

WGO South African Training Centre 25-year anniversary

Training of sub-Saharan doctors in Gastroenterology was started by Prof. Issy Segal at Chris Hani Baragwanath Hospital in 1975. The Gastrointestinal (GI) Unit at the time trained local gastroenterologists, but Prof. Segal saw the need for an African wide training academy. In the late 1990's Prof. Segal approached the German Foundation – Prof. Maynard Claasen (also president of WGO 1998 - 2002), to assist in establishing an environment where sub-Saharan doctors could be trained in gastroenterology. This would afford them the opportunity to develop both cognitive and psychomotor skills that will allow them to take back to their countries and practice gastroenterology. The German Foundation was the first to contribute financially and intellectually to this concept. The African Institute for Digestive Diseases (AIDD – see logo below) was only realised three decades later in 1992 at the Chris Hani Baragwanath Hospital in Soweto. During that time this institute trained not only local but African healthcare workers in gastroenterology.



Prof. G Tytgat who was the head of WGO 2002 - 2005, moved the organisation in supporting training of “foreign” doctors in various training centres throughout the world. The three centres in Africa were Soweto (South Africa), Cairo (Egypt) and Rabat (Morocco).

These doctors were housed at the institute (Baragwanath Hospital) and followed the same curriculum as their South African counterparts – except they did not have to do the South African exit examination, but was given a certificate of completion.

In the early 2000's, the AIDD had been visited by various members of WGO and AMAGE who endorsed the unit and contributed to education and curriculum standardisation. Although many came, visits by Profs Tytgat, Quigley, Touli (WGO) and Sharaiha and Amrani (AMAGE) are worth mentioning.

The very first student was Dr Max Lagaud from the Ivory Coast. Over the years 15 doctors from Mali, Nigeria, DRC, Kenya, Tanzania, Sudan and Libya had been trained. Many had gone on to be leaders within their own countries. Most recently Dr John Regwasha from Tanzania (who established a training centre in

Dar es Salaam) was positioned in the African Union in Addis Ababa.

“It was an honour to have contributed to the education of gastroenterologist in sub-Saharan Africa. I had made so many friends, travelled to many of these countries, participated in their national GI programs and saw them grow.” Reid Ally.

During Prof. Hennie Grundling's tenure as the President of SAGES from 2001 to 2003, the WGO developed several other training centres and was tightening up the administration and feedback from the centres and formalised a reporting system. It was felt that this task should be taken over by the SAGES secretariat and it provided an opportunity to review the situation. A SAGES subcommittee was then created chaired by Prof. Grundling and composed of the Profs Japie Louw, Reid Ally, Herbie Schneider, Sandie Thomson and Issy Segal in an advisory capacity.

The committee acknowledged the foresight of Prof. Segal in the concept and creation of the AIDD. They further felt that this concept should be enhanced by involving the other eight academic centres in the rest of the country and provide greater training opportunities for the healthcare workers from sub-Saharan Africa in gastroenterology. It was decided to rename the AIDD to the South African Gastroenterology Society Academy of Digestive Diseases (SAGES-ADD). This concept was embraced by the committee members as was the administrative move for the SAGES secretariat to handle the requests for training both directly from sub-Saharan countries and from submissions through the WGO office and to provide annual reports on the activities of the trainees.



Fellows group at Groote Schuur Hospital

A document detailing the functions of the academy was created to provide the framework. The enrollment was slow initially but this changed significantly from 2008 onwards – many applied. Our first trainee in Cape Town was Yaw Awuku from Ghana and then a regular stream of applicants started to feed into the system and it was clear that other GI Units around the country were also taking applicants. It became clear that the possibilities of undergoing short term procedural training was not feasible and the individuals who came had to be fully registered with the South African health professions council for them to get any practical experience in endoscopy. This led to a fairly arduous procedure involving the universities to facilitate the candidates into posts and to give them a full training in gastroenterology similar to what the fellows from South Africa were receiving.

In general, these trainees have been extremely motivated in spite of the financial hardships and time away from their family. Although the WGO funding greatly facilitated their ability to complete their training, it also had to be supplemented by a variety of sources. I believe the majority are dedicated to achieve the best training that they can possibly get and bring it back to develop gastroenterology in their own countries. The interaction of the sub-Saharan African trainees with our local fellows have benefited both groups. There remains a great need to increase the number of gastroenterologists in the underresourced countries of Africa and that Prof. Segal's concept is even more relevant now than ever.

During the ensuing years, the various training centres grew from strength to strength. GI training in South Africa was recognised as of outstanding quality and was affordable. At any given time for the last few years there has been a consistent of 50 trainees per year – these include locals. What has been a great strength of our training institutions is that every candidate is expected to do an exit examination at the end of their two years of training. This qualifies them as trained and certified gastroenterologists. Below is a summary of the number of candidates who have trained and passed the examination:

- **Cert Gastroenterology (SA) Paed** (since Second Semester 2010): **39** candidates



Fellows group at a recent congress

- **Cert Gastroenterology (SA) Phys** (since First Semester 2002): **101** candidates
- **Cert Gastroenterology (SA) Surg** (since Second Semester 2003): **107** candidates

In addition to formal training at the various units, there are numerous other opportunities to learn. At our annual SAGES Congress, there is always a pre-congress workshop and all fellows are encouraged to attend. This year in July the workshop will focus on intestinal ultrasound for fellows.

Continued medical education

Medical expert training in endoscopic mucosal resection and polypectomy - Olympus

Recognising the need for training in polypectomy a two-day workshop was held at the Wits Donald Gordon Medical Centre earlier this year. The target audience was gastroenterologists and colorectal surgeons with experience in colonoscopy and some experience in basic polypectomy. While guidelines detailing the management of colorectal polyps are abundant, the practicalities of how to actually assess and resect colorectal polyps is seldom an area of focus. Most international workshops focus on the latest advanced procedures and not the everyday, more broadly applicable, management of colorectal polyps. Advanced therapies are limited to select centres and is not of relevance to most. The workshop therefore aimed at addressing these aspects focusing on the practical aspects of polypectomy. Furthermore, it aimed to bring together different specialities (gastroenterologists and colorectal surgeons) to share their expertise, discuss common problems, educate each other on therapeutic modalities available to each and ultimately improve patient outcomes. The workshop spanned over a two-day period and included practical lectures with real video-based examples and prerecorded cases which were deconstructed encouraging participant interaction. It also featured live cases from the endoscopy suite streamed to the auditorium allowing the audience to ask the endoscopist questions during the procedure and share comments. The live cases covered a variety of aspects including the endoscopic assessment of polyps, basic polypectomy, an approach to pedunculated polyps,



Workshop at Charlotte Maxeke Johannesburg Academic Hospital



Demonstration in progress

more advanced EMR, the use of various accessories, closure of polypectomy defects as well as a discussion on the surgical approaches to such lesions. Overall feedback was encouragingly positive and the emphasised the need to invest in endoscopy training both in South Africa and sub-Saharan Africa.

EUS masterclass - Pentax

Endoscopic ultrasound has revolutionised the diagnostic and therapeutic capabilities of endoscopy. Access to training however, is limited to a few academic centres. With the support of Pentax, an EUS masterclass was held at the Charlotte Maxeke Johannesburg Academic Hospital. Participants from all over South Africa attended the workshop. The workshop featured an international leader in the field Prof. Schalk van der Merwe from Belgium. The masterclass was held over a period of two days and included both lectures and practical hands-on stations. The hands-on stations allowed participants to hone their skills in EUS guided fine needle biopsy and the deployment of lumen opposing metal stents using realistic models. Prof. Schalk Van Der Merwe inspired the audience by delivering presentations showcasing the therapeutic advancements of modern EUS. The workshop highlighted the need to develop formal training in advanced endoscopic procedures and widen access to minimally invasive endoscopic therapy.

Fellows trained at Baragwanath Hospital under the auspices of the African Institute: Medical gastroenterology from the following countries:

Ivory Coast
Kenya
Sudan
Mali
Cameroon
Nigeria

Tanzania
Ghana

Numerous fellows from the following countries have passed through the SAGES-ADD and passed their examination in medical gastroenterology over the past 10 years:

Zimbabwe
Kenya
Sudan
Botswana
Libya
Maldives
Somalia

Word from previous fellows who completed training:

Tendai R Machiridza: Zimbabwe

WGO training centre 2019-2021

I am grateful to WGO for supporting my training in gastroenterology in Cape Town. Cape Town is a wonderful training facility with world class teachers and instructors in all areas of gastroenterology training. I particularly appreciate the learning I received in inflammatory bowel disease (IBD) which a unique subject in gastroenterology. I have a foundation in IBD management which can allow me to work anywhere in the world. Our dedicated hepatology rotations were superb with our world class teachers. I had little appreciation of the complexity and intricacies of liver disease before my rotation in hepatology. I loved participating in hepatobiliary meetings and rotations.

I am back in my home country and practicing gastroenterology. I am a competent endoscopist and offer a clinical service that is of high quality. I always remember and talk about my experiences in Cape Town and how the training has laid a foundation for a lifetime. Thank you WGO!

In conclusion, the success of the WGO South African Training Centre is a powerful testament to the vision of Prof. Segal and the enduring support of international and local collaborators. Over 25 years, it has transformed into a comprehensive, inclusive and globally respected GI training hub, addressing the critical shortage of gastroenterologists in sub-Saharan Africa.

By nurturing talent, fostering collaboration and delivering advanced, hands-on education, the centre has had a far-reaching impact – both in strengthening healthcare systems across Africa and in advancing gastroenterology practice globally. As GI diseases continue to grow in prevalence, the centre's mission remains more relevant and necessary than ever.

Contributions received from: Ernst Fredericks, Reid Ally, Sandie Thomson, Vikash Lala and Mashiko Setshedi