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Specialist Anaesthetic Training in Zambia: the MMed Anaesthesia degree

In July 2010, we published a request for anaesthetists to help set up a postgraduate training programme in Zambia. Here, we report on the progress of this venture.

In July 2010 Anaesthesia News ran an article that described a project whose aim was to improve specialist anaesthesia provision in Zambia, a country of relative stability, but with severe economic constraints [1]. The project is one of several that is being supported by the Tropical Health and Education Trust (THET) and Department for International Development (DFID) in collaboration with the Zambia-UK Health Workforce Alliance. The various areas of focussed attention are:

- Improving midwifery and nursing capacity in the country
- Developing a course in biomedical engineering and medical equipment maintenance
- Establishing three Master of Medicine (MMed) degrees, one of which is to be in Anaesthesia (the others being Psychiatry and Pathology)

The article then called for interested UK-based anaesthetists to help to deliver the Anaesthesia MMed training since Zambia lacked the specialist manpower or academic background to do so itself. Which is where I became interested. Like so many fish sniffing at this tantalising bait, a handful of mainly consultant anaesthetists gathered on a rainy day in August at Wimpole Street in London to hear about the project from Iain Wilson (then President Elect of the AAGBI) and Emily Measures (Programme manager for THET). By the end of the meeting most of us were securely hooked by the prospect of an exciting professional adventure and came away enthused, but also with a mammoth task in hand. At the initial meeting I was appointed Programme Head and have since devoted many man hours to the job.

Over the past five months an enormous amount of groundwork has been done. An academic programme Needs Assessment was completed and accepted by the University of Zambia School of Medicine (UNZA SoM) in October, and a draft curriculum developed and submitted for review in November. After some small revisions the curriculum was formally approved by the UNZA senate in January this year. A Training Handbook is currently being developed to assist the UK trainers to deliver the formal teaching programme and is being constructed by contributions from all the members who have so far joined.

As my introduction to Zambian anaesthesia I visited Lusaka in October 2010 with the aims of seeing how things worked ‘on the ground’, meeting the Dean and Vice Dean of UNZA SoM, attending a Zambia-UK Health Workforce Alliance seminar to gain an insight into the complex world of NGOs and their relationship with Zambian healthcare, and also attending and speaking at the three day World Federation of Societies of Anaesthesiologists conference.

I left Lusaka with a strong sense of being engaged in a worthwhile project, as well as a sense of how desperately Zambia needed a specialist training programme in anaesthesia. The July 2010 issue of Anaesthesia News gives a more detailed description of the state of anaesthetic practice in Zambia, but the bottom line is that anaesthesia is largely delivered by non-physician clinical officers who have had two years of training and receive very little in the way of ongoing CME or professional support. They are hardworking and keen, but without the specialist backing that is required to cultivate and nourish a high quality service.

The aim of this follow-up article is not only to report back on the project to date, but is also an unashamed attempt to recruit more UK-based anaesthetists into our ranks since sustainability is entirely dependent on expanding our numbers. Therefore I shall address some vicarious questions that I imagine you, the reader, might ask.

What is the nature of the project for the UK faculty?

As a faculty member you will contribute to the pool of trainers who make up the principle ‘training resource’. You will provide advice and teaching materials (lectures and tutorials) for the training programme, and perhaps write a short module specification for your special interest area. As a visiting faculty member you will travel to Lusaka to provide teaching and clinical supervision for the anaesthetic trainees at the University Teaching Hospital.
(UTH). The project is entirely dependent on a limited pool of funds to subsidise travel and accommodation to and from Zambia, so faculty need to commit to at least 2 weeks at a time. Longer would be preferred.

**What is an MMed Anaesthesia degree and how does it fit into specialist training?**

The MMed degree is somewhat different to the postgraduate specialist training programmes that we are used to in the UK. It is a qualification offered in other countries, such as South Africa, but usually runs parallel with the College based qualification. The obvious difference is that the MMed is an academic degree directly administered by a university, and as such has a strong research element which requires students to produce a dissertation for their final assessment. Much like an undergraduate degree the university requires annual summative assessments by examination, and has no strong concept of workplace based assessment. From the point of view of faculty, the programme requires a significant taught element in the form of lectures and tutorials, as well as clinical supervision in the workplace.

**What is the value of our contribution?**

Zambia has very few specialist anaesthetists, and most of these are engaged in the private sector. The UK-based faculty will provide a short- and medium-term repository of trainers that is required to deliver specialist education until such time as the Zambian trainers have sufficient numbers to deliver their own postgraduate training programme.

**What is the end-point of this programme?**

Self-sufficiency is the stated end-point. Even though overseas-based faculty may continue to contribute to training in the future, they will not be a vital component as they currently are. There are good precedents for this model, such as other established Zambian MMed programmes (general surgery, orthopaedics, medicine, obstetrics & gynaecology, paediatrics and child health, and urology), as well as examples of similar programmes developed in Nepal [2, 3] and Rwanda [4].

**Why should I get involved?**

Different people will give a different answer to this question, but it is not limited to the obvious response of wanting to contribute to improved global healthcare. This is the purpose that lies at the heart of the project as a whole, but at a personal level other expectations may be realised. There are the many professional benefits such as improving one’s cross-cultural awareness, resourcefulness, experience, adaptability and motivation [5], but I would like to add a further reason. To experience the excitement of delivering anaesthesia and teaching at the front line once again and being refreshed by the feeling that what you are doing is likely to leave a lasting impact on another person, be that person a patient or trainee anaesthetist.

I hope that the challenge offered by this exciting project will seize your imagination as it has done mine. I would welcome any further enquiries you may have and am happy to be contacted at the following email address: John.Kinnear@southend.nhs.uk. Emily Measures, who is Programme Manager for THET, can also be contacted at Emily@thet.org.

**References**


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