

# How the Global Surgery Agenda is changing and the increasing role of WOC UK in the development of training and trauma service development in low and middle income countries

Tony Clayson

Since its formation as the Charitable Subspecialty Society of the BOA, WOC UK has been actively involved in supporting many colleagues working in low and middle income countries (LMICs) who have found themselves increasingly burdened with complex trauma to deal with. A well-trodden path documented in our own BOA history with Sir Robert Jones leading the establishment of a trauma system to respond to the large number of casualties produced during construction of the Manchester Ship Canal and later becoming an influential figure in the formation of the 'British Orthopaedic Society' later to become the BOA.



**Tony Clayson** is a Consultant Orthopaedic and Trauma Surgeon at Wrightington Hospital, a member of the Executive Committee of WOC UK and Invited External Examiner of the Orthopaedic Residency Final Examination at Black Lion Hospital, Addis Ababa. He is a founder member and currently Executive Chairman of the Northwest Orthopaedic and Trauma Alliance for Africa (NOTAA) and a 'Reverse Fellow' for AO Alliance Foundation supporting the development of trauma services in Hawassa, Southern Ethiopia.

**A**lthough a member of WOC UK for many years, I have only become actively involved in delivering overseas development work and training in orthopaedics since 2015 and have been in awe of the colleagues I have met both from the UK and throughout the world who I can now call friends and admire the commitment and dedication they have shown over long periods supporting their overseas colleagues. Listening to their experiences inspired me to contribute personally and by all accounts it is a good time for colleagues to actively get involved with the work of WOC as rapid change is taking place on the world economic stage and within the UK, as evidenced by developments at Health Education England, The Royal Colleges and within the specialty training committees of orthopaedics together with an increased desire from UK trainees in orthopaedics to engage in global health development opportunities.

## The Global Stage

Traditionally, surgical services have been regarded by many LMICs as an expensive burden on their economy and received little attention with governments directing resources towards treatment of communicable diseases such as AIDS, Malaria and TB along with maternal/child health services.

This focus has been mirrored by economists and Dr Walt Johnson, WHO Lead for Emergency and Essential Surgical Care, reported at an RCS England Global Health Meeting in London in July 2018, that in previous years when the WHO has held summit meetings discussing trauma service, development members of The World Bank have not attended as they did not see it as an obstacle to a country's development. However, statistics from the WHO have demonstrated that trauma and injury are now the cause of 32% more deaths in the developing world than HIV, tuberculosis and malaria combined and members of the World Bank did attend a WHO summit in Geneva in 2018 discussing challenges created for LMICs by such increases in trauma, hence the economic tide seems to be turning!

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In 2015, The Lancet Commission's Report on Global Surgery<sup>1</sup> highlighted the inequalities and population challenges caused by inadequate safe surgical services in LMICs and prompted the Global Surgery 2030 initiative. Also in 2015 the Ethiopian Ministry of >>

SAFE OR Course supported by WOC UK Jan 2018. Professor Vivien Lees, Chair RCS England International Development Committee training Ethiopian colleagues to deliver course material in Addis



Health, in its five year Health Sector Transformation Plan, mentioned trauma and injuries for the first time in the country's history resulting as a consequence of the fact that it had spent 40% of its annual capital budget for that year on road development and suddenly observed a dramatic increase in injuries with high mortality and morbidity rates!

involved in supporting the Global Surgery 2030 initiative, its current flagship project

### WOC UK Response to Evolving Global Challenges

Building on its longstanding traditions and those of the BOA as a whole, of supporting training and education as the foundation of developing high quality trauma services for patients, WOC UK has been actively

being WOC's support for Ethiopia as a nation develop its orthopaedic training programmes and rehabilitation services, in collaboration with the AO Alliance Foundation (AOAF) and Australian Doctors for Africa (ADFA). The two WOC contributions for this edition of the JTO are examples of this transformational work being delivered by WOC both in Guyana and Ethiopia, both projects focussing on training programmes including the teaching of research and audit methods, so important in ensuring quality patient care.

Members of WOC have also supported RCS England, The Association of Great Britain and Ireland (AAGBI) and LifeBox with their establishment of the 'SAFE OR Course', a multidisciplinary teaching programme aimed at enhancing teamwork and patient safety in an operating environment specifically aimed at being delivered and training competent local teachers of these principles in LMICs.

**“Building on its longstanding traditions and those of the BOA as a whole, WOC UK has been actively involved in supporting the Global Surgery 2030 initiative, its current flagship project being WOC's support for Ethiopia as a nation develop its orthopaedic training programmes and rehabilitation services.”**

WOC is extremely grateful for the financial support it has received from the BJJ which has facilitated regular WOC teaching visitors, both consultants and trainees, to Ethiopia thus enabling it to deliver its flagship project.

### Future Challenges and Opportunities

Looking ahead, as a relative newcomer to this area, I can vouch for my observation since 2015 that change seems to be occurring at a rapid pace. This is a consequence of widespread international collaborations between numerous organisations committed to developing trauma services within the global agenda of emergency surgical services as a whole and facilitating safe surgery, safe anaesthesia and critical care practices to put patient safety and good outcomes at the centre of service development.

The next immediate challenge that WOC is being asked to support in Ethiopia is standardisation and consistency in its orthopaedic residency training programmes and final exams which are currently delivered in



Multidisciplinary Ethiopian delegates SAFE OR Course Addis Ababa January 2018



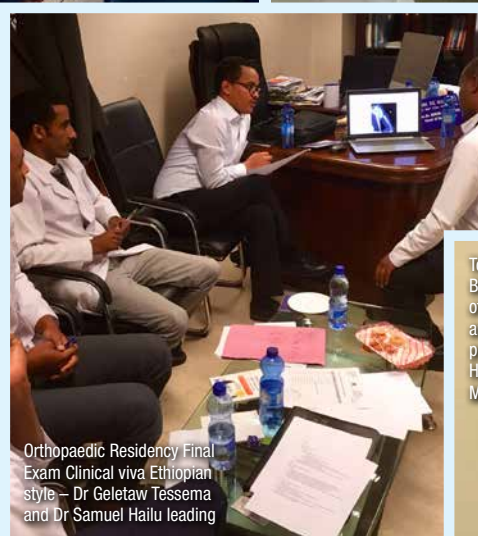
Tony Clayson representing WOC UK teaching on SAFE OR Course Addis, January 2018



Tony Clayson observing Final Residency Clinical Examinations on behalf of WOC UK, Addis Ababa December 2018

Addis Ababa, Bahir Dar and Mekele, with further training centres identified.

The Ethiopian Ministry of Health and the orthopaedic training programme leaders recognise the need for a national curriculum, some development and support for their examiners and consistency of exams between centres. This is not dissimilar to the challenges I recall encountering as a former BOTA President during the period when the Intercollegiate Examination Board and Subspecialty Examinations were being established in the early 90's.



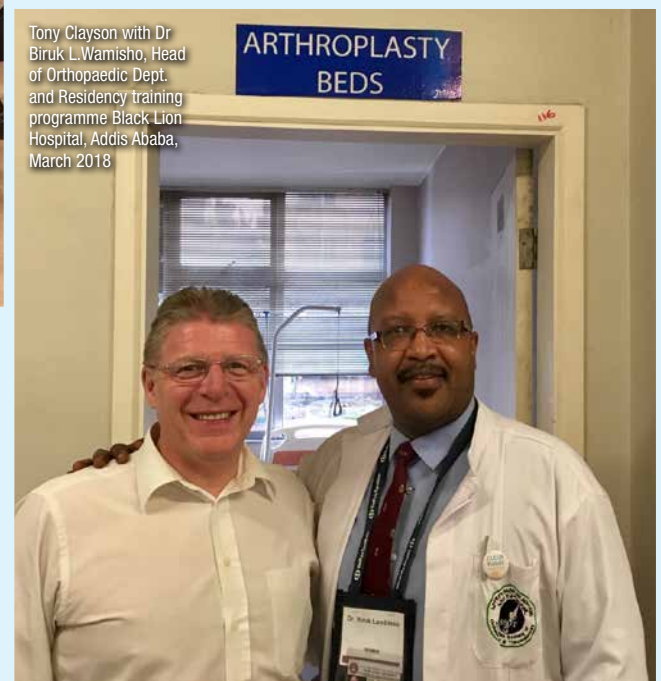
Orthopaedic Residency Final Exam Clinical viva Ethiopian style - Dr Geletaw Tessema and Dr Samuel Hailu leading

In December 2018, myself and Rick Gardner (Consultant Paediatric Orthopaedic Surgeon at Cure Childrens Hospital in Addis and WOC Country Representative in Ethiopia) on behalf of WOC, acted as the first ever invited external observers and examiners at the Final Orthopaedic Residency exams at The Black Lion Hospital in Addis, the largest training programme in the country. This was an extremely helpful experience for all parties and our constructive comments and feedback were well received to the extent that myself and

Rick have recently been appointed as Invited External Examiners for the final orthopaedic residency examination by the University of Addis Ababa for the next five years and asked to support their curriculum development. We now intend calling on the assistance and advice of UK colleagues leading our own Intercollegiate Examinations Board for active support with this process. It is then our intention to report wider to BOA colleagues via the JTO later this year.

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of interest and I know, from conversations I have had with consultant colleagues, many trainees and collaborative international organisation leaders over the past four years, that the global surgical world, especially the development of trauma services is changing rapidly and is an exciting place to be in. As I mentioned earlier, I am a relative 'newbie' to this arena compared with some colleagues who have been delivering overseas



Tony Clayson with Dr Biruk L. Wamisho, Head of Orthopaedic Dept. and Residency training programme Black Lion Hospital, Addis Ababa, March 2018

**Want to get involved?**

I hope readers will find these WOC UK contributions for the JTO

orthopaedic work for many years but what I can confirm is that it is possible to get involved, continue working in the UK and make a real difference with WOC UK now having a number of opportunities available. ■

If any colleagues either Consultants or trainees would like to know more, please feel free to get in touch via email [anthony.d.clayson@wwl.nhs.uk](mailto:anthony.d.clayson@wwl.nhs.uk).

**References**

1. 'Global Surgery 2030: evidence and solutions for achieving health, welfare and economic development'. The Lancet Commissions Vol.386, Issue 9993, pp569-624, August 08, 2015