Chapter One

Vision, Mission and General Objectives of Health Professions Education in the Kingdom of Saudi Arabia

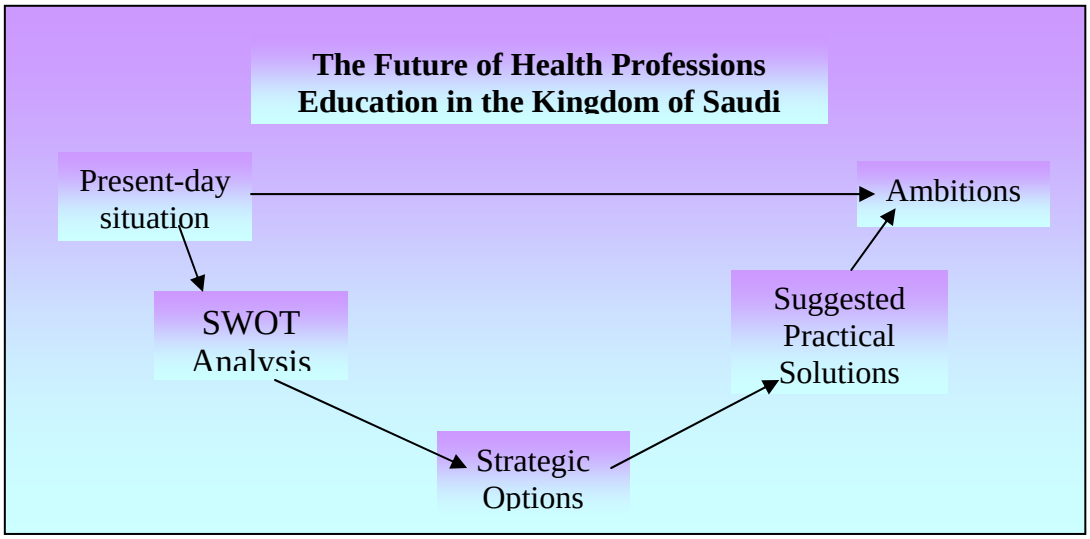
Introduction

The clarity of vision, mission and general objectives of health professions education is considered one of the most important steps in long-term strategic planning. Thais depends on the accurate diagnosis of the current situation and determining the gap between the present-day health education and future ambitions and consequently, the strategic choices and practical solutions can be explored to bridge the gap and to reach to aspirations. The results of Thais chapter were based on the opinion of experts group in medical education through series of workshops conducted for the purpose of diagnosing the gaps of the current situation in health professions education in Saudi Arabia and the constraints facing its development.

Objectives of the Study:

1. Diagnosis of the present-day situations through determining the points of strength, weakness, opportunities and threats of health education in the kingdom.
2. Pinpointing and formulating the mission, vision, values and objectives of health education for the next 25 years.
3. Diagnosis of the gap between the present-day situation and the aspiration after 25 years.
4. Suggesting the appropriate solutions to bridge Thais gap.

These tasks can be depicted in the following figure:



Selection of Participating Experts:

Owing to the importance and vitality of the conclusions cited in Thais chapter, and the important role the experts may play in it; nineteen experts have been carefully chosen to take part in studying the tracks of Thais chapter. Selection criteria encompassed the following:

- The long standing administrative expertise in managing educational or service health institutions an expert has.
- Deans and Vice Deans of ancient newly established health colleges.
- Representation of all health specialties (medicine, dentistry, pharmacy, applied medical sciences, nursing).
- Representation of the biggest possible number of the universities in the Kingdom (King Saud University, King Abdulaziz University, King Faisal University, King Khalid University, Taibah University, Al-Taif University, Jazan University).
- Representation of the governmental agencies concerned (Ministry of Health, Saudi Council of Health Specialties, Shoura (Consultative) Council.

- Representation of commissions and societies concerned (National Commission for Academic Accreditation and Assessment, Saudi Society for Medical Education).
- Representation of private and public sectors.

Procedures:

The results were arrived at through conducting nine workshops in the presence of a number of consultants[1] via the following steps:

1. Delivering a presentation about the strategic planning concepts for participants.
2. Analysis of the existing situation using the SWOT analysis technique, for determining the points of strength, weakness, opportunities and threats and voting on them by using a secret ballot.
3. Revision of points of strength, weakness, opportunities and threats.
4. Determining the gap between the present-day situation and aspirations and international criteria using the visual planning by Excel software, and voting on them using a secret ballot.
5. Review the results of visualization planning.
6. Measuring the size and effect of gap parameters using Thai scale.
7. Determining the strategic choices and practical programs to achieve objectives and aspirations.
8. Forming a subcommittee to formulate the draft of mission, vision, values and objectives.
9. Sending the preliminary draft of mission, vision, values, objectives, the gap parameters and the suggested solutions to the steering team and experts for revision.

[1] To see a list of experts and consultants whom their help was sought in this project, refer to "Study Team" section at the end of this report.

10. Conduction of workshops for focus groups in the college of medicine at King Abdulaziz University in Jeddah, King Faisal University in Dammam and King Khalid University in Abha for discussing the points of strength, weakness, opportunities, threats and future aspirations from the point of view of a group of health colleges' students and another group of faculty members of the health colleges in each university.

Analysis of the existing Situation of Undergraduate Health Education in the Kingdom of Saudi Arabia

I. The SWOT Analysis for Undergraduate Health Education:

SWOT analysis nowadays poses as one of the most commonly used and utilized scanned tool in strategic analysis and planning process. Administrators of health education system must be fully aware of internal strengths and weaknesses, and should fully understand the opportunities and the threats present in the external environment. These four elements represent a useful tool in comprehending and analyzing the environment relevant to the health education system. Thus, planning can proceed on sound foundation.

The SWOT results reached to have essentially depended on opinions of carefully selected experts as mentioned before, and the elements were identified through, first, brain storm sessions, revision, and ballot casting so that consensus and impact power can be established. Workshops attended by selected groups of teaching staff members, and some students at health colleges of King Abdulaziz University, King Faisal University, and King Khalid University in Abha, were also conducted.

The SWOT analysis yielded the following results:

A. Elements of Strength:

1. The training year (Internship)
2. Free education.
3. Monthly stipend for students.
4. Superiority of undergraduate health education outcomes to that in neighboring countries.
5. The advancement in admission system.

6. Postgraduate scholarships to study abroad.
7. Tendency to develop the methods, techniques and curricula of health education.
8. The increased awareness of faculty to improve the educational process.
9. The establishment of the National Commission for Academic Accreditation and Assessment.

B. Elements of Weakness:

1. The severe shortage in the number of graduates relative to the market demand.
2. Poor salaries and financial incentives for faculty.
3. Weakness of faculty in teaching techniques, assessment and development of curricula.
4. The faculty promotion system depends on research in the field of specialty and ignores other academic aspects.
5. Paucity of research related to the development of health education.
6. The difficulty of recruitment distinguished faculty members due to poor financial incentives.
7. The shortage in the number of faculty members (especially female faculty) in basic specialties and some clinical specialties.
8. Weak student-teacher relationship and no opportunity for students to contribute to the educational process.
9. The inefficacy of the preparatory year program.
10. Poor academic advising for the students.
11. Inconsideration for females' privacy in health education and training.

12. Poor educational and training environment and the paucity of educational hospitals and practical training sites.
13. Poor coordination between various health sectors in the field of health training and education.
14. Old curricula which are unrelated to society needs and priorities.
15. No investment in modern technologies in health education.
16. Poor administrative environment in education in general (Centralism, inflexibility, chaos, stiffness of regulations and bylaws and poor administrative training and development programs).
17. Minimizing universities' responsibilities in administering university affairs.
18. Randomness in inauguration of university health colleges.
19. The expansion in admission and enrollment without the proper support (disproportionality of the number of students to faculty and educational and training facilities).

C. Opportunities:

1. Economic flourishing and evolution
2. Increased information resources in health education fields.
3. Progress and technological advancement.
4. Growing international development in health education fields.
5. Tendency of international and local educational institutions to apply quality assurance and academic accreditation measures.
6. The increased practice, preparedness and ability of students to use technology.

7. The positive change in society's look to some health professions and specialties.
8. The abundance of applicants to university, and the abundance of distinguished high-school students.
9. Increased willingness of investment in health education field.
10. Spread and increase in job opportunities in health field.
11. Increased society needs to health education outcomes.

D. Threats:

1. Irregularity in salaries and wages of governmental sectors employees which could lead to morale dampening or exodus of employees.
2. Poor coordination and lack of integration with other health sectors.
3. Competition between various health sectors for recruitment of distinguished cadres.
4. The exodus of faculty members (brain drain).
5. Unplanned expansion in educational missions abroad.
6. Society pressure to admit large numbers.
7. Allowing faculty members to work part-time (or locum tenens) in other health sectors.
8. Allowing those who are not specialized in health education to establish health colleges.
9. The absence of advisory programs related to university health specialties directed to high school students.

II. Current Problems of Undergraduate Health Education and the Gap between the existing Situation and Expectations after 25 Years:

It is important to understand the problems facing the health education, which may hamper its development. Therefore, the participating experts framed a group of tracks and under every track they outlined a number of elements which considered by them as indicators of problems hampering the development of health education and such problems ought to be eliminated in future. Tracks and their elements were identified through, first brain storming sessions, revision, and thereafter by consensus. The tracks and their elements were shown in table 1-1.

Table 1-1 : the gaps indicators of health professions education in Saudi Arabia

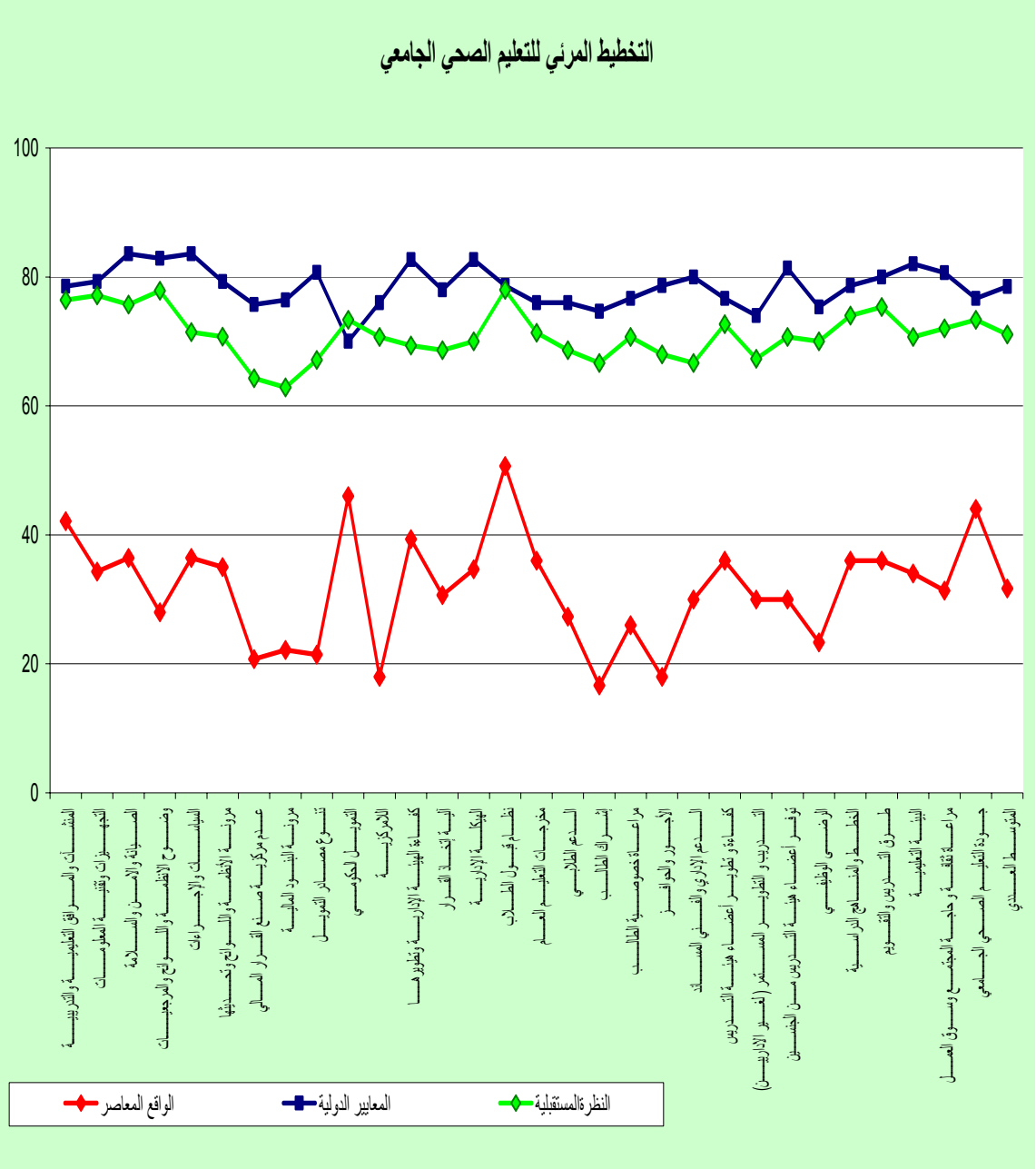
The Gap Theme	The Gap Element
The faculty Affairs	• Job Satisfaction • Salary & incentives • Qualification & development of faculty members • Containing training & development
The internal efficiency	• The availability of enough numbers of male & female faculty • The curriculum & education programs • The teaching, learning & assessment strategies • The education environment • The administrative & technical support
The teaching & learning facilities	• The education equipments & information technology • The maintenance & Safety • The building & learning facilities
The students affairs	• Admission & selection policy • Active contribution of students in the development of learning process

	• Student support • The consideration of female students needs & privacy • The high school graduates
Financial affairs	• Governmental supply • The flexibility of financial items • Diversity of Financing Resources • Non-centralization finance decisions
Administrative affairs	• Decentralization • Decision making process • Clearness of policy & procedures • The flexibility of policy & procedures • The roles & regulations • The organization charts • The development & qualification of administrative staff
The community & market labor	• The consideration of community and market needs
Overall indicator	• Low quality and quantity of health professions education Outcomes in General

1. Visual Planning Parameters:

The results of visualization of planning parameters have essentially depended on the estimates of carefully selected experts as mentioned before. They, through ballot, and on scale of 100 points, sketched the existing situation surrounding every element, forecasted the situation desirable after twenty five years, and marked each mentioned element in view of the international standards. By doing so, the gap between the existing and the future situation for each element were estimated.

The following graph shows the average gap for each element:



In the table (1-2) the problems indicators were arranged according to the size of the gap between the current and future.

Table 1-2. The problems indicators according to the gap size.

No.	The problem
1	Decentralization

2	Student's Involvement
3	Salaries and Incentives
4	Clarity of Regulations and Bylaws
5	Job Satisfaction
6	Diversity of Financing Resources
7	Consideration of female student's privacy
8	Centralization of financial decision making
9	Equipments and Information Technology
10	Students' Support
11	Flexibility of Financial Items
12	Consideration of Society's Culture, Need and Job Market
13	Availability of Faculty Members of both Sexes
14	Teaching, Learning and Assessment strategies
15	Maintenance and safety measures
16	Flexibility of Regulations and Bylaws and their updating
17	Decision-making Mechanisms
18	Continuing Professional Development and Training
19	Study Plans and Curricula
20	Administrative and Technical Support
21	Educational Environment
22	General education Outcomes
23	Competency and Development of Faculty Members
24	Policies and Procedures
25	Administrative Structuring
26	Training and Educational Constructions and Facilities
27	Student support
28	Efficiency of Administration and its development
29	Governmental Funding

30	Low quality and quantity of health professions education Outcomes in General
31	Students' Admission Policy

It is very obvious from the visual planning that the gap between the current situation and the expectations was too big. Therefore, the experts were decided to use another measurement called the Thai scale in order to prioritize the gaps in health professions education in Saudi Arabia.

2. Thai Scale:

The Thai scale comprises five basic values as mentioned below:

1. Magnitude: The size of the problem spreading.
2. Gravity: The negative effect the absence of this element may incur.
3. Impact: The positive effect the presence of this element may incur, whether it is immediate or delayed, direct or indirect.
4. Feasibility: The possible realization of this element.
5. Caring: The concern shown by decision makers to look on the problem with an eye to solve it.

Each value is given a grade of 1 to 4, and the final score is the result of multiplying the five values by one another. The Thai result reached to have essentially depended on assessments of the experts who balloted on the value of the five assessments of every element, after making the average for each value and their multiplication in order to get the final score for each element.

Table 1-3 illustrates the problems as seen under Thai scale and based on the gap between the existing and the future expectations.

Table 1-3. Problems of Health education Rank-Ordered According to the Thai scale and the Size of the Gap between the existing Situation and Expectations

Rank-order according		Problem	Thai Measure					
Size of Gap	Thai		Size	Threat	Effect		Interest	Score
9	1	Equipment and Information Technology	3.54	3.62	4.00	3.46	3.08	545.02
3	2	Salaries and Incentives	3.77	3.85	3.85	3.77	2.46	517.33
5	3	Job Satisfaction	3.85	3.85	3.85	3.46	2.54	499.94
19	4	Study Plans and Curricula	3.23	3.69	3.85	3.62	2.69	446.59
23	5	Competency and Development of Faculty Members	3.23	3.77	3.77	3.38	2.85	442.16
13	6	Availability of Faculty Members of both Sexes	3.77	3.77	3.77	2.69	2.77	399.25
30	7	Low quality and quantity of health professions education Outcomes in General	3.15	3.62	3.77	3.23	2.85	395.20
26	8	Training and Educational Constructions and Facilities	3.23	3.38	3.54	3.38	2.92	382.81
21	9	Educational Environment	3.31	3.46	3.77	3.31	3.62	373.34
14	10	Teaching, learning and Assessment strategies	3.31	3.46	3.62	3.31	2.54	347.57
29	11	Governmental Funding	3.23	3.38	3.46	3.31	2.77	346.71
18	12	Continuous Training and Development (for non-administrators)	3.46	3.54	3.46	3.23	2.38	326.65
11	13	Flexibility of Financial Items	3.69	3.54	3.69	2.92	2.31	325.41
28	14	Efficiency of Administration and its development	3.46	3.54	3.62	3.08	2.38	324.92
22	15	General education Outcomes	3.31	3.54	3.62	2.85	2.69	324.25
20	16	Auxiliary Administrative and Technical Support	3.23	3.38	3.69	3.31	2.38	318.46
1	17	Decentralization	3.54	3.54	3.62	3.00	2.23	302.94
12	18	Consideration of Society's Culture, Need and Job Market	3.08	3.38	3.38	3.08	2.77	300.34
4	19	Clarity of Regulations, Bylaws and References	3.23	3.15	3.38	3.23	2.62	291.41
2	20	Student's Involvement	3.31	3.15	3.46	3.38	2.31	282.05
24	21	Policies and Procedures	3.38	3.08	3.38	3.31	2.38	278.02
16	22	Flexibility of Regulations and Bylaws and their updating	3.54	3.46	3.54	2.92	2.15	272.87
8	23	Decentralization of financial decision making	3.62	3.46	3.62	2.77	2.15	269.87
15	24	Maintenance, Security and safety	3.15	3.54	3.31	3.08	2.08	235.89
7	25	Consideration of female student's privacy	3.38	3.00	3.31	2.85	2.46	235.30
17	26	Decision-making Mechanisms	3.15	3.08	3.31	3.08	2.31	227.92
10	27	Students' Support	2.85	3.00	3.15	3.23	2.38	207.46
6	28	Diversity of Financing Resources	3.15	2.85	3.31	3.00	2.23	198.70
25	30	Administrative Structuring	2.92	2.92	3.08	2.77	2.08	151.21
31	31	Students' Admission System	2.23	2.69	2.77	3.08	2.92	149.59

The top ten problems facing the health professions education in Saudi Arabia that needs priority actions to solve them are as bellow:

1 Low quality and quantity of health professions education Outcomes in General.
2 Equipment and Information Technology.

3 Salaries and Incentives.
4 Job Satisfaction.
5 Study Plans and Curricula.
6 Competency and Development of Faculty Members.
7 Availability of Faculty Members of both genders.
8 Training and Educational Constructions and Facilities.
9 Educational Environment.
10 Teaching Techniques and Assessment.

III. Suggestions to Bridge the Gap between the existing Situation and the future Expectations

The experts have come up with a number of proper solutions to bridge the gap between the existing and the future situation relating to each track. Brain storming sessions, discussion and revision helped in deciding the said solutions. Some of these solutions will be subjected to further scrutiny in the coming chapters, God Willing.

1. Society's Needs for More Health Cadres:

a. Increasing the number of colleges through a well-studied plan in terms of the appropriate choice of time and location.
b. Increasing the number of admissions without compromising the quality.
c. Establishing medical colleges in small towns with hospitals in order for the faculty and hospital physicians to integrate each other.
d. Establishing colleges to teach basic medical sciences where the students move afterward to pursue their studies in their respective health colleges.
e. Decreasing the number of years for studying medicine and strengthening postgraduate programs.

2. Job Satisfaction and Poor Salaries and Incentives:

a. The salaries and incentives should be based on qualifications, expertise, achievements and innovations.
b. Establishing an objective system for measuring the performance and promotion of faculty members (It should consider teaching, committees and councils membership, students' assessment, etc).
c. Diversity of pathways of faculty promotion system:
    (1) by work (teaching)
    (2) by research
d. The participation of the employee in decision making and maintaining transparency.
e. The salaries should be fair between workers in health colleges and their counterparts in various governmental health facilities.
f. The salaries should be competitive to that in the Gulf region.
g. Expansion of the Deans' financial and administrative responsibilities where the Dean should be able to determine the financial incentives to faculty member, etc.
h. Increasing incentives for administrative performance.
i. The creation of non-financial incentives for faculty (social, service, etc).

3. Availability of Distinguished and Competent Faculty of Both Sexes:

a. Holding intensive periodical pedagogic and academic workshops for faculty in health colleges.
b. Activating human resources between universities (common faculty between them).

c. Seeking the help of faculty on part-time basis (adjunct faculty) and creating a suitable system that activates and motivates with determining the percentage adjunct faculty.
d. Creation of qualifying programs for faculty and adjunct faculty.
e. The use of non-university facilities including their human resources (Ministry of Health hospitals) provided that the Ministry of Higher Education pays for Thais service.
f. Preparing a plan for postgraduate studies and missions abroad.
g. Seeking the help of expertise houses and training centers in developing faculty members.
h. Stipulating training in teaching methods prior to joining universities, or granting financial or administrative advantages for those who are already trained.
i. A follow-up or surveillance system for teachers' competency, and rewarding good-doers otherwise reorienting them.
j. Establishing programs for the preparation of candidates in basic health sciences.
k. Reorienting postgraduate students to the unfilled specialties.

4. Curricula and Study Plans:

a. The use of modern technology in the educational process.
b. Diversity of study pathways in colleges of medicine in a way that complies with job market.
c. Flexibility in the approval and modification of study plans.
d. Continuous revision and curricula update.
e. Diversity of the admission entry:
    (1) High school (secondary school)

(2) Bachelor degree.

(3) A number of credits in the university.

f. Establishment of health professions education unit in each health college. The function of Thais unit is to develop, review and conduct research in the field of health professions education.

g. The use of the credit hour system to reduce study duration for distinguished students.

5. Educational and Training Facilities:

a. Connecting the university with an electronic network (e-learning and e-government).

b. The basic sciences should be in one place (a college devoted for Thais), afterward, the student moves to his respective health college.

c. Create a national bank learning resources including exam materials e.g. multiple-choice questions (MCQ) that must be updated every two years.

d. Activating sharing resources between universities (benefiting from laboratories, museums and faculty).

e. Establishment of Health University in the large cities (Riyadh, Jeddah and the Eastern province).

6. Increasing Governmental Funding, Diversity of Funding Resources and Flexibility in Financial Decision Making:

a. Separation of the budgets of health colleges from the budget of other colleges in the university.

b. Creation of a system for diversification of financial resources.

c. Activating internal missions and adopting grants in private universities in the kingdom.
d. Increasing the percentage of funding devoted to health education in the budget in accordance with international criteria.
e. Giving health colleges responsibilities of financial spending.
f. Making the universities as legal-entity establishments with financial and administrative independence.

7. Administrative Centralism and Decision-making Mechanism:

a. Modification of responsibilities and administrative regulations to ensure non-centralism in decision making.
b. Development of capabilities of intermediate administrators and improving the secretarial skills in health colleges.
c. Appointing a vice-rector for health colleges in each university.
d. Expansion of responsibilities of colleges and educational hospitals administratively and financially.
e. Revising the procedures in each administrative process in order to make it simple and flexible.
f. Updating and clarifying decision-making mechanism in all administrative levels.
g. Creation of a distinct administrative framework for all administrative jobs with a job description for all academic and administrative jobs.
h. Giving the opportunity to all faculty members and employees to participate in decision making regarding issues pertaining to his job.
i. Emphasis on academic departments as the prime responsible for academic decisions.

8. General Education Outcomes:

a. Educating high school students about health education in general to help them choose the appropriate college and specialization.
b. The use of technologies and modern techniques in general education which allow the smooth advancement of student to university level especially self-directed learning and problem solving.
c. Creation of a vital specialty in high school.
d. Strengthening the relationship between decision makers in general and higher education sectors.
e. Activation of the role of the National Center for Measurement and Assessment (Qias).
f. Development of an enrolment system in a way that fairly serves the students choice of the appropriate health college.
g. The desire in a particular specialty should be given the heaviest weight during admission.
h. Paying careful attention to the development of the preparatory year in qualifying health education students.
i. Creation of several pathways for admission in health colleges, such as admission of the graduates of college of sciences or the university students who spent more than two years in an accredited program in the university, or admitting some university graduates of low-demand specialties.
j. Coming up with a mechanism for orienting students to various specialties.
k. Revision of general education courses to suit the university education (computer course, English language, etc).

l. Respecting and appreciating the student and accustom him to discuss and converse.

m. Putting information in the Ministry of Higher Education website to explain the way to choose specialty.

n. Instilling enthusiasm for the specialty into students.

o. The creation of student's guide which includes all information needed by the student during his study, and solving all problems that he might face.

9. Auxiliary Administrative and Technical Support:

a. Furnishing the needs of health colleges of appropriately qualified administrative and technical cadres.

b. The development of administrative and linguistic skills for administrators, and providing them with incentives proportionate to their productivity.

c. Assigning a secretary for each faculty member of a group of faculty (not more than 5).

d. Utilization of the local area network for communication and finalizing administrative procedures.

e. Recruitment of distinguished administrative and technical competencies.

f. Encouraging national competencies and taking care of their development.

g. Seeking assistance of expert houses and training centers to develop administrative cadres.

h. Furnishing and training technicians who are specialized in electronic educational instruments and in new technology to assist faculty.

10. Clarity of Regulations, Bylaws and References:

a. Development of bylaws and regulations to ensure flexibility and minimizing centralism and provoking innovation in administrative practice.
b. Promoting the culture of simplifying procedure (such as appointment procedure and postgraduate missions, etc).
c. Receiving suggestions for modification of bylaws and regulations via the Internet, and updating regulations regularly.
d. Development of a special administrative system for health colleges that complies with their various needs.
e. Training and qualifying health competencies to assume administrative tasks.
f. Revision of regulations and bylaws in universities through workshops and brainstorming sessions with the participation of concerned faculty members.
g. Establishing an administration to update bylaws and regulations based on new developments.
h. The recognition of basic regulations and bylaws should be mandatory.

11. Considering Females' Privacy:

a. Development of curricula and specialties suitable for females' privacy in our society such as assigning a special pathway of obstetrics and pediatrics.
b. Shortening the study duration for female students so that the student specializes in a particular specialty without going through the rest of specialties.
c. Reviewing the study plans and canceling all of what violates females' privacy.
d. Inauguration of health colleges limited to females.
e. Furnishing a suitable environment for the student in a way that adheres to our consecrated religion.

f. Emphasizing the recruitment of female faculty members in all specialties.

12. Involving Student and Student's Support:

a. Establishing students' committees that defend the rights of students.
b. Participation of representatives of students in major committees such study plans, curricula, activities, etc.
c. Attendance of students' representatives in departments' and colleges' councils meetings when discussing issues of importance to them.
d. Supporting needy students financially and socially.
e. Activating the role of the students' fund.
f. Activating the role of the students' advisor and social worker to study the well-being of the students academically and socially and contributing in solving their problems.
g. Surveying the students' opinions about their satisfaction of the coursework, etc.
h. Involving the student in the assessment of faculty members.
i. Encouraging the students to indulge in non-curricular activities for their benefits in improving their personality.
j. Respecting the students and promoting their self esteem.
k. Students' senate council to discuss their issues and requirements.
l. Establishing mechanisms to bridge the gap between the student and the faculty.
m. Involvement of the student with faculty in conducting medical research.

13. Involving Society in the Developing Health Education:

a. The participation of a member representing the society in college council, admission committees, retribution committees, and other related committees.

b. Surveying society's opinion in needed skills and specialties from health colleges.
c. Involving media people and society in workshops about issues related to the development of health professions education, etc.
d. Exerting pressure on media to promote the role of health education in the renaissance of the society.
e. Creating an administration that deals with environmental and societal affairs.
f. Increasing the awareness and encouraging the society to support the educational process.
g. Establishing educational charitable societies.
h. Listening attentively to what is going around in society and media and adopting beneficial ideas.
i. Openness of health education to media and clarifying its specialties and the nature of study and work.
j. Selecting an elite group of the society and media to support higher education issues.
k. Creating a mechanism to control the publication of nonobjective controversial issues in media.
l. Convincing the decision maker for not succumbing to non-evidence-based pressures.
m. Dedicating an assigned Ad space in a local newspaper for discussing suggestions, concerns and problems relating to health professions education in the Kingdom.

Vision, Mission, Values and General Objectives of Undergraduate Health Education in the Kingdom

After analyzing the existing stand of health professions education, it is inevitable to know where it is heading. What are the ambitions and Goals? For This reason a sub-committee was formed to write down the vision, mission, values, and the general objectives of the university health professions education in Saudi Arabia. The writing was communicated to experts and workshops, and the perusal yielded the following:

Vision:

Making utmost Endeavors to place Saudi universities in the leading front of internationally recognized universities in health professions education.

Through creation of a comprehensive undergraduate health professions education system with high quality. This system is capable of graduating highly proficient national health professionals to satisfy the needs of the health sector of various health specialties.

Mission:

The provision of highly efficient comprehensive university health education that satisfies the needs of the Saudi society and governmental and private sectors of qualified health professionals who are characterized by honesty and professionalism, and capable of pursuing postgraduate studies and continuing professional education. The health professions education is in compliant with international trends taking into consideration the various students' needs and achieving the requirements of academic accreditation.

Values:

2. Professionalism.
3. Sincerity and Honesty.
4. Consideration of jurisprudence guidelines.
5. Quality.
6. Innovation.
7. Comprehensiveness and Diversity.
8. Continuing development.

General Goals of Undergraduate Health Education:

1. The preparation of health cadres that satisfy society needs and the development demands.
2. The improvement of internal efficiency of undergraduate health education in compliance with society needs and international criteria through setting standards and basis for academic accreditation and quality assurance programs that ought to be applied to all undergraduate health education institutions.
3. The revision of health education programs and study plans to remain effective, robust and in harmony with job market and society to motivate self learning throughout life.
4. Furnishing academic environment supportive of distinction, innovation and creativity for faculty, students and researchers.
5. The Provision of educational and training environment that takes into consideration the female privacy, in addition to the recruitment of sufficient female faculty.
6. Building and continuously updating the necessary infrastructure to render it suitable for the next 25 years.

7. Keeping up with information and communication technology and employing them in the administration of undergraduate health education and academic programs in terms of contents, techniques and methods of teaching and assessment.
8. Encouraging, increasing, supporting and raising the level of scientific research activities especially the research oriented toward the improvement of educational process and community service.
9. Establishing a close institutional connection between health sectors (governmental and private) in one side and institutions of undergraduate health education in the other side to benefit from facilities and qualified efficiencies in these institutions.
10. Taking into consideration undergraduate health education economics in a way that ensures the necessary funding through the governmental support and other income resources, and setting suitable mechanisms to distribute the available financial resources and using them efficiently according to priorities.
11. Enacting regulations that render the current health education institutions appealing to outstanding cadres and leaderships, and motivate faculty for development and innovation.
12. Ordaining a modern administrative and financial system that depends on flexibility and non-centralism to support and maintain the educational process.
13. Achieving a (student:teacher) ratio that complies with international standards.
14. Involving the student and society, and considering their needs in health education process and activities related to them.

Conclusion

The experts have identified the ambitions of the university health professions education, diagnosed the current stand and studied the impediments constraining its improvement. Thus, we are now in a position to cite the most important issues that need further study and investigation, to wit:

1. The magnitude of health education output and the admission capacity of health colleges.
2. The internal efficiency of health education and the impact of certain factors such as the level of study curricula, programs and plans, efficiency of teaching staff members, affectivity of the administrative organ …..etc.
3. Training sites.
4. Funding of higher health education.

The coming chapters will tackle these topics, God Willing.