disseminated widely through fact sheets, booklets, posters, newsletters, workshops, and seminar series. This was witnessed by the site visit team. The standard is fulfilled.

Quality development:

The mission and objectives should encompass social responsibility, research attainment, community involvement, and address readiness for postgraduate medical training.

The content of the document on mission and objectives contain the issues mentioned in this standard. The standard is fulfilled.

1.2 PARTICIPATION IN FORMULATION OF MISSION AND OBJECTIVES

Basic standard:

The mission statement and objectives of a medical school must be defined by its principal stakeholders.

The School's principal stakeholders are defined and consulted concerning development of statements of mission and objectives.

The standard is fulfilled.

Quality development:

Formulation of mission statements and objectives should be based on input from a wider range of stakeholders.

The self study points towards involvement of international partners, all strictly preoccupied with medical education. The WFME quality standards aim at involving a wider range of stakeholders as patients, politicians, and partners and organisations in the health sector.

This standard is partly fulfilled.

1.3 ACADEMIC AUTONOMY

Basic standard:

There must be a policy, for which the administration and faculty/academic staff of the medical school are responsible, within which they have freedom to design the curriculum and allocate the resources necessary for its implementation.

Under the national regulations of the Ministry of Higher Education there is a clear policy for the medical school including academic freedom to design the curriculum and allocate the necessary resources for its implementation, documented in annex 1.3.2 of the self study.

The standard is fulfilled.

Quality development:

The contributions of all academic staff should address the actual curriculum and the educational resources should be distributed in relation to the educational needs.

The contribution of each academic staff is well described in block books defining carefully the four themes of the curriculum (documented in annex 1.3.3 of the self study).

The standard is fulfilled.

1.4 EDUCATIONAL OUTCOME

Basic standard:

The medical school must define the competencies that students should exhibit on graduation in relation to their subsequent training and future roles in the health system.

The competencies expected of the students graduating from the school seem well described.

The standard is fulfilled.

Quality development:

The linkage of competencies to be acquired by graduation with that to be acquired in postgraduate training should be specified. Measures of, and information about, competencies of the graduates should be used as feedback to programme development.

The College direct great attention to the evaluation of the graduates' performance and subsequently to utilize the data to modify the undergraduate curriculum. However, the school is so young that no results of this process can be seen. The successful result by ranking 1st in the national certifying exam is no specific sign that the graduates are competent in postgraduate clinical training.

The standard is partly fulfilled.

Concluding remarks regarding AREA 1

Comments to Mission and Objectives

Due to the constraints of time, consultations with all potentially important stakeholders were not possible before the first graduates were admitted in September 2004. However, this deficit is now being systematically addressed by a renewed attempt to widen the consultations and this activity is at an advanced planning stage. With the appointment of the President of the King Saud bin Abdulaziz University for Health Sciences to the post of Minister of Health, Dr. Abdullah Al Rabeeah, it is very likely that this important office will also be included among the stakeholders consulted, as well as a broad selection of the population and potential health care users. The Site Visit Team does not see the former lack of consultations as a serious omission and note the planned future activity.

Annex 1.1.1 provided detailed evidence of the Mission, Vision and Values, which were also seen, framed and hung prominently in many different places within the College; it seems highly likely that all academic staff and students could recite these intentions. The programme outcomes have been clearly articulated under the four themes and maybe the only possible omission under the Personal and Professional Development Theme was the need for the graduate to recognise his own limitations and seek advice and assistance from senior colleagues when meeting such situations.

Another omission now being systematically addressed is the provision of useful learning objectives which guide the students through the various components of their studies (delivered on a weekly basis, Week Learning Objectives, WLOs). It is suggested that whereas WLOs are useful and meaningful in Phase I and II of the curriculum, probably some modification might be needed in Phase III.

When this work is completed the College will deliver a level of excellence that others could well seek to emulate.

The degree of fulfilment is summarized in the profile sheet attached to this report.

2. Educational Program

2.1 CURRICULUM MODELS AND INSTRUCTIONAL METHODS

Basic standard:

The medical school must define the curriculum models and instructional methods employed.

The curriculum model and instructional methods are clearly described in the self study and in various documents which were available to the site visit team.

The standard is fulfilled.

Quality development:

The curriculum and instructional methods should ensure that students have responsibility for their learning process and should prepare them for lifelong, self-directed learning.

The curriculum is delivered in a web-based format, the content of which is released to the students in stages corresponding to their academic progression in the medical program.

Furthermore, the strong emphasis on problem-based learning as one of the main educational methods presumably prepares the students for lifelong self-directed learning.

The standard is fulfilled.

2.2 SCIENTIFIC METHOD

Basic standard:

The medical school must teach the principles of scientific method and evidence-based medicine, including analytical and critical thinking, throughout the curriculum.

The school puts heavy emphasis on evidence-based medicine. In the preparatory stage of the curriculum, a 4-week block is entitled Introduction to Evidence-Based Medicine and Research Methodology. In addition, one of the four themes of the curriculum is basics in clinical sciences

amounting to 5% of the curriculum time.
The standard is fulfilled.

Quality development:

The curriculum should include elements for training students in scientific thinking and research methods.
There are two required Option Blocks in the curriculum, allowing the students to engage in short in-depth projects in order to nurture academic individuality. In the second Options Block, students are required to present their projects in a conference-style format for peer review and evaluation by members of College of Medicine Research Committee. The top three scientific researchers are awarded prices for excellence in scientific research.
The standard is fulfilled.

2.3 BASIC BIOMEDICAL SCIENCES

Basic standard:

The medical school must identify and incorporate in the curriculum the contributions of the basic biomedical sciences to create understanding of the scientific knowledge, concepts and methods fundamental to acquiring and applying clinical science.
The classical biomedical sciences are well represented in the curriculum.
The standard is fulfilled.

Quality development:

The contributions in the curriculum of the biomedical sciences should be adapted to the scientific, technological and clinical developments as well as to the health needs of society.

There is a basic biomedical science working group. This group regularly reviews the program in order to improve the quality of the basic biomedical sciences in the curriculum and updates any recent technology advancement in the field. It also undertakes the task to match the contents with local health needs.

The standard is fulfilled.

2.4 BEHAVIOURAL AND SOCIAL SCIENCES AND MEDICAL ETHICS

Basic standard:

The medical school must identify and incorporate in the curriculum the contributions of the behavioural sciences, social sciences, medical ethics and medical jurisprudence that enable effective communication, clinical decision making and ethical practices.

These disciplines are an integral part of the curriculum. Also this part is regularly monitored in order to improve the quality of behavioural and social sciences in the curriculum and in order to match the content with the local health needs.

The standard is fulfilled.

Quality development:

The contributions of the behavioural and social sciences and medical ethics should be adapted to scientific developments in medicine, to changing demographic and cultural contexts and to health needs of society.

These issues are specifically dealt with in the Community and Doctor Theme.

The standard is fulfilled.

2.5 CLINICAL SCIENCES AND SKILLS

Basic standard:

The medical school must ensure that students have patient contact and acquire sufficient clinical knowledge and skills to assume appropriate clinical responsibility upon graduation.

Throughout its four years, the curriculum is organized around four main themes:

Basics in clinical science (50%)

Community and doctor (25%)

Patient and doctor (12.5%)

Personal and professional development (12.5%)

Students are required to demonstrate the satisfactory performance in all four themes throughout the course.

The Standard is fulfilled.

Quality development:

Every student should have early patient contact leading to participation in patient care. The different components of clinical skills training should be structured according to the stage of the study Program.

The program ensures early patient contact to the students at the King Saud bin Abdulaziz University for Health Sciences.

The standard is fulfilled.

2.6 CURRICULUM STRUCTURE, COMPOSITION AND DURATION

Basic standard:

The medical school must describe the content, extent and sequencing of courses and other curricular elements, including the balance between the core and optional content, and the role of health promotion, preventive medicine and rehabilitation in the curriculum, as well as the interface with unorthodox, traditional or alternative practices.

The content extent and sequencing of courses in the curriculum are well laid out. A summary is given in the self-study.

The standard is fulfilled.

Quality development:

Basic sciences and clinical sciences should be integrated in the curriculum.

The curriculum is integrated throughout the programme. Integration is ensured by faculty from different departments contributing to each course or block.

The standard is fulfilled

2.7 PROGRAMME MANAGEMENT

Basic standard:

A curriculum committee must be given the responsibility and authority for planning and implementing the curriculum to secure the objectives of the medical school.

Although, the curriculum committee in practice is having full responsibility and authority for planning and implementing the curriculum, there is in principle no full authority. The authority lies in the hands of the Dean and the College Council. Due to very good relations and trust this creates no problems.

The basic standard is partly fulfilled.

Quality development:

The curriculum committee should be provided with resources for planning and implementing methods of teaching and learning, student assessment, course evaluation, and for innovations in the curriculum. There should be representation on the curriculum committee of staff, students and other stakeholders.

The curriculum committee seems to be provided with the necessary resources for planning and implementing methods of teaching and learning, student assessment, course evaluation, and for innovations in the curriculum. There is representation in the curriculum committee of staff and students but not of other stakeholders.

The quality development standard is partly fulfilled.

2.8 LINKAGE WITH MEDICAL PRACTICE AND THE HEALTH CARE SYSTEM

Basic standard:

Operational linkage must be assured between the educational Program and the subsequent stage of training or practice that the student will enter after graduation.

Phase III of the curriculum is hospital-based. The clinical exposure prepares the students to function proficiently during the internship period and ultimately gain the academic foundation needed to pursue postgraduate training or general medical practice.

The standard is fulfilled.

Quality development:

The curriculum committee should seek input from the environment in which graduates will be expected to work and should undertake Program modification in response to feedback from the community and society.

The medical Education Evaluation Unit undertook a 2-year retrospective evaluation of the medical program (Annex 2.8.2.7) where input from all stakeholders of the College was solicited. This information

gave impact on program modifications. In addition, progress examinations are used to determine gaps in the students' knowledge that need to be addressed through curricular modification.

The standard is fulfilled.

Concluding remarks regarding AREA 2

The programme itself is still strongly influenced by University of Sydney content and Australian educational philosophies, which the students and staff are well aware of. Already a major project is undertaking the revision of the content with adjustments to align the programme with the Saudi Arabian culture and societal needs. For any Faculty this is a major undertaking, and time will be needed to complete this task. Through a process of Block review overseen by the Curriculum Committee, there is already evidence of this change. When the College moves to their definitive building, student numbers will increase in parallel with increased Faculty staff numbers and more resources will become available for the content transformation.

3. Assessment of Students

3.1 ASSESSMENT METHODS

Basic standard:

The medical school must define and state the methods used for assessment of its students, including the criteria for passing examinations.

In annex 3.1.1. and annex 3.1.2. the methods used in assessment of the students are carefully defined and described. The system is transparent for the students and teachers.

The standard is fulfilled.

Quality development:

The reliability and validity of assessment methods should be documented and evaluated and new assessment methods developed.

The reliability and validity of the assessment methods are carefully followed, documented, and evaluated. The bank of exam questions is carefully secured and questions only included when tested. There is an ongoing attempt to make exam questions more carefully linked to local health issues and cultural context.

The standard is fulfilled.

3.2 RELATION BETWEEN ASSESSMENT AND LEARNING

Basic standard:

Assessment principles, methods and practices must be clearly compatible with educational objectives and must promote learning.

The school is making a great effort to improve the relationship between assessment principles and educational objectives in order to promote learning.

The standard is fulfilled.

Quality development:

The number and nature of examinations should be adjusted by integrating assessments of various curricular elements to encourage integrated learning. The need to learn excessive amounts of information should be reduced and curriculum overload prevented.

See annex 2.3 and annex 3.3.4. The documents verify that this standard is fulfilled.

Concluding remarks regarding AREA 3

While the Objective project work is ongoing the formal assessments are judged to be aligned with the delivery of learning resources, such as lectures, tutorials, practicals, etc. The final goal will be the alignment of summative assessments with the intent described by WLO. Meanwhile, the Theme Outcomes serve as a general guide and have become part of a comprehensive blueprinting process for the preparation of summative assessments. In view of the many checks and balances already in place this can in no way be described as a serious omission.

4. Students

4.1 ADMISSION POLICY AND SELECTION

Basic standard:

The medical school must have an admission policy including a clear statement on the process of selection of students.

The Medical School has a clear admissions policy and process for selection of its students. There are two categories of admissions. 1. Secondary school entry program.

2. Graduates entry program. See annex 4.1.1.1 to the self evaluation report.

The standard is fulfilled.

Quality development:

The admission policy should be reviewed periodically, based on relevant societal and professional data, to comply with the social responsibilities of the institution and the health needs of community and society. The relationship between selection, the educational Program and desired qualities of graduates should be stated.

When necessary, the Dean forms a committee to review student performance in relation to different selection instruments. Many methods are used for the selection of students, for instance multiple mini-interviews, high school certification, the comprehensive assessment test for application and knowledge and an aptitude test for critical thinking.

The standard is fulfilled.

4.2 STUDENT INTAKE

Basic standard:

The size of student intake must be defined and related to the capacity of the medical school at all stages of education and training.

The size of student enrolment is clearly related to the capacity of the medical school. There is a planned expansion of the student intake. The school has made a projection for the next ten years to reach the maximum intake of 300.

The standard is fulfilled.

Quality development:

The size and nature of student intake should be reviewed in consultation with relevant stakeholders and regulated periodically to meet the needs of community and society.

The intake and its projection are determined by a multidisciplinary committee including representatives of all stakeholders.

The standard is fulfilled.

4.3 STUDENT SUPPORT AND COUNSELLING

Basic standard:

A Program of student support, including counselling, must be offered by the medical school.

A student counselling and support office is available staffed by a qualified person (PhD).

The standard is fulfilled.

Quality development:

Counselling should be provided based on monitoring of student progress and should address social and personal needs of students.

There seem to be great satisfaction with the student counselling system expressed by the students.

The number of students is so limited that individual personal needs of students can be monitored and addressed.

The standard is fulfilled.

4.4 STUDENT REPRESENTATION

Basic standard:

The medical school must have a policy on student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.

Student representatives are full members of the curriculum committee, program evaluation, and student progression committee. Their views and suggestions are actively sought.

The standard is fulfilled.

Quality development:

Student activities and student organisations should be encouraged and facilitated.

Students are actively encouraged to form their own social and academic associations, Eg, Academic Book Club, Students Scientific committee.

The standard is fulfilled.

Concluding remarks regarding AREA 4

The Site Visit Team had plenty of opportunities to meet student groups representing the three curricular phases as well as graduate entrants and school matriculates. Some very positive impressions were formed relating to the successful impact of the curricular strategies shaping the students into developing professionals. Frequent comments by students testified to the way they had personally changed as they participated in small group activities and these changes were often compared with earlier experiences in more traditional university curricula.

Although there were noticeable differences in the maturity and confidence between graduate entrants and schools matriculates it seems highly likely that combined batches will benefit each other in a positive way, creating an adult learning environment. One may conclude that the decision to start the College with graduate entrants was a very successful one.

An interesting innovation that might be emulated by some other schools in the region is the use of a common hospital uniform to identify medical students when in the health care facilities and also reinforce the health care team ethos they will soon be members of.

5. Academic staff/faculty

5.1 RECRUITMENT POLICY

Basic standard:

The medical school must have a staff recruitment policy which outlines the type, responsibilities and balance of academic staff required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, and between full-time and part-time staff, the responsibilities of which must be explicitly specified and monitored.

The college ensures that the recruitment of the staff matches the needs of curriculum. An important criterion for recruiting full time faculty is previous experience in problem-based learning and other curriculum innovations. See annex 5.1.2 and annex 5.1.3.

The standard is fulfilled.

Quality development:

A policy should be developed for staff selection criteria, including scientific, educational and clinical merit, relationship to the mission of the institution, economic considerations and issues of local significance.

The college supplies integrated PBL. This necessitates clinicians working at King Abdulaziz Medical City Riyadh. The medical school is planning to review its policy regarding recruitment regularly to meet the needs of continued monitored and updated mission and objectives.

The Standard is fulfilled.

5.2 STAFF POLICY AND DEVELOPMENT

Basic standard:

The medical school must have a staff policy which addresses a balance of capacity for teaching, research and service functions, and ensures recognition of meritorious academic activities, with appropriate emphasis on both research attainment and teaching qualifications.

A staff policy is in place. Faculty is promoted based on their research production (40%), teaching activities (30%), patient care (15%), and community service (15%). Participation in staff development courses is also taken into account.

The standard is fulfilled.

Quality development:

The staff policy should include teacher training and development and teacher appraisal. Teacher-student ratios relevant to the various curricular components and teacher representation on relevant bodies should be taken into account.

There is an extensive and intensive teacher training program supported also by a masters program in medical education.

The standard is fulfilled.

Concluding remarks regarding AREA 5

Compared to most medical schools the number of academic staff is extremely favorable. The student/teacher ratio is almost 1 to 1, in the basic sciences a little less favorable. However, the efforts to ensure the quality and quality development of the staff are even more impressive. The existing formal rules seem to secure recruitment of staff meeting the needs of the programme. An elaborate faculty enhancement programme consisting of a large number of international and local workshops and seminars (25 in the period November 2008 – May 2009) then takes care of upgrading the skills of the teachers.

6. Educational resources

6.1 PHYSICAL FACILITIES

Basic standard:

The medical school must have sufficient physical facilities for the staff and the student population to ensure that the curriculum can be delivered adequately.

The medical school has well equipped tutorial rooms and laboratories, sufficient for the present student population and staff.

The standard is fulfilled.

Quality development:

The learning environment for the students should be improved by regular updating and extension of the facilities to match developments in educational practices.

The educational resource committee represents all departments. Members are requested to provide updated lists of the educational resources required. A meeting occurs every semester with students in order to review their needs.

The standard is fulfilled.

6.2 CLINICAL TRAINING RESOURCES

Basic standard:

The medical school must ensure adequate clinical experience and the necessary resources, including sufficient patients and clinical training facilities.

The National Guard Hospital connected to the College is first class with ample clinical capacity for the medical students.

The standard is fulfilled.

Quality development:

The facilities for clinical training should be developed to ensure clinical training which is adequate to the needs of the population in the geographically relevant area.

The National Guard Hospital has a catchment area where the needs of the population are served broadly.
The standard is fulfilled.

6.3 INFORMATION TECHNOLOGY

Basic standard:

The medical school must have a policy which addresses the evaluation and effective use of information and communication technology in the educational Program.
A policy is in action governing the use of IT facility (annex 6.3.1.4).
The IT department is headed by a senior person who is reporting directly to the Dean to avoid any delays in action taken.
The standard is fulfilled.

Quality development:

Teachers and students should be enabled to use information and communication technology for self-learning, accessing information, managing patients and working in health care systems.
The curriculum is fully web-based and accessible twenty four hours. The teaching hospital is paperless and fully automated.
The standard is fulfilled.

6.4 RESEARCH

Basic standard:

The medical school must have a policy that fosters the relationship between research and education and must describe the research facilities and areas of research priorities at the institution.

The curriculum includes a major component called the "Options" program. This program entails that each student should carry out a research project under the supervision of one of the faculty members. Staff is also encouraged to undertake research through facilitating their application to a research centre as well as promotion purposes.

The standard is fulfilled.

Quality development:

The interaction between research and education activities should be reflected in the curriculum and influence current teaching and should encourage and prepare students to engagement in medical research and development.

See comments under basic standards. The students are further encouraged to communicate with staff from the hospital and identify research projects in their field of interest.

The standard is fulfilled.

6.5 EDUCATIONAL EXPERTISE

Basic standard:

The medical school must have a policy on the use of educational expertise in planning medical education and in development of teaching methods.

The College ensures that the education methodologies are appropriate through oversight of the curriculum committee which oversees the delivery of the curriculum and any necessary changes.

The standard is fulfilled.

Quality development:

There should be access to educational experts and evidence demonstrated of the use of such expertise for staff development and for research in the discipline of medical education.

The College has a strong Department of Medical Education staffed by experienced international medical educators. All relevant units are represented in this department. The department seems to have adequate resources.

The standard is fulfilled.

6.6 EDUCATIONAL EXCHANGES

Basic standard:

The medical school must have a policy for collaboration with other educational institutions and for the transfer of educational credits.

At present, there are no formal collaborations with other educational institutions for transfer of educational credits.

For this reason, the standard is only partly fulfilled.

Quality development:

Regional and international exchange of academic staff and students should be facilitated by the provision of appropriate resources.

Staff is encouraged to attend international conferences in medical education and students are supported in seeking postgraduate training abroad.

The standard is fulfilled.

Concluding remarks regarding AREA 6

Educational exchanges are being organised informally by students but will become an established feature as the programme matures and there are electives scheduled in Phase II and III.

It would be expected that in time there would be educational transfers and the College is encouraged to explore the potential means for presenting their students' academic records as there are sometimes difficulties encountered when coming from a modern integrated curriculum. The Associate Dean for Student Affairs has a particular interest in these developments and will surely be an effective driver to reach the College goals in this area.

Although the College is housed in temporary quarters the provision of cutting edge resources is evident everywhere. Attention to detail with creative solutions, such as sunken LAN and power connections for laptops on all conference and small group learning room tables facilitates the intention of making a world class study and professional environment.

The Library is more than adequately stocked to support the mission of the College, to which the various specialist libraries in the hospital represent a huge additional resource having been built up over twenty five years. It is noted that thirteen different databases for accessing electronic e-journal and e-books are available to staff and students. This is just another example of the outstanding provisions that support the life of the College.

Basic Medical Sciences facilities include multi-disciplinary laboratories for the delivery of biochemistry, physiology, microbiological and pathology practical sessions as well as a well provisioned anatomy dissection room.

The PBL rooms are appropriately equipped with LCD projection and smart boards and throughout the rooms is a singular absence of carpeting and other environmentally unsound furnishings. The attention paid to the detail in planning is very evident.

The Site Visit Team spent two days inspecting the National Guard Hospital and a Primary Care facility. Unquestionably, the teaching hospital represents an enviable asset, sharing its leadership with the University. The planned expansion to 1600 beds with access to five primary care facilities should be enough to provide finally for the numbers planned for in the future of about 1000-1200 medical students, 800 of whom would be in Phase I and II and therefore need limited scheduled access to the hospital.

While Saudi Primary Care is more akin to secondary level ambulatory care, with access to specialist consultations on site and provision of pharmacy, radiology and laboratory services, the students have direct access to a mix of self referred patients.

The College already has the University of Sydney version of an electronic curriculum delivery and use Blackboard as an additional resource. However, in the planning is a new innovative electronic curriculum which will incorporate the latest technologies and also allow a comprehensive linkage between curriculum objectives and delivery resources, as well as archives for digital libraries, student forums and many others.

7. Program Evaluation

7.1 MECHANISMS FOR PROGRAM EVALUATION

Basic standard:

The medical school must establish a mechanism for Program evaluation that monitors the curriculum and student progress, and ensures that concerns are identified and addressed.

There is a very intense both extensive and rich evaluation program covering all aspects of the curriculum including student progress.

The standard is fulfilled.

Quality development:

Program evaluation should address the context of the educational process, the specific components of the curriculum and the general outcome.

There is a director for student evaluation whose job is continuously to monitor the educational process with a specific component of the curriculum and the general outcome.

There is a well balanced evaluation, curriculum and faculty enhancement committees, with student representatives and broad use of expertise in the department of medical education. As an encouragement, the students complete evaluations anonymously and faculty evaluations are returned individually with feedback and recommendations incorporated.

The standard is fulfilled.

7.2 TEACHER AND STUDENT FEEDBACK

Basic standard:

Both teacher and student feedback must be systematically sought, analysed and responded to.

Student evaluation is conducted for all courses and all faculty; course coordinators submit self-evaluation of courses to the Curriculum Committee. Biennial Retrospective Evaluation involves all relevant stakeholder data sources.

The standard is fulfilled.

Quality development:

Teachers and students should be actively involved in planning Program evaluation and in using its results for Program development.

The teacher and student participation in planning and feedback is very well and intensively developed.

The standard is fulfilled.

7.3 STUDENT PERFORMANCE

Basic standard:

Student performance must be analysed in relation to the curriculum and the mission and objectives of the medical school.

Analysis of student performance data is handled by the Assessment Committee. Everything is well analysed and compared with international standards.

The basic standard is fulfilled.

Quality development:

Student performance should be analysed in relation to student background, conditions and entrance qualifications, and should be used to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.

This standard is not relevant. (Confer 4.1)

7.4 INVOLVEMENT OF STAKEHOLDERS

Basic standard:

Program evaluation must involve the governance and administration of the medical school, the academic staff and the students.

The principal stakeholders defined by the medical school are actively involved in program evaluation.

The Standard is fulfilled.

Quality development:

A wider range of stakeholders should have access to results of course and Program evaluation and their views on the relevance and development of the curriculum should be considered.

The ongoing evaluation of the program and improvements involve the defined stakeholders.

The standard is fulfilled.

Concluding remarks regarding AREA 7

The site visit team was informed about the ongoing activities and the very elaborate programme of evaluation. The information also included details such as the different questionnaires used, the reports produced etc.

The well planned, high quality, comprehensive evaluation programme could almost be accused of being too much. However, to establish a base-line for assessment of results of future expansion and change is extremely useful and the programme will arouse envy of most medical schools.

Especially, it should be mentioned that mechanisms to follow up on results and actually use or act upon the results of evaluations are part of the system.

8. Governance and Administration

8.1 GOVERNANCE

Basic standard:

Governance structures and functions of the medical school must be defined, including their relationships within the University.

The Governance structure is very well defined and described.

The basic standard is fulfilled.

Quality development:

The governance structures should set out the committee structure, and reflect representation from academic staff, students and other stakeholders.

The Quality standard is similarly fulfilled.

8.2 ACADEMIC LEADERSHIP

Basic standard:

The responsibilities of the academic leadership of the medical school for the medical educational Program must be clearly stated.

Based on a well defined education programme and guidelines for budget and resource allocation, the basic standard is fulfilled.

Quality development:

The academic leadership should be evaluated at defined intervals with respect to achievement of the mission and objectives of the school.

The College ensures that the required learning resources are available to meet the objectives of the educational program. The site visit team found no restrictions and lack of funding for the purpose of the medical school program.

The standard is well fulfilled.

8.3 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION

Basic standard:

The medical school must have a clear line of responsibility and authority for the curriculum and its resourcing, including a dedicated educational budget.

There is a clear line of responsibility for all matters in the school.

The standard is fulfilled.

Quality development:

There should be sufficient autonomy to direct resources, including remuneration of teaching staff, in an appropriate manner in order to achieve the overall objectives of the school.

So far, the management of the program has not been reviewed directly.

The standard is partly fulfilled.

8.4 ADMINISTRATIVE STAFF AND MANAGEMENT

Basic standard:

The administrative staff of the medical school must be appropriate to support the implementation of the school's educational Program and other activities and to ensure good management and deployment of its resources.

There is a well developed interaction with the health sector, early clinical involvement, clerkship, etc.

The standard is fulfilled.

Quality development:

The management should include a Program of quality assurance and the management should

submit itself to regular review.

There are formal mechanisms for mutual dialogue in the medical school and the National Guard Hospital.

The standard is fulfilled.

8.5 INTERACTION WITH HEALTH SECTOR

Basic standard:

The medical school must have a constructive interaction with the health and health-related sectors of society and government.

There is daily interaction between the College and colleagues in the National Guard Hospital.

The standard is fulfilled.

Quality development:

The collaboration with partners of the health sector should be formalised.

Dual appointments are common and clinicians are represented in the governing bodies in the College.

The standard is fulfilled.

Concluding remarks regarding AREA 8

As the organisation is not based on disciplines and departments it has been necessary to develop another organisational structure and to provide a comprehensive and precise description of the organisation and the units in the organisation, primarily councils and committees. This work is apparently finalised. It has resulted in clear descriptions of the membership, tasks or responsibilities, frequency of meetings, reporting etc.

Also, relations to the health care system are ensured.

9. Continuous Renewal

Basic standard:

The medical school must as a dynamic institution initiate procedures for regular reviewing and updating of its structure and functions and must rectify documented deficiencies.

The school is very active in regular reviewing and updating its mission, structures, and activities. Furthermore, the presence of a Masters Program in Medical Education will provide support for the present and future staff by establishment of a basis for personal and scientific development of the staff and hereby facilitating continuous renewal of the College and the programme.

The standard is well fulfilled.

Quality development:

The process of renewal should be based on prospective studies and analyses and should lead to the revisions of the policies and practices of the medical school in accordance with past experience, present activities and future perspectives. In so doing, it should address the following issues:

- Adaptation of the mission and objectives of the medical school to the scientific, socio-economic and cultural development of the society.
- Modification of the required competencies of the graduating students in accordance with documented needs of the environment graduates will enter. The modification shall include the clinical skills and public health training and involvement in patient care appropriate to responsibilities encountered upon graduation.
- Adaptation of the curricular model and instructional methods to ensure that these are appropriate and relevant.
- Adjustment of curricular elements and their relationships in keeping with developments in the biomedical sciences, the behavioural sciences, the social sciences, the clinical sciences, changes in the demographic profile and health/disease pattern of the population, and socio-

economic and cultural conditions. The adjustment shall assure that new relevant knowledge, concepts and methods are included and outdated ones discarded.

- Development of assessment principles, and the methods and the number of examinations according to changes in educational objectives and learning goals and methods.
- Adaptation of student recruitment policy and selection methods to changing expectations and circumstances, human resource needs, changes in the premedical education system and the requirements of the educational Program.
- Adaptation of recruitment and staffing policy regarding the academic staff according to changing needs of the medical school.
- Updating of educational resources according to changing needs of the medical school, i.e. the student intake, size and profile of academic staff, the educational Program and contemporary educational principles.
- Refinement of the process of Program monitoring and evaluation.
- Development of the organisational structure and management principles in order to cope with changing circumstances and needs of the medical school and, over time, accommodating to the interests of the different groups of stakeholders.

This comprehensive standard seems to be fulfilled.

Concluding remarks regarding AREA 9

The Site Visit Team noted the rare attention to future quality improvement of the college and its programme. The team do not doubt that the College of Medicine at King Saud bin Abdulaziz University for Health Sciences will continue to provide an outstanding programme in medical education. However, the emphasis on awareness of international developments, on evaluation and on continuous quality improvement will also result in experience and practise that should be disseminated to other medical schools in the country, the region and internationally.

CONCLUDING REMARKS

Compared to most medical schools, the College of Medicine as well as the King Saud bin Abdulaziz University for Health Sciences are clearly in an enviable resource situation with the possibility of obtaining adequate financial support for necessary facilities, staff etc. However, one thing is the availability of resources; another thing is how the resources are used. It is the impression that resources generally are used in an extremely well planned and efficient way.

Several aspects of the medical programme impressed the site visit team. The following should be noted as major strengths of the programme:

- The clinical training is often neglected or at a low level especially in new medical schools. This is certainly not the case at the College of Medicine. The emphasis on the clinical part of the programme, the size and diversity of the clinical facilities used in the clinical training etc. should be noted.
- In this connection, also the close relations between the medical school and the health care system should be stressed.
- Another often neglected part of a basic programme in medicine is orientation in research methods and small exercises or projects where students use scientific methods. This is not the case at the College of Medicine.
- The non-traditional organisational basis of the programme and the school avoiding the discipline and departmental structure put heavy demands on the alternative organisation. The team recognised the very precise and coherent descriptions of the organisation and as far as we could assess, the descriptions corresponds to reality.
-
- Members of the site visit team are in general not in favour of medical schools buying an entire curriculum or programme of another medical school especially when the programme is developed for a medical school in another country in another culture, with another disease pattern etc. The quantity and quality of the staff involved in adaptation and implementation

of the programme must be the explanation of the limited problems we encountered at the College of Medicine. However, the foreign content part of the programme is still the major weakness of the programme:

- Some of the trigger cases for the problem based learning sessions are alien to the local context, in some cases even funny. The staff is of course aware of this problem and work is in progress.

ANNEX

PROGRAMME FOR SITE VISIT

WORLD FEDERATION OF MEDICAL EDUCATION

SITE VISIT – 04TH – 08TH APRIL 2009

MEDICAL EDUCATION DEPARTMENT, COLLEGE OF MEDICINE

KING SAUD bin ABDULAZIZ UNIVERSITY FOR HEALTH SCIENCES

Programme Schedule - Day 1

4 April 2009 Saturday	Activities	Venue	Day Coordinator
0830-0930	Welcome Introduction and Discussion of Schedule/Activities [Dr. I. Al Alwan, Associate Dean, Academic & Student Affairs-COM, Prof. Magzoub, Chairman, Department of Medical Education-COM, Dr. A. Hajeer, Chairman, Basic Medical Sciences-COM, Engr. Ali Hadwer, Manager, IT Services]	F1 Conference Room	Prof. Magzoub
0930-1000	Dr. Mohamed Al Moamary Role of the College in the Hospital	F1 Conference Room	
1000-1015	Break		
1015-1100	Dr. Ibrahim Al Alwan Introduction of the Curriculum and the College	F1 Conference Room	
1100-1200	Tour of the College of Medicine [Dr. I. Al Alwan & Engr. Ali Hadwer] Library IT Services Dept. Clinical Skills Lab and Laboratories	COM	
1200-1300	Lunch		
1300-1345 1345-1430 1430-1515	Meeting with the Sub-committees Mission and Objectives Prof. Mohi Magzoub Dr. Abdulmalik Katheri Dr. Ada Al Qunaibet Dr. Margaret Elzubeir Educational Programme Dr. Ibrahim Al Alwan Dr. Ali Hajeer Dr. Hani Tamim Dr. Ali Al Haqwi Ms. Susan El Masri Assessment of Students Dr. Ibrahim Al Alwan Prof. Mohi Magzoub Dr. Hanan Al Kadri Tarig Mohamed Abdul Gadir Mr. Imran Zafar	F1 Conference Room	
1515-1530	Break		

1530-1600	Prof. Youssef Al Eissa, Vice President, Educational Affairs & Dean, College of Medicine [Office of the Vice President)		
1600	Transport from Admin Bldg. to Marriot Hotel		
1945	Dinner – Spazzio 77 Pick-Up from Marriot Hotel to Kingdom Tower		
2200	Pick-Up from Kingdom Tower back to Marriot Hotel		

Programme Schedule - Day 2 (Revised)

5 April 2009 Sunday	Activities	Venue	Day Coordinator
0830-0900	Meeting with the Sub-committees Students Prof. Ali Al Tuwaijri Dr. Ibrahim Al Alwan Mr. Nabil El Masri	F1 Conference Room	Dr. I. Al Alwan
0900-1000	Visiting PBL Session	PBL Classroom	
1000-1030	Dr. Ali Hajeer, Chairman, Basic Medical Sciences, COM Integration of Basic Sciences	F1 Conference Room	
1030-1100 1100-1130	Meeting with the Sub-committees Programme Evaluation Dr. Michael Seefeldt Dr. Andleeb Arshad Dr. Nasr Ahmed Educational Resources Dr. Ali Hajeer Dr. Mohamed Al Moamary Dr. Hani Tamim Dr. Nasr Ahmed Engr. Ali Hadwer	F1 Conference Room F1 Conference Room	

1130-1200	Options Program / Evidence-Based Medicine (EBM) - Dr. Hani Tamim, Assistant Professor of Epidemiology and Biostatistics Elective Program - Dr. Nasr Eldin Ahmed, Lecturer of Medical Education	F1 Conference Room	
1200-1300	Lunch		
1300-1330	Dr. Abdulmohsen Al Kushi, Chairman, Basic Sciences 2 Yr-Pre Profession Program	F1 Conference Room	
1330-1400	Wrap Up		
1400-1600	Tour to Camel Souk		
1600	Transport back to the COM		
1600-1630	Break		
1630-2000	Tour of Riyadh Museum [with Prof. Cees Van Vleuten] (Public Relations Department)		
2000	Back to Marriot Hotel		

Programme Schedule - Day 3

6th April 2009 Monday	Activities Visit to general and specialised teaching & clinical facilities	Venue	Day Coordinator
	Meeting with the Sub-committees	Clinical Affairs Conference Room [VIP Protocol]	Dr. M. Al Moamary
0830-0915	Academic Staff/Faculty Dr. Mohamed Al Moamary Dr. Andleeb Arshad Dr. Imran Siddiqui		
0915-0945	Governance and Administration Mr. Saud Al Bakr Ms. Susan El Masri Prof. Mohi Magzoub Mr. Abdulaziz Al Blaihed		
0945-1000	Break		
1000-1030	Continuous Renewal Dr. Nadia Al Attas Dr. Abdulmohsen Al Kushi Dr. Abdulmalik Katheri Dr. Michael Seefeldt Dr. Margaret Elzubeir		
1030-1230	Visits to general & specialised teaching facilities	National Guard Health Affairs	
1230-1330	Lunch (Clinical Faculty and Selected three Chairmen)	VIP Dining	
1330-1400	Visit to teaching sessions PBL Session and Clinical Tutorial	Classrooms in the New Admin Building	Dr. H. Al Kadri

	Visit to Research Facilities King Abdullah International Medical & Research Center (KAIMRC)	KAIMRC	Dr. Mohammed Zamakhshary
1400-1415	Meeting with Dr. Hanan Balkhy Head, Research Promotion & Education Section		
1415-1430	Meeting with Dr. Majed Al Jeraisy Head, Clinical Research Section		
1430-1445	Meeting with Dr. Mohammed Al Kelya Quality Management		
1445-1500	Meeting with Dr. Ibrahim AL Abdulkareem Head, Research Molecular Biology Section		
1500-1530	Meeting with Dr. Mohammed Al Balwi Main Laboratory		
1530-1600	Dr. Mohammed Al Jumah, Executive Director , KAIMRC Dr. Salem Al Suwaidan, Operations Director, KAIMRC		
1600	Wrap up		
1600	Transport from the Large Auditorium to Marriot Hotel		
1945	Pick-Up from Marriot Hotel to Al Faisaliah Hotel Dinner – Brazilian Restaurant		
2200	Pick-Up from Al Faisaliah Hotel back to Marriot Hotel		

Programme Schedule - Day 4

7th April 2009 Tuesday	Activities	Venue	Day Coordinator
0900-1000	Primary Health Care Facilities [General Clinical Facility-Um Al Hammam]	Um-Al Hammam	Dr. A. Al Haqwi
1000	Transport from Um Al Hammam to COM		
1100-1200	Meeting with the Chairman and Faculty Staff-DME		
1200-1300	Lunch with Full-Time Faculty Staff	F1 Conference Room	
1300-1330 1330-1400 1400-1430	Meeting with students, [new (2x6-8 students)] Meeting with students [advanced (2 x 6-8 students)] Meeting with COM's First Batch of Graduates	Classroom 10, 2nd Floor	
1430-1500	Student Research Examples – Dr. Tamim (Batch 1)	F1 Meeting Room	
1500-1630	Curriculum Committee Meeting	F1 Meeting Room	
1630	Transport from COM to hotel		

Programme Schedule - Day 5

8th April 2009 Wednesday	Activities	Venue	Day Coordinator
0930-1200	Final Meeting – Presentation of preliminary results/impressions	F1 Conference Room	Prof. Mohi Magzoub
1230-1330	Lunch	F1 Conference Room	
1330	Transport from COM to Admin Bldg.		
1345-1400	H.E. Dr. Bandar Al Knawy, President, KSAU-HS & CEO, NGHA	Office of the President	
1400-1430	Final Meeting with Prof. Youssef Al Eissa		
1430	End of the Site Visit		

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