Integration of Medical Education and Healthcare Service

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Abstracts
The Ministry of Health and Medical Education in Iran is responsible for public health, medical treatment and the management and planning of medical education, that is, training under supervision, of which expertise at all levels, from first degree to doctorate, is organized. The plan to create a health and treatment network and integrate medical education into healthcare system was designed to revolutionize the health machine in the country.

Keywords: Health, Medical Education, Iran

Introduction
In the wake of the Islamic revolution of 1979, medical education underwent much change. In 1980 and 81, the need for greater medical workforce was critically felt because in some area there was only one physician per 18,000 population (1, 2), and that was why foreign doctors were on the ground to render medical services. In addition, medical students were trained in specialized hospitals with no affiliation to the health care ministry and society. The plan, which was meant to administer social justice in the wake of the Islamic revolution by making health services available to the member of the public, was adopted in 1984. One year later, the ministry of health and medical education was formed and medical science universities emerged to help training work force for the health system and promote health services and standards across the country (3). The newly emerged universities could use the valuable technical experiences of international organizations activities. Restructuring of medical education and the health care delivery system in 1985 resulted in a rapid shift from elite to mass education, ultimately leading to an increase in the number of medical schools, faculties, and programs (1). The number of faculty members was counted 2552 in 1978 and now standing at 13108, while the ratio of students to faculty members is 10. In the late 1970, the figure stood at 50. At present, there are 62 medical and health care faculties. They have different educational, health and treatment division and render various services to the public. The higher education has grown up concomitantly with increasing the number of medical student admissions. At present each year some 1778 residents, 400 subspecialty and fellowship students, 317 PhD candidates and 820 MS Students are receiving training in a wide array of fields. Back in 1978, there were no such courses on offer. However, today the number of fellowship courses stands at 41 while the figure for subspecialties reached 22. In 1978, PhD courses would be offered in a single field but today 35 specialized fields. The number of the dentistry specialties has also risen to 12 (Table 1, 2).

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Table 1: Increasing of the postgraduate courses and trainees, 1979-2008

<table>
<thead>
<tr>
<th>Year</th>
<th>PhD Course</th>
<th>Fellowship Course</th>
<th>Subspecialty courses</th>
<th>EDC</th>
<th>Skill Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>1979</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2008</td>
<td>35</td>
<td>41</td>
<td>22</td>
<td>45</td>
<td>36</td>
</tr>
</tbody>
</table>

Table 2: Increasing of the medical universities and medical student admission, 1979-2008

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical Universities</th>
<th>Admission</th>
<th>Teaching staff</th>
<th>MD/Population</th>
<th>Faculty member/student</th>
</tr>
</thead>
<tbody>
<tr>
<td>1979</td>
<td>13</td>
<td>5613</td>
<td>2908</td>
<td>1/18000</td>
<td>1/17</td>
</tr>
<tr>
<td>2008</td>
<td>42</td>
<td>27980</td>
<td>13108</td>
<td>1/690</td>
<td>1/10</td>
</tr>
</tbody>
</table>

Conclusion
Integration of medical education with health care services caused move, which was originally designed to give education and research a shot in the arm and bring academic and field workers closer in pursuit of a lofty objectives. It was so successful that the former chief of the world federation of medical education a visit to Iran in 1993 describe Iran model as a model of the 21st century (4). The number of admissions was increased in all branches of medicine and the ratio of medical graduates reached to 1 physician for 700 population. Postgraduate training programs and subspecialties were also increased (Fig. 1-3).

Fig. 1: Development of PhD Courses in concomitant with increasing in the number of the student admission
Fig. 2: Development of Subspecialty Courses in concomitant with increasing in the number of the student admission

Fig. 3: Development of Subspecialty Courses in concomitant with increasing in the number of the student admission

References