

A decorative header featuring a grid of hexagons. Some hexagons contain white icons: a heart with an ECG line, a pill, a syringe, a first aid kit, and a cross. The background is a light blue grid.

# Emergency Health Consortium Meeting

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**Venue:** Royal Society of Medicine

**Date:** 7<sup>th</sup> | Nov | 2019

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## Attendance

S/N	Name	Designation	Organisation/Institution	Email Address
1	Sarah Richardson	Makerere Faculty Coordinator EM	University of Edinburgh	sarah@globalemergencyresearch.com
2	Gordon Miles	CEO	Royal College of Emergency Medicine	gordon.miles@rcem.ac.uk
3	Justine Clarke	Chief Operational Officer	British Orthopedic Association	j.clarke@boa.ac.uk
4	Najeeb Rahman	EM Consultant	Royal College of Emergency Medicine	najeebrahman@nhs.net
5	Emma Fernandez	International EM Project Manager	Royal College of Emergency Medicine	emma.fernandez@rcem.ac.uk
6	Victoria DeWitt	International Officer	Royal College of Emergency Medicine	victoria.dewitt@rcem.ac.uk
7	Jett Mulcaire	EM Registrar	University of Edinburgh	j.mulcaire1@gmail.com
8	Monowara Gani		Doctors Worldwide	
9	Miranda Odam	Research Manager	EMERGE, NHS Lothian	Miranda.odam@nhslorhina.scot.nhs.uk
10	David Clarke	ED consultant	Royal Berkshire Hospital	daveclarke@doctors.org.uk
11	Clare Jeffreys	EM Trainee		clare.jefferys@googlemail.com
12	Olivia Corn	EM Trainee	Newham University Hospital	oliviahorn@gmail.com
13	Henry Muwonge	Country Lead	Uganda UK Health Alliance	henry.muwonge@uukha.org
14	Moses Mulimira	UK Lead	Uganda UK Health Alliance	moses.mulimira@hee.nhs.uk
15	Solomon Kamurari	Program Manager	Uganda UK Health Alliance	kamurari.solomon@uukha.org
16	Solomon Talemwa	Administrator	Uganda UK Health Alliance	solomon.talemwa@uukha.org
17	Chloe Sanderson	EM Trainee	University of Bristol	cs8307@my.bristol.ac.uk
18	Primrose Magala	Specialist Nurse	Moorfields Eye Hospital NHS Trust	primagala@yahoo.co.uk
19	Stuart Blatston	Paramedic	The 625	stuart.BLATSTON@THE625.com
20	Rupert Jones	Associate Professor	Plymouth University	rupet.jones@plymouth.ac.uk
21	Ling Harrison	Consultant	Royal College of Emergency Medicine	hlingharrison@hotmail.co.uk

## Agenda

8am-9am	Arrival and registration	All
9am-9:15am	Introduction of members	All
9:15am-9:25am	Opening remarks from the Chair	Najeeb Rahman
9:25-9:40am	Uganda UK Health Alliance role and highlights of the Uganda Emergency Health strategy	Henry
9:40-10:00am	University of Edinburgh	Sarah Richardson
10:00-10:20am	British Orthopedic Association	Justine Clarke
10:20-10:40am	Reading	David Clarke
10:40- 11:00am	Leeds Teaching Hospitals NHS Trust	Najeeb Rahman
<b>11:00-11:20am</b>	<b>BREAK</b>	
11:20am-11:40 am	Doctors Worldwide	Monowara Gani
11:40-12:00 noon	Royal College of Emergency Medicine	Gordon Miles
12:00-12:30 pm	Discussion	Chair
12:30-1:00 pm	Next steps	Chair
1:00 pm	Departure	All

## Opening Remarks

### Dr Najeeb Rahman-Chair.

- The Chair welcomed members and thanked them for committing time to attend the meeting.
- He provided a background on the role of working jointly as institutions and the importance of the Uganda UK Health Alliance Model and highlighted the importance of the 'Health Cluster' system as an example of coordinated and collaborative working in the humanitarian sector. He encouraged members to visit Relief Web to understand the Health Cluster system for humanitarian emergencies so as to reflect on the utility of UUKHA coming up with a similar online platform for the Emergency Consortium.
- He informed members that WHO has put focus on the agenda to improve Emergency care Systems as a greater obligation by member states to improve access.  
The Chair mentioned that it is therefore timely for Institutions to actively engage in global health Collaborations to improve emergency care. (For further information, please refer to WHA resolution 72.16, found here: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA72/A72\\_R16-en.pdf?ua=1](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R16-en.pdf?ua=1))
- He shared the objectives of the consortium meeting and welcomed members to share their ongoing work

### The Uganda UK Health Alliance

#### Dr Henry Muwonge- Country Coordinator

- The Country Coordinator shared on the background of the Alliance; an existing collaboration between Ministry of Health Uganda and the UK to provide coordination support to UK derived programs in the health sector.
- He highlighted the strategic direction of the Alliance and informed members that the Alliance implements a consortium model of operation where UK institutions, organisations and NHS trusts working in a common area of focus are supported as a consortium
- He shared on the merits of the consortium model which include; Shared learning, Mutual Collaboration, less duplication of efforts and alignment to government priorities.
- He highlighted the roles played by the Uganda UK Health Alliance with in the emergency consortium to support individual members as well as joint activities
- Dr Muwonge presented on the situation of emergency care in Uganda and informed members on the current priority areas by Ministry of Health to develop a comprehensive Emergency Care System. He highlighted as well the progress made by Uganda on this road map
- He informed members that there is much needed collaborative support especially in Public Health, Workforce development, Research and Innovation
- The UUKHA country lead informed the members that the consortium meeting provides an opportunity for UUKHA to understand the ongoing progress, challenges and prospects member activities
- He looked forward to a resourceful meeting.

## University of Edinburgh

### Dr Sarah Richardson

- She shared on the state of emergency care in Uganda and demonstrated the fundamental differences between Uganda and the UK at the various levels of the Healthcare system
- She shared on the Uganda Emergency Care Data Project by the Global Emergency Medicine (GEM) group of the University of Edinburgh, part of the UUKHA emergency consortium working in collaboration with the Ministry of Health
- The Project consisted of 3 phases, designed to build and develop capacity in emergency care research.
- She shared on the Key findings at facility level in terms of human resource, infrastructure, diagnostics, key interventions, mortality and morbidity indicators among others.
- She highlighted the areas where support is needed from the interim analysis of the data and informed members that the information will be shared widely once the full analysis is complete.
- On a separate item regarding emergency care training Dr Richardson shared perspectives on the Emergency Medicine training program at Makerere University
- She shared the structure of the program which is now in its 2nd year and the current status of training. She highlighted the supporting external institutions and interested large scale funders. like Bill and Melinda Gates Foundation
- Issues with sustainability of the programme were highlighted due to challenges in faculty recruitment and retention.
- She presented on the existing challenges faced while working with visiting partners that include; Understanding context, Period of duration of stay, fitting with in the academic schedule and guidelines
- She mentioned that the program currently needs; Urgent placements and funding options for Electives (in UK) for Ugandan residents, Research proposal support and mentorship, Assistance in development of Centre for Emergency Care and Support for the Nursing programme development.

## British Orthopedic Association

### Justine Clarke

- She shared a background on the Association and presented on the various engagements it is involved in; International conferences, online exams, International Fellowships.
- She highlighted on the experiences of fellows from their International fellowships in Malawi and their contribution to training
- She mentioned the work of World Orthopedic Concern-a specialist society of the British Orthopaedic Association promoting orthopaedic education and care in developing countries

- She informed the meeting that BOA would be interested in working collaboratively with members of the emergency Health Consortium in areas of International partnerships, Electives, Educational exchanges and Curriculum development.

### **Reactions;**

- The Chair mentioned that emergency medicine is broad and that it is important to have a broad based approach to include all trauma disciplines to which members agreed

### **Royal Berkshire Hospital**

#### **David Clarke**

- He shared about his experience of working in Gulu Regional Referral Hospital-Northern Uganda through the Gulu Man Link and highlighted the Needs of the facility at the time
- Informed the meeting that in his experience all initiatives need to be lead jointly with people on the ground
- Dr Clarke highlighted the limiting factors for most UK Professionals to engage in global health work which would albeit be rewarding professionally. These were gathered from EM Trainees at the Royal Berkshire Hospital and included; Confidence in clinical skill, lack of Trainee opportunities (Short & Long term), lack of Consultant/Nursing opportunities (Short & Long term) and Financial limitations
- He suggested to the meeting that for UK Professionals to be more engaged in global health work, the exchange pathways should be Mutually Beneficial, Accessible, Compatible with NHS career and enjoyable

### **Reactions**

- Members suggested that the Royal College of Emergency Medicine Fellowship should be set with a component of global placement to encourage the members to engage in global health work because of its qualitative benefits to NHS Staff that include leadership skills, improved clinical skills, efficiency among others
- While RCEM has recently conducted a survey on global health activity of it's member and fellows. However, there is need to conduct a more in-depth survey on the barriers to engagement in Global Health Work and to suggest ways of addressing them.

### **Leeds Teaching Hospitals NHS Trust.**

#### **Dr Najeeb Rahman.**

- Dr Najeeb highlighted his work at Leeds Teaching Hospitals NHS Trust and his affiliations with the Royal College of Emergency Physicians, Doctors World Wide in different capacities.
- He shared on his experience and lessons learnt in human resource development in Rwanda under the Clinton access foundation to develop faculty in specialties that included emergency care.
- He highlighted the ongoing and prospectful global health work at Leeds in emergency care which includes; Programs in Bangladesh, work with refugee settlements in the West Nile region in Uganda, and collaborative Research in Emergency Care.

- He informed members that Leeds NHS does not have institutional memory of global health work and it would therefore benefit from partnering with institutions that have established experience.
- He shared on the work of Doctors Worldwide in the Health Sector that includes volunteer placements, and skills training by means of local collaborative partnerships to support health system strengthening. He informed members that the niche of Doctors Worldwide in the consortium would be in its roles as a charity rather than Institutional partnerships.

### **The 625 Insignia -Plymouth.**

#### **Stuart Blaston.**

Stuart provided a background on the organisation and its work in supporting humanitarian, Health and Emergency Responses.

He shared on the work in South Western Uganda to provide different cadres of Health workers with training on medical and trauma emergencies as well as prevention of infectious disease transmission. The program is supported by the Belgian Development Agency, Enabel and over 400 local staff have been trained.

He demonstrated the Digital Application-Teach Box designed for the program and highlighted the merits of the eLearning Platform.

#### **Reactions**

- Members were interested to know if the online platform can be adopted to deliver the Basic Emergency Care Course (BEC) and if it can be downloaded as an offline version on devices
- The Consortium to explore on how online platforms can be leveraged for training and Knowledge sharing.

### **Royal College of Emergency Medicine**

#### **Gordon Miles, CEO**

The CEO of RCEM provided a background about the college which boasts of a network of over 3000members and fellows.

He informed the meeting that the college and its members are looking at opportunities for global engagement and shared about the mandate of the Global EM Committee.

He highlighted the importance of Global placements and the strategies the college will look at to make the placements more motivating and stimulating.

He highlighted work being done by individual institutions and members to support training in Emergency Care globally.

He informed the consortium that the college will be interested in collaborative Grant application as well as delivery of joint programs in Global Emergency Care.



## Discussions

### Joint Grant Application

- Plymouth University shared on the NIHR Global Health Centres and the consortium can align itself to the themes high on the Agenda like Non Communicable Diseases as well as demonstrated a two way relationship between the UK institution and overseas.
- There is need to leverage International Funding Agencies like DFID, Wellcome Trust and others using the Health Cluster Model

### Actions

- Members who have the experience in successful Grant Application to provide the leadership during the application process
- Prof Rupert to provide linkage to the NIHR as well as explore opportunities from the Global Challenges Research Fund.

### Supporting Training

- Members to strategically work towards strengthening the existing training programs through a well-coordinated approach.

### Actions

- Member Initiatives on training to be related to the local agenda and the level of training required.
- The College to come up with a selection criteria for the members to be placed to support training
- Members look at initiatives that can deliver courses like BEC at other facilities
- HEE to look at MTI Schemes in Emergency Medicine
- Members to identify opportunities for hosting trainees on Electives placements.

### Centre of excellence in Emergency Care

Members suggested that establishing a centre of excellence will enable the various programs on Public Health, Training, Research and Innovation to easily obtain funding and scale through the centre.

### Other areas;

Members were informed that on top of training, there are other key areas like prehospital care, Clinical care, policy, Research and Innovation, Public Health where partnerships and initiatives can be established to support emergency care systems comprehensively.

Diversifying to support the emergency care systems at Regional Level (East Africa)

There is need for a phased approach to start with one area of focus and expand to other countries/areas later.

### **Consortium Meetings.**

- UUKHA to look at ways of members engaging more frequently and for members to rotationally host the consortium meetings

### **Close of Meeting**

Dr Najeeb Rahman brought the meeting to a close with a brief overview of issues highlighted as well as discussions. Agreement was that next meeting would be chaired by RCEM representation and should build consensus on identified gaps and areas to jointly work.