

(The Draft before publication)

Trauma and Orthopaedic Training In the Developing World

J R W McKenzie MBBS, MSC, MRCS Specialist Registrar. P Buddhdev MBBS, BSC, MRCS Specialist Registrar. P Ofori-Atta MB.ChB, FRCS Orthopaedic Surgeon.

Watford General Hospital, Vicarage Road, Watford, Hertfordshire. WD180HK.UK

There are many charities currently set up to provide medical and orthopaedic aid in the developing countries in particular Africa and parts of India. Such aid not only provides help for the developing country in the form of medical/surgical aid but also education and further training for visiting and host surgeons – a twofold reward.

In the literature, there are now many cases of orthopaedic trainees visiting hospitals overseas with positive reports of experiences in Zambia, Malawi, Kenya and Southern India. Experiences such as these help to develop the important qualities that a surgeon should have, in particular leadership skills, teamwork skills and an ability to work under pressure.

Exposure to a huge number of cases and varied pathology help surgeons to develop surgical techniques and along with these the unique challenges of careful decision taking into account the resources that are available.

The European Working Time Directive and shift away from training towards service provision within NHS trusts mean trainees are losing a lot of their training opportunities. A recent analysis of e-logbooks from Orthopaedic ST3 trainees working as part of the Kenyan Orthopaedic programme confirmed that over 1 week 70 patients were seen in clinic and 18 operations were performed under supervision. E-logbook statistics for ST3 trainees in the United Kingdom revealed significantly fewer operative procedures, 6 elective and 3 trauma cases. On top of this exposure to conditions such as clubfoot, neglected trauma, end stage Osteomyelitis and tumours is invaluable experience for trainees.

The opportunity to engage in practically applied research is also encouraged and, certainly, the presentations by the other trainees at the BOTA/WOC congress showed the high level of quality and research methodology performed. Such research also has a practical application. For example, one project involved the use of a modified Ponsetti treatment for managing clubfoot. This was a randomised prospective trial with a large number of patients and is comparable with the best research project carried out in the UK.

The Crisp Report on 'Global Health Partnerships', published in 2007, sets out the role for UK health services in helping developing countries improve their healthcare provision. As part of Lord Crisp's recommendations, one key factor was the need for NHS trusts to recognise the training opportunities available for both medical and other allied healthcare workers when volunteering their services abroad. Here is one of the key recommendations from the report:

'In order to enable health workers to gain international experience and training:

- An NHS framework for international development should explicitly recognise the value of overseas experience and training for UK health workers and encourage educators, employers and regulators to make it easier to gain this experience and training
- Medical, nursing and healthcare schools should work with others to ensure work experience and training placements in developing countries are beneficial to the receiving country; and
- The Postgraduate Medical Education and Training Board (PMETB) should work with the Department of Health, Royal Colleges, medical schools and others to facilitate overseas training and work experience.'

Unfortunately hospitals and deaneries do not currently share these ideas. Especially in the current climate where cuts are being made

The Edinburgh College has for some time had concerns that links with developing countries should be maintained (obviously the College has a number of Members and Fellows in such places) and several years ago David Pitts (RCS Ed educational development) initiated some work to try and establish a resonance between training programmes as the new curricula and tools were being implemented in the UK.

He said "It will be increasingly difficult for trainees to gain overseas experience unless the overseas centre can demonstrate its links to that trainee's curriculum. All overseas attachments now have to be approved prospectively by the Deanery and PMETB ". This work resulted in a Training the Trainers programme being initiated in partnership with the College of Surgeons of East Central and Southern Africa (COSECSA). The second Training the Trainers programme was held in Rwanda. The project is known in the College as the Surgical Training in Africa Network (STAN). Another aspect of STAN is to encourage burns courses in Africa in partnership with Interburns.

Thus trainees who work abroad in developing countries should not be operating without the appropriate support of senior colleagues. The standard of surgical care should not be compromised, irrespective of the country. It is a great opportunity for trainees to support more senior surgeons as they provide operative and educational sessions, and to be a part of a team that could leave a long-lasting impression on patients with little access to healthcare.

We believe that with refining we could develop a system that incorporates for short periods of time the training of our orthopaedic/surgical trainees in the developing countries. With the threat of ever increasing natural disasters in the world and the increasing poverty in many parts of the developing world such a system would be of

huge benefit to all.

Our aim is to gain approval for Trauma and Orthopaedic training in certain institutes in developing countries, thereby making it much easier and more attractive for trainees to undertake. In turn this would mean a much larger number of trainees providing support overseas.

Motec Life-UK, a multi national medical charity was founded by Mr Ofori-Atta initially set up to mobilize Ghanaian health professionals trained abroad to provide education, training and healthcare services for colleagues in their home country Ghana. In October 2011 a work group including Professor Nigel Standfield (director of the London school of postgraduate surgery) collaborated with representatives from the teaching hospital of Accra, Ghana medical school, the board of directors of the Ghana Health service and the offices of the president of Ghana to define the scope of assistance required. An education scheme was developed and hopefully in 2012, Ghanaian post-fellowship surgeons will begin a 2 year training programme in London Hospitals. Depending on the success of this, further teaching programmes may be developed all over the world.

For our UK trainees there is a lack of sufficiently trained trainers locally, but where trainers are lacking teams with senior surgeons could visit and provide support both in a training capacity and surgical support. As training develops more surgeons will develop appropriate skills to supervise and teach UK visitors

(Unfortunately, our impression from trainees is that their hospitals and deaneries do not share these ideas. Heavy resistance and active discouragement is often met and trainees are told that such activities are not considered valuable. This is an enormous shame because, having seen some of the operational logbooks from trainees working in developing countries and the breadth of disease encountered, trainees can only benefit from their experiences abroad.)

We explore the progress to date and outcome of discussions with the Royal College of Surgeons, SAC, PMETB and Department of health. Previous projects and past experiences- record experiences and benefits to doctor and locals. Poverty and lag in technology resources etc exponential increase in trauma, natural disasters, Medical camps pros and cons etc.

We aim to develop and popularise a scheme whereby an exchange can be part of training.

Pathway- specialist Advisory Committee (SAC),Royal College of Surgery (RCS) etc