The Brain Drain Myth: Retention of Specialist Surgical Graduates in East, Central and Southern Africa 1974–2013

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The shortage of surgical workforce has long been known as an important contributor to the large burden of surgically treatable disease conditions in many low- and middle-income countries (LMIC) and especially sub-Saharan African countries (SSA). One solution to the problem has been to train SSA physicians in various surgical disciplines abroad with the hope that they will return to practice in the region. That only few actually return to fulfill the primary objective of their training is well-documented [1]. The authors of the current paper present verifiable data, from East, Central and Southern Africa (ECSA), to show that training SSA surgeons in their own environments leads to in-country retention rates of 66–100% [2]. The strength of this article lies in the richness of data presented on 1038 surgeons trained over a period of 39 years by a harmonized program in ten countries.

The findings of this study are not in isolation. In West Africa, individual countries have programs for the training of surgeons. This includes the Ghana College of Physicians and Surgeons (GCPS) and the National Postgraduate College of Nigeria (NPGCN). The West African College of Surgeons (WACS) is a bigger institution that has trained surgeons for its member countries since 1960 with its graduates earning certification to practice in any of the member countries. Previous work has shown that training

ob-gyn specialists in Ghana, through either the GCPS or WACS, led to an in-country retention rate of 92% with graduates going on to provide valuable clinical service, hold leadership positions at their hospitals, and serve as academic faculty [1]. This shows that investing in local training programs does in fact yield the right results.

Increased investment in and support of local surgical training initiatives like the one presented by the authors is necessary to maintain sustainability. This is the paradigm that I believe must be adopted by other SSA countries in order to improve the surgeon to population ratios in a subregion with documented high unmet need for surgery.

References

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