**How can the International Federation of Surgical Colleges assist COSECSA in achieving their objectives?**

**RHS Lane** MS FRCS Eng FRCS Ed FACS FWACS
(Hon)Secretary General of the International Federation of Surgical Colleges
Programme Director for International Development &
Past President Association of Surgeons of Great Britain & Ireland
Honorary Surgical Advisor to the Tropical Health & Education Trust (THET)
***Correspondence to:*** Robert Lane, Email: rhslane@btinternet.com

**My intention of this presentation is to outline the history of the IFSC, to report on changes in direction, current collaboration with the College of Surgeons in East, Central and Southern Africa (COSECSA) and future possibilities.**

## *History*

The IFSC was founded in 1958 in Stockholm, Sweden. The objective was to establish a neutral Institute that would speak with a single voice for world surgery on problems of common interest. Official relations with WHO began in 1960 and has resulted in collaboration in the writing and editing of Surgical Care at the District Hospital, formal endorsement of the Alliance on Patient Safety and the Surgical Safety checklist, the President being on the Expert Advisory Panel on Clinical Surgical Procedures, full collaboration with GIEESC and the inclusion of essential surgery as an integral component of essential Primary Health Care. The Federation is also affiliated to the UN Economic and Social Council.

By 1992 the proliferation of surgical specialties meant that the objective of speaking with a single voice for world surgery became increasingly unrealistic. The Constitution was therefore reformed and resulted in biennial meetings with the International Society of Surgery, scholarships to young surgeons from the Developing World, library support programmes and clinical research projects

The beginning of this century saw rapid changes in surgery and surgical education, increasing availability of computers and huge developments in software technology such that in 2003 activities were essentially at a standstill and the Federation either had to undergo reform or cease to exist. The Membership were canvassed and it was agreed to continue existence but to reform the Constitution. The objective became the advancement of surgery in Africa by promoting surgical education, training and support with examinations. Thus a Memorandum of Agreement was signed with COSECSA in 2007 in order to provide an annual Intensive Revision Course in Anatomy, Physiology and Pathology and a visiting Professor to attend and participate at Regional and/or Annual Meetings. Our current aim is to support COSECSA in their mission to promote standards of excellence in Surgical Care, Training and Research.

## *Capacity*

Lack of trainers, in particular, is the one factor that is holding back development in education and training across the whole of the healthcare field. One initiative, sponsored

by the UK government, for example, which is making a real difference, is the Zambia UK Health Workforce Alliance, launched in June 2009. It comprises an informal group of Zambian & UK organizations that are working together in Zambia to support the Zambian Government to achieve their plans to increase and develop their health workforce and to contribute towards achieving the health related Millennium Development Goals. This project also aims to provide opportunities for learning and development for health workers and Institutions in both Zambia and the U.K.

It is proposed to provide long term volunteers to undertake the following roles:-

- To provide interim support in provincial and rural midwifery and nursing schools until 5 new tutors are trained.
- To provide academic specialists in mental health, pathology and anaesthetics to develop postgraduate Master of Medicine Courses in these specialties which are supported by DFID UK. Currently there are no Consultants in anaesthetics or mental health and only 2 in pathology at Lusaka University Teaching Hospital.
- To explore the potential for establishing a national training course in Biomedical Engineering and Medical Equipment Maintenance.

Another example, also in Zambia, where assistance can be provided, in this case in the service area, is by a Link between a University Hospital in Brighton, UK and the University Hospital in Lusaka. The project involves the following areas - HIV project collaboration, paediatric department support, ophthalmology equipment, Medical Student electives, a filter clinic for the A&E Department, a critical care nursing course, radiography training, support for midwifery & general nursing training and assistance with estates and maintenance.

The above are examples of where the IFSC could facilitate the process; one by access to Government designed programmes and the other via Institutional Links, for instance, facilitated by the Tropical Health and Education Trust (THET) which could involve Universities, Hospitals, and Charities etc. Another area where the IFSC could improve the capacity problem, via its constituent members, could be to develop an agency to provide locums, visiting Consultants and trainees on secondment.

There are a number of direct ways in which IFSC could assist the Education and Scientific Committee, such as:-

1. Awarding grants to trainees to attend courses and meetings in Africa and in the Developed World sponsored, possibly, by member Colleges, Associations, Societies and Industry.
2. Assisting with the Medical Training Initiative (UK)
3. helping with accreditation of training posts
4. Introducing methods of trainee assessment
5. Supporting WHO Scholarships and Bursaries
6. Arranging courses:
    - Basic Surgical Skills
    - Anastomosis Workshops
    - Emergency Surgery

- Theatre nurses
- Training the Trainers
- Others per Specialty

In addition to arranging courses IFSC could assist in other areas of postgraduate education such as designing a uniform format for mortality and morbidity meetings, pathology, X-Ray and journal club meetings. The latter three possibly in conjunction with e-learning.

### *Examinations*

IFSC could provide external examiners, particularly in the Specialties, and assist with mentoring trainees who fail College exams. There is, in my view, a great need to design a mechanism as to how the College deals with those that fail exams. At present advice is haphazard and further training variable, if at all. IFSC could also assist in the development of the curriculum and log book and in particular with an on-line version.

We have already introduced a revision course in the basic sciences and there would be scope for assisting in the introduction of such courses in the specialties if it was found necessary.

### *Research*

Research methodology should be introduced into the curriculum for MCS. IFSC could act as a liaison with other institutions around the world via its constituent members to enable much needed research into the burden of surgical disease in the region and assist COSECSA with coordinating such activities.

### *Annual and Regional Meetings*

Introduce, say, a WHO Annual Lecture on a topic chosen by the College, assist with sessions on new Concepts/Updates, symposia, and invited lectures on specific subjects. Guest speakers could get their airfare paid by their organizations with accommodation possibly paid for by COSECSA. In addition, the Local Health Minister, say, and may be 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*

IFSC could assist in the maintenance of a register of surgical input to the Region, promote & assist GIEESC and the Surgical Safety Checklist, arrange annual face to face meeting with the Executive & teleconferences as necessary, maintain up to date information on the website with regard to obtaining visas to European countries, USA, Australia etc. In addition it could assist in the development of an Emergency Plan for Regional disasters such as Civil Strife, famine, floods etc 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, nurture and support local surgical Societies and if requested, assist in acquiring items such as instruments, laboratory equipment etc.

## Clinical Officers

The training of Mid-Level providers i.e. clinical/health officers in emergency surgery is already taking place in a number of countries in the Region and I suspect that this will expand as time goes by as up to 90% of surgeons in some countries work in the major cities with the majority of the population living in the rural areas. So who is going to provide a surgical service to the rural population? The only currently viable solution, in certain countries, is clinical/health officers who have been trained to operate in an essential & emergency surgical care setting. If one accepts this scenario then perhaps COSECSA should be involved in their training, supervision and ongoing professional development. IFSC can be of assistance especially with supervision and professional development.

## Conclusion

I hope that I have during this presentation outlined the history and development of the IFSC and put forward a number of practical ways in which the Federation could assist COSECSA with surgical education and training.These are only suggestions and of course at the end of the day COSECSA must decide how they see our collaboration developing but nobody should be in any doubt that the Federation has great respect and admiration for what the College has achieved since its inception 12 years ago. Our aim is to be available to support the College in their mission to promote standards of excellence in Surgical Care, Training and research to the best of our ability.