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Background

- Sufficient numbers of healthcare providers are critical to achieve the targets in Sustainable Development Goal 3.
- Zambia struggles to provide safe surgery for its population. Rural areas particularly deprived.
- Surgeons concentrated in cities. Over 60% population in Zambia is rural.
- Task shifting using medical licentiates (MLs) recommended to counter doctor (Surgeons) shortages.

Research questions

- What is the contribution of MLs to surgery at district level hospital?
- What are the experiences and challenges faced by MLs in these settings?

Objectives

- To describe contribution towards rural district hospital surgery using MLs.
- To describe challenges faced by MLs in terms of work.
- To describe career prospects for MLs.

Methods

Design:

Qualitative approach using interview guides to explore:

- Responsibilities and roles
- Perceptions
- Career prospective
- Challenges



SAMPLE, DATA & ANALYSIS

Purposive sample with 43 participants:

- Surgeons
- Medical doctors
- Medical Licentiates
- Hospital administrators
- Theatre nurses

- Thematic analysis
- Data coding frame designed by two researchers using the top down method of theme identification

Findings

Benefits of surgical task shifting

I can tell you there was a huge difference. It was really helpful I had time to rest sometimes. (MO)

There is also an improvement on the workload for doctors because he is in charge of the maternity ward. (HA 2)

Retention in rural hospitals

I am more useful at district hospitals as opposed to bigger hospitals where there are consultants and senior doctors because you tend not to be much use there. (ML 8)

Reduction in referrals and wider surgical scope

We used to refer hernias, but now we are able to do hernias and fibroids at the hospital. This means that the hospital has reduced fuel expenses that we previously paid as a result of high number referrals. (MO 9) A lot of procedures including those they (surgical staff) never used to handle are now being handled. (HA 5)

Good surgical skills

They also are able to do surgery such as caesareans, ovarian cysts, hernias, even other things not done by doctors, but that MLs are able to do because of their rigorous training. (MO 10)

Capacity building of MDs

Even me when I came here, I wasn't so conversant with the caesarean sections and other small procedures, but I would always ask that he [ML] shows me how to carry out certain procedures. (MO 8).

Lack of recognition

I am having challenges because there are cases I know I can do, but because there is someone who is senior to me, they have been referring those cases"; So when an ML says: "I can do this", someone would say "who does he think he is". (SU 1)

Summary

- Task shifting is a sustainable response to the surgical needs of rural populations in Zambia.
- MLs are willing to stay in rural district hospitals much more so than the doctors who usually leave the hospital once they complete their rural internship.
- According to those who work close to them including surgeons and doctors the MLs surgical competencies and practices are well suited for district hospitals.
- Hospitals where MLs operate report fewer unnecessary surgical referrals.
- However, MLs skills are not universally recognized and they do not have clear career paths which often times sees them pursue other careers.
- It is not uncommon to find conflicts between doctors and MLs in some hospitals because of superior surgical skills demonstrated by the latter.



Conclusion

- In light of persistent shortages of surgeons in district and rural hospitals deployment of surgically trained MLs is an effective strategy of making surgery available in rural areas.
- The deployment of MLs increases the volume and scope of surgery at rural district hospital level and the surgery provided by supervised MLs is safe and quality assured.
- However, the sustainability of this strategy is uncertain because of lack of professional recognition and clear career paths.

Limitations

- The study does not thoroughly investigate the competencies of surgically trained MLs.
- The MLs interviewed in this study all participated in a 3 months intensive training in surgery and so their skills may not be representative of all MLs.
- There was no data triangulation method used in this study.
- All interviewees in this study were aware of the ML training programme and this may have led to some selection bias.

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