

INTEGRATION OF FAMILY MEDICINE TRAINING WITHIN THE IRAQI BOARD OF MEDICAL SPECIALTIES SYSTEM

DR. EMAN A AL-KASEER MB CHB, FIBMS

DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE, COLLEGE OF MEDICINE, UNIVERSITY OF
BAGHDAD, BAGHDAD, IRAQ.

Abstract

Background: The Iraqi Board for Medical Specialties (IBMS) provides the national framework for postgraduate medical education. Its system integrates three institutions—the Ministry of Health (MOH), the Ministry of Higher Education and Scientific Research (MOHE), and the Colleges of Medicine—to ensure cohesive academic and clinical training. **Objective:** To describe the significance of integration in Family Medicine training within the IBMS system and to discuss the consequences of limited cooperation from academic institutions.

Discussion: The IBMS depends on full collaboration among hospitals under the MOH, academic departments under the MOHE, and the Board's regulatory mechanisms. Professors from medical colleges serve as trainers and examiners, linking academic standards to practical service delivery. When a College of Medicine neglects or minimizes participation in Family Medicine training, the unified system becomes fragmented. Such non-cooperation disrupts quality assurance, weakens academic leadership in primary care, and discourages young physicians from entering this crucial discipline. Effective Family Medicine training requires dual supervision—academic and clinical—and shared accountability among the three institutions. This structure parallels successful models in the United Kingdom and Saudi Arabia. Failure to sustain integration risks producing hospital-oriented physicians and undermines Iraq's vision for a strong primary-care-based health system.

Conclusion: Maintaining active academic participation in Family Medicine is essential for training qualified community-oriented physicians. The IBMS model remains vital for developing a resilient, equitable, and preventive national health service.

Keywords: Family Medicine • Iraqi Board • Postgraduate Training • Medical Education • Primary Health Care • Iraq

INTRODUCTION

The Iraqi Board for Medical Specialties (IBMS) was established to unify postgraduate medical education in Iraq. It integrates the Ministry of Health (MOH), the Ministry of Higher Education and Scientific Research (MOHE), and the Colleges of Medicine into a single framework that aligns academic, clinical, and regulatory functions. The model ensures that academic expertise from universities complements the clinical environment of MOH hospitals to produce competent specialists with balanced professional and scholarly skills.

Uncooperative Colleges and Their Impact

Neglect or reluctance by any College of Medicine to participate in Family Medicine training violates this integration principle. Lack of cooperation—such as withholding trainers or limiting academic supervision—weakens the national training structure and negatively affects program quality. Family Medicine, which emphasizes comprehensive and community-based care, requires academic involvement to link theoretical knowledge with field practice. Non-participation diminishes the discipline's prestige, discourages new entrants, and undermines postgraduate standards.

Ideal Model of Integration

In the optimal system, the MOH provides accredited primary-care centers for clinical exposure, the College of Medicine contributes curriculum design and research supervision, and the IBMS accredits centers, approves trainers, and conducts examinations. Each resident should receive dual supervision—clinical and academic—to ensure competency and adherence to evidence-based and community-oriented practice. This model parallels international structures such as the Royal College of General Practitioners (UK) and the Saudi Commission for Health Specialties.

Consequences of Weak Integration

Weak collaboration endangers Iraq's goal of building a primary-care-centered health system. Fragmented training fosters dependence on tertiary hospitals, escalates costs, and reduces accessibility to preventive care. When Family Medicine lacks academic sponsorship, its scientific value and policy influence decline, compromising health-system resilience. Sustaining integration among the IBMS, Colleges of Medicine, and MOH is therefore a national priority essential for the production of qualified, community-committed family physicians.

CONCLUSION

The IBMS exemplifies a nationally unified postgraduate training model. Continued partnership between the MOH, Colleges of Medicine, and IBMS safeguards the quality of Family Medicine training and ensures alignment with Iraq's health-system vision. Academic commitment to Family Medicine is not optional—it is foundational to achieving equitable, efficient, and sustainable health care.

REFERENCES

1. Iraqi Board for Medical Specializations. Manual of Training in Family and Community Medicine. Baghdad: IBMS; 2020.
2. World Health Organization (Eastern Mediterranean Regional Office). Developing Family Practice in the Eastern Mediterranean Region. Cairo: WHO-EMRO; 2021.
3. World Health Organization (Eastern Mediterranean Regional Office). Strengthening Family Practice in Iraq: Mission Report. Cairo: WHO-EMRO; 2019.
4. Ministry of Health, Iraq. National Primary Health Care Strategy 2021–2030. Baghdad: MOH; 2021.
5. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q*. 2005;83(3):457–502.
6. Royal College of General Practitioners. Workplace-based Assessment and Supervision in General Practice Training. London: RCGP; 2022.