



COSECSA MCS, FRCS EXAM AND ANNUAL MEETING 2018 – Kigali, Rwanda

Suzie Venn and Charles Mabedi (Fellowship trainee in U.K.) travelled to Kigali to help with the COSECSA exam and attend the meeting. Kigali is a very clean, safe and developing city. Since the genocide in 1994, the city has been almost completely rebuilt, and Rwanda has made giant strides, moving from a low to middle income country. Rwanda is the land of a thousand hills, green and fertile, and home to the famous mountain gorillas.

Membership (MCS) exam

60 candidates took the exam, which an OSCE format, comprising of 15 stations, including anatomy, basic physiology, and clinical scenarios. It was well organised with a mixture of African and non-African surgeons examining. The results have not yet been released as there is to be an in-depth analysis first.

FELLOWSHIP (FCS) ECSA

This year there were 4 candidates and an abundance of examiners. The exams were held at the King Faisal Hospital - a private facility in Kigali. The format was similar to last year, with 6 clinical cases and 2 vivas. Overall the standard of the candidates has improved. All of them passed the exam. The Scottish Urological Society (represented by Mary Brown) donated \$500 for the best candidate, which was given to Mumba Kaja, the first female Urologist from Zambia.

Annual General Meeting

This was held at the Kigali Conference Centre, a modern building designed in the shape of a hill. Wednesday morning was the graduation ceremony, the meeting starting in the afternoon. The theme of the meeting was surgical infections. Most of the talks on Thursdays were on surgical infections. The take-home message was that antibiotic resistance is a significant problem, but a lot of basic work could be done to reduce SSI with improving theatre protocols. COSECSA is to coordinate the development of a tool to standardise the management of SSI and monitor its use within its training institutions. There was a parallel session on anaesthesia, with much debate about the role of nurse anaesthetists, medical

officers and anaesthetists. Highlight of the day again was the growth of WISA (Women in Surgery Africa), strongly supported by their Male African colleagues.

Friday focused on National Surgery, Obstetric and Anaesthetic plans, and Global Surgery. The clear message was the need to engage all the stakeholders. It is of no value to just develop surgeons. You need anaesthetists, theatre staff, operating theatres, equipment and supplies.

Urolink offered to support one person from each of our project centres who had an abstract accepted at the meeting: Orgeness Mbwambo a final year trainee from KCMC in Tanzania, and Getaneh Tesfaye Consultant Urologist at Awassa, Ethiopia. Their presentations were excellent and well received. They will be available on the website.

Once again, the meeting provided an excellent opportunity to network and develop links not only with our African Urological colleagues, but other people involved in Global Surgery.

The meeting next year is in Kampala in Uganda, during the first week of December.

