

Intermediate Hospital Oshakati, Namibia 2022
Alex Morgan sponsored by The Keith Thomas Travel Fund, GASOC UK
Contact: agmorgan@doctors.org.uk

First of all thank you so much for your support in this mini adventure, and the start of what we hope will be a long and fruitful collaboration.

I travelled to Oshakati in northern Namibia to visit an ex-UK colleague. Dr Chris Terblanche is a consultant anaesthetist and intensivist who emigrated to Namibia in 2019. He is now Head of Anaesthetics and ICU in the state-run Intermediate Hospital Oshakati (IHO), which is a tertiary referral centre.

Namibia

Namibia is a large southern African country approximately twice the size of Germany. It has a population of nearly 3 million - almost the same size as the population of Wales. It is predominantly savannah (desert with a smidge more rainfall) and the north is hot and dry. I visited during September and October where temperatures reached 35-38°C for 14 hours a day.

Oshakati is linked to Namibia's capital, Windhoek by 750km of predominantly single lane tarmac road. There are not as many tarmac roads as you might hope for in Namibia! As a middle-income African country, medical care in a private hospital is similar to that within the NHS, although you might have to travel to South Africa for some more complex interventions. State hospital provision is less well funded, primarily by taxation. There is a nominal fee on entry of 30 Namibian dollars (£1.50), which is waived if patients say they cannot afford it.

Intermediate Hospital Oshakati

IHO is a sprawling single-site, single-level, collection of buildings connected by cement pathways through sand, with deep drains and grates for the rainy season. Main theatres are in a separate building from ICU, which is in a separate building from any ward, which are in separate buildings from Obstetrics, PICU etc.

All doctors in Namibia have a minimum 2 year internship, broadly similar to our Foundation Programme. A key difference being they experience 2 months of Anaesthetics. This is because once they are working at a District General Hospital they may be the sole anaesthetist. They will be expected to manage emergency cases out of hours, including major trauma and neurosurgical cases that cannot be transferred.

The University of Cardiff and the Welsh anaesthetics has significant links with The University of Namibia and anaesthetics, mainly in Windhoek. They have collaborated in setting up only the second speciality training programme in the country which started in 2018. The majority of specialist (consultant) doctors have trained abroad, usually in South Africa.

This anaesthetic registrar training lasts 4 years and qualifies them as specialists. The current registrars have identified several needs; by far the most urgent for them is clinical supervision.

I had several aims for my trip to Namibia. These included initiating and supporting information gathering and audit, particularly in Obstetrics, providing clinical supervision to registrars, providing targeted training sessions, delivering some much needed kindly donated equipment, and providing that experienced trainers from the UK support and aid training and systems improvement in Namibia.

The team I joined were incredibly welcoming, generous and very keen to hear about anaesthetics delivery, and how the systems worked (or not!) in the UK. I developed procedures for auditing anaesthetic management and outcome monitoring for obstetrics (there was none in place at the time). I supported and helped develop clinical and quality improvement projects including investigating local barriers to the use of the WHO Surgical checklist. I also developed a feedback form for the registrars to receive constructive feedback from multiple sources (previously there was only ad hoc feedback, described as 'unhelpful'), and participated in the weekly Tuesday night registrar zoom training. The vast majority of my time was spent in theatres, initially trying to understand the system and context, and then developing registrars' practise, and teaching the Interns.

Of course, there were some inevitable teething problems! There was some disagreement between human resources at the central state hospital, passport control, and immigration about what visa I should have, which generated some stress! I have yet to achieve Temporary Registration with the Namibian GMC equivalent (we are still trying!) Which meant that I had to return home earlier than I hoped, as without it I couldn't legally undertake clinical work independently.

In the future, Chris and I plan to take out other specialists and allied professionals to help improve the care delivered in the State hospitals through targeted training, implementing and maintaining audit and quality improvement projects, supporting systems improvement, and clinical supervision.

Once again thank you for your support which helped all this happen!