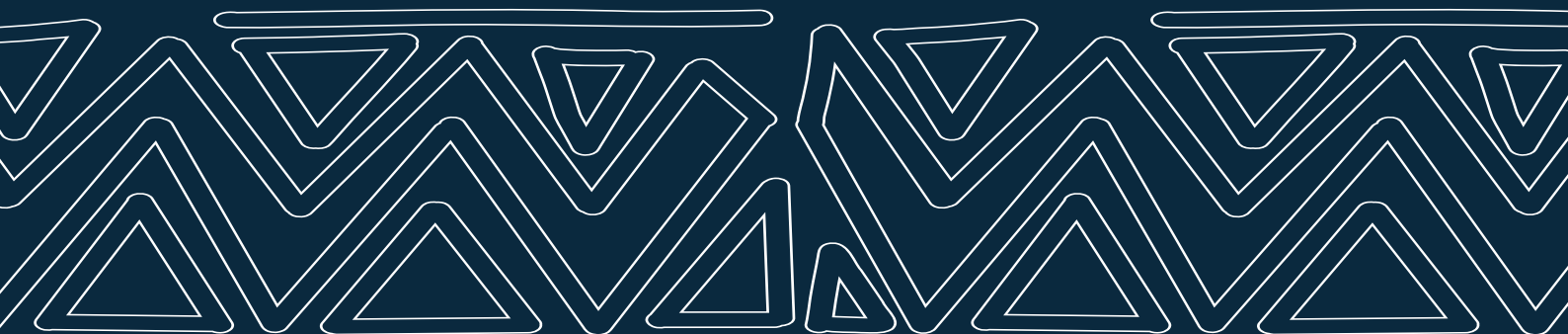




ECSACOP

Annual report 2024



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Who we are

The East, Central and Southern Africa College of Physicians (ECSACOP) is a regional college comprising Kenya, Malawi, Tanzania, Uganda, Zambia and Zimbabwe. The main purpose of the College is to address the shortage of physicians in the region. ECSACOP is one of the constituent colleges of the East Central and Southern Africa College of Health Sciences (ECSA-CHS), established following a resolution passed at the 52nd Health Ministers Conference held in Harare, Zimbabwe in 2010 (ECSA/HMC52/R9: Strengthening Partnerships for Health).

The purpose of the College is to address the region's shortage of internal medicine specialists. ECSACOP is grateful to the Royal College of Physicians (RCP) for support from its inception in 2014–2015. The support has been in capacity building, logistics and monetary. WHO-AFRO has significantly supported the College in its Virtual Learning Environment (VLE) establishment and maintenance.

The six countries have a population of approximately 250 million inhabitants, with only about 1,000 internal medicine specialists. These statistics give a ratio of one physician to 210,000 inhabitants, against the WHO recommendation of 4:1,000.

Vision

Healthy communities through access to well-trained physicians.

Mission

To improve standards of healthcare throughout the region by providing specialist training for physicians committed to lifelong learning.

Our ambition

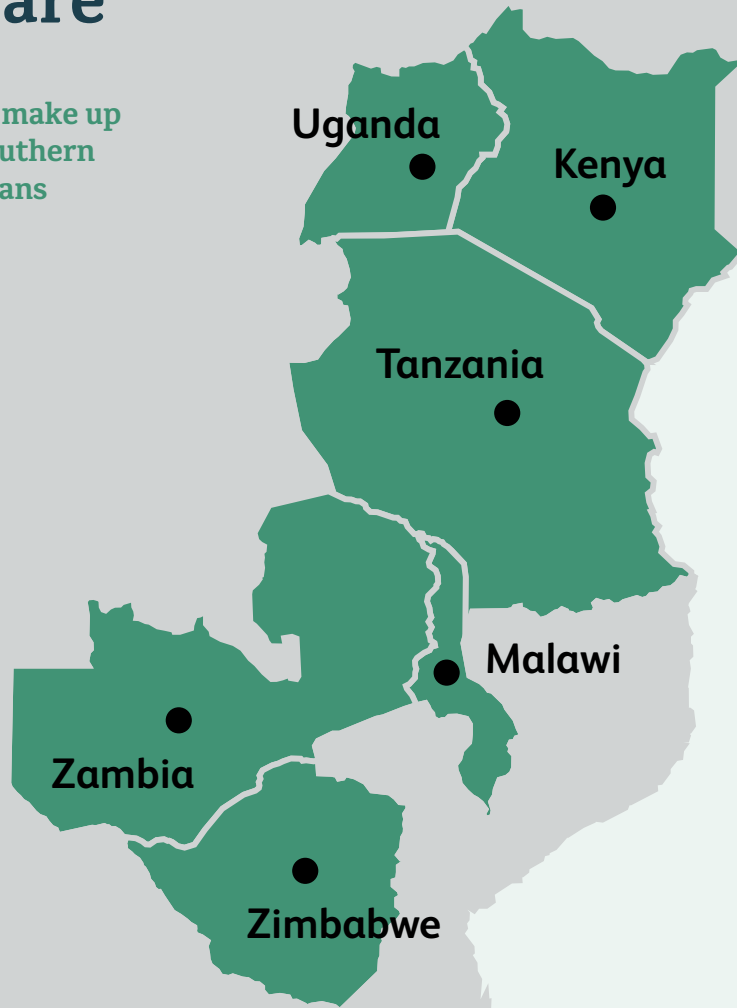
ECSACOP aims to improve access to well-trained physicians across the region by establishing a network of dedicated training centres and implementing an internationally recognised postgraduate medical qualification. The College will ultimately improve health outcomes for the region's >200 million inhabitants, with a focus on expanding healthcare provision in centres serving the rural population.

“Health systems can only function with health workers; improving health service coverage and realizing the right to the enjoyment of the highest attainable standard of health is dependent on their availability, accessibility, acceptability and quality.”

– World Health Organization

Where we are

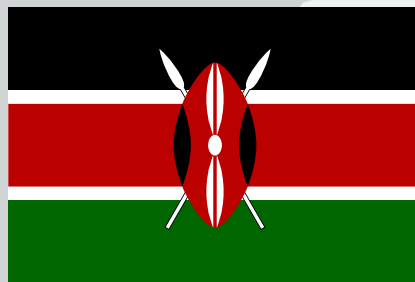
ECSACOP: six countries make up the East, Central and Southern Africa College of Physicians



ECSACOP currently comprises six sub-Saharan member countries:



Uganda



Kenya



Tanzania



Zambia



Malawi



Zimbabwe

Our governance

The ECSACOP Council



Professor James Jowi
– ECSACOP President



Dr Christopher Pamhidza –
ECSACOP Vice president



Dr Tamara Phiri – ECSACOP
Registrar



**Professor Johnstone
Kumwenda** – Chair Training
Committee



Dr Esther Getambu –
Treasurer & Chair Finance
Committee



Dr Leolin Katsidzira – Chair
Examinations Committee



Dr Bright Nsokolo – Chair
Accreditation Committee



Dr Joseph Ogavu – Vice
Chair Examinations
Committee



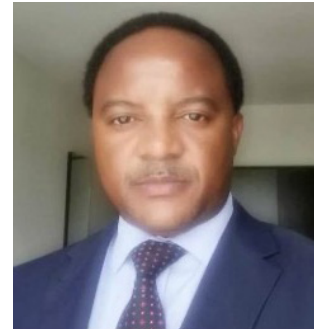
Dr James Kayima – Vice
Chair Training Committee



Dr Pilly Chillo – Country
Representative, Tanzania



Dr Abel Mukubi – Country
Representative, Tanzania



Dr Kenneth Kapembwa –
Country Representative,
Zambia

2024 overview

Facts and figures



Clinical supervisor training

Country - city	Year	Number of physicians trained
Uganda - Entebbe	2017	26
Zambia - Lusaka	2017	29
Zimbabwe - Harare	2018	41
Zambia - Lusaka	2019	32
Malawi - Lilongwe	2019	13
Malawi - Salima	2022	30
Kenya - Nairobi	2022	32
Kenya - Kisumu	2023	40
Total		243

The College was not able to conduct any clinical supervisor training in 2024 due to financial constraints. We hope that this situation can improve as time goes by and as we solicit for funding.

Financial performance at a glance

The ECSACOP financial statements for the year ended 30 June 2024:

Fund accountability statement			
	Note	2024 Actual US\$	2024 Budgeted US\$
Income			
Grant income	3	127,407	399,420
Expenditure			
Salaries and benefits	4	51,297	100,000
Governance	5	17,751	34,000
Training	6	2,974	97,910
Accreditation of sites	7	-	12,000
Examinations committee	8	2,341	44,500
Registrar's office	9	-	8,000
Other direct costs	10	7,380	25,010
Operations	11	17,869	78,000
Total expenditure		<u>99,612</u>	<u>399,420</u>
Surplus for the year		27,795	
Opening fund balance		(6,962)	
Closing fund balance		<u>20,833</u>	
Represented by:		23,783	
Cash at bank		<u>(2,950)</u>	
Payables		<u>20,833</u>	



Foreword

Professor James Jowi FRCP FRCPE FCP(ECSA), president of ECSACOP

ECSACOP was officially inaugurated in 2015 and, since 2017, has been hosted within the Infectious Diseases Institute (IDI) in Kampala, Uganda. The establishment of ECSACOP was greatly supported by the RCP, and partners include the West African College of Physicians and WHO-AFRO.

The six countries within the ECSACOP region have a total area of approximately 3.03 million km² (about 10% of the size of the continent of Africa) and a population of roughly 210 million. The region has about 1,000 internal medicine specialists, giving a combined ratio of one physician to 210,000 inhabitants, against the WHO projected recommendation of 4:1,000. ECSACOP pledges to play a pivotal role in resolving the workforce shortages of specialist physicians.

Currently, ECSACOP has 129 postgraduate trainee doctors at various stages of a 4-year internal medicine training course, and is working closely with national associations in member countries and multiple hospitals outside the main urban centres, which function as training units. The spread of training outside the traditional university-based urban centres will equitably improve healthcare quality in the region. ECSACOP's graduating classes have all been absorbed into various institutions that are training sites.

ECSACOP shows great potential in capacity building. ECSACOP is working on plans to escalate training to the subspecialty level in a further bid to build capacity. In this regard, we have just concluded a collaboration for

a fellowship exchange programme with the British Infection Association (BIA), and the call for candidates is ongoing. The exchange process will be finalised in January 2025. Expanding the number of health workers and transforming the nature of education has the potential to accelerate health equity and inclusive economic growth. The College also provides continuing professional development (CPD) for fellows through seminars and workshops.

The ECSACOP newsletter is intended to provide a special update on the recent work of ECSACOP for RCP members who have previously given their support or expressed interest. This includes updates on the projects undertaken by ECSACOP, partnership with the RCP, upcoming events, and ways that members can support ECSACOP.

While ECSACOP has had huge successes in recent years, there have been financial challenges, including a key funder pulling out of the ECSACOP annual conference and trainees being compelled to leave the programme for economic reasons. We appreciate any support you can offer and have more details on how to help within the newsletter.

Entering 2025, ECSACOP has goals to grow and expand its reach further, influencing 200 million lives in some of the most medically underserved communities in the region.



A word from the College registrar

Dr Tamara Phiri MBBS FCP(SA) MMED FCP(ECSA) FRCP

ECSACOP looks back on the past year with pride as the College's work grows.

In 2024, the total number of physicians that have graduated from the ECSACOP 4-year fellowship programme rose to 23.

In September 2024, we enrolled our seventh cohort of ECSACOP trainees who joined the 4-year fellowship programme. ECSACOP acknowledges the tireless efforts of all clinical supervisors and tutors, drawn from the ECSACOP region and beyond, who facilitate the seminars for our trainees and supervise them in person. Their contribution has continued to make our training programme a success.

In the past year, we have carried out site reaccreditation for training sites in Zambia, Zimbabwe, Uganda and Malawi that have been running ECSACOP training for more than 4 years. Our accreditation team has more new training sites that are eligible for accreditation visits to increase the number of our training sites in the region.

Our fellowship community has continued to grow with the opening of applications for 'ECSACOP fellows by nomination' for physicians in the ECSACOP region who would like to join the ECSACOP community, and 'ECSACOP fellowship by association' for physicians in the diaspora and outside the ECSACOP region who would like to join the ECSACOP community.

We are particularly encouraged to see the College's footprint growing in Africa, with interest shown by other African countries who would like to become members of ECSACOP, and we will continue our engagements with them.

ECSACOP values new and old collaborations through whom we see ourselves grow. The Royal College of Physicians, West Africa College of Physicians and the Infectious Diseases Institute continue to be key partners that have tirelessly supported our training and continue to validate our standards.

A landmark collaboration in 2024 was our newly launched partnership with the British Infection Association, through whom ECSACOP now has an exchange programme. This exchange programme will see one ECSACOP trainee going for an exchange visit at an infectious diseases unit in the UK and one UK infectious diseases trainee coming to one of the ECSACOP training hospitals for a similar exchange visit. We are excited – this marks the beginning of a long journey that we hope will grow in future.

As we look to the future, the College continues to strive to become sustainable and effectively support its network and carry out all its operations. We are continuing with our resource mobilisation strategy to ensure that we have a bright future.

The College wishes to thank its secretariat staff, and all the supporting staff and members of the various national physician associations who are ECSACOP's feet on the ground and the heart and soul of ECSACOP operations.

We look forward to another successful year as we steadily grow.

Introduction

The East, Central and Southern Africa College of Physicians (ECSACOP) is a non-profit professional body that provides postgraduate training in internal medicine at accredited training centres in the ECSA region. ECSACOP training is ongoing in five countries in the ECSA region: Kenya, Uganda, Zambia, Zimbabwe and Malawi. The college has made significant

advances to ensure that Tanzania gets on board to embrace the programme and have it recognised. The Tanzania medical council has been very responsive towards this cause. The College continues to support Tanzania in its efforts towards the recognition and approval of the ECSACOP programme in the country.



Through the training programme, the College has achieved the following:

- Recruitment of 34 trainees in the training programme
- Training of > 150 clinical supervisors in the delivery of the ECSASCOPE programme
- Accreditation of two new training sites in Zambia, bringing the total to 21 (Nchanga South Mine Hospital, Chingola and Nkonkola Mine Hospital, Zambia)
- Online virtual learning platform successfully running
- Delivery of content through online case-based discussions
- Delivery of FCP Part I examinations and FCP Part II examinations
- Recognition of the ECSACOP qualification in five countries in sub-Saharan Africa
- A successful exchange programme partnership with the British Infection Association
- Reaccreditation of 13 training sites

Admissions/recruitment of trainees

The College has witnessed an increase in the number of both male and female candidates joining the training programme under the ECSACOP curriculum. The training programme has now admitted its seventh cohort of trainees. The 2024 call for applications yielded a total of 44 new applicants for the programme, with 34 successful applicants, from the five-member countries.

The second cohort, admitted in 2020, successfully completed their FCP Part II clinical exams on 27 August 2024 in Uganda at St Francis Hospital, Nsambya and graduated on 28 August 2024 at Mestil Hotel and residences, Nsambya, Uganda.

The College hereby recognises the efforts of the Association of physicians of Uganda (APU) towards a successful FCP II clinical exam.

ECSACOP training sites

The College currently has 21 accredited training sites, with 16 active sites. Two additional sites were fully accredited in Zambia in 2024. Nchanga South Mine Hospital, Chingola, Zambia and Nkonkola Mine Hospital, Zambia. All the original 2018 training sites were reaccredited in 2024 and accreditation certificates were awarded, apart from two in Malawi.

2024 ECSACOP trainees actively training by site

Training site	Year 1	Year 2	Year 3	Year 4	Totals
1 Harare Central Hospital	4	6	3	0	13
2 Queen Elizabeth Central Hospital (QECH)	2	4	2	0	9
3 Kamuzu Central Hospital	2	1	1	4	8
4 Nsambya Hospital	0	1	2	0	3
5 Lira RR Hospital	0	0	0	0	0
6 Mpilo Central Hospital	2	4	3	2	11
7 Moi TR Hospital	2	1	4	3	10
8 Coast GTR Hospital	5	4	3	3	15
9 Mater Hospital	2	2	2	4	10
10 Mengo Hospital	4	1	0	0	5
11 Levy Mwanawasa Teaching Hospital	0	2	0	0	2
12 Ndola Central Hospital	1	3	0	1	5
13 University Teaching Hospital	0	2	0	0	2
14 Livingstone Central Hospital	0	0	0	0	0
15 Parirenyatwa Hospital	0	0	0	0	0
16 United Bulawayo Hospitals	0	0	0	0	0
17 Kenyatta University TRR Hospital	4	4	2	0	10
18 The Karen Hospital	2	2	0	0	4
19 Jaramogi Odinga Teaching and Referral hospital (JOOTRH)	2	4	0	0	6
20 Defence Forces	2	0	0	0	2
21 Nchanga South Mine Hospital	0	0	0	0	0
22 Nkonkola Mine Hospital	0	0	0	0	0
Total	34	41	22	17	114

Reasons for attrition from the programme:

- Financial challenges
- Deferrals due to concurrent courses
- Failure of ARCP or examinations
- Failure to obtain release letters from employers.

Training of clinical supervisors

ECSACOP clinical supervisors play a central role in the supervision and delivery of the ECSACOP training programme. Clinical supervisors provide regular day-to-day teaching, mentoring and supervision of trainees who are attached to their training units. In order to prepare them for this vital role, the College provides a structured 2–3-day workshop during which physicians are taken through the fundamental basics of clinical supervision. The themes covered during these workshops include:

- The mission and strategic vision of the College
- The ECSACOP curriculum and the difference between a time-based and competency-based curriculum
- The ECSACOP Assessment Framework
- The importance of feedback and ongoing support to trainees
- The principles of effective mentorship



A picture showing some of the clinical supervisors at Jaramogi Oginga Odinga Teaching and Referral Hospital.

Faculty development

ECSACOP is committed to faculty development using the training of trainers model. The RCP has thus far taken responsibility for crafting and delivering ECSACOP's training of trainers programme, using a team of highly qualified medical educators. The model is structured around a planned programme of events that prepares a team of senior physicians for their roles as teachers, ambassadors and champions.

ECSACOP physicians, termed clinical supervisors, from the six member countries are engaged in a structured programme of improving teaching skills, targeted ultimately at training physicians in clinical and management skills, often in an apprenticeship mode using small group facilitation, larger group presentations, feedback and evaluation.

In 2024, ECSACOP in collaboration with the Association of Physicians of Uganda (APU) and, with support from the RCP, planned to

convene a training of trainers workshop in Kampala, Uganda, which did not materialise due to limited funding. ECSACOP is already soliciting for funding to ensure that a training workshop can be conducted this time round in Mombasa, Kenya. The workshop is anticipated to accommodate a total of 40 physicians from the accredited training sites in the five member countries.

The 2–3-day workshop usually employs different modes of delivery, including:

- interactive participatory sessions
- virtual – pre-recorded sessions
- PowerPoint presentations
- breakaway focus groups
- experience sharing.

Delivery of training

The FCP(ECSA) qualification is awarded through instruction and examinations. A large component of training is work-based, under the supervision of clinical supervisors.

Workplace-based assessments (WBAs) take place throughout the training programme to allow trainees to continually gather evidence of learning and to provide formative

feedback. These WBAs are used in the assessment of knowledge, skills and attitudes throughout training, as well as to monitor progress and to provide guidance on areas for improvement. Despite the challenges of the pandemic and disruptions to healthcare across the globe, ECSACOP trainees were able to continue their training and adapt to virtual learning.

E-learning

The College offers a Virtual Learning Environment (VLE) platform, which is an important tool in facilitating training in various ways. These include:

- Formative assessment tools and other key training documents.
- An e-Portfolio (e-log book) training record, which trainees use to present evidence in an organised way to enable the training director and the relevant College committees to determine whether satisfactory progress is being achieved.
- Access to an online library including e-textbooks, journals and other clinical reference resources.

ECSACOP trainees interact across the five countries through weekly case-based discussions hosted by local experts from the ECSACOP region. These virtual sessions provide a platform for trainees to connect, present clinical cases and share practices at their various hospitals under the guidance of an expert. The College extends appreciation to all local experts who have responded positively to host the weekly case-based discussions.

In addition to the clinical learning and VLE learning, the College has also, through its partnership with DeckerMed, continued to provide trainees with high-quality internal medicine content to supplement clinical, VLE and peer learning through the Weekly Curriculum Resource.

The Annual Review of Competency Progression

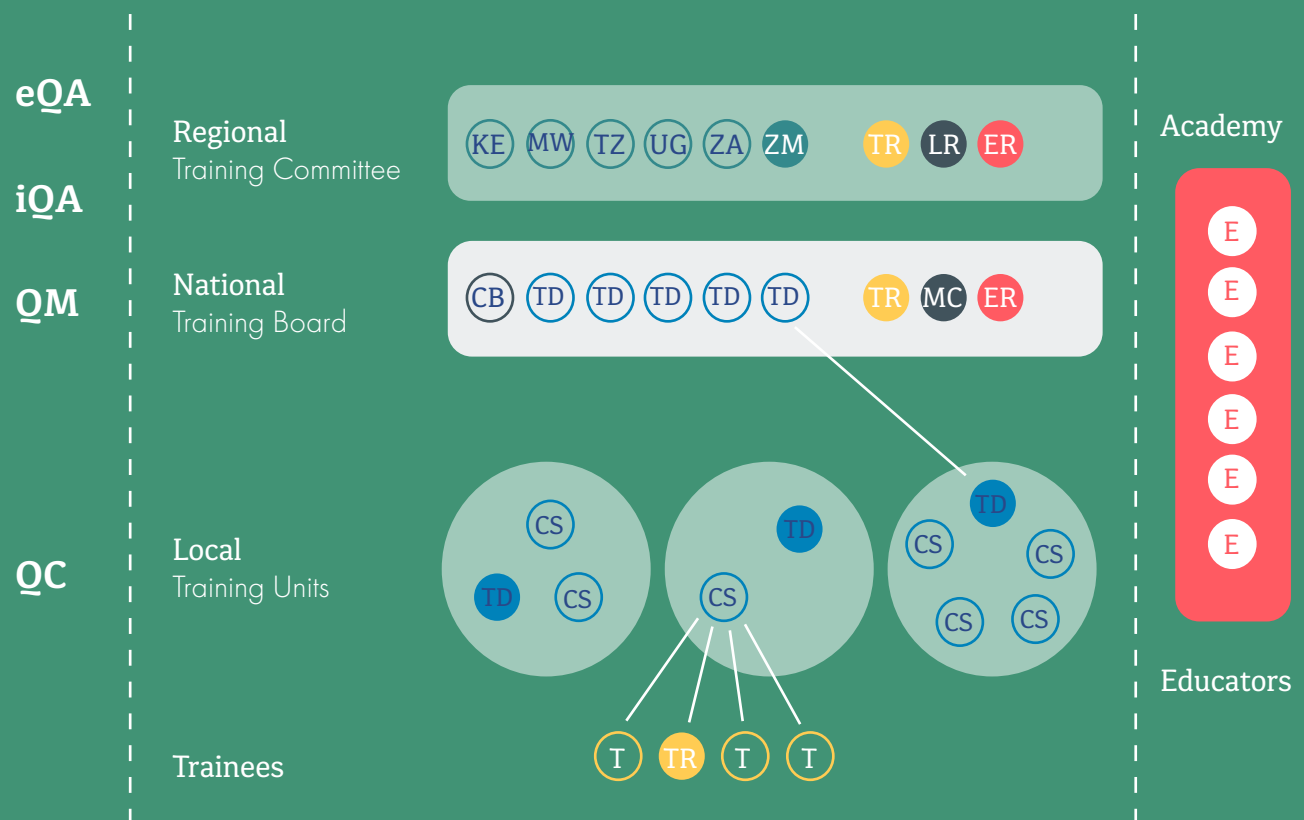
The Annual Review of Competency Progression (ARCP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded. ARCP is not an assessment – it is the review of evidence of training and assessment. The National Training Boards in the five member countries are responsible

for organising and conducting ARCPs and forwarding the results to the ECSACOP Training Committee at stipulated intervals. The College extends its appreciation to the National Training Boards for their cooperation and dedication towards the success of the programme so far.

ARCP results 2024

Country	Year 2 trainees	Number that passed the ARCP	Year 4 trainees	Number that passed the ARCP
Kenya	17	17	10	9
Zambia	7	2	1	1
Uganda	2	1	0	0
Zimbabwe	10	9	2	2
Malawi	6	5	3	3
Total	42	34	16	15

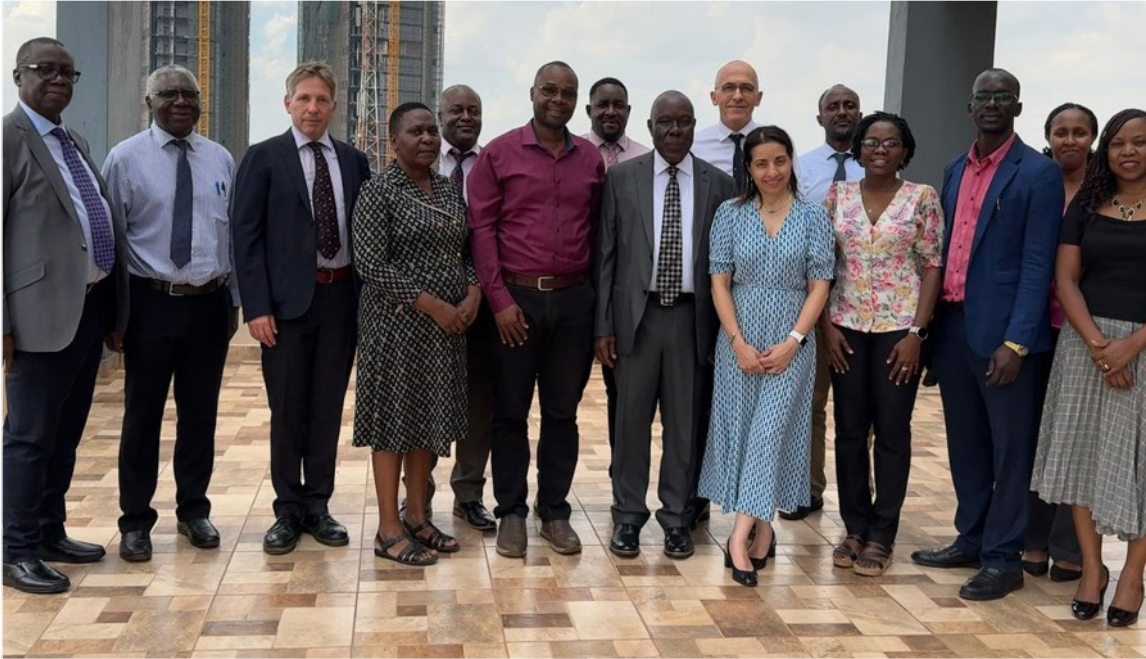
The ECSACOP training model



The ECSACOP newsletter

The ECSACOP newsletter is a quarterly publication that serves to inform ECSACOP fellows and stakeholders of the activities of the College. The newsletters are distributed through the info@ecsacop.org email address using the SUMAC database. Older versions are then made available on the ECSACOP website. Partners and well-wishers of

ECSACOP may subscribe/unsubscribe to the newsletter through the link on the main website and be added to / removed from the newsletter subscription database in SUMAC. The newsletter is sent out to all registered members during the months of March, June, September and December.



Key participants of the Ninth Annual Scientific Conference 2024 at Mestil Hotel and residences in Kampala, Nsambya

Examinations

Written FCP Part I and Part II examinations were conducted on 9 July 2024 (MCQ) and on 10 July 2024 (SAQ) in Uganda, Kenya,

Zambia, Zimbabwe and Malawi at designated training sites.



FCP Part I written examination – Malawi 2024 (left) and FCP 1 OSCE Examiners Eldoret 6 August 2024 (right)

Part I OSCEs (in Uganda, Kenya, Zambia, Zimbabwe and Malawi country) – 6 August 2024

Part II OSCEs (Kampala) – 27 August 2024

A Part II ECSACOP examination was held at St Francis Hospital – Nsambya in Uganda and the clinical exam was held

on 27 August 2024 with eight candidates who eventually graduated, with the supervision of 16 examiners and two external examiners. The examinations were graced by the representatives from the RCP president Professor Mumtaz Patel and the West Africa College of Physicians representative Professor Victor Ansa.



Examiners and trainees after the FCP Part II clinical examination at St Francis Hospital, Nsambya, Mother Kevin Wing

Training site accreditation

An ECSACOP training site is an ECSACOP-accredited hospital that has been assessed by the ECSACOP accreditation team and deemed suitable to deliver physician training according to ECSACOP standards. These standards have been identified by the College, and ensure that a minimum standard

of facilities and ECSACOP clinical supervisors are available to support the delivery of training and the needs of trainees. An accredited training site provides ECSACOP trainees with the opportunity to improve their clinical skills and knowledge and to ensure quality supervision during the training process.

The accreditation process

One of the key processes of training site accreditation is site inspection of the institution. The site inspection involves verification of resources to support the clinical training programme in accordance with the ECSACOP curriculum.

The accreditation team consists of:

- 1 ECSACOP Council member from host country
- 2 ECSACOP Council member from another member country
- 3 Representative from the host country's association of physicians
- 4 Representative from the medical regulatory authority of host country
- 5 ECSACOP chairperson or vice-chairperson of Accreditation Committee

The ECSACOP full accreditation status holds for a period of 48 months, after which the site must be reaccredited subject to a retrospective audit by the ECSACOP Accreditation Committee. The ECSACOP accreditation tool was developed by the Executive Committee in February 2018 (Harare) and serves as a guide to standardise the accreditation process across all member states. To date, the following sites have been inspected and received ECSACOP accreditation status.

Status of accreditation for ECSACOP training sites, 2024

Number	Country	Training sites	Date of accreditation	Status of accreditation
1	Kenya			
		Coast General Teaching Referral Hospital (CGTRH), Mombasa	1 Sep 2021 – 31 Aug 2025	Re-accredited 13 November 2025 – 1 December 2029
		Jaramogi Odinga Teaching and Referral Hospital (JOOTR), Kisumu	1 April 2023 – 1 April 2027	Active
		Kenyatta University Teaching Research and Referral Hospital (KUTRRH), Nairobi	1 Sep 2022 – 31 Aug 2026	Active
		Mater Misericordia Hospital, Nairobi	1 Sep 2021 – 31 Aug 2025	Re-accredited 13 November 2025 – 1 December 2029
		Moi Teaching and Referral Hospital (MTRH), Eldoret		Re-accredited 13 November 2025 – 1 December 2029
		The Karen Hospital, Nairobi	1 April 2023 – 1st April 2027	Active
2	Zimbabwe			
		Mpilo Central Hospital, Bulawayo	1 Sep 2018 – 31 Aug 2022	2024 – August 2028
		Parirenyatwa Hospital, Harare	1 Sep 2019 – 31 Aug 2023	2024–2028
		Sally Mugabe Central Hospital/Harare Central Hospital, Harare	1 Sep 2018 – 31 Aug 2022	2024–2028
		United Bulawayo Hospital, Bulawayo	1 Sep 2019 – 31 Aug 2023	2024–2028
3	Zambia			
		Levy Mwanawasa Teaching Hospital, Lusaka	1 Sep 2018 – 31 Aug 2022	2024–2028
		Livingstone General Hospital, Livingstone	1 Sep 2018 – 31 Aug 2022	2024–2028

Number	Country	Training sites	Date of accreditation	Status of accreditation
		Ndola Central Teaching Hospital, Lusaka	1 Sep 2018 – 31 Aug 2022	2024–2028
		UTH (University Teaching Hospital), Lusaka	9 April 2018 – 9 April 2022	2024–2028
4	Uganda	Lira Regional Referral Hospital, Lira	1 Sep 2019 – 31 Aug 2023	Pending re-accreditation
		Mengo Hospital, Kampala	1 Sep 2019 – 31 Aug 2023	12 July 2024 – 12 July 2028
		St. Francis Hospital, Nsambya, Kampala	1 Sep 2019 – 31 Aug 2023	19 July 2024 – 2028
5	Malawi	Kamuzu Central Hospital, Lilongwe	1 Sep 2018 – 31 Aug 2022	6 March 2024 – 6 March 2028
		Queen Elizabeth Central Hospital, Blantyre	1 Sep 2018 – 31 Aug 2022	27 May 2024 – 27 May 2028

New training sites

1	Zambia	Nchanga South Mine Hospital, Chingola	May 2025 – May 2029	Accredited
		Nkonkola Mine Hospital	May 2025 – May 2029	Accredited
1	Tanzania	Mbeya Zonal Referral Hospital (MZRH), Mbeya	N/A	Pending accreditation
2	Uganda	Rubaga Hospital		Pending accreditation
		Mengo National Referral Hospital		Pending accreditation

Key events 2024

ECSA Joint Health Colleges, including ECSACOP, the College of Nursing and Midwifery (ECSACONM), the College of Surgeons (COSECSA), the College of Ophthalmology (COECSA), the College of Oncology (ECSACO), the College of Pathologists (COPECSA) and the College of Paediatrics and Child Health (ECSAPACH), all converged in Arusha, Tanzania, for their

annual meeting held in 2024. A number of new colleges were also in attendance, including:

- Public Health
- Family Medicine
- Laboratory Science

Highlights

A new governance team was also instituted and positioned to run the ECSA Community.

At the meeting, there were new ideas about synchronising:

- fundraising
- training standards
- accreditation guidelines
- graduation.



Participants at the ECSAC-HC conference in Arusha, Tanzania 2024

The Ninth Scientific Conference 2024 at Mestil Hotel and Residences, Kampala, Uganda



The Ninth Scientific Conference at the Mestil Hotel and Mother Kevin Wing, where the FCP Part II examinations were conducted

The Ninth Annual ECSACOP Scientific Conference brought together over 170 scientists, physicians, physicians-in-training, policymakers and practitioners mainly from East, Central and Southern Africa as well as attendees from across the globe. The main themes of the conference revolved around patient-centred approaches in healthcare delivery, new innovations in clinical care, emerging disease outbreaks, use of data science in clinical care, and geriatric-centred care in sub-Saharan Africa.

The conference featured keynote addresses from accomplished physicians, expert

clinicians and policy makers, as well as research abstract presentations, panel discussions and poster presentations, with participants showcasing innovative research to solve clinical challenges in sub-Saharan Africa.

During the conference, a total of eight candidates graduated and became fellows of ECSACOP. The guest of honour was Dr Jane Ruth Achieng, Minister of Health, Uganda. She was represented by the director general health services, Dr Henry Mwebesa.

Opening ceremony and graduation

This session commenced with a presentation by Dr Philip Gothard on 'How to introduce innovations into clinical care delivery in a LMIC' (low- or middle-income country), who

stressed the use of technology to improve healthcare delivery. He presented innovative approaches that have been used in LMICs to improve clinical care delivery.



The opening ceremony thereafter commenced with remarks from the president of the Association of Physicians of Uganda (APU), Dr Lydia Nakiyingi. She welcomed the guests, thanked the delegates, the president of ECSACOP and the guest of honour. In her speech, she highlighted the work done by APU/ECSACOP to promote physician training in Uganda and encouraged the delegates to engage deeply in all conference activities; to build partnerships, experience the beauty, warmth and hospitality of Uganda.

The president of ECSACOP, Dr James Jowi, highlighted the scope of ECSACOP and its contribution to five countries. He explained the 4-year competency programme, currently running in five countries with over 140 trainees. He highlighted its goal to equitably distribute the training of physicians. Key take-home messages from his speech were the financial sustainability of ECSACOP, collaborations done and those in the pipeline, and plans for improving the formative assessment.



Professor James Jowi, highlighting the scope of ECSACOP and its contribution to five countries at the Ninth ECSACOP Scientific Conference in Uganda, 2024

Professor Mumtaz Patel, the president of the Royal College of Physicians, gave a keynote address about 'future perspectives on medical education and training'. She highlighted the goals of medical training while focusing on the changing face of medical education. She further expounded on strategies to employ to match the shifting emphasis in medical education.

Professor Pontiano Kaleebu, the director of the Uganda Virus Research Institute (UVRI), also gave a keynote address to the graduates. He stressed how to cope with emerging disease outbreaks in sub-Saharan Africa, but his talk was centred around the endangered nature of the 'physician-scientist', highlighting the contributions and challenges facing the modern-day physician scientist in sub-Saharan Africa. He gave strategies to improve the training of physician-scientists, including opportunities to combine an MD with a PhD, collaborations to improve research funding in Africa, working closely with policymakers among others.

Dr Henry Mwebesa, the director general clinical services at the Ministry of Health, Uganda, gave a speech on behalf of the minister of health, Dr Jane Ruth Acheng. He apologised for her absence, stating that she was attending a WHO-Africa meeting in Congo Brazzaville, and congratulated colleagues from Tanzania for the appointment

of the WHO regional director, Dr Faustine Ndugulile. He went ahead to read the speech from the honourable minister of health, who appreciated APU for organising the conference and for being at the forefront of promoting quality medical education. She extended congratulations to the cohort graduating and noted that the trainees have steadily increased in number, from 16 in 2018 to 44 in 2024.

She thanked ECSACOP's collaborations that have been very instrumental in achieving this, and appreciated the initiatives of medical professionals to support government initiatives. She sent her heartfelt gratitude to the delegates, colleagues and partners for their commitment to excellence and for always championing patient safety. She welcomed visitors from outside Uganda and implored them to forge relationships and to visit what Uganda has to offer. Dr Mwebesa encouraged physicians to help and teach medical interns and advocated for research to benefit everyone, imploring physicians to always share their research findings with the ministry.

The session was concluded by presentation of certificates to the graduating fellows and thereafter a group photo. The best-performing trainee was also recognised.

Awarding ceremony



The best-performing graduate trainee – Dr Wezzie Kamanga from Malawi – was awarded with a gift presented by Dr James Jowi and Professor Pauline Byakika.

During this session, a lifetime award was awarded to Professor Paul George D’abella, who was hailed as the most senior practitioner and teacher at the conference. This award was presented by Professor Mumtaz Patel and Dr James Jowi. Professor D’abella was recognised for being instrumental in setting up ECSACOP, as well as starting Mother Kevin postgraduate medical school, which has to date passed out 111 specialists and currently has 76 enrolled postgraduate students. In his speech, Professor D’abella alluded to having been involved in teaching since 1969 and advocated for having a college exam that all qualified MMed graduates should undertake.

After an insightful and invigorating scientific conference, the delegates were given an opportunity to explore Jinja City, where the source of the River Nile is located. The journey from the conference centre to the serene natural beauty of Jinja City was a refreshing transition. Many of the delegates experienced a boat ride on the source of the River Nile, the longest river in the world. The experience of being at such a historic location, where many explorers once stood, felt surreal for most of the delegates. The blend of scientific exploration at the conference and the magnificent natural beauty at the source of the Nile made for an enriching and rejuvenating experience.

Key partners 2024

The Infectious Diseases Institute (IDI)

The IDI has played a key role in hosting the ECSACOP secretariat and additionally hosts the College accounts and ensures that funds received are transferred in their entirety and in a timely manner. Through the IDI, ECSACOP is subjected to an annual audit process to ensure transparency and proper stewardship of funds.

The Royal College of Physicians (RCP)

The RCP continues to support ECSACOP fundraising activities as well as playing a key role in the College faculty development programme. In 2024, the RCP played a key role in enhancing the effectiveness of our college communications by offering support in designing the college's promotional newsletters, to improve its visual appeal, clarity, and overall impact.

The West African College of Physicians (WACP)

ECSACOP formalised its engagement with the WACP through a Memorandum of Understanding stipulating the terms of collaboration. The two colleges have committed to establish close collaboration in all relevant fields, including training and teaching activities, examinations, assessment, monitoring standards and appraisal.

Specialist societies

The college continues its engagement with British specialist societies, including the British Society for Haematology and British Infection Association. Areas of collaboration include CPD and curriculum adaptation.



Right to left: Dr Joanna Herman - Consultant Physician, Professor James Jowi – president ECSACOP, Professor Mumtaz Patel – president RCP, Dr Tamara Phiri – registrar ECSACOP and Professor Pontius Kalebu at the Ninth ECSACOP Scientific Conference

Academy of Educators

The ECSACOP Academy of Educators serves as the principal quality assurance organ of the College. The Academy determines the level of attainment that defines a fellow of the College at any given time and provides direction in setting standards of training and evaluation. The Academy has been established as part of the operationalisation of ECSACOP's training model. Members of the Academy of Educators are nominated by their respective physician associations. The College extends deepest appreciation to the members of the Academy for the unwavering support and dedication to their duties.

Proposed regulations governing the award of ECSACOP fellowship by nomination

1.1 Introduction

Membership of the East, Central and Southern Africa College of Physicians (hereafter referred to as the College) is open to eligible physicians of the East, Central and Southern African (ECSA) community.

This by-law document is intended as a guideline to all stakeholders regarding the award of ECSACOP fellow by nomination. This document should be read in conjunction with the College constitution and existing College regulations and by-laws.

Items stated in this by-law document may be changed by majority vote of Council.

The College reserves the right to revise/amend these regulations and shall not be liable for varying representations of the same.

1.2 Mission and vision of the College

Vision statement:

Healthy communities through access to well-trained physicians.

Mission statement:

To improve standards of healthcare throughout the region by providing specialist training for physicians committed to lifelong learning.

Physicians who wish to join the College membership must demonstrate a commitment to the mission and vision of the College.

1.3 Disclaimer

- i. These regulations only pertain to the admittance of new members/fellows to the College by nomination.
- ii. Only physicians whose countries of origin have been granted membership to the College are eligible for fellowship.
- iii. Individual physicians wishing to become fellows of the College and subsequently use the FCP(ECSA) postnominal must fulfil all the criteria outlined in this document.

1.4 Eligibility for nomination

The following criteria will be met by all prospective candidates to be considered for fellowship by nomination:

- i. A registered physician in any of the ECSACOP member states.
- ii. Resident in the ECSACOP member states.
- iii. Successfully subjected to a peer review by a formally appointed Fellowship Review Panel

1.5 Constitution of the Fellowship Review Panel

- i. The Fellowship Review Panel shall comprise two members nominated by the Association of Physicians in the respective member states.
- ii. The term of office of the Fellowship Review Panel shall be 3 years.
- iii. Members of the Fellowship Review Panel will hold a maximum of two terms in office.

1.6 The fellowship nomination process

The process of fellowship nomination shall be as follows:

- i. A letter of nomination and motivation will be submitted to the ECSACOP Secretariat office by a proposer. The nomination must:
 - a. be signed by the president of the local Association of Physicians, affirming that the nominee is a member of the Association of Physicians
 - b. be accompanied by the curriculum vitae of the candidate
 - c. be endorsed by two existing fellows of the College from any of the member states.
- ii. The ECSACOP Fellowship Panel shall consider the application at a scheduled panel meeting, with the following accompanying tasks:
 - a. The panel shall, on behalf of the College, undertake due diligence to ensure that the requirements stated in section 1.6 (i) above are met.
 - b. The panel shall, on behalf of the College, undertake due diligence to ensure the authenticity of all documentary evidence provided by the applicants in fulfilment of the requirements stated in section 1.6 (i) above.
 - c. The panel shall deliberate on the application, which should receive at least more than 75% of affirmative votes by sitting panel members.
 - d. Following a favourable consideration of the application, the panel shall recommend the application for consideration of membership by the Council at the next meeting.
- iii. Fellowship shall become effective on the date that the application is approved by Council.
- iv. The new fellow shall be issued a membership certificate upon payment of the membership fee in the amount of 250 USD.
- v. Non-successful applicants will receive notice of the same within 21 days of the decision of Council.

1.7 Termination of membership

Membership may be terminated on the grounds of any behaviour by the physician that is likely to bring the College into disrepute.

Fundraising strategy

1. Donor acquisition

- Improve online donation experience: donation page and form on the website.
- Invest in Facebook Ads to promote our ongoing impact stories.
- Engage our fellows and friends, partner organisations who can help us reach and invite a new donor audience.

2. Donor engagement

- Thank you, Virtual Donor Engagement events, as a token of our sincere appreciation for invaluable support. These virtual events will provide an opportunity for us to share updates on the impact of your generosity, highlight key achievements, and offer a platform for interactive engagement.
- Participate in Giving Tuesdays to showcase what we do and our impact.

This would provide a wonderful opportunity for us to highlight the vital work we do at ECSACOP and the significant impact we have in all we do.

As part of this initiative, our programme manager, Racheal Kibone Bigala, actively engaged in various meetings to share insights into ECSACOP's mission and achievements. These discussions paved the way for future partnerships and collaborations that will further amplify our reach and effectiveness.

3. Donor retention

- Quarterly donor reports/newsletter, with focus on impact and not the 'ask'
- Launch a quarterly donor survey
 - Get more information about the donor for better approach and engagement; determine who to approach them (door openers).
 - For previous donors, determine how they feel about our work, how they would love to be engaged but also to fine-tune our communication with them.
 - Surveys help to learn who they are, what is important to them, best communication method to reach out.
- Three donors identified and contacted:
 - UDB – \$ 30,000
 - Freedom Fund – \$ 30,000
 - Safaricom – \$ 30,000
 - WHO-AFRO proposal – submitted to a retail value of \$ 241,100
 - Roche: £22,783
 - RCP/Pfizer: £35,970 – towards the Scientific Conference
 - RCP/Gilead: £63,446.99 (\$ 79,662.24) – towards the Scientific Conference

Summary

In pursuit of its mission to improve standards of healthcare in East, Central and Southern Africa, ECSACOP has made the following advances:

1. ECSACOP has created and presented a bespoke curriculum for adoption across a region serving a population of over 200 million.
2. ECSACOP has registered in excess of 480 founding fellows from member countries.
3. ECSACOP has fully planned the implementation of the training programme in member countries.
4. The ECSACOP curriculum and qualification of FCP(ECSA) has been approved and is recognised by the regulatory authorities in Zambia and Zimbabwe, with Malawi assured of formal approval.
5. In early 2024, ECSACOP completed reaccreditation of the first training sites in its five member countries and all were issued with certificates.
6. ECSACOP has operated successfully, within a tight budget of just US\$ 167,000 for the current financial year. We are indebted to our two main partners – the Infectious Diseases Institute in Kampala – our home in the region; and the RCP for its unwavering support and commitment to the cause.

Fellowship/database

ECSACOP has been encouraging physicians in the region to join as founding fellows, in order to build a strong cohort of ambassadors, advocates and physician trainers. So far, around 30% of the physician population in the region has joined and we are hopeful of reaching 50% by the year 2030.

Founding fellows each contribute a joining fee of US\$250, after which renewal payments of US\$ 150 per annum will be requested. Fellows are asked to contribute to the overall evolution of the College and will be the main bank of contacts to whom the College will turn for active participation as educators and advocates.

As well as acquiring contacts in the region, we are capturing numerous contacts in South Sudan, Rwanda, Botswana, Europe and North America; the current focus is on physicians associated with the RCP who have contributed financially towards ECSACOP.

We have worked with the membership team at the RCP to survey and identify RCP members who have previously worked in sub-Saharan Africa and who are looking to continue their association with the region. We see this group (around 100 individuals) as fertile ground for physician educators and others who can work in a volunteer capacity in support of ECSACOP's aims and ambitions.

Cross-cutting challenges

Limited funding for College activities has an impact on regular functionality in a variety of areas. Many College activities for the year did not go as planned due to a lack of finances. Furthermore, due to financial constraints, the College has been unable to hire more employees as required.

ECSACOP indicative budget (US\$)

FY 2023/2024

Budget item	Budget notes	FY23/24
Operations		
Database	Annual maintenance costs	3,000
Computer equipment		1,200
Office furniture		1,200
Certificates and fellowship costs		3,000
Office rent	Fixed – general	5,800
IT support costs		1,800
Office utilities	Variable costs of office utilities and general bills	1,800
Bank charges		1,400
Office supplies		2,700
Travel and transport	Programme-related costs	10,000
Fundraising	Travel and transport (international travel)	20,000
Committee activities	Travel and transport	20,000
Office communications	Staff airtime, office Telephone	1,400
Mailings and print communications		1,600
Audit		3,000
Docusign account		100
Subtotal		78,000

Governance		
Conference fees	ECSA-HC/COSECSA – president’s travel and accommodation for 2 nights	6,000
ECSA-HC fees	Annual contribution to ECSA-HC	2,000
Support for ECSACOP conference		10,000
ECSACOP Council meetings	Flights and accommodation for Council members	16,000
Subtotal		34,000

Budget item	Budget notes	FY23/24
Training		
Virtual Learning Environment (VLE)		3,010
Training course and reference materials		18,000
VLE extension (fellows)		14,000
DeckerMed subscription		5,000
Curriculum review meeting		1,200
Faculty development		2,700
Train the trainer (physicians as educators course)	3 courses, annual supervision visits	18,000
Academy of educators		18,000
Recruitment of dean of studies (medical director)		18,000
Subtotal		97,910

Accreditation of sites		
Training sites accreditation	10 sites/year (reaccreditation of 4, accreditation of 6 new sites)	12,000
Subtotal		12,000

Examinations Committee		
Examination Committee meetings	4 virtual meetings (in person preparatory meeting, flights and accommodation for committee members)	12,000
In-person review of exam papers	2 face to face (6)	18,000
Courier and distribution of written paper exams	One cycle to and from exam, 12 centres	500
External examiner transport, meals and accommodation	One from RCP, one from WACP S/A, once annually & 10 from the region annually (will cater for 2)	5,000
OSCE exam logistics and patient reimbursement	One cycle annually during FCP II OSCES during annual scientific conference/AGM	3,000
Clinical supervisors training on exam setting	Twice a year – during Feb Council meeting and during the annual scientific conference. 15 clinical supervisors each time	6,000
Subtotal		44,500

Budget item	Budget notes	FY23/24
Registrar's office		
Registrar's office	Site visit to the Secretariat twice annually	8,000
Subtotal		8,000
Other direct costs		
ECSACOP country activities		
National training boards		2,500
Regional Training Committee		10,000
Subtotal		12,500
Total - other direct costs		
Website	Maintenance costs	4,500
E-learning	Annual VLE operational cost	3,010
Monitoring and evaluation	M&E consultant	5,000
Subtotal		12,510
Personnel		
Secretariat	3 full-time staff and dean of studies	100,000
Subtotal		100,000
Grand total		399,420



For more information find us at

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