

## **WOC-UK and WACS collaboration –Orthopaedic Trauma input**

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There is a palpable sense of dynamism within the surgical community of West Africa as the College country membership expands to seventeen (from an initial collaboration of less than five countries more that 57 years ago). WOC-UK has been active within West Africa for about two and a half years now. More West African French speaking countries are being involved in the academic and clinical activities. Two years ago, the scientific meeting was held at Lome, Togo. This was attended by Mr Steve Mannion and Mr Ofori-Atta. Only last March (5<sup>th</sup> to 7<sup>th</sup>), Mr Ofori-Atta and Prof Povlsen represented WOC-UK in Abidjan Ivory Coast for the scientific meeting and delivered a symposium on Hand Trauma. Next year February, WACS is organising a scientific meeting in Yaoundé, Cameroon and clearly there is a determination to bring together both English and French speaking countries together in a concerted effort to improve clinical practice in the sub-region. Also the changes with the examination requirements are developing fast. Dissertation by final WACS Fellowship candidates is now a regular feature of the examinations.

### **WACS Fellowship Examinations, April 2015**

The West African Fellowship Examinations in April were conducted in Ibadan, Nigeria and Accra, Ghana. WOC-UK was involved at both centres. At the Ibadan centre, WOC-UK was represented by Paul Ofori-Atta from 23<sup>rd</sup> to 25<sup>th</sup>. 28 candidates were examined out of which 9 passed outright (32%) and two deferred pending re-submission of dissertation.

In Accra, Ofori-Atta joined by Peter Dyson (WOC-UK) supported WACS at the examination of 3 candidates. 1 doctor passed (33%). A meeting was held after between WACS Executives WOC-UK representatives joined by Prof Nigel Standfield Director of the London School of postgraduate surgery to discuss views on the conduct of the examination. The consensus was that it was fair. A request was made to WOC-UK to provide resource personnel to run examiners course and to run training workshops/simulations/seminars for trainees in West Africa in future. There is the hidden agenda that the involvement of UK professionals in training doctors in West Africa and an exchange training programme for residents for longer duration may help uplift the quality of local care and the 'image of WACS' internationally. It become obvious that the presence Of Prof Standfield at this collaboration will help shift the training agenda positively as requested by WACS.

Next WACS examinations are planned for October – Ibadan 19<sup>th</sup> to 23<sup>rd</sup> and Accra 26<sup>th</sup> to 29<sup>th</sup>. It is expected that WOC-UK will be represented at both centres.

Conclusion: WOC-UK involvement in West Africa is palpably felt and appreciated by WACS. It is time to step up our involvement. More WOC-UK volunteers will be needed, as well as funding for workshops for WACS in West Africa.