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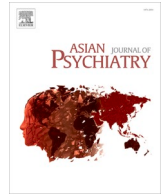
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# Postgraduate psychiatry training in the Middle East: Challenges and regional solutions

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## ABSTRACT

This paper presents a comparative overview of postgraduate psychiatry training programs across the Middle East. Drawing on national training frameworks and peer-reviewed literature, it highlights the diversity in educational models, including curricula, training methods, assessment methods, accreditation processes, training durations, and subspecialty pathways in the region. Common challenges such as workforce shortages, curriculum variability and disruptions caused by conflict are examined alongside regional efforts toward harmonization and quality improvement. By identifying both innovative practices and persistent gaps, this review contributes to global mental health education and offers targeted, evidence-based recommendations to enhance psychiatry training in the region.

## 1. Introduction

The quality and structure of postgraduate psychiatry training are critical to building mental health service capacity, ensuring clinical competence, and improving patient outcomes. Globally, psychiatric education is evolving in response to the escalating burden of mental illness, rising demands for culturally competent care, and persistent service gaps (Bäärnhielm and Schouler-Ocak, 2022). In the Middle East, these global drivers are compounded by region-specific challenges, including political instability, under-resourced health systems, and a chronic shortage of trained professionals.

Despite meaningful progress in some national contexts, a lack of comprehensive and comparative data remains on the structure, delivery, and assessment of postgraduate psychiatry training across the region (Clausen et al., 2019). Mental health systems in the Middle East are undergoing gradual and uneven reform spurred by growing recognition of the need for a well-trained psychiatric workforce. While some countries have established robust, internationally accredited residency programmes, others continue to face foundational gaps due to conflict, economic hardship, or systemic fragility (Okasha and Shaker, 2020).

Previous regional reports on psychiatry training in the Middle East

have often been descriptive accounts from single countries (Alshomrani and AlHadi, 2017; Jessica, 2024; Mohammed et al., 2023; Zahid and Al-Zayed, 2009). Systematic cross-national comparisons of psychiatry training models, accreditation frameworks, and subspecialty development remain limited. Furthermore, little is known about the degree of alignment with international standards or the scope of regional collaboration in psychiatric education. While these contributions highlighted important gaps, few offered a systematic, side-by-side comparison of training duration, accreditation models, and subspecialty pathways across multiple countries. This article builds on that foundation by examining postgraduate psychiatry training across Middle Eastern countries to map training structures, identify regional challenges, and assess alignment with global standards. The aim is to inform policy, support capacity-building, and help develop a sustainable mental health workforce. This paper contributes to the fields of medical education, global mental health, and health system strengthening by providing a narrative synthesis of psychiatric education across a diverse and interconnected group of countries. It highlights innovative practices and critical gaps, offering evidence-based recommendations to improve postgraduate psychiatry training in the Middle East.

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## 2. Method

This short communication presents an overview of postgraduate psychiatry training across 15 Middle Eastern countries: Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, the United Arab Emirates, and Yemen. Data were collected from publicly accessible sources between April and June 2025, including the official websites of national medical councils, postgraduate training boards, ministries of health, universities, and documents from the Arab Board of Health Specializations and the Accreditation Council for Graduate Medical Education–International (ACGME-I). Only information available in English was included. The extracted variables consisted of training models, entry requirements, program duration, accreditation structure, examination formats, and subspecialty pathways. Documentary analysis of official sources was selected as the most reliable and comparable method across countries. To ensure accuracy, two authors independently reviewed all data, resolving discrepancies through discussion and verification against the original sources.

## 3. Results

### 3.1. Postgraduate training program

Postgraduate psychiatry training in the Middle East, including residency and fellowship programmes, varies widely in structure, accreditation, and capacity. These differences reflect each country's unique political, educational, and healthcare context. This section provides an overview of the availability and characteristics of residency and fellowship programmes throughout the region (Table 1).

**Table 1**

Comparative overview of postgraduate psychiatry training and educational models in the Middle East.

Country	Duration (Years)	Accrediting Body	Subspecialty Fellowships	Educational Model	Notable Strengths	Notable Challenges
Bahrain	4	Arab Board	No	Arab Board residency, exam-based	Alignment with Arab Board	Overseas fellowship required
Egypt	4	MOH & Egyptian Medical Syndicate	Yes	Stepwise postgraduate (Diploma, MSc, MD); UK-influenced	Established system; Multiple qualifications; UK-style training	Subspecialties still evolving
Iran	3	National Board	No	Residency with compulsory research project	Research component integrated	Limited fellowship options
Iraq	4	ICMS / ABHS	Yes	Structured residency with staged exams	Active subspecialties (Baghdad/Erbil)	Post-conflict recovery; Limited capacity
Israel	6	Universities	Yes	University-led, academic–clinical integrated residency	Strong academic depth; Child psychiatry emphasis	Long training duration; Resource-intensive
Jordan	4	Jordan Medical Council	No	Centralised, competency-based residency	Strong governance	Few structured subspecialties
Kuwait	4	KIMS	No	KIMS residency with international rotations	Strong international links	Limited fellowship opportunities
Lebanon	4–5	Lebanese University & Private Institutions	Yes (child, addiction)	Multi-institution residency, fragmented oversight	Strong academic centres; Multiple institutions	Economic instability; Fragmented system; Retention issues
Oman	5	OMSB / ACGME-I	No	Competency-based OMSB/ACGME-I residency	Modern structured system; ACGME-I accreditation	Low graduate output; Reliance on external fellowships
Palestine	4	Palestinian Medical Council / Arab Board	No	Arab Board residency, small scale	Arab Board framework	Small scale; Geopolitical constraints
Qatar	4	Qatar/Arab Boards / ACGME-I	Yes	ACGME-I accredited residency	ACGME-I accreditation; Fellowship availability	Small trainee intake
Saudi Arabia	4	SCFHS	Yes	Modular, competency-based SCFHS curriculum	Flexible curriculum; Established fellowships	Transitioning from older system
Syria	Varies	National Boards	No	National Board residency; varies by institution	Formal training structure exists	Workforce shortage; Conflict disruption
UAE	4	Arab/Emirati Boards / ACGME-I	Yes	Hybrid: Arab Board & ACGME-I (emirate-dependent)	Well-structured programs	Accreditation inconsistency (across emirates)
Yemen	None	None	No	No formal program	—	No training; Ongoing conflict

**Abbreviations:** MOH: Ministry of Health; MSc: Master of Science; MD: Doctor of Medicine; UK: United Kingdom; ICMS: Iraqi Commission for Medical Specialties; ABHS: Arab Board of Health Specializations; KIMS: Kuwait Institute for Medical Specialization; OMSB: Oman Medical Specialty Board; ACGME-I: Accreditation Council for Graduate Medical Education – International; SCFHS: Saudi Commission for Health Specialties; UAE: United Arab Emirates.

accredited by the Accreditation Council for Graduate Medical Education–International (ACGME-I) since 2017. This five-year training program, administered by the Oman Medical Specialty Board (OMSB), is offered exclusively in Muscat. The curriculum features rotations in various specialties, including general adult psychiatry, liaison psychiatry, child and adolescent psychiatry, addiction psychiatry, geriatric psychiatry, psychotherapy, forensic psychiatry, neurology, family medicine, and emergency medicine (Al-Sinawi and Mirza, 2023).

### 3.1.2. Levant, Iran, and Egypt

Iraq offers a four-year curriculum in Baghdad under the Iraqi Council for Medical Specialisations and the Arab Board. However, systemic weaknesses, such as the poor tracking of trainees who leave the country, undermine sustainability (Okasha and Shaker, 2020). Syria's prolonged conflict has devastated its infrastructure, reducing training to a handful of posts. Yemen lacks a formal residency pathway altogether, relying on intermittent Continuing Professional Development (CPD) sessions, which are insufficient substitutes for structured training.

Jordan operates a four-year residency overseen by the Jordan Medical Council. The programme integrates basic science, clinical rotations, and a national board exam. Subspecialty development remains limited but emerging (Takriti, 2004). Lebanon offers several psychiatry residency programs at public and private universities, each with different entry requirements, including the International Foundations of Medicine (IFOM) and the Clinical Examination for Foreign Physicians (CEFP). However, all programs follow a national licensure process. Program duration ranges from four to five years, with varying accreditation systems (Feghali et al., 2021). The psychiatry residency program at the American University of Beirut (AUB) is recognised by the Lebanese Order of Physicians (LOP). It is the only program in Lebanon accredited by the ACGME-I (American University of Beirut – Department of Psychiatry, 2025).

Palestine runs a newer four-year programme, which is Arab Board-accredited and based in Ramallah; relying heavily on international partnerships due to limited internal resources (Okasha and Shaker, 2020). Iran offers a condensed three-year programme that encompasses adult, child and adolescent psychiatry, forensic psychiatry, consultation-liaison psychiatry, and psychotherapy (Sadeghi and Mirsepassi, 2005). A supervised research project is mandatory, although the number of subspecialties is limited.

Israel mandates a six-year pathway including a medical internship. Delivered across several universities, the training places have a strong emphasis on child and adolescent psychiatry and include robust research components (Abramowitz and Bentov-Gofrit, 2005). Egypt, a longstanding regional hub, offers a four-year residency program based in public university hospitals, with rotations in adult, child, adolescent, forensic, and addiction psychiatry. Certification is administered jointly by the Ministry of Health and the Egyptian Medical Syndicate. While subspecialty fellowships are available, growing service demand and clinician emigration have placed significant strain on programme capacity (Okasha and Shaker, 2020).

### 3.1.3. Variations

Postgraduate psychiatry training methods varied across countries, typically involving supervision, shadowing, emergency room rotations, self-learning, and lectures. The assessment approaches were also diverse, with workplace-based evaluations, Objective Structured Clinical Examinations (OSCEs), multiple-choice questions (MCQs), and oral examinations being the most reported. Additionally, some systems included Modified Short Essay formats, Patient Management Problems (PMP), and Key Feature Problem assessments (Okasha and Shaker, 2020).

Beyond postgraduate training, continuing professional development (CPD) plays a crucial role in maintaining competencies, aligning practice with evolving clinical needs, and ensuring psychiatrists remain responsive to regional system-level priorities. Across the Middle East,

CPD systems are generally well-established, with most countries mandating participation for licensure (Bahrain, UAE, Jordan, Saudi Arabia, Kuwait, Qatar), while in others, such as Oman, Lebanon, and Israel, participation is encouraged but not compulsory; Egypt legislated mandatory CPD from 2020 (Sherman et al., 2024). Regulation and accreditation are typically overseen by medical associations, ministries of health, or academic institutions, offering a range of formats that include conferences, online courses, simulations, and self-directed learning. At the regional level, the GCC Committee for CME/CPD promotes coordination, mutual recognition of credit, and partnerships with the WHO to strengthen workforce capacity (AlJarallah, 2006). Trainees and psychiatrists value CPD when it is practice-oriented, flexible, and clinically relevant, though barriers such as workload and limited institutional support remain significant (Alsalem et al., 2020; Al-Sheikhly et al., 2023).

### 3.2. Subspecialty Fellowships and Master's Programs

In our review, we found that six countries offer structured fellowship programmes post-residency: Egypt, Iraq, Saudi Arabia, Lebanon, UAE, and Qatar (Okasha and Shaker, 2020). Egypt offers both board certification and master's degrees in child and adolescent psychiatry, addiction psychiatry, and cognitive behavioural therapy (CBT). Iraq provides fellowships in child and adolescent psychiatry, psychotherapy, and forensic psychiatry. Lebanon offers Arab Board-accredited fellowships in child and adolescent psychiatry and addiction psychiatry at the American University of Beirut.

Saudi Arabia runs fellowships in child and adolescent psychiatry and addiction medicine. Qatar offers fellowships in child and adolescent psychiatry at Sidra Medicine, as well as in consultation-liaison and geriatric psychiatry at Hamad Medical Corporation, all of which are ACGME-International-accredited (Mohammed et al., 2023). The UAE offers a two-year fellowship in child and adolescent psychiatry.

## 4. Discussion

### 4.1. Current status

Postgraduate psychiatry training in the Middle East ranges from internationally accredited, multispecialty systems to contexts with minimal or disrupted capacity. High-income Gulf states such as Qatar, the UAE, Oman, and Saudi Arabia have adopted ACGME-International standards (Elghul, 2016). In contrast, conflict-affected countries such as Syria and Yemen face severe shortages of faculty, infrastructure, and training positions, which constrain both education and service delivery, further widening the treatment gap (Woodward et al., 2023).

This variation highlights a persistent tension between national curricular autonomy and the need for regional harmonisation. Countries such as Egypt, Iraq, and Jordan maintain robust national boards and curricula, which may help limit outward migration. However, subspecialty training remains uneven. While Qatar, the UAE, Lebanon, Iraq, Israel, Egypt, and Saudi Arabia have developed robust fellowship programmes, other countries continue to rely heavily on international placements (Okasha and Shaker, 2020).

Harmonising accreditation standards, expanding domestic subspecialty options, and integrating psychiatry into primary care are essential steps toward a coherent and context-sensitive regional training ecosystem. A small number of countries are already recognised as having comparatively well-developed postgraduate psychiatry training schemes, characterised by structured curricula aligned with regional or international accrediting bodies, broad clinical exposure across subspecialties, supervised psychotherapy training, opportunities for research, and structured assessment systems (Badr, 2023; Elghul, 2019; Okasha and Shaker, 2020). These elements collectively distinguish advanced programmes and serve as benchmarks for strengthening psychiatry training across the region.

Subspecialty training is a recognised strength of these programmes. Rotations in child and adolescent, forensic, addiction, and liaison psychiatry broaden clinical exposure, build specialised competencies, and address workforce needs. They also provide academic and research opportunities while ensuring alignment with international accreditation standards (Balon, 2017; Juul et al., 2022).

4.2. Recommendations

To address the training gap across the region, we propose a coordinated agenda that integrates accreditation, workforce development, and research (Table 2).

First, A pan-regional accreditation framework should be established to standardize program criteria and facilitate cross-border recognition of qualifications, potentially under the Arab Board of Psychiatry (ABP) or the health authorities of the Gulf Cooperation Council (GCC). The ABP, part of the Arab Board of Health Specializations (ABHS), offers a four-year curriculum, logbook requirements, and board examinations that are recognized across multiple countries, thereby harmonizing training standards. Founded in 1992, the ABP produces board-certified psychiatrists and provides subspecialty training in child and adolescent, geriatric, and addiction psychiatry(Badr and Al Rawas, 2022). Additionally, the GCC health authorities have successfully coordinated joint licensure and workforce initiatives, demonstrating their capability to implement cross-national policies(Burney and Al-Lamki, 2013).

Second, ministries of health and teaching hospitals should prioritise investment in accredited psychiatric fellowships, with a particular focus on child and adolescent psychiatry, addiction, and liaison psychiatry. Expanding local opportunities in these subspecialties would help reduce reliance on costly overseas placements.

Third, International partners should support capacity-building in conflict-affected countries, such as Syria and Yemen. This includes funding for remote supervision models, hybrid e-learning platforms, and mobile training units, enabling flexible and context-sensitive education. International psychiatric organizations, such as the World Psychiatric Association and the Royal College of Psychiatrists, can provide access to curricula, accreditation guidance, and expert faculty for virtual teaching. They can also facilitate remote supervision networks that link trainees in low-resource settings with experienced psychiatrists abroad,

**Table 2**  
Key Highlight Recommendations to Strengthen Psychiatry Training in the Middle East.

Recommendation	Focus Area
1 Establish a regional accreditation framework under the Arab Board of Psychiatry or GCC health authorities to standardise training criteria and facilitate recognition of qualifications across borders.	Accreditation & Standards
2 Expand accredited local fellowships, particularly in child and adolescent psychiatry, addiction, and consultation-liaison psychiatry, to reduce dependence on overseas placements.	Subspecialty Development
3 Support conflict-affected countries (e.g., Syria, Yemen) through international funding for remote supervision, hybrid learning, and mobile training units.	Equity & Humanitarian Support
4 Embed psychiatry training in primary care curricula to enable early detection and management of mental disorders by non-specialists.	Integration with Primary Care
5 Develop national workforce databases to monitor psychiatric trainees, geographical distribution, and retention rates, ensuring data-driven workforce planning.	Workforce Monitoring
6 Establish cross-border research consortia and academic fellowships to support culturally relevant psychiatric scholarship and the development of educators.	Research & Academic Capacity

ensuring continuity of mentorship and clinical guidance. Additionally, these organizations can help establish e-learning platforms that integrate case-based discussions, OSCE-style assessments, and tele-simulation, tailored to fragile health systems.

Fourth, psychiatry residency curricula must incorporate dedicated modules on collaborative care. This would equip primary care physicians to contribute more effectively to the early identification and long-term management of mental health conditions.

Fifth, national health ministries should establish comprehensive databases to track trainee numbers, geographic distribution, and psychiatrist retention. Real-time workforce data is essential to inform evidence-based planning and policy.

Sixth, board examinations should be strengthened as a regional mechanism to standardize psychiatry education. They ensure that all graduates meet established thresholds of knowledge, clinical competence, and professional standards, while also promoting comparability, accountability, and cross-border mobility.

Finally, we recommend the development of regional research consortia and cross-border academic fellowships. These initiatives would help build a shared body of culturally grounded knowledge and strengthen the future training and leadership of psychiatric educators across the region.

4.3. Limitations

Several limitations should be considered while generalising the state mentioned in this article. We collected information cross-sectionally from secondary sources, which provides a snapshot of the issue instead of changes over time. All information reflects official sources as of the last verification in April–June 2025. Publicly available training data are subject to change, and heterogeneity in national reporting may limit direct comparability across countries.

5. Conclusion

Psychiatric training in the Middle East reflects a wide spectrum of development from well-resourced and internationally aligned programmes to fragile or disrupted systems. Countries such as Qatar, Oman, Saudi Arabia, Lebanon, Egypt, Iraq, Israel and the UAE have made significant progress. Others, particularly those affected by conflict, remain in critical need of investment and reform. Regional collaboration, harmonised standards and strategic support for under-resourced contexts are essential to strengthen psychiatric education and meet the growing mental health needs of the region.

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CRediT authorship contribution statement

**Salim AL-Huseini:** Writing – review & editing, Writing – original draft, Resources, Project administration, Investigation, Formal analysis, Data curation, Conceptualization. **Arafat S. M. Yasir:** Writing – review & editing, Writing – original draft, Validation, Project administration, Investigation, Data curation. **Nagina Khan:** Writing – review & editing, Writing – original draft, Validation, Supervision, Resources, Methodology, Funding acquisition, Formal analysis, Data curation, Conceptualization.

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## Declaration of Competing Interest

The author(s) declare no conflicts of interest related to this work.

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## Data availability

Data availability does not apply to this article as no new data were created or analyzed in this study.

## References

- Abramowitz, M.Z., Bentov-Gofrit, D., 2005. The making of a psychiatrist: an Israeli perspective. *Int. Psychiatry* 2 (10), 3–6.
- Ahmed, A., Abdulrahman, M., Withnall, R., 2018. Evolution of the dubai health authority's residency training program: a 25-year review, challenges and outcomes. *J. Fam. Med. Prim. Care* 7 (2), 319. <https://doi.org/10.4103/jfmpe.jfmpe.359.17>.
- Al-Haddad, M.K., Al-Offi, A., 2009. Psychiatric services in Bahrain: past, present and future. *Int. Psychiatry* 6 (1), 14–16.
- AlJarallah K.F. (2006). A GCC alliance in CPD. *Bullet of the Kuwait institute for medical specialization*. 5, 92–93.
- Alsalem, S.A., Almoalwi, N.M., Siddiqui, A.F., Alsalem, M.A., Alsamghan, A.S., Awadalla, N.J., Mahfouz, A.A., 2020. Current practices and existing gaps of continuing medical education among resident physicians in abha city, Saudi Arabia. *Int. J. Environ. Res. Public Health* 17 (22), 8483. <https://doi.org/10.3390/ijerph17228483>.
- Al-Sheikhly, D., Ali, S., Navti, P.S.M., Mahfoud, Z.R., Mattar, L., Aboulsoud, S., Khandakji, M., Al Hakim, L., Arayssi, T., 2023. Self-reported preferences and barriers to continued professional development in primary care physicians: a cross-sectional web-based survey in Qatar. *BMC Prim. Care* 24 (1), 273. <https://doi.org/10.1186/s12875-023-02235-x>.
- Alshomrani, A.T., AlHadi, A.N., 2017. Learning environment of the Saudi psychiatry board training program. *Saudi Med. J.* 38 (6), 629–635. <https://doi.org/10.15537/smj.2017.6.18164>.
- Al-Sinawi, H., Mirza, H., 2023. Psychiatry in the sultanate of Oman. *BJPsych Int.* 20 (4), 81–84. <https://doi.org/10.1192/bji.2023.24>.
- American University of Beirut – Department of Psychiatry. (2025). *Residency program*. American University of Beirut. Retrieved 1 September 2025, from ([https://www.aub.edu.lb/fm/Psychiatry/Pages/ResidencyProgram.aspx?utm\\_source=chatgpt.com](https://www.aub.edu.lb/fm/Psychiatry/Pages/ResidencyProgram.aspx?utm_source=chatgpt.com)).
- Bäärnhielm, S., Schouler-Ocak, M., 2022. Training in cultural psychiatry: translating research into improvements in mental health care for migrants. *Transcult. Psychiatry* 59, 111–115. <https://doi.org/10.1177/13634615221089384>.
- Badr, E., 2023. Residency education for the health workforce in the arab world: issues and prospects. *Arab Board Med. J.* 24 (2). ([https://journals.lww.com/abmj/fulltext/2023/24020/residency\\_education\\_for\\_the\\_health\\_workforce\\_in.1.aspx](https://journals.lww.com/abmj/fulltext/2023/24020/residency_education_for_the_health_workforce_in.1.aspx)).
- Badr, E., Al Rawas, O., 2022. The arab board of health specializations: a new era of transformation to address health challenges. *Arab Board Med. J.* 23 (1). ([https://journals.lww.com/abmj/fulltext/2022/12000/the\\_arab\\_board\\_of\\_health\\_specializations\\_a\\_new.1.aspx](https://journals.lww.com/abmj/fulltext/2022/12000/the_arab_board_of_health_specializations_a_new.1.aspx)).
- Balon, R., 2017. Subspecialty training: time for change. *Acad. Psychiatry* 41 (4), 558–560. <https://doi.org/10.1007/s40596-017-0705-5>.
- Burney, I.A., Al-Lamki, N., 2013. Accreditation of graduate medical education programmes: one size fits all-or does it? *Sultan Qaboos Univ. Med. J.* 13 (2), 198–201.
- Clausen, C.E., Bazaid, K., Azeem, M., Abdelrahim, F., Elgawad, A., Alamiri, B., AlAnsari, A.M.S., Alhamzawi, A., Mai, A.M.A., Bakhiet, A., Bashtawi, M., Çuhadaroglu, F., Hedar, M., Holdar, M., Jabr, S., Jafri, A.S., Jumaian, A., Moussa, S., Osman, A.H., Skokauskas, N., 2019. Child and adolescent psychiatry training and services in the Middle East region: a current status assessment. *Eur. Child Adolesc. Psychiatry* 29, 51–61. <https://doi.org/10.1007/s00787-019-01360-2>.
- Elghul, A.M., 2016. The ACGME-I effect. *J. Grad. Med. Educ.* 8 (2), 285. <https://doi.org/10.4300/JGME-D-16-00005.1>.
- Elghul, A.M., 2019. Challenges and the future of residency education in the UAE after ACGME-I accreditation. *J. Grad. Med. Educ.* 11 (4uppl), 14–15. <https://doi.org/10.4300/JGME-D-19-00349>.
- Feghali, R., Kassab, R., Jomaah, J., Jradi, K., Sargi, J., Kassab, A., Dagher, R., El Dirani, E., Mourad, M., Atallah, E., El Khoury, R., Richa, S., 2021. Psychiatry training at Saint-Joseph university in Lebanon. In: *L'information Psychiatrique*, 97. Cairn. info, pp. 765–769. <https://doi.org/10.1684/ipe.2021.2337>.
- Jessicafh. (2024, June 14). *Mental Health Education and Training for Psychiatrists in Kuwait*. *Jessicafh's Blog*. (<https://jessicafh.hashnode.dev/mental-health-education-and-training-for-psychiatrists-in-kuwait>).
- Juul, D., Haning, W.F., Ronis, R.J., Faulkner, L.R., 2022. The development and current status of subspecialty training and certification in addiction psychiatry. *Acad. Psychiatry* 46 (3), 311–316. <https://doi.org/10.1007/s40596-021-01514-y>.
- Mohammed, M., Makk, I., Ghuloum, S., 2023. Psychiatry in Qatar. *BJPsych Int.* 20 (4), 79–81. <https://doi.org/10.1192/bji.2023.23>.
- Okasha, T., Shaker, N., 2020. Psychiatric education and training in arab countries. *Int. Rev. Psychiatry* 32 (2), 151–156. <https://doi.org/10.1080/09540261.2019.1655717>.
- Sadeghi, M., Mirsepassi, G., 2005. Psychiatry in Iran. *Int. Psychiatry* 2 (10), 10–12.
- Sherman, L., Aboulsoud, S., Chappell, K., 2024. An overview of continuing medical Education/Continuing professional development systems in the Middle East and north Africa: a mixed methods assessment. *J. CME* 13 (1), 2435737. <https://doi.org/10.1080/28338073.2024.2435737>.
- Takriti, A., 2004. Psychiatry in Jordan. *Int. Psychiatry* 1 (5), 9–11.
- Woodward, A., Fuhr, D.C., Barry, A.S., Balabanova, D., Sondorp, E., Dieleman, M.A., Pratley, P., Schoenberger, S.F., McKee, M., Ilkkursun, Z., Acarturk, C., Burchert, S., Knaevelsrud, C., Brown, F.L., Steen, F., Spaaij, J., Morina, N., de Graaff, A.M., Sijbrandij, M., STRENGTHS consortium, 2023. Health system responsiveness to the mental health needs of Syrian refugees: Mixed-methods rapid appraisals in eight host countries in Europe and the Middle East. *Open Res. Eur.* 3, 14. <https://doi.org/10.12688/openreseurope.15293.2>.
- Zahid, M.A., Al-Zayed, A., 2009. Psychiatry in Kuwait. *Int. Psychiatry* 6 (2), 34–36.