

# Healthy communities through access to well-trained physicians: establishing the College of Physicians of East, Central and Southern Africa

The lack of access to trained physicians in East, Central and Southern Africa is stark and well documented - the latest WHO health workforce figures show that the physician-to-population ratio does not exceed 20 per 100,000 anywhere in the region – see Table 1 and [http://gamapserver.who.int/gho/interactive\\_charts/health\\_workforce/PhysiciansDensity\\_Total/atlas.html](http://gamapserver.who.int/gho/interactive_charts/health_workforce/PhysiciansDensity_Total/atlas.html)

The number of doctors graduating from the region's medical schools remains extremely low despite a recent proliferation in the number of medical schools in response to the chronic shortage of doctors. Furthermore, this increase in the number of medical schools has led to questions around differing standards and the quality of doctors graduating. Also the fact that there has been no expansion of postgraduate training on a similar scale means that the investment at undergraduate level is not built upon and is often lost. Finally, there is a significant urban/rural divide in access to physicians, with many graduates choosing to stay in major cities due to the lack of clinical support and poor pay and working conditions in some secondary rural hospitals<sup>1</sup>.

The College of Physicians of East, Central and Southern Africa (ECSACOP) aims to improve access to well-trained doctors across all ten countries in the ECSA Health Community region<sup>2</sup> by establishing a network of dedicated training centres and implementing an internationally recognised postgraduate medical qualification. The ECSACOP programme will encourage participation in continuing professional development

**Table 1. Physicians-to-population ratio in selected African countries**

Country	Physicians per 100,000 capita
Tanzani	3.1
Lesotho	4.9
Swaziland	17
Mozambique	4.0
Zimbabwe	8.3
Zambia	17.3
Tanzania	3.1
Kenya	19.8
Uganda	11.7
Malawi	1.9

and build morale amongst staff in district hospitals as they participate as trainers and encourage local research opportunities.

The new college aims to train 500 doctors by 2025, and ultimately improve health outcomes for the region's 200 million inhabitants. It seems likely that ECSACOP could in time expand geographically beyond the political entity of the ECSA Health Community, as the Surgical College (COSECSA) has done to include South Sudan, Ethiopia, Rwanda, Burundi, Mozambique, Botswana and Namibia.

## The role of the new college

By forming an international college, the training of physicians can be standardised and best practice in both policy formation and clinical practice can be easily shared, as with the successful formation of a College of Surgeons of East, Central and Southern Africa (COSECSA) in 1999. Furthermore, smaller countries with no national association of physicians will be able to draw strength and expertise from those that do.

Key areas where the college will add value to the existing postgraduate training structure include:

- Postgraduate training: Increasing the number of trained physicians across the ECSA region through a supervised learning model. Making use of training facilities in hospitals both within and outside of the universities, trainees will follow a structured curriculum leading to an approved regional qualification, with the potential to support sub-specialty training in the future.
  - Standards: Set standards of training by:
    - o Supporting the harmonisation of existing postgraduate training programmes to ensure a common standard between universities across the ECSA region.
    - o Developing continuing professional development (CPD) systems and support for physicians to engage in learning throughout their careers.
    - o Supporting the development of research skills early in the training process.
  - Advocacy: Act as the voice of the medical profession, continually seeking to improve standards of healthcare and disease prevention for the people of the region.

## Progress to date

In September 2014, nominated representatives from the region's national associations of physicians came

together in Nairobi to form the steering group for the establishment of the new college. At this successful first meeting, working groups were formed to develop a constitution, training syllabus, and strategic plan. A foundation chair was elected and a vision and mission were agreed:

**Vision:** Healthy communities through access to well-trained physicians.

**Mission:** To improve standards of healthcare throughout the region by providing specialist training for physicians committed to life-long learning.

The foundation group met for the second time in Arusha, Tanzania in November 2014, and most recently in Kampala, Uganda in April 2015. By the close of the meeting in Kampala the group had made significant progress on the college's constitution, fundraising plan and syllabus.

The foundation group is now in the process of developing its curriculum and preparing for the college's planned official inauguration at the meeting of ECSA Health Ministers in November 2015.

#### **Win-win partnerships for sustainability**

Long-term strategic partnerships will be essential as the new college develops into a regional community organisation representing the profession, helping to establish standards of excellence in clinical care and improving the health of a growing population. Sustainable funding will require a resilient plan for different sources of income, as fees for membership, training courses and examinations are unlikely to be sufficient to sustain the new college. Clearly the larger the size of its membership the greater the economies of scale will be. At this early stage, the foundation group is considering how best to build strategic partnerships with the region's paediatricians, psychiatrists, public health physicians and other related disciplines to maximise economies of scale. This has been the model in West Africa and South Africa, with specialties having their own chapter and qualifying examinations that are delivered centrally.

The existing colleges of ECSA (Surgeons, Pathologists, Nurses, Ophthalmologists and Anaesthetists) have each enjoyed strategic support from international colleges and other organisations of related disciplines. For example the ECSA College of Surgeons has links with the College of Surgeons in Ireland, and the College of Pathologists with the College of Pathologists in UK, and the College of Ophthalmologists with the Christoffel Blindenmission.

Financial and in-kind support of governments will have to be negotiated on the basis of cost effectiveness of training and, by helping to retain physicians in district hospitals improving health care outcomes. The mushrooming fragmentation of medical education and the lack of adequately trained doctors in district hospitals makes this a good time politically to introduce a recognised

regional qualification, and to encourage a new medical training eco-system.

By engaging with national associations of physicians, examinations will be co-developed, within a co-developed curriculum framework. This will facilitate recognition of the examination and qualification in each country. Similarly training hospitals will be accredited using a national authorisation process of institutions that meet standards that are set in an agreed framework model. The foundation group are planning to identify 4 or 5 places as model hospitals but allowing the governments to impose the hoops, with several layers of quality assurance. Ultimately the College is aiming at trans-national accreditation and transferability of the qualification, so a framework model will be helpful in providing appropriate input from stronger national associations.

ECSACOP will welcome and celebrate further partnerships with governments, professional organisations, charitable organisations and commercial entities that see mutual benefit in win-win synergies. Initially development partnerships and development funds will be particularly helpful to get the college started. The foundation group is particularly keen to learn from different models of financial sustainability.

In addition to the strong support of the ECSA Health Community, ECSACOP has enjoyed a key partnership with the Royal College of Physicians London. Established in 1518, the Royal College of Physicians London (RCP) is an internationally respected leader in postgraduate medical education. Having worked with the West African College of Physicians since 2011 to support strategic development and strengthen clinical training programmes in West Africa, the RCP has an in-depth understanding of the infrastructural requirements for an independent and sustainable international college. The RCP is working to support the ECSACOP foundation group by providing ongoing technical support, and access to a range of experts on curriculum development, examinations, constitution and fundraising.

To support the ECSACOP foundation group and the Royal College of Physicians in the development of this important new college, please contact:

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1. Fitzhugh Mullan et al 2011. 'Medical schools in sub-Saharan Africa. *Lancet*, 377, 9771. 1113–1121
2. Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe