

# South Sudan Postgraduate Training Programme

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### Introduction

At the South Sudan Physicians virtual meeting on 6th September 2025, there was a consensus to establish a South Sudan postgraduate programme in General Internal Medicine. It was also agreed to adopt the Fellowship training programme of the East, Central and Southern African College of Physicians (ECSACOP) by setting up a recognised ECSACOP training centre at Juba Teaching Hospital once the hospital has been approved for training by ECSACOP. The South Sudan Physicians Association has been admitted as a member of ECSACOP, paving the way for training to begin in South Sudan.

The need to establish a local postgraduate training programme for South Sudanese doctors was identified during a visit by a delegation of St. Mary's Hospital (Isle of Wight, UK)-Juba Link Charity in 2008. I was part of that delegation, which identified the following drivers for establishing a South Sudan postgraduate medical training programme:

1. Insufficient specialist doctors to provide basic services in hospitals in the country and the Community
2. Lack of sufficient doctors with training to provide community Healthcare needs at the county level
3. Lack of trained senior doctors to offer structured on-the-job training to new generations of doctors, clinical officers, and other high-level healthcare professionals
4. The local university medical faculty is understaffed
5. Urgent need for the development of skilled health manpower for the new country, which gained independence from Sudan in 2011, to build capacity in the Healthcare sector.

The alternative to a local postgraduate programme currently includes sending eligible candidates for higher training to neighbouring countries for postgraduate studies. This is expensive, disruptive to the family lives of the postgraduate trainees, and the training may lack relevance to South Sudan. This would inevitably have a negative effect on the future development of a South Sudan

postgraduate programme and risk a brain drain of trained professionals, as the trained doctors may be attracted to remain in their host countries, where conditions of service may be better than in South Sudan.

The South Sudan Health Statistics make grim reading as shown below:<sup>[1,2]</sup>

1. Maternal mortality 692/100,000 of births (compared with neighbouring Sudan 256/100,000 and the United Kingdom 7/100,000),
2. Mortality of children under five years 99/1,000 live births,
3. More than 87% of births take place at home (by traditional birth attendants or unskilled relatives),
4. 40% of all births are carried out by skilled healthcare professionals,
5. 13.6% of deliveries occur in a health facility due to poor or lack of access,
6. Life expectancy is 59 years compared with Uganda 65.9 years, Tanzania 66.8 years, and the UK 79 years.

Hence, an improved health workforce will address this grim health situation by acquiring better clinical, management, and leadership skills following training.

It is estimated that current expenditure on medical treatment in neighbouring countries, the Republic of South Africa, the United Kingdom, India, and various European countries is 25,000,000 US\$ per annum. This money would be adequate to implement an imaginative postgraduate training programme, provide adequate accommodation for doctors, nurses, and other healthcare professionals, and establish the first wave of integrated Primary Healthcare centres in various counties.

The following basic resources developed by the Juba Link are already in place to support the proposed postgraduate training programme:

1. A ten-roomed **Postgraduate Medical Centre**, currently called the College of Physicians and Surgeons, complete with a library.

2. A **Link House**, which is a six-bedroom self-contained building constructed on the hospital grounds opposite the main Teaching Hospital in Juba. The land on which it was built was secured with the permission of the Ministry of Health (MOH) and a Memorandum of Understanding between the Juba Link, currently represented by me, and the MOH. This building was intended to accommodate suitably qualified visiting trainers travelling from the United Kingdom, East and Central Africa, and other countries specifically to deliver training to South Sudanese doctors on the proposed postgraduate programme. Following the December 2013 crisis in South Sudan, the MOH used the Link house to accommodate some doctors, and it has not been available to serve its originally intended purpose. Its use will need to be reviewed by the working group on the postgraduate programme to ensure it is vacated by those currently occupying it, enabling renovations to take place.
3. **A Basic Medical Training Programme (BMT curriculum)** covering the first two years of training after qualifying in medicine to prepare the young doctors for competent work with minimum supervision in rural areas prior to commencing postgraduate training. This scheme was intended to produce doctors well prepared to work independently or with limited supervision in rural areas before undertaking postgraduate studies.
4. **Logbooks** for progressive assessment of trainees on the basic medical programme.
5. **Training Curricula** in the core medical specialties will be based on the ECSACOP programme and the United Kingdom programme in Internal Medicine. The Juba Link considered the provision of training in Primary Healthcare, and I thought that a Master's Degree programme in Primary Healthcare needed to be established and run alongside the core medical specialties to address the unmet healthcare needs of rural communities.<sup>[3]</sup> Training in other areas of medicine, such as Orthopaedics, Emergency Medicine, Radiology, and Anaesthesia, will be introduced with the support of relevant Colleges in the Region. A Master of Medicine in Paediatrics is currently in its early stages of development in Juba. Introducing too many specialties concurrently may compromise the efficient running of the programme due to a lack of training resources. Concentrating the training in Juba in the first instance will enable lessons to be learned before rolling the programme to other parts of the country.

### Benefits of a local Postgraduate Training Programme

1. Sets specialist standards for Consultants and Trainers, pegged to internationally agreed standards.
2. Organises and runs examinations and refresher courses for practising clinicians.
3. Publishes evidence-based local guidelines to inform sound clinical practice.
4. Promotes scientific and clinical research.
5. Enables skills transfer to clinical practice based on tried systems elsewhere to drive the training of younger doctors.

### Curriculum

Rather than reinvent the wheel, I propose that we adopt the following curriculum with adaptation to our circumstances in South Sudan:

General Internal Medicine may be encouraged to consider an equivalent curriculum of relevant Colleges in the Region.

On passing the fellowship examinations of ECSACOP, entry into the Royal College of Physicians of the United Kingdom Medical Training Initiative (MTI) should be encouraged to enable locally trained physicians in South Sudan develop *Clinical, Communication & Leadership* skills in another environment. Some may take examinations in specific areas such as infectious diseases, echocardiography, and elderly care medicine during the two-year MTI programme.

Implementing the postgraduate training programme requires the formation of a dedicated working group (WG) of competent and experienced clinicians across the hospital and primary healthcare. The WG will consist of representatives from the main medical specialties, but WG membership will be determined by consensus at the South Sudan Doctors forum when the programme is formally discussed and adopted. The University Faculty of Medicine should be represented, and a further two representing the University Council and Senate, respectively. This is vital as the trainees will have passed through the university. The WG may co-opt other members whose contributions may enhance the programme. Such co-opted members may include South Sudanese academics and clinicians in the diaspora. The Director General for Training in the Ministry of Health may be an ex officio member of the WG.

### Trainers on the Fellowship Programme

Juba Hospital-based consultants in various specialties and lecturers in the Faculty of Medicine at the University of Juba will form the core trainers on the postgraduate programme. As these consultants will be undertaking training responsibilities alongside their contracted duties, appropriate remuneration for their training duties needs to be built into their salaries. Those hospital-based consultants who regularly undertake research and publish their work in recognised journals in the region and internationally should be considered for appointment as *Honorary Senior Lecturers* at the University of Juba. This will incentivise colleagues to undertake effective teaching and research.

External lecturers and professors visiting Juba to undertake teaching, assessment of trainees, and help with the development of the programme will be needed in the initial years of the programme. These trainers will work alongside Juba consultants and university lecturers in their relevant specialties. The Juba Link has developed a database of interested trainers from the UK whose visits were due to start in January 2014, but the crisis of 13th December 2013 put a stop to the trainer visiting programme. This scheme needs to be reactivated with the WG's help, and funding identified to support it.

To ensure that *teaching, assessment of trainees, and constructive feedback to trainees* during the programme are conducted consistently across all specialties, I propose that all trainers based in Juba and those visiting South Sudan from abroad attend the well-developed Training the Trainers course run by the Royal College of Physicians, London. This course has been conducted in Sudan,

Uganda, various Middle Eastern countries, Pakistan, and India, among others, and has received excellent reviews from participants across these countries.<sup>[4]</sup> The course lasts a week and will be conducted in Juba before the start of the programme. It costs about five to seven and a half thousand pounds Sterling.

### Summary

A postgraduate programme for South Sudan is essential and needs to be introduced in 2025/26. The programme will enhance capacity building in healthcare and is likely to improve service delivery at the community level. It requires careful and consistent planning. Some arrangements to support the programme are already in place. Members of the WG have an enormous task to deliver the programme through consistent and devoted work.

### References

1. South Sudan Health Service Plan, 2011-2015, Ministry of Health, Juba.
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3. Joseph VV, Hakim E. Integrated Primary Health Care (iPHC) for developing countries: a practical approach in South Sudan. South Sudan Medical Journal 2019;12 (2):44-47
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