وارد رقم : (٢٤٦)
بتاريخ : ٢٠١٧ / ٣ / ٢٦

المرجع .....
التاريخ .....

قـــــــــرار
وزير التربية ووزير التعليم العالي
رقم (48) بتاريخ 26/ 3 / 2017

بشأن اعتماد معايير الاعتماد الأكاديمي وضبط جودة التعليم للبرامج الطبية في مؤسسات التعليم العالي في دولة الكويت

وزير التربية ووزير التعليم العالي

- **بعد الاطلاع على المرسوم بقانون رقم (15) لسنة 1979 بشأن قانون الخدمة المدنية والقوانين المعدلة له.**
- **وعلى المرسوم الصادر في 4 أبريل لسنة 1979 في شأن نظام الخدمة المدنية وتعديلاته.**
- **وعلى المرسوم الأميري رقم (417) لسنة 2010 الصادر بتاريخ 25 اكتوبر2010 بشأن إنشاء الجهاز الوطني للاعتماد الأكاديمي وضمان جودة التعليم .**
- **وعلى قرار مجلس الوزراء رقم (523) الصادر بتاريخ 28 أبريل 2014 والمتضمن تشكيل مجلس إدارة الجهاز الوطني للاعتماد الأكاديمي وضمان جودة التعليم.**
- **وعلى القرار الإداري رقم (2015/58) المؤرخ 29 ديسمبر 2015، والمتضمن تشكيل لجنة اقتراح معايير الاعتماد الأكاديمي وضبط جودة التعليم للبرامج الطبية في مؤسسات التعليم العالي في دولة الكويت.**
- **وعلى موافقة مجلس إدارة الجهاز الوطني للاعتماد الأكاديمي وضمان جودة التعليم في اجتماعه السابع المنعقد يوم الأحد الموافق 3 أبريل 2016 على تقرير اللجنة المشار إليها ، وبما تضمنه من شروط وتوصيات.**
- **وبناءً على ما تقتضيه مصلحة العمل.**

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المرجع (48)
التاريخ 26-3-2017

- تقـــــــــــرر -

مـادة أولى: اعتماد معايير الاعتماد الأكاديمي وضبط جودة التعليم الطبي الأساسي.

مادة ثانية : اعتماد قواعد اختيار المقيمين الخارجيين في مجال اعتماد برامج التعليم الطبي الأساسي.

مادة ثالثة: على الجهات المختصة تنفيذ هذا القرار، ويعمل به اعتباراً من تاريخ صدوره.

وزير التربية ووزير التعليم العالي

د. محمد عبداللطيف الفـــارس

نسخ إلى:
- معالي وزير التربية ووزير التعليم العالي.
- مدير عام الجهاز الوطني للاعتماد الأكاديمي وضمان جودة التعليم.
- مدير جامعة الكويت.
- نائب مدير الجامعة لمركز العلوم الطبية.
- عميد كلية الطب.

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المرجع (48)
التاريخ 26-3-2017

National Bureau for Academic Accreditation And Education Quality Assurance (NABQ)

Programmatic Accreditation Standards Of Basic Medical Education (BME)

March 2016

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مكتب الوزير

المرجع (48)
التاريخ 26-3-2017

Introduction

The Bureau

The National Bureau for Academic Accreditation and Education Quality Assurance (NBAQ) was created in 2010 as the national accrediting authority in the State of Kuwait through the Amiri decree number 417/2010. A key mission of NBAQ is to ensure and improve the quality higher education in Kuwait, primarily by implementing institutional accreditation, and conducting programmatic accreditation, through cooperation with internationally recognized agencies and through establishing systems of discipline-specific benchmarks.

Aims of NBAQ Programmatic Accreditation of Medical Education

The general aim of *NBAQ Programmatic Accreditation Standards of Basic Medical Education* is to protect the public interest of society in the State of Kuwait by assessing medical education programs, both basic and postgraduate, offered by public as well as private local institutions of higher education.

NBAQ Programmatic Accreditation Standards of Basic Medical Education seeks to achieve four specific goals:

- Keep medical education in Kuwait on par with global quality standards set by the World Federation of Medical Education (WFME)
- Formalize essential quality assessment procedures of medical education.
- Establish uniformity in the requirements and practices of medical education programs whether offered by public or private institutions of higher education.
- Promote regional and international confidence in the professional competencies and aptitudes of Kuwait's graduates whose degrees are granted by local medical schools.

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المرجع (48)
التاريخ 26-3-2017

Overview of NBAQ Standards

To achieve its general aim and goals, NBAQ applies a set of standards that are highly compatible with those of WFME. Hence, *NBAQ Programmatic Accreditation Standards of Basic Medical Education* reproduces WFME's annotations and it specifies in detail the performance indicators of each standard. Due to their breadth, NBAQ's standards (totaling 9) and performance indicators (totaling 226) cover comprehensively the four domains of Leadership, Educational Programs, Resources, and Student Affairs. NBAQ's nine standards are

Standard 1: Vision, Mission, and Learning Outcomes.

Standard 2: Governance and Administration.

Standard 3: Self-Development and Maintenance of Accreditation Status.

Standard 4: Curriculum.

Standard 5: Assessment of Students

Standard 6: Educational Program Evaluation.

Standard 7: Educational Resources.

Standard 8: Human Resources.

Standard 9: Student Policies.

Since *NBAQ Programmatic Accreditation Standards of Basic Medical Education* has the dual goals of assessing medical programs and providing developmental directives , the document, follows WFME's format of enumerating the basic-mandatory performance indicators applicable to each of the nine standards (preceded by the word "must") and listing developmental performance indicators relevant to each of the standards (preceded by the word "should").

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NBAQ believes that through a continuum with the standards set by WFME, the professional career of Kuwait's medical schools graduates is emphatically served and offered valuable opportunities.

Overview of NBAQ Accreditation Procedures

NBAQ accreditation process of medical education consists of the following steps:

1). The school submits its application for accreditation.

2). The school prepares its self-assessment report, observing and substantiating the performance indicators of each mandatory basic quality standard, and addressing the recommended quality development standards.

3). NBAQ reviews the self-assessment report and notifies the school of any deficiency pertaining to content, format, or provision of evidentiary data and documents.

4). NBAQ conducts a "Pre-accreditation Audit" (i.e., a pilot accreditation operation) whose purpose is to highlight areas that need further enhancement, quality improvement, and proper documentation.

5). After the medical school modifies its self-assessment report, NBAQ, in coordination with the medical school, forms a site-visit evaluation team of peer reviewers, and implements a full-scale programmatic quality assessment. Upon the school's satisfactory compliance with NBAQ's standards, NBAQ formalizes officially the accreditation status of the medical school and specifies the number of years awarded.

6). While accredited, the medical school must maintain compliance with NBAQ basic quality standards, must substantiate that its compliance is up-to-date and provide NBAQ with an annual report that assures its compliance and also should map its steps toward the quality improvement of the four domains of Leadership, Educational Programs, Resources, and Student Affairs.

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المرجع (48)
التاريخ 26-3-2017

NBAQ's programmatic accreditation of medical education follows a six-year cycle, during which the medical school must retain compliance with the mandatory applicable performance indicators of the nine standards and must substantiate its compliance with an annual report and evidentiary data.

NBAQ decisions regarding programmatic accreditation status has five categories:

Pre-accreditation (for newly established medical schools in good standing in terms of resources and facilities).

Full accreditation (school is awarded a full six-year cycle upon substantial compliance with basic mandatory quality standards and quality development standards).

Substantial accreditation (school is awarded a full six-year cycle upon substantial compliance with basic mandatory quality standards).

Partial accreditation (school is granted accreditation less than six years, with the conditions that it remedies its deficiencies within the accreditational period and pass a second site-visit evaluation demonstrating its substantial compliance with basic mandatory quality standards).

Denial of accreditation (school is significantly not in compliance with basic mandatory quality standards)

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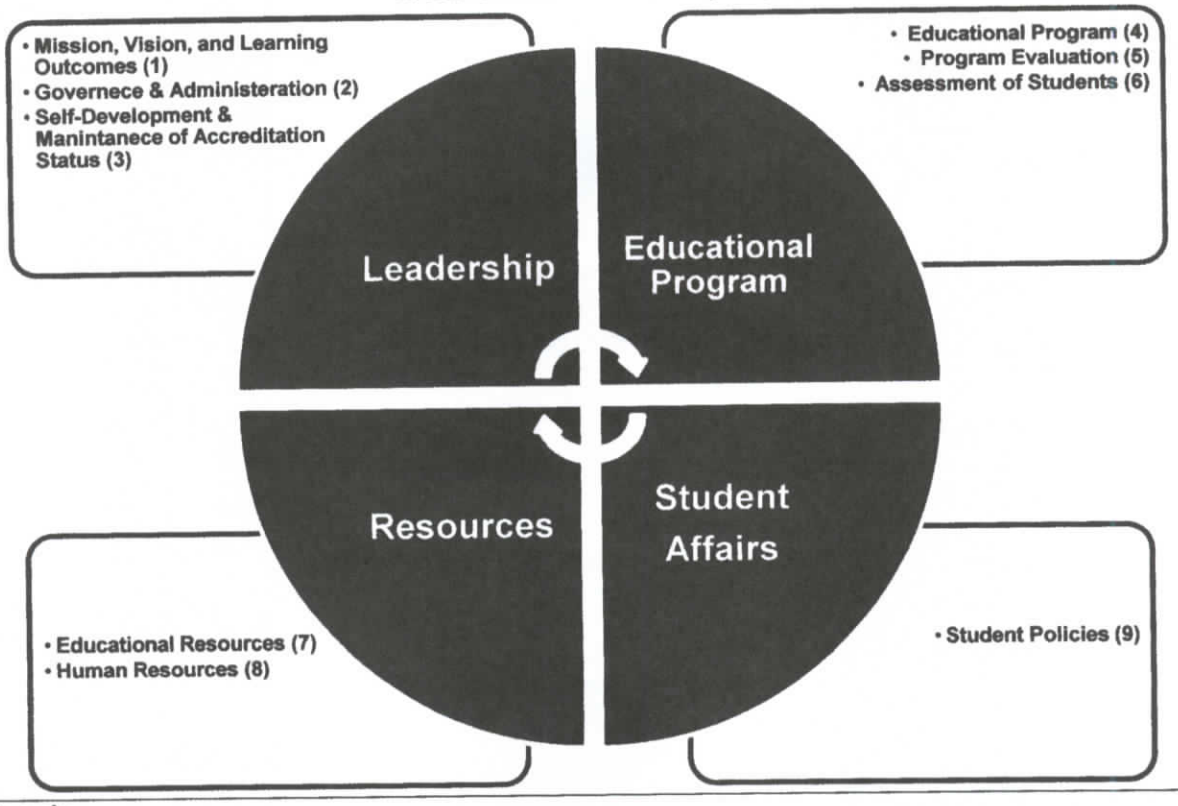
المرجع (48)
التاريخ 26-3-2017

NABQ Framework of Standard of Programmatic Accreditation Of Basic Medical Education (BME)



Domain		
I. Leadership	Standard 1	Mission, Vision, and Learning Outcomes
	Standard 2	Governance & Administration
	Standard 3	Self Development & Maintenance Of Accreditation Status
II. Educational Program	Standard 4	Curriculum
	Standard 5	Assessment
	Standard 6	Educational Program Evaluation
III. Resources	Standard 7	Educational Resources
	Standard 8	Human Resources
IV. Student Support	Standard 9	Student Affairs

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DOMAIN I: LEADERSHIP

STANDARD 1: MISSION, VISION, AND LEARNING OUTCOMES

1.1 MISSION AND VISION

Basic Quality Standards:

The medical school **must**

- have a vision statement that reflects its aspirations and serves as a guide for strategic planning and continual improvement. (B1.1.1)
- define clearly its mission statement and publicize it regularly. (B1.1.2)
- in its mission statement, outline the aims and the educational strategy resulting in a medical doctor who is:
    - competent at a basic level. (B1.1.3)
    - possesses an appropriate foundation for future career in any branch of medicine. (B1.1.4)
    - capable of undertaking the roles of doctors as defined by the health sector. (B1.1.5)
    - prepared and ready for postgraduate medical education. (B1.1.6)
    - committed to life-long learning. (B1.1.7)
- emphasize that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B1.1.8)
- reflect its vision, mission, and learning outcomes in its policies, practices and academic programs. (B1.1.8).

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Quality Development Standards:

The medical school **should**

- outline how its mission statement addresses health the needs of the community, the region and the globe. (Q1.1.1)
- make its vision, mission, and learning outcomes public. (Q1.1.2)
- state and review the expected competencies of its graduates and periodically compare to the expected outcomes to reflect the current needs of the stakeholders. (Q1.1.3)

WFME Annotations:

- *Vision* reflects where the institution wants to be in the future
- *Mission* provides the overarching frame to which all other aspects of the educational institution and its programme have to be related. Mission statement would include general and specific issues relevant to institutional, national, regional and global policy and needs. Mission in this document includes the institutions' vision.
- *Medical school* in this document is the educational organization providing a basic (undergraduate) programme in medicine. The Medical school can be part of or affiliated to a university or can be an independent institution of equal level. It normally also encompasses research and clinical service functions, and would also provide educational programmes for other phases of medical education and for other health professions. Medical schools would include university hospitals and other affiliated clinical facilities.
- *Constituency* would include the leadership, staff and students of the medical school as well as other stakeholders, cf. 1.4 annotations.
- *Health sector* would include the health care delivery system, whether public or private, and medical research institutions.
- *Basic level* of medical education is identical to undergraduate medical education starting on the basis of completed secondary school education. It can start after completion of a non-medical undergraduate degree.
- *Postgraduate medical education* would include preregistration education (leading to right to independent practice), vocational/professional education, specialist/ subspecialist education and other formalised education programmes for defined expert functions.
- *Life-long learning* is the professional responsibility to keep up to date in knowledge and skills through appraisal, audit, reflection or recognised continuing professional development (CPD)/continuing medical education (CME) activities. CPD includes

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all activities that doctors undertake, formally and informally, to maintain, update, develop and enhance their knowledge, skills and attitudes in response to the needs of their patients. CPD is a broader concept than CME, which describes continuing education in the knowledge and skills of medical practice.

- *Encompassing the health needs of the community* would imply interaction with the local community, especially the health and health related sectors, and adjustment of the curriculum to demonstrate attention to and knowledge about health problems of the community.
- *Social accountability* would include willingness and ability to respond to the needs of society, of patients and the health and health related sectors and to contribute to the national and international development of medicine by fostering competencies in health care, medical education and medical research. This would be based on the school's own principles and in respect of the autonomy of universities. Social accountability is sometimes used synonymously with social responsibility and social responsiveness. In matters outside its control, the medical school would still demonstrate social accountability through advocacy and by explaining relationships and drawing attention to consequences of the policy.
- *Medical research* encompasses scientific research in basic biomedical, clinical, behavioural and social sciences and is described in 7.4.
- *Aspects of global health* would include awareness of major international health problems, also of health consequences of inequality and injustice

1.2 INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM

Basic Quality Standards:

The medical school **must** have institutional autonomy to

- formulate policies and oversee their implementation by the concerned faculty/academic staff and administration, especially as regards: (B1.2.1)
  - developing the curriculum. (B1.2.2)
  - utilizing allocated resources, essential for implementing the curriculum. (B1.2.3)
  - establishing minimum acceptable qualifications for faculty and staff recruitment (B1.2.4)
  - specifying aptitude requirements for the admission of new students. (B1.2. 5)

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المرجع (48)
التاريخ 26-3-2017

Quality Development Standards:

The medical school **should** ensure academic freedom for its staff and students and independence from the pressure of all interest groups in:

- modifying components and elements of the actual curriculum. (Q1.2.1)
- selecting and using latest research results to teach particular topics, avoiding unnecessary curricular expansion. (Q1.2.2)

WFME Annotations:

- *Institutional autonomy* would include appropriate independence from government and other counterparts (regional and local authorities, religious communities, private co- operations, the professions, unions and other interest groups) to be able to make decisions about key areas such as design of resource allocation (cf. 2.3), curriculum (cf. 4.1 and 4.6), assessments (cf. 5.1), research (cf. 7.4), staff recruitment/selection (cf. 8.1) and employment conditions (cf. 8.2), and students admission (cf. 9.1 and 9.2).
- *Academic freedom* would include appropriate freedom of expression, freedom of inquiry and publication for staff and students.
- *Addressing the actual curriculum* would allow staff and students to draw upon different perspectives in description and analysis of medical issues, basic as well as clinical.
- *Curriculum,* cf. 6.1, annotation.

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1.3 EDUCATIONAL OUTCOMES

Basic Quality Standards:

- The medical school **must** define the learning outcomes and core competencies that graduating students must possess in relation to the following areas:
    - effective communication. (B1.3.1)
    - basic clinical skills. (B1.3.2)
    - application of basic science in the practice of medicine. (B1.3.3)
    - diagnosis, management and prevention of diseases. (B1.3.4)
    - lifelong learning. (B1.3.5)
    - professional development and personal growth. (B1.3.6)
    - the social and community contexts of healthcare. (B1.3.7)
    - moral reasoning and clinical ethics. (B1.3.8)
    - problem solving. (B1.3.9)
- The medical school **must** have bylaws for student code of conduct and must ensure their implementation with respect to colleagues, faculty, other healthcare personnel, patients and their families. (B1.3.10)
- The medical school **must** ensure that learning outcomes and competencies are widely recognized and well-known (B1.3.11)

Quality Development Standards:

The medical school **should**

- identify and establish connectivity of acquired outcomes of graduation with outcomes developed through postgraduate training. (Q1.3.1)
- state the targeted outcomes of student involvement in medical research (Q1.3.2)
- direct attention to targeted outcomes pertaining to global health. (Q1.3.3)

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WFME Annotations:

- *Educational outcomes* or learning outcomes/competencies refer to statements of knowledge, skills and attitude that students demonstrate at the end of a period of learning. Outcomes might be either intended or acquired. Educational/learning objectives are often described in terms of intended outcomes.
- Outcomes within medicine and medical practice - to be specified by the medical school - would include documented knowledge and understanding of (a) the basic biomedical sciences, (b) the behavioural and social sciences, including public health and population medicine, (c) medical ethics, human rights and medical jurisprudence relevant to the practice of medicine, (d) the clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving; and (e) the ability to undertake life-long learning and demonstrate professionalism in connection with the different roles of the doctor, also in relation to the medical profession. The characteristics and achievements the students display upon graduation can e.g. be categorised in terms of the doctor as (a) scholar and scientist, (b) practitioner, (c) communicator, (d) teacher, (e) manager and (f) a professional.
- *Appropriate student conduct* would presuppose a written code of conduct.

1.4 PARTICIPATION IN FORMATION OF VISION, MISSION, AND OUTCOMES.

Basic Quality Standards:

- The vision, mission, leaning outcomes and competencies **must** be defined by the major stakeholders especially faculty, students, government healthcare authorities, and school administration. (B1.4.1)
- The medical school **must** review periodically its mission statement and targeted student learning outcomes and competencies. (B1.4.2)

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الموقع الإلكتروني : www.mohe.edu.kw

المرجع (48)
التاريخ 26-3-2017

WFME Annotations

- *Principal stakeholders* would include the dean, the faculty board/council, the curriculum committee, representatives of staff and students, the university leadership and administration relevant governmental authorities and regulatory bodies.
- *Other stakeholders* would include representatives of other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organizations). Other stakeholders would also include other representatives of academic and administrative staff, education and health care authorities, professional organizations, medical scientific societies and postgraduate medical educators.

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STANDARD 2: GOVERNANCE AND ADMINISTRATION

2.1 GOVERNANCE

Basic Quality Standard:

The medical school **must**

- outline its governance structures, delineating associated authority and responsibility of each unit/part, including their inter-relationship within the university. (B2.1.1)
- have clear bylaws and regulations on students, faculty, and staff affairs that are accessible to the stakeholders (B2.1.2)

Quality Development Standards:

The medical school **should** in its governance structures

- outline the committee structure, exhibiting stakeholders' representation. (Q2.1.1)
- allow the general faculty to participate in the governance of the medical school (Q2.1.2)
- allow student representatives to participate in the governance of the medical school (Q2.1.3)
- ensure transparency in matters of administration and decision-making. (Q2.1.4)

WFME Annotations:

- *Governance* means the act and/or the structure of governing the medical school. Governance is primarily concerned with policymaking, the processes of establishing general institutional and programme policies and also with control of the implementation of the policies. The institutional and programme policies would normally encompass decisions on the mission of the medical school, the curriculum, admission policy, staff recruitment and selection policy and decisions on interaction and linkage with medical practice and the health sector as well as other external relations.
- Relationships within the university of its governance structures would be specified, for example if the medical school is part of or affiliated to a university.

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الموقع الإلكتروني : www.mohe.edu.kw

- *The committee structure*, which includes a curriculum committee, would define lines of responsibility.
- *Stakeholders*, cf. (B6.4.1).
- *Transparency* would be obtained by newsletters, web-information or disclosure of minutes.

2.2 ACADEMIC LEADERSHIP

Basic Quality Standard:

The medical school **must**

- describe the administrative and managerial responsibilities of its academic leadership in regard to the delivery of the medical educational programme and the construction of an enabling environment to students, faculty, and staff. (B2.2.1)

Quality Development Standards:

The medical school **should**

- assess the performance of its academic leadership as regards the accomplishment of the school's mission and curriculum's educational outcomes. (Q2.2.1)

WFME Annotation:

- *Academic leadership* refers to the positions and persons within the governance and management structures being responsible for decisions on academic matters in teaching, research and service and would include dean, deputy dean, vice deans, provost, heads of departments, course leaders, directors of research institutes and centers as well as chairs of standing committees (e.g. for student selection, curriculum planning and student counselling).

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2.3 BUDGET AND RESOURCE ALLOCATION

Basic Quality Standards:

The medical school **must**

- clearly spell out the line of authority and responsibility for curricular resourcing, including stable and explicit budgetary allocations for education and research. (B2.3.1)
- allocate necessary resources for the effective implementation of the curriculum and distribute educational and research resources in-keeping with educational needs, and faculty development. (B2.3.2)

Quality Development Standards:

The medical school **should**

- have autonomy to efficiently manage its resources, including teaching staff remuneration. (Q2.3.1)
- distribute and manage its resources in light of the developments in medical sciences and the health needs of the society. (Q2.3.2)
- rely on a professional staff to plan and follow up on budgetary matters, including the judicious expenditure of financial resources. (Q2.3.3)

WFME Annotations:

- *The educational budget* provides for essential funding of academic and research programs, and infrastructural management, apart from meeting salaries requirements, and operational expenses of institutional facilities. It should not be allocated to clinical services
- *Resource allocation* presupposes institutional autonomy, cf. 1.2, annotations.
- A significant proportion of the *educational budget and resource should be allocated* for student support, cf. B 9.3.3 and 9.4, annotation.

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البدالة : ٢٢٩٠٦٠٢٠ - الداخلي : ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس : ٢٢٩٠٦٠٩٨ - ص.ب : ٢٧١٣٠ الصفاة - الرمز البريدي : ١٣١٣٢ الكويت
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2.4 ADMINISTRATION AND MANAGEMENT

Basic Quality Standards:

The medical school **must**

- employ an administrative and professional staff to
  - support the implementation of its educational programme and associated activities. (B2.4.1)
  - ensure effective management and resource optimization. (B2.4.2)
  - establish and implement an internal accreditation and quality assurance programme, including regular appraisal. (B2.4.1)

WFME Annotations:

- *Management* means the act and/or the structure concerned primarily with the implementation of the institutional and programme policies including the economic and organisational implications i.e. the actual allocation and use of resources within the medical school. Implementation of the institutional and programme policies would involve carrying into effect the policies and plans regarding mission, the curriculum, admission, staff recruitment and external relations.
- *Administrative and professional staff* in this document refers to the positions and persons within the governance and management structures being responsible for the administrative support to policy making and implementation of policies and plans and would - depending on the organisational structure of the administration - include head and staff in the dean's office or secretariat, heads of financial administration, staff of the budget and accounting offices, officers and staff in the admissions office and heads and staff of the departments for planning, personnel and IT.
- *Appropriateness of the administrative staff* means size and composition according to qualifications.
- *Internal programme of quality assurance* would include consideration of the need for improvements and review of the management.

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
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الموقع الإلكتروني: www.mohe.edu.kw

2.5 INTERACTION WITH HEALTH SECTOR

Basic Quality Standard:
The medical school **must**

- ensure a fruitful and continuous interaction with local health and health related sectors. (B2.5.1)
- make official its collaboration, including staff and students' engagement with partners form local health sectors. (B2.5.2)
- establish effective, comprehensive, and legally binding affiliation agreements that ensure quality clinical learning experiences for the school's internal stakeholders. (B2.5.3)
- ensure that its clinical affiliates consistently provide its students an appropriate and stimulating learning environment. (B2.5.4)

Quality Development Standards:
The medical school **should**

- establish a mechanism for collaborative research and training with health related sectors in society, both public and private. (Q2.5.1)

WFME Annotations:

- *Constructive interaction* would imply exchange of information, collaboration, and organisational initiatives. This would facilitate provision of medical doctors with the qualifications needed by society.
- *The health sector* would include the health care delivery system, whether public or private, and medical research institutions.
- *The health-related sector* would - depending on issues and local organisation - include institutions and regulating bodies with implications for health promotion and disease prevention (e.g. with environmental, nutritional and social responsibilities).
- To *formalise collaboration* would mean entering into formal agreements, stating content and forms of collaboration, and/or establishing joint contact and coordination committees as well as joint projects.

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STANDARD 3: SELF-DEVELOPMENT AND MAINTENANCE OF ACCREDITATION STATUS

3.1 MAINTENANCE OF ACCREDITATION STATUS

Basic Quality Standards:

The medical school, as a dynamic and socially accountable institution, **must**

- initiate procedures for regular reviewing and updating of its structure and operational effectiveness. (B3.1.1)
- address and resolve documented shortcomings. (B3.1.2)
- allocate resources for maintenance of accreditation status. (B3.1.3)
- establish a unit, entrusted with the responsibility of ensuring the school's conformity to NBAQ-WFME accreditation standards, and newly established programmes' eligibility for accreditation. (B3.1.4)

Quality Development Standards:

The medical school **should**

- base the process of self-development on prospective studies and analyses as well as on the results of local evaluations and the medical education literature. (Q3.1.1)
- ensure that the process of self-development and restructuring leads to the revision of its policies and practices in accordance with past experience, present activities and future perspectives. (Q3.1.2)
- address the following issues in its processes of maintenance of accreditation status and self-development:
  - adaptation of the medical school's mission statement and objectives to the scientific, socio-economic and cultural development of the society. (Q3.1.3)

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الموقع الإلكتروني : www.mohe.edu.kw

- modification of requisite competencies of graduating students to become level with the demands of the environment they will enter. The modification can include clinical skills, public health training, and involvement in patient care appropriate to the responsibilities confronted following graduation. (Q3.1.4)
- adjustment of the curricular model and methods of instruction, ensuring their appropriateness and relevance. (Q3.1.5)
- modification of curricular elements and their relationships in-keeping with developments in basic biomedical, clinical, behavioral and social sciences, variations in population's demographic profile and health/disease patterns, as well as socioeconomic and cultural circumstances. The modifications shall ensure inclusion of latest relevant knowledge, concepts and methods, and removal of outdated elements. (Q3.1.6)
- establishment of assessment principles, methods and number of examinations in accordance with modifications that pertain to targeted educational outcomes and methods of teachings. (Q3.1.7)
- adjustment of student enrollment policy, selection procedures and student intake to ensure consistency with changing expectations and circumstances, human resource needs, alterations in premedical education system, and program requirements. (Q3.1.8)
- adjustment of faculty and academic staff recruitment and development policies in response to the changing needs of the medical school. (Q3.1.9)
- updating of educational resources in response to medical school's changing needs in regard to student intake, academic staff size and credentials, educational programme, and modern educational principles. (Q3.1.10)
- improvement of mechanisms pertaining to programme monitoring and evaluation. (Q3.1.11)
- development of organisational structure, governance rules, and management principles to deal continually with the medical school's changing circumstances and needs, duly incorporating the interests of different groups of stakeholders. (Q3.1.12)

WFME Annotations:

- *Prospective studies* would include research and studies to collect and generate data and evidence on country-specific experience with best practice.

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الموقع الإلكتروني : www.mohe.edu.kw

DOMAIN II: EDUCATIONAL PROGRAM

STANDARD 4: CURRICULUM

4.1 CURRICULUM AND LEARNING OUTCOMES

Basic Quality Standards:

- The medical school **must** have a comprehensive description of the curriculum, adequately outlining course content and the specific topics covered, including expected leaning outcomes, instructional methods and evaluation procedures used. (B4.1.1)
- The curriculum and instructional methods **must** ensure that students take responsibility towards their acquirement of knowledge and skills. (B4.1.2)
- The curriculum must be delivered on time and in an efficient manner. (B4.1.3)
- The curriculum must be taught by a faculty that holds appropriate qualifications. (B4.1.4)

Quality Development Standard:

- The curriculum **should** prepare the students for scholarly activities (*i.e. teaching and research*), developing in them a spirit of lifelong learning. (Q4.1.1)

WFME Annotations

- *Framework of the programme* in this document is used synonymously with curriculum.
- *Overall curriculum* in this document refers to the specification of the educational programme, including a statement of the intended educational outcomes (cf. 1.3), the content/syllabus (cf. 6.2-6.6), learning experiences and processes of the programme. The curriculum should set out what knowledge, skills, and attitudes the student will achieve. Also, the curriculum would include a description of the planned instructional and learning methods and assessment methods (cf. 5.1). Curriculum description would sometimes include models based on disciplines, organ systems, clinical problems/tasks or disease patterns as well as models based on modular or spiral design.

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الموقع الإلكتروني: www.mohe.edu.kw

- *Instructional/ learning methods* would encompass lectures, small-group teaching, problem-based or case-based learning, peer assisted learning, practical, laboratory exercises, bedside teaching, clinical demonstrations, clinical skills laboratory training, field exercises in the community and web-based instruction.
- *Principles of equality* mean equal treatment of staff and students irrespective of gender, ethnicity, religion, socio-economic status, and taking into account physical capabilities.

4.2 SCIENTIFIC METHOD

Basic Quality Standards:

- The curriculum **must** emphasize the principles of scientific methodology, fostering in students evidence-based practice in medicine, and medical research. (B4.2.1)

Quality Development Standard:

- The curriculum **should** prepare the student for innovative or advanced research. (Q4.2.1)

WFME Annotations

- To *teach the principles of scientific method, medical research methods and evidence-based medicine* requires scientific competencies of teachers. This training would be a compulsory part of the curriculum and would include that medical students conduct or participate in minor research projects.
- *Evidence-based medicine* means medicine founded on documentation, trials and accepted scientific results.
- *Elements of original or advanced research* would include obligatory or elective analytic and experimental studies, thereby fostering the ability to participate in the scientific development of medicine as professionals and colleagues.

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الموقع الإلكتروني: www.mohe.edu.kw

4.3 BASIC BIOMEDICAL SCIENCES

Basic Quality Standards:

- The curriculum **must** include basic biomedical sciences that are relevant to the acquisition and application of clinical sciences. (B4.3.1)
- The structure of the curriculum **must** ensure the appropriate alignment and integration of basic biomedical and clinical knowledge and competencies. (B4.3.2)

Quality Development Standards:

The medical school **should**

- develop tools to assess curriculum leaning outcomes and use data to review the curriculum's structure and content. (Q4.3.1)
- review components of the curriculum in light of postgraduate learning outcomes, as well as the feedback of stakeholders and society. (Q4.3.2)
- review the biomedical component of the curriculum in light of recent scientific, technological, and clinical developments. (Q4.3.3)

WFME Annotations

- *The basic biomedical sciences* would – depending on local needs, interests and traditions – include anatomy, biochemistry, biophysics, cell biology, genetics, immunology, microbiology (including bacteriology, parasitology and virology), molecular biology, pathology, pharmacology and physiology.

4.4 BEHAVIORAL AND SOCIAL SCIENCES, AND MEDICAL ETHICS

Basic Quality Standards:

- The curriculum **must** include
  - behavioral sciences. (B4.4.1)
  - social sciences. (B4.4.2)
  - medical ethics. (B4.4.3)
  - and patient safety. (B4.4.4)

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Quality Development Standards:

The medical school **should**

- review and enhance the adequacy and effectiveness of social and behavioral sciences, as well as medical ethics that comprise the curriculum. (Q4.4.1)
- align the content and learning outcomes of social and behavioral sciences, as well as medical ethics with scientific, technological, and clinical developments. (Q4.4.2)

WFME Annotations

- *Behavioural and social sciences* would – depending on local needs, interests and traditions – include biostatistics, community medicine, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical sociology, public health and social medicine.
- *Medical ethics* deals with moral issues in medical practice such as values, rights and responsibilities related to physician behavior and decision-making.
- *Medical jurisprudence* deals with the laws and other regulations of the health care delivery system, of the profession and medical practice, including the regulations of production and use of pharmaceuticals and medical technologies (devices, instruments, etc.).
- *The behaviorural and social sciences, medical ethics and medical jurisprudence* would provide the knowledge, concepts, methods, skills and attitudes necessary for understanding socio-economic, demographic and cultural determinants of causes, distribution and consequences of health problems as well as knowledge about the national health care system and patients' rights. This would enable analysis of health needs of the community and society, effective communication, clinical decision-making and ethical practices.

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مكتب الوزير

المرجع (48)
التاريخ 26-3-2017

4.5 CLINICAL SCIENCES AND SKILLS

Basic Quality Standards:

The curriculum of the medical school **must**

- include a cluster of clinical sciences that ensure the student acquisition of
  - sufficient knowledge. (B4.5.1)
  - necessary clinical and professional skills. (B4.5.2)
  - professional attitude and skills. (B4.5.3)
  - training in patient safety procedures and measures. (B4.5.4)
  - readiness to practice medicine after graduation. (B4.5.5)
- indicate the approximate number of hours the student spends training in major clinical disciplines. (B4.5.6)
- ensure adequate exposure to clinical modules including encounter with patients in the clinical settings.(B4.5.7)
- The educational strategies **must** facilitate experiential learning, whether real or simulated, in clinical settings that increase in complexity. (B4.5.8).

Quality Development Standards:

- The curriculum **should** ensure that students have early patient contact gradually including participation in patient care. (Q4.5.1)
- The medical school **should** review the clinical sciences component of the curriculum in light of recent scientific, technological, and clinical developments. (Q4.5.2)
- The medical school **should** clearly align the different components respecting clinical skills training with the different stages of the medical programme. (Q4.5.3)

WFME Annotations

- *The clinical sciences* would – depending on local needs, interests and traditions – include anesthetics, dermatology, diagnostic radiology, emergency medicine, general practice/family medicine, geriatrics, gynecology & obstetrics, internal medicine (with subspecialties), laboratory medicine, medical technology, neurology, neurosurgery, oncology & radiotherapy, ophthalmology, orthopedic surgery, otorhinolaryngology, pediatrics, palliative care, physiotherapy, rehabilitation

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
www.mohe.edu.kw : الموقع الإلكتروني

medicine, psychiatry, surgery (with subspecialties) and venereology (sexually transmitted diseases). Clinical sciences would also include a final module preparing for pre-registration-training/internship.

- *Clinical skills* include history taking, physical examination, communication skills, procedures and investigations, emergency practices, and prescription and treatment practices.
- *Professional skills* would include patient management skills, team-work/team leadership skills and inter-professional training.
- *Appropriate clinical responsibility* would include activities related to health promotion, disease prevention and patient care.
- *A reasonable part* would mean about one third of the programme.
- *Planned contact with patients* would imply consideration of purpose and frequency sufficient to put their learning into context.
- *Time spent in training* includes clinical rotations and clerkships.
- *Major clinical disciplines* would include internal medicine (with subspecialties), surgery (with subspecialties), psychiatry, general practice / family medicine, gynecology & obstetrics and pediatrics.
- *Patient safety* would require supervision of clinical activities conducted by students.
- *Early patient contact* would partly take place in primary care settings and would primarily include history taking, physical examination and communication.
- *Participation in patient care* would include responsibility under supervision for parts of investigations and/or treatment to patients, which could take place in relevant community settings.

4.6 PROGRAM STRUCTURE, COMPOSTION, AND DURATION

Basic Quality Standards:

The curriculum of the medical school **must**

- define its contents and the duration of each educational module, including opportunities for electives. (B4.6.1)
- map clearly the horizontal and vertical integration of its various components. (B4.6.2)

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الموقع الإلكتروني : www.mohe.edu.kw

- ensure appropriate coordination and integration between basic biomedical and clinical sciences. (B4.6.3)
- Implement diverse educational strategies (*i.e. lectures, workshops, small group discussion, clinical rotations etc.*) that foster the interaction between teaching faculty and students. (B4.6.4)

Quality Development Standards:

- The educational strategies **should** enable students to interact with inter-professional multidisciplinary healthcare workers. (Q4.6.1)

WFME Annotations

- Examples of *horizontal* (concurrent) *integration* would be integrating basic sciences such as anatomy, biochemistry and physiology or integrating disciplines of medicine and surgery such as medical and surgical gastroenterology or nephrology and urology.
- Examples of *Vertical* (sequential) integration would be integrating metabolic disorders and biochemistry or cardiology and cardio-vascular physiology.
- *Core and optional (elective) content* refers to a curriculum model with a combination of compulsory elements and electives or special options.
- *Complementary medicine* would include unorthodox, traditional or alternative practices.

4.7 PROGRAM MANAGEMENT

Basic Quality Standards:

The medical school **must**

- have a curriculum committee responsible for implementing, reviewing, and developing the curriculum in effective ways that ensure the students' acquisition of targeted learning outcomes and competencies. (B4.7.1)
- form the curriculum committee to include representatives of faculty and students. (B4.7.2)

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www.mohe.edu.kw : الموقع الإلكتروني

- ensure that the overall curriculum is mapped to the learning experience and the judicious and systematic assessment of students. (B4.7.3)
- ensure that the review reports on learning outcomes and competencies are used to develop further educational strategies. (B4.7.4)
- establish tools to obtain from both faculty and students feedback about the effectiveness of current educational strategies and technologies. (B4.7.5)
- make the curriculum's particulars available to both faculty and students, in printed and electronic format.(B4.7.6)

Quality Development Standards:

The medical school **should**

- rely on empirical evidence in developing the content and structure of the curriculum.(Q4.7.1)
- rely on empirical evidence in selecting effective educational and strategies and assessment tools for each stage/module of the programme. (Q4.7.2)
- foster the effectiveness educational strategies in developing clinical and practical skills, as well as professional milestones through technology-enhanced learning. (Q4.7.3)

WFME Annotations

- *The authority of the curriculum committee* would include authority over specific departmental and subject interests and the control of the curriculum within existing rules and regulations as defined by a governance structure of the institution and governmental authorities. The curriculum committee would allocate the granted resources for planning and implementing methods of teaching and learning, assessment of students and course evaluation (cf. 2.3).
- *Other stakeholders* cf. 1.4, annotation.

4.8 LINKAGE WITH MEDICAL PRACTICE AND THE HEALTH SECTOR

Basic Quality Standard:

- The medical school **must** ensure the interrelationship between educational experiences and future post-graduation practice. (B4.8.1)

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Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
الموقع الإلكتروني: www.mohe.edu.kw

Quality Development Standards:

The medical school **should**

- develop assessment tools and use data to strengthen the interrelationship between the overall curriculum and post-graduation practice. (Q4.8.1)
- seek systematically the feedback of the health sector providers to foster the operational linkage of the educational programme. (Q4.8.2)

WFME Annotations

- *The authority of the curriculum committee* would include authority over specific departmental and subject interests and the control of the curriculum within existing rules and regulations as defined by a governance structure of the institution and governmental authorities. The curriculum committee would allocate the granted resources for planning and implementing methods of teaching and learning, assessment of students and course evaluation (cf. 2.3).
- *Other stakeholders* cf. 1.4, annotation.

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Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
الموقع الإلكتروني : www.mohe.edu.kw

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MINISTRY OF
HIGHER EDUCATION
Office of the Minister

وزارة التعليم العالي
مكتب الوزير

المرجع (48)
التاريخ 26-3-2017

STANDARD 5: ASSESSMENT OF STUDENTS

5.1 ASSESSMENT METHODS

Basic Quality Standards:

The medical school **must**

- Establish, describe, document, and publish the methods for students' assessment, including criteria for succeeding in examinations, grade boundaries, and number of retakes permissible. (B5.1.1)
- use appropriate assessment methods and formats systematically to evaluate the depth and breadth of student knowledge, skills and attitudes. (B5.1.2)
- diversify assessment methods and formats that gauge knowledge, skills, and competencies that the overall curriculum targets. (B5.1.3)
- ensure that assessments methods and results are secure against conflict of interest. (B5.1.4)
- ensure that assessments are open to inspection and analysis by external expertise.
- utilize a system of appeal and requests for reconsideration of results. (B5.1.5)
- have a clear and publicized policy on plagiarism. (B5.1.6)

Quality Development Standards:

The medical school **should**

- evaluate and document the effectiveness and validity of assessment methods. (Q5.1.1)
- develop new assessment methods and ensure their proper application. (Q5.1.2)
- encourage effective deployment of external examiners. (Q5.1.3)

WFME Annotations:

- *Assessment methods* used would include consideration of the balance between in course and end of course assessment, the number of examinations and other tests, the balance between different types of examinations (written and oral), the use of criterion and non-referenced judgments, and the use of personal portfolio and log

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Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
الموقع الإلكتروني : www.mohe.edu.kw

books and special types of examinations (e.g. objective structured clinical examinations (OSCE)). It would also include systems to detect and prevent plagiarism.

- *Evaluate and document the reliability and validity of assessment methods* would require an appropriate quality assurance process of assessment practices.
- *Use of external examiners* may increase fairness, quality and transparency of assessments.

5.2 RELATION BETWEEN ASSESSMENT AND LEARNING

Basic Quality Standards:

The medical school **must**

- Deploy assessment principles, methods and practices that are compatible with teaching methods and are conducive to the realization of targeted educational outcomes. (B5.2.1)
- ensure that the students meet the targeted educational outcomes. (B5.2.2)
- encourage student learning. (B5.2.3)
- maintain an appropriate balance between formative and summative assessment to guide both learning and judgments about academic progress. (B5.2.4)
- ensure that examinations have proper coverage of comprehension rather than memorizing facts. (B5.2.5)

Quality Development Standards:

The medical school **should**

- extend timely, precise, constructive and fair feedback to students based on assessment results. (Q5.2.1)
- adjust the number and nature of examinations by integrating assessments of various curricular elements to encourage integrated learning. (Q5.2.2)
- reduce the need for students to recall excessive amounts of information and prevent curriculum overload. (Q5.2.3)
- offer extra-curricular, small-group tutorials and skill workshops, whether graduate student-led or faculty-lead. (Q5.2.4)

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
الموقع الإلكتروني: www.mohe.edu.kw

المرجع (48)
التاريخ 26-3-2017

WFME Annotations:

- *Assessment principles, methods and practices* refer to assessment of student achievement and would include assessment in all domains: knowledge, skills and attitudes.
- *Decisions about academic progress* would require rules of progression and their relationship to the assessment process.
- *Adjustment of number and nature of examinations* would include consideration of avoiding negative effects on learning. This would also imply avoiding the need for student to learn and recall excessive amounts of information and curriculum overload.
- *Encouragement of integrated learning* would include consideration of using integrated assessment, while ensuring reasonable test of knowledge of individual disciplines or subject area.

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
الموقع الإلكتروني: www.mohe.edu.kw

STANDARD 6: EDUCATIONAL PROGRAM EVALUATION

6.1 MECHANISMS FOR EDUCATIONAL PROGRAM MONITORING AND EVALUATION

Basic Quality Standards:

The medical school **must**

- have a system of routine curriculum monitoring of educational and training processes and outcomes. (B6.1.1)
- develop a mechanism and oversee its implementation for the evaluation of its medical programme, ensuring that the process
  - focuses on curricular efficiency, including its key constituents. (B6.1.2)
  - oversees student acquisition of targeted learning outcomes. (B6.1.3)
  - detects and resolves concerns. (B6.1.4)
- ensure that relevant assessment outcomes have an impact on the curriculum. (B6.1.5)

Quality Development Standards:

The medical school **should**

- undertake periodic evaluation of the programme, extensively addressing
  - the framework of the educational process. (Q6.1.1)
  - the specific curricular elements. (Q6.1.2)
  - achievement of long-lasting outcomes. (Q6.1.3)
  - its social accountability. (Q6.1.4)

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
الموقع الإلكتروني: www.mohe.edu.kw

WFME Annotations:

- *Programme monitoring* would imply the routine collection of data about key aspects of the curriculum for the purpose of ensuring that the educational process is on track and for identifying any areas in need of intervention. The collection of data is often part of the administrative procedures in connection with admission of students, assessment and graduation.
- *Programme evaluation* is the process of systematic gathering of information to judge the effectiveness and adequacy of the institution and its programme. It would imply the use of reliable and valid methods of data collection and analysis for the purpose of demonstrating the qualities of the educational programme or core aspects of the programme in relation to the mission and the curriculum, including the intended educational outcomes. Involvement of external reviewers from other institutions and experts in medical education would further broaden the base of experience for quality improvement of medical education at the institution.
- *Main components of the curriculum* would include the curriculum model (cf. B 6.1.1), curriculum structure, composition and duration (cf. 6.6) and the use of core and optional parts (cf. Q 6.6.3).
- *Identified concerns* would include insufficient fulfillment of intended educational outcomes. It would use measures of and information about educational outcomes, including identified weaknesses and problems, as feedback for interventions and plans for corrective action, programme development and curricular improvements; this requires safe and supporting environment for feedback by teachers and students.
- *The context of the educational process* would include the organization and resources as well as the learning environment and culture of the medical school.
- *Specific components of the curriculum* would include course description, teaching and learning methods, clinical rotations and assessment methods.
- *Social accountability*, cf. 1.1, annotation.

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
الموقع الإلكتروني: www.mohe.edu.kw

دولة الكويت

MINISTRY OF
HIGHER EDUCATION
Office of the Minister

وزارة التعليم العالي
مكتب الوزير

المرجع (48)
التاريخ 26-3-2017

6.2 TEACHER AND STUDENT FEEDBACK

Basic Quality Standard:

The medical school **must**

- systematically obtain, examine and respond in accordance to the feedback received from teacher and student. (B 6.2.1)
- review the achievement of mission and intended educational outcomes (B 6.3.1)
- review effectiveness of the curriculum (B 6.3.2)
- assess the adequacy of resources (B 6.3.3)

Quality Development Standard:

The medical school **should**

- utilize outcomes of feedback for development of the educational programme. (Q6.2.1)

WFME Annotation:

- *Feedback* would include students' reports and other information about the processes and products of the educational programmes. It would also include information about malpractice or inappropriate conduct by teachers or students with or without legal consequences.

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المدير العام

البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
الموقع الإلكتروني: www.mohe.edu.kw

6.3 PERFORMANCE OF STUDENTS AND GRADUATES

Basic Quality Standards:

The medical school **must**

- Analyze performance of cohorts of students and graduates in relation to
  - the achievement of mission and intended educational outcomes (B6.3.1)
  - the effectiveness of curriculum. (B6.3.2)
  - the adequacy of provision of resources (B6.3.3)

Quality Development Standards:

The medical school **should**

- Analyze performance of cohorts of students and graduates in relation to student
  - Social, economic, cultural background and conditions. (Q6.3.1)
  - entrance qualifications and aptitudes, as well as admission policies. (Q6.3.2)
- Utilize student performance analysis for providing feedback to the committees in charge of
  - choosing students. (Q6.3.3)
  - developing the curriculum. (Q6.3.4)
  - advising students. (Q6.3.5)

WFME Annotations:

- Measures and analysis of *performance of cohorts of students* would include information about actual study duration, examination scores, pass and failure rates, success and dropout rates and reasons, student reports about conditions in their courses, as well as time spent by them on areas of special interest, including optional components. It would also include interviews of students frequently repeating courses, and exit interviews with students who leave the programme.

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
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الموقع الإلكتروني: www.mohe.edu.kw

- Measures of *performance of cohorts of graduates* would include information on results at national license examinations, career choice and postgraduate performance, and would, while avoiding the risk of programme uniformity, provide a basis for curriculum improvement.
- *Student background and conditions* would include social, economic and cultural circumstances.

6.4 INVOLVEMENT OF STAKEHOLDERS

Basic Quality Standard:

The medical school **must**

- In its educational programme monitoring and evaluation activities consider prime stakeholders' participation. (B6.4.1)

Quality Development Standards:

The medical school **should** for other stakeholders

- permit access to outcomes of curricular and programme assessment. (Q6.4.1)
- solicit their views on the graduates' performance. (Q6.4.2)
- obtain their opinion on the course content and the overall curriculum. (Q6.4.3)

WFME Annotations:

- *Principal stakeholders,* cf. 1.4, annotation.
- *Other stakeholders*, cf. 1,4, annotation.

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
الموقع الإلكتروني: www.mohe.edu.kw

DOMAIN III: RESOURCES

STANDARD 7: EDUCATIONAL RESOURCES

7.1 PHYSICAL FACILITIES

Basic Quality Standards:

The medical school **must**

- have appropriate and sufficient facilities (in term of both variety and space) to conduct educational activities, and assessments. (B7.1.1)
- facilitate students' commuting to its dispersed instructional and training sites. (B 7.1.2)
- provide a safe environment for students, faculty, staff, as well as patients and their families. (B7.1.3)
- accommodate persons with special needs. (B7.1.4)
- comply with safety measures related to biological, chemical, and radio-active hazards. (B7.1.5)

Quality Development Standards:

The physical facilities of the medical school **should**

- accommodate adequately the personal and recreational needs of both student and faculty. (Q7.1.1)
- be regularly inspected, monitored, developed, and supplied with up-to-date technology to meet the emerging needs of students and faculty. (Q7.1.2)

WFME Annotations

- *Physical facilities* would include lecture halls, class, group and tutorial rooms, teaching and research laboratories, clinical skills laboratories, offices, libraries, information technology facilities and student amenities such as adequate study

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
الموقع الإلكتروني: www.mohe.edu.kw

space, lounges, transportation facilities, catering, student housing, on-call accommodation, personal storage lockers, sports and recreational facilities.

- *A safe learning environment* would include provision of necessary information and protection from harmful substances, specimens and organisms, laboratory safety regulations and safety equipment.

7.2 CLINICAL TRAINING RESOURCES

Basic Quality Standards:

- The medical school **must** ensure availability of essential resources for providing students the needed clinical exposure, including
  - adequate number and types of patients. (B7.2.1)
  - facilities for clinical training. (B7.2.2)
  - supervision of clinical performance. (B7.2.3)

Quality Development Standards:

The medical school **should** assess and improve clinical training facilities in serving its population and meeting its needs. (Q7.2.1)

***WFME Annotation*:**

- *Patient* may include validated simulation using standardized patients or other techniques, where appropriate, to complement, but not substitute clinical training.
- *Clinical training facilities* would include hospitals (adequate mix of primary, secondary and tertiary), sufficient patient wards and diagnostic departments, laboratories, ambulatory services (including primary care), clinics, primary health care settings, health care centers and other community health care settings as well as skills laboratories, allowing clinical training to be organized using an appropriate mix of clinical settings and rotations throughout all main disciplines.
- *Evaluate* would include evaluation of appropriateness and quality for medical training programmes in terms of settings, equipment and number and categories of patients, as well as health practices, supervision and administration.

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
الموقع الإلكتروني: www.mohe.edu.kw

دولة الكويت

MINISTRY OF
HIGHER EDUCATION
Office of the Minister

وزارة التعليم العالي
مكتب الوزير

المرجع (48)
التاريخ 26-3-2017

7.3 INFORMATION TECHNOLOGY

Basic Quality Standards:

The medical school **must**

- ensure students' access to course/modules instructional material. (B7.3.1)
- ensure students' easy access to both web-based and other electronic educational resources to maximize acquisition of knowledge and skills. (B7.3.2)
- develop and implement a policy that governs the effective and ethical utilization and assessment of information and communication technology. (B7.3.3)

Quality Development Standards:

The medical school **should**

- develop and implement policies and procedures for the accessing of educational resources at clinical training sites, including patient data and health care information systems. (Q7.3.1)
- ensure that educational resources are available both on site/campus and off-site/off campus to both students and faculty. (Q7.3.2)
- ensure that educational resources facilitate independent learning of both students and teachers. (Q7.3.3)

WFME Annotation:

- *Effective and ethical use of information and communication technology* would include use of computers, cell/mobile telephones, internal and external networks and other means as well as coordination with library services. The policy would include common access to all educational items through a learning management system. Information and communication technology would be useful for preparing students for evidence-based medicine and life-long learning through continuing professional development (CPD).
- *Ethical use* refers to the challenges for both physician and patient privacy and confidentiality following the advancement of technology in medical education and

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
Operator : 22906020 - Ext.: 7502 / 6436 / 6002 - Fax : 22906098 - P.O.Box : 27130 Safat - Code No.: 13132 Kuwait
الموقع الإلكتروني: www.mohe.edu.kw

health care. Appropriate safeguards would be included in relevant policy to promote the safety of physicians and patients while empowering them to use new tools.

7.4 MEDICAL RESEARCH AND SCHOLARSHIP

Basic Quality Standards:

The medical school **must**

- establish and implement a policy that advances the relationship between medical research and education. (B7.4.1)
- maintain and update the research facilities. (B7.4.2)
- state its research priorities.(B7.4.3)

Quality Development Standards:

The medical school **should**

- ensure that the interaction between medical research and education impacts positively the curriculum and teaching methodologies. (Q7.4.1)
- motivate and train students to participate in medical research and development. (Q7.4.2)

WFME Annotation:

- *Medical research and scholarship* encompasses scientific research in basic biomedical, clinical, behavioral and social sciences. Medical scholarship means the academic attainment of advanced medical knowledge and inquiry. The medical research basis of the curriculum would be ensured by research activities within the medical school itself or its affiliated institutions and/or by the scholarship and scientific competencies of the teaching staff. Influences on current teaching would facilitate learning of scientific methods and evidence-based medicine (cf. 6.2).

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7.5 EDUCATIONAL EXPERTISE

Basic Quality Standards:

The medical school **must**

- obtain educational expertise when needed.(B7.5.1)
- establish and implement a policy that facilitates the utilization of educational expertise in the development of curriculum and effective instructional as well as assessment methods. (B7.5.2)

Quality Development Standards:

The medical school **should**

- utilize local and external educational expertise in the development of faculty, curriculum, teaching strategies, and research. (Q7.5.1)
- fund the faculty and academic staff's efforts in developing their expertise. (Q7.5.2)

WFME Annotation:

- *Educational expertise* would deal with processes, practice and problems of medical education and would include medical doctors with research experience in medical education, educational psychologists and sociologists. It can be provided by an education development unit or a team of interested and experienced teachers at the institution or be acquired from another national or international institution.
- *Research in the discipline of medical education* investigates theoretical, practical and social issues in medical education.

7.6 EDUCATIONAL EXCHANGES

Basic Quality Standards:

- The medical school **must** establish and implement a policy for collaboration with equivalent educational institutions at national, regional, and international levels for credits transference. (B7.6.1)

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البدالة : ٢٢٩٠٦٠٢٠ - الداخلي : ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس : ٢٢٩٠٦٠٩٨ - ص.ب : ٢٧١٣٠ الصفاة - الرمز البريدي : ١٣١٣٢ الكويت
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MINISTRY OF
HIGHER EDUCATION
Office of the Minister

وزارة التعليم العالي
مكتب الوزير

المرجع (48)
التاريخ 26-3-2017

Quality Development Standard:

- The institution **should** facilitate exchange of teachers and students at regional and international levels through appropriate resource allocation. (Q7.6.1)

WFME Annotation:

- *Other educational institutions* would include other medical schools as well as other faculties and institutions for health education, such as schools for public health, dentistry, pharmacy and veterinary medicine.
- A *policy for transfer of educational credits* would imply considerations of limits to the proportion of the study programme which can be transferred from other institutions. Transfer of educational credits would be facilitated by establishing agreements on mutual recognition of educational elements and through active programme coordination between medical schools. It would also be facilitated by use of a transparent system of credits units and by flexible interpretation of course requirements.
- *Staff* would include academic, administrative and technical staff.

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STANDARD 8: HUMAN RESOURCES

8.1 RECRUITMENT POLICIES

Basic Quality Standards:

The medical school **must** formulate and implement a faculty and staff recruitment policy which:

- defines clearly the process of selection and recruitment, distribution of responsibilities and the type of academic and non-academic human resources required to achieve its mission. (B8.1.1)
- balances between clinical and basic biomedical sciences, full-time and part time faculty and academic staff to ensure the effective delivery of the curriculum. (B8.1.2)
- specifies explicitly the duties and rights of its human resources (B8.1.3)
- monitors that faculty, academic and non-academic staff execute their responsibilities efficiently. (B8.1.4)
- establishes criteria for educational, scientific, and clinical excellence including balancing the commitments to teaching, research and service. (B8.1.5)
- inspects the formal qualifications of faculty, as well as academic and non-academic staff, and verifies that they are awarded by institutions recognized by NBAQ. (B8.1.6)

Quality Development Standards:

In its recruitment policy of human resources, the medical school **should** take into account:

- its vision, mission, and issues of local significance. (Q8.1.1)
- economic factors in regard to faculty funding and the development of the skills and expertise of its human resources. (Q8.1.2)
- joint appointments and secondments of its human resources. (Q8.1.3)

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
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WFME Annotation

- The *staff recruitment and selection policy* would include ensuring a sufficient number of highly qualified basic biomedical scientists, behavioral and social scientists and clinicians to deliver the curriculum and a sufficient number of high quality researchers in relevant disciplines or subjects.
- *Balance of academic staff/faculty* would include staff with joint responsibilities in the basic biomedical, the behavioral and social and clinical sciences in the university and health care facilities, and teachers with dual appointments.
- *Balance between medical and non-medical staff* would imply consideration of sufficient medical orientation of the qualifications of non-medically educated staff.
- *Merit* would be measured by formal qualifications, professional experience, research output, teaching awards and peer recognition.
- *Service functions* would include clinical duties in the health care delivery system, as well as participation in governance and management.
- *Significant local issues* would include gender, ethnicity, religion, language and other items of relevance to the school and the curriculum.
- *Economic considerations* would include taking into account institutional conditions for staff funding and efficient use of resources.

8.2 ACTIVITY AND DEVELOPMENT OF FACULTY AND ACADEMIC STAFF

Basic Quality Standards:

The medical school **must** have a policy respecting the activity and development of its academic human resources which:

- permits the balancing of responsibilities toward effective teaching, research and service (B8.2.1)
- ensures recognition of excellence in teaching, research, and service functions (B8.2.2)
- ensures that the knowledge attained through research and clinical responsibilities are applied in teaching and learning. (B8.2.3)

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www.mohe.edu.kw : الموقع الإلكتروني

- ensures that individual faculty members possess sufficient knowledge of the entire curriculum map. (B8.2.4)
- includes provision for teacher training, development, support and evaluation. (B8.2.5)

Quality Development Standards:

The medical school **should**

- observe appropriate teacher-student ratios relating to the various components of the curriculum. (Q8.2.1)
- establish and implement a promotion policy for human resources. (Q8.2.2)

WFME Annotations:

- The *balance of capacity between teaching, research and services functions* would include provision of protected time for each function, taking into account the needs of the medical school and professional qualifications of the teachers.
- *Recognition of meritorious academic activities* would be through rewards, promotion and/or remuneration.
- *Sufficient knowledge of the total curriculum* would include knowledge about instructional/learning methods and overall curriculum content in other disciplines and subject areas with the purpose of fostering cooperation and integration.
- *Teacher training, development, support and appraisal* would involve all teachers, not only new teachers, and also include teachers employed by hospitals and clinics.

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البدالة : ٢٢٩٠٦٠٢٠ - الداخلي : ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس : ٢٢٩٠٦٠٩٨ - ص.ب : ٢٧١٣٠ الصفاة - الرمز البريدي : ١٣١٣٢ الكويت
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الموقع الإلكتروني : www.mohe.edu.kw

دولة الكويت

MINISTRY OF
HIGHER EDUCATION
Office of the Minister

وزارة التعليم العالي
مكتب الوزير

المرجع (48)
التاريخ 26-3-2017

DOMAIN IV: STUDENT AFFAIRS

STANDARD 9: STUDENTS POLICIES

9.1 ADMISSION POLICY AND SELECTION

Basic Quality Standards:

The medical school **must**

- establish an admission policy, formulated by the medical school, including clear and objective criteria respecting the process of selection of students. (B9.1.1)
- maintain a policy and oversee its implementation for admission of disabled students. (B9.1.2)
- have clear guidelines for admission of transfer students from other medical schools and institutions of higher education. (B9.1.3)
- determine the size of student intake based on the mission of the school, available resources, and quality assurance of targeted skills and competencies of graduates. (B9.1.4)
- appraise objectively and endeavor to align its admission policies with the health needs of the country. (B9.1.5)

Quality Development Standards:

The medical school **should**

- review the admission policy at regular intervals (Q9.1.1)
- follow an appeal system, effectively dealing with pleas against admission decisions. (Q9.1.2)

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
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WFME Annotations

- *Admission policy* would imply adherence to possible national regulation as well as adjustments to local circumstances. If the medical school does not control admission policy, it would demonstrate responsibility by explaining relationships and drawing attention to consequences, e.g. imbalance between intake and teaching capacity.
- The *statement on process of selection of students* would include both rationale and methods of selection such as secondary school results, other relevant academic or educational experiences, entrance examinations and interviews, including evaluation of motivation to become doctors. Selection would also take into account the need for variations related to diversity of medical practice.
- *Policy and practice for admission of disabled students* will have to be in accordance with national law and regulations.
- *Transfer of students* would include medical students from other medical schools and students from other study programmes.
- *Periodically review the admission policy* would be based on relevant societal and professional data, to comply with the health needs of the community and society, and would include consideration of intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic, characteristics of the population), including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities.

9.2 STUDENT INTAKE

Basic Quality Standard:

The medical school **must** determine size of its student intake in accordance with its capacity at all stages of the program. (B9.2.1)

Quality Development Standards:

The medical school **should**

- periodically review the student intake volume in consultation with other stakeholders in response to community needs. (Q9.2.1)

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- align the increase of student intake with the implementation of an effective plan whose goal is to strengthen available resources. (Q9.2.2)

WFME Annotations

- Decisions on *student intake* would imply necessary adjustment to national requirements for medical workforce. . the medical school does not control student intake, it would demonstrate responsibility by explaining relationships and drawing attention to consequences, e.g. Imbalance between intake and teaching capacity.
- *Other stakeholders,* cf. 1.4, annotations.
- *The health needs of the community and society* would include consideration of intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities. Forecasting the health needs of the community and society for trained physicians including estimation of various markets and demographic forces as well as the scientific development and migration patterns of physicians.

9.3 STUDENT SUPPORT AND CONSELLING

Basic Quality Standards:

The medical school **must**

- have a student affairs system and policies that offer adequate students' support including; social, financial and personal assistance. (B9.3.1)
- provide systematically academic counseling for all students (B9.3.2)
- ensure adequate allocation of resources for student services. (B9.3.3)
- preserve confidentiality in regard to student support and counseling. (B9.3.4)

Quality Development Standards:

The medical school **should** provide academic counseling that

- keeps track of students progress. (Q9.3.1)
- offers professional guidance and career planning. (Q9.3.2)

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الموقع الإلكتروني: www.mohe.edu.kw

WFME Annotations

- *Academic counselling* would include questions related to choice of electives, residence preparation and career guidance. Organisation of the counselling would include appointing academic mentors for individual students or small groups of students.
- *Addressing social, financial and personal needs* would mean professional support in relation to social and personal problems and events, health problems and financial matters, and would include access to health clinics, immunization programmes and health/disability insurance as well as financial aid services in forms of bursaries, scholarships and loans.

9.4 STUDENT REPRESENTATION

Basic Quality Standard:

The medical school **must** have a policy on student representation and appropriate participation in the design, management and evaluation of the curriculum and other relevant matters to students. (B9.4.1)

Quality Development Standards:
The medical school **should**

- facilitate student activities and student volunteer initiatives. (Q9.4.1)
- encourage extracurricular activities to foster independence, creativity and commitment beyond the medical school. (Q9.4.2)

WFME Annotation

- *Student representation* would include student self-governance and representation on the curriculum committee, other educational committees, scientific and other relevant bodies as well as social activities and local health care projects (cf. B6.7.2).
- To *facilitate student activities* would include consideration of providing technical and financial support to student organizations

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الموقع الإلكتروني : www.mohe.edu.kw

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MINISTRY OF
HIGHER EDUCATION
Office of the Minister

وزارة التعليم العالي
مكتب الوزير

المرجع (48)
التاريخ 26-3-2017

NBAQ Bylaws for Forming Evaluation Teams

to

Accredit Medical Education Programs

I. Selecting External Evaluators

External evaluators must:

1. Be qualified faculty from medical schools accredited by national accreditation agencies and approved by NBAQ.
2. Actively engaged in medical instruction.
3. Have expertise in accreditation processes and practices for higher medical education.
4. Possess the following attributes: integrity, impartiality, adaptability, ability to work in groups, commitment to quality, and effective communication skills.

The Director General of NABQ selects the team of external evaluators taking into account the size and the diversity of the medical school seeking accreditation. The institution will be informed about the names of the Evaluation Team members to verify the absence of conflict of interest among the evaluator(s) and the institution.

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الموقع الإلكتروني: www.mohe.edu.kw

The selected external evaluators will be asked to sign a disclaimer regarding conflict of interest and confidentiality.

II. Responsibilities of External Evaluation team leader

The leader of the Evaluation Team is selected by the NBAQ's Director General. He or she has the major tasks of leading the Evaluation Team and coordinating their activities.

The main responsibilities of the evaluation team leader are:

1) Coordinate with the Evaluation Team members (prior to the site visit) regarding the self-assessment report and the level of compliance of the medical school with "NBAQ Programmatic Accreditation Standards of Basic Medical Education."

2) Coordinate with the Evaluation Team members (prior to the site visit) regarding the supporting documents that need to be supplied by the medical school.

3) Contact NABQ regarding extra supporting documents that need to be supplied by the medical school.

4) Coordinate with the evaluation team members (prior to the site visit) in:

   i) Writing the draft of the pre-visit report regarding the level of compliance of the medical school with "NBAQ Programmatic Accreditation Standards of Basic Medical Education."

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الموقع الإلكتروني : www.mohe.edu.kw

ii) Composing a list of matters, which need further investigation during the site visit.

5) Coordinate with NABQ in setting up the schedule for the site visit.

6) Lead the Evaluation Team members during the site visit in undertaking their tasks of verifying the level of compliance of the medical school with NABQ standards of accreditation of medical education.

7) Lead the Evaluation Team members during the site visit in developing the main conclusions regarding the level of compliance of the medical school with "NBAQ Programmatic Accreditation Standards of Basic Medical Education."

8) Lead the Evaluation Team members during its exit meeting with the administration of the medical school. During this meeting, the team leader will brief the audience about the main conclusions of the review process regarding the level of compliance of the medical school with "NBAQ Programmatic Accreditation Standards of Basic Medical Education." The team leader will also present some recommendations, which should ensure the quality maintenance and improvement of the medical school.

9) Send the first draft of the accreditation report (through NABQ) to the medical school to verify that it is void of factual errors.

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الموقع الإلكتروني: www.mohe.edu.kw

10) Coordinate with Evaluation Team members the writing of the final accreditation report about the level of compliance with "NBAQ Programmatic Accreditation Standards of Basic Medical Education." The final report should include recommendations that ensure the quality improvement and effectiveness of the various practices of the medical school. Moreover, the final report should recommend and specify the level of accreditation of the medical school.

III. Responsibilities of External Evaluator team member

1) Become familiar with "NBAQ Programmatic Accreditation Standards of Basic Medical Education."

2) Review the self-assessment report and/or other relevant documents to verify the level of compliance of the medical school applying for NABQ programmatic accreditation.

3) Prior to the site visit, prepare an initial report regarding the level of compliance of the medical school with "NBAQ Programmatic Accreditation Standards of Basic Medical Education." In addition, prepare a list of matters, which need further investigation during the visit.

4) Coordinate with the Evaluation Team members regarding the level of compliance of the medical school with NABQ's accreditational standards of medical education

البدالة : ٢٢٩٠٦٠٢٠ - الداخلي : ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس : ٢٢٩٠٦٠٩٨ - ص.ب : ٢٧١٣٠ الصفاة - الرمز البريدي : ١٣١٣٢ الكويت
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HIGHER EDUCATION
Office of the Minister

وزارة التعليم العالي
مكتب الوزير

المرجع (48)
التاريخ 26-3-2017

5) Visit the medical school to verify the information contained in the self-assessment report. During the visit, the external evaluators will meet with the top administrators, and will interview groups of faculty members and representatives of the students, etc. They will check the validity and the accuracy of the information presented in the self-assessment report. They will also visit the various facilities of the medical school including learning facilities and clinical training sites to assess its level of compliance with NABQ's accreditational standards of medical education.

6) Consult with the Evaluation Team members about the level of compliance of the medical school with NABQ's accreditational standards of medical education.

7) Write a final accreditation report (with the team members) about the level of compliance of the medical school with NABQ's accreditational standards of medical education. In addition, recommend area of quality improvement of educational of the medical school.

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البدالة: ٢٢٩٠٦٠٢٠ - الداخلي: ٧٥٠٢ / ٦٤٣٦ / ٦٠٠٢ - فاكس: ٢٢٩٠٦٠٩٨ - ص.ب: ٢٧١٣٠ الصفاة - الرمز البريدي: ١٣١٣٢ الكويت
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