Medical Research in Palestine: Future & Challenges

Dr. Abdulsalam Abu-Libdeh

Head of scientific committee

Medical Association – Jerusalem Center

ملخص أعداد الأطباء	
البيان	العدد
الطب العام	2626
الاختصاص	1891
مجموع الاطباء العاملين	4517
الاطباء المسافرين	طب عام + 353 اختصاص 1759
الاطباء تسجيل مؤقت	1634
الاطباء المتقاعدين	164
المجموع الكلي	8427

التخصص (لاستخدام المصدر)	اطباء الاختصاص		
	ذكور	اناث	المجموع
1. اشعة تشخيصية	118	6	124
2. أنف وأذن وحنجرة	102	3	105
3. الامراض	1	0	1
4. الامراض الجلدية والتناسلية	94	7	56
5. الامراض الداخلية	218	19	237
6. الامراض النفسية	63	4	39
7. الامراض الصدرية	19	0	19
8. الامراض المعدية	1	0	1
9. الامراض السرطانية	18	0	18
10. التخدير والانعاش	161	8	169
11. الجراحة العامة	240	10	250
12. الطب الشرعي	8	1	9
13. الطب الظبيعي والتأهيل	5	1	6

14. الجراحة العامة	240	10	250
15. الطب الشرعي	8	1	9
16. الطب الطبيعي والتأهيل	5	1	6
17. الطب الوقائي	1	0	1
18. العيون	109	17	126
19. الغدد الصماء للأطفال	1	1	2
20. امراض الأطفال	311	101	412
21. أمراض الأعصاب	19	5	24
22. امراض الجهاز الهضمي	18	0	18
23. امراض الدم	7	0	7

1	1	0	أمراض الحساسية .21
10	0	10	أمراض الروماتيزم .22
16	3	13	أمراض الغدد الصماء .23
69	1	66	أمراض القلب .24
14	2	12	أمراض الكلى .25
389	139	250	نسائية وتوليد .26
24	5	19	أمراض الاعصاب .27
5	0	5	جراحة الأوعية الدموية .28
18	1	17	جراحة الأطفال .29
10	0	10	جراحة التجميل والترميم .30
44	2	42	جراحة الدماغ والأعصاب .31
2	0	2	جراحة الصدر .32
197	0	197	جراحة العظام والمفاصل .33
31	0	31	جراحة القلب .34

35. جراحة الكلى والمسالك البولية	88	1	89
36. جهاز الدورة الدموية	1	0	1
37. صحة عامة وطب المجتمع	9	1	10
38. طب الطوارئ	15	0	15
39. طب العائلة	25	15	40
40. طب قلب الأطفال	1	0	1
41. طب نووي	1	0	1
42. علم الامراض السريري	3	0	3
43. علم الأنسجة المرضي	24	5	29
44. علم الأورام السريري	3	0	3
المجموع	2286	359	2645

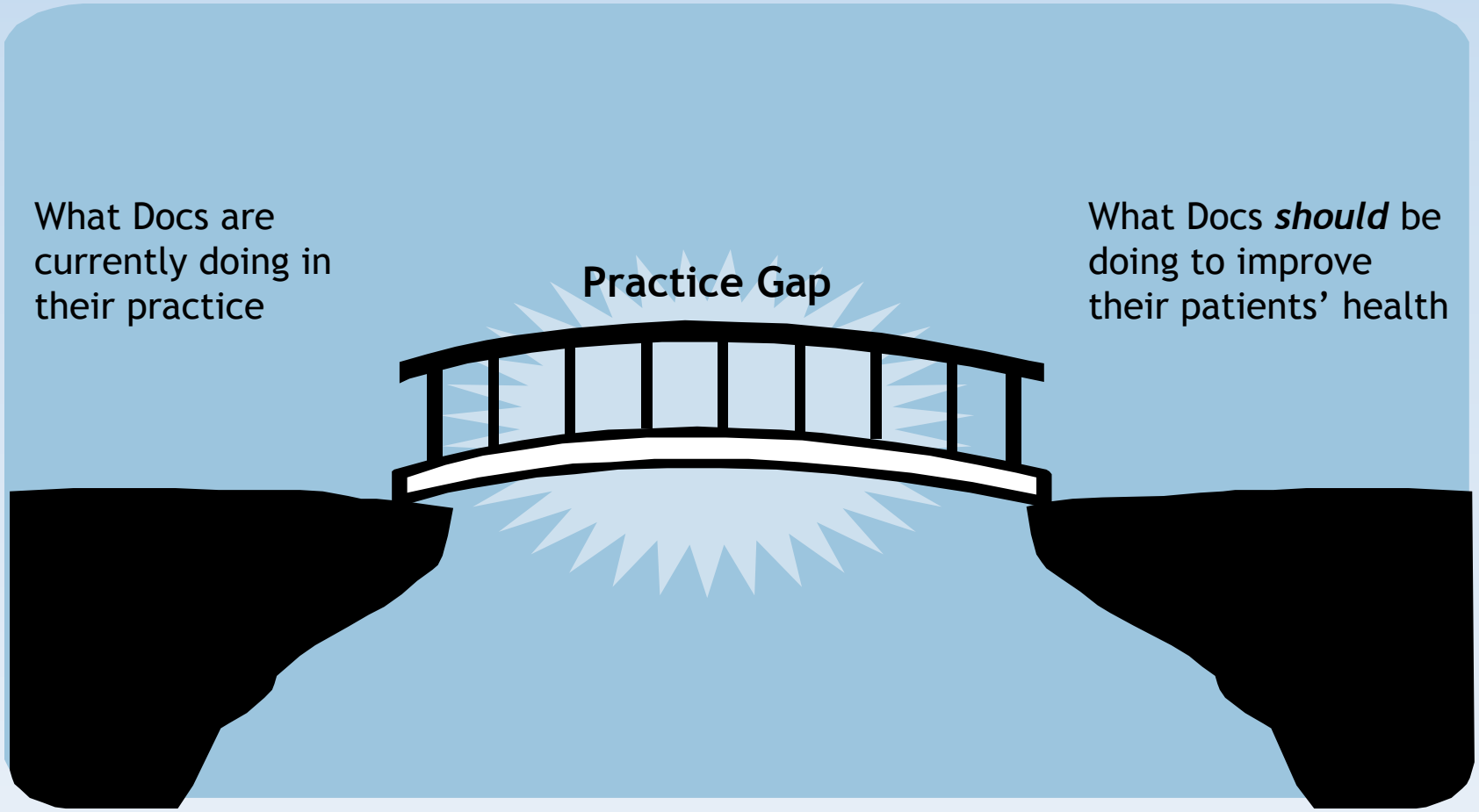
Medical research, Why?

You are going to succeed (if you want it)

Who can help?

- Research Development Officers and Research Development Managers
- Who are they? – Medicine Research Strategy and Support Office Different approaches in different organisational units

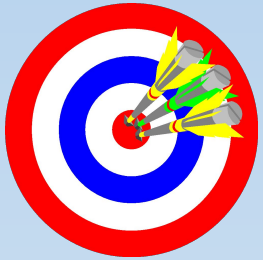
What exactly is a “Gap?”



So, How do you "Identify the Gap"?

- You must first identify the accepted standard of care
- You must then assess your physicians' current practice
- The difference between what your physicians should be doing and what they are currently doing is the "Practice Gap"

Ok, now that you have a "gap" then what?



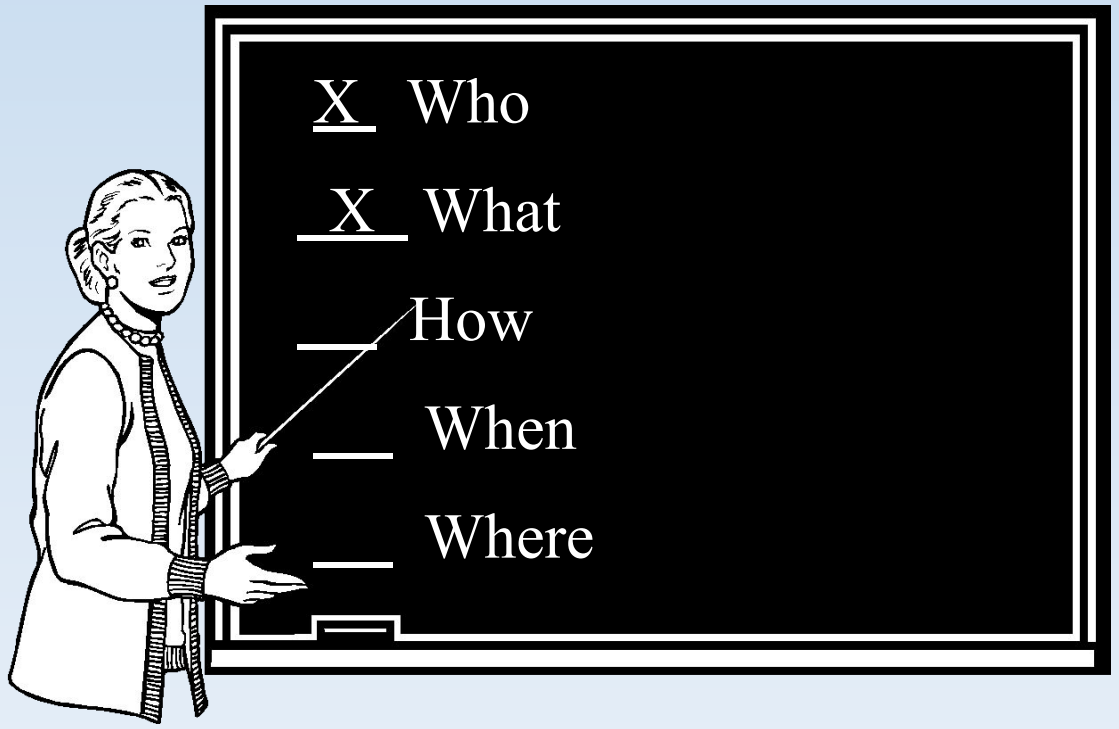
Why does this gap exist?

- Is it due to lack of:
  - Knowledge (factual information, being aware),
  - Competence (Strategies for/ or knowing how to do something), or
  - Performance (carrying out a strategy or task)?

How can you best address this gap?

- What do you hope to accomplish with this activity?
- This becomes the ***Activity Goal***

Once you have defined “who needs to learn what”, what do you do next?



You now need to figure out the best way to achieve your activity goal.

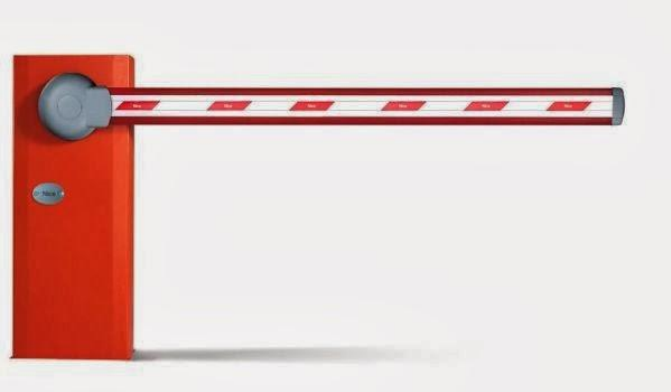
- Should it be a lecture? A workshop? A computer based lesson?
- A hands-on skill training session? Or a combination of methods?

You must also ask yourself what this activity is designed to change.

- Do you hope to improve:
  - Competence
  - Performance
  - Outcomes

You also need to pick the right instructors for your activity.

You should also take into account, that no matter how well you design an activity, some participants may feel that *Barriers* exist that preclude them from making a change.



Being aware of some common barriers to change can help you design a better activity.

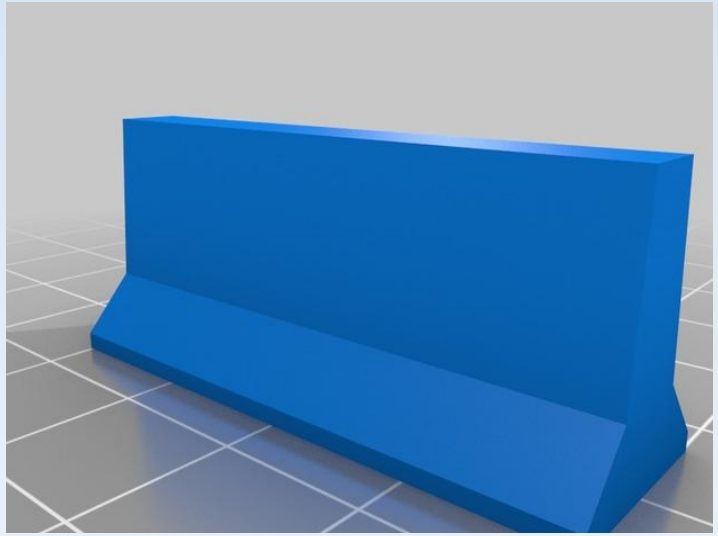
- Lack of evidence-based guidelines
- Practices
- Lack of teamwork on interdisciplinary teams
- Lack of confidence in successfully utilizing new clinical trials

There are some educational strategies that you can utilize to overcome these barriers to change

- Programs designed to improve physicians' skills
- Including updated disease state and prevalence in the area(s) in which the participants practice
- The use of standardized simulators in educational activities
- The incorporation of evidence-based guidelines into educational activities

No matter how well you plan an activity, there will always be factors outside your control that might affect outcomes in relation to this activity.

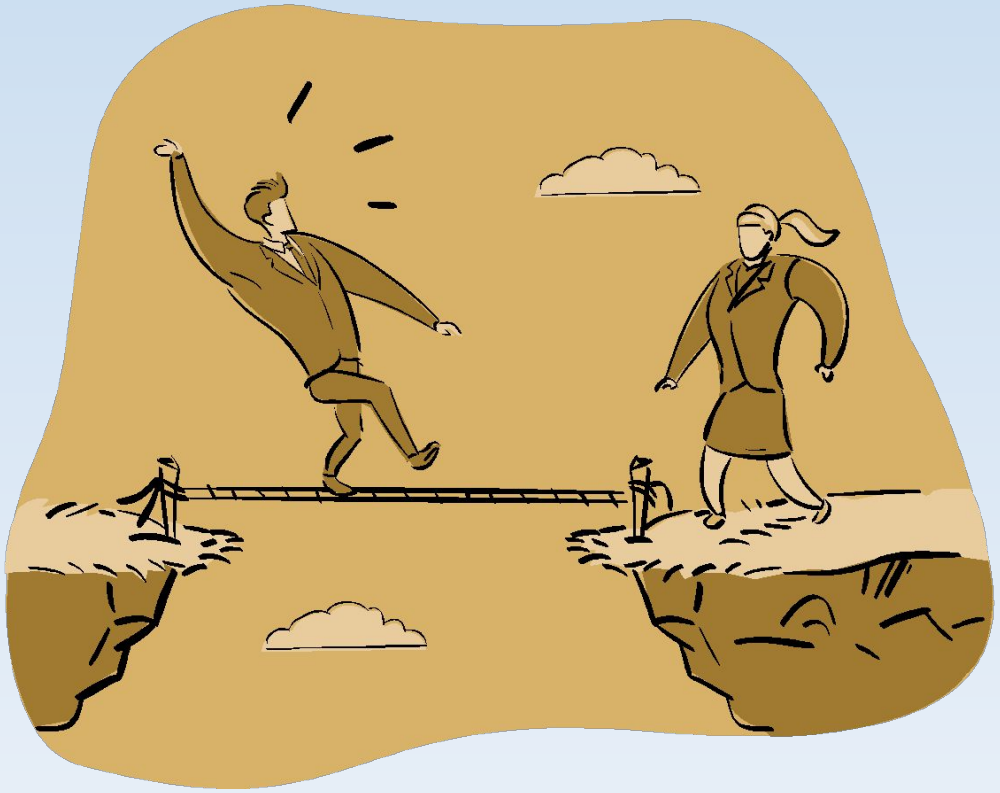
Activity



Factors Outside your control include:

- Participants lack of time to change behavior
- Physicians' communication skills
- The healthcare team's workloads
- Costs of care for patients
- Costs of pharmaceuticals
- Regulatory Requirements
- Health Disparities
- Patient autonomy for decision-making
- Inconsistent standards and approaches to care

We can then follow-up with the learners to see if they made the change, and if they didn't make a change, what prevented them.



So, you have done your homework - You:

- Identified the **gap**
- Selected the best **activity method**
- Picked the most suitable **instructor(s)**
- Wrote clear and measurable **learning objectives** to address the gap
- Identified and addressed **barriers to change**
- Created an appropriate **evaluation** method to measure the activity's success

Now you just need to figure out...

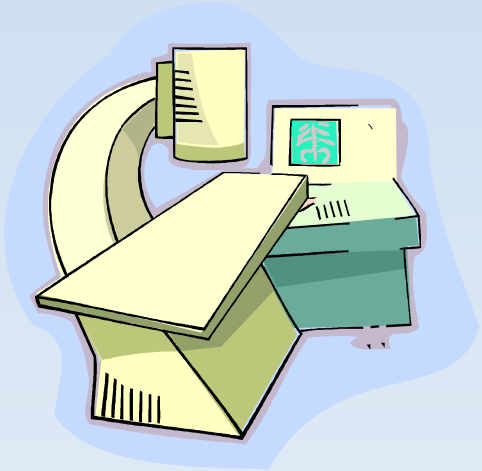
How to get people to come to the activity!

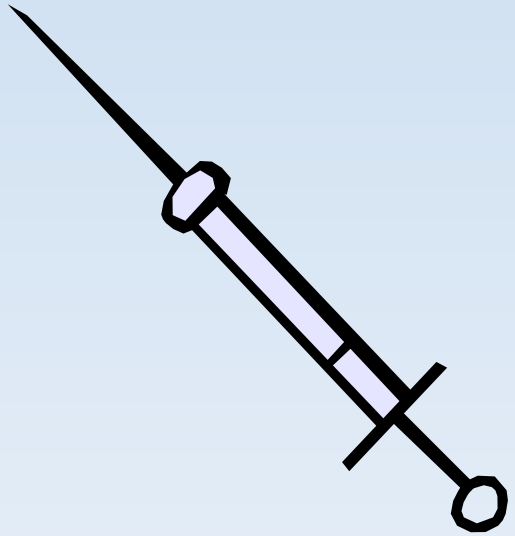
Wow, You told lots of people about the great program and they all want to participate –
Now, you just need to figure out how to pay for it all!

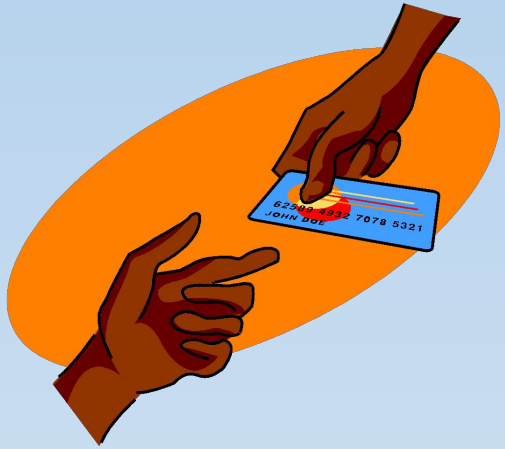
Uh oh, you just discovered that your rich uncle didn't leave you a fortune, However *will* you pay for all this?

Everyone needs some help at times, and it is perfectly ok to have outside companies help support a Medical research

It is ok for *even* Pharmaceutical Companies and Device Manufacturers to Contribute.







Drug and Device companies often contribute to, and may even fully underwrite.
It is legal and acceptable as long as the company does not control any part of the activity or provide any guidance on the content of the activity or on who should deliver the content.

AND, most importantly…

- To ensure that activities are un-biased, prior to the activity, each Activity Faculty member and Planner must disclose to the provider any significant relationship(s) with all commercial interests.
- If the potential for a perceived conflict of interest (COI) is identified, the provider must take steps to resolve this conflict before the activity.

National CPD System for Health Professionals in Palestine

CME Series

Continuing Medical Education

- Consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession.
- CME credits are important to physicians for recertification
- CME credits are authorized by the American Medical Association Physician's Recognition Award and accredited through the Accreditation Council of Continuing Medical Education.

PHCP support for CPD system

1. Support CPD taskforce team to review, approve CPD national strategy and in process to finalize CPD national guidelines
2. Support CPD tracking electronic system (under preparation) to systematize the CPD guidelines for health professionals in Palestine.

Continuous Professional Development (CPD) National Strategic Plan 2017-2022 in Palestine

To have a CPD system for health professionals to ensure having competent Human Resources for Health (HRH) who are able to provide safe and high quality health services through an effective human resources system

6 Priorities

#	CPD priority 2017-2022	
Priority I	Adopt the national CPD guidelines for Human Resources for Health (HRH)	**تبني نظام وطني للتطوير المهني المستمر للكوادر الصحية**
Priority II	**Increase access to CPD trainings/activities according to needs assessment**	**زيادة فرص الوصول إلى تدريبات ونشاطات التطوير المهني المستمر للكوادر الصحية وفقا لتقييم الاحتياجات**
Priority III	Systemize CPD trainings for faculty members in academic health programs	**مأسسة التدريبات لأعضاء هيئة التدريس في البرامج الأكاديمية الصحية**

#	CPD priority	
Priority IV	Develop a documentation system for CPD trainings and activities	تطوير نظام توثيق الكتروني للتدريبات والأنشطة المهنية التطويرية للكوادر الصحية
Priority V	Develop an organizational climate promoting CPD and lifelong education at health care service providing institutions	تطوير المناخ المؤسساتي لتعزيز التطوير المهني المستمر والتعليم مدى الحياة في المؤسسات التي تقدم الرعاية الصحية
Priority VI	Develop an accreditation system for CPD programs/trainings	تطوير نظام لاعتماد برامج وتدريبات التطوير المهني المستمر للكوادر الصحية

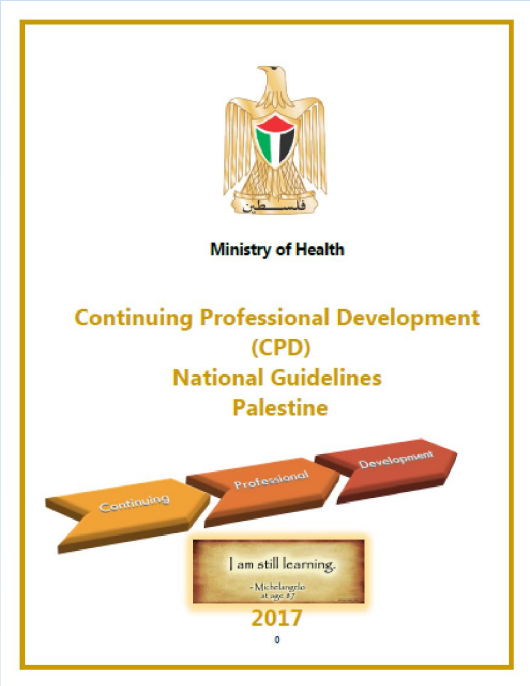
Initial Steps towards CPD System

Political commitment from his excellency the minister of health to:

Establish a national task force to develop national CPD guidelines to reform CPD for health professionals and systematize CPD activities to ensure providing safe and high quality health services.

Process of Guidelines Development

The guidelines were based on WHO and international CPD guidelines; in addition to regional CPD guidelines



Main Highlights

1. CPD credit system for all categories of HRH with clear system to calculate the credits for each CPD activity.
2. Accreditation system for CPD providers and for structured face to face CPD programs.
3. Mandatory list of trainings for different types of health professionals that is supported by clear resource for professionals through systematized CPD activities (online or face to face)
4. Supportive tools for professionals to standardize the evaluation and measurement of impact of the CPD program.

Main Highlights

5. ***There are several organizations offering CPD in Palestine. The following is a synopsis of the more active ones covering the MOH, some NGOs: local and international and academic settings.***

6. Participation in the CPD activities is mandatory for all health care providers in Palestine, and is linked to renewal of license to practice.

7. Mandatory CPD courses are required to be taken every 3 years for each health care professional according to the requirements described in Annex 7.

8. Mandatory CPD trainings for all health care professionals (Online or face to face) with clear documentation need to be reported to Syndicates and MOH

CPD credit point requirements according to profession

Health Care Professional	Number of CPD credits/category/ year	Length of each cycle	Number of CPD credits/category/ cycle	Minimum number of total CPD credits/ cycle
Physicians	15 Category I 5 Category II	3 years	45 Category I 15 Category II	60

Structure of CPD Learning Activities

- **Category I activities** - Formal and highly structured learning activities provided by recognized educational or scientific institutions or professional bodies that are accredited by CPD Accreditation Department or other recognized accreditation bodies.
- **Category II activities** - Self-learning planned activities commonly conducted individually or in groups to address the needs identified locally by specific specialty or department.

Formal Accreditation

- Provider Accreditation
- Structured CPD program Accreditation

- Accreditation of well established CPD providers can be done before dissemination of the guidelines through the national task force and then new providers need to go through the complete process.
- Accreditation is done by MOH in coordination with AQAC using expert consultants according to the subject of the program.

Mandatory CPD trainings for all health care professionals (Online or face to face)

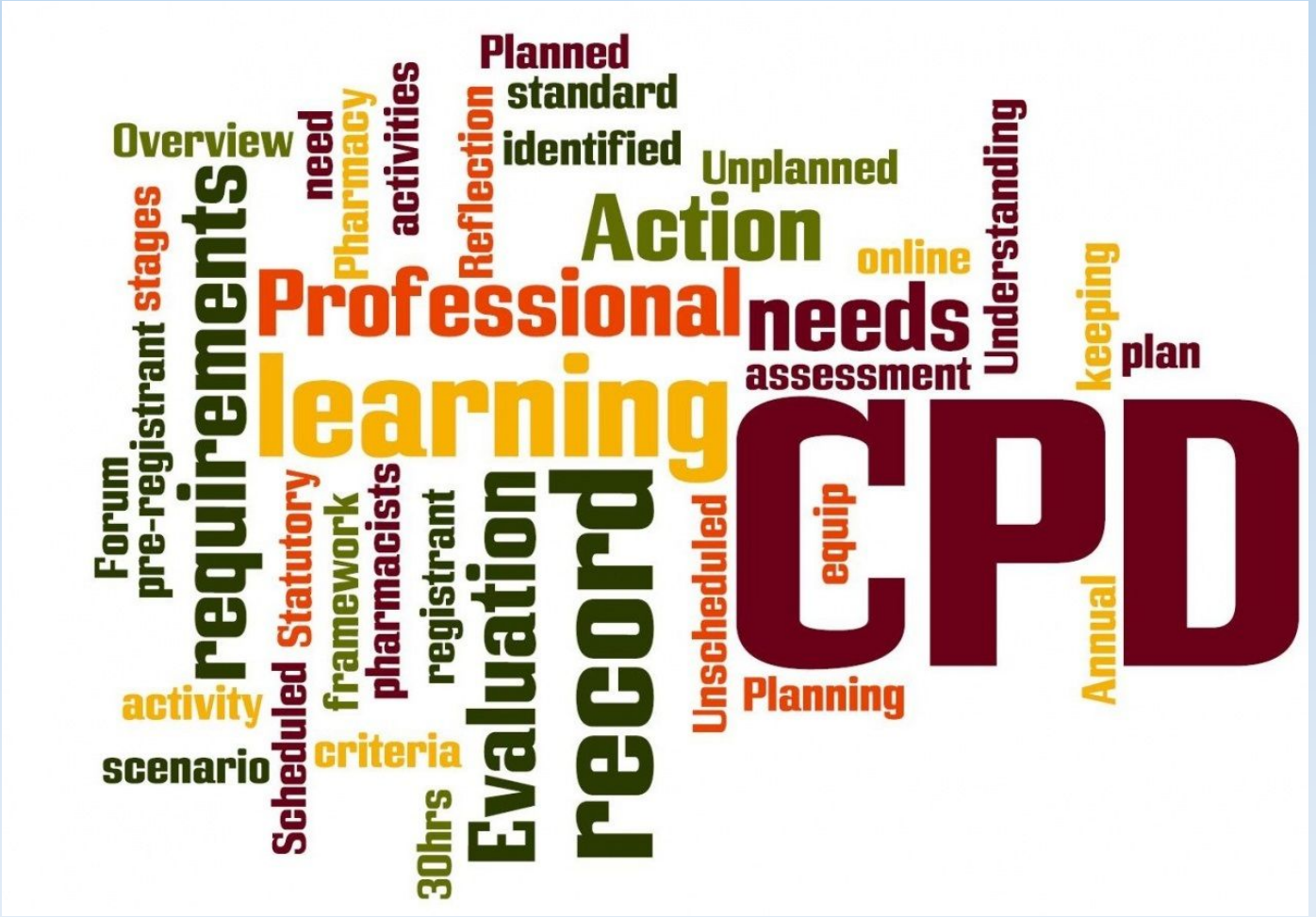
CPD trainings	Type Online / Face to Face
Infection Control	http://moodle.moh.ps/ OR face to face and accredited
Ethics for health professionals	http://moodle.moh.ps/ http://eacademy.ifcc.org/topics/other-areas-of-laboratory-medicine/ethics-in-laboratory-medicine/?ctype=1154&cid=1793 OR face to face and accredited

Physicians

BLS	Online http://moodle.moh.ps/+ face to face and accredited
PTC	Face to Face and accredited
Introduction to antimicrobial prescribing 2017	http://learn.nps.org.au/
Medication safety 2017	http://learn.nps.org.au/
Medical tests online training modules	http://learn.nps.org.au/
Pharmacovigilance in palliative care	http://learn.nps.org.au/
Reporting adverse events with medicines and vaccines	http://learn.nps.org.au/

Endorsement of the CPD Guidelines

Ministry of Health
Palestine Medical Council
Medical Association in Palestine
Palestinian Dental Association
Palestinian Medical Technology Association
Palestine Federation of Health Professions
Palestinian Nursing and Midwifery Association
Palestine Pharmacists' Association


Planned
standard
identified
Overview
need
Pharmacy
activities
Reflection
Unplanned
Action
online
Understanding
keeping
plan
Professional
needs
assessment
learning
CPD
requirements
Forum
pre-registrant
stages
Statutory
framework
pharmacists
registrant
Evaluation
record
equip
Unscheduled
Planning
Annual
activity
Scheduled
criteria
scenario
30hrs

What to be evaluated

- To evaluate activities & achievements; this evaluation process will be implemented at Medical association - Jerusalem center.

Purpose

- Monitoring and evaluating achievements, and make sure that the process done according to what planned and written.

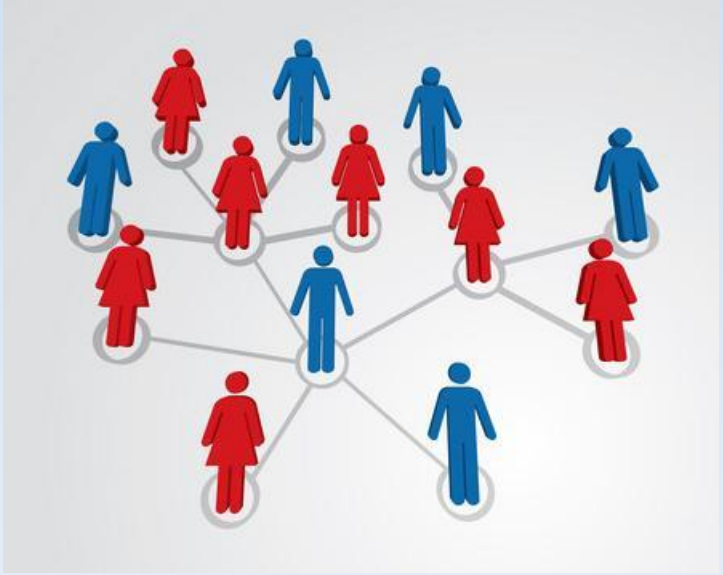
- To improve the patients' quality and services applied allover Palestine, collaboration & apply and implement policies for better care.

Objectives

- Examine all processes.
- Identify gaps in the activating process.
- Evaluate achievements.
- To enhance collaboration between physicians allover Palestine.
- Provide recommendations for quality improvement at Medical association.

Stakeholders

- Quality improvement.
- Employees of financial department.
- Specialists/Subspecialists



Stakeholders

- **All those stakeholders have expectations and interests about function process:**
- **Medical team** expect to give the best care as fully as possible.
- **Administrative committee:** have an interest about improving patient care, applying policies.
- **Specialists** raising the level of care.
- **Quality improvement unit** Seek to achieve written policies approved.

Recourses and evaluability

- Information can be collected from all stakeholders mentioned above, records of administrative committee, annual report, financial availability.
- Evaluation for quality of care provided by pediatricians and specialists by dealing with PMC medical association to check if these policies have been implemented as scheduled.

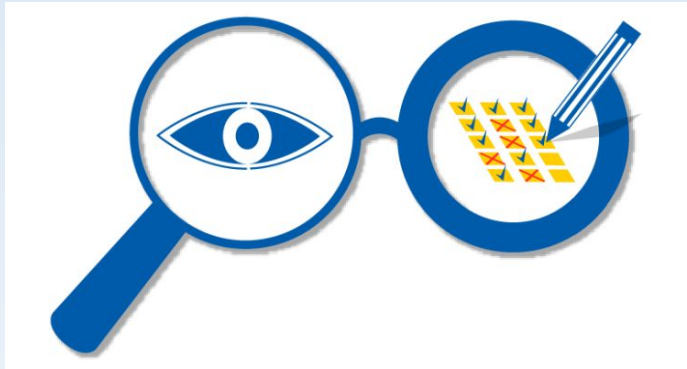
Recourses and evaluability

- Permission was requested from the Medical Association.

- The time available for the project is somewhat adequate, also adequate resources available to do this evaluation. According to the above mentioned, evaluation project feasible and possible to do.

Tools

- **Observation** of the way of physicians, residents, in how dealing with.
- **Group discussions** with healthcare providers (specialists, residents,) about the main purpose of this evaluation.
- **Interviews** with medical team, also with quality improvement unit.



Evaluation plan

- To compare level of care, policies approved, and do brain storming with consultants about the gaps or defect in steps -if found-, also to observe achievements among these steps and to know if the steps done according to which planned and written.

Recommendations

- Enhance following the planned policies.
- Improve communication between physicians,
- Education and instructions
- Implemented protocols allover Palestine
- Comparing steps with planned and actual improvement
- Policies is not fully applied

“A collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual’s health needs through communication and available resources to promote quality cost effective outcomes.”

Show me the money!

- Beat the competition
- Take advantage
- Build Momentum
- Cross the “funded” line

Conclusion

- Efforts must be combined and intensified
- Finding sources of income for scientific research
- Encouraging scientific research in Palestine
- Cooperation with all institutions to support and develop scientific research
- We have to work hand in hand to raise the scientific level in Palestine

Thank you