

## American OBGYN and Professional Society Perspectives

**Frank Anderson:** If we could get a representative from each of the thematic groups to come up and give a brief review of what happened in the group. So, that would be the African Group, the Professional Societies in America Group, and the Ministry Group. So can we start with the African Group? African OBGYNs?

**Gabriel Ganyaglo:** Thank you very much. The first question was, 'What are the major lessons learned from this meeting, that pertained to the academic African OBGYNs?' It came out clearly that we needed to look within the African continent at our resources for curriculum, programs, and be able to support ourselves horizontally. We all seem to have collaborations vertically, if not to American or Europe, but mostly to America. So, it came out that we need to also establish partnerships with sister, Sub-Saharan African countries so that we don't need to reinvent the wheel or start programs all over again.

It also came out that all of the countries need to identify their specific needs and be able to do adapt recommended solutions to the country-specific needs, and not to just apply recommendations across the board. One of the key lessons also came to show that we need to hone the programs that we develop. Some countries don't have postgraduate medical education and those who have are close to the countries that don't have. We should be able to support the neighboring countries to also establish their postgraduate training programs. These were some of the thoughts that came up in the lessons that came out from the meeting. Some of the responses do not necessarily reflect the question, but this were the sentiments that were expressed. I'm just putting them across.

Regarding how we envision this group of African OBGYNs to continue to work together and under which auspices. What came out strongly was yes, we need to continue to collaborate with each other, but probably under a consortium of African Academic institutions or African Professional Bodies. That was what was suggested.

How would we as a group like to work with other organizations, and how could partnerships form? The responses don't quite answer the question, but some concluded that the consortium of institutions drafting a tool to answer manpower needs of sister countries or the curriculum requirements of the different countries. This consortium could be tasked to draft a manpower curriculum needs assessment. We need to identify the needs at various levels of training and also consider using existing African professional associations. Many mentions were made of the African Federation of Obstetrician Gynecologists. The question was whether we could form an African College of OBGYNs. I think it came out somewhere in one of the plenaries. The use of internet services or the creation of the website that will link all of the training institutions or professional bodies also came out strongly.

What other major issues need to be discussed? I think this came up very strongly from Rwanda that much as we are looking at the numbers, we should pay attention to quality. This can be achieved through harmonizing training programs across the continent. We were given a sterling example of the East and South African block, where the specialist training was under the professional body and not the academic institutions, because a lot of the African institutions have difficulty creating lecturers and paying them. The professional bodies can be tasked to train, and these professional bodies can go around the blocks if that is what is in place. There was a strong suggestion for that to

be included.

Now, linguistic issues on the continent was something that has not been addressed here and was something that came up as an issue that needs to be considered. Then the need for midwifery support; it came out that you can train several OBGYNs but you need a minimal movement power which has midwifery support and sometimes anesthesia support, so it was another issue that we needed to discuss.

Then, we cannot do postgraduate training when we do not have a good undergraduate base to feed into the postgraduate programs. There was the need to also strengthen the undergraduate training programs on the continent. Then, training and advocacy on women's health issues does appear to take a backstage where we assume that the obstetrician who is the leader of the team naturally is an advocate of women's health, but probably we need to look into training of advocacy. Then the implementation issues after all we have discussed.

The last question: What would you like to see happen next? I think what concerns us is that the cadre of African OBGYNs interactions and communications should not end here. There is a need, like a mentioned earlier on, to create a database of the training institutions and training programs so that if you are in Makerere and you are interested in a program and you find it happening in Malawi, you could also just apply to Malawi, rather than look towards the Americas. That was one of the things we would like to see happen next. A website and a use of social media platforms came up. There was a strong suggestion for us to meet again probably as a regional group. The challenge was who would fund that kind of group meeting? Another point was to also consider periodic reviews of what has been agreed upon either now or in the short term. Yes, one of the other things that we would like to see happen is the fact that it does not always require money. Faculty support between Sub-Saharan African countries is something that be planned without a lot of money. We would like to see that happening, maybe between Zambia and Cameroon or Ghana and Nigeria. It was mentioned of Nigeria; it came out that we don't have all the Sub-Saharan African countries at this forum, so what will it take to get them on board. We should consider involving everyone. I think by and large, in five minutes I hope I have captured the sentiments of the African group. Thank you very much.

**Frank Anderson:** So, let's hear from the governmental ministry group. The honorable minister Ray [laughter].

**Ray de Vries:** I was drafted into taking notes, but I would much rather have one of the participants speak. Bernice is right here, she might say a few words.

Okay, I feel a little awkward doing this but I will summarize what happened in our group. We had a relatively small group; we had six people representing five different ministries of health and education. The overall message was we need to find better ways to cooperate from each other, to learn from each other, to start conversations between the ministries, to take advantage of what has already been done in some countries' ministries of health and education and transfer that to what is going on elsewhere. Especially taking advantage of existing relationships in parts of Africa, in Western Africa, East Africa, Central Africa, and Southern Africa. There already is a structure that can be used to spread this message among the ministries in each of these areas. There really were four things that we got around to talking about.

The first was training and the need for faculty. Some of the countries are in the early stages of training programs and they are looking for help from other countries. The message we have been sharing the last few days about no need to recreate the wheel for every country, but the countries that have been through this can adapt the things that they have done. Also, the sharing of experts and

expertise. So it is not just the expertise but is it somebody who can come from one country and help us in our country. The ministries can be place where this gets organized.

The second issue is what do other countries know about accreditation, especially for countries starting out. What can we learn from you on how to create systems of accreditation.

A very big issue was retention. Once you train an obstetrician gynecologist, how do you keep them in your country? The issue here was that we know people were trained in one country and move to another, and how can ministries cooperate and keep the people that they are training in country? What might be done on the ministerial level to deal with that problem of retention?

And finally, there was a question that I think we all have. We did not come to a conclusion, but the problem of how we get people we train to get out of the urban areas and into the rural areas? What can we do to get these people to move to where they are very much supported and very much needed? That is the high-flying overview, so do any of the ministerial people here want to add to that?

Anyone else from that table? I am sure I missed something. Because we can collaborate on the university level, but if we don't have the ministries, it is going to stay at the universities. We want to see country-wide change, not just change within different spots. I am delighted that these folks came and I want to make it clear how critical their presence is to what we are trying to do.

**Frank Anderson:** Okay, let's hear now from the American OBGYNs. This is Mike Brady from the University of Arizona. I'll speak briefly and then I would like any of the other folks to make comments.

Keeping the final goal in mind - and not goal shifting as a Ray de Vries mentioned this morning - will be key to what we need to do, because in any complicated partnership secondary agendas and secondary goals can come up. Those secondary goals can be good in that interim data points can serve to impress funders and gather more resources for the project, but they need to be transparent so we can invite our partners to call us on any goal shifting that we might be doing.

The second question is how we envision this group of OBGYNs continuing to work together. There was a lot of interest in working with APGO, CREOG, and other professional organization – certainly with ACOG. There was talk of a Dropbox to share information. There was talk about a Listserve and some type of web community to share information with each other.

What you like to see happen next? What are the immediate steps? I think the immediate steps; we talk about partnering with other organizations, curriculum development was an important next step, and funding, developing individual funding sources was an important next step. An important question was brought up in two separate ways regarding gender and age issues, in terms of the learning environment. Sometimes young physicians will find themselves being junior faculty members in an African OBGYN department and interacting with physicians who are now in training within that department but are older than them. Sometimes the educator or the faculty member might be female and the learner might be male. And that brings up a complicated dynamic, having younger woman with expertise teaching an older man. That might be something to address in faculty development and training the trainers sessions.

**American OBGYN:** I just want to add that our group also came up with trying to facilitate the African-to-African partnership and trying to make sure that non-English speaking countries are not marginalized. Because we are an American group and most of the countries represented here are English speaking, we ought to think about how to overcome the language barrier and how to

facilitate communication tools to access the need of the other countries. I think that was mentioned by the African group as well, so I think we are all on the same page with that.

**Mike Brady:** That was very good, thank you.

**Frank Anderson:** What about the professional societies group? Does someone from that group want to give us a report on what happened? Barbara Levy from ACOG? Thank you.

**Barbara Levy:** So we did *not* have a worksheet. [Laughter] So we were winging it. We had FIGO, the Royale College, ACOG, and in Africa we had SFFM, IUCA wasn't there but we were thinking about that, GOG, SRM. The thought is to put together – as an immediate goal – a council; a group of specialty societies including the Royale College, the Canadian SOGC, ACOG, and the sub-specialties into a place where we can do some coalescing, some collaborating coordinating and some framework development. You had talked about looking at curriculum. A place that we could put together some frameworks, some things that are not proscriptive, but are an outline and then a menu of things to choose from. Trying to take all the resources that are available and put them in a central place. Kind of like a Dropbox, except much more organized, we hope, and accessible. Also accessible to our medical students both in African and in other parts of the world so they have access and communication abilities. That is something that a council can probably do that any one of the individual societies or any one of the universities, or even a consortium of universities, probably could not do.

We were pretty energized by the end of all of this, thinking that we really have momentum and that we would want to be quite inclusive of organizations that are working, whether that would include NGO's and other organizations that we haven't thought of. We want to ensure that we have a very open policy. Most of all that we communicate well with all of you, so that whatever we produce is of use and is accessible to everyone.

We talked about curriculum as an option. We talked about in-service questions and training exams as an option. We talked about residency as an option. We talked about the fact that if there were a council like that, that in substance agreed with all of these things but maybe not endorsed, because that word is problematic for some, but that supported this, and that it might provide additional resources and funding opportunities because it was a wide, broad group of people supporting all of those things.

I have my marching orders. I have everybody's email. And we will start to put that together. ACOG will for the moment be the organizer of the organizers and see what I can do. We will try to do a second very short meeting in Chicago at the annual clinical meeting of ACOG because many people will be there and try to open the door to many others who were not present at this meeting.

**Frank Anderson:** That is fantastic. Thank you Barbara. I know that is something that is waiting to happen, just like so many things that have happened at this meeting. They have all been waiting to happen, haven't they? And in some ways we have been able to work with some things. That's the old obstetricians joke. It was a natural childbirth too; we didn't have to use any intervention. Okay, next, we would like to hear from the country groups.