

EDITORIAL**Postgraduate Medical Education Accreditation:
Why Iraq Should Act Now**

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Accreditation of medical education is a formal certification process that verifies the quality of medical education programs and assesses the effectiveness of medical schools in training future doctors. This process is crucial for ensuring patient safety and the competence of practising physicians. Typically, accreditation is carried out by national governments or agencies authorised by them⁽¹⁾.

Postgraduate medical education (PGME) accreditation extends this process to residency and fellowship training. It ensures that curricula, supervision, assessment, and clinical learning environments effectively prepare independent and safe specialists. The World Federation for Medical Education (WFME) 2023 PGME Standards serve as the primary global reference framework for this accreditation⁽²⁾.

Why PGME Accreditation, and How to Begin

The case for PGME accreditation is strong and persuasive. It promotes consistency across training sites, aligns education with patient safety priorities, and shows accountability to the public. Iraq can adopt these standards gradually by following the World Federation for Medical Education (WFME)'s PGME standards. This process could begin with pilot specialities, using institutional and programme standards, while also building capacity in peer site visitors and data systems.

Mature systems exhibit effective models. In the United Kingdom, the General Medical Council (GMC) operates a statutory quality assurance system that combines proactive monitoring declarations, self-assessment, targeted

annual summaries) with reactive responses to concerns among postgraduate providers⁽³⁾.

In the United States, the Accreditation Council for Graduate Medical Education (ACGME) oversees residency and fellowship programs through data reviews, surveys, requirements, and site visits. Its Clinical Learning Environment Review (CLER) further strengthens the connection between training and patient safety and quality priorities^(4,5).

In Canada, national standards for residency programs and sponsoring institutions, known as CanERA, are managed by CanRAC partners, including the Royal College of Physicians and Surgeons of Canada. These standards connect the quality of training to the needs of the population⁽⁶⁾. Throughout Europe, the European Union of Medical Specialists (UEMS) establishes European Training Requirements (ETRs) for each specialty and evaluates training centers, providing a comprehensive reference for outcomes and mobility⁽⁷⁾.

By examining established systems, Iraq can adapt effective accreditation structures, standards, and monitoring tools to its specific context, minimising the need for trial-and-error approaches. This alignment will expedite the development of high-quality, patient-centered postgraduate training while ensuring that Iraqi specialists gain international recognition and mobility.

What Accreditation Delivers

A growing body of research connects accreditation to program improvement and highlights a shift towards outcomes-oriented systems that emphasize competence, equity, and population health, rather than just inputs alone⁽⁸⁾. At the clinical environment level, the ACGME's

Clinical Learning Environment Review (CLER) program demonstrates how accreditation can encourage institutions to focus on patient safety, healthcare quality, teamwork, supervision, well-being, and professionalism. National reports and the “Pathways to Excellence” framework provide guidance for these improvement cycles⁵. Moreover, beyond educational metrics, systematic reviews indicate that accreditation is linked to safer processes and a stronger safety culture in healthcare. This is particularly important for both trainees and the patients who rely on consistent and reliable systems^(9,10).

Regional Experiences in Postgraduate Medical Education Accreditation

Across Iraq’s neighboring region, various models of postgraduate medical education (PGME) accreditation provide valuable insights.

In Saudi Arabia, the Saudi Commission for Health Specialties (SCFHS) is responsible for accrediting postgraduate medical training programmes. Its accreditation system assesses programme structure and educational environment against national standards, evaluating aspects such as curriculum, faculty qualifications, trainee selection, assessment systems, research integration, and quality improvement. Accreditation is based on self-study reports and on-site evaluations by SCFHS surveyors. Programmes must also fulfill institutional requirements, including a designated programme director and sufficient case volume. This framework aligns with international best practices, incorporating elements similar to those of ACGME and the Royal College of Physicians and Surgeons of Canada, such as competency-based curricula and milestone assessment⁽¹¹⁾.

The Oman Medical Specialty Board and Hamad Medical Corporation in Qatar have adopted ACGME-International standards to guide structured improvement, milestone-based progression, and global benchmarking^(12,13).

These regional experiences highlight different approaches that Iraq can utilize to establish a phased and context-appropriate accreditation system for Postgraduate Medical Education (PGME). Options include nationally developed frameworks, hybrid systems, and the direct adoption of international standards.

In 2024, Iraq’s National Council for Accreditation of Medical Colleges (NCAMC) achieved WFME Recognition Status for basic medical education, marking a significant milestone for the system.

The insights gained from this undergraduate experience—such as standards implementation, site visits, and decision-making processes—offer a solid foundation for developing a corresponding PGME accreditation framework⁽¹⁴⁾.

Addressing Concerns and Strengthening the Case

In Iraq, the implementation of PGME accreditation faces several challenges, including disparities in training capacity among institutions, shortages of qualified faculty, heavy service pressures, a lack of unified national standards, fragmented governance, limited data systems, resource constraints, and occasional resistance to change. These factors, along with financial and logistical limitations, raise concerns about the feasibility and sustainability of a nationwide accreditation system in the current environment.

However, while these challenges are significant, they are not insurmountable. A phased and context-sensitive approach—beginning with pilot specialties in well-prepared institutions—can help mitigate the burden while simultaneously building capacity. Addressing faculty shortages can be achieved through targeted training programs, and narrowing the disparities in institutional readiness can be accomplished by adopting adaptable national standards aligned with WFME guidelines.

Establishing a central PGME accreditation body can help reduce governance fragmentation, while the gradual development of data systems and resource allocation plans can ensure sustainability. By leveraging regional partnerships and international models, Iraq can transform these challenges into opportunities to modernize postgraduate training and enhance patient safety.

Implementation Roadmap for Iraq: Steps

Steps. (1) Establish a PGME Accreditation Commission jointly with the Iraqi Board of Medical Specialization, adopting WFME PGME standards and Iraqi adaptations; (2) define institutional and programme requirements (drawing on ACGME/CanERA structures); (3) pilot in high-impact specialties with mixed hospital tiers; (4) train reviewers, require self-study, surveys, and site visits; (5) use staged decisions (approval with monitoring → full accreditation) and publish national reports to drive improvement.

CONCLUSION:

PGME accreditation is essential for ensuring patient safety; it standardizes supervision, assessment, and clinical learning environments. With established global frameworks such as the WFME, GMC, UEMS, and ACGME/CanERA, along with practical regional examples from countries like Saudi Arabia and Oman, Iraq can now implement a phased and context-sensitive PGME accreditation program. This initiative can leverage the current momentum from NCAMC to enhance specialist training and improve the quality of care.

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