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Editorial

Commitment Toward Accreditation of Medical Schools During Natural Disasters and War in Sudan

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The higher education accreditation systems exist in various forms worldwide. Little was written about the contemporary enterprise of accreditation and even less about its role in improving healthcare outcomes [1]. Some of the national accrediting institutes consider accreditation and quality assurance of medical education as voluntary, however, others take it as obligatory. Besides, some cover only public institutions, while others accredit private institutions as well. Some countries have one system of accreditation for all types of higher education, whereas others use evaluation based on combination of general higher education measures and profession-specific education standards [2].

The objective of this editorial is to highlight the efforts to keep the curricula of medical schools in Sudan flexible, with good quality management, academic competence, efficiency, and fairness to continue standing for accreditation.

1. Historical background

The demand of developing countries for large numbers of immigrant medical doctors, and nurses, has dictated the need for developing a worldwide system of quality assurance in medical education programs. Therefore, in 1972, the World Federation of Medical Education (WFME) was instituted in Copenhagen as a joint venture between the World Health Organization (WHO) and the World Medical Association. In 2005, a task force hosted by the WFME published the guidelines for accreditation of medical schools [3]. These guidelines embrace comprehensive policies and procedures for accreditation as reflected by medical school self-study and its external assessors report with final decision as full accreditation, conditional accreditation, and/or denial or withdrawal of accreditation.

From 1953 to 2020, the WHO used to publish the World Directory of Medical Schools that contained information about 3323 medical schools in 186 countries. This information included the addresses and basic statistics of the medical schools. In March 2008, this was transferred to Avicenna project in agreement with the WHO and Copenhagen University [4]. In contrast, the International Medical Education Directory (IMED) was a public database of worldwide medical schools published as a joint collaboration of the Education Commission for Foreign Medical graduates (ECFMG) and the Foundation for Advancement of International Medical Education and Research (FAIMER). IMED was a directory of national and international organizations that recognized, authorized, certified, or accredited medical schools and/or medical education programs. In 2013, the Avicenna Directory was merged with the IMED [5] to create the World Directory of Medical Schools which contains the definitive list of accredited medical schools, and IMED and Avicenna were thereafter discontinued [6].

2. Medical education in Sudan

Sudan has excellent reputation in medical education since the establishment of Kitchener Medical School in 1924. Professional colleges of engineering and agriculture were added to Gordon Memorial College (GMC) which thereafter was affiliated to the University College London as the first overseas participant in its "special relationship" scheme. The first graduates to receive University of London degrees were those who completed their programs in 1950, and in 1951 Kitchener School of Medicine was added to GMC which was then renamed University College Khartoum. Furthermore, after the independence of Sudan, the name was changed to the University of Khartoum in July 24, 1956. In the 1970s, two universities were established and after 1991, the number of public and private medical schools was more than 42. Efforts for accreditation of medical schools started by Sudan Medical Council (SMC) leadership and senior medical educational scholars in 2005 with massive training of medical schools' teachers. SMC was recognized by the WFME as the 10th accrediting agent succeeded by Dominican Republic, Turkey, Canada, USA, Korea, Jordan, Japan, Australia, and Kazakhstan accrediting agents. The recognition of the SMC as an accrediting agent will stay valid up to June 2028 [7].

3. Issues overlooked during accreditation

Risk of conformity: The WFME taskforce defined its global standards based on academic competence, efficiency, and fairness to minimize the dissimilarities between countries [1, 2] in the six regions of the WHO.

Local differences: Certain countries have peculiar natural problems such as frequent destructive earthquakes in Japan, Turkey, Iran, and Nepal, damaging hurricanes in some southeast Asian countries; and frequent wars in several African countries. Medical problems arising from these natural and manmade disasters are expected to be reflected in the local curricula of the medical schools as part of the social accountability of these schools.

Globalization and brain drain: Although the WFME accreditation for medical schools suits all countries, it does not answer the question of globalization and the increasing brain-drain in the West that raises the suffering of the poor countries such as Sudan. The total number of Sudanese doctors registered with the GMC in the UK is 1918. However, 19% of them are British citizens and another 19% hold Irish citizenship, while 49% are single nationality from Sudan and the remaining have passports from other countries in addition to being Sudanese. Moreover,

there are over 1600 doctors from Sudan registered with the Irish Medical Council [8].

To compensate for this brain-drain and to serve the increasing number of inhabitants in Sudan, the number of medical schools kept increasing. Recent estimate showed that 30% of the 3000 annual medical graduates migrate every year [9]. This occurs despite the dire need to solve Sudan rural problems such as deficiencies in healthcare personnel, clean water, recurrent outbreaks of cholera, dengue fever and malaria, and high maternal and infant mortality rates. In addition, it has been estimated that more than 40 Sudanese doctors and healthcare workers died in Sudan and around the globe during the COVID-19 pandemic. The majority of deaths followed infection with coronavirus (SARS-CoV-2) [10].

In the first six months of the current war that has flared on April 14, 2023, the healthcare workers have gone without pay for months, while healthcare facilities are occupied, looted, and destroyed. About 70% of hospitals in conflict-affected states are not functional and the WHO has verified 58 attacks on hospitals, with 31 deaths and 38 injuries [11] in addition to the 11 who were assassinated since 1989, as reported by the Sudanese Doctors' Syndicate [12].

4. Cross-border educational efforts

Usually, systems of accreditation cover the curricula of the medical schools, thus leaving cross-border education providers outside any control. Sudanese medical expatriates in diaspora with local volunteer medical educators organized e-learning educational programs and composed lectures that fit in the curricula of medical schools. The goal of these lectures is to help students and registrars learn during the disrupted periods of COVID-19 and the current devastating war [13]. However, such cross-border programs are overlooked by the WFME accreditation policies and procedures. These programs are expected to be transparent and known to the students, healthcare authorities, and the local regulating bodies namely the SMC.

The trilogy WFME Global Standards for Quality Improvement covers (i) basic medical education, (ii) postgraduate medical education, and (iii) continuing professional development of medical doctors, and is meant to be nonbureaucratic and inexpensive quality assurance system with realistic chance of success in the developing countries [14]. Therefore, had the current war stopped, SMC has to increase the pace for accreditation of medical schools and move forward toward accreditation of postgraduate medical education, and continuing professional development of medical doctors.

5. Medical schools' educational efforts

Medical schools in five states outside the war zone continued functioning. A convenient sample of nine medical schools was taken from the areas hard-hit by the current war. Information was obtained through interrogation with senior staff members and final medical students. During COVID-19, all medical schools in Sudan adopted e-learning and adhered to physical distancing for the practical, clinical training and examinations. However, throughout the ongoing devastating war, two schools in western Sudan remain closed while one school in central Sudan was recently hit by the war. In the remaining six schools, rigorous contacts with the students were carried out. Google forms were used to analyze students' opinions; information about their areas of residence and the availability and quality of internet there; and their readiness to resume learning. Course committees and faculty boards held regular online meetings.

As part of social accountability, student supervision and support were intensified and some were supported technically and financially. Timetables were agreed upon, e- lectures were prepared to start with. Teaching continued with synchronous and asynchronous lectures utilizing all means of available social media for the theoretical part of the curriculum. First, the final-year medical students were included, followed gradually by the rest of the medical students. Practical, clinical training and examination was planned to be conducted in functioning medical schools and hospitals outside the zone of war in collaboration with the staff of the hosting medical schools and hospitals. Two of the six medical schools were able to conduct training and examination of the final-year medical students abroad. Examinations were supervised by the faculty staff and the staff of hosting medical schools. Rules and regulations were adhered to. Outcomes showed that students of the nine medical schools, who studied during the COVID-19, after graduation and internship were now working in Sudan, Gulf countries, UK, and Ireland and the current students are expected follow the suit. In addition, the three medical schools that are still closed are expected to shortly resume functioning with e-learning and collaboration with the schools in the safe areas.

6. Conclusion

Despite the dire needs in the healthcare service, Sudan has good reputation in medical education culminated by the recognition of the SMC as the 10th accrediting agent by the WFME. Although COVID-19 led to a high death toll of the Sudanese doctors, the Sudanese medical schools were able to continue functioning and producing doctors who were able to compete and work in developed countries which is a good test of time for the outcomes of their schools of medicine. The current war adds great experience to the medical schools that continued functioning observing the academic rules and regulations.

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