Iraqi Medical Internship Training Program

MEDICAL INTERNSHIP

P R O G R A M

Program Description & Competency Framework

Edition **2025**

Approved reference: Graduates' Outcomes for Medical Colleges in Iraq (2019–2020)

PART ONE

Program Description

Purpose, structure, and training curriculum of the internship year

1. Program Overview

MISSION

- To deliver a structured educational internship that qualifies newly graduated physicians for safe and effective practice.
- To prepare competent entry-level physicians equipped with the scientific knowledge, clinical skills, and professional conduct essential for the effective and safe delivery of primary healthcare services.

General Goals

The overall aim of the program is for interns to develop a foundation for the ongoing development of knowledge and clinical skills — establishing a professional, team-based approach with patients, families, colleagues, and staff; appraising evidence-based approaches to clinical problems; and building durable self-education skills.

Candidates register for a one-year training program delivered through rotations across the four major disciplines. On satisfactory completion, they become eligible to sit the comprehensive examination required to obtain the Certificate of Completion of the Internship Program.

2. Program Structure and Duration

The one-year internship is hospital-based and delivered in accredited training sites. Training is structured to maximize opportunities for learning and to provide a broad range of experience across different types of hospitals, encompassing all the major areas of knowledge, practical skills, and behavioural competencies that trainees are expected to master.

Rotation Plan

Rotation	Duration
Internal Medicine	*3 months*
General Surgery	*3 months*
Obstetrics and Gynaecology	*3 months*
Paediatrics	*3 months*

Table 1. Core rotation plan across the 12-month internship.

3. Training and Education Methods

Each accredited site must run an organized educational program covering all intended learning outcomes across the cognitive, psychomotor, and affective domains. The methods below operate in combination throughout the year.

Regular Educational Activities

Structured learning includes consultant-led lectures on key topics, scientific journal clubs, morbidity and mortality meetings, case-discussion sessions, and medical literature reviews presented by interns.

Clinical Rounds

Clinical educational rounds are conducted regularly. During each round the intern presents cases to the consultant and discusses the basic sciences of the disease, diagnostic approach, treatment options, social and psychological aspects, and the latest studies relevant to the case.

Medical Procedures

Participation in medical procedures — as observer, assistant, or performer — must be logged, with a tracking mechanism that records each intern's performance and ensures equitable access to procedural opportunities across all interns.

On-Call Schedule

Every program must operate a clear method for scheduling intern on-calls. The schedule should reflect a progressive workload distribution, with no more than ten on-calls per month.

4. Training Modules

Central training and supervision are organized into three progressive modules. Each module specifies the expected level of participation, advancing from independent performance of basic tasks to supervised assistance in advanced procedures.

Module 1 — Basic Module

M1A	Basic Courses

Basic Life Support
Medical ethics
Patient safety
Communication skills
Computer skills and artificial intelligence
Disaster management
Commonly used formulas and clinical calculations
Normal values
Research skills
Teaching skills
Personal safety and prophylaxis
Correct technique for moving, handling, and patient transfer
Standard precautions and infectious-exposure management
Comprehensive patient assessment
Clinical examination
Documentation and medicolegal issues

M1B	Diagnostic Interpretation

How to read a chest X-ray (CXR)
How to read ultrasound
How to read an echocardiogram
Cardiac monitoring and ECG interpretation
Arterial blood gas interpretation

Basic respiratory function testing (PEFR)
Common laboratory results
Imaging: CT and MRI

Module 2 — Applied Procedural Skills

Interns are expected to perform the following procedures independently by the end of training.

M2 **Applied Procedural Skills**

Procedure	Minimum Proficiency Level
Measuring vital signs	**Perform independently**
Hand-washing procedure	**Perform independently**
Hand scrubbing; surgical-ward precautions	**Perform independently**
Use of personal protective equipment (gloves, gowns, masks)	**Perform independently**
Safe disposal of clinical waste, needles, and sharps	**Perform independently**
Wound care and basic wound dressing	**Perform independently**
Use of local anaesthetics	**Perform independently**
Skin suturing	**Perform independently**
Oxygen therapy	**Perform independently**
Performing ECG	**Perform independently**
Swabs: nose, throat, and skin	**Perform independently**
Correct use of a nebulizer and inhaler	**Perform independently**
Subcutaneous and intramuscular injection	**Perform independently**
Measuring blood glucose	**Perform independently**
Mid-stream urine collection and urinalysis	**Perform independently**
Venipuncture, IV injection, and cannula types	**Perform independently**
Male and female urethral catheterization	**Perform independently**
Insulin administration	**Perform independently**

Module 3 — Advanced Practical Skills

Advanced procedures are performed with assistance under direct supervision. They build procedural confidence while safeguarding patients.

M3A Applied Advanced Practical Skills

Procedure	Minimum Proficiency Level
Neonatal resuscitation in the delivery room	**Assist under direct supervision**
Endotracheal intubation	**Assist under direct supervision**
Casting, splinting, and fracture reduction	**Assist under direct supervision**
Faecal occult blood testing, DRE, pelvic examination	**Assist under direct supervision**
Paracentesis	**Assist under direct supervision**
Gastric lavage	**Assist under direct supervision**
Lumbar puncture	**Assist under direct supervision**
Chest-tube placement	**Assist under direct supervision**
Thoracentesis and pericardiocentesis	**Assist under direct supervision**
Pleurocentesis	**Assist under direct supervision**
Nasogastric tube placement	**Assist under direct supervision**
Establishing central intravenous access	**Assist under direct supervision**
Tracheostomy	**Assist under direct supervision**
Joint aspiration	**Assist under direct supervision**
Hearing tests; auriscope examination	**Assist under direct supervision**
Ophthalmoscopy	**Assist under direct supervision**
Sigmoidoscopy	**Assist under direct supervision**
Drain removal	**Assist under direct supervision**

M3B Optional Courses

Procedure	Minimum Proficiency Level
ACLS — Advanced Cardiac Life Support	**Optional**
ATLS — Advanced Trauma Life Support	**Optional**
FCCS — Fundamental Critical Care Support	**Optional**

PART TWO

Competency Framework

Iraqi Medical Internship Competency Framework · Edition 2025

Executive Summary

This Competency Framework for Iraqi Medical Interns builds upon the Graduates' Outcomes for Medical Colleges in Iraq (2019–2020) and establishes clear, measurable competencies that interns must achieve during their 12-month internship. The framework adopts an outcomes-based education approach, ensuring that on completion of internship, physicians are prepared to practise medicine safely, effectively, and professionally within the Iraqi healthcare system and beyond.

The framework is organized around three core domains aligned with the Iraqi Medical Association's educational philosophy: Knowledge (the doctor as a scholar and scientist), Skills (the doctor as a practitioner), and Attitudes (the doctor as a professional). Each domain contains specific, assessable competencies with clear performance indicators appropriate to the intern level.

DOMAIN I	DOMAIN II	DOMAIN III
Knowledge	**Skills**	**Attitudes**
Scholar & Scientist	*Practitioner*	*Professional*

Introduction

Purpose and Scope

The transition from medical graduate to practising physician is a critical phase in medical education. The internship year bridges the theoretical knowledge acquired in medical school and independent clinical practice. This framework defines the essential competencies that every medical intern in Iraq must demonstrate by the end of training.

Alignment with Iraqi Medical Education Standards

The framework is grounded in the Iraqi Medical Association's Graduates' Outcomes document and reflects the specific needs of Iraq's healthcare system. It recognizes the unique challenges facing Iraqi healthcare — including resource constraints, high patient volumes, and the need for physicians who can function effectively in both urban tertiary centres and rural primary-care settings.

Educational Philosophy

The framework adopts a competency-based medical education (CBME) approach, focusing on observable abilities and outcomes rather than time-based training alone. Key principles include:

1. Learning outcomes are clearly defined and measurable.
2. Assessment is continuous and formative.
3. Time to achieve competency may vary among learners.
4. Focus is placed on what interns can do, not only on what they know.
5. Responsibility increases progressively, based on demonstrated competence.

Duration and Structure

Iraqi medical internship comprises a minimum of 12 months, with mandatory rotations in:

1. Internal Medicine (minimum 3 months).
2. General Surgery (minimum 3 months).
3. Other specialties — including Emergency Medicine, Paediatrics, Obstetrics and Gynaecology, and Community Medicine (6 months combined).

Domain I — Knowledge: The Doctor as a Scholar and Scientist

Medical interns must demonstrate foundational knowledge across the basic and clinical sciences and apply it to patient care. This domain emphasizes the integration of biomedical science with clinical practice and the development of clinical reasoning.

A. Biomedical Scientific Principles

1.A.1 Apply anatomy, physiology, and pathophysiology to understand common clinical presentations.

1. Explain the anatomical basis for physical-examination findings.
2. Correlate physiological derangements with clinical symptoms.
3. Describe the pathophysiological mechanisms of common diseases.
4. Integrate knowledge of multiple organ systems in complex cases.

1.A.2 Apply pharmacological principles to medication management.

1. Understand mechanisms of action for commonly prescribed medications.
2. Recognize drug interactions and contraindications.
3. Calculate appropriate dosages based on patient factors.
4. Anticipate and manage common adverse drug reactions.

1.A.3 Apply principles of microbiology and immunology to infection management.

1. Recognize clinical presentations of common infections.
2. Select appropriate antimicrobial therapy based on likely pathogens.
3. Understand principles of infection control and prevention.
4. Recognize immunological disorders and their management.

B. Clinical Sciences and Diagnostic Reasoning

1.B.1 Formulate differential diagnoses for common clinical presentations.

1. Generate comprehensive differential diagnoses for presenting complaints.
2. Prioritize diagnoses by likelihood and severity.
3. Use probability and Bayesian reasoning in diagnostic thinking.
4. Recognize when a diagnosis is uncertain and requires further investigation.

1.B.2 Select and interpret diagnostic investigations appropriately.

1. Order investigations based on pretest probability.
2. Interpret common laboratory tests and imaging studies.
3. Recognize limitations and false-positive / false-negative results.
4. Consider cost-effectiveness and patient burden in test selection.

C. Population Health and Healthcare Systems

1.C.1 Apply principles of epidemiology and public health to patient care.

1. Understand disease prevalence and patterns in Iraqi populations.
2. Recognize preventable diseases and appropriate screening strategies.
3. Apply vaccination schedules according to Iraqi guidelines.
4. Identify social determinants of health affecting patients.

1.C.2 Understand the structure and function of the Iraqi healthcare system.

1. Navigate referral pathways between primary, secondary, and tertiary care.
2. Understand the roles of different healthcare professionals.
3. Recognize resource limitations and practise accordingly.
4. Understand medication availability and formulary restrictions.

D. Evidence-Based Medicine and Research

1.D.1 Apply principles of evidence-based medicine to clinical decision-making.

1. Formulate answerable clinical questions.
2. Access and search medical literature effectively.
3. Critically appraise research studies and clinical guidelines.
4. Apply evidence to individual patient circumstances.

1.D.2 Participate in quality-improvement and clinical-audit activities.

1. Identify areas for quality improvement in clinical practice.
2. Collect and analyse clinical data systematically.
3. Implement evidence-based practice changes.
4. Contribute to departmental audit and quality-improvement projects.

Domain II — Skills: The Doctor as a Practitioner

Clinical skills form the foundation of medical practice. Interns must demonstrate proficiency in essential clinical procedures, patient assessment, diagnosis, and management. This domain emphasizes hands-on competencies that are directly observable and assessable.

A. Patient Assessment and Clinical Examination

2.A.1 Conduct comprehensive patient consultations.

1. Obtain accurate and complete medical histories.
2. Perform focused and systematic physical examinations.
3. Adapt communication style to patient age, gender, and cultural background.
4. Recognize and respond to patient distress or discomfort.

2.A.2 Document clinical encounters accurately and completely.

1. Write clear, organized, and legible medical records.
2. Use standardized formats for documentation.
3. Record all relevant clinical information, including informed consent.
4. Complete medical records in a timely manner.

B. Clinical Diagnosis and Management

2.B.1 Diagnose and manage common acute medical conditions, including:

1. Acute coronary syndromes and heart failure.
2. Respiratory infections and asthma exacerbations.
3. Diabetic emergencies and metabolic disorders.
4. Gastrointestinal bleeding and the acute abdomen.
5. Acute kidney injury and electrolyte disturbances.

2.B.2 Diagnose and manage common surgical conditions.

1. Recognize surgical emergencies requiring immediate intervention.
2. Provide appropriate perioperative care.
3. Manage surgical wounds and complications.
4. Recognize indications for surgical consultation.

2.B.3 Manage chronic diseases in outpatient and inpatient settings.

1. Optimize management of hypertension, diabetes, and cardiovascular disease.
2. Manage chronic respiratory and renal disease.
3. Coordinate care for patients with multiple comorbidities.
4. Educate patients on disease self-management.

C. Emergency Care and Resuscitation

2.C.1 Provide immediate care in medical emergencies.

1. Perform Basic Life Support (BLS) effectively.
2. Recognize and initiate management of life-threatening conditions.
3. Stabilize critically ill patients pending senior review.
4. Coordinate emergency-team responses.

2.C.2 Manage common emergency presentations, including:

1. Acute chest pain and dyspnoea.
2. Altered mental status and seizures.
3. Severe bleeding and shock.
4. Acute poisoning and overdose.
5. Anaphylaxis and severe allergic reactions.

D. Prescribing and Therapeutics

2.D.1 Prescribe medications safely and effectively.

1. Write clear, complete, and unambiguous prescriptions.
2. Select appropriate medications based on patient factors.
3. Adjust doses for renal and hepatic impairment.
4. Recognize and avoid prescribing errors.
5. Counsel patients on medication use and side effects.

2.D.2 Monitor and manage therapeutic interventions.

1. Monitor therapeutic response and adverse effects.
2. Modify treatment plans based on patient response.

3. Recognize drug interactions and contraindications.
4. Practise antimicrobial stewardship.

E. Clinical Procedures

2.E.1 Perform essential diagnostic procedures safely.

Procedure	Minimum Proficiency Level
Venipuncture	**Perform independently**
Arterial blood gas sampling	**Perform independently**
Electrocardiogram recording	**Perform & interpret basic findings**
Nasogastric tube insertion	**Perform with supervision**
Urinary catheterization	**Perform independently**

Table 2. Essential diagnostic procedures for interns.

2.E.2 Perform essential therapeutic procedures safely.

Procedure	Minimum Proficiency Level
Peripheral intravenous cannulation	**Perform independently**
Wound care and suturing	**Perform independently**
Incision and drainage of abscess	**Perform with supervision**
Lumbar puncture	**Assist & perform with supervision**
Central line insertion	**Assist under direct supervision**

Table 3. Essential therapeutic procedures for interns.

F. Communication and Interpersonal Skills

2.F.1 Communicate effectively with patients and families.

1. Explain diagnoses and treatment plans in understandable terms.
2. Obtain valid informed consent for procedures.
3. Deliver difficult news with empathy and sensitivity.
4. Address patient concerns and answer questions clearly.
5. Communicate across language and cultural barriers.

2.F.2 Communicate effectively with healthcare colleagues.

1. Present clinical cases clearly and concisely.
2. Request consultations appropriately with relevant clinical information.
3. Provide effective handovers during care transitions.
4. Document and communicate urgent findings promptly.
5. Participate constructively in multidisciplinary team meetings.

G. Information Management and Technology

2.G.1 Use information systems effectively in clinical practice.

1. Navigate electronic medical-record systems efficiently.
2. Retrieve relevant clinical information from patient records.
3. Use clinical decision-support tools appropriately.
4. Maintain patient confidentiality in electronic systems.

2.G.2 Access and apply medical-information resources.

1. Use medical databases and online resources effectively.
2. Access clinical guidelines and protocols.
3. Stay current through continuing education.
4. Evaluate the reliability of online medical information.

Domain III — Attitudes: The Doctor as a Professional

Professionalism encompasses the attitudes, behaviours, and values that define excellent medical practice. This domain addresses ethical practice, patient safety, teamwork, and personal development. Although attitudes are less directly observable than skills, they are assessed through behaviour and decision-making in clinical contexts.

A. Professional Values and Ethics

3.A.1 Demonstrate ethical principles in medical practice.

1. Respect patient autonomy and the right to self-determination.
2. Maintain patient confidentiality at all times.
3. Practise within scope of competence and seek help when needed.
4. Avoid conflicts of interest and maintain professional boundaries.
5. Demonstrate honesty and integrity in all professional interactions.

3.A.2 Show respect and compassion toward all patients.

1. Treat all patients with dignity, regardless of background or condition.
2. Respond sensitively to patient suffering and distress.
3. Respect cultural, religious, and personal beliefs.
4. Avoid discrimination based on gender, ethnicity, religion, or social status.
5. Advocate for patient needs and rights.

B. Patient Safety and Quality of Care

3.B.1 Prioritize patient safety in all activities.

1. Identify and mitigate potential safety hazards.
2. Report adverse events and near misses appropriately.
3. Practise infection-control measures consistently.
4. Follow medication-safety protocols.
5. Use checklists and safety protocols to prevent errors.

3.B.2 Participate in quality-improvement activities.

1. Recognize where care quality can be improved.
2. Contribute to departmental quality-improvement initiatives.
3. Learn from clinical errors and adverse events.

4. Implement evidence-based practice improvements.
5. Monitor and reflect on own clinical outcomes.

C. Legal and Regulatory Responsibilities

3.C.1 Understand and fulfil legal obligations.

1. Maintain accurate and complete medical records as legal documents.
2. Understand mandatory reporting requirements.
3. Recognize and report suspected abuse or neglect.
4. Understand the medico-legal aspects of consent and capacity.
5. Practise within Iraqi medical regulations and laws.

3.C.2 Maintain professional registration and compliance.

1. Meet Iraqi Medical Association registration requirements.
2. Maintain required certifications, including Basic Life Support.
3. Complete mandatory training and educational requirements.
4. Understand professional standards and disciplinary processes.
5. Maintain professional indemnity insurance where required.

D. Teamwork and Collaboration

3.D.1 Function effectively as a member of healthcare teams.

1. Respect the roles and expertise of all team members.
2. Collaborate effectively with nurses, pharmacists, and allied-health professionals.
3. Contribute constructively to team discussions and decisions.
4. Support colleagues during challenging situations.
5. Resolve conflicts professionally and constructively.

3.D.2 Demonstrate effective leadership when appropriate.

1. Coordinate patient care across multiple providers.
2. Delegate tasks appropriately while maintaining oversight.
3. Lead emergency resuscitation teams when required.
4. Advocate for system improvements.
5. Mentor junior medical students.

E. Professional Development and Self-Care

3.E.1 Engage in continuous professional development.

1. Identify personal learning needs and knowledge gaps.
2. Seek feedback and incorporate it into practice improvement.
3. Participate in educational activities and conferences.
4. Reflect critically on clinical experiences.
5. Set and work toward professional-development goals.

3.E.2 Maintain personal health and well-being.

1. Recognize signs of burnout and stress in self and colleagues.
2. Maintain work–life balance and healthy boundaries.
3. Seek help for personal health problems promptly.
4. Practise self-care strategies to maintain resilience.
5. Recognize when fatigue impairs clinical performance.

F. Dealing with Complexity and Uncertainty

3.F.1 Manage clinical uncertainty appropriately.

1. Recognize the limits of current knowledge and diagnostic certainty.
2. Seek senior guidance when diagnosis or management is unclear.
3. Communicate uncertainty honestly to patients.
4. Use uncertainty to drive learning and inquiry.
5. Tolerate ambiguity while maintaining patient safety.

3.F.2 Care for vulnerable and challenging patients.

1. Recognize patients at risk of harm or neglect.
2. Provide compassionate care to terminally ill patients.
3. Manage difficult patient interactions professionally.
4. Advocate for marginalized or disadvantaged patients.
5. Recognize and address own emotional responses to challenging cases.

Assessment and Evaluation Framework

Assessment Principles

Competency assessment during internship should be:

- **Continuous —** occurring throughout the training period, not only at endpoints.
- **Multisource —** incorporating feedback from supervisors, peers, nurses, and patients.
- **Workplace-based —** focused on real clinical performance, not only on knowledge testing.
- **Formative —** providing regular feedback to support learning and improvement.
- **Criterion-referenced —** judging performance against defined standards, not by peer comparison.

Assessment Methods

Method	Description and Use
Direct Observation	*Supervisors observe clinical encounters, procedures, and patient interactions, giving immediate feedback.*
Mini-CEX	*Structured observation of clinical encounters using a standardized form covering multiple competencies.*
Case-Based Discussions	*Review of cases managed by the intern to assess clinical reasoning and decision-making.*
Multisource Feedback	*Anonymous feedback from multiple raters, including nurses, colleagues, and other professionals.*
Procedural Skills Assessment	*Direct observation of practical procedures using competency checklists.*
Portfolio Review	*Compilation of evidence including logbooks, reflections, and case summaries.*
Formal Examinations	*Written and clinical examinations at rotation endpoints.*

Table 4. Assessment methods for intern competencies.

Progression and Certification

Minimum Requirements for Completion

1. Completion of 12 months' internship with the required rotation distribution.
2. Demonstration of all essential competencies at the required level.
3. Satisfactory performance ratings from all rotation supervisors.
4. Current Basic Life Support certification.
5. Completion of the required clinical-procedures logbook.
6. Attendance at mandatory educational activities.
7. Resolution of any identified deficiencies or concerns.

Certificate of Completion of the Iraqi Medical Internship (CCIMI)

On successful completion of all requirements, the academic supervisor recommends the intern to the Iraqi Medical Association for the award of the Certificate of Completion of the Iraqi Medical Internship. The certificate confirms that the intern has demonstrated the competencies required for independent practice and is eligible for full registration.

Implementation Guidelines

For Training Institutions

1. Designate qualified clinical supervisors for each rotation.
2. Provide structured orientation programs for new interns.
3. Ensure adequate clinical exposure and supervised patient contact.
4. Implement regular assessment and feedback mechanisms.
5. Maintain safe working conditions and appropriate supervision levels.
6. Provide access to educational resources and learning opportunities.
7. Establish clear escalation pathways for clinical and professional concerns.

For Clinical Supervisors

1. Understand the competency framework and assessment requirements.
2. Provide regular, timely, and constructive feedback.
3. Create graduated responsibility based on demonstrated competence.
4. Ensure supervision levels appropriate to intern experience.
5. Document intern performance systematically.
6. Identify struggling interns early and provide remediation.
7. Model professional behaviour and ethical practice.

For Medical Interns

1. Take responsibility for own learning and professional development.
2. Actively seek learning opportunities and feedback.
3. Maintain accurate logbooks and portfolio evidence.
4. Recognize personal limitations and seek help appropriately.
5. Participate fully in educational and assessment activities.
6. Reflect on clinical experiences and learn from errors.
7. Maintain professional conduct at all times.

Specialty-Specific Competencies

While the core competencies apply across all rotations, each specialty rotation carries specific learning outcomes.

Internal Medicine Rotation

1. Manage common medical emergencies and acute illnesses.
2. Provide comprehensive care for chronic diseases.
3. Perform and interpret diagnostic procedures specific to internal medicine.
4. Develop skills in clinical reasoning and diagnostic thinking.
5. Manage patients with multiple comorbidities.

General Surgery Rotation

1. Recognize surgical emergencies and provide initial management.
2. Perform basic surgical procedures and wound care.
3. Provide perioperative patient care.
4. Assist in common surgical procedures.
5. Manage postoperative complications.

Emergency Medicine Rotation

1. Triage and prioritize patients effectively.
2. Manage acute trauma and medical emergencies.
3. Perform resuscitation procedures.
4. Make rapid diagnostic and treatment decisions.
5. Work effectively in high-pressure environments.

Paediatrics Rotation

1. Assess and manage common paediatric illnesses.
2. Communicate effectively with children and parents.
3. Perform age-appropriate paediatric procedures.
4. Recognize child abuse and safeguarding concerns.
5. Provide preventive care and health education.

Obstetrics and Gynaecology Rotation

1. Provide antenatal and postnatal care.
2. Assist in normal deliveries.
3. Recognize obstetric emergencies.
4. Manage common gynaecological conditions.
5. Counsel on reproductive-health issues.

Quality Assurance and Program Evaluation

Program Monitoring

Internship programs should be evaluated regularly against:

- Achievement of learning outcomes by interns.
- Quality and frequency of clinical supervision.
- Adequacy of clinical exposure and case mix.
- Educational environment and learning culture.
- Intern satisfaction and well-being.
- Patient safety and quality of care.

Continuous Improvement

Programs should:

- Collect systematic feedback from interns, supervisors, and patients.
- Analyse assessment data to identify curriculum strengths and gaps.
- Benchmark performance against national and international standards.
- Implement evidence-based improvements to curriculum and assessment.
- Share best practices across training sites.
- Review and update the competency framework periodically.

Conclusion

This Iraqi Medical Internship Competency Framework provides a comprehensive, outcomes-based approach to internship training that ensures graduates are prepared for safe, effective, and professional medical practice. By clearly defining expected competencies across the knowledge, skills, and attitudes domains, the framework supports structured learning, fair assessment, and continuous improvement of medical education in Iraq.

Successful implementation requires commitment from training institutions, clinical supervisors, and interns themselves. Regular review and refinement will ensure the framework remains relevant to the evolving needs of Iraqi healthcare and aligned with international best practice in medical education.

The framework ultimately serves the most important stakeholder: the patients and communities of Iraq, who deserve care from competent, compassionate, and professional physicians.