

Developing effective leadership from the modern physician

Liam Fisher Jones reports on an innovative new programme that has been launched in East and Southern Africa

In May 2017, a group of 22 physicians from East and Southern Africa gathered in Lusaka, Zambia to participate in a course that would equip a new College faculty with ‘doctors as educators’ skills, enabling them to teach a new cadre of trainee physicians across the region.

Rather than experience a traditional ‘Train the Trainers’ programme, the group undertook an intensive ‘Educational Leaders’ Course’, focused on the higher order thinking skills as espoused by Bloom’s Taxonomy of Learning. Medics, perhaps more than any other profession, need to analyse, synthesise and evaluate with precision—and convey information empathically, to both patient and family. They also need to lead.

Whilst preparing for the Course, we found many medical educators in the region declaring that they have received little, if any, guidance or support in how to operate as effective educators, how best to assess performance, or how to give good feedback to their students or trainees. This can make for an uneasy, or indeed unhappy, relationship.

So, as the new East, Central and Southern Africa College of Physicians (ECSACOP) prepares to recruit its first students, a particular approach to teaching is being adopted—one that recognises each student as different, and that mentoring is crucial, especially in an apprenticeship model.

The curriculum being developed by ECSACOP will harmonise training across the region, raising standards and ultimately improving outcomes for countless patients. ECSACOP is adopting practice and standards which build on the concept of the four ‘pillars’ to a good physician.

A particular set of attributes will be sought when recruiting both trainers and trainee physicians: competence in the new technologies; a willingness to embrace teaching and learning innovations; medical education skills; the ability to be a facilitator of student-centred, self-directed learning; and a desire to pursue curriculum design based on societal needs.

This is a critical, formative time for this fledgling and progressive regional College of Physicians—a first for East, Central and Southern Africa, which is locally led and innovative in its approach. ECSACOP is specifically responding to the fact that standards of postgraduate training vary within the ECSA countries and this affects the calibre of physicians produced.

Liam Fisher Jones is the Director of Development for ECSACOP.

The lack of access to well-trained physicians in the countries of the East, Central and Southern African Health Community remains stark. Most graduates of existing health training programmes choose to stay in large cities (where the MMed programmes are delivered) due to both the attractions of those cities, but critically the lack of clinical support, poor pay and challenging working conditions in rural hospitals. This distribution issue leads to a major rural-urban disparity which negatively impacts upon the health outcomes of already marginalised and disenfranchised communities, whose people end up travelling large distances to access specialist care. Indeed, the World Health Organization (WHO) recently reported that ‘mere availability of health workers is not sufficient: only when they are equitably distributed and accessible by the population, when they possess the required competency, and are motivated and empowered to deliver quality care... can theoretical coverage translate into effective service coverage’.

ECSACOP will improve access to well-trained physicians across the region through establishing a network of dedicated training units (in hospitals) and implementing an internationally recognised postgraduate medical qualification. As Richard Horton stated in *The Lancet* in September 2016 ‘expanding the number of health workers, and transforming their education at the same time, has the potential to accelerate health equity and inclusive economic growth’.

Our ultimate goal is to double the output of physicians being trained in the region by 2030, as advised by the WHO. This group of African medical leaders will learn and train together, familiarising themselves with the newly developed ECSACOP training curriculum, while adopting the same regional training methodologies—an essential step before postgraduate clinical training can begin at the identified centres.

ECSACOP will take strategic shape over the coming months. Establishing a relevant, robust and sustainable system to enable physicians to upgrade their skills in a well organised manner will have a profound impact on the whole health sector, with some physicians eventually moving into the most senior posts: Ministers of Health, Permanent Secretaries, Hospital Chief Executives, Senior Advisors to WHO. So, let us also provide physicians with leadership training and support as part of their postgraduate education. We have a task ahead of us, but by adopting transformative strategies in the scale-up of health worker education, we can truly start to address issues not just of quantity of physicians, but also quality and distribution.