

Letter to the Editor: Essential Surgery: The Way Forward

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Dear Editor,

I read the interesting article by Jamie Aug Henry et al. entitled “Essential Surgery: The Way Forward” [1]. As I had previously indicated in my letter to the editor [2], countries in sub-Saharan Africa (SSA) would benefit more at this time of their development, if surgical training programs are shorter (like 3years) and focused so that essential or primary surgeons are trained in large number for the primary level referral hospitals especially in rural districts. Also, another shorter surgical training for 12 months should be formally done for general practitioners/family physicians (GPs/FPs) who will practise in rural district [3–5]. The GPs/FPs who undergo surgical training should be given Certificate of Additional Training (CAT) in essential surgery. GPs/FPs with CAT in surgery should be given additional incentives in income and recognition in career structure in primary care [3–5].

The terminology “Non Surgeon Physician” has been advocated in this article by Jamie Aug Henry et al for other physicians who perform surgery. There is now increased awareness of the medical specialties by patients, even in rural areas in Nigeria and other similar countries in SSA. In my opinion, the terminology of a “non-surgeon physician”

who now performs surgery may not be accepted in such countries. Instead, the terminology like “Surgical Medical Officer” to differentiate them from the specialist/consultant surgeon would seem more appropriate. Surgical Medical officers by definition will be other physicians like GPs/FPs with CAT in surgery. This proposal applies to only countries in SSA that do not accept training “Non Physician Clinicians”.

References

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