

## Editorial

# A Glimpse into the Future of Medical Education in Sudan

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Perhaps it's not an exaggeration if I say that all Sudanese doctors have a deep and overt love for medical education. This may be in part due to different factors related to the Sudanese culture, where firstly doctors are leaders in medicine, social issues, and politics, and secondly, the majority of Sudanese doctors have more inclination for teaching than research. This has created a large number of doctors with a wealth of experience of, and ideas about, medical education whose reflections unfortunately remain unpublished. A third factor relates to the strong cultural emphasis on leaving a legacy amongst Sudanese doctors, which results in higher numbers opting for teaching rather than research roles.

However, over the longer term, I believe this respect for medical education will prove beneficial for the country. Increasingly, medical educators are understanding the value of transforming personal experience into published insights. This is, in part, driven by the rising numbers of Sudanese doctors enrolling in Master's degrees in medical education, during which they are taught the importance of publishing their ideas in medical and educational journals. As a result, the number of publications by Sudanese doctors on the topic of medical education has started to increase, contributing to exciting national and regional debates and discussions in this field.

In particular, this trend has contributed to several developments and strategies in Sudan's medical education sector, some of which will be outlined in this editorial.

## 1. Undergraduate Medical Curriculum

Sudanese medical graduates perform well on regional and international metrics of evaluation, gain jobs in the USA, UK, and Ireland, and are successful in Arab board examinations – demonstrating the strong quality of the education they receive in Sudan. This strength is also highlighted by the fact that the Sudan Medical Council (SMC) was one of the first 10 medical councils globally (and first in the region) to be approved for the international accreditation of medical schools by the World Federation of Medical Education (WFME) in 2018 [1]. The SMC has implemented several noteworthy

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initiatives focused on medical education [2], and recent studies have demonstrated the high quality of Sudanese medical students' professional knowledge, attitude, and behavior [3]. Moreover, the number of medical colleges in Sudan is rising steadily, with a corresponding increase in the research into (and understanding of) new approaches and techniques for medical education (such as problem-based learning, community-oriented and hybrid curriculum).

Not only do these new curricula offer the opportunity to develop and test new innovative approaches but also the opportunity to evaluate their impact on different student bodies. This contributes to the broader long-term strategy of rebuilding and reforming all structures of undergraduate medical education to maintain excellent standards for all graduates of medical colleges in Sudan [4].

## 2. Postgraduate

Postgraduate medical education in Sudan predominantly focuses on clinical training in different specialties and lies under the responsibility of the Sudan Medical Specialization Board (SMSB). The duration of training is four years, and the candidate receives MDs in different clinical specialties [5]. The training is well-structured and has gained an excellent reputation.

However, there is always room for improvement in any educational field. For example, Abdalla *et al.* proposed creating a coordinating body to coordinate better diaspora contributions to the country's healthcare [6]. Establishing such a body would enhance and strengthen postgraduate medical training in different directions. This includes the effective use of new technologies and ideas; knowledge and skills transfer to facilitate staff training, staff promotion, and the retention of high-caliber healthcare workers; providing opportunities for collaboration and training in an extensive and organized fashion; and allowing for opportunities to establish a center of excellence in rare specialties [7]. This strategy would also result in a reduction in financial costs associated with training, and provide opportunities for universities and, research centers in Sudan to be involved in international collaborations and clinical trials. Finally, for the Sudanese medical diaspora, establishing such a coordinating body would allow them to have that sense of contribution toward their mother country.

### 3. Research

Although research outputs are rising steadily, we see scope for further development in the future, especially in communicable diseases, non-communicable diseases, and medical education [8]. There is an urgent need to invest more in research, especially after the COVID-19 pandemic. Therefore, more incentives are needed to encourage doctors to engage in research or enroll in postgraduate MD-PhD programs [5, 9]. Academic medicine in Sudan, like academic medicine in other countries, is facing challenges in funding, dedicating time for research, and decreasing the number of doctors with research experience [10–12].

Sudan is a large country located in the heart of Africa with a population of different ethnic backgrounds [5]. Therefore, future research based on epidemiological, population, genetic, laboratories, and cellular methods may reveal an exciting outcome. Perhaps, we can echo what Sir Wellcome said about Sudan “*Do the sand of this land of enigmas still hide within their depths an answer to the eternal enigma of man’s beginning and a record of his first steps upon the pathway of knowledge?*” [13, 14]. From personal experience, there is significant engagement with research activities in Sudan, especially after COVID-19, from many doctors practicing in Sudan. The medical diaspora’s input may also help boost research activities and produce more momentum for further research. It is imperative that we need to invest more in the training of future generations of young Sudanese clinical scientists who will be able to contribute to research and innovations in medical education and communicable and non-communicable diseases.

### 4. Social Accountability

The socially accountable medical school acts as part of the community and focuses education, research, and service activities upon the welfare of their local societies and communities [15]. Ahmed *et al.* suggested that social accountability will improve research, teaching, and service and will also increase the chance of medical schools gaining international accreditation and excellence in medical education. They called for a social accountability alliance in Sudan to increase collaboration between medical schools [16], and many medical schools are now emphasizing the importance of solving environmental and social problems, like reducing the spread of infectious diseases [17]. The Faculty of Medicine, University of Gezira (FMUG) have long-term experience with social responsibility, and many medical schools in Sudan can benefit from such experience.

## 5. Conclusion

Sudan, rich in natural resources and with an increase in the number of highly qualified Sudanese doctors, has the potential to develop a robust system for medical education. Investment in the current and future generations by increasing funding for medical colleges, SMSB, and research will allow prosperity and success not only in medical education but also in the healthcare system in Sudan. I hope that this editorial will increase debate, discussion, understanding, and enthusiasm about the need to look, plan, and contemplate the future of medical education for the future generation of young Sudanese doctors.

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