Urolink visit Mozambique Dec 2017

COSECSA Examinations:

Sunday 3 Dec
Meeting of all examiners (122) General, Urology, Ortho, ENT and Plastics.
Briefing and Preparation

Monday 4 Dec
MSC exam
Having previously taken a written exam, the successful candidates attended for an oral Viva. The MSC exam is taken 2 years after commencement of surgical training.

52 candidates were split into 4 groups and each had 8 x 15-minute vivas in the morning session and 8 x 15-minute vivas in the afternoon session., each station had a different scenario with fixed questions for the examiner.

Tuesday 5 Dec

FCS exam

All candidates had previously taken a MCQ and successful candidates proceeded to the Clinical exam

15 examiners from USA, UK and East Africa examined 5 urology candidates.

Each candidate had 5 clinical stations. The patients in the clinical exam were those typical of the region (e.g. Fistula, Ca bladder, advanced Ca Prostate, hypospadias)

5 scenario stations in the afternoon including a 10-minute imaging spot test.

All candidates were of a solid ability with some excellent performances. All passed.

General Comment

The COSECSA exams occur annually immediately before the annual meeting rotating to each member state (currently 12). The meeting is always the first week of December – Kigali, Rwanda 2018.

Any UK Consultant Urologist would be welcome to participate. Contact Urolink and we can advise. All that is required is a CV and two references.

COSECSA do expect a degree of consistency committing to attend for a period such as 3 years. Whilst not mandatory a single visit is not what they are after.

We will discuss with COSECSA if they would like us to provide a Consultant to oversee the exam and its governance.

The COSECSA Annual Meeting

The annual meeting takes place in the first week of December rotating around the 12 member states

It covers all surgical disciplines.

There are two clinical days.
This year there was an emphasis on Paediatric Surgery but in particular the WHO/Lancet Global surgery initiative. This was not particularly clinical and looked at process and implementation.

Socialising and networking are essential components of the meeting, as we see in BAUS.

It was good for Suzie and myself to meet Alfred Mteta Dean of Tumiani Medical School, KCMC, Moshi, Tanzania who has a deep interest in the Dept. of Urology at KCMC having previously been head of Dept.

This year Urolink was not represented at the Biennial workshop for a variety of complex reasons. The first time since1995.

We had a good discussion and he will lead a local review of this years meeting with recommendations for future meetings.

He is absolutely committed to Urolink support and presence, which he felt, was missed this year. The next meeting is scheduled for Nov 2019.

Future of Urolink and COSECSA

We had informal meetings with the Incoming president – Professor Pankaj from Kenya. He is very enthusiastic, supported by the lead for Urology Emilie Rwamasirabo from Rwanda, about increasing collaboration with Urolink. They are particularly keen on partnerships between Urology Dept.'s in the UK and Local Urology units. They would like support for training, including basic skills as well as more advanced surgical techniques.

This Whatsapp message was received from Christopher Samkange -previous Urologist on COSESCA council, from Zimbabwe:

Apropos our brief discussion

We would be grateful if we could ask BAUS Urolink could assist us with a systematic series of master classes that address core competencies of technology operating General Urologist.

Such master classes should generally address the COSECSA trainee threshold with the training to include seniors

General format would be:

Classroom activities
Operations demonstrating the procedures
Guest lectures to:
- *Students*
- *Teachers*
- *The wider body of medical practitioners in the jurisdiction*

Requirements
1. *Faculty be registered in the destination country*
2. *Rotation of training between countries*
3. *A means I'd demonstrating skills transfer with certification*

An area for exploration:

How did we, in the context of a school without walls, incorporate assessments of attributes of professionalism into our final assessment at exit

There is increasing focus on support for more local hospitals Terminology for this group of hospitals varies but training needs are clearly different from the tertiary units we have traditionally supported.

Support for training in management of sepsis, AKI, first aid for trauma, stabilisation and transfer are some of the areas.

Suzie and I will continue discussions to clarify exactly what would be required and in which units.

Equipment:

Training more Urologists to provide endoscopic surgery has always been part of Urolink's agenda but is always met with the challenge of supporting the trained surgeon with even the basic equipment needs of a stack, urethrotome and resectoscope. Demand always exceeds our donations.

We need a "disruptive" moment of thinking in how to achieve this. Simply supplying Storz or Olympus kit, which at times is not well cared for, is not going to solve the problem.

We attended a fabulous talk from an exciting, group of Biomedical scientists. Roos Oosting presented results of her survey from last year and showed some of their robust sustainable low-cost equipment they have developed. We ran out of time to discuss, but she is going to arrange a Webex meeting. Be worth Shekhar and Graham joining.

Mozambique is a beautiful country and if I don't end up with gout as a consequence of the shellfish consumed I will be amazed.

Phil Thomas and Suzie Venn

Three continents of Female Urological Surgeons**.**