**ETATMBA External Advisory Board**

**Teleconference**

**Friday 10th February 2012 at 08:30hrs GMT**

**MINUTES**

Present: Paul O’Hare (chair), Tom Lissauer, Carmi Margolis, Nynke van den Broek, Paul Long, David Davies, Anne-Marie Brennan

Unable to contact: Samuel Lubago (Uganda), Frida Mokiti (Tanzania), Edgar Kuchingale (Malawi), Cynthia Meanwell (UK)

1. **Apologies**

Colin McCord.

**2. Purpose and remit of the ETATMBA External Advisory Board**

PO’H acknowledged that the meeting would have limitations due to the absence of the Malawi and Tanzanian representatives, and suggested some written communication from them would be helpful, together with a further meeting in the near future.

Each member of the committee introduced themselves:

Carmi Margolis: professor of paediatrics and medical education at Ben Gurion University, Israel. Research interests centre on clinical education and its evaluation. Will be based at the University of Warwick for the next month as a visiting fellow.

Tom Lissauer: neonatologist by training; currently based at Imperial College London for a health-link project in Rwanda. Has worked extensively with African countries.

Nynke van den Broek: Reader in Maternal and Newborn health at the Liverpool School of Tropical Medicine. Has worked in approximately 12 countries to improve maternal and newborn health through training programmes.

Paul Long: specialist in organisational change and leadership. Has led on the development of clinical leadership competency framework in the UK. Working with PO’H and DD on the development ofModule 2 of the ETATMBA Malawi course.

David Davies: Associate professor of medical education at Warwick Medical School. Role is to support PO’H and to lead on Module 2, service development and improvement and the professional support network.

Paul O’Hare: Diabetes specialist but extensive experience developing courses. Original ETATMBA project involved 5 partners; there are now 6. The “technology” aspect of the project has reduced and the “training” aspect has been enhanced.

Anne-Marie Brennan: project manager.

PO’H went through the terms of reference for the committee, which were agreed upon by the Committee. PO’H suggested that point 4, covering sustainability of professional development, would be particularly difficult to achieve. Point 5, developing professional support, was discussed. Discussion appears under no. 8 below.

POH suggested the board have a Chair, and proposed CM take the role initially. CM confirmed he would be happy to do this for the month while he is based in Warwick but long-term would rather not undertake the role.

*Action:* Further meeting to be arranged in approximately one month, to include all members, at which this matter can be discussed.

**3. Summary of project to date**

PO’H reported that the project has been running for 1 year. The deliverables are going to plan, with the website established. The obstetric guidelines took longer to finalise; it was not possible to merge guidelines for both Tanzania and Malawi. Already at least 50 clinical officers have commenced training in Malawi and Tanzania. Tanzania has completed courses; Malawi has run a pilot study to develop Module 1, and has also completed Module 1 training, with an emphasis on the teaching and cascading element. In Malawi, the project focuses on the north and central regions; the south is separately engaged in another EC project related to surgical training.

**4. Progress in Tanzania**

In Tanzania, the project is running in the Ifakara and Kigoma regions. There are differences between the training of NPCs between the two countries: in Malawi, the clinical officers are sent almost straightaway to the district hospitals following their training. In Tanzania, they are sent to smaller health centres, so the training focuses on enhancing their surgical skills through a concentrated period of teaching followed by an internship, after which they can specialise in obstetrics in the larger district hospitals.

In the absence of the representative from Tanzania no further update was available.

*Action:* AMB to contact the representative to request an update.

**5. Progress in Malawi**

PO’H commented that the clinical officers feel strongly that they need a degree – this has become a significant matter for the Ministry of Health. The College of Medicine was recently ordered to take over the training of clinical officers from the College of Health Sciences which also involves difficult political issues. The College of Medicine has now engaged with the task and intends to provide a degree for the clinical officers. However, this will not be extended to those clinical officers currently in training with the ETATMBA project. The University of Warwick has designed an Advanced Diploma which will count as one-third of a degree, the idea being to develop further modules for the trainees to make up to two-thirds of a degree. This would then be attached by APEL to the clinical officers’ existing qualification and experience to produce a Warwick degree. The Ministry of Health would support this, but it would need to be approved by the University of Warwick. PO’H would welcome any suggestions in relation to this issue. It does not seem likely that the University of Malawi will accept the Warwick qualification and upgrade it themselves as they want to own the curriculum and develop a common framework for training clinical officers in all specialities. The ETATMBA and Irish programme in surgery have already stimulated this development.

**6. Research**

The educational intervention in the project has been designed so as to try and build up research capacity. PhDs are included, one per country. Malawi has one potential candidate; Tanzania has not established this yet. PO’H suggested two reasons why this has not happened: the Ifakara Health Institute lacks sufficient links with universities, and also Tanzania is generally not as focused on the importance of degree-level qualifications as is Malawi. In Malawi the potential of enrolling a further PhD candidate is being explored.

**7. Training**

This was discussed in other points above.

**8. Professional development**

DD reported that there is already a network of clinical officers which originated in Zambia, in a project undertaken in collaboration with Columbia University. DD has made contact with this network. Charles Mullilima, dean of the College of Health Sciences in Malawi, is the local lead. The ETATMBA project will assist the College in producing a database of clinical officers, and will help to set up a website and communication portal. There are some activities planned: the ETATMBA students will review the national guidelines for obstetric care and focus on how these translate to their own clinical practice.

TL approved and asked if face-to-face meetings were planned. DD confirmed that there were individual meetings, and learning was based on scenarios and team working.

PL said that this method works well in linking theory to practice.

CM offered his assistance for this aspect of the project.

NvdB has had experience with working with an existing clinical officers’ association in Kenya some years previously.

*Action:* DD will speak to David Lusale in Lusaka, to check they have made contact with the Kenyan group.

**9. Any other business**

None

**10. Date of next meeting**

This should be in approximately one month’s time.

*Action:* AMB to send details.