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The future of surgical training in Africa, the importance of co-ordination and COSECSA’s role

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The future of surgical training in Africa, the importance of co-ordination and COSECSA’s role

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The Association of Surgeons of Great Britain & Ireland
Surgical Advisor to the Tropical Health & Education Trust
Secretary General of the International Federation of Surgical Colleges
**Need for Surgery in Sub Saharan Africa**

- Injury accounts for 12% of all disability adjusted life years (DALY’s) lost worldwide and more than 90% is borne by low and middle income countries.

- Africa has the highest Road Traffic Injury mortality in the world at 28/100,000 people and has 50 deaths per 10,000 vehicles compared to 1.7 in high income countries.
**Need for Surgery in Sub Saharan Africa**

- In SSA injury accounts for 10% DALY’s lost; a figure that is more than several well known infectious diseases such as diarrhoeal illness (6%) and TB (3%).

- For children more than 5 years old injury deaths in SSA outnumber *all* deaths from HIV, TB and Malaria *combined.*
Need for Surgery in Sub Saharan Africa

- Developing countries have been very slow to consider surgical care to be a public health priority.

- Yet surgically treatable conditions such as injury, obstructed labour, appendicitis, hernias, cataracts and non communicable diseases such as cancer often lead to life threatening complications and chronic disability.
What type of Surgeon is required?

- A specialist?
- A generalist?
- A non medically qualified surgeon?
- All of them
COSECSA REGION Training Programme

Intern (Pre-Reg)  
MO  
Gap  
1st year  
2nd year  
3rd year  
4th year  
5th year  
Gap  
Senior Resident

Possible timescale for M Med exam
MCS 2 years (20%)
M Med (100%)
EXIT

Higher surgical training
EXIT

1 – 2 yrs  
~3 yrs
Problem areas .............

............... Possible solutions
Problem Areas

- Difficulty with recruitment
- Emigration and Migration
- Non structured postgraduate training programme
- Funding
- Infrastructure
- Manpower
Problem Areas

- Library facilities
- Internet access
- Research opportunities
- Audit
- Assessment & feedback
Problem Areas

- Postgraduates for service and/or training
- Lack of adequate remuneration
- Lack of annual and study leave
- Trainee representation
- Conflict of interest between M Med and MCS progs
Possible solutions

*Difficulty with recruitment, emigration and migration*

- Robust, seamless and attractive regional training programmes
  - Curriculum
  - Assessment
  - Postgraduate Meetings
- Identify training posts out of country for FCS trainees
**Possible Solutions**

- Time for study
- Timetable to take into account the above
- Utilise private hospitals
- Good library facilities:
  - Up to date books, journals, TALC – www.e-talc.org
  - Readily available internet access with Broadband
  - Utilise the Ptolemy Project
Aids to Education & Training

Distance learning to acquire knowledge

STEP course  (Surgical Training Education Programme – Foundation and Core)

BEST course  (Basic Electronic Surgical Training)

ESSQ course  (Edinburgh Surgical Sciences Qualification)
Aids to Education & Training

Skills courses to acquire surgical expertise

- Basic Surgical Skills
- Laparoscopic Skills
- Anastomosis Workshops
- Trauma Surgery
- Management of Surgical Emergencies
- Training the Trainers
Association of Surgeons of Great Britain & Ireland

Country locations where Skills Courses have been undertaken
Possible Solutions

Research opportunities

- Methodology
- Impress upon grant giving bodies

Audit

- Essential and valuable educational tool
Possible Solutions

Manpower capacity

Marked effect upon training

- Sheer numbers
- Retention
- Commitment
- Leadership
**Manpower capacity (cont)**

**Assistance**

- Inter governmental – Zambia UK Health Workforce Alliance
- Institutional Links (THET) – University of Leicester & Gondar
- Agency coordinated by COSECSA
  - Consultants
  - Locums
  - Trainers
  - Exchanges
Possible solutions

- Lack of remuneration – service contract with time allocated for training
- Lack of annual / study leave – written into contract
- Trainee representative
  - Local level – Training Committee
  - Regional level – COSECSA Council (by invitation)
- Conflict of interest between MMed & MCS
The importance of co-ordination and the role of COSECSA

“The mission of the College of Surgeons is to promote standards of excellence in Surgical Care, Training & Research across the COSECSA Region”
Regional College - not influenced by any constituent country

- use recognition of posts as a lever to improve training and to make it uniform across the Region

Regional Services & Specialties go hand in hand

- dialogue with constituent countries and specialties with regard to perceived needs
COSECSA needs to act as a **Hub** for Specialist training by recognising and supporting Centres of Excellence

- Aim to have at least 1 per specialty
- Utilise MTI UK and other links

COSECSA needs to be the **Centre** for co-ordinating Post Graduate courses, bursaries and grants etc.

COSECSA needs to act as a **Consortium** for Surgical Research – coordination with willing institutions as *Equal Partners*.
Lectureships:
- WHO Annual Lecture
- New Concepts/Updates
- Symposia
- Invited Lecturers

Guest speakers get airfare paid by their organisations; accommodation possibly paid for by COSECSA.

Local Health Minister, and maybe Representatives from donor countries, such as DFID UK, to report on progress with regard to their objectives in the host country, i.e. wherever the Annual or Regional Meeting is being held.
Administration

- Assist in the development of an Emergency Plan for Regional disasters such as Civil Strife to be sponsored by ECSA-HC
- Assist in the development of a College of Medicine, with COSECSA as the forerunner, which is the policy of the ECSA-HC
- Assist in providing an up to date website – management
- Assist in utilising the East & Central African Journal of Surgery
- Award grants to trainees to attend courses and meetings in the Developed World sponsored, hopefully, by Colleges, Associations, Societies and Industry
- Assist with accreditation of training posts
- Introduce methods of trainee assessment
- Help to disseminate Best Practice
Examinations

- Provide external examiners, particularly in the Specialties
- Assist with failures
Clinical Officers

- 90% of surgeons work in the major cities - 90% of the population live in the rural areas.

- Who is going to provide a surgical service to the rural population?

- Only currently viable solution, in certain countries, is clinical / health officers who have been trained to operate in an essential & emergency surgical care setting.
Clinical Officers

- If one accepts this scenario then perhaps COSECSA should be involved in their training, supervision and ongoing professional development.

- Partners can be of assistance especially with in-service training, supervision and professional development.
Thank you.