



Executive Summary
Renewal of Licensure
Dubai Medical College for Girls

May 6 – 9, 2013

An External Review Team (ERT) from the Commission for Academic Accreditation (CAA) visited the Dubai Medical College for Girls (DMCG) from 6th through 9th May 2013 to evaluate its Application for Renewal of Institutional Licensure. The ERT had the opportunity to visit the Rashid Hospital, view the facilities and to meet clinical teaching faculty and students. The exit interview was held on 9th May.

DMCG was the first medical college to establish in the UAE and has been licensed since 1994. The last Re-licensure and Re-accreditation process was in 2007. The student enrolment in reported data for 2011 – 2012 was 315 and 73 new students entered the MBBS program in that year. There are 15 full-time faculty serving the Pre-Clinical program together with 7 Teaching Assistants, and two faculty employed as part-time to teach General Education courses. In addition, there are 5 faculty that have teaching as part of their DHA contract plus an undefined number of adjunct clinical teachers.

The ERT convened on behalf of the Commission for Academic Accreditation, spent four days on the DMCG campus and in Rashid Hospital, one of its affiliated clinical institutions in Dubai. The members of the team were impressed with the quality of the student body, the positive enthusiastic attitude of the faculty, the benefits of personalized education attributable to the small class size, the continued strong affiliation with the Dubai Health Authority, the forward-thinking nature of the primary care clinical placements, and the inclusion of early clinical exposure as a way to create early identification with the profession of medicine.

The ERT identified four major areas of important challenges that remain for the DMCG. The first area relates to the current lack of an oversight board. The absence of a board has occurred through no fault of DMCG but it is imperative that the College work to achieve a new and modified Agreement with DHA as quickly as possible. The lack of a board has created a gap in strategic planning and risk management action. Items that the Dean would have taken to the board and received approval or recommendation for action are not being completed. This creates a break in any action plan loop and a lack of closure of communication. For instance, the risk management report identified faculty salary/benefit packages as a major risk to interfere with faculty hiring; no change in policy has occurred. In addition, the Dean and senior administrators require an oversight board for accountability and personal evaluation.

The second area involves a severe attitudinal schism between DMCG and DHA and the portions of the curricula addressed at each site. It is imperative that all individuals understand and verbalize that the 5 years of the curriculum represent one program. This influences the desire to provide services to clinical faculty and students in the areas of student services, career counselling, and faculty development. It influences vertical integration of the curriculum and understanding of redundancies and a developmental progression in the curriculum. Both portions of the curriculum must be considered as equally important when fulfilling the requirements of the UAE Qualifications Framework.

The third area expands further on the schism into the specific area of curricular integration. The ERT found that the reported integrated curriculum is integrated in name only and that it continues as a discipline-based curriculum from several perspectives – conceptual, structural/organizational, and attitudinal. The integrated portion of the curriculum is referred to as modules, however, disciplines are used to develop learning objectives, report grades, assess students, and generate transcripts. A lack of integration is limiting the ability to reduce student workload to the level of international norms.

The final area deals with learning resources in the library and information technology. If “one program” is considered, resources available at DHA that are not available at DMCG could be shared. The DHA library is well outfitted with electronic journals and remote access. The DMCG library needs to change its identity from a lender of books to an information resource center suitable for the 21st century. Negotiations with DHA should include the provision that all preclinical students and DMCG campus faculty receive access to the Rashid Hospital library. Waiting for 24 hours to receive a hard copy of a journal article serves to restrict and delay the development of lifelong learning skills in students. The lack of current journal access eliminates the ability to initiate the literature search that is the initial step of any research project. The current generation of students is accustomed to having immediate access to information at the touch of their fingers on their smart phone. However, the reliable availability of Wi-fi and internet access at DMCG inhibits information acquisition and stifles curiosity. In addition, in order to promote lifelong learning, students must have access to learning tools and curricular information in a robust reliable manner that lets them look at current and past curricular items as well as the ability to look forward to material that future coursework may contain. This will only be accomplished with the use of a trained learning technologist to help guide the process and assist with the selection of an appropriate learning platform.

The ERT makes its requirements and suggestions in the spirit of constructive engagement, with the aim of ensuring that the *Standards* are met, and to aid DMCG in the desired objective of renewing its institutional licensure.