



RCSI/COSECSA Collaboration Programme

Theory of Change

External factors:

Enabler:

Preventers

OUTCOMES:

High motivation of surgeons in region to serve as COSECSA Fellows and on Council

Lack of scope to expand among University surgical programmes

Development of 4G mobile broadband in region

COLLABORATION PROGRAMME & COSECSA

_ack of urgency from policy-makers

Lack of surgical dat

Online surgical training materials dispersed and difficult to access

Initial Phase 2007-2011

- I1. COSECSA exams are running to international best practise standard
- 12. Curricula are internationally benchmarked
- I3. COSECSA Fellows are retained in the region

I4. Enrolments in training programmes increase

support full-cost fees

medical councils

ECSA -HC

Clinical workloads make training, research and management of academic affairs difficult Stabilizing Phase 2012-2016

- S1. Accessibility and quality of surgery increases in the region
- S2. Administrative structures established, professional Secretariat team in place and legal status assured
- S3. COSECSA Fellows are trainers for next generation of surgeons
- S4. E-learning tools have been optimized
- S5. There are accredited training hospitals in all member countries
- S6. Data is collected and managed in a systemized manner
- S7. Curricula for under-served surgical specialities are internationally benchmarked

Consolidating Phase 2017-2020

- C1. Governments and external funders invest in training and retention of surgeons
- Growing acceptance of collegiate post-grad training model

and loss of focus

training of Allied

- C2. Sustainable, scalable model of decentralized surgical training for LMICs established
- C3. COSECSA is driving research and information on surgery in the region
- C4. Accessibility and quality of surgery in underserved specialities increases

BETTER
SURGERY
ACCESSIBLE
TO MORE
PATIENTS