

East Central Southern Africa College of Physicians (ECSACOP)

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Submitted: October 2022

Accepted: December 2022

Published: February 2023

East Central Southern Africa College of Physicians (ECSACOP) is a regional college comprising Kenya, Malawi, Tanzania, Uganda, Zambia, and Zimbabwe. The main purpose of the College is to address the shortage of physicians in the region. ECSACOP is one of six constituent colleges of the ECSA College of Health Sciences, established following a resolution passed at the 52nd Health Ministers Conference held in Harare, Zimbabwe 2010 (ECSA/HMC52/R9: Strengthening Partnerships for Health). The College was formed to address the region's shortage of Internal Medicine specialists. ECSACOP is immensely grateful to the Royal College of Physicians of London for its support from its inception. The support has been in capacity building, logistics, and monetary.

The College was officially inaugurated in 2015, and training commenced in 2018. The College has successfully held five face-to-face scientific and annual general meetings in Zimbabwe (2016), Uganda (2017), Kenya (2018), Zambia (2019), and Malawi (2022). In 2021, due to COVID-19 travel restrictions, the College held a Virtual Scientific Conference and AGM in Blantyre, Malawi.



*ECSACOP Inaugural graduation ceremony at Lilongwe, Malawi September 23rd 2022
(Credit: Dr Stella Oloo Program Manager ECSACOP, ECSACOP Secretariat Kampala, Uganda)*

The six countries have a population of approximately 210 million,^[1] with only about 1,000 Internal Medicine specialists. This gives a combined ratio of 1 physician to 210,000 inhabitants, against the WHO projected recommendation of 4:1000.^[2]

The Vision and Mission of the College embrace this deficit. The Vision: Healthy communities through access to well-trained physicians, and the Mission: To improve healthcare standards throughout the region by providing specialist training for physicians committed to lifelong learning are meant to drive the agenda of bridging the physician gap.

It is also important to note that the few physicians in the ECSACOP region are based mainly in urban centres. The main ethos of ECSACOP is to train physicians close to where they reside. This would stem the migration of young doctors seeking training in traditional urban-based universities and ending up not returning to practice in their rural homes.

The College awards Fellowships through instruction and examinations. Enrolled trainees participate in full-time teaching in approved training institutions. The first cohort of trainees who qualified graduated in September 2022 in Lilongwe, Malawi. See Figure 1. Five trainees graduated in the first cohort. There are currently seventeen accredited training sites throughout the region, with 72 trainees at various stages in their years of training. The training sites undergo a rigorous accreditation process conducted by the Accreditation Committee. One can obtain details of the accreditation process from the ECSACOP website www.ecsacop.org.

Citation: Jowi. East Central Southern Africa College of Physicians (ECSACOP). *South Sudan Medical Journal* 2023;16(1):35-36
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The training curriculum is delivered through an in-service apprenticeship model in appropriately accredited healthcare facilities. Through this approach, the College has harmonized internal medicine training across the six-country region, establishing regional training and healthcare standards to benefit countless patients.

The College website provides a robust teaching format. An e-Portfolio curriculum record is used to present evidence in an organized way to enable the educational supervisor and the relevant College committees, which include Training Committee, Examinations Committee, and Accreditation Committee, to determine whether satisfactory progress is being achieved. These include supervised learning events, evaluation of clinical cases, and personal performance. In addition, the record indicates activity to directed e-learning modules, literature reviews, workshops, audits, and quality improvement and assessments. Teaching attendance is recorded.

The Training Committee ensures that all trainees work under senior supervision by their clinical and educational supervisors. This allows review of the progression of their knowledge, skills, and behaviours, particularly professional conduct, and their maintenance of patient safety is paramount. The Training Committee ensures that trainees have access to online learning facilities and libraries and liaises directly with educational supervisors, regulatory authorities, and other relevant committees of the Council to ensure that problems with trainees or training are identified and flagged up. Thus, a structure is in place to provide regional, national and local quality control of training.

The candidate must fulfill regular e-learning programs (case discussions, literature reviews, etc.). Certain topics are covered in module form, where reading material is posted on the website, and evaluation exercises are carried out. Free library facilities are accessed on the website. An electronic logbook allows supervision (advising, monitoring, and providing feedback). The curriculum is competency-based and progressive over the four years in the complexity of content both in knowledge acquisition and competency skills.

Other learning virtual platforms are used as well. Modular learning is delivered through the Virtual Learning Environment platform, which has its schedule as per curriculum guidelines and is posted on the forum. The faculty comprises various internal medicine subspecialists in the ECSACOP region. So far, Modules such as Renal Medicine, Cardiology, and Neurology have been successfully delivered. Other subspecialty modules in the queue are Infectious and Tropical diseases; Respiratory medicine; Gastro-enterology and Hepatology; Endocrinology and Diabetes; Genito-urinary medicine; Rheumatology and Rehabilitation; Haematology;

Medical Oncology; Palliative medicine; Dermatology; Clinical Pharmacology, Therapeutics, and Toxicology; Geriatrics; Psychological Medicine and Intensive Care. The Physician is also trained in some aspects of related specialties, e.g., Clinical Biochemistry, Immunology; Microbiology; Radiology, Research Methodology, and Nuclear Medicine.

Examinations are carried out at the end of year II Fellow College Physician (FCP) Part I), and exit examinations at the end of year 4 (FCP Part II). It is important to note that at the end of every year, i.e., the year I, II, III, and IV, there is a rigorous Annual Review of Competency Progression (ARCP) to determine progression to the next year of training. Examinations at the end of years II and IV are taken by successful trainees in the ARCP assessment. The clinical supervision is by clinical supervisors located at the various accredited training sites throughout the region. All the clinical supervisors have had training in module delivery, trainee assessment processes, appropriate trainee feedback processes, identification of a trainee in difficulty, and examination setting processes, amongst other training skills needed for proper training.

The FCP (Parts I and II) comprise a written paper of 100 MCQs and 50 SAQs, followed by an Objective Structured Clinical Examination (OSCE) examination. External examiners are sought locally within the ECSACOP region and from the Royal College of Physicians (London) RCP and the West African College of Physicians (WACP).

There is an annual re-assessment of all accredited training sites to ascertain the maintenance of standards and compliance. The regular training site re-assessment is coordinated by each country's Training Director, Medical Council, and local physician association representatives.

ECSACOP plans to engage in collaborative research with other colleges and physician associations within and beyond. Some collaboration has already started with the WACP. We also intend to be actively involved in various healthcare activities, developing guidelines, and spearheading regional sub-specialty training. For now, the primary aim is to strengthen internal medicine training processes.

References

1. Countries in the world by population (2022): accessed 20th November 2022 <https://www.worldometers.info/world-population/population-by-country/>
2. World health statistics 2022: Monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2022. pp 46. Licence: CC BY-NC-SA 3.0 IGO.