



## **Cairo University, Faculty of Medicine Strategic Plan**

**I would first like to introduce to you the steps carried to develop this plan.**

- 1- The faculty council decided to perform the 5 year strategic plan and constituted the task force group to develop the draft.**
- 2- The group did many meetings ( 105 working hours ) to develop the first draft.**
- 3- The plan is formed of 4 steps:**

**A- The goals were identified. These were selected to agree with the global standards of the world federation of medical education.**

**B- For each of these goals a SWOT ( strengths, weaknesses, opportunities and threats) analysis was done.**

**C- Strategies to achieve each of these goals were then put.**

**D- Lastly the indicators of performance of each goal were identified.**

**Thank You**



## **GOAL 1:**

***Design and implementation of an undergraduate curriculum that facilitates the attainment of all program ILOs.***

### **SWOT Analysis**

#### **Strengths:**

1. Group of qualified staff having the skill and commitment for:
  - Training members of the faculty curriculum committee for their duties.
  - Training members of departmental curriculum committees for curriculum design.
  - Training trainers for EBM, scientific thinking and research methods.
2. Adequate infrastructure for training programs (MEDC).
3. Staff scientifically able to adapt basic science curriculum to scientific, technological and clinical developments as well as health needs of the society.
4. Big number of staff capable of teaching clinical skills.
5. High quality students who can practice self-learning, and share in different committee (best scientific background and learning capabilities).
6. The presence of EBM project and the skills labs.
7. Adequate number and variety of in-hospital patients and outpatients.
8. The bylaws give the curriculum committee the responsibility and authority for planning and implementing the curriculum.

#### **Weaknesses:**

1. Some members of the curriculum committee lack necessary competencies to perform their duties .
2. The curriculum committee lacks a clear agreed upon policy and mechanisms for its supremacy over individual departments
3. Absence of policies and mechanisms of stakeholder involvement in educational committees and/or activities – sometimes policies are present but implementation is inadequate.



4. Insufficient number of staff trained in the departments for curriculum design and for implementation of the curriculum in a way that achieves the whole range of course ILOs.
5. Insufficient number of staff committed to participation in efforts of improvement (curriculum design, renewal etc...)
6. Expected staff and possibly departmental resistance to curricular and instructional method changes and curriculum committee supremacy.
7. Inadequate inclusion of required clinical skills in the curriculum.
8. Restriction of exposure of students to selected types of in hospital patients, not all types of such patients.
9. Assessment methods are restricted to certain types of patients and certain clinical skills making students neglect what is not assessed.
10. Lack of facilities supporting self-learning (computers – library).
11. Inadequate utilization of outpatient clinics and community health care facilities for teaching purposes.
12. Expected administration and staff resistance to the use of university affiliated hospitals in teaching activities.
13. Big number of students decreasing the chance of adequate patient contact.
14. Logistic constraints for early patient contact.
15. Student non attendance and private tutoring.
16. Lack of policy that ensures basic science curriculum adaptation to scientific, technological and clinical developments as well as health needs of the society.
17. Resistance of some basic science departments to introduce sufficient clinical teaching at the expense of basic science knowledge and inadequate inclusion of the clinical science component in student assessment at the basic science level.

**Opportunities:**

1. Presence of governmental and university grants for educational reform.
2. Presence of hospitals affiliated to the university and that could be used for teaching (New Kasr El-Eini – Cancer Institute).



3. Presence of a wide variety of community health care facilities which can be used as learning resources.
4. Presence of chance of proper collaboration with MOH for using community health care facilities for teaching.
5. Acceptance and enthusiasm of most stakeholders to participate in planning and evaluating the educational process.

### **Strategies**

1. Development of an authorized and effectively functioning curriculum committee and departmental curriculum committees.
2. Utilization of all possible grants and projects for funding activities and resources needed for curriculum design and implementation.
3. Adoption of new methods of teaching that suit the whole range of ILOs and the big number of students.
4. Provision of a faculty wide culture that complies with and supports all measures taken for curriculum reform.
5. Provision of adequate administrative support and supervision for curriculum design and implementation.
6. Maximum use of all available faculty resources and university and community health care facilities.
7. Adequate recognition, reward and official involvement of the staff that is actively involved in the processes of educational reform.

### **Indicators of performance:**

1. Well structured and functioning curriculum committee with central faculty level design, integration and evaluation of the curriculum. (Target: within one year).
2. Percentage of course curricula approved by the curriculum committee (Target: 100% after 2 years).



3. Percentage of courses delivering the whole range of contents specified in the approved curriculum (*Target: 100% after 3 years*).
4. Percentage of courses applying the whole range of teaching methods specified in the approved curriculum (*Target: 100% after 3 years*).
5. Students' satisfaction rate at the course level about the attainment of course ILOs. (*Target: 80% after 3 years*)
6. Achievement of all course ILOs at the passing level by at least 80% of students through analysis of student performance at the course level (*after 3 years*)
7. Students' satisfaction rate at the time of graduation about the attainment of program ILOs. (*Target: 80% after 5 years*)
8. Percentage of courses' hours spent in self-independent learning.
9. Percentage of courses that implement EBM in teaching and assessment (4 main clinical courses and 2 basic science courses after 2 years).
10. Percentage of basic science courses that include clinical skills training (*Target: 100% after 2 years*).
11. Percentage of courses revised during the five-year plan by departmental CC for scientific updates (*Target: 100% after 5 years*)



## **GOAL 2:**

*Application of assessment policies, methods and practices that ensure fairness, validity and reliability and that promote student learning.*

### **SWOT analysis:**

#### **Strengths:**

1. Group of qualified staff having the skill and commitment for training trainers for assessment methods.
2. Adequate infrastructure for training programs (MEDC).

#### **Weaknesses:**

1. Deficient policy for assessing reliability and validity of assessment methods and for the introduction of new assessment methods.
2. Lack of assessment committee authority over individual departments in defining assessment policies to ensure validity and reliability of assessment and in introducing new assessment methods.
3. Lack of suitable curriculum including instructional units that match educational objectives to assessment methods.
4. Lack of staff training for new methods of student assessment.
5. Staff resistance to efforts aiming at increasing reliability and validity of assessment methods and at introducing new methods of assessment.
6. Absence of external evaluation.
7. Big number of students.

#### **Opportunities:**

1. Worsening reputation of assessment in Egyptian medical faculties and its negative regional and international impact may be used to minimize resistance to change.
2. Introduction of new more objective assessment methods in the Egyptian Fellowship of the MOH may be used to minimize resistance to change.



### **Strategies**

1. Development of an authorized and effectively functioning assessment committee.
2. Establishment of a faculty wide agreed upon assessment policy.
3. Adoption of new methods of assessment that suit the whole range of ILOs.
4. Provision of a faculty wide culture that complies with and supports newly introduced assessment policies and methods.
5. Provision of an adequate administrative support and supervision for implementation of agreed upon assessment policies and methods.
6. Adequate recognition, reward and official involvement of the staff that is actively involved in the processes of educational reform.

### **Indicators of performance**

1. Percentage of courses that provide adequate formative assessment (Target: 100% after 3 years).
2. Percentage of courses who invite external evaluators (Target: 100% after 3 years).
3. Percentage of courses' assessment methods that is tested for validity and reliability as reported by the faculty assessment committee (Target: 100% after 3 years).
4. Percentage of courses that provide valid and reliable assessment as reported by the faculty assessment committee (Target: 100% after 3 years).
5. Student and staff satisfaction rate (balance, validity and reliability)(80% after 3 years).
6. Percentage of courses applying the whole range of assessment methods specified in the approved curriculum and in the course specifications (Target 100% after 3 years)



### **Goal 3:**

*Achievement of faculty wide academic staff development that ensures effective implementation of planned teaching and assessment strategies.*

#### **SWOT analysis**

##### **Strengths:**

1. Presence of staff capable of training trainers.
2. Presence of infrastructure needed for staff training (MEDC and LRC)

##### **Weaknesses:**

1. Insufficient number of trainers
2. Inadequate financial resources for training.
3. Expected staff resistance to attend staff development programs.
4. Lack of assessment of the impact of training.

##### **Opportunities:**

1. FLDP program and other possible projects or sources of funds.

#### **Strategies**

1. Development of a sufficient number of highly qualified trainers able to implement the staff developmental plan.
2. Provision of a faculty wide culture that complies with staff development requirements.
3. Provision of adequate resources needed for staff development.
4. Perform training that is directed to real skill and attitude acquisition and that covers the whole range of competencies required for each staff..
5. Adequate recognition and reward of the staff that is actively involved in the training programs.

#### **Indicators of performance**

1. Approved annual staff development plan at Faculty and departmental levels (after one year).



2. Percentage of delivered courses & workshops as related to those in the plan (80% each year).
3. Percentage of staff who attended the training as related to the planned number of participants (80%).
4. Staff satisfaction rate from the training (90%).



## **Goal 4:**

***Perform regular self evaluation, internal reporting and improvement plans that are open, transparent, focused and supportive of continuing improvement.***

### **SWOT analysis**

#### **Strengths**

1. Establishment of a unit for educational program evaluation (QAU) having clear definition of its terms of references.
2. The staff working in the unit is enthusiastic, experienced in medical education and quality assurance and ready for further training and improvement.
3. Applied quality processes focus on achievement of learning outcomes, are practiced at both program and course levels and include student and staff feedback.
4. Students are adequately represented in the QAU.

#### **Weaknesses.**

1. Limited resources and inadequate structure of the QAU.
2. Lack of departments and staff motivation to participate in various quality processes.
3. Deficient of both academic and non-academic staff orientation and training on the procedures of the quality system.
4. Inconsistency in departmental accountability for their course evaluation.
5. Lack of exchange of experience with other faculties in the university or medical sector.
6. Expected staff resistance for compliance with the quality system.
7. Insufficient funds and infrastructure necessary for implementing improvement plans.
8. Lack of a quality operational manual (a document that describes the quality policies and procedures in the faculty).
9. Restriction of quality measurement to students' feedback and staff feedback



### **Opportunities**

1. The presence of external funds for projects designed to improve the quality of learning and teaching.
2. Political and national support of quality improvement in higher education

### **Threats:**

1. Economic condition of the country limit financial resources and national funding opportunities

### **Strategies**

1. Development of an authorized and effectively functioning quality assurance unit and departmental quality assurance committees.
2. Provision of a faculty wide culture that complies with quality assurance processes and improvement plans.
3. Provision of an adequate administrative support and supervision for implementation of agreed upon quality assurance processes and improvement plans.
4. Utilization of all possible grants and projects for funding activities and resources needed for quality assurance processes and improvement plans.

### **Indicators of performance**

1. Course specifications revised annually to include any changes planned for next year and approved by relevant councils (Target: 100% of courses after one year and every year thereafter.)
2. Course, program and annual faculty reports presented annually and approved by the QA unit and relevant councils (Target: 100% of courses after one year and every year thereafter.)



3. Frequency of students and staff feedback within each course (Target: 100% of courses after one year and every year thereafter.)
4. Frequency of meeting with wider range of stakeholders for program evaluation (Target: every three years).
5. Percentage of courses making student performance analysis (Target: 100% of courses after 2 years)
6. Percentage of courses that provide feedback about students performance to QAU and curriculum committee (Target 100% of courses after 2 years)
7. Percentage of achievements of annual action plan items at faculty and departmental levels (Target: 80%)
8. Staff satisfaction rate by the effectiveness of the evaluation system (90% for each course after 2 years).



## **Goal (5) :**

*The provision of adequate human, physical, clinical and IT resources for implementation of the required processes in teaching, research and community service*

### **SWOT Analysis**

#### **Strengths**

1. Large potential infrastructure for teaching & learning "if efficiently utilized"
2. Large clinical facilities with high patient flow rates in different specialties
3. Presence and experience of MEDC
4. Existing personal links of many faculty staff members with other educational institutions "although mostly on a personal level"
5. Faculty website which can be used as a learning resource
6. Increasing students' acceptance and skills in IT
7. Requirement for training in research methodology by all junior staff and postgraduate students

#### **Weaknesses:**

1. No data base of available facilities
2. No effective resource allocation policy
3. Financial limitations (in general and particularly as related to sustainability needs; equipment maintenance, journal subscriptions, internet fees, etc)
4. Space limitations particularly in clinical departments
5. Limited daily working hours affecting utilization of facilities
6. Most clinical staff have no offices
7. Inadequate policies for qualification and utilization of MEDC educational specialists
8. The non-academic support staff are inefficient and lack the necessary skills



### **Opportunities:**

1. Projects addressing enhancement of educational and IT resources
2. NQAAC based gap analysis and developmental engagement process; helping to address accreditation requirements
3. Fund raising through NGOs and the community
4. Use of National- and University- based access to medical journals and websites
5. Use of other Cairo University health care facilities as clinical training sites (CSPM  
*Center of Social and Preventive Medicine*, National Cancer Institute & New Kasr El  
Aini Teaching Hospital "French")
6. Use of regional primary health care facilities as clinical training sites
7. National interest in advancing scientific research

### **Threats:**

1. Number of students not linked to available facilities
2. Budget allocation is beyond the scope of the faculty

### **Strategies:**

#### **1. Implementation of a resource management system:**

*The system would include:*

- Systematic identification of needs (halls, labs, library, IT, teaching aids, staff offices, ..)*
- Data base for available facilities, their utilization and maintenance needs*
- Optimizing utilization of available resources*
- Allocation of resources according to perceived needs*
- Maintenance & renovation of available facilities*



## **2. Fund raising:**

*Including provision of paid services, community support from NGOs and key figures, projects, partnerships, etc*

## **3. Development of a plan for human resources:**

*Would include matching appointment of new teaching staff according to department needs for performing required processes, as well as implementing an effective training & development plan matching actual needs. The plan should also address non academic support staff.*

## **4. Efficiently using available clinical services to enhance clinical training:**

- Increasing clinical teaching hours to optimize utilization of available staff & clinical facilities*
- Making use of available time outside current teaching hours (afternoon shifts, ER visits) supplemented with self learning and mentorship.*
- Increasing OP clinic encounters*
- Using additional opportunities: other Cairo University health care facilities (Center of Social & Preventive Medicine, National Cancer Institute & New Kasr El Aini Teaching Hospital "French") & regional primary health care facilities.*

## **5. Using IT facilities to support classical teaching and research:**

*This helps to compensate gaps in educational resources, improve self-learning skills and support research activities as well as routine clinical service.*

## **6. Enhancing the role of educational and research expertise:**

- Qualification & utilization of MEDC experts*
- Training of trainers*
- Development of a research support center that would provide training (for staff & postgraduate students) and support for research activities.*



## Indicators of performance:

Indicator	Target*
<p><b>Teaching staff:</b></p> <ol style="list-style-type: none"> <li>1. Total number of students divided by the number of teaching staff in each course.</li> <li>2. Student/ mentor ratio in practical &amp; clinical training</li> <li>3. Percentage of departments with adequate staff members (as judged by DCCs*)</li> <li>4. % of staff satisfied by their contribution to the different responsibilities** of their departments</li> </ol>	<ul style="list-style-type: none"> <li>- 40 in 75% of preclinical courses, 20 in 75% of clinical courses</li> <li>- 15:1 in 50% of courses</li> <li>- 75%</li> <li>- 75%</li> </ul>
<p><b>Educational expertise:</b></p> <ol style="list-style-type: none"> <li>5. The total number of staff involved in planning for educational activities that are certified in medical education.</li> </ol>	<ul style="list-style-type: none"> <li>- 20</li> </ul>
<p><b>Non-academic staff:</b></p> <ol style="list-style-type: none"> <li>6. Database describing the number &amp; qualifications of non-academic support staff and their matching with needs</li> <li>7. % of departments with adequate non-academic staff (quantitatively &amp; qualitatively) according to chairs' opinions</li> <li>8. Students &amp; staff satisfaction regarding non-academic staff</li> </ol>	<ul style="list-style-type: none"> <li>- Database after 2 years</li> <li>- 65%</li> <li>- 60%</li> </ul>
<p><b>Physical facilities for teaching:</b></p> <ol style="list-style-type: none"> <li>9. %teaching halls and skills labs as related to required teaching facilities.</li> <li>10. % departments that have adequate teaching infrastructure (as judged by DCCs* )</li> <li>11. Students/ small group ratio in small group settings</li> <li>12. %teaching halls and skills labs in use as related to available teaching facilities.</li> <li>13. Staff and students satisfaction regarding adequacy of physical facilities.</li> </ol>	<ul style="list-style-type: none"> <li>- 85% of large and small group rooms, 65% of skills labs</li> <li>- 75%</li> <li>- &lt; 30 in 50% of courses</li> <li>- 90% after 2 years</li> <li>- 75%</li> </ul>
<p><b>Clinical training facilities:</b></p> <ol style="list-style-type: none"> <li>14. Faculty database for clinical facilities utilized in training both in and outside campus.</li> <li>15. % of available facilities as related to required clinical facilities needed to deliver the curriculum.</li> <li>16. % of departments that contain adequate clinical training facilities in different settings*** (as judged by DCCs*).</li> <li>17. Students and staff satisfaction rate regarding adequacy of clinical facilities.</li> </ol>	<ul style="list-style-type: none"> <li>- complete after 1 year</li> <li>- 85% after 3 years</li> <li>- 85% after 3 years</li> <li>- 75% after 3 years</li> </ul>
<p><b>IT facilities:</b></p> <ol style="list-style-type: none"> <li>18. Students and staff satisfaction regarding computer and internet facilities.</li> <li>19. Network connection of different clinical and academic facilities at the faculty.</li> <li>20. % of departments with adequate E-resources to support curriculum delivery (as judged by DCCs*).</li> <li>21. The total number of E-modules in support for the curriculum at different disciplines.</li> </ol>	<ul style="list-style-type: none"> <li>- 10:1 after 3 years</li> <li>- 75% after 3 years</li> <li>- 50% of facilities after 3 years</li> <li>- 75% after 3 years</li> <li>- 5 modules (one per year starting 2<sup>nd</sup> year)</li> </ul>
<p><b>Research support:</b></p> <ol style="list-style-type: none"> <li>22. Annual Research Finance From all sources (faculty budget –projects- partnerships-grants-etc)</li> </ol>	<ul style="list-style-type: none"> <li>- LE 2,000,000 per year</li> </ul>



23. Presence of a data base for affordable research grants(national& international) 24. Number of current journal subscriptions freely available to staff members &postgraduate students 25. Number of staff members & postgraduate students trained in conducting research & related activities (of statistics-EBM-submitting grant proposals) 26. Staff satisfaction regarding available research support	- After 1 year then annually updated - 1000  - 50% of staff and all newly enrolled postgraduate students  - 50%
* By the end of five years unless otherwise mentioned ** Different responsibilities include: undergraduate teaching, postgraduate teaching & training, research, clinical service as well as administrative and other activities. *** These settings include: primary health care, outpatient, inpatient and emergency settings. ◆ DCC = Department Curriculum Committee	



## Goal 6

Provide outstanding and distinguished academic and pastoral support for students.

### SWOT Analysis

<b><u>Strengths</u></b> <ol style="list-style-type: none"><li>1. distinguished students with high intellectual capabilities.</li><li>2. large staff pool who are able to provide different types of support.</li><li>3. adequate campus facilities that could be utilized in different students support services</li></ol>	<b><u>Weaknesses</u></b> <ol style="list-style-type: none"><li>1. big number of students</li><li>2. not all faculty are interested to provide mentorship</li><li>3. lack of faculty training as mentors.</li><li>4. limited budget allocated to students' support and services.</li><li>5. logistic difficulties</li></ol>
<b><u>Opportunities</u></b> <p>Business leaders and societal figures would be interested to support students academically and socially.</p>	<b><u>Threats</u></b> <p>Lack of governmental and non-governmental funds.</p>

### Strategies

1. Planning of support services that address students' needs and maximally utilize available resources.
2. Fund raising through direct communication and representatives.
3. Budget allocation for students support.
4. Linking students support activities with staff promotion.
5. Staff training on mentorship.
6. Students and staff orientation

### Indicators of Performance

1. Documented and approved plan for academic and pastoral support.
2. Percentage of students failed at each course as related to failure rate in the same course in previous years.
3. Percentage of courses that early detect and deal with academic difficulties.
4. Percentage of staff trained as mentors .



5. Students / mentor ratio in clinical and academic years
6. Percentage of staff who provide office hours.
7. Funds attracted for students support programs.
8. Percentage of provided pastoral support/ as related to requested support.
9. Students satisfaction.



## Goal 7:

Support and enhance research activities to achieve excellence in areas related to national health priorities.

### SWOT Analysis

<p><b><u>Strengths</u></b></p> <ol style="list-style-type: none"> <li>1. The presence of well defined university plan for research priorities.</li> <li>2. Clinical facilities and laboratory infrastructure available to support research activities.</li> <li>3. Big number of staff interested in conducting research.</li> <li>4. Large students pool both under and post-graduate who are enthusiastic about collaborating in research activities with staff.</li> <li>5. Huge number of patients and diversity of clinical conditions that facilitate conduction of high quality clinical research.</li> </ol>	<p><b><u>Weaknesses</u></b></p> <ol style="list-style-type: none"> <li>1. Extremely limited faculty budget for research funding.</li> <li>2. Lack of staff experience in research methodology.</li> <li>3. Inadequate collaboration with international centers of excellence in research.</li> <li>4. Lack of research database that identify current research conducted and opportunities for collaboration with different departments and research institutes.</li> <li>5. Poor utilization of available resources both at human and infrastructure level.</li> <li>6. Lack of visibility of funding opportunities available inside and outside Egypt</li> </ol>
<p><b><u>Opportunities</u></b></p> <ol style="list-style-type: none"> <li>1. The presence of research funding opportunities e.g. the euro-meda FP7.</li> <li>2. Community business leaders and social figures would be interested in funding research activities that improve patients care.</li> <li>3. Pharmaceutical companies would be interested in funding post-marketing studies.</li> <li>4. The national centers of research would be interested in collaborative research work with our medical school.</li> <li>5. Research development is a national priority and is gaining political support.</li> </ol>	<p><b><u>Threats</u></b></p> <ol style="list-style-type: none"> <li>1. Poor funds for research programs</li> <li>2. The public look at research as an experimental approaches with harmful consequences.</li> <li>3. Poor orientation about the importance of research as a fundamental strategy for national development</li> </ol>



## **Strategies**

1. Renovation and maintenance of research infrastructure.
2. Fundraising for research activities
3. Utilization of available funds for research both at national and international levels.
4. Reallocation of budget to improve faculty support of research activities.
5. Research capacity building ( both for faculty staff and administrative staff).
6. Creation of research centers of excellence that support specific and focused research domains of national priorities and that attract both national and international funds.
7. Improvement of research visibility to the media and the public to raise awareness on importance of research.
8. Development of collaborative research programs between basic and clinical science departments. Also between multidisciplinary teams from different medical schools both nationally and internationally.

## **Indicators of Performance**

1. The presence of documented and prioritized research plans at faculty and departmental levels.
2. Database describing ongoing and finished research activities inside the faculty.
3. Number of journals subscriptions available for free for staff and graduate medical students.
4. Total number of faculty staff trained in research design and writing for grants.
5. Total number of postgraduate students trained in research design and conduction of clinical trials
6. Percentage of research protocols involving more than one department.



7. Percentage of research protocols involving basic and clinical science departments.
8. Percentage of research protocols indicating collaborative work with other national research institutes.
9. Faculty research annual budget.
10. Percentage of research funded by national, regional and international grants/ total body of annual research.
11. Total number of proposal for research grants submitted.
12. Total number of proposal for research grants accepted.
13. Staff and students satisfaction about the level of training and availability of support to facilitate research activities.
14. Number of centers of research excellence in the faculty.
15. Total number of annual publications in internationally indexed medical journals.



## Goal 8:

**Provide leadership through support and supervision of all activities required to implement the strategic plan.**

### SWOT Analysis

<p><b><u>Strengths</u></b></p> <ol style="list-style-type: none"> <li>1. The governance structure is primitively defined in the first faculty annual report.</li> <li>2. Top management accept reform and enhancement plans.</li> <li>3. Some faculty committees has defined structure and terms of reference.</li> <li>4. The faculty started to implement policies for improvement and enhancement, including the self study and establishment of IQA system.</li> </ol>	<p><b><u>Weaknesses</u></b></p> <ol style="list-style-type: none"> <li>1. Faculty and university bylaws are not known to most academic staff.</li> <li>2. The relationship between academic staff, management and different committees are not well defined.</li> <li>3. Relationship between academic leadership and university needs more clarification.</li> <li>4. Routine, bureaucracy and absence of sufficient autonomy.</li> <li>5. Weak and passive representation of stakeholders and students in different committees.</li> <li>6. Frequent change in academic leadership.</li> <li>7. There is no policy or procedure for evaluating the performance of academic leadership.</li> <li>8. Inadequate structure and terms of reference for most faculty committees.</li> <li>9. Limited number of faculty staff who adequately participate in activities of different committees.</li> <li>10. Routine, superficial administrative obligations consume all the time for meetings in departmental and faculty council. There is no defined agenda for education, research and community service issues.</li> <li>11. Insufficiently trained support and administrative staff.</li> <li>12. No quality measures apply for any of the administrative processes.</li> </ol>
<p><b><u>Opportunities</u></b></p> <ol style="list-style-type: none"> <li>1. Obligation towards national accreditation.</li> <li>2. Available potential sources of funds</li> <li>3. Proper collaboration and involvement of stakeholders is possible.</li> </ol>	<p><b><u>Threats</u></b></p> <ol style="list-style-type: none"> <li>1. frequent change of leadership at the level of ministry of higher education and university.</li> </ol>



## **Strategies**

1. Activation of the role of faculty and departmental councils, in planning , organizing and monitoring education, research and community service activities.
2. Revision and reform of the administrative structure including:
  - all committees (structure, function, terms of reference and resources.
  - Establishment of clear relationship and lines of responsibilities in between different committees and councils.
3. Mange resources and raise for implementing the required plans.
4. Capacity building in leadership and management.

## **Indicators of performance**

1. Documents describing the governance and administration structure. Also present on the Faculty website.
2. Percent of Faculty committees with students and staff representation.
3. Satisfaction rates (students and other stakeholders)



## **Goal 9:**

**Enhancing quality and efficiency of community services ,Using outcomes as a guide for quality improvement.**

### **SWOT Analysis**

#### **Strengths:**

1. The presence of huge clinical facilities for community services.
2. Major referrals from all Egyptian governorates for advanced care of cases.
3. Big number of highly qualified clinical staff.
4. The presence of 41 community service units in the faculty serving health care ,training, research and technical consultation to different stakeholders.
- 5- Many medical working convoys including all highly qualified medical specialties visiting different needed areas inside Egypt.

#### **Weakness:**

- 1- Inadequate equipments in some areas .
- 2- No data base for community needs and no definite procedures to identify the real community needs
- 3- No definite procedures to test opinion of end users.

#### **Opportunities:**

- 1-A possible funding from business men or European organizations, to improve the equipments.
- 2- The presence of chance for proper collaboration with MOHP, military hospitals and WHO for promoting a good community health care.
- 3-Family medicine department could help in the community services.



## **Strategies**

- 1-Strategic partnership with the MOHP, Military hospitals and WHO in Community health care
- 2-Increase awareness and application of patient rights.
- 3-Development of training course for nursing staff and house officers
- 4-Enhancement of the quality system for hospitals and units for testing quality and testing end-user opinion.
- 5-Development of community services according to identified community needs .
- 6-Connection with all organizations to provide additional funds .

## **Indicators of performance**

1. Presence of a system for regular testing of end user opinion for community services
2. Satisfaction rate of end users for community services
3. No. of hospitals /units with defined goals/objectives and actions taken on results of evaluations.
4. Total service income (paid clinical services-consultations training –donations-etc)
5. No. of units covering their own expenses
6. No. of beneficiaries (outside the faculty & Cairo University hospitals) from training services.
7. Joint efforts with MOHP in community Health programs
8. Total number of Outpatient clinics Serving Primary care patients &their annual flow
9. Convoys and the number of benefiting cases