8.5 INTERACTION WITH HEALTH SECTOR

Basic standard: The medical college must

8.5.1. have constructive interaction with the health and health related sectors of society and government.

Quality development standard: The medical college should

8.5.2. formalize its collaboration, including engagement of staff and students, with partners in the health sector.

Annotations:

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

9. CONTINUOUS RENEWAL

Basic standards: The medical college **must** as a dynamic and socially accountable institution

9.0.1. initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the program.

9.0.2. rectify documented deficiencies.

9.0.3. allocate resources for continuous renewal.

Quality development standards: The medical college should

9.0.4. base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature.

9.0.5. Ensure that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experience, present activities and future perspectives.

9.0.6. address the following issues in its process of renewal:

- 9.0.6.1. adaptation of mission statement to the scientific, socio-economic and cultural development of the society. (cf. 1.1)
- 9.0.6.2. modification of the intended educational outcomes of the graduating students in accordance with documented needs of the environment they will enter. The modification might include clinical skills, public health training and involvement in patient care appropriate to responsibilities encountered upon graduation.(cf. 1.3)
- 9.0.6.3. adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant.(cf. 2.1)
- 9.0.6.4. adjustment of curricular elements and their relationships in keeping with developments in the basic biomedical, clinical, behavioral and social sciences, changes in the demographic profile and health/disease pattern of the population, and