

The Challenges of Assessing Medical Educational Policies in Iran: A Systematic Review

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Received: 2020 January 3

Revised: 2020 June 2

Accepted: 2020 June 9

Published online: 2020
November 2

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Citation:

Ansari H, Talebi B, Khadivi A. The Challenges of Assessing Medical Educational Policies in Iran: A Systematic Review. *Strides Dev Med Educ.* 2020 December; 17(1):e91482. doi: 10.22062/sdme.2020.91482

Abstract

Background: Development of problem-solving skills through policy-making and promotion of physician education can be achieved by establishing specific criteria for policy-making and evaluation of educational policies.

Objectives: This study aimed to investigate the challenges of assessing medical education policies.

Methods: In this systematic review, the Sample-Phenomenon of Interest-Design-Evaluation-Research (SPIDER) model was used to extract data. Scientific databases were searched to find articles in Persian or English language, assessing policy-making and policies in the Iranian medical education during 2010-2019. Of 485 domestic and international studies, 447 studies were excluded, based on the title or abstract, and 38 full-text articles were selected for further investigation. Finally, 11 relevant articles were reviewed as the final sample.

Results: The challenges of educational policies in medical education were determined, based on the descriptive content analysis of the reviewed articles. These challenges were classified, based on the policy analysis steps. The main challenges of assessing medical education policies in selected studies were related to setting the agenda, setting policies, policy selection, policy execution, and finally, policy analysis in medical education.

Conclusions: Based on the present results, policy-makers can incorporate the conceptual model of this study, which was based on an established theoretical framework and previous research, in the process of policy-making.

Keywords: Evaluation, Challenge, Policy, Medical Education, Agenda

Background

According to the literature, higher education leads to greater democracy (1). In the past two decades, higher education has only undergone marginal changes to meet the social, economic, and educational needs of the public (2). One of the most influential factors in the output quality of higher education systems is the educational policies of universities (3). Medical graduates, as key elements in the country's health and treatment system, are responsible for meeting the treatment needs of the community in medical centers and hospitals. Therefore, educational policies, designed for these outputs, are undoubtedly of great importance.

The significance of policy-making in education has been highlighted in the literature, considering the nature of decision-making processes in this field (4). Higher education has become an increasingly important phenomenon in many political fields, and interest in

higher education policy-making has increased. Therefore, a deeper understanding of the dynamics of higher education policies is a prerequisite for assessing other general policies, considering their integration in the public and private sectors (5). Governments set the assessment policies, assuming that the learners' outcomes are proper measures of national educational achievements. In other words, the presence of well-educated citizens in the community ensures that the country makes progress in the competitive international arena (6).

Policies are interpreted by experts in practice. The policy-makers' intentions and expressions are not always implemented directly or explicitly in an institutional manner. Generally, there is resistance to some policies, as they may be poorly implemented or even inapplicable (7). Educational policies include educational, social, economic, and institutional values, which can determine the progress of an educational system (8). In this regard,

Broadfoot believes that politicians are seeking changes in the assessment method of political decisions about the desired outcomes of education (6). The ideologies and attitudes of policy-makers toward higher education systems are interpreted as visions and missions in upstream documents for higher education institutions (9).

The plan to separate medical education from higher education in Iran was implemented in 1985 following the establishment of a primary healthcare development policy, introduced in 1978 by the World Health Organization (WHO) (10). However, there are concerns today regarding the learning processes in medical education (11). Development of comprehensive programs for higher medical education is an effective way to meet the goals of healthcare quality improvement programs, which have been developed based on upstream documents, such as the Perspective Document of Iran-1404 (12), the comprehensive scientific map of Iran (13), the comprehensive scientific map of health (14), and the health system development program (15).

In recent years, medical education has been ranked the second in priority following healthcare. Consequently, it has been marginalized, despite its significant role in the healthcare system of every country. Meanwhile, attention to medical education can strengthen the country's health infrastructure, reduce healthcare costs, and decrease medical errors, while promoting the country's medical knowledge and introducing the country to the international scientific community (16). Researchers have attempted to identify the challenges of assessing educational policies in medical education, considering the great importance of higher education, especially medical education. Therefore, in the present study, we aimed to review the published studies on this topic.

According to Birkland (2015) (17), policy refers to a set of governmental activities, which are directly applied by the government or its representatives, with significant effects on people's lives. Politics refer to a set of governmental actions that are directly implemented by the government or its representatives and affect people's lives. They represent the best description of the society that everyone desires; therefore, politics are considered ideological (18).

Political science describes and studies specific policies and practices of a government in different fields, such as education and research, health, and agricultural policies, in addition to their various subdivisions (19). In recent years, there has been a growing interest in the role of politics, policy-making, and bureaucratic structure in the outcomes of higher education. Moreover, researchers have highlighted the importance of political economy and political parties, as they have distinct effects on higher education policies; in other words, the preferences of a political party turn into policies as the party rises to power (5),(20),(21).

Policy analysis can enable us to identify common problems, recognize policy opportunities, define policy processes, and find appropriate solutions to implement

policies, understand the position of stakeholders (to identify the costs and benefits of the proposed policy), and set up a foundation for establishing appropriate strategies in policy development (22). In Iran, reforms in medical education were initiated in 2015, based on Iran's previous experience of policy-making in higher education. Accordingly, a national program was designed with a futuristic perspective, benefiting from the views of stakeholders in the field of medical education with three major steps, that is, summarizing reliable documents in medical education, developing a comprehensive health education curriculum, and designing packages for medical education reform; this program was implemented in the country's medical universities (23).

There are different approaches to policy analysis. As stated by Weimer and Weing (1989), policy analysis approaches largely depend on the scientific framework and the purpose of analysis (24). Bardach suggested a step-by-step guide to policy analysis. His framework included eight major steps: define the problem, assemble some evidence; construct the alternatives; select the criteria; project the outcomes; confront the trade-offs, decide; and tell your story (25). On the other hand, Collins recommended an eight-component framework, which was derived from Bardach's framework for health policy analysis. The components of this framework were as follows: define the context, state the problem; search for evidence; consider different policy options; project the outcomes; apply evaluative criteria, weigh the outcomes, and make a decision (26). Also, Dunn (1981) suggested that policy analysis should incorporate six steps, which are common in most problem-solving efforts, that is, problem-solving, definition, prediction; prescription; description; and evaluation (27).

Evidence-based policy-making, which is both rational and conscious and considers all aspects of health and medical education, takes precedence over individual-based policy-making. Overall, the use of articles related to health and medical education can be useful for health decision-makers and those supporting these policies. According to these articles and references, policy-makers can make sure that their decisions are made based on the most relevant and available information.

The available information for policy-making must be extracted from a wide range of sources, not only a single research. Also, the quality, validity, and relevance of the evidence to the policy-making problem, as well as the cost of policies, must be taken into account. It is known that systematic reviews have the highest level of validity in a specific context, and their conclusions are less biased (28). Therefore, in this study, we conducted a systematic review of relevant articles.

Objectives

This study aimed to investigate the challenges of assessing medical education policies using a systematic review of the relevant articles.

Methods

The Sample–Phenomenon of Interest–Design–Evaluation–Research (SPIDER) tool was used in this review to identify the challenges of assessing medical education policies. The reason for choosing the SPIDER framework was its applicability in both qualitative and combined methods. There was no time or language restrictions in selecting the articles. We conducted an extensive search to find potential articles that address our research question (29). The present findings are reported, based on the best-fit framework.

In this review, we searched a variety of domestic (SID, IranDoc, Iranmedex, and MagIran) and international (PubMed, Science Direct, Scopus, PubMed Central, Sage Publications, and Google Scholar) databases, related to medical education and policy analysis. We retrieved articles related to policy-making and policy analysis in Iranian medical education, which was published in one of our searched databases in Persian or English language during 2010-2019. Studies were selected if they included the following keywords: “policy”, “policy analysis”, “policy challenges”, “policy-making approaches”, “medical education policies” and “policy-making process in medical education”.

The selected articles were analyzed and coded by researchers, using the inductive content analysis method. The results of preliminary studies were combined as components of a whole to address the research question.

A comprehensive theory was formulated by incorporating the results of previous studies. A total of 447 studies were excluded from the retrieved domestic and international studies (n=485), based on the title and abstract, and 38 full-text articles were selected for further analysis. Finally, 11 relevant papers were reviewed as the sample of this study (Figure 1).

The included studies focused on higher education policy-making and medical sciences. The themes extracted from the articles were categorized, according to the policy-making process and its stages.

Results

All articles included a clear statement of the aim, design, and method of the study. Our review of the articles showed that they were sufficiently accurate in terms of data analysis and a clear statement of research findings. Data were analyzed using a mixed qualitative method. The selected articles were compared based on the mentioned keywords. Finally, commonalities and differences in policy issues and policy challenges in higher education, particularly medical education, were extracted (Table 1).

According to our literature review, not many studies have investigated the challenges of medical education policy-making in Iran. The articles were abstracted, and challenges of assessing medical education policies, described in previous studies, were reviewed.

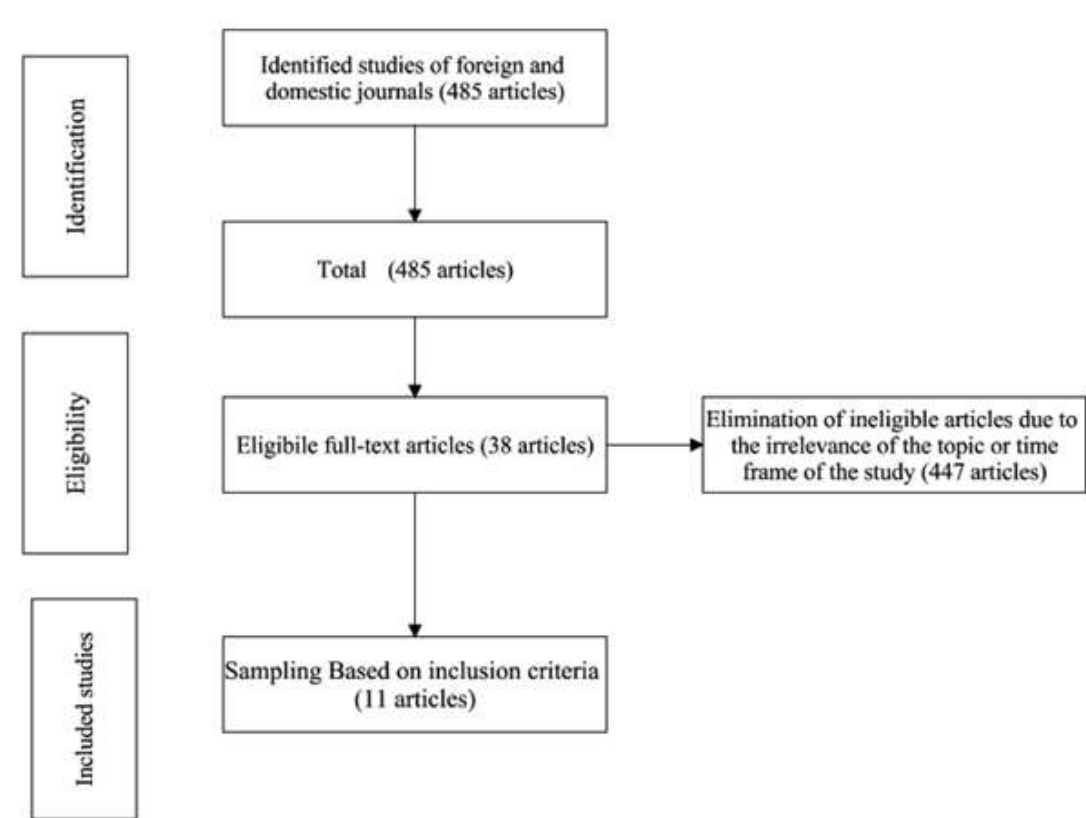


Figure 1. Sampling and flow diagram of the study

Based on the themes extracted from our content analysis, the main challenges of medical education policy analysis were classified into five categories, with an emphasis on the policy-making process. These categories were as follows: 1) agenda-setting; 2) policy formulation; 3) policy selection; 4) policy implementation; and 5) policy analysis. Some challenges in each category are presented below:

Challenges of agenda setting: These challenges are related to the transformation of medical education issues into policy agendas. They can be associated with the multiplicity of institutions and upstream documents in the process of policy-making, lack of attention to the future health status of the country, financial institution support, and lack of databases.

Challenges of policy formulation: These challenges are related to the steps of policy formulation, such as identifying policies and procedures, using upstream documents to design programs, taking advantage of stakeholders' opinions in the field of education, paying attention to diversities in policy formulation, structural barriers to higher education policy-making, and gaps in the knowledge market in terms of knowledge commercialization.

Challenges of policy selection: Some of the challenges associated with policy selection include accreditation of educational institutions and centers, lack of attention to virtual medical education and promotion of professional ethics, slow progress toward third-generation universities, lack of accountable and fair education systems, the undesirable status of higher education in medical universities, and centralized policy-making in the higher education system.

Challenges of policy implementation: Evaluation of

policy implementation also has some challenges, such as policy responsiveness, failure to implement health plans in the context of land use planning, lack of environmental participation in the implementation of programs, lack of planning to upgrade the educational infrastructure, and lack of faculty member empowerment to succeed in health programs.

Challenges of policy analysis: In the policy-making process, there are challenges, such as disregard of international standards, lack of planning for international actions, lack of simultaneous assessment and implementation, failure to upgrade the assessment system and monitoring of developmental packages, non-internationalization of medical education, corruption in physicians and discriminatory practices, complaints handling policies, and inattention to the analysis of staff's performance goals after training. The details of the challenges in assessing Iran's medical education policies are presented in Table 2.

The challenges extracted from previous studies were classified based on policy analysis. Table 3 presents the challenges of assessing medical education policy-making.

Conclusions

According to our review, the main challenges of assessing medical education policies were described in 11 articles. The challenges, which were extracted from previous studies, were as follows: 1) evaluation of agenda-setting; 2) evaluation of policy formulation; 3) evaluation of policy choices; 4) evaluation of policy implementation; and 5) evaluation of policy analysis. Policy-makers can explicitly incorporate the conceptual model of this study, which was based on an established theoretical framework and the literature, in the process of policy-making.

Table 1. Articles selected for qualitative content analysis in a systematic review of challenges in assessing medical education policies in Iran

	Author, year	Title
1	Pourabbasi et al., 2018 (30)	Medical education policy-making in Iran; A review of 40 years of experience
2	Malekzadeh et al., 2017 (31)	The process of establishment of territorial agenda and development and innovation in medical education in Iran
3	Kheyri et al., 2018 (32)	Designing an intersectoral collaboration model for implementing spatial planning policy of medical higher education in Iran: Study protocol
4	Bagheri Moghadam and Ahmadi, 2018 (33)	The pathology of governance in Iranian higher education system
5	Barimani et al., 2018 (34)	Study of the status of Iran's higher education knowledge market
6	Mohammadi Tabar, Mohammadi, Rahnoma, and Sepahi, 2017 (35)	Explaining the opinions of nursing and midwifery faculty members on educational and research policies: A qualitative study
7	Kokabi Saghi and Kokabi Saghi, 2016 (36)	Evaluating the implementation of human resource training and improvement policies in medical universities of Iran
8	Kamyabi et al., 2017 (37)	Desirable features of higher education policies with an emphasis on lifelong learning approach: Faculty members' perspective
9	Hesampour, 2016 (38)	Investigating the synergistic barriers of Iranian higher education policy institutions
10	Abbasi and Shirepaz Arani, 2011 (39)	Higher education quality policy-making: Challenges and prospects
11	Rabiee and Nazariyan, 2011 (40)	Factors influencing higher education policies with an approach to Article 44 of the Constitution

Table 2. Challenges of assessing medical education policies in Iran extracted from the selected articles in a systematic review

Number	Medical education challenges
1	Policy responsiveness (30)
2	Inattention to the future health status of the country (30)
3	Use of upstream documents to compile applications (30, 36)
4	Implementation of health plans in the context of land use planning (30)
5	Taking advantage of the stakeholders' opinions in the field of education (30, 35)
6	Attracting environmental participation in the implementation of programs (30, 36)
7	Application of the results of education in research for formulation and implementation of programs (30)
8	Non-separation of the implementation steps of programs at the operational level (30, 36)
9	Adherence to international standards (30)
10	Planning for international actions and simultaneous evaluation and implementation (30, 34)
11	Purposeful interaction between regional universities and the promotion of transformation and innovation in the academic environment (30, 31)
12	Accreditation of educational institutions and centers (31)
13	Upgrading the system of examination and monitoring of developmental packages (31)
14	Internationalization of medical education (30, 31, 34)
15	Attention to virtual medical education and promotion of professional ethics (31)
16	Slow progress toward the establishment of third-generation universities (31)
17	Existence of an accountable and fair educational system (31, 34)
18	Planning to upgrade the educational infrastructure (31, 34)
19	Attention to providing sustainable resources and strengthening the educational infrastructure (31)
20	Empowering faculty members to succeed in health programs (31)
21	Inter-sectoral cooperation for the implementation of higher health education policies and regulations (32)
22	Vertical and horizontal integration (33)
23	Attention to structural barriers in higher education policy-making (32, 33)
24	Confrontation of internal and external governance (33, 38)
25	Lack of databases (33)
26	Gaps in the knowledge market in terms of knowledge commercialization, knowledge internationalization, knowledge commodification, standardization, pervasive corporatization, and competitiveness (34, 37)
27	The unfavorable status of the higher education market in medical universities (34)
28	Adaptation of the medical education curriculum to the needs of the community (34)
29	Attention to the social responsibilities of medical universities (34)
30	Attention to educational and motivational programs for professors, students, and staff of medical universities (34)
31	Attention to the nature of various disciplines in policy-making (35)
32	The policy-makers' knowledge of the working conditions of nursing and midwifery faculty members (35)
33	Unfamiliarity of faculty administrators with higher education management (35)
34	Existence of centralized policy-making in higher education systems (35)
35	Compilation of a comprehensive program for the university staff and affiliated units (32, 36)
36	Review of the functional goals of medical university staff (36, 38)
37	Attention to employment requirements during the informal transfer of employees (35, 36)
38	Discouraging mechanisms of recruiting skilled manpower (36)
39	Transparency of supply and promotion policies and human resources compensation and maintenance (35, 36)
40	Relationship of human resource management plans and goals with the future plans of medical universities (36)
41	Ambiguities of job descriptions and lack of updates (36)
42	Discrepancy between policy-making institutions (lack of inter-institutional coordination) (38, 40)
43	Multiplicity of policy-making institutions and upstream documents (38)
44	Challenges of increasing quantity and financial bottlenecks (39, 40)
45	Education quality (39, 40)
46	Privatization policy for expanding higher education and financial independence of universities (40)
47	Financial institution support and benefits (39, 40)
48	Medical education goals (30, 36, 38)
49	Challenges of corrupt physicians and discriminatory practices (40)
50	Complaints handling policies (30)
51	Determining policies and procedures (30, 32)

Education policy refers to a set of rules and procedures, used to operate an educational system (41). Lazar and Paus (2013) identified three key policy areas, that is, problem identification and definition, goal setting, and tool setting (42). Policy modeling can be defined as a

science that supports the analysis of the past (causes) and future (effects) of politics in any society at any time and place by means of research, using various quantitative and qualitative theories and techniques (43).

Table 3. Themes extracted from the systematic review with an emphasis on the educational policy-making process

Themes	Challenges
Assessment of agenda-setting	Multiplicity of policy-making institutions and upstream documents
	Lack of attention to the future health of the community
	Financial institution support and benefits
	Confrontation of internal and external governance
	Lack of databases
	Lack of attention to the social responsibilities of medical universities
	Medical education goals
	Lack of attention to educational and motivational programs for professors, students, and staff of medical universities
	The insufficient knowledge of policy-makers about the working conditions of nursing and midwifery faculty members
Assessment of policy formulation	The absence of incentives for elite recruitment mechanisms
	Identifying policies and procedures
	Using upstream documents to collect applications
	Taking advantage of stakeholders' opinions in the field of education
	Adherence to institutional policies and procedures
	Attention to diversities and their inclusion in policy formulation
	Use of educational outcomes for formulation and implementation of programs
	Structural barriers to higher education policy-making
	Gaps in the knowledge market in terms of knowledge commercialization, internationalization, commodification, standardization, pervasive corporatization, and competitiveness
	Adaptation of the medical education curriculum to the needs of the community
	Lack of attention to various disciplines in policy-making
	Development of a comprehensive program for the university staff and affiliated units
	Transparency of supply and promotion policies and human resource compensation and maintenance
	Relationship between human resources management plans and future goals and plans of universities
Assessment of policy selection	Ambiguities of job descriptions and lack of updates
	Use of upstream documents to compile applications
	Accreditation of educational institutions and centers
	Lack of attention to virtual medical education and promotion of professional ethics
	Slow progress toward third-generation universities
	Lack of accountable education systems
	Undesirable status of higher education market in medical universities
	Centralized policy-making in the higher education system
Assessment of policy implementation	Discrepancies between higher education policy-making institutions (lack of inter-institutional coordination)
	Challenges of increasing quantities and financial bottlenecks
	Privatization policy for expanding the higher education system and financial independence of universities
	Policy responsiveness
	Failure to implement health plans in the context of land use planning
	Lack of environmental participation in the implementation of programs
	Non-separation of program implementation activities at the operational level
	Residents and employees' learning and work environments
	Lack of purposeful interactions between regional universities and discussions about transformation and innovation in the academic environment
	Lack of planning for upgrading the educational infrastructure
	Lack of attention to providing sustainable resources and strengthening the educational infrastructure
Assessment of policy analysis	Lack of faculty members empowerment for success in health programs
	Lack of vertical and horizontal integration
	Unfamiliarity of faculty administrators with higher education management
	Disregard of eligibility criteria during informal staff transfer between different units
	Low quality of education at universities
	Inattention to international standards
	Lack of planning for international actions and simultaneous evaluation and implementation
Failure to upgrade the assessment system and monitoring of development packages	
	Lack of internationalization of medical education
	Challenges of corrupt physicians and discriminatory practices
	Complaints handling policies
	Inattention to the staff performance goals after training

In politics, policy-makers usually pursue different goals and require multiple sources of information and evidence (44).

Joo et al. (2019) emphasized the need for mental

health education, training, and teamwork, as well as attention to cultural differences and supervision (45). Breuer et al. (2018) also highlighted the role of education and supervision in promoting health (46). Moreover,

Wakida et al. (2018) indicated the role of knowledge, skills, leadership, and financial resources (47). Similarly, Maconick et al. (2018) confirmed the contribution of education to integrating health (48). In another study, Spagnolo et al. (2018) reported that factors related to policies, social context, and educational characteristics affect the integrity of health programs in bridging the health gaps (49).

Evaluation of policies in important fields, such as medical education, should be based on scientific evidence in the academic community (50). The challenges of setting the agenda and choosing policies can have irreversible impacts on higher education and medical education. Community-based medical education is an educational approach with important features, such as the connection between medical education and future work environment, training human resources tailored to the actual needs of the community, and emphasizing the interplay between medical education and the healthcare system (28).

In policy-making, social interests must be considered. On the other hand, attention to the interests and policies of a specific group could have negative effects on the community in the long term. Challenges related to the implementation and evaluation of higher education and medical education policies are more pronounced in the area of performance, as poor performance will result in public dissatisfaction and low performance. Generally, lack of attention to policy analysis in the field of medical education, which is one of the most important sectors in a country, will squander financial and material capital assets, as well as young irreplaceable human resources. Therefore, it is recommended to pay more attention to the efficiency, effectiveness, and consequences of medical education by considering the social benefits of assessing medical education policies in all stages of setting the agenda and formulating, choosing, implementing, and evaluating policies.

Assessment of policies in medical sciences, which deals with the health of individuals, may determine the decline or progress of a country in the short and long term. If educational policies are formulated, implemented, and evaluated in the light of social welfare and general interest, many challenges related to poor policy-making will be eliminated. This study provided specific examples of practical global and local activities and research to address the challenges of assessing educational policies in medical education and to design appropriate policies, meeting the medical education needs. We can improve the individuals' problem-solving skills through the promotion of policy-making and physician education by establishing specific criteria for policy-making and assessment of educational policies in problem analysis and policy formulation, implementation, evaluation, and review.

Conflict of Interests: There is no conflict of interest.

Ethical Approvals: The ethics review board of Sport Science Research Institute, approved the present study with the following number: IR.SSRC.REC.1399.067

Funding/Support: This article is taken from the doctoral dissertation in Tabriz branch of Islamic Azad University. On this basis, we are grateful for the cooperation of the this university.

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