

## Appendix 8: Quality Management of the Curriculum

### Central Training Committee (CTC) – SMSB:

The **CTC** of the Sudan Medical Specialization Board (**SMSB**) is led by the **Secretary of Training at SMSB** and serves as the **advisory body for all specialties** on matters related to training. It functions as the parent body of the National - Specialty Training Committees (**N-STCs**) at **SMSB** and the **RTC Boards**.

The **CTC** establishes a **curriculum quality framework** to evaluate and monitor the delivery of training against agreed standards. This framework integrates both **qualitative and quantitative measures** to support **continuous improvement** across all **SMSB** training programs.

#### The quality system components

➤ **Quality assurance (QA):**

The **development and maintenance** of the curriculum by the National - Specialty Training Committees (**N-STCs**) ensuring that curricula are aligned with the **standards for training and education** set by **SMSB – Central Curriculum Committee (CCC)**.

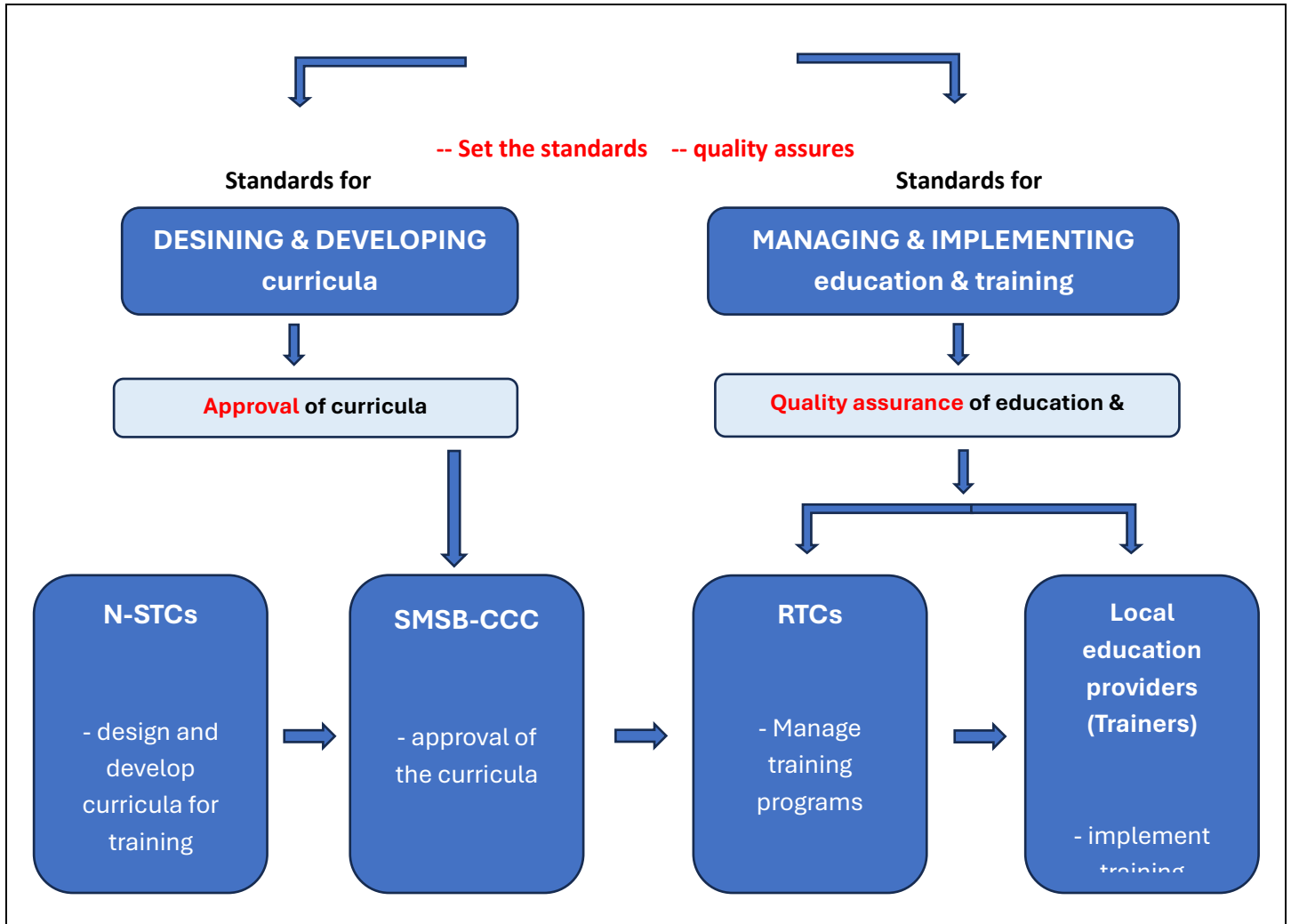
➤ **Quality management (QM):**

The **Management** and **implementation** of training and curriculum standards by Regional Training Centers (**RTCs**) through training programs and post locations approved by the **SMSB**.

➤ **Quality control (QC):**

- The **implementation** of training and curriculum standards by local education providers.
- Involves the **day-to-day delivery of curricula** by trainers recognized and approved by the **SMSB**.
- Ensures that training is applied consistently and to the expected standard at the point of delivery.

**Figure 10:** The **quality assurance structure** of the curriculum (adapted from Excellence by Design, **GMC**, 2017)



## Quality Management of the Curriculum:

<b>SMSB</b> (Internal Quality Review)	<b>Central Curriculum Committee (CCC)</b>
	<ul style="list-style-type: none"> <li>Led by the Scientific Affairs Secretary.</li> <li>provide <b>standards</b> for training and for curricula.</li> <li><b>Approval</b> of the curricula</li> </ul>
	<b>Central Training Committee (CTC)</b>
	<ul style="list-style-type: none"> <li>Led by the Secretary of Training.</li> <li>Works as an <b>advisory body</b> for <b>all specialties</b> on matters related to training. It functions as the <b>parent body</b> to <b>N-STCs and RTC Boards</b>.</li> <li>Sets out a curriculum <b>quality framework</b> directed at evaluating and monitoring <b>curriculum delivery against curriculum standards</b> whereby a range of <b>qualitative</b> and <b>quantitative measures</b> inform continuous improvement.</li> <li>Undertakes a <b>national training surveys and feed into a National Training Database</b>.</li> <li><b>Analyses</b> these <b>surveys</b> and <b>feed</b> into each <b>N-STC - QA Group meeting</b></li> </ul>
<b>RTC</b> (External Quality Review)	<b>National - Specialty Training Committees (N-STCs)</b>
	<ul style="list-style-type: none"> <li>Design and develop <b>curricula</b> which <b>links</b> with <b>SMSB standards</b> for training and curricula (<b>quality Assurance</b>)</li> <li>Design and develop <b>logbooks</b></li> <li>Trainee enrolment, allocation, and support.</li> </ul>
	<b>Training Program Director (TPD)</b>
	<ul style="list-style-type: none"> <li>Lead the Regional – Specialty Training Committee (<b>R-STC</b>)</li> <li>Manage the specialty training program (implementation of training and curriculum standards by <b>RTCs</b> through training programs and approved posts - <b>Quality Management</b>)</li> <li>Provide systems for career management, flexible training, academic training, and remedial training</li> <li>Organize the recognition and training of trainers</li> <li>Co-ordinate the <b>ARCP</b></li> </ul>
	<b>Trainers</b>
	<ul style="list-style-type: none"> <li>local delivery of curriculum is through local education providers (<b>trainers</b>)</li> <li>Implementation of training standards by <b>recognized</b> trainers (<b>quality control</b>)</li> </ul>

## SMSB Quality Review Framework

The **SMSB quality system** incorporates **internal** and **external** quality review mechanisms that complement each other to ensure high standards, accountability, and **continuous improvement** across all training programs.

### Part I: Internal Quality Review – SMSB:

#### 1. National – Specialty Training Committees (N-STCs)

Each **N-STC** oversees specialty training and ensures **quality assurance of curricula**.

##### Membership:

- Chair of the **N-STC** also serves as an ex officio member of the **CTC & CCC**.
- Regional Training Program Directors (**TPDs**) – ex officio
- A trainee representative
- Co-opted members (time-limited, for specific expertise)

##### Responsibilities:

- Develop and maintain specialty curricula.
- Review innovations in clinical practice and incorporate them into curricula during **three-yearly** reviews.
- Coordinate curriculum updates with the **CTC**, **CTC Quality Assurance (QA) Group**, and **SMSB Central Curriculum Committee (SMSB-CCC)**.
- Conduct stakeholder engagement (trainees, trainers, employers, specialty organizations, patients, lay representatives, and the **SMC**).
- Pilot and trial innovations before full adoption.
- Meets biannually and additionally if required.

#### 2. Central Training Committee (CTC) Surveys:

The **CTC** conducts **national** training and educational **surveys**, with data stored in the **National Training Database** for long-term **monitoring** and **improvement**.

##### Reporting:

- Results by specialty, **RTC**, and **hospital**.
- **Automated** annual reports and **rankings** of **RTCs** and **hospitals** against **quality indicators**.

##### Survey Tools:

- Training Program Director (**TPD**) Questionnaire
- Training Center Tutor (**TCT**) Questionnaire
- Head of Department (**HOD**) – Departmental Work Organization Questionnaire

- Trainee Surveys:
  - Hospital-based Training Evaluation Form (**TEF**) (completed prior to **ARCP**)
  - Hospital Workload Questionnaire
  - General & Specialty-Specific Resources Questionnaire

#### **Use of Data:**

- Inform **CTC-QA Group** and **N-STCs** in internal reviews.
- Support external quality reviews.
- Guide curriculum delivery discussions with **TPDs**, **ESs**, and **trainers**.

### **3. Quality Indicators:**

**CTC Quality Indicators** define benchmarks for **good training posts**. They are:

- Not a measure of individual trainee achievement.
- A tool for assessing **post quality**.
- The foundation for **SMSB's** pursuit of **excellence** in education and training.

### **4. Evaluation & Accreditation:**

#### **Hospital Accreditation – Indicators:**

- Sufficient case volume (workload).
- Adequate general infrastructure and facilities.
- Specialty-specific equipment and spaces.
- Hospital-based **TEF** results.
- Weekly teaching sessions.
- Monthly clinical meetings.
- Effective departmental organization.

#### **RTC Accreditation – Indicators:**

##### **1. Educational Activities:**

- Formal sessions audited by an Education Committee.
- Monthly or bi-monthly regional sessions (debates, symposia, invited speakers).
- Integrated with **CPD**; trainees actively participate and sometimes teach.
- Access to e-library, e-learning, video conferencing, and advanced skills labs.
- Regional and national courses (TOT, appraisal & assessment, mandatory training, and conferences).

##### **2. Training Activities:**

- **TPDs:** Ex officio **N-STC** members; lead **ARCP**; induction and training of **ES**; oversee red-light outcomes; manage trainees in difficulty.
- **Trainers:** Commitments in theatre, clinics, and grand rounds; quarterly feedback and reports.
- **AESs:** Quarterly Learning Agreement (**LA**) meetings; end-of-year reporting integrated with ARCP and allocations.

### 5. Trainee Involvement:

#### **Trainees are fully embedded in governance:**

- Representatives in **CTC** and **N-STC** meetings.
- Contributors to curriculum review, policy development, and pilot projects.
- Key stakeholders through survey responses and feedback loops.

## Part II: External Quality Review – RTCs:

### 1. RTC Boards:

- Each **RTC Board** is led by the **RTC President**, who also serves as an ex officio member of **CTC & CCC**.
- Membership includes all **TPDs** of specialties in the region.
- Responsible for coordination of postgraduate training across the region.
- **RTC Presidents** represent regions in national forums.

#### Functions:

- Connect networks of lead providers across specialties.
- Ensure consistent delivery of educational initiatives.
- Advise training providers on workforce needs.
- Support and develop lead providers.
- Lead regional quality management of curricula.
- Ensure **SMSB** approval of posts and programs.
- Monitor clinical governance and safety standards.
- Meets every 6 months and as needed

#### Confederation of RTCs (CoRTCs):

- **RTC Presidents** meet every six months.
- Meetings include the Chair of the **SMSB-CTC** to align **regional** and **national strategies**.

### 2. Regional – Specialty Training Committees (R-STCs):

#### Leadership:

- Led by the **TPD**.
- **TPD** serves as an ex officio member of the **N-STC & RTC Board**.

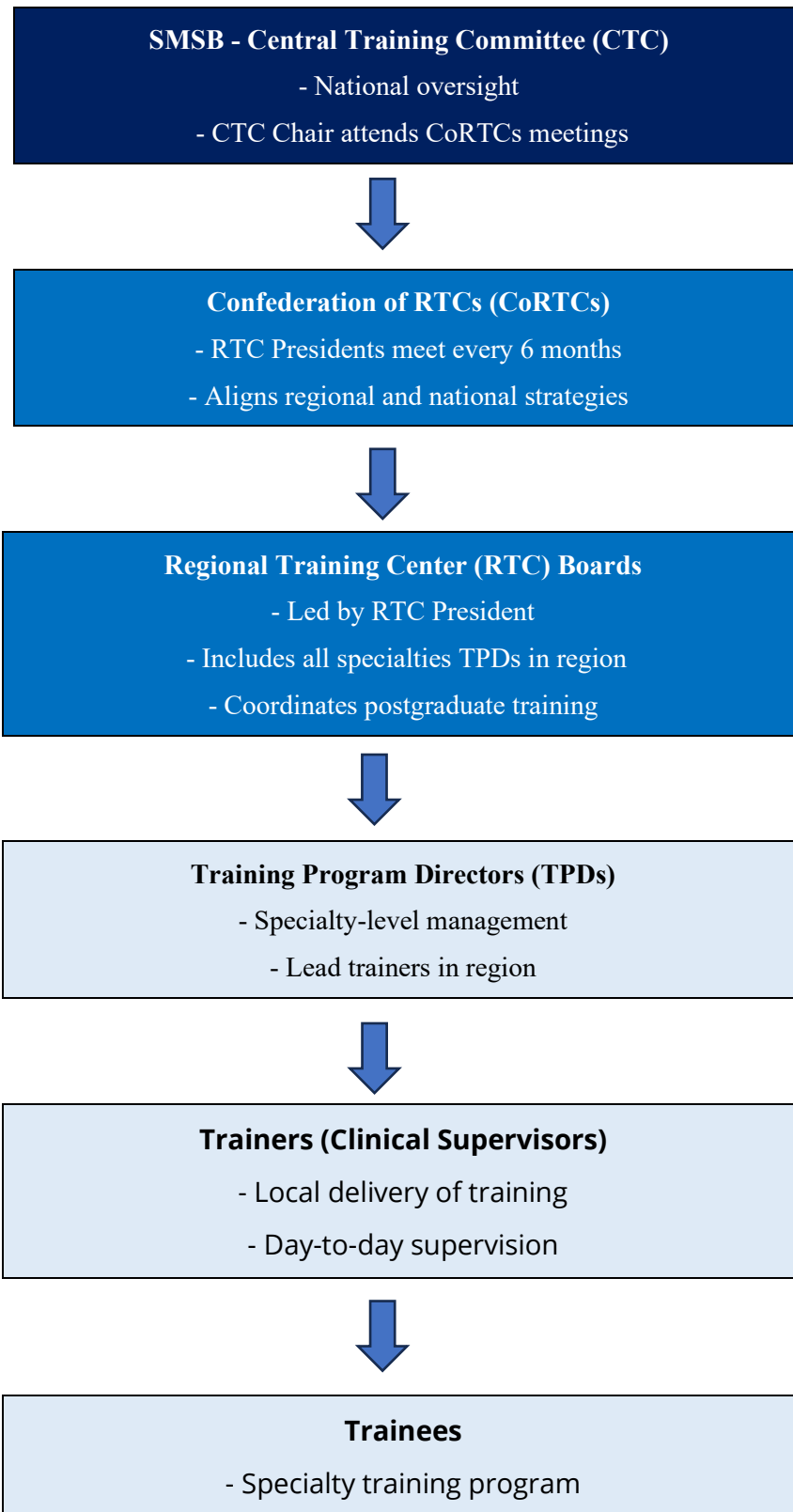
#### **Membership:**

- Training Program Director (**TPD**)
- Training Center Tutor (**TCT**)
- One Educational Supervisor (**ES**) per hospital (representative elected if more than one).

#### **TPD Responsibilities (through R-STCs):**

- Oversee curriculum delivery in the region.
- Lead quality management of specialty training programs.
- Provide systems for:
  - Career management
  - Flexible training
  - Academic training
  - Remedial training
- Seeking advice from **N-STC** on curriculum delivery, content, and trainee assessment.
- Organize recognition and training of trainers.
- Ensure trainers deliver to **SMSB** standards.
- Coordinate the Annual Review of Competence Progression (**ARCP**).
- Represent specialty regionally in national fora and collaborate with other disciplines.
- The **R-STC** meets every 3 months, after each LA meeting

## The **RTC Boards** governance structure

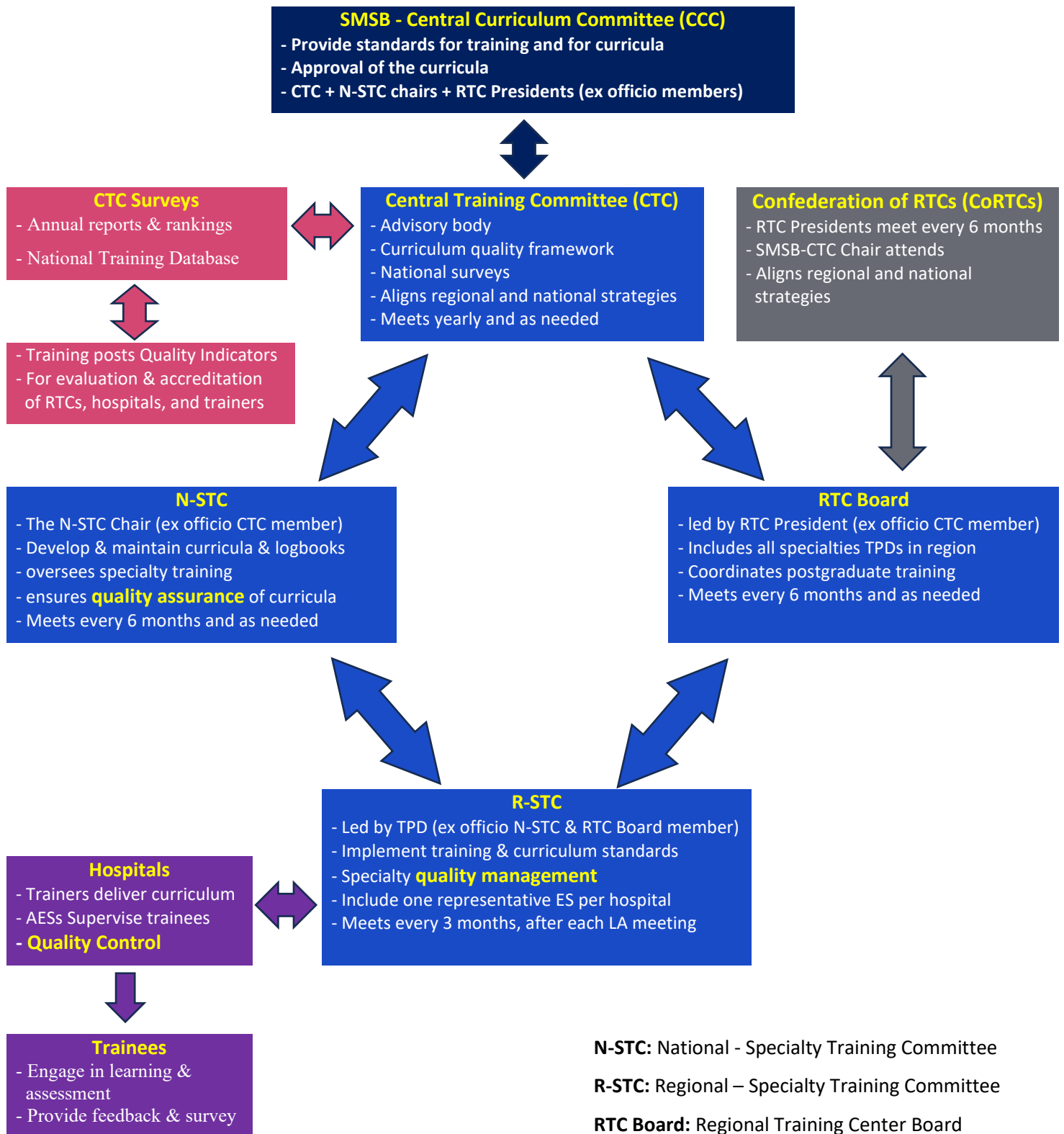




**Figure 3:**

**SMSB Educational and Clinical Governance Structure**

(Lead and local providers in an interactive **circle** structure)



## Appendix 9: Glossary

### Glossary

Term	Definition
<b>AES Report</b>	An <b>end-of-year report</b> by the trainee's Assigned Educational Supervisor, providing key evidence for the <b>trainee's ARCP</b> .
<b>ARCP / ARCP 4</b>	The Annual Review of Competence Progression ( <b>ARCP</b> ) panel will recommend one of 4 outcomes to trainees. <b>Outcome 4</b> sets out that a trainee has gained all required competencies and will be recommended as having completed the training program.
<b>Capability</b>	The ability to be able to perform an activity in a competent way.
<b>Capabilities in Practice (CiP)</b>	<p>The <b>high-level</b> learning outcomes of the curriculum.</p> <p>Learning outcomes operationalize <b>groups of competencies</b> by describing them in terms of <b>holistic</b> professional activities.</p> <p>In surgery they are <b>aligned to what a day-one consultant</b> will need to be able to know and do. Rather than learning 'inputs' ('what is learned', they set out what the learner must be able to do as a result of the learning at the end of the training program – a practical skill) and clarify the extent to which trainees should successfully perform to reach certification.</p>
<b>Central Curriculum Committee (CCC)</b>	<p><b>Central Curriculum Committee (CCC) at SMSB</b></p> <ul style="list-style-type: none"> <li>- Provide standards for training and for curricula</li> <li>- Approval of the curricula</li> <li>- CTC &amp; N-STC chairs, and RTC Presidents (ex officio members)</li> </ul>
<b>Central Training Committee (CTC)</b>	<p><b>Central Training Committee (CTC) at SMSB</b></p> <ul style="list-style-type: none"> <li>- Serves as the advisory body for <b>all specialties</b> on matters related to training. It functions as the <b>parent body</b> of the <b>N-STCs</b> and the <b>RTC Boards</b> to aligns regional and national strategies.</li> <li>- Establishes a curriculum <b>quality framework</b> to evaluate and monitor the delivery of training against agreed standards</li> <li>- Undertakes a <b>national training surveys and feed into a National Training Database</b>.</li> <li>- <b>Analyses</b> these <b>surveys</b> and <b>feed</b> into each <b>N-STC - QA Group meeting</b></li> </ul>
<b><u>Confederation of RTCs (CoRTCs)</u></b>	<b>RTC Presidents</b> meet every six months. Meetings include the Chair of the <b>CTC</b> to align <b>regional</b> and <b>national strategies</b> .
<b>Critical Condition</b>	Any condition where a <b>misdiagnosis</b> can be associated with devastating consequences for life or limb.

<b>Critical Progression Points (CPPs)</b>	Key points during the curriculum where trainees <b>will transition to a higher level</b> of responsibility or enter a new area of practice. These points are frequently associated with increased risk, and so robust assessment is required. These points are <b>at the end of</b> phase 1 (transition to phase 2), phase 2 (transition to phase 3), and the end of phase 3 to achieve certification.
<b>Core Surgical Training</b>	The early years of surgical training <b>for all ten</b> surgical specialties.
<b>Generic</b>	Applicable to <b>all trainees regardless</b> of specialty, discipline, and level of training, e.g. Generic Professional Capabilities.
<b>Generic Professional Capabilities (GPCs)</b>	A framework of educational <b>outcomes</b> that underpin medical professional practice <b>for all doctors in Sudan</b> .
<b>Good Medical Practice (GMP)</b>	The core ethical guidance that the Sudan Medical Council ( <b>SMC</b> ) provides for doctors.
<b>High-Level Outcome</b>	See Capability in Practice.
<b>Index Procedure</b>	<p>Operative procedures that refer to some of the <b>more commonly performed</b> clinical interventions and operations in the specialty. They <b>represent</b> evidence of technical competence across the whole range of specialty procedures in supervised settings, ensuring that the required elements of specialty practice are acquired and adequately assessed.</p> <p>Direct Observations of Procedural Skills (<b>DOPS</b>) and Procedure-based Assessments (<b>PBA</b>s) assess trainees carrying out index procedures (whole procedures or specific sections) to evidence learning.</p>
<b>Manage</b>	Throughout the curriculum the term ‘manage’ indicates competence in clinical assessment, diagnosis, investigation, and treatment (both operative and non-operative), recognizing when referral to more specialized or experienced surgeons is required for definitive treatment.
<b>Phase</b>	An indicative period of training encompassing a number of indicative training levels. Phases are <b>divided by critical progression points (CPPs)</b> to ensure safe transitioning where patient or training risk may increase.
<b>Placement</b>	A unit in which trainees work in order to gain experiential training and assessment under named supervisors.
<b>RTC Board</b>	Responsible for coordination of postgraduate training <b>across the region</b> and connect networks of lead providers <b>across specialties</b> . Ensure consistent delivery of educational initiatives and lead <b>regional</b> quality management of curricula.

<b>Run-through training</b>	The route which allows trainees, after a single competitive selection process at <b>CST1</b> and satisfactory progress, to progress through to specialty training at <b>ST1</b> onwards.
<b>National Specialty Training Committee (N-STC)</b>	<p>The committee at SMSB which <b>oversees training</b> in a particular specialty reports to the Central Training Committee (<b>CTC</b>) at SMSB.</p> <p><b>N-STC responsibilities</b> include trainee enrolment and support, certification, out of program, curriculum development, logbook development, simulation training, quality assurance.</p>
<b>Shared</b>	Applicable to all specialties i.e. the five shared <b>CiPs</b> are identical to all ten surgical specialties. In some specialties some additional <b>CiPs</b> may be specialty specific.
<b>Special Interest</b>	Advanced areas of training in the specialty.
<b>Supervision level</b>	The level of supervision required by a trainee to undertake an activity, task, or group of tasks, ranging from the ability to observe only through direct and indirect supervision to the ability to perform unsupervised.
<b>Trainees</b>	Doctors in training programs.
<b>Trainers (Clinical Supervisors)</b>	<ul style="list-style-type: none"> <li>- Local delivery of training</li> <li>- Day-to-day supervision</li> </ul>
<b>Trainer Report (TR)</b>	<p>An assessment by Clinical Supervisors (Trainers) that assesses trainees on the high-level outcomes of the curriculum. The <b>TR</b> provides a supervision level for each of <b>the five</b> Capabilities in Practice (<b>CiPs</b>) as well as giving outcomes for <b>the nine</b> domains of the Generic Professional Capabilities (<b>GPCs</b>).</p> <p>The assessment will be at the <b>mid-point</b> and <b>end of a 6-month placement</b>. The <b>TR</b> is a <b>formative</b> assessment, providing trainees with formative feedback. However, the <b>final TR</b> also contributes to the <b>summative end-of-year AES report</b>.</p>
<b>Training program</b>	A rotation of placements in Regional Training Centers ( <b>RTCs</b> ) in which training is provided under a RTC Training Program Director ( <b>TPD</b> ) and named supervisors
<b>Training Program Director (TPD)</b>	<ul style="list-style-type: none"> <li>- Lead the Regional – Specialty Training Committee (<b>R-STC</b>)</li> <li>- Manage the specialty training program (implementation of training and curriculum standards by <b>RTC</b> through training programs and approved posts - <b>Quality Management</b>)</li> <li>- Co-ordinate the <b>ARCP</b></li> </ul>