

SA Trauma Unit Becomes Training Haven for Foreign Doctors

SA's high rate of violent crime may be deterring many overseas tourists from visiting the country but for foreign health care practitioners it provides the ideal environment to receive the best training in the world in trauma and emergency surgery and care.

In the past few years, hundreds of doctors and nurses from all over Africa, the Middle East and even Europe have been flocking to the Charlotte Maxeke Academic Hospital in Johannesburg to be trained under the auspices of one of the world's leading authorities on trauma surgery and critical care - the hospital's head of surgery, Prof Ken Boffard.



Head of surgery at Charlotte Maxeke Hospital, Prof Ken Boffard

"To train, you need the material to train on, well-developed treatment protocols and excellent teachers, and our trauma unit is in the unique position that it can offer all three," said Prof Boffard, who last year became the first African surgeon to be elected president of the prestigious International Society for Surgery (ISS). SA is also the only country in the world that offers a subspecialty in trauma and critical care.

Foreign trainees come either out of their own accord or are brought to SA through partnerships between the Department of Surgery at Charlotte Maxeke and institutions such as the International Training Division (ITD) of Action Training Academy (ATA) that specialises in emergency medicine training courses for medical professionals in Africa and the Middle East.

Demand for training in SA

Over the past year or two the number of foreign practitioners demanding to be trained

here has increased dramatically, said ATA (ITD) director, Trevor Justus.

"This particular unit is one of the busiest in the world, and apart from providing practitioners with the opportunity to be trained by some of the best trauma and emergency experts in the world; they are also guaranteed to be exposed to an extensive variety of trauma-related conditions."

Most of these practitioners work for big companies that operate in remote areas in Africa and the Middle East, such as international geophysical company, WesternGeco. The courses they attend range from a week to a month and are aimed at improving their proficiency in the management of trauma and cardiac emergencies.

"They are practitioners who want to get their hands dirty under supervision and learn on the job," Prof Boffard explained.

Practitioners who stay for longer than a week are registered with the Health Professionals Council of SA and work with the emergency teams on the road and in the trauma unit. Trainees who come for less than two weeks only 'work' as observers, while those staying for longer periods are allowed to participate in the treatment and management of trauma patients but under strict supervision.

"We only allow trainees to operate independently after they have been here for more than a month and when we are satisfied that their surgery is as competent as our own," said Prof Boffard.

"What we teach them is simple expertise that can be applied anywhere. When they leave, they take with them experience, expertise and, most importantly, protocols that allow them to better manage and care for trauma patients in resource-restricted environments."

Performing against the odds

Although conceding that the hospital's ageing infrastructure, budget cuts and a shortage of equipment are not supportive of the medical expertise found in the trauma unit, Prof Boffard said that collaboration with Netcare Milpark's Trauma Unit has helped to ensure that the care and training provided by



Trevor Justus, ATA (ITD) director (fourth from left) with some of the doctors from Africa and the Middle East who received trauma training in SA

his department surpasses that of most trauma institutions in the world.

But he added that despite the many deficiencies in the state sector, SA is still far better resourced in terms of medical equipment and supplies than most of the countries that the trainees come from.

"There is often a degree of frustration because they are learning all of these skills that they can't apply in their countries because of the lack of equipment, but many of them are extremely innovative in finding ways of delivering excellent care with the little they have."

Many of the foreign doctors who have attended courses at the unit tend to return to SA for further training, such as Nigerian surgeon, Dr Elijah Miner. Employed by Royal Dutch Shell, he met Prof Boffard in Nigeria and was so impressed by the professor's knowledge and passion that he decided to come to SA to further his training in general and trauma surgery. He described his first experiences in the trauma unit as 'scary'. "On my first day, I saw more gunshot and stab wounds than what I have seen in a year in Nigeria. It was just one case after the other."

But this didn't discourage him from returning to SA to specialise in trauma surgery. However, he agrees with Prof Boffard that the

processes to bring foreign doctors to train in SA and get them registered remains a challenge if they don't work through companies such as ATA, which manages all registration requirements, and travel and accommodation arrangements of the practitioners it brings to SA.

Reaping the rewards

The training is paid for either by the companies that contract with ATA, the trainees themselves or, in some instances, governments such as Sweden that send surgeons wanting to specialise in trauma surgery to SA. The income that the Department of Surgery generates through the training is used to put all local medical interns working at the hospital through an advanced trauma life support course and to pay for the broadband service run by the department that gives all doctors working at the hospital access to the Internet.

The benefits of the training initiatives are immense. Not only have they expanded expertise in the field to countries where the biggest need exists, but they have also bolstered SA's reputation as a world leader in trauma care.

"The reward of working in this field in SA, is that you can do so much more than in any other country in the world and because we still have the expertise, our outcomes are also better than in most countries," Prof Boffard concluded.