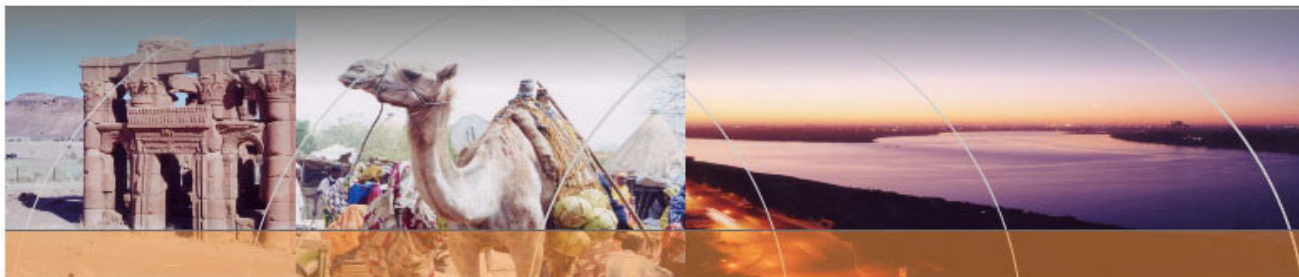




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The third international conference on medical education in Sudan: *lessons about undergraduate medical education outcomes and quality and a call to shift future focus to postgraduate training*

Dr. Zuhair Ali, MSc, DPH, PG Cert Med Edu.

Next year we are expecting the 20s anniversary of the launching of the higher education revolution in 1990 through which number medical schools in Sudan rose from less than five to over thirty medical graduating over two thousands doctors every year. This over production of doctors led for the first time in Sudan to doctors' unemployment in which the bottleneck of medical education was brought up to a higher level at postgraduate education level which unfortunately did not notice a proportionate expansion.

It is timely at this point to have an international conference in medical education which was held in the Friendship hotel in Khartoum in the period of 1-3 November preceded by over twenty workshops held over three days in Soba University Hospital from the 29th to 31st of October 09. Over three hundred participants came from all over the country in addition to participants from neighbouring African and Arab countries. International expertise came for different parts of the world mostly from UK to share knowledge and experience and facilitate training in workshops and present comprehensive talks. Some of these trainers were Sudanese

consultants who had been practicing abroad for two decades or more.

The topics addressed in the workshops and lectures afterward addressed teaching in different settings as clinical skill laboratory, surgical training, small group teaching and teaching in clinical environment. Topics addressing technology in medical education included e-learning, how to ensure that technology can enhance learning and computer based assessment. Assessment is also addressed in many sessions about multiple choice item writing, OSCE and PACES examinations. Professional development, personal effectiveness and communication skills were also addressed in the conference in addition to training in qualitative research methods, getting work published. Many topics were highlighted in the conference and seemed new to many participants in the workshops at least in their formal way as feedback, work based assessment instruments and portfolio assessment, student centred learning.

Many hot issues were debated in the conference discussions with supporters and proponents...one of these is the need for a national medical





licensure examination (NMLE) in an environment where many public and private medical schools are graduating doctors in the absence of agreed national minimum set of competencies. A comprehensive lecture was presented by Dr Hani Fawzi, who had been practicing in the UK for twenty years but still concerned about the medical



education and health services problems in the home country. Among the perceived advantages of (NMLE) include the provision of clear benchmark of required competencies and improving public trust. It is however difficult to have an agreed standardized examination without representative participation of different medical schools to agree on a set of appropriate outcomes and the valid and reliable assessment tools to measure them and it is perceived by some that it is better to adopt an accreditation or quality assurance policy that targets the medical schools infrastructures rather than putting the whole burden on graduates as the weakest link in the chain. There is already an existing examination that is held by the medical council following the completion of the internship. This examination is witnessing significant improvement in content and quality and is being changed to a computer based examination. Investment in improving the quality of its exam and developing other tools as parts of a comprehensive quality assurance (QA) system is highly needed with the involvement of all stakeholders including public representatives, Ministry of health, Ministry of higher education, medical teachers, doctors union and most importantly medical students' association in an era of student centred learning. A call for a national quality assurance system was launched by Professor Ahmed Hassan Fahal, (professor of surgery-University of Khartoum) to stimulate the medical schools to identify their needs, assess their strengths and weaknesses to meet the

international standards and adopt regional guidelines to meet the educational objectives and satisfy the stakeholders. International experience from the UK was presented by prof. Sam Leinster who is a team leader of GMC Quality Assessment of Basic Medical Education (QAMBE) program. He talked about the development of the most recent version GMC document '*Tomorrow's Doctors 2009*' which was first launched in 1993 and revised in 2003. This document introduced a system of inspection to ensure that medical schools were adhering to the GMC recommendations. This system is formalized into the (QABME) programme. He also gave a talk about undergraduate clinical education in UK which moved through the 1990s from the traditional two phases of pre-clinical and clinical phases model which was adopted for long periods by Khartoum University to a newer system that integrate basic and clinical sciences and introduce clinical education to medical students early in their course and base part of its training in the community and primary care institutions. The oldest example of this system in Sudan is Gezira University which has graduated over 25 batches so far. Professors Mohammad Sukkar who was one of the pioneers who introduced this experience in Gezira University and many other schools has now presented a new trial to accommodate innovation in medical education in Sudan through his presentation about the approach to outcomes-based curriculum design in the Nile College in Sudan. This curriculum adapts outcomes from several internationally published models but recognises the pre-university education in Sudan through introduction of a foundation year which improves English language skills, self learning and study skills, introduce psychosocial studies and boost science knowledge to an approximate standard of level A examination in the UK. This is followed by further two phases that extend for 2 and three years respectively. Curriculum evaluation committee will conduct internal curriculum evaluation every two years and external curriculum evaluation is planned to be held every four years. Detailed program features and curriculum map were developed and samples were presented in the last but not the least presentation in the conference.

While the conference had addressed comprehensively undergraduate medical education issues, no equivalent stress was given to the challenging question of post graduate training where the product of the tens of medical





education institutions are expected to practice and proceed for higher levels of qualifications in a very demanding health care system losing very high percentage of graduates being pushed outwards by the tight bottleneck of training opportunities and unemployment frustration and pulling attractive financial contracts provided by the neighbouring Gulf states and training opportunities in far countries in Europe, North America and most recently Australia. Hopefully many changes would have taken place in this demanding arena before the next 4th international conference is held. To start with I suggest decentralizing postgraduate training and allow medical schools who meet certain criteria to start training in specified specialties. A successful limited example was the training program in medicine, Surgery, paediatrics, Obs & Gyn, Dermatology and pathology had already produced competent specialists some of whom are now Deans and dean assistants in many medical colleges. If necessary a national exit examination can be conducted centrally in each specialty for quality assurance with well defined and communicated learning outcomes and well designed and validated reliable assessment tools that put the learners at the centre of the training process and move away from teacher centred judgmental policies and practices that put the cause of high failure rates on students than the training bodies.

