

**Republic of Macedonia
Health Sector Management Project**

IBRD loan # 4733

**MODERNIZING LICENSING PROCESS FOR DOCTORS,
DENTISTS AND PHARMACISTS**

REPORT ON FINAL VISIT 11 – 16 February 2007

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Introduction

This report summarises the outcomes of the final mission to the Republic of Macedonia by Judy McKimm and her assistant, Anita Underwood (the UK Consultants), from 11 – 16 February 2007. This visit was an additional agreed visit and the final in the series of visits which took place over a 12 month period from February 2006 until February 2007.

The purpose of the visit was to work with Dr Katerina Venovska (PCU) and the Working Group (WG) which is representative of the three Medical Chambers (Doctors, Dentists and Pharmacists) to deliver Module 2 of the Training the Trainers (TOT) programme to the second cohort of between seventy and eighty educators, examiners and mentors. The consultants also held a meeting with the Working Group on 15 February 2007 to agree conclusions and recommendations arising from the project and participated in the ceremony to award the certificates to the second accredited group of educators, mentors and examiners.

Executive Summary

The **Main Aim** of this work was to assist the three Medical Chambers (Doctors', Dentists' and Pharmacists') to establish a basis of a modern best practice licensing process for the health professionals (doctors, dentists and pharmacists)

The **Key Objectives** (according to TORs) were to:

- 1) Train Core Group of Mentors, Educators and Examiners from three Medical Chambers and MMA to perform their functions up to the highest quality standards;
- 2) Supervise the licensing process of the first cohort of health professionals;
- 3) Evaluate quality of training and established licensing processes and recommend actions for further improvements.

The **Detailed Objectives** were to:

1. Meet with the stakeholders in the Licensing process in Macedonia to familiarize with the prevailing situation in terms of health reforms, health system organization, legislation, progress, etc.;
2. Develop detailed Work plan for delivery of services described in this TOR;
3. Develop a methodology of educational programs for Mentors, Educators and Examiners in accordance with the existing Laws in the sector;
4. Define and detail the content and syllabus of the educational program in all three fields;
5. Deliver the developed methodology and the course content/syllabus in workshops organized by the Project Coordination unit of the Ministry of Health in coordination with the three Medical Chambers, as follows:
 - Two-day workshop for Mentors;
 - Three-day workshop for Educators;
 - Three-day workshop for Examiners.
6. Incorporate the workshop outcomes in the methodology and syllabus;
7. Develop tools to assist the Mentors, Educators and Examiners to carry out the established licensing process for doctors, dentists and pharmacists;
8. Conduct training sessions to train the Core group of Mentors, Educators and Examiners. The core group is envisaged as:
 - Mentors – about 27 persons;¹

¹ 27 trainees for Mentors, Educators and Examiners will be selected in the following manner:

- Educators - about 27 persons;
 - Examiners - about 27 persons.
9. Recommend the certification of the successful core group members to the Medical Associations;
 10. Develop quality assessment and evaluation tools for monitoring of the educational part of the licensing process;
 11. Conduct an on-going assessment of the licensing process as carried out by the certified Core group Mentors, Educators and Examiners at pre-agreed intervals with the MOH.

The project has met (and in some cases, exceeded) all the outputs and deliverables specified in the Terms of Reference (TORs), listed above, except for some deviance from the TORs as agreed with the Working Group for the Modernisation of Licensing.

Key outcomes:

1. A Training needs analysis was carried out to identify training needs for educators, examiners and mentors involving all key stakeholders through a workshop, meetings and discussions
2. A Training the Trainers programme was designed to reflect the needs of stakeholders and incorporate best international practice in education of health professionals
3. A comprehensive set of training materials has been developed to support the delivery of the TOT programme to educators, examiners and mentors. The materials have been translated into Macedonian and distributed to all participants to support the ongoing delivery of training to future educators, mentors and examiners. The materials comprise printed workbooks and support information on key educational topics, educational journal articles and PowerPoint presentations. The materials have also been put onto a CDROM for each participant so that future trainers can use and modify the handouts and presentations. All participants have received a copy of these materials which they can use and adapt for the ongoing training of future educators, examiners and mentors to support the Macedonian licensing process.
4. A group of seventy four key trainers (educators, examiners and mentors) have been trained in core aspects of teaching, learning and assessment relating to best international practice in postgraduate education of health professionals.
5. The Training the Training programme has been very well evaluated by all participants. The majority of participants stated that the course met their learning needs and that their knowledge and confidence about teaching, learning and assessment has greatly increased as a result of attending the course.

12 - Doctor's Chamber, 5 – Dentist's Chamber, 4 - Pharmacist's Chamber, 3 – Macedonian Medical Association, 1 – Faculty of Medicine, 1 – Faculty of Dentistry and 1 – Faculty of Pharmacy.

6. The licensing examinations of medicine, dentistry and pharmacy have been observed and detailed recommendations made to improve practice in the assessment process

Additional outcomes:

7. A second cohort of over seventy educators, examiners and mentors have been trained to meet the demands of those involved in the licensing process
8. Many of the first cohort of key trainers have acted as facilitators alongside the international consultants to enhance their skills and consolidate learning
9. In response to identified learning needs of participants and observations of the licensing examinations, additional activities were designed and delivered on *Working ethically and effectively with patients in clinical education* and *Questioning techniques*
10. Discussions have been held concerning the undergraduate medicine, dentistry and pharmacy programmes and recommendations have been made to co-ordinate the ongoing development of undergraduate and postgraduate training in these professions in line with international standards and trends
11. Participants have consistently reported the immense value from being involved in an inter-professional programme, there have been many examples of learning from the different professions, sharing practice and also an increasing appreciation of the roles of the different professions in clinical as well as teaching practice. This may well help improve clinical service and ongoing team working.

Recommendations:

Training the trainers programme and Future training and development activities

1. That opportunities are identified and systematic plans are made to continue the ongoing training of educators, examiners and mentors, using the key trainers that have been trained in this project. Support may be needed in the short term for the trainers because they have only received three days of training each and this is a very short time to become familiar with the educational theory as well as skilled in new teaching and assessment methods such as Problem Based Learning and small group facilitation.
2. It is recommended that all Chambers develop systems to cascade out the training programme to a wider group of educators, examiners and mentors utilising the expertise of the accredited trainers to do so.
3. It may be of help to consider some additional short inputs from international consultants to progress the next stage of training and support for the key trainers or

to train additional educators, examiners and mentors. For example, running a follow up TOT programme for successful participants from the first two programmes. This could focus on developing skills in teaching practice, covering further teaching and learning methods and developing curriculum and educational leadership and management skills.

4. Because the decision was made (by the Working Group) to train an additional cohort, and also because of the timing of licensing examinations, quality monitoring and evaluation tools have not been designed as part of this project. This work should be carried out to consolidate and optimise the outcomes from this project.
5. For example, the use of survey questionnaires completed by medical interns and students is very helpful in identifying issues relating to the undergraduate and internship programme, however many of these questions (such as those relating to prior learning, whether the examination tested learning that they had done or introduced new topics, whether they were prepared in terms of clinical skills) relate to the previous undergraduate and intern programmes and clear mechanisms must be set in place to ensure that the findings are fed back to the Faculties and the educators for the interns. Once the new educator, mentor and examiner programme is fully established, formal mechanisms to relate back the findings to mentors and educators must be initiated. Such surveys could be used as a basis for development.

Licensing examinations and assessment procedures

6. There is excellent practice being carried out within the licensing examinations, also some common issues to all professions that need attention have been identified. These are: developing criteria and mark schemes for examinations, working more ethically and effectively with patients, managing and administering the examinations, requiring examiners to give more structured and formalised feedback to candidates on examination performance and developing computer based assessments. It is recommended that a forum for sharing practice and enabling the professions to learn from one another is established.
7. For the Medicine and Dentistry written assessment, it is suggested that the Chambers clarify the purpose, value and outputs of the current knowledge based assessments which are based around a limited number of MCQ questions. At this stage of training, consideration should be given to the assessment of high level cognitive skills such as analysis, synthesis and evaluation.
8. For both the Medicine and Dentistry clinical (practical) assessments, it is suggested that:
 - a. consideration is given to the involvement of patients in assessment. Procedures should be developed and introduced to ensure informed consent, assessment of suitability of patients who are particularly vulnerable or anxious should be carried out and examiners should be vigilant as to the impact of the assessment on individual patients and devise procedures to minimise this impact. The patient should be included in the assessment process and not 'taught on or talked over'
 - b. assessment criteria should include an assessment of the candidate's ability to develop rapport and a relationship with the patient

- c. consideration should be given to ensuring a more standardised, fairer and more equitable assessment regime for candidates in terms of the number and type of patients and the clinical conditions on which they are assessed.
 - d. consideration should be give to developing 'expert patients', simulated patients and continuous clinical assessments as part of standardising the clinical assessments
9. For both the Medicine and Dentistry ethical/legal assessments, it is suggested that:
- a. The aims and outcomes of this examination are clearly defined with associated assessment criteria, covering factual knowledge, awareness of ethical and legal standpoints and issues and the current prevailing professional opinion on this, communication skills and the ability to analyse and think critically about an issue. These are clearly stated and incorporated into a marking scheme for examiners to use for each candidate.
 - b. The questions be reviewed and clustered under different core ethical/legal topics, eg. informed consent; end of life issues; truth telling; resource allocation/rationing; breaking bad news; whistle-blowing, the UK core curriculum in medical ethics and law (see Annex 3) provides a framework for these topics.
 - c. Each of the questions should have a small number of structured questions attached to it which aim to explore candidates' opinions, beliefs and practices around these topics and address the assessment criteria.
 - d. The candidates are allocated a question each, ensuring that no two candidates cover the same topic under each panel, this will avoid repetition of issues, discussion and topics and aid equity.
 - e. Examiners are each allocated a question to cover or a set of questions on certain topics. The TOT programme for examiners includes a session on questioning techniques.
 - f. Each candidate is allotted a set time for the interview, approximately 10 minutes.
 - g. Each candidate receives written or oral feedback on his/her performance highlighting strengths and areas for improvement or consideration
10. It is recommended that a workshop be held with Chamber representatives and members of the Working Group to share practice, develop common mechanisms and approaches to quality assurance and to identify areas where resources can be shared (eg. Computer assessments)

The relationship between Undergraduate curricula and the Internship periods

11. That a comprehensive review is carried out of the undergraduate medicine and dentistry programmes to ensure that there is synergy in teaching and assessment methods, approach to teaching, educational methods, and content between the undergraduate and postgraduate programmes. Interns have had relatively little clinical practice from their undergraduate period and often the intern period is compensating for this. Assessments also need review as these will be increasingly out of line if new teaching and assessment methods are introduced into the intern period as a result of this TOT programme. Countries that are members of the European Union (EU) as well as those aiming to initiate negotiation process for EU

membership, already developed systems that would preserve and further improve quality in the medical practice. The Declaration of the Council of European Community, 93/16/EEC of April 1993, recommends some steps in the health care systems' quality improvement processes which include reform of undergraduate programmes in line with developments concerning licensing and revalidation to ensure a coherent and consistent approach to the education and training of health professionals.

12. Dentistry in particular (because most graduated dentists go onto private practice) requires an overall review of undergraduate, internship and specialisation requirements. It is suggested that a review is carried out with a view to integrating the current internship period within the undergraduate programme so that graduating dentists can practice independently, this would be in line with European standards and practice. It may also produce real efficiency savings by reducing the total length of time required for student to reach the required standard for acquiring a basic licence.
13. The curriculum reviews should include a training needs analysis of academic and clinical staff to ensure the human capacity to deliver high quality healthcare professional training. They should also include analysis of and recommendations about implementing consistent and effective quality assurance and enhancement systems and for accrediting clinical placement facilities.

Inter-professional working and learning

14. That ways are identified to capture the inter-professional learning, both within Macedonia (eg. through developing networks of educators, mentors and examiners or through the Chambers continuing to work closely together) and also through publicising these achievement overseas, for example through articles in professional or healthcare education journals or by presentations at conferences.

Summary of the visit 11 – 16 February 2007

The visit focussed on delivering the second Module of the training programme to a second cohort of mentors, educators and examiners. It also provided the opportunity for educators, mentors and examiners from the first cohort to act as facilitators alongside the UK consultants. The UK consultants observed the clinical part of the Dentistry examination for dental interns. The visit also served to identify further training and development needs for doctors, dentists and pharmacists to support the undergraduate, internship, licensing examinations, CPD and accreditation process relating to doctors, dentists and pharmacists in Macedonia.

The visit agenda was as follows:

[Sunday 11 th February	UK consultants travel to Skopje]
Monday 12 th February	Educators – Module 2: sessions 1 and 2
Tuesday 13 th February	Educator Module 2, session 3 and Examiners Module 2, session 1
	Observation of clinical Dentistry examination
Wednesday 14 th February	Examiners, Module 2, sessions 2 and 3
Thursday 15 th February	Mentors – Module 2: sessions 1 and 2
	Working Group meeting
Friday 16 th February	Mentors, Module 2, session 3
	Award ceremony to participants (to be confirmed)
[Friday 16 th February	UK consultants travel back to UK]

Working group meeting 15 February 2007

A meeting was held with the Working group for Quality Improvement of Health Services and Licensing, attendees were: Professor Dr Vladimir Borozanov, WG leader, Clinic of Cardiology, Clinic Centre, Skopje; Dr Klime Kajmakoski, Chamber of Dentists of Macedonia; Dr Ivanka Stefanovska; Doctors Chamber of Macedonia and Faculty of Medicine; Spec. Dr Zoran Stojanovski, Health Home, Skopje; Dr Katerina Venovska, Assistant Co-ordinator, Ministry of Health PCU; Professor Dr. Milena Petrovska, Institute of Microbiology, Medical faculty and Doctors Chamber of Macedonia, Skopje.

The main agenda item was a discussion of a summary document on the project outcomes and deliverables, the content of which has now been incorporated into this report and its recommendations. The WG members congratulated the consultants on their achievements and for the additional inputs and outcomes which in part were realised by the inclusion of an additional consultant to assist Judy McKimm. The abilities of the interpreter were also invaluable as he acted also as a facilitator to the training which helped to overcome some of the language and understanding barriers. The consultants and WG also thanked the PCU for their administrative support in co-ordinating this complex project and for bringing together representatives from the Chambers, Associations and Faculties for the first time in such a joint endeavour.

Training the trainers workshops

Participants for the Training the Trainers Modules were identified through the three Chambers, Faculties of Medicine, Dentistry and Pharmacy, professional associations and the Ministry of Health. In addition, all Working Group members participated in the TOT training programme. It was originally planned to have one training programme for approximately ninety people, but due to the positive feedback and demand for training, another cohort was identified and participated in a second round of training. Cohort 1 attended Module 1 in June 2006 and Module 2 in September 2006. Cohort 2 attended Module 1 in December 2006 and Module 2 in February 2007. A 'catch up' training programme was also delivered in September 2006 for educators, mentors and examiners who had been unable to attend Module 1 in the June.

The teaching and learning approach adopted by the consultants was based on adult learning theory, with opportunities for experiential learning, interactivity and sharing of case study examples and clinical illustrations. A range of learning and assessment activities were modelled and experienced, including small group work, micro-teaching, problem based learning, buzz groups, snowballing, rotating brainstorming, reflective dialogues, presentations, facilitation skills, peer assessment, giving and receiving feedback, working with patients, role plays and simulations.

Curriculum

The curricula for the groups of educators, mentors and examiners was developed through stakeholder workshops and advice and recommendations on current educational practice from the consultants. The curricula were broadly similar, with the examiners receiving more emphasis on assessment practice and theory than the other two groups.

Topics included:

- *Personal and professional development planning*
- *Principles of teaching and learning: learning theory*
- *Adult learning theory, facilitation and active learning*
- *Teaching and learning methods*
- *Managing small groups and group dynamics*
- *Teaching large groups*
- *Curriculum planning and design*
- *Lesson planning and setting learning outcomes*
- *Problem based learning, case studies and clinical scenarios*
- *Reflective practice*
- *Principles of assessment*
- *Assessment methods and practical implications*
- *Assessing professional competence, knowledge and behaviours*
- *Designing assessments (detailed practice for examiners only)*
- *Training examiners (examiners only)*
- *Communication skills*
- *Giving and receiving feedback*
- *Evaluating teaching and learning and quality assurance*

In response to feedback from participants and discussions arising from observations of the internship assessments, some additional sessions were introduced for Cohort 2, these were:

- *Working effectively and ethically with patients*
- *Questioning techniques*
- *Conflict resolution.*

Assessment

It was agreed by stakeholders that in order for the trainers to be deemed accredited, the Modules would be formally assessed.

Assessment methods were:

- *Attendance at and participation in all Module activities (Record kept by PCU)*
- *Assessment of teaching skills through micro-teaching assessed by peers and facilitated by Consultants*
- *Assessment of personal development planning through professional conversation (assessed by peers)*
- *Assessment of written reflective piece around key topics (Cohort 1 assessed by Consultants, Cohort 2 assessed by peers)*

The workshops were fully attended by approximately 150 participants and included some additional participants who had not been able to attend earlier sessions due to competing commitments. The PCU kept the register of attendees and holds details of all accredited trainers as well as those who attended part of the TOT programme. Every effort was made by the trainers to enable participants to attend and to complete the assessments.

The training in February concluded Module 2 of the training for the second group of educators, examiners and mentors. All participants received the full set of learning materials for both modules complete with handouts and a CDROM of slides and journal articles. Following discussion with the PCU and Working Group in December, the timetable was adjusted in order to enable all participants to complete the assessments during the face to face teaching in the second module so they could complete accreditation requirements and receive the certificates at the ceremony on 16 February.

Participants from the first cohort who completed Modules 1 and 2 satisfactorily assisted Judy McKimm and Anita Underwood in delivering the TOT programme to the second group of examiners, educators and mentors. Fifteen facilitators from the first cohort (accredited key trainers) each participated in half a day session. This was very effective in that participants from the first cohort noted that they gained and learned more from facilitating and the second group gained value from having Macedonian speaking facilitators to explain issues to them and to work alongside them.

Summary of evaluation results from the TOT programme

This section summarises all the evaluation responses from the two cohorts of doctors, dentists and examiners who participated in the TOT training. Each Module was evaluated separately immediately at the end of the delivery to the group of mentors, educators and examiners.

In total 323 evaluation forms were received from attendees on all Modules and the catch up programme.

Responses to closed questions are summarised in the tables below in terms of percentages and, in brackets, actual responses to each question.

Responses to open questions are collated and coded in the individual visit reports following each training programme with key points summarised below.

General information

We asked:

Generally, the **course** was interesting/ useful in terms of:

- Content
- Organisation
- Presentation and availability of information

	Strongly agree	Agree	Disagree	Strongly disagree	Total responses to question
Content	54% (173)	45% (145)	1% (3)	0	321
Organisation	59% (189)	40% (128)	1% (3)	0	321
Presentation/availability	60% (194)	39% (126)	1% (3)	0	323

We asked:

Generally, the **small group teaching** sessions were:

- Well organised
- Helpful
- Of adequate content
- A good learning experience
- A welcome opportunity to talk to teachers

	Strongly agree	Agree	Disagree	Strongly disagree	Total responses to question
Well organised	64% (204)	35% (112)	1% (3)	0	319
Helpful/useful	59% (188)	40% (129)	1% (2)	0	319
Of appropriate content	51% (152)	48% (152)	1% (4)	0	316
A good learning experience	59% (187)	40% (126)	1% (4)	0	317
A welcome opportunity to talk to teachers	61% (193)	37% (115)	2% (7)	0	315

Finally, we asked if generally, the handouts for this course were excellent, whether the level of the course was appropriate and also if, by attending this course, confidence about the TOT programme has increased.

	Strongly agree	Agree	Disagree	Strongly disagree	Total responses to question
Handouts for this course were excellent	50% (158)	47% (149)	3% (7)	0	314
My knowledge and confidence about the TOT programme has increased as a result of attending this course	51% (163)	48% (152)	1% (4)	0	319

We asked: Do you feel the course met your learning needs?

Yes 79% (250)

No 1% (5)

Partly 20% (62)

The training programme was well attended by representatives of all three Chambers, from the Medicine, Dentistry and Pharmacy Faculties and other clinical organisations and was very well evaluated. See Annex 2 for the results of evaluations of the final module.

The majority of participants (79%) stated that the course met their learning needs and that their knowledge and confidence about the TOT programme has increased as a result of attending the course.

The particular aspects of the course highlighted as good by participants were:

- the small group work
- the organisation and time management of the course
- communication skills
- the approach and learning and teaching methods used by the educators on the course (including adult learning theory)
- learning new methods of learning and teaching
- giving and receiving feedback through micro-teaching presentations
- learning more about assessment
- the interactivity and opportunity to meet and work with other teachers

The main area for improvement highlighted by many participants was that more time was needed for the TOT programme to cover all the topics identified: the course was 'too full'. In addition many participants identified that they wanted more time to practice the new teaching/learning techniques and to work in small groups for longer.

A range of topics were identified by participants as being those they would like to develop further or cover in future, including more on communication skills, assessment methods, giving and receiving feedback, practising teaching skills, applying theory to practice and new teaching methods and basic counselling skills.

Dental licensing examinations

The dental examination comprises three parts, in common with the Medicine and Pharmacy licensing assessments for interns.

- 1 a computer based assessment comprising 30 Multiple Choice Questions (MCQ), each with a stem and four options for answers.
- 2 a chair based clinical examination with a real patient
- 3 a panel led oral examination on ethics and law relating to dentistry

The information described below relating to the dental examination regulations and framework has been extracted from two documents: the *Manual for Healthcare Professionals with University Degree in the Field of Dentistry (Doctors of Dentistry) for the Professional Exam for Obtaining Basic License* (2005) and a general guidance document issued by the Dentists' Chamber of the Republic of Macedonia on licensing and registration for dentists.

The Dentist's Chamber of the Republic of Macedonia (in accordance with the Rulebook on the Professional Exam for the Doctors of Dentistry and Issuing of Basic License), through the professional exam, assesses the ability of the healthcare professional with university degree in the field of dentistry (Doctor of Dentistry), who has graduated from the Faculty of Dentistry and who has passed through the internship, to apply his/her knowledge (practical and theoretical), the concepts and the principles for providing healthcare (dentist services) to the patients, in order to obtain the basic license for working under supervision.

The Dentists' Chamber of RM has the following obligations

- to determine criteria for accreditation of institutions and individuals that will implement the practical training (internship)
- implementation of the professional exam for acquiring the basic license / license for work under supervision
- Issuance, continuation, renewal and revocation of the working license
- determination of the forms, criteria and procedure for continuous professional development
- the establishment of a registry of doctors of stomatology in the Republic of Macedonia
- Accreditation of institutions and individuals that will implement the practical training

The professional examination requires the candidate to demonstrate that he/she has obtained the relevant theoretical knowledge and practical skills according to the prescribed programme. Prior to entering for the examination and on conclusion of the internship programme, the Doctor of Dentistry applies for the examination and has to provide a completed copy of the internship 'log book'. In the internship, the intern works with a mentor and completes the log book under six different subjects, taking one per month.

The Macedonia Dental Chamber sets up an Examination Commission (of 5 members for the written part, 3 members of the practical part and plus one member for the oral part),

which assesses the abilities of the Doctor of Dentistry to obtain a basic license through an examination comprising three parts:

1. written part (this is a gate-keeping examination for the rest of the assessment)
2. practical (clinical) part
3. oral (ethical and legal) part

Written examination:

The test aims to check the theoretical knowledge of the candidate and lasts for 90 minutes. The written part of the examination comprises 60 questions from the following fields: dental pathology and therapy, child and preventive dentistry, mobile and fixed dental prosthetics, diseases of the mouth and of the paradont, oral surgery, and law relating to dental practice. The questions are multiple choice questions, with a stem and four choices.

The number of questions in each area varies but the pass mark is 60%.

The test is taken on computers and is marked by an optical mark reader which provides instant results. When the candidate has passed the written part of the exam, he/she then goes on to take the practical (clinical) part immediately afterwards.

Candidates who fail the written examination have the right to retake it not earlier than 3 months after.

Practical (clinical) part of the examination:

The practical part of the exam is carried out in accredited dentist's offices and comprises a talk with the patient and his/her intraoral and extraoral examination.

The practical part of the exam is normally carried out two days (48 hours) after the written part of the exam.

Before the commencement of the exam, the Commission shall explain the procedure for the practical part of the exam to all candidates (three).

The candidate will enter the dentist's office together with the Commission and will receive a case – patient, as well as a form where he/she will enter the identification number, will record the most significant data from the anamnesis, the physical finding, the differential diagnosis, as well as any further investigations and the eventual therapy.

The candidate should take the history and perform extraoral and intraoral examination within 30-40 minutes. The commission will signal 5 minutes before the end of the examination. The candidate is required to fill in the form, to take all the necessary data and to make the objective examination within the prescribed time frame.

During the practical exam, the Commission observes the communication skills (the way of taking of the anamnesis), the clinical skills in the objective (extraoral and intraoral) examination, the interpretation of the findings from the clinical investigations (differential diagnosis, diagnosis, need for further investigations, therapy plan etc.).

The Commission can ask the candidate to perform some interventions, analyses of laboratory findings etc.

After the patient's examination and the eventual additional investigations required by the Commission, the candidate leaves the office and, within 15 minutes, he/she is obligated to record the most significant data in the anamnesis form, the objective finding, the differential diagnosis and the need for further investigations and to prepare a plan and to propose a therapy.

After the conclusion of the exam, the candidate hands the form.

The practical part of the exam can last for up to 70 minutes.

The practical part of the exam is marked with passed and failed.

When the candidate passes the practical part of the exam, he/she is sent to take the oral part.

The candidate, who fails to pass the practical part, has a right to retake this part of the exam not earlier than 3 months after the exam.

Oral part of the exam:

The oral part of the exam is usually taken the following day after the practical part.

The exam will be taken in front of a Commission with individual conversation with the candidate. The exam will start with an analysis of a presented case from the practise, analysis of the ethical problem, and the issues from the other areas will be also covered during the conversation. The conversation will be realised based on specific situation which come from the practise and the experience of the Commission.

The oral part of the exam shall last for not more than 60 minutes.

Some of the discussion topics on the dental ethical problems and professional attitudes and behaviours of the candidate:

- a) Basic principles of the dental ethics (general responsibilities of the doctor – dentist toward the patient, the colleagues, the medical staff, the society).
- b) Professional attitudes, as well as the mistakes which could be a result of irresponsible behaviour.

The oral part of the exam is marked as pass or fail. The candidate who fails to pass the practical part, has a right to retake this part of the exam not earlier than 3 months after the exam.

Observation of the Dental licensing examinations

The UK consultants observed the Dentistry written, clinical and oral (ethics) assessment on 13 February 2007.

The licensing requirements for dentists are in a transition period. Prior to 2004, dentists had to take a basic license as well as a working licence after two years of specialisation in order to practice independently. From 2004 – 2011, special arrangements are in place. Interns who pass the basic licensing examination will be able to work independently (without supervision) until 2011 without having to take the working licence relating to specialisation. However,

We observed five interns taking the three parts of the assessment. Five examiners from the Faculty were involved in the assessment. Some of the examiners have been trained (all are experienced teachers) through a World Bank project held in Veles from September 2005 – February 2006. The consultants had not heard of this project before.

Computer based MCQ – the candidates took the assessment in a computer room with seven work stations. The assessment lasted one hour. This assessment is a gate-keeping examination and candidates are not permitted to enter the next stage of the assessment if they fail this assessment. The pass mark is 60%. If they fail, they can resit as many times as they wish. There is a three-month period between attempts. There are thirty questions which have been devised by professors from the Dental Faculty as well as practising dentists. The questions cover the following topics:

- child and preventive dentistry (4)
- conditions of teeth and the endodont (4)
- diseases of the mouth and peridont (4)
- oral surgery (5)
- fixed prosthetics (5)
- mobile prosthetics (3)
- law relating to dentistry (4)

The marks are printed off the computer immediately the candidates have finished. All the candidates we saw passed the assessment with marks ranging from 26 – 30 (out of the 30 available marks, see above). We heard that most of the interns pass the assessments as they have already graduated as dentists and being under supervision by mentors during the six month internship period.

The consultants then observed the **practical (clinical) examination** which is a chair based examination in which pairs of students examine a patient. The patient is selected by a practising dentist in the dental hospital where the examination takes place from the patients that are present on the day. The interns examined the patient and took a history prior to completing an assessment form. They are then asked questions by two or three examiners from a standard list covering core themes.

The examiners asked rigorous questions of the interns, including about alternative treatments, differential diagnoses and pathology. It was unclear as to whether interns' communication skills with the patients were specifically assessed and in some cases the patients were talked over whilst the examination was ongoing. It was also unclear whether the patients had consented or were fully informed about the assessment process.

Finally, the consultants observed the **oral, ethical/legal** assessment. The candidates were present round a table along with the five examiners who proceeded to ask questions of the candidates around ethical and legal scenarios. They also asked some further questions about the clinical assessment prior to the ethics and legal questions. The issues discussed were a patient with HIV/AIDS who had not disclosed his condition to the dentist; autonomy of the patient in choosing who he wanted to carry out dental treatment; accidental injury to the patient; setting up a practice and a dentist treating someone else's patient.

All candidates passed the licensing examination.

Conclusions

A number of issues were identified during the project which have been discussed by the Working Group, recommendations as to next steps are listed in the Executive Summary section (above).

Training the trainers programme and Future training and development activities

The training programmes have been very well attended (the PCU holds the list of attendees) and very well evaluated on all aspects: content of the course, delivery of training and role modelling of the trainers and specifically the interactive, small group methods used in the training.

The majority of participants (79%) stated that the course met their learning needs and that their knowledge and confidence about teaching, learning and assessment has greatly increased as a result of attending the course.

It is clear that there is a real demand for the Training the Trainers programme, and indeed for educational and curriculum development in general. Due to the success of the training for the first cohort of doctors, dentists and pharmacists to support the modernization of the licensing process, it was agreed to modify the TORs to accommodate training for an additional cohort of 70-80 participants in December 2006 and February 2007. Seventy four people attended the second round of training. A small group of individuals were however unable to attend this training and it appears that there may be additional demand for yet another cohort of doctors, dentists and pharmacists to be trained in introductory educational methods.

Also, many participants on the TOT programme have expressed a wish to continue their professional development in education. It was particularly noticeable that those who had previously attended the CME training programme had a higher level of skills and knowledge than many other participants and this reflects the need for ongoing training and development. Three days of training are insufficient to develop, practice and assess skills and expertise in clinical educational theory and methods and there is much enthusiasm from participants to learn more theoretical knowledge and to practice their teaching skills. It is essential to develop a critical mass of educators, mentors and examiners to support the delivery of high quality healthcare education across the continuum of learning: from diploma programmes (eg, for nurses and other allied health workers); undergraduate (particularly in dentistry and medicine); internship and in ongoing postgraduate professional development.

Licensing examinations and assessment procedures

This section summarises some of the key observations and conclusions drawn from the observations and document scrutiny of the three professional licensing examinations. Interns in each profession have a similarly structured examination comprising a written examination, a clinical/practical examination and an oral examination. Entry to the examination follows satisfactory completion of the 6 month internship period and completion of a signed off log book covering core clinical areas.

The licensing examinations for Doctors, Dentists and Pharmacists have been developed in accordance with sound educational principles around clinical education and assessment. The Consultants were able to observe all three elements of each of the

licensing examinations of the three professions as well as consider support documentation. A full description of the Dentistry licensing examinations and the Consultants' observations can be found above. Full descriptions of the Pharmacy licensing examinations and the Consultants' observations can be found in the Consultants' *Report on fifth visit, 3 – 8 December 2006*. Full descriptions of the examinations and Consultants' observations can be found in the Consultants' *Report on second visit, 14 – 19 May 2006*.

There are very some good examples of assessment practice. The Consultants would particularly highlight the **Pharmacy examinations and assessment procedures** of being of a very high standard, comparable to other high quality clinical examinations internationally. The Pharmacy assessments are criterion-referenced and are very well designed, reliable and valid. There are mark sheets and supporting documents available for the examiners and the students seemed well prepared. Criteria are clear. The combination of the three forms of assessment gives a good profile of the student's readiness to practice safely and competently. Students receive feedback on their performance and thus the assessments are formative as well as summative.

Through mentorship and training, it is intended that students would not normally reach the stage of entering the internship examination without their deficiencies being recognized and addressed by the Faculty, their educators and mentors. A very good system of communication is in place to identify struggling students and also to improve the assessment and overall learning process.

The assessors appeared very competent and well briefed, they were supportive and encouraging of the students whilst remaining rigorous in their expectations. The facilities are very good and purpose built to deal with this form of assessment and learning. The mock hospital pharmacy in particular enables low level simulation to be carried out very effectively. The assessments, though dealing with relatively small numbers, are very well run and organized and are a model of postgraduate assessment.

The **Medicine licensing examinations** were observed by the Consultants. The examinations comprise a written Multiple Choice examination (MCQ), an assessment of clinical skills and a panel assessment of professional attitude and communications including ethics. The consultants were impressed by the enthusiasm and commitment by all those concerned with the examinations in assessing and developing the skills and competencies of graduate doctors. The assessment methods are appropriate and a helpful comprehensive booklet has been produced with instructions on procedures for all the examiners, including reporting forms which is given to all examiners. This ensures a standardised approach to the examinations.

The Medicine written examination (MCQ) appears relevant to the stage of training. It is a combination of basic sciences, clinical sciences and application of knowledge to clinical scenarios. We were unable to consider the question paper during the visit, but through discussion it seems that the design is appropriate and reflects good educational practice. There is no negative marking and each of the 120 questions is a single stem with five choices of response, the pass rate is 60%. It is unclear whether the examination is norm or criterion referenced, the latter would be preferable and in line with current practice in medical assessment. We were unable to compare the level of questions with similar ones for licensing elsewhere in the world and would suggest that ongoing review

of the question bank is undertaken against comparable learning outcomes on graduation around the world.

The **Dentistry written assessment** is a Computer based MCQ covering core areas of dentistry, It is a gate-keeping examination in common with the Medicine and Pharmacy written examinations. One advantage of the computer based examination using an optical mark reader is that all the assessment results are immediately available and so the candidates can proceed directly onto the next stage of the assessment.

One issue identified is for the Chambers to clarify the purpose, value and output of holding a knowledge based assessment at this stage of training that covers a limited area of clinical practice. The Pharmacy written assessment is a different type of examination in which candidates have to research and write up about Pharmacy topics. This may be a more time consuming assessment than MCQs but at this stage of training it may well assess higher level cognitive skills (analysis, synthesis and evaluation) than an MCQ examination that tests knowledge, understanding and application of knowledge.

The **Medicine clinical assessment** comprises an interview with a patient and a physical examination and lasts about an hour. Three to five examiners (normally a paediatrician, internal medicine doctor and family medicine doctor) form the panel for the student. Once the candidate has taken the history and made a diagnosis and a treatment plan, they have to complete a written report on a standard form which summarises their findings. The examiners also complete a grading sheet on the student and then they make a decision as to whether the candidate has passed or failed.

From observations, the Consultants noted a number of points relating to the assessment methods and procedures. Examiners are helpful to and supportive of the candidates and the interns appear to have a good understanding of clinical and scientific knowledge on questioning.

One area of concern which was noted in both the **Medicine and the Dentistry clinical assessments** is the way in which patients are involved. We saw no evidence that the patients were briefed or debriefed after the consultation in relation to what the candidate had discussed with the patient or around the discussions and questioning by examiners. Current research into teaching and assessment with patients notes that it is becoming increasingly unacceptable to use patients as 'teaching material' and that good practice in clinical assessment includes assessing the candidate's relationship with the patient. Some of consultations did not seem to provide the patient with a particularly effective consultation or treatment plan and it was unclear as to how this was addressed clinically for individual patients after the assessment. In addition, for some patients (for example if they are very old, very young, frail, with cancer, with a sensitive or intimate condition), participating in a lengthy assessment with a number of observers can be very stressful, worrying or humiliating and there needs to be opportunity for consent to be sought and for the needs and wishes of the patient to be of greater concern than the needs of the candidate.

Another issue arises from the way in which patients are selected opportunistically for clinical assessments. This is in terms of ensuring a fair and equitable assessment experience for individual interns. Candidates can be paired with any patient (child, adult, acute, chronic, complex or simple condition), therefore this can be inequitable and the focus on assessment on just one patient who may be atypical leads to a lack of

standardization across the examination. We heard of plans that all candidates would be assessed on their clinical skills on a small number of patients, not just one and this is one way of ensuring a more comprehensive and equitable assessment process. There could be also be benefit in embedding the clinical examination as part of a continuous clinical assessment with feedback outlining areas where the students need additional support

The Pharmacy examinations use simulated patients for the licensing examination rather than real patients. In Medicine and Dentistry however, patients are used for clinical assessment as they present in clinics. The Consultants appreciate that it is difficult to standardise and screen patients for assessment in busy health centres, however best international practice in clinical assessment emphasise a more standardized patient encounter. Discussions with Chamber representatives included ideas such as using simulated patients (actors), selected patients from a bank of patients with common conditions such as bronchitis, heart disease etc (expert patients) and also how to screen and brief patients for participating in assessment.

The Consultants also noted some differences in the medicine interns for their stage of training as compared with junior doctors from other European and North American countries. It is thought that this reflects the relatively low level of clinical experience that they have been exposed to in their undergraduate programmes. Examples include that none of the students was seen to take notes during their consultations and they hardly referred to the patient's previous case notes or laboratory results prior to commencing the interviews. The patients we saw were given little or no health management (lifestyle) advice during the examinations seen. The level of practical skills is somewhat lower than might be expected at this stage of training when compared with other countries. This was particularly noticeable with regard to a systematic approach to history taking and physical examination. It also seemed that students look for and assume complexity in their patients rather than focussing on the common clinical conditions. This may reflect the low experience of community and family medicine where common conditions are more prevalent.

The Medicine and Dental oral examinations are **ethical and legal interviews or discussions** and are the final part of the licensing examinations. In both examinations, candidates are interviewed by a panel of examiners. In the Medicine examination, each candidate selects a case selected from a small bank of clinical scenarios involving ethical or moral issues. The topics covered are: basic principles of ethics; general duties of doctors; bio-medical research; specific ethical problems; doctors' error and negligent treatment; quackery; ethical problems within a healthcare institution and the doctor and public media (extracted from the *Manual for examiners*). In the Dentistry examination, examiners ask questions around pre-prepared legal and ethical scenarios. For both examinations, interns either pass or fail this examination.

The following points were noted. In both cases, examiners were relaxed throughout the interviews putting the students at their ease, they acted as good professional role models. In the Medicine examination, examiners debated the issues amongst themselves showing areas of disagreement within an ethical framework and pointed out where they themselves might recognize a dilemma or where students used inappropriate language when referring to patients.

Although involving all the candidates together is reassuring for them, due to the random nature of the allocation of questions, the first student is possibly at a disadvantage. Some students are given the floor for a considerable period and others have just a few minutes. This reflects the mixture of questions, some of which are much more complex with a number of issues, than others.

Some examiners have excellent questioning techniques, others do not always allow the students time to answer before commenting. It might be useful to have allocated roles to each examiner, either allocate a question/candidate to pairs of examiners or ask different examiners to focus on specific questions such as ethical issues, law, clinical topics etc.

In neither case is it clear what a candidate would have to do to fail the examination, for example if they made errors of fact or inappropriate, unprofessional statements and there were no grading criteria for each candidate to evaluate this objectively

The relationship between Undergraduate curricula and the internship periods

Although this project has focused on the professional development of doctors, dentists and pharmacists working to support interns' teaching, learning and assessment, many of the participants also work with undergraduate students. In addition, interns have come straight from studying at undergraduate level. Through discussion and observation, some issues have been identified which, if unaddressed, may lead to increasing differentiation between the undergraduate and postgraduate curricula and learning approaches. The issues vary between the three disciplines/professions, these are describes below.

The Pharmacy curricula at undergraduate and postgraduate levels are currently the most linked, mainly because the Faculty and Chamber take joint responsibility for the curricula and assessment. The undergraduate programme is also currently under review and reform as part of an EU project and this is clearly having benefits in terms of improving teaching, learning and assessment. The numbers involved in Pharmacy are relatively small, however, there are some useful models and learning which could be shared with the other professions in terms of management and organization of teaching and assessment.

The undergraduate Medicine programme is currently under internal review. However, at present the interns graduating from the programme are deficient in clinical practice, experience and skills when compared with other graduates in the EU and in North America, Canada and Australasia. Their theoretical knowledge is good but application of theory to practice and clinical confidence is low. The numbers of teachers and clinicians involved in curriculum development, teaching and assessment are large and so are the student numbers. For these reasons, it is vital that any changes be made in an holistic fashion and not piecemeal and in accordance with international best practice in medical education. Change and reform will of necessity be incremental but it needs to be planned for and linked closely to developments and reforms in the internship period and beyond. There is a real risk of the undergraduate and postgraduate education periods becoming out of step, this coupled with wide ranging health reforms and the shift towards a primary health care led system may lead to graduates and young doctors having very variable experiences and ultimately may lead to attrition from the profession and lower standards of patient care.

The education and training of Dentists is different from the other professions mainly because the majority of dentists work in private practice once qualified and also the opportunities for clinical practice and assessment during the undergraduate and internship periods are changing to become more constrained. Dentists are qualified to practice independently once they have completed the internship period. This is different from dental curricula patterns for example in the UK where dentists are qualified after five years training on graduation and can practice independently. Some dentists mentioned difficulties in finding facilities and clinicians to assess the interns in the way they planned and it may be timely therefore to review the benefit of having a completely separate internship programme for dentists or whether facilities, resources and people could be used more effectively and efficiently through revision of curricula.

Inter-professional working and learning

There has been real synergy between the different organizations involved in managing the licensing process with highly effective inter-professional learning amongst the participants in the TOT programme. This type of inter-professional development activity at postgraduate level is to my knowledge unique and it would be good to share this achievement in an international forum.

Final workplan and key milestones

Dates	Key activities	Deliverable(s)
2006		
March 26 – 31 (7 days)	Inception visit	Inception report Work plan Framework for training programmes
May 14 – 19 (6 days)	Consultation with associations, chambers and selected co- ordinators Mon 15 th - working group meeting 1400 Tues 16 th - am Workshop, time TBC Wed 17 th – briefing meetings with all groups of educators, examiners and mentors Observation of licensing examination (Doctors)	Visit report Finalised training programmes Detailed training materials: workbooks and presentations
June 19 – 23 (5 days)	Round 1 - Training of examiners, educators and mentors Review training and finalise second round of training content and materials	Visit report Educators, examiners and mentors attended first training programme Reviewed set of training materials
September 22 – 28 (7 days)	Round 2 - Training of examiners, educators and mentors Observation of licensing assessments Meetings with sample of educators and mentors to assess progress and development needs Review of internship programmes	Visit report A cohort of trained educators, mentors and examiners
December 3 – 8 (6 days)	Observation of Pharmacy Chamber licensing assessments Round 3 - Training of second cohort of examiners, educators and mentors (approximately 75 participants)	Visit report Educators, examiners and mentors attended second training programme Group of facilitators from first programme worked alongside the UK consultants to develop skills
February 11 – 16 (6 days)	Final visit Observation of Dentistry licensing assessment Round 4 - Training of second cohort of examiners, educators and mentors (approximately 75 participants)	Final report Includes review of process and recommendations for improvement and ongoing activities A second cohort of trained educators, mentors and examiners Group of facilitators from first programme worked alongside the UK consultants to develop skills

Detailed evaluation results from the final module of the second cohort training programme, 11 – 16 February 2007

Number of completed evaluation forms:

Educators	33
Examiners	23
Mentors	29

General information

We asked:

Generally, the **course** was interesting/useful in terms of:

- Content
- Organisation
- Presentation and availability of information

Responses are summarised in the tables below:

Educators

	Strongly agree	Agree	Disagree	Strongly disagree
Content	23	10		
Organisation	21	12		
Presentation/availability	21	12		

Examiners

	Strongly agree	Agree	Disagree	Strongly disagree
Content	13	10		
Organisation	17	6		
Presentation/availability	18	5		

Mentors

	Strongly agree	Agree	Disagree	Strongly disagree
Content	17	12		
Organisation	18	10		1
Presentation/availability	18	11		

We asked:

Generally, the **small group teaching** sessions were:

- Well organised
- Helpful
- Of adequate content
- A good learning experience

- A welcome opportunity to talk to teachers

Responses are summarised in the table below:

Educators

	Strongly agree	Agree	Disagree	Strongly disagree
Well organised	26	7		
Helpful/useful	21	12		
Of appropriate content	21	12		
A good learning experience	27	5	1	
A welcome opportunity to talk to teachers	26	6	1	

Examiners

	Strongly agree	Agree	Disagree	Strongly disagree
Well organised	15	8		
Helpful/useful	15	8		
Of appropriate content	14	9		
A good learning experience	15	7		
A welcome opportunity to talk to teachers	15	8		

Mentor

	Strongly agree	Agree	Disagree	Strongly disagree
Well organised	18	11		
Helpful/useful	16	13		
Of appropriate content	13	16		
A good learning experience	16	9		1
A welcome opportunity to talk to teachers	20	8	1	

Finally, we asked if generally, the handouts for this course were excellent, whether the level of the course was appropriate and also if, by attending this course, confidence about the TOT programme has increased.

Educators

	Strongly agree	Agree	Disagree	Strongly disagree
Handouts for this course were excellent	15	18		
My knowledge and confidence about the TOT programme has increased as a result of attending this course	17	13	1	

Examiners

	Strongly agree	Agree	Disagree	Strongly disagree
Handouts for this course were excellent	12	10	1	
My knowledge and confidence about the TOT programme has increased as a result of attending this course	13	10		

Mentors

	Strongly agree	Agree	Disagree	Strongly disagree
Handouts for this course were excellent	16	11	1	
My knowledge and confidence about the TOT programme has increased as a result of attending this course	12	17		

We asked: Do you feel the course met your learning needs?

Educator Yes (29), No (), not completed (3), partly (1)

Examiners Yes (26), No (), Not completed (), partly ()

Mentors Yes (27), No () Not completed (2)

We asked: Which THREE aspects of the course were particularly good?

Educators

- Working with experienced teachers (3)
- Small group teaching (20)
- Gaining trust in students (3)
- Interactivity (12)
- Practical examples (8)
- Problem Based Learning (6)
- Evaluation methods
- Communication skills (3)
- Hypothetical situations
- Planning and designing (3)
- Organisation (2)
- Conflict resolution
- Creative conflict as a learning method (5)
- Enthusiasm and experience of teachers (3)
- Presentations (8)
- Materials (2)

- feedback
- Networking (2)
- New experience
- Understanding theory
- Evaluation (3)
- Content (2)
- Tools and techniques
- Revision

Examiners

- Objective and criteria based assessments (7)
- Practical examples of assessment methods (8)
- Check progress of delegates
- Effective and ethical use of a patient as a teacher
- Feedback (3)
- Small group working (7)
- Formulating questions based on previously determined criteria (2)
- Development of teaching and assessment skills
- Problem Based Learning (12)
- Peer assessment
- Planning and assessment
- Definition of learning needs and goals
- Communication skills (9)
- Learning outcomes (3)
- Micro teaching
- Modification of contents to fit student needs
- Presentations(3)
- Content
- Materials
- Exchange of ideas
- Learning outcomes (2)

Mentors

- Organisation (9)
- Presentations (9)
- Interactivity and active participation (4)
- Dynamics
- Relaxed and safe environment
- Exchange of experiences
- Micro teaching
- Communication skills/body language/ questioning skills (11)
- conflict resolution (2)
- Curricula design and planning
- PBL (9)
- Small group working (7)
- CPD
- Good teaching (2)
- Working with scenarios (2)
- Problem identification

- Learning and teaching methods (3)
- Good materials
- Content (4)
- Creative conflict (2)
- Approaches to mentoring (3)
- Open discussions

We asked: What, if anything needs improving the most about the course?

Educators

- Too short (3)
- More practical activities and examples needed (98)
- Content in advance
- More feedback to students on how much has been learned (2)
- More courses
- Translation of materials (2)
- Target groups for greater efficacy
- More time needed to introduce participants to each other
- More communication skills, appropriate use of non verbal cues

Examiners

- Develop norms for assessing theory and practice (2)
- Module 1(2)
- More practical examples (2)
- Developing a minimal threshold
- Cover more practical points (5)
 - Preparation of tests
 - Levels of mastery
 - Preparation of point scales
 - Comparison with other countries (2)
 - Pertinent to Macedonia

Mentors

- Very well presented
- Earlier submission of materials
- More about the process for the intern
- More assessment for the teachers
- Presentations
- More time for training (2)
- More on EU arrangements
- More time for better understanding

We asked, are there any further comments:

Educators

- Exact examples and practical application
- Too compact, too short time
- Good organisation (2)
- Managed to learn a lot (2)
- Have gained more confidence
- Learned how to overcome communication barriers
- Badges with names on please
- Great performance
- Very useful course for all levels

- Would like more interactivity
- Translation needs improvement
- Better organisation of groups
- Materials in advance

Examiners

- Preparation of assessment criteria
- Forming criteria
- More contrasting information with international models (2)
- Continued input in the future
- Own learning and learning through colleagues
-

Mentors

- Useful and inspiring
- Awareness raising
- Should have proper selective process
- Methods of assessment
- Good teachers
- Contact with exceptional teachers
- More work with PBL
- What next?

We asked, are there any topics that you would like us to cover in future?

Educators

- We did not cover large group teaching
- More practical examples
- Supervisory teaching periods
- Examination and evaluation in practice
- Topics related to practical examples
- Leadership
- Motivation

Examiners

- Video presentations of international examinations (5)
- International models and underpinning theory(2)
- Application of techniques in practice

Mentors

- Yes???
- How will mentorship unfold
- More on feedback
- More on distinguishing the difference between a mentor and an educator
- Involve more health professionals
- More learning methods
- Development of practical skills
- Assessments skills

The core curriculum for medical ethics and law (summary)

In medical education a twelve-point core curriculum has already been developed and endorsed within UK medical schools. A summary of the twelve-points is given below.

The core curriculum for medical ethics and law (summary)

Informed consent and refusal of treatment

Why respect for autonomy is so important; adequate information; treatment without consent; competence; battery and negligence.

The clinical relationship; truthfulness, trust and good communication

Ethical limits of paternalism; building trust; honesty; courage and other virtues in clinical practice; narrative and the importance of communication skills.

Confidentiality

Clinical importance of privacy; compulsory and discretionary disclosure; public v private interests.

Medical research

Ethical and legal tensions in doing medical research on patients, human volunteers and animals; the need for effective regulation.

Human reproduction

Ethical and legal status of the embryo/foetus; assisted conception; abortion; including prenatal screening.

The new genetics

Treating the abnormal v improving the normal; debates about the ethical boundaries of and the need to regulate genetic therapy and research.

Children

Ethical and legal significance of age to consent to treatment; dealing with parental/child/clinician conflict; child abuse.

Mental disorders and disabilities

Ethical and legal justifications for detention and treatment without consent; conflicts of interests between patient, family and the community.

Life, death, dying and killing

The duty of care and ethical justifications for non-provision of life prolonging treatment and the provision of potentially life shortening palliatives; transplantation; death certification and the coroner's court.

Vulnerabilities created by the duties of doctors and medical students

Public expectations of medicine; the need for teamwork; the health of doctors and students in relation to professional performance; the General Medical Council and professional regulation; responding appropriately to clinical mistakes; whistleblowing.

Resource allocation

Ethical debates about "rationing" and the fair and just distribution of scarce health care; the relevance of needs, rights, utility, efficiency, desert and autonomy to theories of equitable health care; boundaries of

responsibility of individuals for their own health.

Rights

What rights are and their links with moral and professional duties; the importance of the concept of rights, including human rights, for good medical practice.

Consensus group of teachers of medical ethics and law in UK medical schools. "Teaching medical ethics and law within medical education; a model for the UK core curriculum" J Med Ethics 1998;24:188-192