A Profile of Current Pharmacy Education in The Sudan

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The first pharmacy college affiliated to University of Khartoum was established in (1963) with intake of only twenty students per year. This policy of admission continued with no substantial annual increase in the number of students enrolled in the college of pharmacy. However, after the revolution of higher education in the (1990) (s), the number of governmental and national pharmacy colleges has multiplied enormously. Today there are about thirteen pharmacy colleges with possibly more in the pipeline. It is true that expansion in higher education is a requirement for national development, albeit, a clear strategy should be envisaged whereby quality of the university graduate matters more than number. Pharmacy graduates of the last ten years or so labored in an environment of severe shortages of qualified teaching staff and facilities. These graduates are understandably of low standards and consequently their contribution in health care will be poor.

Recently, Sudan Medical Council (SMC) organized a workshop on the accreditation of pharmacy schools¹. The accreditation is intended to protect public safety by ensuring that health care is delivered by pharmacists in a professional, safe, and competent manner. Logically, to execute their duty adequately, pharmacists should first receive proper university education.

The authors, of this article are glad that SMC took the initiative to organize the workshop with the objectives of raising the awareness about the significance and purpose of accreditation and about accreditation standards of pharmacy schools. Clearly SMC is aware of the problems now facing pharmacy education and graduate pharmacists.

The authors had access to the program of the workshop on the (Accreditation of Pharmacy Schools). Although the six speakers are pharmacy professors of high expertise and lifelong experience, yet what they presented would unlikely be implemented in the Colleges under their administration.

A real change in the current pharmacy education is expected to come from the governmental colleges and not from the national counterparts which understandably cannot afford cost–ineffective measures. The government has an obligation to pay for providing sound education and to maintain strict policy about accreditation standards of any pharmacy college.

Prompted by the recent initiative¹ taken by SMC for the accreditation of pharmacy schools, the authors believe that the first step to achieve that goal is to outline a model five–year pharmacy curriculum by a committee of experts. This exemplary curriculum should be structured along the guidelines proposed by the SMC, and more important this curriculum must be adopted by all schools of pharmacy. A mechanism whereby faithful adoption of the model curriculum is observed by the colleges should be worked out. Tailoring and implementation of a model pharmacy curriculum entails that an adequate number of qualified teaching staff should be available. But now in the light of the scarcity of qualified PhD holders, colleges of pharmacy depend to large extent on an inexperienced teaching staff. The situation is complicated further by the participation of a substantial number of non-pharmacists in the teaching process.

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Having said that, the authors would like to make it clear that non–pharmacist Ph. D. holders can participate fruitfully in the first two years of pharmacy programs where basic disciplines such as chemistry, biology, mathematics, physics, … etc are dealt with. The three remaining years of pharmacy courses are entirely applied i.e. pharmaceutical. In these three years, the main disciplines of pharmacy i.e. pharmaceutics, pharmacology, pharmaceutical chemistry, pharmacognosy and clinical pharmacy, are taught in an integrated manner. The outcome is a pharmacist whose qualification is a blend of a homogenous combination of disciplines peculiar to pharmacy. It is clear that anon-pharmacist has no leading role to play in the last three years of pharmacy program. However, under the pretext of shortage of teaching staff this is now taking place. Obviously under these sad circumstances pharmacy students will be the victims and pharmacy profession will be sacrificed too. To rectify the situation, existing colleges of pharmacy should be persuaded to recruit qualified members of staff. In addition, approval for establishing new colleges of pharmacy is meaningless and detrimental.

In addition to the first two years of pharmacy program, competent pure scientists may actively participate in the post–graduate studies since basic research and applied research go hand in hand. All in all the authors of this article advocate the cooperation with competent pure scientists during the first two years of pharmacy program and in the post–graduate studies within the pharmaceutical setting. In two recent reports the structures of the existing pharmacy curricula were discussed and a number of proposals had been advanced. In these proposals an integrated teaching approach of pharmaceutical subjects was stressed. Furthermore, collaboration in research activities of pharmacy colleges and post–graduate studies was welcome. An exemplary pharmacy curriculum should include not only the traditional disciplines but in addition should include pharmacy ethics, medical psychology, medical sociology, biostatistics, hygiene and public health. The curriculum should also provide the knowledge, concepts, skills and attitudes necessary for good communication with other colleagues. The leaning process in the existing pharmacy curricula is to a large extent based on dishing out of information to be retrieved in an examination. On the contrary, the model pharmacy curriculum should promote critical thinking and active student participation in the learning process. A research project as partial fulfillment of graduation will teach students research methodology and promote communication and presentation skills.

In conclusion the authors are glad that the SMC has taken the initiative for the accreditation of colleges of pharmacy in line with the requirements of World Federation for Medical Education (WFME). It is the hope of many of our colleagues in the colleges of pharmacy that Sudan Medical council will go ahead to accomplish the mission and remedy the situation in collaboration with the Ministry of Higher Education and other stakeholders concerned. Further, the authors appreciate the endeavor of the SMC for organizing the workshop and pray that this will lead to the resurrection of pharmacy education in the Sudan. It is also important to remember that the design of a model curriculum is relatively easy, but the question is: who is going to teach the curriculum? And to what depth and breadth it will be covered?

References:

1. Sudan Medical Council, Accreditation Department, Workshop on Accreditation of pharmacy Schools, 2010, Khartoum, Sudan.