

Postgraduate education in the Sudan

This is a discussion document outlining the scope of the problem and possible solutions as there is a very diverse medical practice

SCOPE

Undergraduate influence :Traditionally in the Sudan doctors have come from a variety of medical schools with very different undergraduate curricula with different emphasis on different aspects. Additionally even in doctors who have been educated within the Sudan, we have examples of education that ranges from self learning to didactic learning. E.g. Gezira Medical School versus the University of Khartoum medical school. A much thornier issue is that of the Language that medicine is taught, most of the doctors communicate in English but a significant number do not have the necessary language skills if they graduated from eastern Europe.

Postgraduate education to date has also been unregulated and haphazard and been the province of a few selected centres. Therefore doctors who work in geographically remote areas would not have the benefit of any educational activities. A further confounding factor is the absence of a requirement for continuous professional education in doctors who are not in training posts. This could create a culture that CPD is not a necessary thing to do. Financial and other pressures would also predicate that more educationally inclined doctors would also not be able to give up more of their free time to educate and those that need education would have to be working in the private sector in their spare time to make ends meet.

Things that need to be in place

Of the things that are necessary is that the Sudan medical council should have a requirement of CPD points for each doctor with a re-issue of practicing certificates every 4-5 years. This would make the doctors keen to seek an educational milieu. Another requirement is a method of communication from the medical council to all doctors reminding them of their requirements for practice. The Council should have the same disciplinary power of the GMC in the UK.

Possible solutions

As the Sudan has now embraced mobile phone and email technology, this might be the best way forward:

A suggested solution would be:

1. The regulatory council would issue each doctor with a secure part of a website or an email address
2. The doctor concerned would email all their education CME that have been performed
3. Regular e-learning lessons could be borrowed after consultation with journals such as the BMJ or tropical medicine journals

4. Prizes for the most amount of online or other types of CPD that include sponsorship to attend specialty meetings abroad (in liaison with Sudanese doctors abroad)

Other models include more rigidly enforced education:

1. A naming and shaming of doctors who do not partake in education schemes , either on the teaching or then receiving end
2. A rota of volunteer doctors to undertake some educational activity when visiting the Sudan for other reasons to be kept by the Union and given to the educational bodies so that seminars that can be planned at low cost
3. Certificates of attendance to be printed that look very official and can be affiliate by overseas colleges to encourage participation