



Royal College
of Physicians



West African College
of Physicians



Non-communicable diseases training: Developing capacity to manage diabetes, obesity and hypertension in West Africa

Project report, January 2016

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Executive summary

Overall, the Non-Communicable Disease (NCD) Training Programme was an immense success: setting up two high-quality NCD clinical courses in Nigeria and Ghana, and establishing two NCD teaching visit sites each in both countries.

Sixty-three doctors completed the **two** clinical courses and **four** hospitals hosted specialists for teaching visits in Nigeria and Ghana. Over **1,000** clinical staff will benefit from the knowledge gained on the clinical courses through mentoring by course participants at home facilities.

‘I have learnt in one week as much as I had learnt in one year previously. I have all the facilities to provide liver services and I will certainly take [Professor Aithal’s] messages to my practice to improve the liver services there’ – a participant in the Enugu teaching visit

Beneficiaries of the training programme came from a wide geographic spread in each country to ensure that improved NCD care could be deployed outside of the urban teaching hospitals. Feedback from participants, course conveners, visit coordinators and international course faculty indicated significant gains in learning, and valuable partnerships were formed. The existing training collaboration between the West African College of Physicians (WACP) and the Royal College of Physicians (RCP) was further strengthened by the NCD training partnership, and has formed a strong basis to look towards additional NCD training collaborations to increase the quality of NCD service provision in Nigeria, Ghana and other parts of the region.

Overview

The Non-Communicable Diseases (NCD) Training Programme was a 1-year project (2015), sponsored by Pfizer, and delivered by the RCP in partnership with the WACP. The project aimed to reduce the rising burden of diabetes, hypertension and obesity in West Africa by increasing access to specialist physicians who are equipped to accurately diagnose and manage the treatment of these diseases. Clinical training courses and teaching visits (site-based clinical training) were delivered by members of the RCP who are UK-based consultants or senior physicians, alongside senior faculty of the WACP in Ghana and Nigeria. This project built on the health system strengthening work already delivered by the RCP and the WACP in partnership since 2009, as well as the ongoing Millennium Development Goal (MDG)-6 Partnership for African Clinical Training (MPACT).

Table 1: Number of participants

<i>Clinical courses</i>	<i>Attended</i>	<i>Applied</i>
Abuja	31	85
Accra	31	45

Project aims and objectives

Aims

- To increase access to trained physicians for patients living with diabetes, hypertension and obesity in West Africa
- To train physicians in the principles of NCD management and highlight the opportunities for implementing both primary and secondary prevention within day-to-day clinical practice.

Objectives

- To establish two NCD training centres in Ghana and Nigeria and deliver two one week-long clinical training courses for a minimum of 30 physicians each
- To conduct four teaching visits to additional institutions across West Africa that are identified as needing support to establish or strengthen clinical training in NCDs.

Programme development

Governance and recruitment

A project board was established to sign off the planning process and make major decisions, as well as to ensure that information was disseminated appropriately at the senior levels of the WACP.

WACP:

Chairman of the Faculty of Internal Medicine
Secretary general
International director

RCP:

International director
Associate international director for Africa
Head of international affairs
Deputy head of international affairs

Two senior physicians were identified as course conveners in Ghana and Nigeria, and three additional senior physicians were identified in the same countries to coordinate the teaching visits (one of the course conveners also led a teaching visit). Course conveners were people known to the WACP as strong leaders in NCD care and teaching at their respective facilities. Discussions were held over the phone and in person with each of these lead physicians to agree on responsibilities and various aspects of project planning and delivery.

RCP volunteer roles were advertised on the RCP website, as well as through the RCP's specialist advisory committees. Suitable volunteers with experience of teaching in similar contexts were reviewed by a panel and nine volunteers were identified, covering cardiology, endocrinology and gastroenterology. Three of the nine UK volunteers identified were matched with sites in their home countries. Course conveners and teaching visit coordinators in West Africa were asked to give direction about which specialty would be most appropriate for their site, and volunteers were matched accordingly.



Fig 1: UK volunteers meet at the RCP

Teaching visits

Four teaching visits were conducted in Nigeria and Ghana. In Nigeria, teaching visits took place in Enugu from 12 to 21 October and in Calabar from 16 to 27 November. In Ghana, teaching visits took place in Accra from 14 to 25 September and in Kumasi from 2 to 12 September.

Kumasi teaching visit

Dr Isaac Owusu hosted RCP volunteer Dr Abi Al-Hussaini at Komfo Anokye Teaching Hospital in Kumasi. Dr Al-Hussaini held lectures with medical students, residents and fellows in cardiology as well as bedside teaching sessions. The residents and fellows found the teaching visit highly beneficial, especially those who were about to take their qualifying specialty exams in cardiology. According to their feedback, the visit afforded them the opportunity to expand their understanding of various crucial topics in cardiology. Dr Al-Hussaini's expertise in critical care of cardiac conditions helped develop participants' approach to emergency care delivery in cardiology. Following the teaching visit, residents had the following recommendations:

- deepen and further the collaboration with the RCP through the establishment of exchange programmes for residents and fellows
- arrange regular visits of specialised personnel for skill transfer
- pursue a collaboration for medical research in Africa.

Accra teaching visit

Dr Dzifa Dey, a rheumatologist at Korle Bu Teaching Hospital (KBTH) in Accra, hosted RCP volunteers Dr Susie Lewis (cardiologist) and Dr Paul Grant (endocrinologist). Over the course of 2 weeks, residents, medical students and nurses were able to participate in the various sessions, ward rounds and grand rounds that the visiting specialists conducted. These sessions consisted of didactic lectures, demonstrations and ward rounds. Lectures covered topics including heart disease and pregnancy, hypercalcaemia investigation and management, and demonstrations included a session with residents on echocardiograms and sessions with nurses on glucose monitoring. In total, over 200 staff were able to benefit from the teaching visit. See Appendix 2 for the full teaching visit programme.



Fig 2: Cardiologist Susie Lewis and residents engage in bedside teaching at KBTH

Enugu teaching visit

Professor Ifeoma Ulasi, a gastroenterologist at the University of Nigeria Teaching Hospital (UNTH) – Enugu, hosted RCP volunteer Professor Guruprasad Aithal. Each day Professor Aithal, along with the chief resident in the gastrointestinal (GI) unit and other local GI specialists, delivered didactic lectures, interactive seminars and bedside presentations. Practical sessions were also incorporated, focusing on upper GI endoscopy and colonoscopy sessions.



Fig 3: Visiting Professor Guruprasad Aithal teaches residents around the bedside of a patient at UNTH – Enugu

The visit also gave Professor Aithal the opportunity to meet with the hospital management before and after the course, an opportunity he used to underscore the need for the management to provide basic facilities for effective practice and teaching of gastroenterology. Subsequent to the teaching visit, UNTH management requested that Professor Aithal give a proposal on the next steps to take to improve gastroenterology services in the hospital.

Calabar teaching visit

Professor Victor Ansa, a cardiologist at the University of Calabar Teaching Hospital, hosted RCP volunteers Dr Alero Adjene (an endocrinologist) and Dr Theodore Ngatchu (a gastroenterologist).

Over the course of 2 weeks, over 280 clinicians participated in the visit including consultants, residents, medical officers and nurses. The teaching took place across various departments to maximise the number of staff who could take part. Teaching took place in the form of case-based lectures, question and answer sessions, and bedside teaching sessions. The visiting teachers were also requested to give lectures at a nearby navy base on specified NCD topics.



Fig 4: Visiting specialists to Calabar gather with senior residents

Clinical courses

The second main component of the training project was two clinical courses, delivered by UK specialists in Accra, Ghana and Abuja, Nigeria. The Accra course took place from 19 to 23 October, and the Abuja course from 30 November to 4 December.

Accra clinical course

The Accra clinical course was led by Dr Dzifa Dey (who also hosted the Accra teaching visit) and two UK volunteers – Dr Abi Al-Hussaini (a cardiologist who also participated in the Kumasi teaching visit) and Dr Kofi Obuobie (an endocrinologist). The course, which covered the epidemiology, pathophysiology, management and prevention of hypertension, diabetes and obesity, took place over 5 days at the Korle Bu Teaching Hospital. The course was oversubscribed, and able to accommodate 32 participants. The course programme consisted of didactic lectures, participant case presentations and workshops, as well as a ‘poster contest’ – a small group project that challenged participants to plan service provision for NCDs at their home facility.



Fig 5: A course attendee giving a case presentation

Course faculty included eight local WACP members, all specialists in different areas of NCD care. Course participants included doctors who had passed their membership examinations in internal medicine, family medicine and paediatrics.

Bursaries, based on financial need and distance travelled to the course, were awarded to 14 participants – 4 international and 10 national. International candidates came from Gambia, Sierra Leone and Nigeria. All national participants received 20 continuing medical education points for completing the course.

Five participants sat their cardiology specialty exams immediately after the course, and all five passed. They were extremely grateful to have concentrated time with the visiting specialists to supplement their exam revision.

Abuja clinical course

The Abuja clinical course (30 November – 4 December) was led by local nephrologist Dr Emmanuel Anteyi and two UK volunteers – Dr Matthew Dewhurst (a cardiologist) and Dr Elizabeth Uchegbu (an endocrinologist). The course followed a similar curriculum and teaching format to the Accra course, as the two course conveners were able to collaborate in advance. Participants included doctors who had passed their membership examinations in internal medicine, family medicine and paediatrics. Faculty consisted of nine local members in addition to the two UK volunteers.

The 31 attendees came from across Nigeria, and 15 received bursaries of 700 USD. The criteria for the award were: a request for a bursary, distance from the training centre, specialty spread, regional spread and gender balance.

Evaluation

Candidate feedback

Feedback from participants at the Enugu teaching visit indicated that it was a highly valuable educational programme to take part in. Two of the participants travelled 6 hours every day (3 hours each way) to attend.

Feedback from a course participant in Enugu:

'I have learnt in one week as much as I had learnt in one year previously. I have all the facilities to provide liver services and I will certainly take [Professor Aithal's] messages to my practice to improve the liver services there'

Reflections from the Enugu teaching visit:

'[Aithal, you have] invested yourself in this programme; we hope that you will come back. This has not just been an academic gain for me, you have changed the way I look at medicine altogether'

Feedback from Calabar teaching visit participants indicated that the opportunity afforded to transfer medical knowledge is superior to and more important than the availability of sophisticated diagnostic and therapeutic facilities in a resource-poor environment such as Calabar. Numerous requests for repeat visits were put forward by the participants, as the 2-week visit provided a platform for the exchange of ideas and solutions to common dilemmas encountered in the control and management of NCDs in resource-poor environments.

Overall, participant feedback from clinical courses was extremely positive. Qualitative feedback was gathered in the form of a written evaluation at the end of the course week. At the Abuja clinical course, participants gave the following feedback.

- The courses should be available twice a year and to a wider audience.
- An additional NCD course, tailored to the needs of paediatric NCD care issues, could be introduced.
- The course should be longer and include e-learning components in advance and as follow-up, as well as time added to the schedule for hands-on skills practise in specific aspects of NCD care (if the lectures were available as e-learning modules, this course could undoubtedly be shared to a much larger audience in the future).

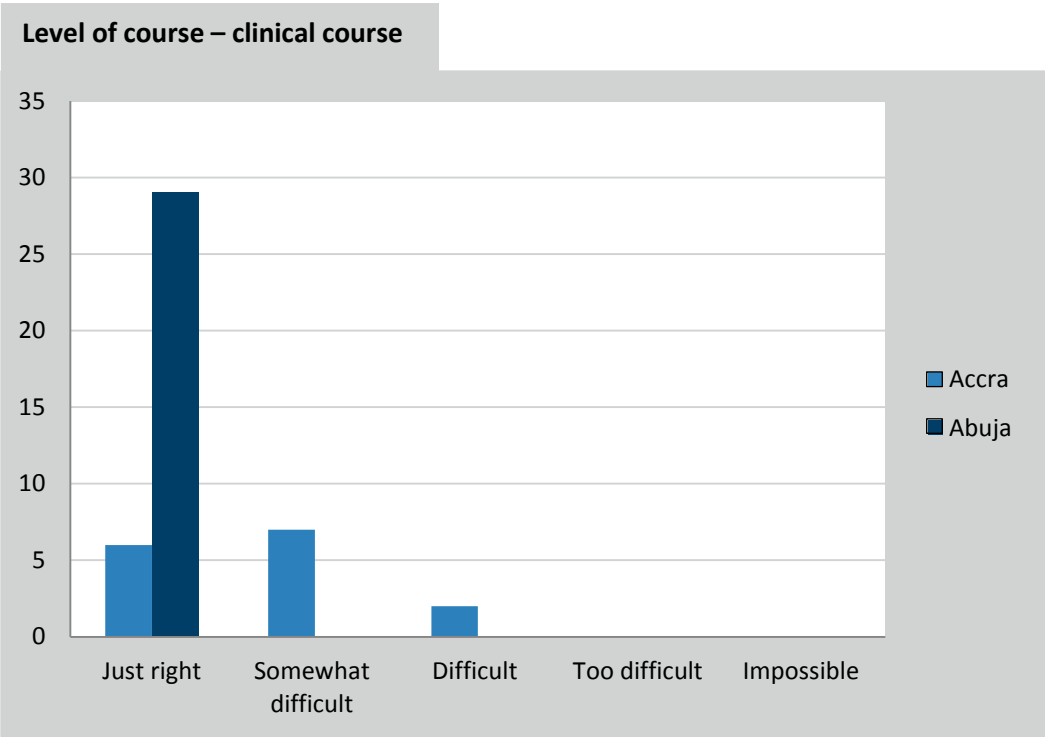


Fig 6: Participant impression of the content level of clinical courses

At the Accra clinical course, participants gave the following feedback.

- The course was well organised with excellent faculty.
- The course should be ongoing, to provide opportunities for further doctors to benefit.
- The lectures and poster sessions were extremely useful and practical – easy to integrate into every day work.
- Future courses should have more NCD care topics and additional sub-specialties.

Quantitative feedback to evaluate learning was gathered in the form of a multiple choice test at the beginning and end of training. Test scores were compared, to evaluate the knowledge change.

Table 2: Test results – clinical course

Average percentage increase between the pre- and post-course tests in Accra	17
Average percentage increase between the pre- and post-course tests in Abuja	9

Volunteer feedback

In addition to course participants, UK volunteer faculty benefitted in a number of ways from their time spent involved in the training programme.

Dr Kofi Obuobie reported that the Accra clinical course:

‘enabled me to support teaching and training of senior doctors in my diabetes and endocrinology care setting ... [I have] established links with local faculty which will enable me [to] transfer and engage skills alongside the local team to improve diabetes and endocrinology services across Ghana.’

Dr Elizabeth Uchegbu, endocrinology volunteer at the Abuja clinical course remarked that:

‘it was an amazing week. I am particularly impressed with the group’s enthusiasm. The trainees are great, a testament to the high quality training they have received over the years. They started off with high levels of knowledge and ended the course with even higher knowledge.’

Paul Grant, volunteer endocrinologist at the Accra teaching visit said:

‘developing the series of clinical lectures and talks was extremely useful for me in terms of reviewing my knowledge of the latest evidence based guidelines and it made me consider how best to deliver good care with limited resources. The questions and discussions with the Ghanaian doctors were useful and stimulating. It is always helpful to consider how and why we go about doing the things that we do.’

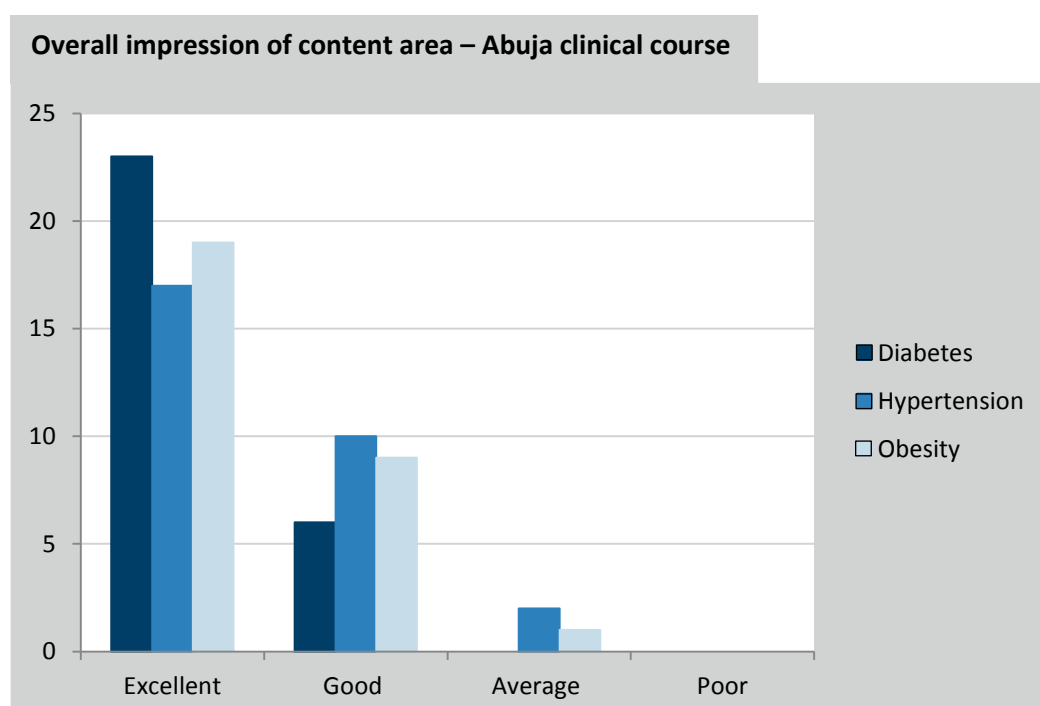


Fig 7: Participants’ impression of content at the Abuja clinical course

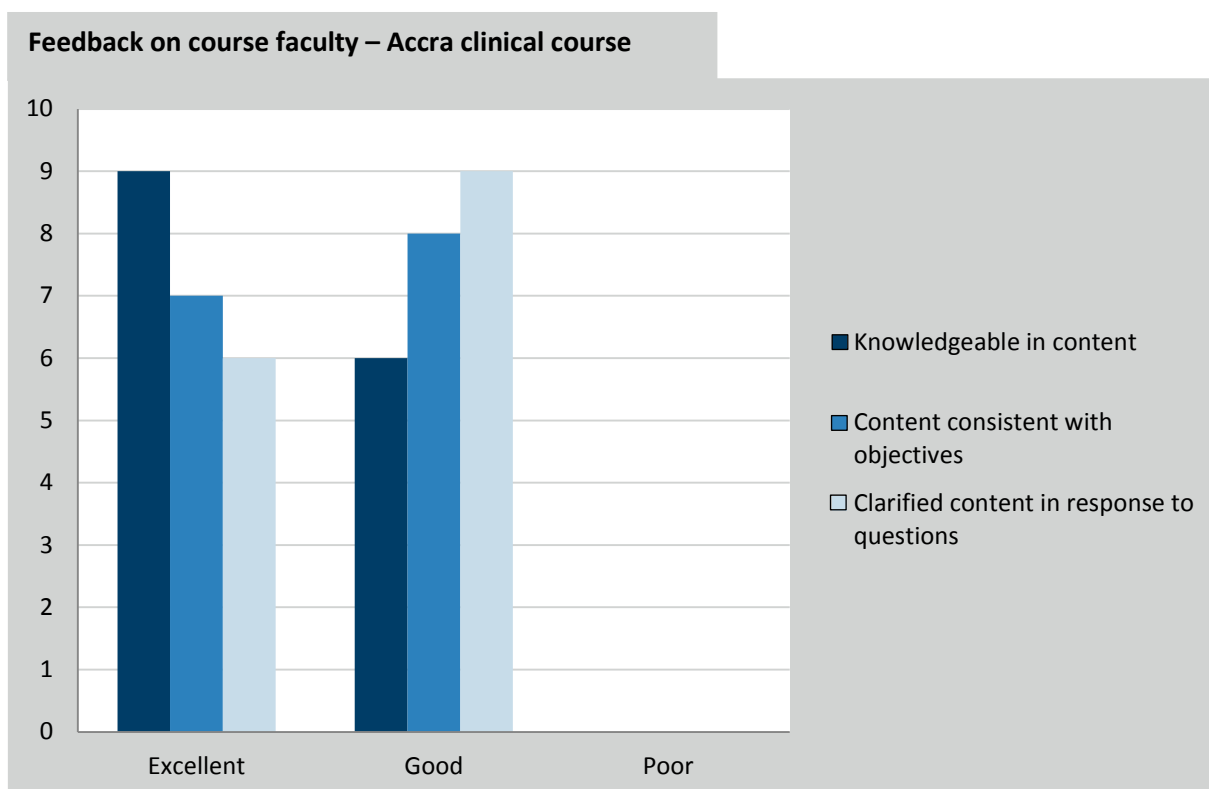


Fig 8: Participants' impression of the course faculty at the Accra clinical course

Next steps

One of the criteria for course participants was that they are at a training level that gives them the opportunity to teach other trainees. Following the Abuja course, participants will be able to pass on their knowledge to at least 542 clinical staff under their supervision. In Accra there are 701 clinical staff under the supervision of the participants who have a chance to benefit from this training. All course participants reported that they would recommend this course to their colleagues if it was offered again in the future.

Table 3: Number of clinical staff supervised by course participants

Abuja	542
Accra	701

Through this year of NCD training, several distinct next steps were identified by the course conveners, teaching visit hosts and volunteers.

Further collaboration with funders would enable the following activities:

- hosting the course again twice yearly for the same specialties
- designing similar courses in NCD care that are targeted specifically for paediatricians
- designing an e-learning version of the NCD clinical course to make this available to a much wider audience at a low cost
- continued one-to-one mentoring between course faculty and participants (in progress)
- connecting course participants with the already flourishing RCP Medical Training Initiative, which enables participants to undertake a 2-year RCP-sponsored training fellowship in the UK (in progress).

In order to determine the priorities of the WACP in addressing gaps in the delivery of high-quality NCD care services across West Africa, the project board will discuss the programme summary and feedback from programme faculty, coordinators, volunteers and participants, and make recommendations for further collaboration.

Report written by: Katie Kirby, Linsey Clark and Iain Fossey

Appendices

Appendix 1 – Accra clinical course programme

Monday 19 October – Friday 23 October 2015

Day 1 – Hypertension

Time	Topic	Facilitator
8.00–8.15am	Registration	Dr Dey/staff
8.15–8.30am	Introduction, pre-testing	Dr Dey
8.30–9.00am	Didactic lecture: Types of non-communicable disease; global burden of disease; national trends	Dr Hagan
9.30–10.00am	Didactic lecture: Epidemiology and pathophysiology of hypertension	Dr Al-Hussaini
10.00–10.30am	Break	
10.30–11.30am	Case-based lecture: Classification of hypertension	Dr Amable
11.30am – 12.30pm	Cased-based lecture: Hypertensive emergencies	Dr Al-Hussaini
12.30–1.30pm	Lunch	
1.30–2.30pm	Case presentations by participants: Hypertension	Dr Al-Hussaini and Dr Amable
2.30–3.30pm	Problem-based learning (PBL) session on hypertension: cardiac complications in hypertension	Dr Al-Hussaini
3.30–4.30pm	X-ray/slides etc on hypertension and its complications	Dr Amable
4.30–5.30pm	Group discussion on poster	Facilitator
5.30–6.00pm	Q&A panel session Adjourn	Facilitator

Day 2 – Hypertension

Time	Topic	Facilitator
8.00–8.15am	Recap	Dr Dey
8.15–9.00am	Didactic lecture: Management of hypertension in special groups	Dr Al-Hussaini
9.00–10.00am	Didactic lecture: Treatment: drugs, devices and interventions in hypertension	Dr Amable
10.00–10.30am	Break	
10.30–11.30am	Case-based lecture: Childhood/adolescent hypertension	Dr Al-Hussaini
11.30am – 12.30pm	Case-based lecture: Renal complications in hypertension	Dr Amable
12.30–1.30pm	Lunch	
1.30–2.30pm	Case presentations by participants: Hypertension	Dr Al-Hussaini and Dr Amable
2.30–3.30pm	Problem-based learning (PBL) session on hypertension: Lifestyle modification to manage hypertension	Dr Amable
3.30–4.30pm	X-rays, videos, slides on hypertension and its complications	Dr Al-Hussaini
4.30–5.30pm	Group discussion on poster	Facilitator
5.30–6.00pm	Q&A panel session Adjourn	Facilitator

Day 3 – Diabetes

Time	Topic	Facilitator
8.00–8.15am	Recap	Dr Dey
8.15–9.00am	Didactic lecture: Epidemiology, pathophysiology of diabetes	Dr Atiase
9.00–10.00am	Didactic lecture: Classification and diagnosis of diabetes	Dr Yorke
10.00–10.30am	Break	
10.30–11.30am	Case-based lecture: Hyperglycaemic emergencies	Dr Obuobie
11.30am – 12.30pm	Cased-based lecture: Hypoglycaemia – quality of life and health outcomes	Dr Obuobie
12.30–1.30pm	Lunch	
1.30–2.30pm	Case presentations by participants: Diabetes	ALL
2.30–3.30pm	Problem-based learning (PBL) session on diabetes: Renal considerations in diabetes	Dr Lamptey
3.30–4.30pm	Videos, X-rays slides etc on diabetes and complications	Dr Obuobie
4.30–5.30pm	Group discussion on poster	Dr Dey
5.30–6.00pm	Q&A panel session Adjourn	

Day 4 – Diabetes

Time	Topic	Facilitator
8.00– 8.15am	Recap	Dr Dey
8.15–9.00am	Didactic lecture: Management of type 1 diabetes – new approaches	Dr Obuobie
9.00– 10.00am	Didactic lecture: Management of type 2 diabetes newer therapies / mechanisms of beta cell loss in type 2 diabetes and strategies for prevention and treatment	Dr Atiase
10.00–10.30am	Break	
10.30–11.30am	Case-based lecture: Diabetes management in special circumstances <ul style="list-style-type: none"> • perioperative care • pregnancy • older people • young adults. 	Dr Lamptey
11.30am – 12.30pm	Case-based lecture: Management of cardiovascular complications of diabetes	Dr Yorke
12.30–1.30pm	Lunch	
1.30–2.30pm	Case presentations by participants: Diabetes	ALL
2.30–3.30pm	Problem-based learning (PBL) session on diabetes: Diabetic retinopathy Diabetic neuropathy and foot disease	Dr Obuobie
3.30– 4.30pm	Videos, X-rays, slides on diabetes and complications	Dr Obuobie and Dr Akpalu
4.30–5.30pm	Group discussion on poster	Dr Dey
5.30–6.00pm	Q&A panel session Adjourn	

Day 5 – Obesity

Time	Topic	Facilitator
8.00–8.15am	Recap	
8.15–9.00am	Didactic lecture: What causes obesity? Evidence base for obesity science – what we know and what we don't know	Dr Akpalu
9.00–10.00am	Didactic lecture: New approaches to the treatment and prevention of obesity	Dr Yorke
10.00–10.30am	Break	
10.30–11.30am	Case-base lecture: Obesity – prevention, intervention, and treatment strategies for primary care	Dr Obuobie
11.30am – 12.30pm	Case-base lecture: Prevention, assessment and treatment of child and adolescent overweight and obesity	Dr Obuobie
12.30–1.30pm	Lunch	
1.30–2.30pm	Case presentations by participants: Obesity	ALL
2.30–3.30pm	Problem-based learning (PBL) session on obesity	ALL
3.30–4.30pm	Feedback sessions, post test	Dr Dey
4.30–5.30pm	Poster presentation session Photographs	ALL FACULTY
5.30–6.00pm	Presentation of certificates Wrap up	ALL FACULTY

Appendix 2 – Teaching visit programme

Dr Susie Lewis – cardiologist

Date	Morning 7.45–8.45am (Lecture/tutorial)	Afternoon 1.00–3.00pm (Lecture/tutorial)	Evening	Facilitator
Mon 14.09.15	Meeting with Head of Department Cardiology interest groups Ward round with cardiology	Tutorial/demonstration electrocardiogram (ECG) session – with residents and medical students	Free	Dr Akpalu Dr Amable Professor Lartey Dr Dey
Tues 15.09.15	Lecture/tutorial cardiology clinic 9am – 2pm	Tutorial/demonstration echocardiogram sessions		Dr Amable Cardiology residents
Wed 16.09.15	Lecture/tutorial ward rounds clinic	Lecture/demonstration STRESS ECG/HOLTER session		Dr Dey Cardiology residents
Thur 17.09.15	Lecture/tutorial	Lecture/demonstration session with nurses on hypertension		Dr Dey Cardiology residents
Fri 18.09.15	Friday grand round presentation atrial fibrillation	Tutorial/demonstration with residents		Dr Dey
Saturday	Tour of Accra	Rest		Cardiology residents
Sunday	Rest			
Monday	Ward round with cardiology team teaching/OSCE (objective structured clinical examination) with exam candidates	Holiday		Dr Dey Cardiology residents
Tuesday	Lecture/tutorial cardiology clinic	Tutorial/demonstration ECHO session		Dr Dey Cardiology residents
Wednesday	Lecture/tutorial for polyclinic doctors/family medicine doctors	Lecture/demonstration for obstetrics and gynaecology residents STRESS ECG/ECHO	Dinner with cardiology team	Dr Dey Cardiology residents
Thursday	PUBLIC HOLIDAY	PUBLIC HOLIDAY		
Friday	Friday grand round presentation ward rounds difficult cardiology cases	Lecture/demonstration tutorials cardiothoracic unit	Dinner with teams	Dr Dey Cardiology residents

Dr Paul Grant – endocrinologist

Date	Morning 7.45–8.45am (Lecture/tutorial)	Afternoon 1.00–3.00pm (Lecture/tutorial)	Evening	Facilitator
Mon 21.09.15	Lecture/tutorial Double session of lectures multiple choice questions and data interpretation	Tutorial/demonstration	Free	Dr Akpalu Dr Fiscian /K Sanwu/Dr Dey
Tues 22.09.15	Lecture/tutorial ward round with endocrine team	Tutorial/demonstration endocrinology clinic	Free	Dr Akpalu Dr Fiscian /K Sanwu
Wed 23.09.15	Lecture/tutorial clinic	Session with nurses lecture/demonstration	Free	Dr Akpalu Dr Fiscian /K Sanwu /Dr Dey
Thur 24.09.15	PUBLIC HOLIDAY	PUBLIC HOLIDAY	Free	
Fri 25.09.15	Friday grand round presentation Ward rounds difficult endocrine cases Question and answer session with exams candidates	Tutorial/demonstration	Free	Dr Dey/Dr Akpalu /Professor Lartey/Dr Akpalu

Appendix 3 – NCD project outcomes framework

Goals	Indicators (outcomes)	Sources of information		Status
To increase access to trained physicians for patients living with diabetes, hypertension and obesity in West Africa by training physicians in the principles of NCD management and highlighting the opportunities for implementing both primary and secondary prevention within their day-to-day clinical practice	<p>Number of trained physicians, nurses and medical students in NCD care per region</p> <p>Increase in availability of postgraduate medical training in NCD care</p>	<p>Ministry of Health (MOH) records</p> <p>WACP records of trainees from specified regions</p> <p>WACP records of subsequent NCD trainings held</p>		<p>Completed: 62 doctors trained across two clinical courses</p> <p>Course conveners selected trainees for geographic spread</p> <p>Accra and Abuja established as training sites</p>
Goals	Indicators (outcomes)	Sources of information	Assumptions (outcomes → goal)	
The establishment of a cohort of doctors with specialist training in the prevention, detection, immediate treatment and secondary prophylaxis of NCDs in West Africa	<p>Total number of trainees who have attended courses covering listed areas of care</p> <p>Distribution of trainees by targeted region</p> <p>Subsequent NCD trainings by WACP</p>	<p>WACP records of the total number of trainees attending each course</p> <p>WACP records of the geographic spread of course participants</p>	<p>Accuracy of records</p> <p>Completeness of records</p> <p>That the course participants remain in targeted geographic regions</p>	

Outcomes	Indicators (outcomes)	Sources of information	Assumptions (outcomes → goal)	Status
<p>Establish two NCD training centres in Ghana and Nigeria by delivering two 1-week NCD clinical 'Training the Trainer' courses for a minimum of 30 physicians each, with practical training in community hospitals</p> <p>Deliver intensive training in three major diseases to over 60 physicians, with an emphasis on how the delegates will train others in their own institutions</p> <p>Deliver four 2-week visits by RCP NCD specialists, in teams of two, to additional institutions across West Africa that need support to strengthen, or establish clinical training in NCDs</p> <p>Deliver targeted training through specialist visits to over 240 doctors and nurses</p> <p>Utilise 100 volunteer days from NCD specialists' visits to over 240 doctors and nurses</p>	<p>The successful delivery of two 1-week NCD clinical 'Training the Trainer' courses for a minimum of 30 physicians including practical training</p> <p>The successful delivery of four 2-week visits by RCP NCD specialists to four sites</p> <p>Indicators of training progress:</p> <p>engagement of teaching staff</p> <p>details of the participants</p> <p>course details</p> <p>quality of teaching</p> <p>comparison of pre-/post-assessment of knowledge, skills, attitudes among clinicians</p>	<p>WACP/RCP records of courses</p> <p>WACP/RCP records of teaching visits</p> <p>Number and specialty of all course instructors (UK and local)</p> <p>Feedback from delegates such as survey, check-in visits</p> <p>The country and place of present practice of all participants</p> <p>Reports from teaching volunteers</p>	<p>Accuracy of course records</p> <p>Adequate teaching staff from the UK, local hospital and community practice</p> <p>Motivation of delegates to conduct subsequent trainings</p> <p>Sufficient patients with well documented diagnoses</p> <p>Adequate local infrastructure and administration</p> <p>Accessibility by air or road</p>	<p>Two training courses delivered in Accra (Ghana) and Abuja (Nigeria) to 63 participants in total, including two UK volunteers at each course</p> <p>Four 2-week teaching visits delivered at Kumasi and Accra (Ghana), Calabar and Enugu (Nigeria), including seven UK volunteers across the four visits</p> <p>Twenty-nine travel bursaries provided based on the distance from the venue and financial need</p> <p>Six-month follow up planned with course delegates to find out how</p>

<p>Provide 30 travel bursaries to provide access for doctors from across West Africa to the NCD training courses</p> <p>Build the capacity for the WACP to deliver enhanced clinical courses on NCDs</p> <p>Strengthen or establish clinical training in NCDs at four hospitals</p> <p>Informal follow up at 6 months regarding subsequent on-the-job training</p>	<p>course evaluation forms</p> <p>delegates' usage of new learning in home setting</p> <p>subsequent trainings by WACP</p> <p>successful completion of trainings</p> <p>successful completion of trainings</p> <p>delegate self-reporting.</p>			<p>course knowledge is being put into practice</p>
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Appendix 4 – Final spending figures**Table 4: Final expenditure**

Income	\$ 90,000.00
Total Expenditure	\$ 91,899.24*
*Overspend a result of currency devaluation between time of transfer and expenditure and absorbed by RCP.	
Volunteer costs	\$ 43,472.30
Bursaries	\$ 28,176.22
Professional fees	\$ 9,227.71
Courses	\$ 11,023.01

NEWS FROM RCP

RCP provides training to combat NCDs in West Africa

The RCP is working with the West African College of Physicians (WACP) to deliver a clinical training project that aims to reduce the burden of diabetes, hypertension and obesity in the area by increasing access to physicians equipped with the skills to diagnose and manage these diseases.

The rapidly increasing prevalence of these non-communicable diseases (NCDs), together with the continuing burden of infectious disease, is putting enormous pressure on health services in West Africa. RCP volunteers, who have been selected for their expertise in the management of NCDs and experience of delivering training in resource-poor settings, will be providing:

- > intensive weeklong clinical skills courses in Accra and Abuja, which are expected to attract candidates from across the region
- > two-week clinical teaching visits to community hospitals in Nigeria (Enugu and Calabar) and Ghana (Accra and Kumasi), which the WACP have judged to require support to strengthen clinical training in NCDs (volunteers will address specific topics requested in advance by physicians working in the hospitals).

To ensure that the project benefits as many patients as possible and has a lasting impact, the doctors who have been invited to attend the clinical skills courses are mainly senior registrars with teaching responsibilities.

The project launches in September and runs until the end of the year. In addition to establishing a cohort of doctors with specialist training in the prevention, detection, immediate treatment and secondary prophylaxis of NCDs, the resulting dissemination of skills will upskill roughly 1000 doctors and 2000 nurses and medical students in the year after the courses.

This project is one of two RCP projects in West Africa. The complementary M-PACT (Millennium Development Goal 6 Partnership for African Clinical Training) project focuses on building local capacity to tackle HIV, malaria and tuberculosis – the diseases targeted by the United Nations' Millennium Development Goal 6. ■

For more information on this project, or any of the RCP's international work, please email international@rcplondon.ac.uk. Read more about the rising burden of NCDs worldwide on p20 of this issue.



RCP president among influential health leaders



RCP president Prof Jane Dacre has been included in the *Health Service Journal's* Clinical Leaders list for 2015. The list highlights leaders whose clinical background enhances the work they do and those who have significantly contributed to health service policy, healthcare delivery or medical clinical advances.

'I am humbled to be included in the Clinical Leader list for 2015,' said Prof Dacre. 'I have long championed the merits of clinical leadership – as who better to run our hospitals, shape health policy and find the innovative practices in future than the clinicians who currently work within our NHS every day.'

'The merits of clinical leadership need to be shared and supported much more widely – both within the NHS and government – as I truly believe that as clinicians we are ideally placed to innovate and implement positive change for both our patients and NHS systems that support them.' ■

The full list is available at www.hsj.co.uk. To raise an issue with Jane, please email thepresident@rcplondon.ac.uk.

Preparing for personal health records

NHS England has commissioned the RCP's Health Informatics Unit to do a landscape review of personal health records. This project will inform a national adoption strategy for personal health records, which will contribute to improved patient care by empowering patients and promoting self-care.

One aspect of the landscape review is a survey that will help to collate existing knowledge and practice in this area. If you have implemented a personal health record and have experience

that you would like to share with the broader profession, the Health Informatics Unit would be very pleased to hear from you. ■

To get in touch with the Health Informatics Unit, please email informatics@rcplondon.ac.uk. For more information about the work of the Health Informatics Unit, please visit www.rcplondon.ac.uk/health-informatics-unit, where you can sign up to their register.

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