
Editorial

Research priorities, and the roles of SAPORG and APORG

The South African Perioperative Research Group (SAPORG) was founded in 2015. At the first SAPORG meeting held in Durban, perioperative research priorities for South Africa were agreed upon based on a Delphi consensus setting process conducted in the run-up to that meeting. The outcome of the meeting was the publication of ten perioperative research priorities for South Africa.¹ The establishment of SAPORG and the perioperative research priorities for South Africa could be considered an unprecedented success. Three of the ten priorities have been addressed; a national prospective observational study of the outcomes associated with paediatric surgical cases,² a national observational study of maternal and foetal outcomes following operative delivery in South Africa,³ and the development and validation of a risk stratification tool for South African surgery based on the South African Surgical Outcomes Study (SASOS) data.⁴ Furthermore, another two of the priorities are currently being addressed. The preparatory work for a randomised controlled trial of preoperative B-type natriuretic peptide-guided medical therapy to decrease major adverse cardiac events following non-cardiac surgery, forms part of the doctoral studies of Dr Christella Alphonsus, and the establishment of a national database of critical care outcomes, and critical care resources is on the agenda of the Critical Care Society of Southern Africa (CCSSA).

Despite these successes, there remains important work to be done to address the other five perioperative research priorities of South Africa. These include: i) a stepped-wedge trial of an enhanced recovery after surgery programme for (a) surgery, (b) obstetrics, (c) emergency surgery, and (d) trauma surgery; ii) a stepped-wedge trial of a surgical safety checklist on patient outcomes in South Africa; iii) a prospective observational study of perioperative outcomes after surgery in district general hospitals in South Africa; iv) short-course interventions to improve anaesthetic skills in rural doctors; and v) studies of the efficacy of simulation training to improve (a) patient outcomes, (b) team dynamics, and (c) leadership.¹

The success of SAPORG has quickly moved beyond the borders of South Africa, and indeed across Africa. This has led to the development of the African Perioperative Research Group (APORG). Fast forward to 28th September 2019, and at SAPORG's fourth annual meeting, a similar process unfolded with the establishment of ten perioperative research priorities for Africa, following a pre-meeting Delphi consensus process conducted across the continent with national leaders of the African Surgical Outcomes Study (ASOS)⁵ and the African Surgical OutcomeS-2 (ASOS-2) Trial. These ten perioperative research priorities for Africa, will be published in due course in a peer-reviewed publication.

The relationship of SAPORG and APORG and two sets of perioperative research priorities have the potential to create confusion for South African perioperative researchers. The fact that the perioperative research priorities for South Africa and Africa fundamentally differ (with only partial overlap), indicates that the research agendas for South Africa and Africa in general are uniquely different, and should

be managed as such. Therefore, as South Africans it is incumbent upon us to continue to address the five remaining perioperative research priorities identified in 2015.¹ In order to adequately and appropriately address these outstanding research priorities for South Africa, we are going to have to engage more in training and quality improvement programmes and implementation science. However, as Africans, we in South Africa also have a dual responsibility to facilitate and address the ten perioperative research priorities which were identified for Africa at the SAPORG/APORG meeting in September 2019.

It is important for clinical researchers to understand the relationship between APORG and SAPORG. It would be appropriate to consider APORG as an umbrella organisation, which represents the continental research aspirations of all Africans, immaterial of national identity. For example, the perioperative research priorities of APORG represent a consensus of over 40 national research leaders, representing more than 30 countries across the continent. In contrast, national research bodies such as SAPORG, should be considered the custodians of the national research interests and priorities of each individual African country. Therefore, national research bodies such as SAPORG, sit under APORG, and their role in APORG is to ensure that their national interests are reflected at a continental level. Therefore, SAPORG and APORG have both separate and dual relevance to South African clinician researchers. It should be acknowledged that SAPORG and APORG are not competing bodies, but rather complementary bodies in the perioperative research environment of South Africa and Africa. The national or continental scope of research projects will reflect the relevance of these projects to these national and continental research groups.

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References

1. Biccard BM, Alphonsus CS, Bishop DG, et al. National priorities for perioperative research in South Africa. *S Afr Med J* 2016;106(5):485-8. doi: 10.7196/SAMJ.2016.v106i5.10269.
2. Torborg A, Cronje L, Thomas J, et al. South African Paediatric Surgical Outcomes Study: a 14-day prospective, observational cohort study of paediatric surgical patients. *Br J Anaesth* 2019;122(2):224-32. doi: 10.1016/j.bja.2018.11.015 [published Online First: 2019/01/29].
3. Bishop D, Dyer RA, Maswime S, et al. Maternal and neonatal outcomes after caesarean delivery in the African Surgical Outcomes Study: a 7-day prospective observational cohort study. *Lancet Glob Health* 2019;7(4):e513-e22. doi: 10.1016/S2214-109X(19)30036-1 [published Online First: 2019/03/19].
4. Kluyts HL, le Manach Y, Munlemvo DM, et al. The ASOS Surgical Risk Calculator: development and validation of a tool for identifying African surgical patients at risk of severe postoperative complications. *Br J Anaesth* 2018;121(6):1357-63. doi: 10.1016/j.bja.2018.08.005 [published Online First: 2018/11/18].
5. Biccard BM, Madiba TE, Kluyts HL, et al. Perioperative patient outcomes in the African Surgical Outcomes Study: a 7-day prospective observational cohort study. *Lancet* 2018;391(10130):1589-98. doi: 10.1016/S0140-6736(18)30001-1 [published Online First: 2018/01/08].