

COMMENTARY

GHANA PRODUCES FIRST GYNAECOLOGIC ONCOLOGISTS: IMPLICATIONS FOR THE NATION AND HOPE FOR THE AVERAGE WOMAN?

Ghana produces first gynaecologic oncologists: implications for the nation and hope for the average woman?

The Ghana College of Physicians and Surgeons has recently produced the first two Fellows by examination in Gynaecologic Oncology by a novel training programme¹. I congratulate Dr. Kwabena Amo-Antwi and Dr. Adu Appiah-Kubi as well as their trainers. This is a landmark achievement not only for themselves but for the whole country. It shows that Ghana can be on the path to solving her own problems.

Postgraduate training in obstetrics and gynaecology has come a long way. Before the Ghana College of Physicians and Surgeons, the West African College of Surgeons trained and produced Specialist obstetrician gynaecologists for Ghana². Once upon a time, these doctors had to travel to Nigeria to write the examination to be certified as Specialists/Fellows. One would pass out as a fellow or never make it out as a specialist. Many never came out as specialists. The few who came out were 'generalists' (mainly based in Accra and Kumasi) and attended to everything in obstetrics and gynaecology from Maternal-Fetal Medicine, Reproductive Health and Family Planning, urogynaecology to gynaecologic oncology^{3, 4}.

While we need many 'generalists', it has become increasingly clear that one person cannot do everything in obstetrics and gynaecology at the highest/world class level. The Ghana College of Physicians and Surgeons came in and started producing a 'middle level of specialists' called Members of the College who could later continue training to become Fellows. This brought a lot of debate (that is not for this piece). After the membership, these specialists could go into subspecialties like Maternal-Fetal Medicine, Reproductive Health and Family Planning, Urogynaecology and Gynaecologic Oncology. After a long journey, Ghana has two gynaecologic oncologists by examination. They are both currently in Kumasi.

As we congratulate the new subspecialists and celebrate this feat, hoping that they will have a similar impact like the general obstetrician-gynaecologists trained in Ghana⁵, we have to look at a few things:

- A. What human capacity do we need to address the burden of gynaecologic cancers in Ghana? Surely not gynaecologic oncologists alone?
 - How many gynaecologic oncologists does Ghana need?
 - Where should these gynaecologic oncologists be to reach out to all women in Ghana but not just a few?
 - What other cadre of staff and numbers (radiation oncologists, medical oncologists, oncology nurses, pharmacists etc) does Ghana need to reach out to

everyone in need of gynaecologic oncology services?

[Currently Ghana has only three centres where radiotherapy can be given for cervical cancer - Komfo Anokye Teaching Hospital (Kumasi), Korle Bu Teaching Hospital (Accra), and the Sweden Ghana Medical Centre (Accra)].

- B. How do we produce these cadre of staff sustainably across the country?
- C. Many gynaecologic cancers (especially cervical cancer, which is the commonest in Ghana) are preventable. How do we develop and implement a national programme to prevent these cancers so that we do not overburden the few gynaecologic oncologists in the country to be performing complex surgeries which could have been prevented by simple procedures like HPV vaccination, screening and treatment of precancerous lesions of the cervix, which can be done by nurses in CHPS compounds^{6, 7}?

A new era in gynaecologic oncology has arrived in Ghana. It comes with responsibilities for the new gynaecologic oncologists and all of us. Whether we succeed as a nation or not depends on how we plan and the effort we put in. Time will tell.

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