EDITORIAL

EMERGENCY MEDICINE IN GHANA

The clinical discipline of Emergency Medicine is relatively young in many well-resourced countries. Emergency physicians are medical specialists who provide care for acute illnesses and injuries by assessment, stabilization, diagnosis and disposition. As a clinical discipline Emergency Medicine is not well developed in most sub-Saharan African countries, though Accident and Emergency (A&E) departments, which attend to out-of-hospital emergencies including road traffic accidents exist in many health facilities.

The Ghana College of Physicians and Surgeons recognising the growing trend of accident and emergency mortality and traumatic injuries, established a specialist training programme in Emergency Medicine at the Komfo Anokye Teaching Hospital in Kumasi. The first steps were taken in 2009 to establish the specialty in Ghana.

The establishment was through collaboration between the Department of Emergency Medicine at University of Michigan, Komfo Anokye Teaching Hospital, Ministry of Health, Ghana Ambulance Service, Kwame Nkrumah University of Science Technology and Technology (KNUST) and the Ghana College of Physicians and Surgeons (GCPS).

This collaboration received a boost through the award of a grant to the KNUST as part of a broader PEP-FAR/NIH initiative to strengthen medical education in 13 sub-Saharan African universities, the Medical Education Partnership Initiative¹ (MEPI). Under the MEPI programme, a degree programme in Emergency Nursing was set up at KNUST. To date 21 Emergency Medicine physicians and 59 nurses have graduated, the first of their kind in West Africa.

In this issue of the journal Mould-Millman N. K. *et al* (page 125) assess the emergency medical services in the Ashanti Region of Ghana in the context of the regional need for pre-hospital emergency care. The article places emphasis on the growing National Ambulance Service and identifies the strengths and challenges of the ever-evolving ambulance service. The challenges include governance, financial resources, public access, clinical care guidelines and quality assurance processes.

In another article Oteng R. A. *et al* (page 136) describe the individual and medical characteristics of adults seen at the Emergency Medicine department at the Komfo Anokye Teaching Hospital. This study revealed that about a third of patients seen had injuries with road traffic accidents being the most common cause of injury. The study also highlighted the need for emergency medicine as two-thirds of the patients presented for evaluation of abdominal pain.

The two publications demonstrate the strides being made in accident and emergency services. The success of the Ghanaian process is built upon a coordinated approach to the creation of sustainable resources to power the system. The infrastructure was designed to address all the components of a functional system. This includes the training of emergency physicians, emergency nurses and providers of care in the ambulance service. It is anticipated that the trained personnel, who are also trained in team function, will be deployed with two main aims - provision of emergency services at regional and district hospitals as well as the new emergency care facilities being deployed at road traffic accident-prone parts of the country; and creation of training centres to improve the required human resources.

The successful implementation of a locally based emergency medicine training programme, built upon the concept of creating a sustainable system of education and service provision provides an incentive for other sub-Saharan African countries to initiate action to address the growing epidemic of unacceptably high morbidity and mortality in A&E's. The next steps include the implementation of well-structured data collection system, which will support the development of a national surveillance system to inform strategies to improve service delivery to the population.

REFERENCES

1. <u>http://www.pepfar.gov/partnerships/initiatives/mep</u> i/index.htm (accessed September 2015)

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