

# Clinical Officer Surgical Training in Africa (COST-Africa)

<b>Submission date</b>	<b>Recruitment status</b>	<input type="checkbox"/> Prospectively registered
07/01/2014	No longer recruiting	<input type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input type="checkbox"/> Statistical analysis plan
27/02/2014	Completed	<input checked="" type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
17/12/2020	Surgery	

## Plain English summary of protocol

### Background and study aims

Emergencies related to childbirth and distress represent a major and neglected part of Africa's burden of disease. This is very common in district hospitals in Malawi and Zambia and other similar countries in Sub-Saharan Africa. These places lack trained staff to manage the burden of disease leading to surgery. This study (COST-Africa) proposes to show the impact, cost-effectiveness and possibility of providing surgical training to clinical officers. Surgical training of clinical officers has been tried and apparently works well in several African countries. However, it has never been carefully evaluated. A Bachelor of Science (BSc) in General Surgery has been established in Malawi for clinical officers and an improved surgical training programme has been designed for clinical officers undergoing medical licentiate training in Zambia, with support from COST-Africa. The study is designed to establish that non-physician clinicians can provide essential surgical care at district hospitals, safely, effectively and within the resource constraints of African countries. The study will develop guidelines for national Clinical Officer surgical training programmes across Africa.

### Who can participate?

Participants will include the district hospitals, clinical officers and patients in the hospitals who undergo surgery.

### What does the study involve?

The study evaluates two different models for training clinical officers to perform general surgery: an in-service training model in Malawi and a centralised training model in Zambia. Each of these models includes on-the-job technical support and coaching involving senior surgeon-supervisors who the clinical officers can consult for advice. For a period of 18 months the selected clinical officers will be placed at treatment hospitals where they will perform general surgery with periodic supervisory visits from trained surgeons. The study will be assessing the outcomes of surgery performed by the trained clinical officers in these hospitals. The results in these hospitals will be compared with results of surgery in control hospitals without trained clinical officers. During the study period the control hospitals will continue with their normal patient care procedures.

### What are the possible benefits and risks of participating?

The study will help increase the volume and types of surgeries performed and improve surgical outcomes. This should help reduce referrals of patients requiring surgery to central hospitals. We do not expect any harm to be experienced at the hospital level. For clinical officers, they will improve their skills in performing surgery through mentored training by experienced surgeons, which will continue to more attractive career paths and retention within the health system. We do not expect any harm to clinical officers. For patients undergoing surgery we do not expect that their participation in the project will bring them any harm, as decisions on what kind of surgery is undertaken will be subject to the supervision and guidance of trained surgeons. Surgery will only be undertaken where it is likely to bring benefits.

### Where is the study run from?

The study will be conducted at district hospitals in Malawi and Zambia (8 in Malawi and 15 in Zambia).

### When is the study starting and how long is it expected to run for?

The study started in March 2011 and will last 60 months.

### Who is funding the study?

European Union (EU).

### Who is the main contact?

Coordinator: Professor Ruairi Brugha (Ireland), [rbrugha@rcsi.ie](mailto:rbrugha@rcsi.ie)

Principal Investigator (PI) - Malawi: Professor Eric Borgstein, [eborg@me.com](mailto:eborg@me.com)

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## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

### Protocol serial number

FP7-AFRICA-2010, no: 266417

# Study information

## Scientific Title

Clinical Officer surgical training in Africa (COST-Africa): a cluster randomised controlled trial

## Acronym

COST-Africa

## Study objectives

Clinical Officers (COs) in Malawi and Medical Licentiates (MLs) in Zambia are trained non-physician clinicians (NPCs). The study proposes that providing surgical training to NPCs in Africa will enable district hospitals to provide patients with cost-effective and safe surgical care.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

1. Research Ethics Committee of the Royal College of Surgeons in Ireland, 30th April 2012, ref: REC727
2. The University of Zambia Biomedical Research Ethics Committee, Zambia, 29th May 2012, ref: 018-03-12
3. University of Malawi, College of Medicine Research Ethics Committee (COMREC), Malawi, 31st July 2012, ref: P.03/12/1188.

## Study design

Cluster randomised controlled trial

## Primary study design

Interventional

## Study type(s)

Treatment

## Health condition(s) or problem(s) studied

Diseases / conditions amenable to surgery

## Interventions

Random allocation of district hospitals to intervention and control arms within pairs of similar (matched) district hospitals in Malawi and Zambia.

1. Intervention arm: the selected clinical officers will be placed at treatment hospitals (8 in Malawi and 15 in Zambia) where they will perform general surgery, with periodic supervisory visits from trained surgeons.
2. Control arm: hospitals without trained clinical officers. The study will measure outcomes at different levels: the graduate clinical officers, the hospitals, surgical patients and their families. During the study period the control hospitals will continue with their normal patient care procedures.

## Intervention Type

## Procedure/Surgery

### Phase

Not Applicable

### Primary outcome(s)

Increase in the types and volume (numbers) of general surgical procedures at the interventions hospitals

### Key secondary outcome(s)

1 Improved competence of COs/MLs to undertake general surgery, measured in terms of enhancements in:

1.1. Their surgical skills

1.2. Clinical management of patients

1.3. Implementation of clinical best practice protocols

1.4. Health care of patients

2. Change in rates of referral for general surgical procedures.

3. Change in morbidity and mortality from surgical conditions, improved quality of life

4. Reduced expenditure, both for hospitals providing surgery and patients undergoing surgery

5. Cost effectiveness in delivering general surgery by COs/MLs at the district level

### Completion date

30/03/2016

## Eligibility

### Key inclusion criteria

District hospitals with the infrastructural capacity to delivery surgery

### Participant type(s)

Patient

### Healthy volunteers allowed

No

### Age group

Adult

### Sex

All

### Total final enrolment

16

### Key exclusion criteria

Children under five years of age attending district hospitals

### Date of first enrolment

01/04/2011

**Date of final enrolment**

30/03/2016

## Locations

**Countries of recruitment**

Ireland

Malawi

Zambia

**Study participating centre**

Royal College of Surgeons in Ireland (RCSI)

Dublin

Ireland

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## Sponsor information

**Organisation**

Royal College of Surgeons in Ireland (Ireland)

**ROR**

<https://ror.org/01hxy9878>

## Funder(s)

**Funder type**

Government

**Funder Name**

European Union (EU) - 7th Framework Programme for Research and Technological Development (FP7) Grant, Ref: FP7-AFRICA-2010, grant agreement no: 266417

## Results and Publications

**Individual participant data (IPD) sharing plan**

## IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	22/07/2019	17/12/2020	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes