

MINISTRY OF HEALTH OF MACEDONIA

ACCREDITATION TEAM

STRATEGY FOR ACCREDITATION OF DOCTORS IN MACEDONIA

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INTRODUCTION

What is accreditation?

Accreditation is a process of issuing licenses for professional activities of individuals or institutions. This process covers measuring, monitoring and improving of health care quality which leads towards

better quality of medical care for all patients, protection of patients from mal-practicing doctors and improvement of the status of doctors with good medical practice.

Accreditation in Europe

Countries that are members of EC, as well as the countries that intend to become members of the Community, already develop system of secure and quality medical practice, which is called “good medical practice”. The Council of European Community in the document Council Declaration 93/16/EEC (April 1993) recommends some steps in the process of improving the quality of the health care system:

- Good quality of undergraduate and postgraduate medical education
- Working under supervision after graduating the Medical Faculty and the internship
- Permission for independent work after completion of postgraduate education and specialization in Primary Health Care or other specialties
- Minimum duration of the internship and the specialties
- Job description of the Primary Health Care doctors and the doctors with other specialties
- Revalidation of the doctors with full license

Present Situation with Accreditation in Macedonia

The idea of accreditation of the doctors in Macedonia is not new. Doctors’ Chamber of Macedonia started some activities to introduce accreditation but the circumstances were not in favor.

Why is Accreditation Needed?

The major reason for the need for accreditation and licensing of the doctors in Macedonia is the present situation in the medical profession. Most analyses show that, generally speaking, there are too many doctors, too many unemployed doctors, too many medical students in the Medical Faculty in Skopje, just like in the medical faculties in the surrounding countries and a very big interest for medical studies. On the other hand, the need for doctors is very limited.

Accreditation would lead to a different system of regulation that is measurable, transparent, fair, objective and undiscriminatory. That would also bring us closer to the European standards and allow acceptance of our diplomas and circulation of the doctors in Europe. Accreditation would also change the status of Macedonian doctors, professionally and economically, motivating them towards continuous professional development. Accreditation of institutions will ensure better equipment that is important for good medical practice.

Levels of Accreditation

There is accreditation of Doctors, Institutions, Trainers, Mentors and Examiners. According to European standards there are three levels of accrediting doctors:

- Basic License - license for working under supervision
- Full License - license for work without supervision

- Revalidation - process of reaccreditation of the license over certain periods

Accreditation of Institutions is dealing with the conditions for good medical practice judging the:

- Professional equipment
- Technical equipment
- Infrastructure
- Practicing according to the criteria for good medical practice (EBM, Peer review, Medical audit, etc.)

Using accreditation, institutions are able to achieve minimum standard for good medical practice.

Good medical professionals come as a result of:

- Good education
- Good Trainers
- Good educational system (plans & programs)
- Clear and objective assessment of professional capabilities

The aim of the Accreditation Team is to prepare a Strategy for Modernization of Medical Profession in Macedonia using the criteria and standards that are used in the European countries.

The document is clarifying Basic License, Full License and Revalidation. Special attention was put on the Internship and the Final Exam for achieving Basic License for work under supervision. In that context, there is a framework for the Handbook for the Internship, Framework for the Core skills, Structured Trainers Report, Framework for the Logbook, Templates for accreditation and re-accreditation of Institutions, Educational Structure etc., so that these documents can be used for further development in final versions for the purpose of Internship, Vocational Training and creating changes in regulations.

Implementation of the Strategy is a long process that involves action and awareness from all relevant parties such as Doctors' Chamber, Medical Faculty, Macedonian Medical Association and Ministry of Health. All these parties should create new relevant bodies such as Educational Board, for improvement of the educational process; Dean's Council- for improvement of the plans and programs of the Intern Year; Joint Committee and Experts Committee- for planning the needs of the doctors and their profile - Accreditation Body, Specialist Colleges, etc.

BASIC LICENSE – LICENSE FOR WORK UNDER SUPERVISION

Definition:

Basic License (BL) is a certificate that allows professional work under supervision.

Achieving BL:

BL can be achieved after:

- Completing medical studies - diploma of Medical Faculty
- Completing the Internship
- Successful completion of the Final Exam

For the doctors with foreign diplomas there are some other requirements that are regulated by law and the bylaws of the Doctors' Chamber.

Who is Issuing the BL?

The Doctors' Chamber of Macedonia is issuing the Basic License. The Chamber is also keeping the Register of the doctors with BL. The procedure of issuing the License and joining the Register is regulated by the bylaws of the Chamber.

The Internship

The internship is an obligatory period of 12 months for all graduated medical students. The duration of the Internship is according to the EC standards and is the required minimum. At the end of the Internship there is an assessment of theoretical knowledge, practical skills and professional attitudes of the doctor.

During the Internship graduated medical students are transformed into young doctors. It is the last opportunity for them to develop clinical skills and professional attitude, which is important for their future professional careers.

Every graduated doctor has the right to do the Internship and is to be paid for that work by the government.

Objectives of the Internship:

It is expected that the Intern should have a close individual contact with the patients and be involved in the care of the patients as part of a team. At the end of the Internship the Intern should know how to obtain clinical history, good clinical examination, differential diagnosis, to create a plan for investigation and management plan. The Intern should be able to diagnose, taking into account the clinical, social and psychological aspects and the influence of the age, ethnic, social, religious and cultural differences between the patients.

The educational objectives during the Internship should be concentrated on the clinical skills, the ability of synthesizing information and making differential diagnosis, creating a treatment plan based on the principles of evidence-based medicine. In that way, the Intern will develop professional attitude towards patients and colleagues and embrace the principles of life-long learning.

The objectives of the Intern are:

- To work in close and regular contact with patients in order to learn from them
- To acquire knowledge and understanding of health and disease in the context of the individual and his/her place in the family and society
- To be proficient in basic clinical skills as defined by the accreditation team
- To acquire and demonstrate attitudes for the achievement of a high standard of practice, both in the care of patients and in working with colleagues
- To acquire and demonstrate attitudes necessary for his or her own personal and professional development

At the end of the Internship the graduate will have acquired and be able to apply knowledge and understanding of:

- The scientific basis of disease and the appreciation of the normal
- Common pathological processes
- The environmental, socio-demographic and cultural determinants of disease and illness behavior
- Disease prevention and health promotion
- The range of problems presented to doctors and the range of solutions for their investigation, prevention and treatment

- Pharmacological and non- pharmacological therapy
- Clinical audit, peer review and professional development
- Ethical and medical-legal issues

By the end of the internship the graduate should be able to demonstrate the following skills:

- Obtain and record a comprehensive clinical history
- Perform a complete physical examination
- Assess the patients' mental state
- Reach a provisional assessment of the patients' problems and formulate with them a plan for investigation and management
- Communicate effectively with patients and colleagues
- Demonstrate core clinical skills
- Use information and informatics to evaluate evidence and apply the results to professional practice.

By the end of the internship the graduates will show:

- Awareness of the professional responsibilities of being a doctor
- Non-judgmental and non-discriminatory attitudes to patients, their families and to colleagues
- Recognition of the patients' rights to confidentiality, dignity, informed consent and the right to choose
- Awareness of personal limitations and the necessity of teamwork
- An ability to adapt to change and to cope with uncertainty

Structure of the Internship:

All the interns will follow the same rotating program regardless of their future career intentions. The intern year consists of 12-month rotation in five modules covering the following areas:

- Internal Medicine – 3 months
- Surgery – 2 months
- Obstetrics & Gynecology – 2 months

- Pediatrics – 3 months
- Primary Care – 2 months

During each module the Intern should become a member of the team so that he/she should get continuous experience and overall view of the medical care.

Every Intern will have a regular assessment of the knowledge, acquired skills and attitudes using different assessment methods.

Implementation of Educational Program:

Specially trained and accredited Trainers will implement the educational process according to the plan and program for the Internship. Each Intern will have personal Mentor who will have a pastoral role during the Internship. The Mentor will monitor the educational improvement of the Intern and provide remedial action in the case of failure of satisfactory progress.

The Institutions

The Internship should take place in the accredited institutions where the principles of good medical practice are implemented. Accredited institutions should have:

- Trained Trainers that will reserve time for education and work with the Interns
- Updated equipment and infrastructure
- Implemented principles of good medical practice

All potential institutions should be visited by the accreditators to check the conditions for the training process. The accreditation should be according to the objective and previously defined criteria. This accreditation visits should be at least annually. Decrease of the required standards would lead towards losing the accreditation license.

Assessment of the Interns

During the Internship knowledge, skills and attitude will be assessed:

- At the beginning of each module - baseline assessment and creating of personal learning plan
- During the modules - formative assessment
- At the end of the Internship - final examination

The Intern should create his or her personal learning plan at the beginning of each module together with the local Trainer. The educational program has to be prepared for each intern individually so that it should fulfill one's personal needs.

The Intern is supposed to keep a logbook to reflect and as a self-assessment tool. The Intern should communicate with the Mentor regularly to analyze the improvement in order to avoid the situations of unsuccessful improvement.

Minor difficulties during the modules should be resolved with the local supervising Trainer, while bigger academic or personal problems should be solved with the personal Mentor.

The Final Exam

The final exam will test the knowledge, clinical skills and attitudes of the Interns, using many different examination methods and techniques, which allow objective and transparent assessment of the competencies of the Interns. Successful completion of the modules and the final exam leads towards Register of the doctors with Basic License, and the doctors can work under supervision and may continue further postgraduate education.

Foreign examiners will monitor the final examination. They will be respected Trainers from European countries.

Unsuccessful results on one or more parts of the exam can mean repetition of one module or the whole Internship.

Complaints about the result of the exam should be discussed with the external monitor.

Criteria for the final exam will be discussed within the Examination Board, which also includes external examiners.

Control of the Educational Process during the Internship

Very important segment of the Internship is the system of controlling the quality of the educational process. There will be continuous feedback from the Interns and external monitoring of the examination through external examiners. This will ensure the standard, which is relevant in the European countries.

FULL LICENSE-LICENSE FOR UNSUPERVISED WORK

Definition:

Full license is permission for work in the specialty where qualified, without supervision.

Conditions for Obtaining Full License:

Main condition for the Full License is successful completion of the Primary Health Care or other specialty according to the Health Care Law.

Issuing the Full License:

The Doctors' Chamber of Macedonia according to the defined criteria in the Bylaws of the Chamber issues Full License. The Chamber also keeps the Register of the doctors with Full License.

Validity of the Full License:

Validity of the Full License is limited to 5 years. After this period the License must be extended through the Re-licensing Procedure.

Vocational training:

According to the list of specialties accepted by EC, Macedonia has an obligation to introduce the Primary Health Care specialty and to coordinate the duration and the content of the other specialties.

Conditions for Getting Vocational Training:

Doctors that have Basic License can apply for further specialization.

Choosing Candidates for Vocational Training:

The Experts Committee in the Ministry of Health, which consists of representatives from the Macedonian Medical Association (MMA), Doctors' Chamber and Medical Faculty will define the criteria for choosing doctors with Basic License for further specialization. The number of specialists needed in each specialty will meet the needs of the country and the suggestions from the Specialist Societies in the MMA. The announcement will be made once a year, in June, so that the candidates can be chosen by the beginning of the academic year in October. Candidates will be chosen under the previously defined criteria and procedures, which will be transparent and fair. Ministry of Health delegates the right of announcing and choosing the candidates for the needed specialties to the Medical Faculty.

Vocational Training:

Each specialization is carried out according to the specific plan and program. The relevant Department of the Medical Faculty, together with the relevant Specialist Society, prepares the plan and program for each specialty from the MMA. The plan and program for the Primary Health Care specialization is prepared by the Dean's Council, which has been established for that purpose.

The educational process is problem-oriented, specifying the problems of our population. Vocational training also gives information about self-assessment and analysis of the results of the work (Medical Audit), about the importance of Guidelines and Peer Review, as well as of practicing Evidence-Based Medicine.

Institutions:

Vocational training should be carried out in the accredited institutions, which fulfill the criteria for:

- Staff requirements - specially trained Trainers
- Infrastructure and equipment
- Good quality of medical practice in the specialty
- Good range of professional activities.

Trainers:

Accredited and specially trained Trainers will carry out the educational process. They will use modern educational methods and have an individual approach. Every doctor, during the vocational training, will have personal Mentor. The Mentor, together with the specializing doctor, will create individual

learning plan and solve the academic and personal problems that may occur. Each Mentor can be responsible for maximum 5 doctors.

Choosing the Mentor and the Trainers:

Mentor must be chosen from the list of available accredited Mentors. The Mentor, together with specializing doctor, chooses the Trainers from the list of accredited Trainers.

Training Process during Vocational Training:

Each doctor is creating his/her individual learning plan, together with his/her Mentor. During the training, it is expected that a logbook should be kept in which the required skills would be listed. The logbook is the basis for creating the individual learning plan and, also, the self-assessment tool. The specializing doctor should work as part of a team and should be under supervision of the Trainers. He/she should have responsibilities and obligations in the routine work of the Department. Seminars and problem-oriented discussions with experts in different fields will be held according to the accepted plan and program.

During the vocational training the doctor will be paid by the institution he/she is working for.

Final Exam - Specialists Exam:

The final exam should be transparent, objective and valid and should consist of several sections. The exam should express the theoretical knowledge, practical skills and attitudes and show their application. Successful completion of the exam allows the doctor permission for unsupervised work.

The examiners will be accredited Trainers - examiners. Examination Boards for each specialty will be established in the Doctors' Chamber. These Boards will consist of nominated experts by MMA, Doctors' Chamber and Medical Faculty. In fact, the experts represent the Specialist Societies of MMA and the teaching staff of the relevant discipline from the Medical Faculty.

Entering Procedures for the Register of Doctors with Full License:

After completing the final exam of the vocational training, the doctor-specialist in some discipline can obtain Full License for unsupervised work. The whole procedure and necessary papers is regulated in the Bylaws of the Doctors Chamber.

RE-VALIDATION

Definition:

Re-validation is extension of the validity of the Full License for unsupervised work. This process ensures the quality of individual professional activities.

Conditions for Re-validation:

Renewal of the Full License should occur every five years until the age of 60. Several preconditions must be fulfilled for the renewal of the Full License:

- Submission of proofs for Continuous Medical Education (CME) for the period before re-validation and proofs for participation on seminars, congresses and other accredited professional activities.
- Reviewed publications in professional journals
- Submission of proof for having practiced the specialty under license for at least 60 % of the licensing period

Criteria for Re-validation:

The Re-validation Body of the Doctors' Chamber will define the criteria for re-validation. The criteria will be based on the point system and the necessary activities will be scored. The activities will be graded according to the involvement (active or passive) and the quality of the meeting or the journal.

Accredited Trainers, Mentors and Examiners should be pointed as an important activity in the whole accreditation process.

CME, which is established in many countries of the EC and America, Canada and Australia, is very important for the professional activities of doctors. CME is a pre-condition for re-validation in the

abovementioned countries. The fact that CME is important for re-validation is based on the very fast improvement and the changes in the medical profession. Good medical practice is based on the criteria and standards that are evidence-based.

Re-validation Procedure:

Re-validation procedure will be defined in details in the relevant Bylaws of the Doctors' Chamber.

THE ROLE OF THE DOCTORS' CHAMBER IN THE ACCREDITATION PROCESS

Doctors' Chamber of Macedonia has a very important role in the accreditation process. The Chamber is the institution that is responsible for keeping and improving the quality of medical care by issuing the working licenses.

Register of the Doctors with Basic License, Full License and Re-validation:

Register of the Doctors is public. It is a data-base for the doctors in Macedonia. Doctors' Chamber has the obligation to found it and to keep it updated. The Register consists of two sections - Register for Basic License and Register for Full License.

After completion of the Internship and successful completion of the Final Exam, every doctor is issued a Basic License for work under supervision and the doctor is put in the Register of the Doctors Chamber.

Updated information from the Register should be preceded to the Ministry of Health and Ministry of Education at least once a year, so that it can be used for future planning of the number of new medical students.

Accreditation Body

Doctors' Chamber is responsible for keeping and improving the quality of medical care in the country. For that reason the Chamber should control the quality of medical education of graduated medical students, doctors that are on Vocational Training and of the doctors that have Full License. The Chamber accredits:

- Educational plans and programs for the Internship, Vocational Training, professional meetings (congresses, seminars; etc.) and CME courses
- Institutions that will be used in the Internship and for the Vocational Training
- Mentors, Trainers and examiners for the Internship and the Vocational Training

This will be the activity of the Accreditation Body in the Chamber. This Body will have delegated representatives from:

- Medical Faculty (Dean's Council) – 2 representatives
- MMA - 2 representatives
- Ministry of Health - 1 representative
- Doctors Chamber - 2 representatives

This Body can create sub-boards for accreditation of institutions, Mentors, Trainers and Examiners. This Body creates the criteria for accreditation and re-accreditation.

Members of the Accreditation Body will have limited mandate and can be re-elected on the same principle as all the other bodies that are included in the accreditation process.

Licensing of the Foreign Graduates and Specialists

Foreign medical graduates and specialists that have completed their education in another country can apply for Basic License or Full License. The application will be submitted to the Board for Licensing Foreign Doctors. The candidates will need a recognized diploma, completed Internship and successfully completed Final Exam to obtain the Basic License, and completed Vocational Training and Final Specialist Exam, to obtain Full License. Candidates will have to pass the Macedonian Language exam, regardless of their citizenship. The Board has the right to decide on the recognition of the Internship or Vocational Training that had been completed in the foreign country according to the criteria and Bylaws of the Chamber. The Board may decide that some additional education is necessary according to the plan and program of the specialty that is applied for.

Medical Audit

Medical Audit is a critical self-analysis on the part of the doctors. It should improve the medical profession and is controlled by the Doctors' Chamber. Audit should guarantee professional qualities of the doctors that are practicing in Macedonia.

Audit is based on the standards that are established by the medical professionals from the Specialist Societies in MMA. In future, the professional colleges should create their own standards.

Medical Audit can be of two different types - peer review from the same specialty and self-assessment. An Audit Body has to be established to prepare the documents for the Audit.

Medical Audit and self-assessment should enable the doctors to control their practice according to the accepted Standards, Criteria, Protocols and Guidelines given by the professional Societies.

The Audit Body should analyze and monitor the professional activity of the doctors and suggest some changes in order to improve the level of the medical care in Macedonia. In the case of inappropriate

professional activity, the Body should **report the institution or** the individual to the relevant body of the Chamber. The analysis should be according to the accepted Protocols, Standards, Criteria and Guidelines from the Specialist Societies.

The Audit Body can propose the period for the next analysis if the proposed standard is not fulfilled and also give suggestions to the institutions and individuals how to improve the quality of their work.

Objections and Complaints

Doctors' Chamber should establish an Appeal Body for the purpose of accreditation procedures. Objections can come from the institutions and from the individuals in a written form. The objections should be given in front of the Chamber Body that had made a decision about the license as the first instance, and after that in front of the Appeal Body. As the third instance, the complaint should be in front of the Minister of Health. The last instance is the Court of Law and the official judicial system of Macedonia.

Complaints from the doctors concerning their inter-personal relations and professional relations will be a matter of the Court of Honor of the Chamber. This Court of Honor can suspend the individual for a definite period of time or even put the doctor out of the Register and suspend his License.

The Court of Honor also deals with the complaints from the patients for the professional activity of the doctors taking into consideration the Standards, Protocols, Criteria and Guidelines used by the respective society. The next step for the complaints from the patients is a Civil Court in the judicial system of Macedonia.

The Court of Honor should consider the decision of the Civil Court and if the professional activity is found criminal, the Accreditation Body is informed and the License is suspended.

THE ROLE OF THE MEDICAL FACULTY IN THE LICENSING AND ACCREDITATION SYSTEM IN MACEDONIA

The introduction of the licensing and the accreditation of doctors means changes in several professional levels and institutions, too. The Medical Faculty has a core place in this process on different educational levels:

- Undergraduate studies
- Postgraduate education of doctors during the compulsory Internship year which is necessary for obtaining the Basic License for work under supervision
- Specialization in different medical fields including the Primary Health Care, for obtaining the Full License for unsupervised medical practice

1. UNDERGRADUATE EDUCATION: Medical education in Macedonia has a proud and long-standing tradition but in recent years it has fallen behind the standards expected in Western Europe. The increased volume of theoretical knowledge has been added to the curriculum threatening to overload it. Consequently the time available for teaching practical skills has been decreased. The integration of theoretical and practical education has become less co-co-ordinated as the curriculum has expanded. The introduction of knowledge about personal skills, learning skills and ethical matters has been delayed. Assessment is excessive, sometimes inappropriate and insufficiently objective. It could be susceptible to bias. There is no publicized system of quality control of either the Trainers or the learning environment. According to the analyses of the European medical systems for undergraduate education, the Medical Faculty has a task to reform and modernize:

- The undergraduate Curriculum towards early contact with patients, practical training, etc.
- New trends in the educational methods as Problem-based Learning, Small Group Teaching, etc.
- More objective assessment

2. INTERN (PREREGISTRATION) YEAR is the time in which the medical student becomes transformed into a junior doctor. It is the final opportunity for him/her to develop the skills and attitudes necessary to prepare him/her for further training in a chosen specialty. According to the agreement of the EC countries the graduate doctor should pass at least 12 months of internship training, in **order to learn all the skills** that will be necessary in everyday work as a doctor in Primary Health Care or other specialties. In informal conversations, the graduate doctor without training and appropriate assessment of the medical knowledge, practical skills and professional attitude, is “a graduated killer”. The current plan and program for training, as well as the form and the contents of the present State Exam, differ a lot from the European standards. The Medical Faculty is responsible to:

- Prepare the final Plan and Program of the Intern year in consultation with the Department of Primary Health Care and other specialist departments about the content of Core Skills for the doctors with a Basic License
- Prepare the final format of the log book which will be used for evidence of the already learned skills
- Prepare and manage the Final Examination using contemporary methods for assessing the theoretical knowledge, skills and professional attitudes

3. SPECIALISATION- VOCATIONAL TRAINING: As an institution with established academic departments that are responsible and capable for planning the vocational training, the Medical Faculty should be responsible for preparing:

The Plans and Programs for all specializations, including the Primary Health Care. The Specialist Societies, as well as the future Colleges of the Macedonian Medical Association should give an opinion for the content and realization of the specializations. For the needs of the triple principle (planning, executing and control) the Examination Board for Vocational Training will be established by the Doctors' Chamber. Accreditation of individuals, as well as accreditation of the institutions in which specialization internship will be held, will take place based on the criteria for work that are to be accomplished in MMA Specialist Societies.

For establishing the tasks mentioned above, in addition to the already existing structures, which are responsible for the theoretical and practical education and examination of the undergraduate students and doctors on vocational training, the MF should:

- **Continue** its activities in **reforming the educational process** according to the European standards
- Establish the **Dean's Council**, responsible for the **Plan and Program of the Intern Year**
- Establish the **Educational Unit**, which will take responsibility for analyzing the education and assessment methods of undergraduates and postgraduates and suggest implementation of new methods. Medical education is an ongoing process with implications for assessment since the latter does drive learning. Education and assessment need to be at the forefront of these Health Care Reforms if we are to reach and maintain the standards of our European neighbours. It is proposed that a unit specializing in educational and assessment methods should be set up to **advise** the Chamber and Medical Faculty on such issues for quality control of the educational process, to raise the professional standards of doctors working in Macedonia, to facilitate a multidisciplinary approach to assessing educational provision, to reassure outside agencies (e.g. EC and the public at large) regarding professional standards, to ensure that assessment methods are transparent, objective and of sufficient quality, to provide an expert resource for training in educational and assessment methodology to interested parties such as the Universities. This Educational Unit would have the following functions:
 - ✓ To monitor, analyze and advise on educational and assessment processes on both Undergraduate and Postgraduate level
 - ✓ To create and organize workshops for this educational network
 - ✓ To advise on the essential and desirable characteristics of the members of the educational network
 - ✓ To ensure and facilitate application of EBM (Evidence-based Medicine) to everyday medical practice in Macedonia
 - ✓ To establish AUDIT as a discipline and disseminate this process

- ✓ To monitor and analyze the assessment methods used - from a point of methodology, objectivity, content, reliability, etc.
- ✓ To suggest and promote changes of the educational methods and assessment
- ✓ To prepare and implement the Examination for Basic License under the auspices of the Examination Board

Create an Examination Panel and Examination Board, which should organize the Final Examination of the Interns. The Examination Panel will elect a convener. The Examination Panel will elect members of the nuclear groups for the MCQ, MEQ and clinical components of the Examination.

- Establish a **Department of Primary Health Care** to create the educational Plan and Program for vocational training in Primary Health Care
- **Evaluate** the educational **Plans and Programs** for the existing specialties
- **Nominate** members in the **Accreditation Body of Doctors' Chamber** which should accredit the institutions for the Intern year and vocational training, Trainers and Mentors for the interns and doctors on vocational training and Examiners for the examinations of the doctors finishing vocational training
- Take part in making decisions for NUMERUS CLAUSUS: In Macedonia, there are more doctors than necessary that results in a great number of unemployed graduates. Consequently, the number of entering students must be reduced to minimum that will allow continuing the work of the Medical Faculty, thus contributing to the relaxation of the current situation. In order to realize the reduction of the number of students, cooperation with the other subjects in this country, Ministry of Health, Health Insurance Fond, Ministry of Education and Science, is necessary.

THE ROLE OF THE MACEDONIAN MEDICAL ASSOCIATION IN THE PROCESS OF ACCREDITATION

Respecting the main purpose of the MMA in the process of accreditation - **to keep and raise the level of professional activities of doctors**, as well as the fact that this doctors' association embraces **most of the doctors** in the Republic of Macedonia, there appeared activities that are essential for the preparation and start of the process of accreditation in the Republic of Macedonia.

The Macedonian Medical Association gathers the activities of the specialist societies as well as the society of general medicine, with their communications with its regional branches – practically the large majority of doctors.

In that way, the activities of MMA can reach almost every region and every doctor in the Republic of Macedonia.

One of the main activities of MMA in the process of accreditation is to secure the quality and skill of the doctors. The organization of CME (Continuous Medical Education) has the most significant role in that continuous process.

1. CME is a continuous activity for maintaining and raising the professional level of doctors in Macedonia. Its primary activity is a permanent maintenance of the level and standards of good and professional work, as well as their upgrading.

Every society will have to prepare **CME annual plans and programs** for a given period, whose goal will be to answer the needs of the profession, which means activities that will prevent the decrease of the standards of a given profession. Programs prepared like this must reach every member of the society. These plans and programs must be evaluated, so that the number of points scored in every CME course should be transparent. For the legalization of this activity the plans and programmes should be registered in the Doctors' Chamber together with the complete documentation about the way CME courses will be taken. In addition to the CME courses which should be organized by every society, each society should make an evaluation of the professional activities during each year, such as congresses, seminars, panels, etc. All of these should be put in the calendar of the society, together with the points that can be scored by every participant.

One of the main activities of CME at the beginning of the process of accreditation is organizing **AUDIT and self-assessment** courses, as well as an introduction to **peer review**. The process of self-assessment and AUDIT is the most spread activity in all European countries. It enables every doctor or a group of doctors who belong to one specialty to check and increase the quality of their professional

work. This is a very important process for increasing the professional attitudes and responsibility of the doctors, and, moreover, it is one of the activities, which will be needed for every doctor in the process of accreditation and reaccreditation. That is why AUDIT and self-assessment courses are an imperative for every society in MMA and because of their great importance for each doctor they should be organized regularly, and should be reachable for all the doctors in Macedonia and should be graded higher than other courses so that the doctors would be motivated to attend them in great number. The use of AUDIT and self-assessment, as well as peer review will result in a higher level of professional activity and will improve the relationship among the colleagues.

2. The activity of the societies towards creating **plans and programs for specialisation**, as well as creating **guidelines and protocols for good professional work**, gives another dimension to the societies and increases the level of their competence. Thus, the societies by providing this activity become more responsible towards their colleagues and the profession, and by choosing the most competent professionals, they delegate the right of creating of these important documents to those who are most experienced and competent, which leads towards an improvement of the professional activity and creation of the so-called professional colleges.

THE ROLE OF THE MINISTRY OF HEALTH IN THE PROCESS OF ACCREDITATION

Memorandum of Understanding between The Doctors' Chamber, Macedonian Medical Association and Medical Faculty was a very important step forward towards the implementation of the proposed changes for the Health Care System in Macedonia. This Memorandum is an obligation for the above-mentioned institutions for dividing the competencies and responsibilities.

Joint Committee for Planning the Needs of the Medical Students

One of the first steps towards the reforms in the Health Care System in Macedonia is the entering policy of the Medical Faculty. The control of the increasing number of unemployed doctors is possible by using the *numerus clausus* principle and by limiting the number of the new medical students. The data of the exact number of needed doctors in Macedonia is very important fact for the planning policy, and is a responsibility of the Ministry of Health and the Ministry of Education and Science. The planning policy should be a joint effort and should include representatives from the Medical Faculty and the Doctors' Chamber, in addition to the representatives of these two ministries, in the Joint Committee.

The number of new medical students should be defined according to:

Total number of medical graduates in our country and the neighbouring countries

Data about employment of the doctors

Data about retired doctors and doctors that have stopped their professional activity as doctors by whatever reason

Financial Support of the Doctors on the Internship

Young doctors on the Internship will work under supervision of the senior doctors (trainers, specialists, etc.) and will contribute to the process of care for the patients. That is why the Ministry of Health and the Health Care Fond should support this work.

Experts' Committee for Planning the Needs of Specialists

The Ministry of Health has an obligation for planning the needs for specialist in different fields. The Experts' Committee in the Ministry, consisted of representatives from the Medical Faculty, Doctors' Chamber and Macedonian Medical Association, should monitor the changes and plan the future needs for different profiles of doctors in Macedonia.

Delegation of Functions to the Doctors' Chamber and the Medical Faculty

According to the Memorandum of Understanding, the Ministry of Health delegates some functions to:

The Doctors' Chamber – accreditation of Trainers, Mentors, Examiners and Institutions in the process of accreditation

The Medical Faculty – educational process, not only at the undergraduate but at the postgraduate level as well, by creating the Plans and Programs for the Internship, the Final Exam for the Basic License and the plans and programs for the Vocational Training together with the Final Specialist's Exam

The Macedonian Medical Association – creating Criteria and Standards, Guidelines and organizing CME

GLOSSARY OF TERMS

TERM	EXPLANATION	ТЕРМИН	ОБЈАСНУВАЊЕ
ACCREDITATION	Giving approval of competence to do something. Giving authority to doctors and institutions for their professional activity, to allow some person or institution their professional activity	АКРЕДИТАЦИЈА	Давање потврда за подготвеност да се работи нешто. Давање авторизација на лекарите и на институциите за нивната професионална активност; да се дозволи на лице или на институција вршење на професионална активност.
RE-ACCREDITATION; RE-CERTIFICATION	Process of renewing the licence for unsupervised work	РЕАКРЕДИТАЦИЈА РЕСЕРТИФИКАЦИЈА	Обновување на авторизацијата на акредитираните институции и поединци за извршување на нивната професионална активност

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BASIC LICENCE	A licence to practise <i>under supervision</i>	ОСНОВНА ЛИЦЕНЦА	Дозвола за работа под надзор
FULL LICENCE	Licence to practise <i>unsupervised</i>	ЛИЦЕНЦА ЗА РАБОТА	Овластување за работа во стекнатата квалификација
LICENSING	<p>Certifying that a doctor is fit to practise <i>unsupervised</i> <u>full licence</u></p> <p>Giving a licence to practise <i>under supervision</i> <u>basic licence</u></p>	ЛИЦЕНЦИРАЊЕ	<p>Издавање сертификат (уверение, потврда) со која се потврдува дека докторот е оспособен за самостојна работа, работа без надзор. Се стекнува по успешно апсловирање на приправничкиот стаж и завршниот испит.</p> <p>Овластување за работа во стекнатата квалификација ЛИЦЕНЦА ЗА РАБОТА</p> <p>Давање потврда за работа под надзор / контрола на едукатор при работа во акредитираните институции. ОСНОВНА ЛИЦЕНЦА</p>
INTERNSHIP – (PRE-REGISTRATION YEAR)	The first year of training in hospital after the medical graduation during which the doctor works <i>under supervision</i> with <i>limited clinical responsibility</i>	ПРАКТИЧНА ЛЕКАРСКА ОБУКА ПРИПРАВНИЧКИ СТАЖ	Првата година од практичната лекарска обука во болница, по дипломирање на медицинскиот факултет, кога докторот работи со ограничена клиничка одговорност под надзор на едукатор
RESIDENCY	Period of hospital training	СТАЖИРАЊЕ	Период на тренинг после дипломирањето-

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			практична работа на дипломираниот доктор пред да се стекне со Основна линенца за работа под супервизија
CLINICAL MODULES	Parts of preregistration year	ТУРНУСИ	Делови од специјализацијата или практична лекарска обука (приправничкиот стаж)
MENTOR	Course organiser	МЕНТОР	вПатронг, встарателг на максимум 5 кандидати (се наоѓа на листата на акредитирани ментори, ги исполнува дефинираните услови за акредитација), препорачливо е да е од наставниот кадар, се грижи за успешно завршување на Приправнички стаж, специјализацијата и на Завршниот, специјалистички испит
TRAINER	An educator who is acting as a tutor	ЕДУКАТОР	Едукатор, го едуцира кандидатот и е одговорен за обуката во одреден период / турнус, Води само еден кандидат. Квалификацијата ја стекнуваат низ процес на едукација за едукатори
PERSONAL LEARNING PLANS	Individual learning plan, an essential part developing personal learning needs	ИНДИВИДУАЛЕН ПЛАН ЗА	План за сопствено учење (се базираат и на податоци од

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		ЕДУКАЦИЈА	Листата за самопроверка на кндидатот)
SELF ASSESSMENT CHECK LIST		ЛИСТА ЗА САМОПРОВЕРКА	Листа за самопроверка на совладаните вештини (што совладал и во колкава мера)
LOG BOOK	Log diary	КНИШКА ЗА ПРАКТИЧНА ЛЕКАРСКА ОБУКА (СТАЖАНТСКА КНИШКА) СПЕЦИЈАЛИЗАНТСКА КНИШКА	Книшка совладаните вештини на докторот во тек на приправничкиот стаж, односно специјализацијата
FINAL EXAM BASIC LICENCE EXAMINATION	Basic licence exam	ЗАВРШЕН ИСПИТ СТРУЧЕН ИСПИТ	Испит за добивање на Основна лиценца (Лиценца за работа под надзор)
COMPONENTS OF THE EXAMINATION		КОМПОНЕНТИ НА СТРУЧНИОТ ИСПИТ	Компоненти - делови од кои се состои Завршниот- стручниот испит
ASSESSMENT	Establishing the level of achievement (Theoretical knowledge, practical skills and attitudes; comparing performance with previously defined norms)	ИСПИТУВАЊЕ ОЦЕНУВАЊЕ	Утврдување на ниво на теоретско знаење, практични вештини и професионален однос; споредување на работата со претходно дефинирани норми со објективни методи
SUMMATIVE ASSESSMENT	An assessment which leads towards a qualification e.g. A) Finals examination B) End of year examination	ЗАВРШНО ОЦЕНУВАЊЕ	Испит кој води кон квалификација A) Краен - Завршен испит

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	<p>which has to be passed before progressing to the next stage of the Course</p> <p>C) In – course assessments e.g. end of module assessments which contribute a percentage of marks towards final or end of year examinations</p> <p><u>D) Hurdle assessments</u> for which a satisfactory grade must be achieved before being allowed to progress to the next stage</p>		<p>В) Годишен испит – Мора да биде завршен пред продолжувањето кон следната етапа на едукацијата</p> <p>С) Испит на крај на одреден клинички турнус</p> <p>Д) Квалификационен проценка – За кој мора да се постигне задоволителен степен на знаење пред да се дозволи продолжеток кон следната етапа</p>
FORMATIVE ASSESSMENT	An assessment which is used for feedback only, it does not count towards any part of the qualification	ПРОЦЕНУВАЊЕ ВО ТЕК НА ТУРНУС	Проценка која се употребува само како повратна информација и не е важна за квалификацијата
NORM-REFERENCED ASSESSMENT	An assessment where the results of all the students are used to set the standard for the assessment; the pass mark for the examination is only decided after all the results are known	ОЦЕНУВАЊЕ СПОРЕД СТАНДАРДИ ИЗВЕДЕНИ ОД ПОКАЖАНИТЕ РЕЗУЛТАТИ	Испитување каде резултатите на сите студенти се користат за поставување на стандард за испитот; преодната проценка за испитот е одредена по добивањето на сите резултати
CRITERION-REFERENCED ASSESSMENT	An assessment where a candidate's performance is compared with some stated criterion of competence. The standard is determined before the examination.	ОЦЕНКА СПОРЕД ОДНАПРЕД ДЕФИНИРАНИ КРИТЕРИУМИ	Испит при кој способностите на кандидатот се споредуваат со некој дефиниран критериум на компетенции. Стандардот се одредува пред испитот
MULTIPLE BEST ANSWER	Statement is followed by a variable number of items, a specific number of which is correct	ТЕСТОВИ СО ПОВЕЌЕ ОДГОВОРИ	Повеќе од еден точен одговор на дадено прашање

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(MBA)			
SINGLE BEST ANSWER (SBA)	Statement or stem is followed by variable number of items, only one of which is correct	ТЕСТОВИ СО ЕДЕН ОДГОВОР	Само еден точен од повеќе дадени одговори на прашањето
EXTENDED MATCHING QUESTIONS (EMQ)	Scenario to be matched to an answer from a list of options	ПРОШИРЕНИ ПИСМЕНИ ПРАШАЊА	Сценарио кое се сложува со одговор од листа на можни одговори
STANDARD MULTIPLE TRUE FALSE (MTF)	Comprise a statement followed by a variable number of items, any or all or none of which may be correct	СТАНДАРДНИ ТЕСТОВИ	Еден, повеќе, сите или ниеден точен одговор на дадено прашање
MATCHED PAIR QUESTIONS		ТЕСТОВИ СО СПАРУВАЊЕ НА ТОЧНИ ПРЕМИСИ	Спарување на точни премиси
MODIFIED. ESSAY. QUESTIONS (MEQ)			Писмени прашања со модифицирани опширни одговори.
PROBLEM SOLVING SCENARIOS		РЕШАВАЊЕ НА ЗАДАДЕН ПРОБЛЕМ	Решавање на зададен проблем
OSCE	Objective Structured Clinical Examination	ООКВ	Објективно оценување на клиничките вештини
SIMULATED PATIENTS		ПАЦИЕНТИ ИМИТАТОРИ	Пациенти - имитатори (може да бидат студенти, доктори, глумци студенти по глума и др.) кои импровизираат по однапред дадено сценарио

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			околу одредена проблематика
COLEGES		ЕКСПЕРТСКИ КОЛЕГИУМ	Група на компетентни стручњаци во специјалистичкото здружение
EXAMINATION BOARD		ИСПИТНА КОМИСИЈА	Група акредитирани испрашувачи номинирани од Одборот на испрашувачи
CONVENOR		ПРЕТСЕДАВАЧ СО ИСПИТНАТА КОМИСИЈА	
CRITERION	Point or subject to be measured. (Defined and measurable elements of health care which describe quality and which may be used for evaluation of that quality)	КРИТЕРИУМ	Дефинирање на мерливи елементи на здравствената нега кои опишуваат квалитет
STANDARD	<p>Level of criterion (a standard is a measurement)</p> <p>A) <i>MINIMUM STANDARD</i></p> <p>The lowest acceptable standard</p> <p>B) <i>GOOD STANDARD</i></p> <p>Certain level of knowledge and practical skills for professional activity</p>	СТАНДАРД	<p>Одредено нивото на критериумот. Одредено ниво на знаење и практични вештини за професионална активност, претходно дефинирано врз база на податоци од страна на компетентна литература</p> <p>A) МИНИМУМ СТАНДАРД</p> <p>Базичното ниво на знаење и практични вештини за професионална активност во процес на</p> <p>- Лиценцирање (основна лиценца)</p>

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			- Ресертификација Б) ДОБАР СТАНДАРД Оптимално професионално ниво неопходно како за секојдневна пракса така и за сертификација (дозвола за работа без супервизија)
<u>GUIDELINE</u>	A document providing advice and recommendations, not orders	УПАТСТВА	Документ кој нуди совети и препораки а не наредби
EVIDENCE BASED MEDICINE	Practice of Medicine based on the basis of evidence (usually obtained by the critical appraisal of published papers)	МЕДИЦИНА КОЈА Е ЗАСНОВАНА НА НАУЧНИ ДОКАЗИ И ФАКТИ	Консензус на експерти за критриуми и стандарди базирани на референтна литература
APPRAISAL INCLUDING SELF APPRAISAL		ПРОЦЕНУВАЊЕ	Оценување и самооценување
CLINICAL GOUVERNANCE	<i>(standard definition)</i> –A framework through which the Health Service organisations are accountable for improving the quality of service and safeguarding of high standards. (The continuous improving and monitoring standards of clinical care by education and audit)		Постојано следење и подобрување на праксата со едукација и аудит
CLINICAL	The responsibility for clinical care taken by the person or organisation. (The one	ПРОФЕСИОНАЛНА ОДГОВОРНОСТ	Професионална одговорност. Лична одговорност -

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ACCOUNTABILITY	who will be sued!!)		- на поединецот или - на организацијата каде работи
QUALITY ASSURANCE	This ensures that standards are maintained by checking them	ПОТВРДУВАЊЕ НА КВАЛИТЕТ	Одржување на квалитетот на професионалната активност - стандардите, со нивна контрола (проверка)
<u>PEER REVIEW</u>	Assessment (review) by colleagues from same discipline/speciality/grade/profession	КОНСУЛТАЦИЈА СО КОМПЕТЕНТНИ КОЛЕГИ	Мислење (проценка) на стручната работа од страна на колеги од иста професија / специјалност
ATTITUDES	The set of norms and values specific for the person which are the basis of his/her conduct	СТАВОВИ	Лична ангажираност (однос) кон пациентите, колегите и професијата
MEDICAL AUDIT	Comparison against a previously agreed (defined and accepted) standards; checking of truthfulness of data of doctors practise or institutions, evaluating the work of doctor or institution and the practical use of equipment for medical work. (An Audit shows what is actually done rather than what is said to be done)	КРИТИЧКА АНАЛИЗА НА ИЗВРШЕНАТА РАБОТА	Проверка на веродостојноста на податоците од докторската ординација или институција со која се евалуира квалитетот на докторот односно институцијата и исто така практичната употреба на опремата со претходно дефинирани и прифатени стандарди
TYPES OF AUDIT	<ul style="list-style-type: none"> • <i>Internal audit</i> (Self audit; Peer audit) – Audit carried out by self or peers within the same speciality e.g. GPs or members of the Primary Health Care Team auditing 	КРИТИЧКА АНАЛИЗА НА ИЗВРШЕНАТА	<i>Инџерен (внайрешен)</i> самопроценување со размена на искуства со компетентни колеги од иста специјалност

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	<p>GP activities or Anaesthesiologists auditing themselves or other Anaesthesiologists</p> <ul style="list-style-type: none"> • <i>External audit</i> – Audit carried out by an outside body e.g. Government or a different speciality. <p>MEDICAL AUDIT IS GUIDED BY: legal acts: financing and economic activity, accounting reports and medical statistics and statute as well as regulations assigned by medical profession</p> <p>OBJECTS OF MEDICAL AUDIT: legal bodies (medical institutions) and individuals (MD)</p> <ul style="list-style-type: none"> • AUDIT CYCLE – THE STAGES OF AUDIT • Define criteria • Set the standards • Check against the standards • Make changes to improve performance in order to achieve the standard • Re-define criteria (if necessary) • Re-set the standards 	<p>РАБОТА - ВИДОВИ</p>	<p><i>Надворешен</i> се заснова на правни акти (финансиски и економски активности, сметководствени извештаи и законот (статутот) - Владини тела</p> <p><i>MEDICAL AUDIT</i> - Воден е од правни акти (финансиска и економска активност), сметководствени извештаи и медицинска статистика како и од статутот на медицинското здружение</p> <p>- ПРЕДМЕТ се медицинските институции како и докторите поединци</p> <p>- <i>СТАДИУМИ</i></p> <ul style="list-style-type: none"> • Дефинирање на критериумите • Утврдување на стандардите • Проверка на утврдените стандарди • Промени кои водат кон подобрување на особините со цел достигнување на стандардите • Редефинирање на критериумите
<p>P.A.C.T</p>	<p>Prescription management audit. Information fed back to GPs in the UK about their prescribing. It provides detailed</p>		<p>Аудит преку анализа на препишаните рецепти. Повратна детална информација (во Англија) кон</p>

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	information about all drugs prescribed by the individual. It includes a list of drugs, the numbers of prescription of each group, the cost and comparison with the prescribing by his/her colleagues both locally and nationally		матичните лекари за нивното преписување на лекарства. Содржи листа на лекарства, број на рецепти од секоја група, вредност на препишаните лекарства како и споредба со преписувањето рецепти со неговите /нејзините колеги.
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FRAMEWORK FOR THE INTERN YEAR

It is generally agreed that the standard of medical education in Macedonia is below that expected in the rest of Europe.

It has therefore been decided that modernisation of the intern year is the most effective way of producing immediate improvement. The intern year is the time in which the medical student becomes transformed into the junior doctor. It is the final opportunity for him/her to develop the skills and attitudes necessary to prepare him/her for further training in a chosen speciality.

It is recommended that all the interns follow the same rotating programme regardless of future career intentions.

The educational programme should concentrate on the improvement of practical skills including clinical examination; development of the ability to synthesise information to make a differential diagnosis; and to construct a basic management plan according to the principles of evidence based medicine. It will enable the development of appropriate attitudes in the intern and will introduce the principles of life long learning.

The interns will be expected to work closely with patients. They should work individually but under supervision as part of the clinical team and should make an active contribution to patient care. By the end of the internship they should be able to take an appropriate clinical history, perform correctly a physical examination, investigate appropriately and devise a management plan. They should be able to consider a diagnosis in physical, social, and psychological terms, taking into account the age and ethnic, social and religious background of the patient. Throughout the internship the intern should have a designated trained mentor. Tuition should be provided by educators who themselves have been trained and accredited according to a planned curriculum.

Throughout the internship the doctor should receive regular formative assessment from his educators including a baseline assessment at the beginning of each new placement. The educational programme should be tailored as far as possible to meet the needs of each intern. Failure to make satisfactory progress should be detected early and appropriate remedial action must be provided when necessary.

The final summative assessment will test a range of knowledge, skills and attitudes using a number of different recognised techniques and providing an objective and reliable assessment of competence and performance. Satisfactory achievement across the whole spectrum will be required to ensure admission to the professional register.

Objectives

At the end of the internship the graduate will have acquired and be able to apply knowledge and understanding of:

- The scientific basis of disease and the appreciation of normal
- Common pathological processes
- The environmental, socio-demographic and cultural determinants of disease and illness behaviour
- Disease prevention and health promotion
- The range of problems presenting to doctors and the range of solutions for their investigation, prevention and treatment
- Pharmacological and non- pharmacological therapy
- Clinical audit, peer review and professional development
- Ethical and medical-legal issues

By the end of the internship the graduate should be able to demonstrate the following skills:

- Obtain and record a comprehensive clinical history
- Perform a complete physical examination
- Assess the patient's mental state
- Reach a provisional assessment of the patient's problems and formulate with them a plan for investigation and management
- Communicate effectively with patients and colleagues
- Demonstrate core clinical skills
- Use information and informatics to evaluate evidence and apply the results to professional practice.

By the end of the internship the graduates will show:

- Awareness of the professional responsibilities of being a doctor
- Non-judgmental and non-discriminatory attitudes to patients, their families and to colleagues

- Recognition of the patient's rights to confidentiality, dignity, informed consent and the right to choose
- Awareness of personal limitations and the necessity for teamwork
- An ability to adapt to change and to cope with uncertainty

Assessment of the Intern

Formative Assessment

The intern will agree with the local educator the learning objectives for the placement at the beginning of each phase of the rotation

The intern will be expected to keep a log diary during the course of the intern year to provide a reflective record and self-assessment tool.

Regular appraisal will allow dialogue between intern and tutor about progress and enable appropriate remedial action to be offered.

Normally difficulties should first be addressed with the local educator but a trained personal mentor should be available for each intern to assist with unresolved academic or personal problems.

Summative Assessment

Final summative assessment at the end of the year (State examination) will have multiple components to ensure reliability, validity and justice.

It is recommended that an external examiner should moderate the assessment of each subject under examination. The examiners should be well-respected medical educators from other medical faculties in Europe.

Satisfactory overall performance in the final assessment should result in the intern being admitted to the register and qualify him or her to undergo specialist training.

Failure to achieve the appropriate standard should require the intern to repeat all or part of the programme before repeating the assessment.

DIRECTIONS FOR THE INTERNSHIP DOCTORS

Introduction

The internship is the continuum of the medical studies in the transition of young medical graduates to doctors working under supervision. The main purpose of the internship is to develop a problem-solving approach to medicine and to develop **skills** and **attitude** necessary to practice medicine in a safe and caring manner. During this period of training the emphasis is on increasing the confidence and communication skills of young doctors in their work with the patients, and lay the foundation for continuing training in the their subsequent vocational training.

Purpose of the internship

The main purpose of the internship is:

- To develop problem solving approach
- To develop practical clinical skills
- To develop a professional attitude and enhanced communication skills
- To develop knowledge of ethical principles and their application
- To prepare the candidate for the State Examination
- To prepare young doctors for work under supervision having gained their Basic License.

STRUCTURE OF THE INTERNSHIP

The intern year consists of 12-months rotation in five modules covering the following areas:

1. **Internal Medicine** – 3 months
2. **Surgery** – 2 months
3. **Obstetrics & Gynecology** – 2 months
4. **Pediatrics** – 3 months
5. **Primary Care** – 2 months

All the interns will follow the same rotating program regardless of their future career intentions. The modules will be structured so that the Intern gets a wide range of experience both at the Clinical Center in Skopje and other accredited institutions throughout Macedonia.

Educational program

Educational program will concentrate on practical use of the knowledge and skills; in particular,

- The **clinical examination**,
- The ability to **synthesize information and formulate a differential diagnosis**,
- To construct **basic management plan** based on the principles of **evidence based medicine**.

Stress will be placed on the practical **clinical skills** and developing **a professional attitude** as well as embracing the principle of **life long learning**.

Implementation

The Intern

The intern will be a part of a team and is expected to work in direct contact with the patients. Through the process of **working in a team**, he/she will be able to develop the objectives of the educational program detailed above. The Trainer, who will monitor the professional development of the intern, will closely supervise the work of the intern. The intern is expected:

- To work in close and regular contact with patients
- To use a problem based approach to his/her learning
- To be proficient in basic clinical skills
- To acquire and demonstrate professional attitude in the care of patients and working with colleagues
- To acquire and demonstrate professional attitude necessary for personal and professional development

During the internship, the Intern is expected to discuss with the supervising Trainer regarding his/her **personal learning plan** in the context of competencies needed to be acquired during this module. This should be done at the beginning of each module.

The intern will keep a **logbook** during the internship in order to provide evidence of educational activities undertaken. This is recommended to be used as a reflective record and for the Intern to use it as a self-assessment tool.

At the end of the internship, Interns should be aware of rights and responsibilities of both doctors and patients alike, with particular regard to confidentiality. They should be also aware of their limitations and the need to foster teamwork and professional relationships with patients and colleagues alike.

Tasks of the INTERN

- To choose Mentor in good time to plan the Intern Year
- To initiate regular (possibly monthly) contact with the Mentor
- To fill the log book as evidence of educational activities done (e.g. seminars, tutorials, etc)

The Trainers

Each module will have a supervisory Trainer who can use other staff deemed fit for the purpose for specific skills training. The supervising Trainers are responsible for facilitating a full timetable of activities to help in the successful completion of each module. Trainers will have protected time for teaching and monitoring the Intern's performance as well as being responsible for preparing the Interns for the State Examinations. For the purpose of summative assessment, Trainers will use the Structured Trainers Report at the end of the module. They will give a copy of this Report to the Interns mentor within one week of the Intern completing the module.

Trainers Structured Report

The Trainers Structured Report is part of the State Examination for the Basic License. It has separate sections for each module with the competencies and skills that are required from that module. The supervising Trainer of each module is responsible to assess the abilities of the Intern to fulfilling competencies required to a sufficient standard. He/she may use the knowledge of other staff members in recording the competencies, noting the source in the Trainers Structured Report. In cases where it is noted that the Intern is failing to progress, the Trainer is advised to inform the Intern's mentor as well as the Intern as soon as possible.

All modules should be successfully completed in order to achieve Basic License. Failure to achieve successful completion of only one module requires repetition of that module. This needs to be achieved within two years of completion of the Intern Year.

The Mentors

During the internship, each Intern will have his personal Mentor. Mentors can be chosen from an accredited List, which is obtained from the Accreditation Body of the Doctors Chamber, by the Intern subject to a maximum of 5 Interns per Mentor

You can obtain a list of accredited Mentors from the Deans Council but you may like to apply early (possibly 3-6 months before finishing your Undergraduate studies) to ensure you get the Mentor of your first choice. . If the first choice Mentor is unavailable then a second and subsequent choice is necessary since it is requirement that each Intern will have a Mentor.

The Mentor has a pastoral role in facilitating the development of the Intern in both personal and academic spheres and hence fulfills the requirements of the intern year. The Mentor in consultation with the Intern and the plans and programs of the Medical faculty will develop a detailed program for the Intern Year. He/she will be responsible for informing a central database of the details of the Intern and his/her program for the Intern Year. The Mentor is responsible for advising the Intern on his/her progress during the Intern Year.

Tasks of the MENTOR:

- To facilitate the trainee in developing an individual curriculum in general terms such as the timetable of the modules with specified Trainers. This initial agreement should be signed by both trainee and Mentor.
- To ensure regular contact with the trainee, possibly at least once a month
- To ensure the responsible Trainer completes Structured Trainers Reports within two weeks of the Intern completing the module and then to pass these on to the Trainee.
- To give a final certificate of satisfactory completion of the Intern year based on the Structured Trainers Report at the end of the 12 month training year
- To provide a pastoral role

Courses & educational activities

The aim is to address topics suitable for a larger setting than the one-to-one tutorial. Courses and lectures should take place at the beginning of the module and induction week should take place twice yearly

FRAMEWORK FOR THE CORE SKILLS FOR INTERNSHIP

Strategy for Accreditation of Doctors in Macedonia

CORE SKILLS	KNOWLEDGE	SKILLS	ATTITUDE
Taking a clinical history	Differential dg. In a physical psychological and social context;	appropriate questions considering holistic patients approach, listening skills,	Religious and ethnic background, previous medical history
Cardiovascular system	Recognition of normal variation ; recognition of common pathological processes	Specific system examination, for example: Inspection,palpation,percussion, and auscultation of the heart, puls characteristics, blood pressure; <u>clubbing:</u> ,JVP,oedema,hepatomegaly	Empathetic approach
Respiratory system	Recognition of normal variation Recognition of common pathological processes	Specific system examination, for example: inspection,palpation,percussion and auscultation of the chest; respiratory rate, Finger clubbing,cyanosis; sputum collection and examination;peak flow meter	Empathetic approach
Digestive system	Recognition of normal variation Recognition of common pathological processes,	Specific system examination, for example: Examination of the abdomen,palpation of the liver and spleen, rectal examination,jaundice,abdominal masses, hernias	Empathetic approach
Urological system	Recognition of normal variation Recognition of common pathological processes	Specific system examination, for example: Palpation and succusio renalis, examination of the male genitalia, male catheterization, per rectum palpation of prostate	Empathetic approach
Haemathological system	Recognition of normal variation Knowledge of common path. processes	Specific system examination, for example: pallor, plethora, jaundice, Palpation of spleen & liver & lymph glands	Empathetic approach
Nervous system (neurological and psychiatric)	Recognition of normal variation Knowledge of common path.processes	Specific system examination, for example: Examination of the cranial nerves, examination of reflexes, important tests; examination of mental state; balance, gait, extra pyramidal signs; use of ophthalmoscope	Empathetic approach
Skin & minor surgery	Recognition of normal variation Knowledge of common path,processes	Specific system examination, for example: differentiation of various changes Skin biopsy, excision of minor lesions Suturing	Empathetic approach
Female gen.system	Recognition of normal variation Recognition of common pathological Processes	Specific system examination, for example: breast examination; performing and teaching self-examination of breast, secondary sexual characteristics Abdominal and bimanual examination Exam. of vulva and vagina; using speculum Cervical samples for cytology; catheterization	Empathetic approach with special respect for patient's privacy

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Musculoskeletal system	Recognition of normal variation Knowledge of common processes Related to age	Specific system examination, for example: Inspection & palpation of the joints; examination of hip, knee, spine and other joints examination of baby hips, recognition of joint effusion, recognition of limping	Empathetic approach
Infant, child, adolescent	Recognition of normal variation receiving and giving information immunization schedules Failure to thrive, stages of puberty and Developing sexuality Normal infant development, centile charts	Giving vaccines; examination of newborn, approach to examination of un-cooperative child,	Empathy and sensitivity to both parent and child alike especially the challenging of adolescent behaviour
Sexual medicine	contraception, abortion counseling Homosexuality, infertility, marital problems sexually transmitted diseases	Teaching and counseling skills	Awareness of these presenting as an hidden agenda ; sensitivity and empathy in the management
Collecting laboratory specimen	Protocols for collecting mid-stream urine ; procedure of taking blood for haemoculture ; collecting feces, semen etc.	mid-stream urine specimen Venepuncture & venous blood Taking swabs(nose, throat, conjunctiva, Skin, wounds, vaginal, urethral, for cytology Sputum specimen, faeces sample, skin scrapings Semen analysis	Empathetic approach
Cardiopulmonary resuscitation	basic knowledge about different presentations of arrest	CPCR for example maintenance of airway, ventilation external cardiac massage, maintaining of circulation ECG interpretation, defibrillation	Calm, systematic approach
Coping with emergencies	basic knowledge about emergencies	Emergency procedures e.g. CVP line, neck stabilization , naso-gastric tube, etc.	Calm, systematic approach
Synthesize information (differential diagnosis)	Systematic approach to symptoms	Practicing in the everyday work	Awareness of the importance of using it in everyday practice
Explain treatment options	Knowledge about the treatment	Using clear language appropriate to patients understanding	Empathetic approach
Injections & infusions	Knowledge about the technique and the possible complications	Application of all kinds of injections and infusions	Showing consideration and care
Evidence based medicine	Basic knowledge regarding evidence based medicine; and where to get information	Use of the principles of evidence based medicine;	Understanding the importance of evidence based medicine , self-awareness regarding keeping up to date
Informed consent	Ethical dilemmas in informed consent	Application of the ethical principals	Empathetic approach in holistic maner

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Ethical and medical-legal probl.	Knowledge about the importance of the issue	Application of the medical-legal and ethical principals	Self-awareness regarding ethical conflicts
Breaking bad news	Recognition of normal variation Recognition of common pathological processes	Using clear language appropriate to patients understanding	Showing consideration and care
Continuous learning	Knowledge about various methods of learning	Application appropriate to the doctor`s background and experience	Insight into areas of deficiency
Reflective practice;self-evaluation	Awareness of various methods of self-assessment	To implement it for example log-book	Insight into life long learning
Clinical AUDIT	Basic knowledge about types of AUDIT and their pros and cons.	Performing AUDIT	Using AUDIT to improve performance

STRUCTURED TRAINER'S REPORT FOR SUMMATIVE ASSESSMENT OF THE TRAINEES

PATIENTS CARE

COMPETENCIES	MINIMUM STANDARDS	EVIDENCE			
		Sources			Comments and signature
		Direct observation	Discussion with the trainer or other staff (specify the name and position)	Specific methods	
INTERNAL MEDICINE The doctor can recognize common physical, psychological and social problems					
the doctor is able to examine each system and each organ proficiently					
Inspection, palpation, percussion, and auscultation of the heart,					
Pulse characteristics					
Blood pressure					
ECG interpretation					
Inspection, palpation, percussion and auscultation of the chest; respiratory rate					

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Peak flow meter					
Rectal examination					
Pallor, plethora, jaundice, Palpation of spleen & liver & lymph glands					
Examination of the nervous system					
Examination of mental state;					
SURGERY The doctor has the knowledge and skills to deal with life events and crises					
Emergency procedures e.g.CVP line, neck stabilization ,naso- gastric tube, etc.					
CPCR, airway, ventilation external cardiac massage, maintaining of circulation					
ECG interpretation, defibrillation					
Palpation and succusio renalis, examination of the male genitalia, male catheterization, per rectum palpation of prostate					
Use of ophthalmoscope					
Use of otoscope					
Excision of minor lesions Suturing					
Breast examination					

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Inspection & palpation of the joints; examination of hip, knee, spine and other joints					
Examination of baby hips					
PEDIATRICS Giving vaccines					
Examination of newborn					
PHC Taking swabs					
Venepuncture, application of all kinds of injections and infusions					
<u>OB&GIN.</u> Abdominal and bimanual examination Exam. of vulva and vagina; using speculum Cervical samples for cytology; catheterization					

FRAMEWORK FOR LOG BOOK

Introduction

This log book is aimed to help both the trainee and his (her) educators in planning an individualized learning plan to prepare the trainee to pass assessment at the end of the Intern Year which will include all the modules of the Structured Trainers Report and the final Examination for Basic Licence.

This booklet has various sections aimed at informing the trainee of possible strategies for developing a personalized learning plan. This will be done in conjunction with the Mentor and the specific speciality Trainers. A copy of the Structured Trainers Report is in the Appendix to clarify the competencies that will be tested by the Trainer. The core skills document details the aims of the Intern Year, which basically are to develop knowledge, skills and attitudes necessary to obtain the Basic Licence to practice. Details of the framework for the Intern year are as in Appendix 2.

- Successes and failures in improving the processes that go into the educational system
- To be able to provide high quality care consistently to our patients.

- The same book can go through your 12 months of training.

- As one receive training in a skill, e.g. taking a cervical smear or you gain knowledge in a particular field then this needs to be recorded in the logbook.

- Life Long Learning process

- Basic licence achieving

Using the log book

- Ongoing learning process

- Should be fulfilled by the candidate (interns) and signed by the mentor and trainers

Strategy for Accreditation of Doctors in Macedonia

- The structured trainers report asks for evidence that the interns are competent in various fields. If intern has already been signed up for these then there is no point in repeating the training.
- On joining a practice it is well to get settled and then review with the trainer what is already done and what must be achieved.
- Usual parts for what must be as a content in any diary. Interesting problems or situations past across should be recorded for later discussion with the trainer.
- Any educational activity needs to be documented.
- Ideally about monthly must be gone through what is done and produce a signed by the intern and the trainer. These meetings also give the opportunity to map out what needs to be covered in the next month and the rest of the training period.
- ‘To do list’. It’s an old time management idea but along with ‘post-its’ it does actually work
- ‘End of training summary’ will be astounded at the amount of education involved with.
- Do keep a record of courses attended

The areas that need further work should be identified. (the assessment toolkit)

- Plan and programme both in the short term and long term.
- Clarify the times & method of review.

Date of 1st Consolidation Report

Planning

To do list

Time management that actually works!

No.	Date	To Do	Priority	Done
1				
2				
3				
4				
5				

Starategy for Accreditation of Doctors in Macedonia

6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

Educational Agreement for Trainers and Intern

This Agreement is designed to recognise the fact that both the trainer and the Intern have responsibilities to ensure the learning and teaching in the Intern year is optimal.

THE TRAINER Undertakes to provide for his/her attached Intern --

Tuition and guidance throughout the module via tutorials and teaching, case discussion and other teaching contexts (excepting during annual leave).

Broad formative assessment and feedback to enable interns to build on strengths and address weaknesses.

Facilitate the preparation for Summative Assessment.

Availability of himself or herself or a deputy during the Intern's time with the practice.

The assessment tuition and guidance will ensure coverage of an individually adapted CORE CURRICULUM as defined by --

- Objectives relating to those tutorials as detailed in the Core Skills Guide
- Topics as listed and defined by the Structured Trainers' Report element of Summative Assessment
- A working knowledge of core textbooks.
- Exposure to a broad range of clinical contact and continuity of care

THE INTERN Undertakes to apply him/herself to covering the core curriculum with specific attention to --

Punctually attending tutorials and teaching activities

Preparation for and contribution to the Tutorial

Take responsibility for the necessary reading and other adult centred learning to underpin and supplement the education process and address any identified weaknesses

Avail themselves of other educational opportunities e.g. multiprofessional/ multidisciplinary teaching within the institute.

Signed(Trainer) Date
 Print name

Signed(Intern) Date.....
 Print name

Courses & educational activities to consider

The aim is to address topics suitable for a larger setting than the one-to-one tutorial.

- ✓ At the beginning of the module
- ✓ Induction week which take place twice yearly

Courses & Seminars:	Date	Name of the educator	Signature
Family Planning			
Child Health Development			
Ethics			
Personal development – lifelong learning			
Audit			
Rational prescribing			
CPR			
Basic Computer Skills (?)			

End of training (summary for Mentor)

No	MODULE	DATE	INSTITUTION	TRAINER	PASS/FAIL
1.	Internal medicine				
2.	Pediatrics				
3.	Surgery				
4.	Gy & Ob				
5.	Primary Health Care				

Signed(Mentor) Date

Print name

SUGGESTED LIBRARY LIST

The choice of individual books is very much a personal matter and the books named in the list are only examples. What is important is that there is a range of suitable books for reference and for stimulating thought. The list consists of a series of categories of books, which would provide the basis of a balanced library. Each training practice must provide a written list of books available.

EXAMINERS HANDBOOK FOR THE EXAMINATION FOR BASIC LICENCE

The aim of the Examination for Basic Licence is to test knowledge, skills and attitudes at the end of the Intern Year for practice under supervision. This Handbook is written to help examiners understand the basic plan and ethos of this examination. Comments from the Panel of Examiners are welcome regarding suggestions for improvements of this Handbook.

Examination structure

The Examination Panel will elect a Convenor

The examination Panel will elect members of the nuclear groups for the MCQ, MEQ and clinical components of the Examination.

The basic licence certificate will be awarded only under the following conditions:

1. The examination consists of four components. All components must be passed satisfactorily.
2. All five modules of clinical experience must be completed and satisfactory structured trainers reports provided
3. Evidence of competence in CPR must be demonstrated
4. Applications to sit the examination can be made any time after completion of ten months of the Intern year, provided that satisfactory trainers reports in at least four of the five modules of the Intern year are submitted at the time of application.
5. In case of failure in two or more components, the entire Intern year (so the whole examination) has to be repeated – even the one component that the candidate passed.
6. In the case of failure in only one component, this can be attempted any number of times provided it is within a two year period of completion of the Intern year (i.e. maximum of three years as an Intern).
7. Application for successful completion of the Examination is to the Convenor of the Panel of Examiners after satisfactory completion of the final fifth module.
8. In the case of failure in only the fifth module of the Intern year, this can be attempted any number of times provided it is within a two year period of completion of the Intern year (i.e. maximum of three years as an Intern).
9. All components must be passed within two years of completion of the Intern year.

BLUEPRINT FOR THE EXAMINATION FOR THE BASIC LICENCE

The purpose of the exam is to ensure the minimum knowledge required for a safe doctor based on basic knowledge, skills and attitude of the candidate

1. Factual knowledge
2. Problem solving
3. Clinical skills
4. Application of knowledge
5. Ethics
6. Personal care
7. Verbal communications
8. Self-awareness and reflective learning
9. Commitment to maintain standards and professional growth

DOMAIN	KNOWLEDGE MCQ, EMQ true/false, multiple best answer,	MEQ	CLINICAL COMPONENTS	STRUCTURED REPORTS
Factual knowledge	+	+	+	+
Problem solving	+	+	+	+
Skills			+	+
Application of knowledge		+	+	+
Medical ethics		+	+	+
Personal care			+	+
Verbal communications			+	+
Reflective learning			+	+
Maintain standards			+	+

COMPONENTS OF THE EXAMINATION are:

- Machine-marked paper e.g. MCQ
- Written paper e.g. MEQ
- Clinical component
- TRAINERS STRUCTURED REPORT (a pass in four of the five modules of the Intern year is a minimum requirement for application to sit the examination)

With the exception of the Structured Trainers Report, each component is available twice a year, in June and December. The examination components will be held in Skopje over a period of three days. These components will be as follows:

• The Machine-marked Paper

This paper will have instructions on how to fill in the answer sheet. It will be a three-hour paper consisting of about 200 true/false questions and about 100 single best answer (SBA) /multiple best answer (MBA) /extended matching questions (EMQ). Examples of such questions are in the appendix below.

- **The Written paper**

This is a three-hour paper consisting of 12 short answers (e.g. MEQ) and examples are given below.

- **The Clinical component (modified OSCE)**

- Venue – CME centre in Chair/Dean's Office
- The examination will last up to three hours
- 12 – 20 stations – to be decided
- 10 minute stations
- Use of a variety of methodology e.g. orals, OSCE stations, simulated patient, real patients (short cases)
- Need to be aware of inter-case variation if running parallel clinical examination

THE RESULTS

The results of the examination as a whole will be reported in the four categories of Fail/Pass/Merit/Distinction, with each component separately detailed in those bands, namely Pass/Fail/Merit/Distinction.

Publication of the general results will be made in due course via a bulletin and/or the Examination Department website.

- In order to achieve a pass in the examination, it is necessary to achieve at least a passing grade in all the components. In cases of failure in only one component, this can be re-sat as many times within two years of completion of the Intern year (maximum four).
- Results and decision - There is recourse for candidates to get feedback in cases of appeal but the examiners decision will be final. The task of communicating the examiners decision will be given to the Convenor of the Examination Body who will be elected from the main Panel of examiners.

External examiners

It is recommended that External Examiners are recruited to assess the Examination and help to ensure quality control of this process. This would ensure that the examination is transparent and objective. It may help to reassure outside agencies, such as the EU, regarding the standards achieved by candidates passing this examination.

Appeals and complaints

The components of the examination are marked and passing standards set, in accordance with current international practice. Quality control procedures are constituted to reduce the impact of isolated vagaries in marking to a level considered negligible by the Examination Panel; this would be assessed by External Examiners. Unless there is good reason to suspect a procedural error, the Convenor of the Examination Panel will not consider it appropriate for any component of the examination to be to be remarked or reassessed since the Examiners decision is final. General feedback, however, can be obtained regarding the individual's performance from the Convenor of the Examination Panel.

1. In cases of appeal, lodge a complaint or ask for any issue to be investigated, the candidate must notify the Convenor of the Panel of Examiners in writing within 7 days after the notification of examination results.
2. Appeals or complaints received after the seven days will not be considered.
3. The written notification must state the particular matter about which complaint or appeal is made and must state, in full, the grounds relied upon.
4. The candidate must lodge any complaint or appeals personally.
5. Appeals or complaints will be dealt with in the only instance – by the Convenor, who will take appropriate steps to ascertain the relevant facts including consulting where necessary Examiner's contemporaneous notes.
6. The Convenor will respond in writing taking into account the examiners' contemporaneous comments and his (her) decision will be final.

HANDBOOK FOR THE FINAL EXAMINATION FOR BASIC LICENCE

The aim of the State Examination for Basic Licence is to test knowledge, skills and attitudes at the end of the Intern Year for practice under supervision. This Handbook is written to help candidates understand the basic plan and ethos of this examination.

It is a condition of entry for the examination that the candidates agree to these Regulations

At the time of applying for the consulting skills component (clinical). It is compulsory to submit a completed and valid certificate of competence in basic cardio-pulmonary resuscitation (cpr) as well as your completed structured trainers reports.

1. It is compulsory to pass all four components of the examination as well as completing the full twelve months (i.e. the five modules) of the Intern Year in order to be awarded the Basic Licence Certificate.
2. Applications to sit the examination can be made any time after completion of ten months of the Intern year, provided that satisfactory trainers reports in at least four of the five modules of the Intern year are submitted at the time of application.
3. In case of failure in two or more components, the entire Intern year is to be repeated and so the whole examination has to be repeated – even the one component that the candidate passed.
4. In the case of failure in only one component, this can be attempted any number of times provided it is within a two year period of completion of the Intern year (i.e. maximum of three years as an Intern).
5. Application for successful completion of the State Examination is to the Convenor of the Panel of Examiners after satisfactory completion of the final fifth module.
6. In the case of failure in only the fifth module of the Intern year, this can be attempted any number of times provided it is within a two year period of completion of the Intern year (i.e. maximum of three years as an Intern).
7. All components must be passed within two years of completion of the Intern year.

BLUEPRINT FOR THE FINAL EXAM

The purpose of the exam is to ensure the minimum knowledge required for a safe doctor based on basic knowledge, skills and attitude of the candidate

Strategy for Accreditation of Doctors in Macedonia

1. factual knowledge
2. problem solving
3. clinical skills
4. application of knowledge
5. ethics
6. personal care
7. verbal communications
8. self-awareness and reflective learning
9. commitment to maintain standards and professional growth

DOMAIN	KNOWLEDGE MCQ, EMQ true/false, multiple best answer,	MEQ	CLINICAL COMPONENTS	STRUCTURED REPORTS
Factual knowledge	+	+	+	+
Problem solving	+	+	+	+
Skills			+	+
Application of knowledge		+	+	+
Ethics		+	+	+
Personal care			+	+
Verbal communications			+	+
Reflective learning			+	+
Maintain standards			+	+

COMPONENTS OF THE EXAMINATION are:

- a. MCQ
- b. MEQ
- c. CLINICAL COMPONENT
- d. TRAINERS STRUCTURED REPORT (a pass in four of the five modules of the Intern year is a minimum requirement for application to sit the examination)

With the exception of the Structured Trainers Report, each component is available twice a year, in June and December. The examination components will be held in Skopje over a period of three days. These components will be as follows:

- The Written and Multiple Choice Papers

Paper 1 – This is a machine marked paper with instructions on how to fill in the answer sheet. It will be a three-hour paper consisting of about 200 true/false questions and about 100 single best answer/multiple best answer/extended matching questions. Examples of such questions are in the appendix below.

- Paper 2 – This is a three-hour written paper consisting of 12 short answers and examples are given below.
- The Clinical component (modified OSCE)
 - venue – CME centre in Chair/Dean's Office
 - the examination will last up to three hours
 - 12 – 20 stations – to be decided
 - 10 minute stations
 - use of a variety of methodology e.g. orals, OSCE stations, simulated patient, real patients (short cases)
 - need to be aware of inter-case variation if running parallel clinical examination

MAKING AN APPLICATION

Are you eligible

You need to have a basic diploma in Medical Sciences recognised by the Medical Faculty. The earliest you can apply to sit the examination is when you have completed at least 10 months of your Intern year with passes in the Structured Trainers Reports to date (i.e. four such reports at the time of making the application).

How to apply

You can get an application form from the Examination Department which needs to be accompanied by all needed documents [to be defined – 4 trainers reports, CPR certificate, medical diploma, certified photo/ID, confirmation of payment for the examination]

You have to apply to take examination as a whole and it is not possible to take individual components unless there is failure in only one component, on previous attempt, which needs to be passed.

In your application form you need detail any previous attempts, if any, quoting your reference number.

When to apply

There are two sessions of the examination in June and December (dates are available from the Examination Department) and you have a two-week window to put in your application. Namely, you need to apply six weeks before the examination date that you wish to apply for; the closing date is four weeks before the examination date.

Application received after the closing date and incomplete applications are not accepted.

Notification must be given in writing when you would like to make changes to your application and withdrawing your application to sit the examination; you must do this at least 2 weeks before the examination date for a refund of your application fee.

Your application to sit the examination will be acknowledged by the Examination Department, who will send you a letter of acceptance with a note of your reference number, which will be needed for any future correspondence.

In cases of special difficulties (such as illness, bereavement, etc.), the results cannot be modified due to these special difficulties. However, deferment of the examination attempt up to the examination date can occur without financial penalty on confirmation of such difficulties by a reputable person, such your Trainer.

THE RESULTS

The results of the examination as a whole will be reported in the four categories of Fail/Pass/Merit/Distinction, with each component separately detailed in those bands, namely Pass/Fail/Merit/Distinction.

The administration will send the results to candidates within one month of taking the examination. To ensure the accuracy and confidentiality, communication of the results will be made in writing; communication by telephone or fax will not be entertained and so please do not contact the Examination Department by telephone. All communication with the Examination Department will be in writing stating the candidates reference number.

Publication of the general results will be made in due course via a bulletin and/or the Examination Department website.

- In order to achieve a pass in the examination, it is necessary to achieve at least a passing grade in all the components. In cases of failure in only one component, this can be re-sat as many times within two years of completion of the Intern year (maximum four).

- **Results and decision**

The results will be sent to candidates as mentioned above. There is recourse for candidates to get feedback in cases of appeal but the examiners decision will be final. The task of communicating the examiners decision will be given to the Convenor of the Examination Body who will be elected from the main Panel of examiners.

External examiners

You may note there are observers at the examination; they are there to assess the Examination process and not you; assessing you is the role of the Examiners. These External Examiners help to ensure quality in this important process.

Appeals and complaints

The components of the examination are marked and passing standards set, in accordance with current international practice. Quality control procedures are constituted to reduce the impact of isolated vagaries in marking to a level considered negligible by the Examination Panel. Unless there is good reason to suspect a procedural error, the Convenor of the Examination Panel does not consider it

appropriate for any component of the examination to be remarked or reassessed since the Examiners decision is final. General feedback, however, can be obtained regarding the individual's performance from the Convenor of the Examination Panel.

1. If you wish to make an appeal, lodge a complaint or ask for any issue to be investigated, you must notify the Convenor of the Panel of Examiners in writing within 7 days after the notification of examination results.
2. Appeals or complaints received after the seven days will not be considered.
3. The written notification must state the particular matter about which complaint or appeal is made and must state, in full, the grounds relied upon.
4. The candidate must lodge any complaint or appeals personally.
5. Appeals or complaints will be dealt with in the only instance – by the Convenor, who will take appropriate steps to ascertain the relevant facts including consulting where necessary Examiner's contemporaneous notes.

The Convenor will respond in writing and his (her) decision will be final.

CLIPBOARD FOR ASSESSING SUITABILITY OF INSTITUTIONS FOR INTERN EDUCATION

Name:

Address:

Director:

Telephone:

Visitors:

Date:

PHYSICAL ENVIRONMENT

Location & Accessibility

Space for teaching

Suitability

Room for bedside teaching

Privacy?

EQUIPMENT

Diagnostic equipment

Computers

Internet

Library:

Up to date books

Journals

Overall Environment

ACTIVITY

Specialities available:

Number of potential educators

Internal medicine

Surgery

Obsterics & Gynaecology

Paediatrics

Primary Care

Others for supplementary teaching

In-patients (total)	Out-patients
In-patients (speciality)	Others
Population	Length of stay

Special notes

TEACHING

Has there been teaching here before?

Who did it?

What form did it take?

Will there be protected time for teaching?

How many teachers- to be known as educators- do you think you might have?

Will the educators be released for training?

What sort of feedback would you expect on your teaching?

How many interns could you accommodate?

What is known about the health service reforms?

QUALITY

What are your systems to ensure quality of care?

Patient records?

Do you have regular staff meetings?

What is discussed there?

Do you audit your work?

What is your system for handling complaints?

Do you anticipate any contractual or funding difficulties if interns train at this hospital/clinic?

NOTES

HOSPITAL RE-ACCREDITATION VISIT REPORT FORM

Suggest annual visits initially – the exact frequency to be determined by this and subsequent visits

Date of Visit:

Hospital:

Names of visitors:

Posts assessed:

We recommend that the appraisal category for the posts should be (Overall Rating):
(A = commendation, B = approval, C = conditional approval, D = approval withheld)

Background Information:

Date of previous visit: / / Rating: A B C D

Priorities previously identified

| Other issues: (e.g. good practice or problems in other hospital grades) |

STRENGTHS	Information from Interns	Information from consultants
Speciality		

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Hospital		

Areas to be addressed Speciality	Information from Interns	Information from consultants
Hospital		

Specific Findings - please indicate whether each criterion has been met by choosing the appropriate rating and giving evidence for you decision.

(A = excellence, B = fully met, C = partially met, D = not met)

1. Hospital infrastructure

a) Sufficient number and variety of patients

Findings: RATING: A B C D

b) Premises should be adequate for the number of patients served

Findings: RATING: A B C D

c) Adequate medical equipment to provide quality medical care

Findings: RATING: A B C D

d) Medical records should facilitate good clinical practice

Findings: RATING: A B C D

e) Teaching facilities of an acceptable standard

Findings: RATING: A B C D

2. Educational process

- f) There should be accredited educators (trainers)

Findings: RATING: A B C D

- g) There should be opportunities to learn from their clinical work

For example:

There should be workplace teaching (ward rounds, Out patients, theatre lists)

Regular formal clinical discussions, case reviews or journal club meetings should take place no less frequently than once a week to complement informal and bedside teaching. Such activities should be strictly protected from intrusion by clinical activities (how is that achieved?).

Structured formal education programme

Findings: RATING: A B C D

- h) There should be a designated educational supervisor available to the Intern, in regular contact with him or her and accountable for the overall educational experience afforded by the job.

For example:

Interns should have a written learning plan

Ongoing assessment in clinical areas

Findings: RATING: A B C D

- i) The educational supervisor should specify the clinical duties and experience afforded by the post

Findings: RATING: A B C D

- j) Adequate and appropriate clinical supervision should be available at all times.

For example:

Support from consultants should be available

Findings: RATING: A B C D

- k) Adequate and appropriate clinical back-up should be available at all times.

For example:

The Interns should not be exposed to duties and responsibilities beyond their competence

Findings:

RATING: A B C D

The doctor should at all times have access to an adequate library or postgraduate medical centre.

For example:

There is a good spread of up-to-date textbooks and journals

Findings:

RATING: A B C D

l) Regular formative assessment and performance review should occur.

Findings:

RATING: A B C D

m) The doctor's routine clinical duties should not include tasks equally well discharged by non-medical personnel.

Findings:

RATING: A B C D

n) Clinical audit is an integral part of the unit and research is encouraged.

For example:

There is a climate of audit

There are departmental audits

The Interns have direct experience of doing their own audits

The Interns have direct experience of research

Findings:

RATING: A B C D

Recommendations by Interns

Would Interns recommend the post to a friend?

What is the best feature?

What is the worst feature

SUMMARY OF SPECIFIC FINDINGS	RATING
a) Variety & number of patients	
b) Adequate premises	
c) Adequate medical equipment	
d) Quality of medical records	
e) Teaching facilities	
f) Accredited educators	
g) Learning opportunities	
h) Educational planning	
i) Job description	
j) Clinical supervision	
k) Clinical backup	
l) Library facilities	
m) Performance review mechanism	
n) Appropriate workload	
o) Evidence of clinical audit	

Recommendations:

Suggestions:

Additional Comments:

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(Areas of excellence, Areas that require improvement or other relevant information (not covered elsewhere in the report))

Signed:

Date:

THE EDUCATION UNIT

Recent changes in the Macedonian Healthcare System have many ramifications with particular reference to medical education. This is an ongoing process with implications for assessment since the latter does drive learning. Education and assessment need to be at the forefront of these Health Care Reforms if we are to reach and maintain the standards of our European neighbors.

Assessment ensures the maintenance of good standards of quality in the profession and it is useless unless it is valid and reliable but also, more importantly the whole process should be transparent, as this would improve objectivity in the procedure.

It is imperative that, as a profession, we take assessment seriously and use it wisely for improvements in the quality of doctors that we produce and hence good quality medical care that the population deserves. In the fullness of time, we will see these benefits influence the attitude of the individuals towards their profession, their colleagues and their patients.

It is proposed that a unit specializing in educational and assessment methods should be set up to **advise** the Chamber and Medical Faculties on such issues. The present situation in Macedonia needs such an expert body for the following reasons:

- For quality control of the educational process
- To raise professional standards of doctors working in Macedonia
- To facilitate a multidisciplinary approach to assessing educational provision
- To re-assure outside agencies (e.g. EC and the public at large) regarding professional standards
- To ensure that assessment methods are transparent, objective and of sufficient quality
- To provide an expert resource for training in educational and assessment methodology to interested parties such as Universities

It is **NOT** intended to take over the **regulatory function of the Doctors Chamber** but rather to use its expertise to advise on educational issues without consideration of political and professional constraints.

The Education Unit will, at present, need to be based in the Medical Faculty but if there are further developments, such as a School for Public Health, later then this Unit could be linked to that organization. Its advisory role to Institutions would be strengthened by the knowledge that it is independent of political influences since it is basically an educational “think thank” (brainstorming) with expertise in assessment and educational methodology.

This Education Unit would have the following functions:

- ✓ To monitor, analyze and advise on the educational and assessment processes at both Undergraduate and Postgraduate level
- ✓ To create and organize workshops for this educational network
- ✓ To advise on the essential and desirable characteristics of the members of the Educational Network
- ✓ To ensure and facilitate application of EBM (Evidence-based Medicine) to everyday medical practice in Macedonia
- ✓ To establish AUDIT as a discipline and disseminate this process
- ✓ To monitor and analyze the assessment methods used - from a point of methodology, objectivity, content, reliability, etc
- ✓ To suggest and promote changes of the educational methods and assessment

To prepare and implement the Examination for Basic License under the auspices of the Examination Board

Resources:

- Personnel:
 - Executive Board
 - 8-12 members who are enthusiastic, resourceful, well informed regarding expertise elsewhere, visionary, and influential
 - Invite applications via national advert and interview by Liaison Committee supervised by an outside independent expertise
 - Appointment is for an initial two-year period after which there will be a review by the Educational and Scientific Council of the Medical Faculty
 - The Board will identify the tasks required based on the above functions and commission appropriate expert help
 - Report these findings to the relevant body as well as the Educational and Scientific Council of the Medical Faculty
 - Administrative staff
- Venue:
 - Medical Faculty
- Time of involvement: This will depend on the volume of tasks identified but it seems reasonable that the Board will meet not less than every three months to review the tasks and add further tasks as deemed appropriate
- Financial:
 - Personnel: Administrative staff and Office equipment
 - Incurred expenses by the Board in the course of their Board duties

EDUCATIONAL NETWORK

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MF, Dean's Council		DCh , Accreditation of	
	Educat. Unit	Examin. Board Convener and Examination Panel	
Programs /Plans Reviewed by experts In Surg, Gyn/Ob, Pediatrics Intern. Med., Prim Care	Recruitment of potential Educators and Mentors	Training Programs for Examiners	Programs/Plans Institutions, Mentors, Educators, Examiners
	Training Programs for Mentors, Educators, Examiners	Reapproval of the examiners	

Mentors	Educators
1-5 trainees	1 trainee
Communications with: <ul style="list-style-type: none"> - Dean's Council, - Institutions, - Educators - Doctors Chamber, 	<ul style="list-style-type: none"> - Program Based on Core Skills - Personal Educational Plan for each module - Formative assessment - Trainers structured Report (Summative Assessment)

Position	1. Job Description	2. Personal and professional attributes	3. Recruitment (potential)	4. Accreditation	5. Training
<u>MENTORS</u>	<p>- Each Doctor on the Internship will have a Mentor. He will support the Trainee through the Internship Program. The Mentor will be in a position to have an overall view of the training Program.</p> <p style="text-align: center;">a. -Personal learning plan</p> <p>The Mentor will communicate with the Doctors 'Chamber, The Educational Unit, Educators (Trainers) and ensure that the Trainee has access to all relevant activities according to the Internship Program and Plan.</p> <p>- He will collaborate with the Educators (Trainers) and with the Trainee regularly</p> <p>- The Mentor will ensure that the Trainee is exposed to formative assessment regularly.</p> <p>-The Mentor will help the doctor to prepare for summative assessment.</p>	<p>-The Mentor should be trained in the educational methods</p> <p>-Should understand and apply the principles of mentorship</p> <p style="text-align: center;">-Should understand the principles of formative and summative assessment</p> <p>-Should reserve protected time for the mentorship</p> <p>-Preferably a member of the Medical Faculty</p> <p>-Has communication skills</p> <p>-Has facilitative skills</p>	<ul style="list-style-type: none"> - National advertisement - ESSENTIAL and DESIRABLE attributes 	<ul style="list-style-type: none"> -Initial accreditation for two years -Feed back from previous trainees - Re-accreditation every five years 	<ul style="list-style-type: none"> - Mandatory basic training course - Advanced training course every five years

Position	1. Job Description	2. Personal and professional attributes	3. Recruitment (potential)	4. Accreditation	5. Training
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Strategy for Accreditation of Doctors in Macedonia

<p>EDUCATORS</p>	<p>-The Educator (Trainer) will educate the Trainee according to the Program for the Pre-registracion year.</p> <p>- For each Module in the Intern Year each doctor has his personal Educator.</p> <p>- The Educator will be responsible for education during the Module, and will carry out formative as well as summative assessment of the trainee.</p> <p>- The Educator will teach the basic clinical skills, according to the Program and to the Module- Plan, prepared with collaboration with the Mentor and the Trainee.</p>	<ul style="list-style-type: none"> - Trained in the educational methods -Reserve protected time for teaching (education) -Understanding and applying the principles of formative and summative assessment -Applies the principles of EBM -Has good medical knowledge -Has good clinical skills -Maintains a high standard of clinical competence -Has a commitment to personal and professional development -Has a personal commitment to teaching and learning and willingness to develop both as a doctor and as an educator -Has a commitment to audit and peer review of his education -Has understanding in the principles of research and research methods -Has sensitivity and responsiveness to the educational needs of the doctors 	<ul style="list-style-type: none"> - National advertisement <p>ESSENTIAL and DESIRABLE attributes</p>	<ul style="list-style-type: none"> - Initial accreditation for two years -Feed back from previous trainees - Re- accreditation every three years 	<ul style="list-style-type: none"> - Mandatory basic training course -Advanced training course every five years
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<p>Position</p>	<p>1. Job Description</p>	<p>2.Personal and professional attributes</p>	<p>3. Recruitment (potential)</p>	<p>4.Accreditation</p>	<p>5. Training</p>
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Strategy for Accreditation of Doctors in Macedonia

<p><u>EXAMINERS</u></p>	<p>-To rank-order candidates in an objective manner</p>	<ul style="list-style-type: none"> - Wide range of knowledge of assessment and educational methods - Objectivity in judgment - Clear in formulating grading criteria - To have sense of self-awareness - A clear and demonstrable commitment to life-long learning - Flexibility to work in teams - Minimum level of theoretical knowledge 	<ul style="list-style-type: none"> - Self-nomination or nomination by academic bodies 	<ul style="list-style-type: none"> - Assessment procedure of knowledge, group working and rank-ordering candidates - Initially for two years - Feed back from previous exams - Constant audit of performance review of their examining - Re-accreditation every three years 	<ul style="list-style-type: none"> - Specific training in each components of the exam that the examiner is involved in - Formative feed-back between the examiners
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MANDATORY AND DESIRABLE CHARACTERISTICS OF THE TRAINERS, MENTORS AND EXAMINERS

The Trainer

The qualities required from the trainer are basically the ability, motivation and time to teach. To these qualities must be added a proper environment (for training) in terms of premises, organisation, equipment and library.

Mandatory

- High standards of clinical competence - knowledge of current medical literature especially EBM. Needs to demonstrate that his personal continuing medical education is adequate.
- Enthusiasm for teaching - willingness to devote enough time for teaching
- Preparedness to learn about teaching skills, methods, assessment and organisation
- Attendance at a basic trainers course
- Usually an applicant should have had five years experience as a specialist though a minimum of three years may suffice
- Possession of appropriate postgraduate qualifications.
- Organized environment conducive to training
- Adequacy of the record system adopted
- Age not more than 60 on initial appointment

Desirable features

- Integrity and honesty
- Ability to give and receive feedback
- Knowledge and use of the literature relating to teaching
- Knowledge and use of the literature relating to assessment
- Demonstrate a flexible response to changing circumstances
- Communication skills
- Caring
- Evidence of teamwork - regular clinical discussion within the institution
- Attendance at Trainer workshops and other courses on teaching, group leadership or other topics, which might be useful to Trainers
- Facilitator skills
- Other professionals in the Institution are actively involved in the teaching process.
- The trainer is involved in other educational activities such as University posts, Examiner, etc
- Trainer and the other doctors are involved in research/project work as well as teaching audit
- The training institution should have an active programme for audit of organisational and clinical activities.

The Mentor

The qualities required from the Mentor are basically the ability, motivation and time to facilitate adult learning in the young doctor.

Mandatory

- Thorough knowledge of the CORE SKILLS required in the Intern Year
- Knowledge and use of the literature relating to teaching and assessment
- High standards of clinical competence and knowledge of current medical literature especially EBM. Needs to demonstrate that his or own continuing medical education is adequate.
- Involved in other educational activities such as University posts, Examiner, etc
- Enthusiasm for being a catalyst - willingness to devote enough time for helping young doctors in developing a personal learning plan
- Preparedness to learn about teaching skills, methods, assessment and organization
- Ability to give and receive feedback
- Facilitator skills
- Usually an applicant should have had five years experience in an educational role though a minimum of three years may suffice
- Possession of appropriate postgraduate qualifications
- Age not more than 60 on initial appointment

Desirable features

- Integrity and honesty
- Demonstrate a flexible response to changing circumstances
- Communication skills
- Caring
- Evidence of teamwork and networking skills - e.g. liaison with Trainer
- Attendance at workshops and other courses on teaching, group leadership or other useful topics

The Examiner

The qualities required from the examiner are basically the ability, motivation and time to assess.

Mandatory

- High standards of clinical competence - knowledge of current medical literature especially EBM. Needs to demonstrate that personal continuing medical education is adequate.
- Enthusiasm - willingness to devote enough time
- Preparedness to learn about assessment methods
- Attendance at a basic Examiners course
- Thorough knowledge of the CORE SKILLS required in the Intern Year
- Usually an applicant should have had five years experience as a specialist though a minimum of three years may suffice
- The possession of appropriate postgraduate qualifications.
- Age not more than 60 on initial appointment

q Ability to rank-order

Desirable features

- Integrity and honesty
- Ability to give and receive feedback
- Knowledge and use of the literature relating to teaching and assessment
- Demonstrate a flexible response to changing circumstances
- Communication skills
- Caring
- Evidence of teamwork – examiners workshops, etc
- Attendance at workshops and other courses on teaching, group leadership or other useful topics
- Involved in educational activities

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