In response to the FMEJ editorial “Integration of Medical Education and Health Services Meets Accountability Challenges and Excellence of Education?” “2;1 MARCH 21 2012”, many comments have been submitted. Some of them as follow.

**Formation of a committee consisting of all involved parties is necessary to evaluate the process, Comment on FMEJ 2012; 2(1): 2.**

Aeen Mohammad, Rita Mojtahedzadeh,
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Across the Globe, different programs are planned and performed to improve society's health. These programs are planned according to the local socio-demographic variables, and their rate of success depends on the understanding of the programmers from these conditions. Therefore the program evaluation must be considered as an inseparable part of these programs. This evaluation at the time of planning or early performance may include just context and input; however, different aspects can be comprehensively evaluated after the performance of the program. This can guide the policy-makers and proctors to correct, stop, or progress.

At present, it is nearly 25 years that medical education has been integrated into medical services. This program has affected structural, organizational, and functional aspects of the country and can be well criticized and examined. It seems that the overall evaluations to date have led to limited and unreliable results through poll survey.

Unfortunately some stakeholders express agreement or disagreement with the whole program based on their personal ideas and experiences, instead of presenting scientific evidences.

Obviously providing subjective evidences is irrational and can be harmful for the society's health. Thus it is suggested that a committee consisting of assessors and medical educationist as well as health service experts should be formed to evaluate the program scientifically and systematically.

Finally, it is worth mentioning that the evaluation should not only focus on the concept of integration but also the challenges of its implementation in Iran.

**Integration is good but far from perfect, Comment on FMEJ 2012; 2(1): 2.**

Javad Sarabadi
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Basic integration is defined as activities and mechanism which are used for getting alliance and inducing harmony among different technical fields. Integration as a widespread policy and comprehensive change could be the origin of deep and vast development in educational and health service systems of the country.

At present, health system is not happy with products of education system. On the other hand, the education system does not play a considerable role in various topics of health service with the country.

The most important result of integration for the education system is meeting the needs of the society. Active participation of education system and health system in determining priorities, needs, and expectations of society and the extract of research from the limited space of faculties and entering wide fields of health system and the society is essential. In fact, universities and faculties come in to existence with the basic philosophy of fulfilling needs and expectations of society. In other words, accountability has been an inseparable part of the basic existing philosophy of education centers since their establishment. Medical education has been criticized all around the world because of not getting involved in the problems of society. In the past decade, trainers of medical education have been concerned about whether physicians are trained appropriately for fulfilling changing needs of the society. For the determination of priorities, needs and expectations of both society and health system should be met. Health system is constantly changing for better fulfillment of needs and expectations of society. Improvement in health services should precede revolution in education system.

Basis on the opinions of most experts, medical faculties have not been able to fulfill their social responsibilities for different reasons. In general, those who agree with integration plan believe that integration has affected education system positively although they have stated that these influences have not been enough or pleasing. Those who disagree with this plan believe that integration has not only affected positively the education and research systems, but in fact its effect has been negative. One of the negative results of this integration in the case of education is an alleged decrease in the quality of education. The quality of education is practically affected by the increase of student admission, getting toward quantity and executive issues. Therefore it could be said that different positive activities have been done in the framework of integration; however, what has happened is much less than what is expected. Those who disagree with integration consider the overall impact negative. Those who agree are not satisfied with its achievements1.

While integration is effective, faculty members have to spend too much time, Comment on FMEJ 2012; 2(1): 2.

Hasan Boskabadi,
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Advantages of the integration program include (1) closeness

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1. Lamei A. Integration of educational and delivery systems: social accountability. 1st ed. Urmia: Urmia University of Medical Sciences; 2010.
of health system to university fields and, (2) increase in the authority of university in changing the health system according to scientific needs. One major disadvantage is imposing the burden of patients on faculty members, which is more than their needs and potentials.

It seems that if the process is managed in a way that the education system can find educational patients and faculty members are not forced to spend too much time and energy on patients. This program will be more efficient if we could save time for faculty members to do teaching and research.

Health services appeared to be the most important field for medical education, Comment on FMEJ 2012; 2(1): 2.

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Medical education is of prime importance because of vast expansion of issues related to people’s health and diseases. Medicine is a holy field and definitely has to be organised by people with sufficient skills, capabilities, and enough commitment. The necessity of change in medical education plans should be decided on the basis of societal needs so that graduates can become skillful enough in the field of identifying and solving health problems of the society and the method of caring and protecting people’s health.

In our country, medical education has achieved great success in recent decades and thousands of experts in different fields of medical sciences and levels have been trained who have had major roles in the decrease of fatality of society members and improving the health and hygiene level.

In our country since 1983, with the formation of treatment and health ministry which was responsible for educating and training human force of health and treatment, the concrete manifestation of integration of education and health and treatment was realized. This kind of education besides providing appropriate facilities of learning during medical education period of students prepares more efficiency of them to better fulfill health and treatment needs of the society.

The integration of medical education in health ministry has led to community training of physicians and medical staff and increased the quality of health and treatment services. Medical education should accompany health in society criteria and health improvement and it’s necessary that a medical student gets familiar with people’s problems and environmental issues while studying theories.

The first and probably the most important field in medical education are health, education and primary prevention. Education cannot be separated from the field of health and treatment. If the topic of medical education is just limited to theoretical education with the examination of a few patients, medical education will totally be damaged and the graduates of this field will get confused after graduation because of insufficient attendance in society and health field and this is a great risk to the health and treatment field of the county.

Integration has been a pragmatic and effective process, Comment on FMEJ 2012; 2(1): 2.

Abbas Zavar
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I would like to express my gratitude to the effective attempts of the editor of the future of medical education journal for improving educational goals. In reply to the call of opinions in the case of “the plan of the integration of medical education with health and treatment services”, and in general I agree with this program because of the following reasons: (1) Preventing of separation of plans within the health system. (2) Facing the real needs of the society. (3) Training students in a holistic approach and community oriented atmosphere, which can develop the quality of health and treatment services of the country. (4) Medical students and related fields educate practically in health centers. In addition, general physicians working in health centers, learn scientific medical principles. In summary, this plan has developed health and educational criteria to a great extent.

However, community-oriented medicine has encountered a lot of problems to fulfill the real needs of the society in the past 20 years. Conducting updated reforms seems to be essential. Medical education curriculum should be more appropriate to changing pattern of diseases. In summary and similar to what has shown already () it seems the rate of success of integration programs still has a long way to go.

Integration has been effective but in expense of “Medicalisation” of the Ministry of health, Comment on FMEJ 2012; 2(1): 2.

Hossein Karimi Moonaghi
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Dear Sir, the following issues are respectfully expressed in the case of integration program. (1) Training in a place in which the student is supposed to work after graduation is an educational principle and integration made this possible, which in my view is the best achievement of the integration. Prior commencing the integration program just a few educational fields belonged to Medical University.

(2) The major disadvantage following conducting integration is “Medicalisation” of the Ministry of Health, as all positions are directed by physicians now. As a result other branches of medicine are less involved.

A more holistic approach should be focused in regard to integration, Comment on FMEJ 2012; 2(1): 2.

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Providing the essential human force is important. Also familiarity among various branches of education, health and research increase the common objectives. In contrast with the importance and need to integrate medical education
and health services, there are some deficiencies which have to be addressed including: (1) Inducing a holistic approach to include spiritual as well as medical, psychological and social dimensions of people’s health. (2) Allocating budget among education, research and health divisions according to the workload, outcomes as well as health priorities to magnify realistic approach. (3) Education facilities are more equipped. Health logistic system needs more investments to strengthen management. Despite conducting integration in recent years, it seems that the medical curriculum do not updated to address the social health issues. It is essential to expand and update medical courses in accordance to the ill health priorities.