

# ECSACOP: vision and strategy from the incoming president

**As the East, Central and Southern Africa College of Physicians (ECSACOP) marks its 10-year anniversary in 2025, the college stands at a pivotal moment in its journey – a moment shaped by resilience, collaboration and an unwavering commitment to advancing physician training across East, Central and Southern Africa. Dr Chris Pasi, incoming ECSACOP president shares his plans.**

From its 2015 historic launch against the breathtaking backdrop of Victoria Falls in Zimbabwe, ECSACOP has grown from a bold idea into a thriving institution, thanks to the tenacity and vision of physicians from its six founding countries: Kenya, Uganda, Malawi, Tanzania, Zambia and Zimbabwe.

Reflecting on the past decade, ECSACOP's success has been built on the steadfast support of national physicians' associations and the dedication of senior faculty who have mentored and guided trainees through both in-person and virtual platforms. The college's ethos and principles, established by visionary leaders such as Professor Evaristo Njelesani, Professor Innocent Gangaidzo and Professor James Jowi, continue to provide a solid foundation for growth and innovation. That foundation has been galvanised by luminary figures such as Professor Keith McAdam and Sir Andrew Goddard, past RCP president, who were there at the inception.

Having been present at the launch, as inaugural host of ECSACOP and the president of the National Physician Association of Zimbabwe (NAPAZ), I have witnessed firsthand the transformative power of collaboration. The support from the RCP has provided foundational resources and guidance, with the Infectious Disease Institute (IDI) Uganda providing administrative support and the West African College of Physicians (WACP) ensuring the quality and integrity of our examination process. This has been instrumental in shaping ECSACOP's reputation for excellence.

In recent years, ECSACOP has cultivated new partnerships, leveraging the relationships of member national associations with like-minded organisations. Notably, the Kenya Association of Physicians (KAP) has worked with UK partners in the successful delivery of a PACES-formatted 2025 final year clinical examination in Mombasa, while the British Infection Association (BIA) facilitated a valuable exchange programme for fellows between Malawi and the UK. These collaborations have enriched our training programmes and broadened our perspective on healthcare delivery.

## Strategic priorities for the new ECSACOP council

As I assume the role of ECSACOP president, my vision is to build on these achievements and propel the college to new heights. The strategic direction for the coming years is anchored in six focused priority areas:

### 1. Solidifying the ECSACOP brand

ECSACOP must position itself as the preferred training institution for physicians in the region. This involves amplifying our visibility and reputation through strategic communication and regional engagement. By showcasing our successes and the impact of our graduates, we can attract more resident doctors and faculty, further strengthening the college's brand.

### 2. Expanding regional membership

Our goal is to extend ECSACOP's footprint beyond the founding six member countries. At the 2025 annual general meeting South Sudan was accepted as a new addition to the college, taking the membership to seven nations. By fostering inclusion and collaboration with new and emerging national chapters, we can create a more diverse and dynamic community of physicians. This expansion will not only enhance the quality of training but also promote the sharing of best practices across borders.

### 3. Enhancing financial sustainability

Financial sustainability is critical to ECSACOP's long-term success. We must streamline subscription systems for fellows to ensure seamless payments and improve financial transparency. By unlocking alternative funding sources and developing new revenue streams, we can strengthen the value proposition for members and ensure the college's financial health.

### 4. Investing in training excellence

Quality assurance is imperative as the number of resident doctors continues to grow. We will implement faculty development programmes using the Training of Trainers (ToT) model and administer high-quality, respected examinations to ensure that graduating fellows are competent and confident. A comprehensive review and refinement of the curriculum will ensure alignment with recent examination changes and evolving healthcare needs.

## 5. Strategic renewal and partnership strengthening

With the conclusion of the 2021–25 strategic plan, it is time to conduct a comprehensive review and develop a bold, responsive strategy for 2026–30. Reinforcing partnerships with institutions such as the RCP, BIA and WACP will be essential. We will also galvanise national physicians' associations to champion ECSACOP's mission and foster a culture of collaboration.

## 6. Strengthening governance

Effective governance is the backbone of any successful organisation. We will undertake a review of administrative processes and governance procedures, refining and clarifying existing processes and introducing new guidelines where necessary. This will ensure that ECSACOP remains agile, transparent and accountable as it grows.

## Into the future

ECSACOP's journey over the past decade has been marked by growth, resilience and a commitment to excellence. The largest intake of resident doctors since inception – 52 out of 70 applications in 2025, a fourfold increase from our start – is a testament to the college's reputation and the value that it offers. As president, my responsibility is to further entrench the gains made in this first decade and take ECSACOP to new heights, where fellows are proud to belong and contribute.

To achieve this, we must continue to nurture relationships with institutions, fellows and member national associations that share our vision. The leadership that has come before us has cultivated these partnerships and it is our duty to sustain and strengthen them for posterity.

We must also develop systems that make it easier for fellows to pay membership dues and receive updates on college activities. This will cultivate a sense of belonging and improve the financial position of the college. Identifying additional revenue streams and funding opportunities will be a priority for the ECSACOP council.

As we embark on the review of our strategic plan and curriculum, we must ensure that ECSACOP continues to deliver the physicians that our region needs. The evolving landscape of healthcare demands adaptability, innovation and a commitment to continuous improvement.

The next chapter for ECSACOP is one of opportunity and promise. By taking the steps laid out in this article, we can build on the foundation laid over the past decade.

I am honoured to lead ECSACOP into this new era, alongside a council of motivated members. Our warm collegial relationship with RCP president Professor Mumtaz Patel – a great supporter of ECSACOP, who

served as external examiner for 3 years – will further cement collaboration between our two organisations. Professor Victor Ansa's wise counsel from the WACP as external quality assurer has also cultivated a long-term bond.

Together, we will further entrench the gains made and take the college to new heights – where every fellow is proud to belong, and every resident doctor is empowered to make a difference.

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