

Building a 21st-Century Surgical College for Future Generations

Abstract

Inaugural speech of the 32nd President of the West African College of Surgeons.

Keywords: 21st-century, surgical College, future generations

Preamble

Let me first thank the government and the people of the Republic of Togo for providing us with this wonderful venue and atmosphere to hold our 63rd AGM and scientific conference. In the last 5 days, we have all relaxed and enjoyed the hospitality of the people of Togo. I especially thank the LOC led by the trio of Prof. B. Tchangai (LOC Chairman), Prof. K. Adabra, and Prof. David Dosse for the wonderful work they did in scripting together all the activities that made this conference an occasion worthy of the WACS conference. We will remain ever grateful.

Today, by the grace of the Lord Almighty and with the free will election and approval of you, the fellows of this college, the highest responsibility of our college has been placed on my shoulders. When I joined the college as a fellow a little over 30 years ago, it never crossed my mind that one day I would be called upon by the fellows of this college to provide leadership for them. I feel highly honored and, at the same time, full of trepidation about the enormity of the task and the weight of the responsibility. I harbor no illusion of the magnitude of this responsibility, but I accept it with humility and pledge to give my utmost best to this job. Indeed, a past president of the college once asked me after the election: "Ezeome, are you not afraid?" My response then, without even thinking much about it, was, "How can I be afraid with all of you around me?" It is this reality that has emboldened me to accept this responsibility with the highest conviction and reassurance that

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this college has all the quality personnel to engineer its future progress and destiny. It is in these human resources that our college has invested heavily in the last 60 years, and this rich endowment will ensure our survival and flourishing.

I have arrived at this position in our college today not out of any unique or unusual endowment of virtues and talents on my part but simply for the fact that I have been lifted up by giants in this college who ensured that my line of vision should be able to see beyond the horizon. My fortuitous journey in this college could not have been if not for the providential encounter of three giants of the college as I ventured into residency training at the iconic University College Hospital (UCH) Ibadan. Perhaps, without my attempt to do residency training in UCH Ibadan, I would not have been here as the 32nd President of our college. It was providence and grace that brought me to Prof V.E. Aihmakhu, an outstanding PP of our college, for him to be my referee for my residency application, but instead, he pointed me to my teacher and distinguished PP of our college, Prof Festus Nwako. Of this great man Prof. Aimakhu said to me, and I quote, "Festus is more than respected here, he is a god." All I needed was his nod to get the famed PP OO Ajayi to offer me admission into residency. Those coincidences ensured that I enjoyed the best of tutelage in the art and science of surgery at UCH Ibadan under the surgical field marshal and teacher of teachers, Prof O.G Ajao of blessed memory. The same circumstances brought me very close to the man that has had the greatest influence on my professional career, Prof. Clement A. Adebamowo. This gentleman of immeasurable natural endowment, more

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than any single individual, has placed the name Nigeria on the global map of oncology and cancer research. His contribution to science and academia in our region spans from General Surgery to Cancer Surgery, Clinical Oncology, Cancer Research, Epidemiology, Cancer Registry, and Bioethics. I have no doubt that this college will feel the impact of his rich endowments within this 2-year tenure.

My mentors and teachers in surgical residency worked on a well-laid foundation completed and reinforced at the University of Nigeria. My heritage has been from such great surgeons as Prof. J. Ojukwu, Prof. Festus Nwako, Profs. Martin and Alloy Aghaji, Prof. Nene Obianyo, Prof. C.H. Anyanwu and a lady, an Ophthalmologist, Prof. Rich Umeh who taught me for the first time, the rudiments of academic administration. I recall my early tutelage in my research career by no less an immortal than Prof. Wilson Onuigbo, the pathologist who instilled in me and my colleagues in the Medical Students' Research Society, the necessary discipline and thoroughness that are basic ingredients for a successful academic life. The outstanding tutelage I received from these great teachers and many other innumerable ones ensured that I have what it takes to succeed as an academic surgeon.

I started a fellowship in the college at the lowest of ranks. It took the keen eyes of a past president of the college, PP O.O Mbonu, who saw in me what he must have considered as good ingredients of what he needed to make a leader that he identified me for training on leadership in this college. Through his effort, I was given an opportunity to pioneer the adoption and institution of basic surgical skills course in our college. I became one of the pioneer trainees and later trainers of the ATOM course, and my involvement in these activities ensured an enduring interest in our college. And yet another past president of our college, Prof. KDT Yawe was able to spot a budding leader and took me up as his faculty secretary for 4 years, during which he mentored me on college administration and leadership. My singular opportunity to demonstrate what I have learnt from these great mentors and teachers and to express my vision of what postgraduate surgical education should be was my tenure as the chairman and chief examiner of the faculty of surgery. That humble effort seemed to have resonated very well with the rank and file of our great college, resulting in my standing before you today as the 32nd President of the college. My wish is to continue in that same direction by working with all the youths and elders of this college to sculpture a college fit for 21st-century West Africa and for the next generation of surgeons best suited to serve our people.

I must equally express my profound gratitude to PP Serigne Magueye, under whom I served the college as the 2nd Vice president. The charisma he brought to the leadership of the college was outstanding. I acknowledge the supporting shoulders of my IPP, who taught me how

to handle boardroom politics in college affairs. Your calm and confident demeanor in whatever circumstance has taught me lessons on how to get the best out of any difficult conversation. A good number of the agenda I will pursue in the next 2 years will indeed be a continuation of what you initiated or what you continued from previous presidents. I hope I can count on your wise counsel when moments of uncertainty on the direction to follow assail me.

I will not fail to recognize and commend the untiring efforts and labors of our past presidents, some of whom are present here. Distinguished past presidents like Prof. OO Ajayi, PP Giwa Osagie, PP O.O Mbonu, PP Bumi Ogedengbe, PP Yangni Angate Jr., PP Akiyinka Omigbodun, PP KDT Yawe, PP Serigne Magueye and now, my IPP Prof. Peter Donkor and many others who have gone to wait for us in the world beyond. You have, over the years, cleared the part on which we now walk and made possible the great achievements of the college in the last 60 years. I must also recognize the labors of all the Past Secretary Generals of this college, including the current one, Prof Philip Mshelbwala, with whom I have enjoyed a most cordial and fruitful relationship in this college since my days as faculty secretary and chairman of surgery. I, with my EXCO, will stand on your collective shoulders to project this college forward and prepare it for future generations.

Finally, before I focus on my message this morning, I must commend the great men and women who have served our college in the last 2 years in various college committees and as faculty officers and faculty board members. Some of you will soon be handing over the baton of leadership to new officers in the various Faculties of the college. I thank you for the wonderful work you have done and recall for you the words of a great past president of our college, PP, F.A. Nwako, that "WACS never forgets those who have served her."^[1] The members and fellows of this college will be ever grateful for your sacrifices and leadership.

Our Journey so far as a Surgical College

Distinguished fellows and members of the WACS, the founding fathers of this college, had a vision of self-sufficiency in regional specialist manpower production for all surgical specialties. This vision emanated from the reality of the postcolonial period exodus of expatriate professionals back to their home countries from all health facilities throughout West Africa.^[2] The soundness of that vision is today evidenced by events happening in our college and in several areas of the health sector all over Africa and the world. First is that our college has grown steadily and remarkably since then. Our fellowship register now records 7551 Fellows, 2259 members, and 1108 diplomates, most of whom were admitted through local training and certification [Tables 1 and 2, Figure 1]. Today, we are adding more than 80 diplomates, 511 members, 340 fellows, and 16 post-fellowship specialists to this growing list.

Table 1: Country Distribution of those who became Fellows and Members through Examination

Country	Fellows	Members
Gambia	2	10
Ghana	277	233
Nigeria	5362	2007
Sierra Leone	3	8
India	1	XX
Cameroun	XX	1

Table 2: Distribution of surgical specialists trained in each faculty

Faculty	Fellowship	Membership
Anaesthesia	302	114
Dental Surgery	267	63
Obstetrics & Gynaecology	1916	785
Ophthalmology	429	79
Orthopaedics (Oct 2021)	42	XX
ORL	293	70
Radiology	675	XX
Surgery	1650	867

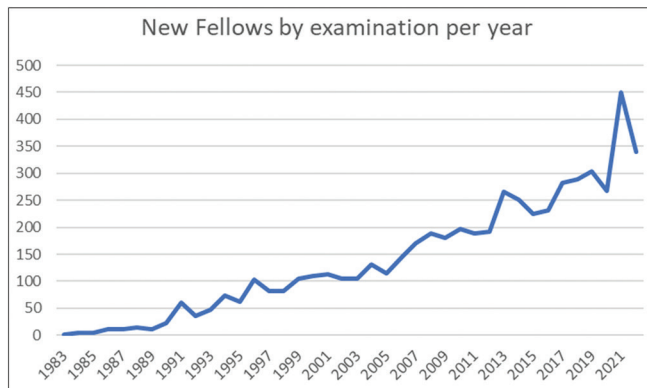


Figure 1: WACS growth since the inception of the examination

The WACS has, in many ways, become the role model for similar health workforce training in other parts of Africa: our regional approach to manpower production has been copied in other parts of Africa. The integrated surgical manpower training that accommodated all surgical specialties and the advantages thereof has become role models for the WHO NSOAP of which we have turned the “N” into nursing care to highlight the special relationship and linkage between our profession and the nursing profession. Such an approach ensures proportional development of the different specialists needed for surgical care of the citizens of any nation. Today, ECOWAS is working on the harmonization of curricular and equivalencies of training in all areas of the education sector across the region. This is a path we have already walked years and decades ago when

we embarked on the harmonization of anglophone and francophone training in specialist manpower production in our college. We have trained both mid-level and top-level specialist surgical manpower, which other regions of the world are now poaching. We championed rural surgery rotations and training, subspecialty, as well as super-specialization training in West Africa. We have become a reference standard for sister colleges in different countries of the region and beyond. This college has indeed come of age, and we are now poised to enter a new landscape where we use information and technology to induce an exponential increase in our training opportunities and activities. All these are solid evidence that our college has matured and has so far delivered on our mandate to the governments and people of West Africa.

Current Challenges

Our generation has been handed a glowing flame in the form of a booming postgraduate surgical college. It is of utmost importance that we keep the flame burning. To do so, we must have the keen mind and foresight to identify upcoming winds that can snuff out the glow or shadows that can reduce its brightness and take preemptive action. The college is facing a retinue of challenges, some of which are new and have the potential to stunt the exponential growth it has enjoyed up to the present moment. These emerging challenges require that we draw deep from our ingenuity and innovative spirit to navigate ourselves to safe waters. Let me highlight some key ones among them:

Outdated college administrative structure

Our college has grown tremendously since its inception, and yet the administrative structure of the college has not changed significantly from what was set up in the 1960s and 1970s. This has made the college slow in adopting changes, difficult to navigate, still lags in the use of technology, and is not primed to thrive in the digital age and beyond. Indeed, our new strategic plan identified some of these problems and made suggestions on what to do, but it has been difficult to get a consensus opinion on how best to address some of them. I am happy that some changes are already being implemented as stipulated in the strategic plan. However, I believe we have reached a point we must streamline the operations of the college administration, introduce new units and offices and change the roles and functions of others. Some key areas of our college activities need to be professionalized, like the examination and the communication units, while some may be reorganized and new ones created, like the membership unit, business unit, research and grants unit, ICT unit, Ethics and privileges unit. There is an urgent need for us to achieve a consensus on how to run a full-time executive office in the college administration and how to professionalize the top-level staff so that our college can function as a truly modern organization.

The rise of nationalism in surgical manpower training

There is a need for the college to maintain relevance within the region in our traditional role as trainers of manpower for the region and for us to develop and find new relevance in our region. The resurgence of nationalism among the member nations with the establishment of individual national postgraduate colleges where none existed and the increasingly protectionist policies of some member nations, which do not present a level playing ground for all colleges, is a challenge we must overcome. This needs strategic engagement to engender mutual existence and collaboration. I must commend the efforts of recent officers of the college in this regard which has helped the college to demonstrate a spirit of coexistence and collaboration. We must sustain these policies and support new colleges in the region to survive while we engage with all of them to enhance what can be delivered to all people of our region. We should pursue a policy of inclusiveness and universality with a large pool of followership and internationalization of our activities not only to reduce areas of friction but also to find new relevance in what we do. Our college must do all we can to keep and sustain standards and be the reference regional standards for all sister national colleges in West Africa. We must remain the international face of postgraduate surgical training in West Africa. This will require the expansion of our international relations and outlook.

Regional diversity and integration

One of the challenges of a pan-regional international college like WACS is the variation in the constituencies she serves. Ours is a truly international college covering more than the ECOWAS economic and political block. We have 18 sovereign nations with three language blocks. As a regional college, our mandate expects us to meet these different interests and variations to be meaningful and useful to all the countries whose voluntary entry into the treaty of Nations brought us into existence. We must be catholic enough to meet the overall interest of the region as well as specific enough to make ourselves relevant to each country. This challenge of regional diversity, regional integration, and inclusiveness has been around for a long. This is not because previous administrations ignored them, but rather being human issues, they have various facets and tend to evolve. Our college's multipronged approach to this challenge, viz, manpower development, language integration, membership drive, and physical presence, need to be sustained. Some of our member countries need more mid-level surgeons and generalist surgical specialists, while specialization and subspecialization are already advancing far in some other countries. Approaches to training may vary, especially between language blocks, while the perceived needs of the different countries may also vary. Our college should be able to deliver similar quality training to all her trainees throughout the region

to assure similar standards in the region. The adoption of new training modalities with the use of IT provides an excellent opportunity for such centralized quality training to all trainees and yet individualized to each country's needs. We have already started consultation with fellows in different countries to understand their individual country needs. We need to show physical presence in each county and may have to design and mount special programs for less endowed countries based on their needs to increase the number of trainers and trainees and bring training down to the most remote parts of the region.

The challenge of internal diversity and inclusiveness

We face new internal pressure from some of our fellows who feel left out in the scheme of things. We need to address such issues with the spirit of brotherhood and listen to genuine concerns and address them. Our plurality of faculties, widening age brackets, and gender underrepresentation are topical areas of diversity worthy of programmed inclusiveness. We are all witnesses to the change in the constitution that allowed us to be more inclusive in our structure and activities and brought in fresh ideas into the college. We should be bold enough to extend that inclusiveness and introduce more measures to prevent dominance in the college by any single faculty to give every Faculty a sense of belonging. While we have made some remarkable progress in some areas on proportionate representation by simply keeping our mind on it, there is room for more accelerated improvement. Gender issues and appropriate youth representation are now well captured in our strategic plan, which this EXCO is committed to implement, and we look forward to entrenching them in our bye-laws in the amended constitution. Given the excellent experience we had with the creation of the faculty of orthopedics, our college should be more supportive of the creation of more faculties from existing ones if they can be justified by the strength of followership; the need for such and the cost is within our financial means.

Migration of surgical workforce

Migration of the surgical workforce out of West Africa has been a recurring challenge in our region from the inception of our college. Indeed, this was the prime mover for our founding fathers to steer the college into surgical manpower training.^[2] Past President Festus Nwako, in his 1995 inaugural speech, highlighted that this is not new in the medical profession.^[3] Countries of West Africa have been more fortunate than some countries like Samoa, Middle East countries, Horn of Africa, and India, which have been dubbed the brain drain capitals of the world.^[4] Many of our member nations, however, appear helpless in addressing this problem. Some of them have instituted some ineffective policies, and in some instances, these policies are frankly speaking counterproductive. We must, as a college, commit to working with our member countries to see what can be done to mitigate the effect of this challenge. PP

Nwako, in his inaugural speech, stated clearly that despair is not an option for a surgical training college like ours. He advised for improvement in resource allocation to the health sector, improvement in remuneration of health personnel, and rededication and redoubling of effort by the remaining training personnels.^[3] This last bit of his recommendation defines our role in managing this problem. We must redouble our effort to increase our training output. Faculties should, as a matter of policy, open the intake points into residency and diploma programs while we intensify efforts to make sure that trainees come out well-groomed to function. We now have the advantage of technology and the Internet, and these should be maximally utilized in our training programs. Equally, we should use the reality and cost of this emigration from our region as a tool in our future international negotiations for collaborations and MOUs specifically to make the point that our work in this region service the needs of our international partners.

Francophone and lusophone challenge

We are witnessing a dwindling of fellowship among our francophone countries while we are yet to make lasting notable inroads into lusophone countries. It is interesting to note that this very well-organized and executed conference took place in a francophone country, and yet most of the principal figures in the organization are not WACS fellows. It may interest fellows of this college to know that our parent body, WAHO spends our hard-earned funds to send people from Guinea Bissau to Brazil to undergo postgraduate surgical training. The mission of our founding fathers would have failed if we allow this challenge to persist. I call on all fellows to support the special needs clauses for fellowship by election tabled in the constitution amendment to address this problem. It is time for our college to mount more aggressive membership drive in francophone countries, including providing opportunities for them to have their individual country chapter meetings aided by WACS. We should engage more with WAHO and lusophone countries to see how our training programs can serve them more in producing the needed specialists for their medical schools and specialist surgical services.

The new challenge of PhDs

Over the years in all nations of West Africa, our fellowship has served the dual purpose of professional and academic qualification for teaching and professional practice of surgical specialties in line with what obtains all over the world. Recent development in Nigeria has resulted in a situation whereby postgraduate medical fellowship qualifications will soon not be the sole requirement for academic life in Nigeria. This, we believe, is a great anomaly; however, the decision on what should happen is beyond our control. Our trainees and young fellows have been in limbo on what steps to adopt to meet this new demand. A lot of danger hides behind our college's indecision to marshal out the way forward for the fellows and trainees.

All the same, the college, under the guidance of the council, took a hard and long-term look at this policy. College's position has now been fully articulated, and the necessary blessing of our council has been secured. We have, through the WAHO committee on higher education, been able to make input into the policy structure on educational training in the ECOWAS region as it affects the health sector. It is now accepted that postgraduate academic university training should go on simultaneously with the professional medical fellowship training. This has been our reasoned and informed position given the new challenges in some of our countries on how to integrate with the general university education. It is also in line with the training program in our francophone countries. There is an urgent need to move into full implementation of this policy.

Looking Ahead to the Future

The title of this message captures what I believe should be the focus of our surgical college in the coming years. We should quickly brush up on ourselves to make up for the lapses that are hindering us from performing optimally as a 21st-century training college and, at the same time, prepare the college to serve the millennial generation, generation Z, and upcoming generations. In doing this, we must leverage on our main strengths both to achieve our goals and to maintain our leadership role in surgical training in our region and Africa. We must look at the future with confidence and renewed optimism knowing that we have the personnel and resources to determine our future. Periods of adversity and challenges are periods of growth and development. The challenges noted above should encourage us to think out of the box to improvise and devise new ways of doing things to engender survival. We need to re-engineer ourselves, tap into the fortune of youth and diversity in our college and use the technologies available and currently being conceived to provide a modern college fit for the future surgeons that will serve West Africans.

A notable strength of our college from its inception is its inclusiveness, which accommodated a variety of opinions and interests. We included different language blocks, different nations, and different specialties in our composition. Recent institution-shaking changes in the college administrative and leadership structure entrenched that inclusiveness and ensured that our college is prepared to face the future as a body open for all surgeons to participate. We should do all within our power to maintain the large followership our college enjoys among surgeons throughout West Africa. In the next 2 years, we will continue to pursue programs that include younger fellows and women and accommodate all faculties and nations. We will ensure that no single faculty dominate the activities of the college but encourage proportional representation. We shall open up WACS committees for volunteers, institute appropriate recognition and reward for those who take an interest in

volunteering for college activities, and we will take training down to the most remote parts of our regions.

Expanding our international relations

Our international outlook has been a great asset of our college from its inception. It enabled early recognition of our fellowships and allowed us to become the face of postgraduate training in West Africa. We will sustain and expand this international outlook through more linkages and collaborations. We will draw on our international collaborations to bring cutting-edge ideas and technology to bear on our activities in the college and, in so doing, prepare the future surgeons for the role they will play. New linkages for training and collaboration in research and skills development, in surgical oncology programs, and in minimal access surgery will be consummated in this period. We will establish locally funded travel fellowship awards and reverse fellowships not just to transfer skills and resources but to increase our international exposure and collaborations. We will allow our diaspora fellows and international external examiners to participate more in our examination process to bring in fresh ideas in our examination process. This college prides itself on not depending on any government support or patronage for our survival and continued existence. Our survival depended on innovative measures that leveraged on efficient use of resources and excellent programs that are people-friendly and standardized. We will maintain this policy in our trainings, examinations, and accreditation programs. Surgeons all over the world must find it simple, easy, and straightforward to get information about our college, relate with us and our programs, and above all, be part of our training either as trainers or as trainees.

Strengthening college finances

The news that the college conducted our last two examinations with a negative financial balance sheet has sent an alarm bell throughout the college. I am most pleased that the outgoing executive in which I served viewed this recent trend of financial loss in our examination very gravely. We did institute several measures which I am sure will yield some dividends. Whatever the current situation, I wish to assure the Fellows of this college that by the end of 2023, our college will have returned our examination process to profitability. Beyond that, we will diversify our nonexamination sources of funding, including more postgraduate lectures, aggressive grant funding pursuits, and wise financial investments of our existing resources. We have already tasked the college financial adviser to supply us with comprehensive advice on investments to guide our future financial investments.

Steaming ahead with 21st-century surgical training and education

In the next 2 years, we will pursue aggressive use of ICT to deploy our training programs and curricula. We will review our curricula and standardize them and then use electronic

platforms to conduct self-directed content delivery to ensure uniform deployment that guarantees what is learnt. This will help us to bridge the gaps in surgical training personnel across the region and ensure minimum standard and quality of training for all the trainees across the region. This new format of E-learning and training will engender increased mobility of trainers and the use of quality specialists wherever they exist in the region and beyond to train across all the countries of the region. We have already initiated discussions with partners to deliver this model of training leveraging on the experiences gained through the Kids-OR partnership.

We will accelerate the pace of specialization and subspecialty training in the college. All the faculties will be empowered to implement specialization at their senior surgical training levels. We will work through the college organs to approve and accredit more post-fellowship training programs in such areas as surgical oncology, gynecology, head and neck oncology, and minimal access surgery. These and other subspecialty training will feature prominently in MOUs of the near future. We are already in discussion with the Society for Surgical Oncology, and we have an existing MOU with Queen's University Surgical Oncology global program for the development of the WACS Surgical Oncology curriculum. We will work to accomplish the implementation of that program in this tenure.

Surgical skills training and simulations

It is no longer fashionable nor ethically acceptable in modern surgical training for trainees to be learning on life patients. All over the world, training institutions have moved surgical skills training from the theatres to simulation laboratories and benches. The necessity for this is accentuated in our local environment by the dwindling number of cases that our trainees encounter and the need to standardize what they learn. Our college seems to be trailing other international training colleges in the adoption of simulations for surgical skills training. We have indeed, over the past decades, invested heavily on surgical skills training. We introduced regular compulsory basic surgical skills training in our program, and this has made a significant impact on learning basic surgical skills. We have also invested heavily in advanced surgical skills training in partnership with institutions in the region. Unfortunately, all the advanced surgical skills programs and partnerships that we have hitherto cultivated are now either completely collapsed or are being conducted without our input and collaboration. During this tenure, we will chart a new course for surgical skills training through full ownership of surgical simulation facilities and programs. A road map is currently in the making for surgical simulation development in the college. Both basic and high-level training programs will come on board, and MOUs to facilitate that are being worked out. In the short term, we will incorporate basic minimal access surgical skills training into the program for

basic surgical skills training in all the centers where they are currently running. The Wuye College property in Abuja is designated for surgical skills training and simulation. We will ensure that the construction of that structure takes off this tenure. In the interim, we will fashion out how to utilize the space in our secretariate for different surgical skills training pending the completion of the permanent structure. In the long run, we envisage advanced surgical skills training and laboratories to be mounted across national and regional centers. These centers, we hope, will be part of the WACS Surgical Skills Academy, first muted by our 28th President, PP Akin Omigbodun,^[5] and the nidus of WACS University for comprehensive surgical research and education.

Research as a pillar of college activities

Our college has hitherto paid lip service to the issue of entrenching research grants in the college. This has adversely affected our output and the performance of our fellows in research and innovation. There is evidence in the literature that among the medical specialists, surgeons' research activities and grant application rates are on a downward trend.^[6-8] Our residents are struggling to find research topics. The level of innovation in our surgical practice is low, notwithstanding the contribution of earlier generations of surgeons in West Africa to cutting-edge surgical research. Of note is the absence of interdisciplinary research activities involving surgeons. Many training grants are waiting to be harnessed, and yet we lack funds to conduct and innovate in teaching and training methods for resource-poor environments. A priority agenda in the next 2 years is to launch the college into the surgical science research training. We will bring hardcore science into surgical training in the college. Before the end of this year, we will have set up adequate infrastructure to enable the college to host and administer grants and collaborate with partners all over the globe in conducting international research. We will create a cohort of research groups within the college fellowship network and training institutions to work on research areas administered through the college research grants office. We will develop and launch the college research agenda to focus on areas of research that are of interest to the college. We will operationalize the ethics and privileges committee as part of the effort to entrench this research culture.

Physical infrastructure development

The need for college presence in Abuja is long overdue. This is accentuated by the pressure on our prime piece of land at Wuye, for which we have received revocation threats. We will commence construction on the site during this period, notwithstanding the limited financial strength of the college. We will not relent in seeking 3rd-party funding opportunities even as we commence work so that there will be no gap left for the loss of that piece of land. This structure will house our skills center and provide us

the opportunity for a strong presence in Abuja for a closer and easier interaction with the government of the nation, ECOWAS headquarters, WAHO, and WHO. The threat on our Ghana office land in Accra is not abating. We will do all we can in this tenure to take effective possession of that land.

Welcome to New Fellows, Members and Diplomates

Before concluding this address, let me welcome the new diplomates, members, and fellows into this college. You have passed through hardships and made a lot of sacrifices to arrive at this moment in your life. Most of you here are being admitted into a surgical college fellowship for the first time in your life. For such people, this is an experience that will never be repeated in your life. Your admission into this college not only puts our imprimatur on you as a well-trained surgeon of your cadre but also opens the door for the society to accept you and whatever is your opinion as the ultimate on surgical matters. Your certificate from this college will be your license for your daily bread. Please cherish it and keep to the traditions of the college. Ours is an honors profession that thrives on the nobility of actions and words as well as self-regulation. Please abide by that honor. We hope that today will not be the last we will see you in our college affairs. You will not be serving your patients the best if you do not participate in college fellowships and other activities. It is in coming together as we have done in this conference that we will reconnect with each other and update our knowledge on current events in our profession in the region. Remember your duties to the college to help to sustain and nurture it through your annual contributions and response to training and professional communications. I welcome you into a very rewarding fellowship.

Closing Tribute

It only remains for me to express my gratitude and continued obeisance to those who gave life and meaning to me. I salute all the members of the large Ezeome family, starting from the matriarch of the family, my mother, Mrs. Mary Ezeome, who just clocked 94 years this year. At that age, she is still strong enough to sweep her compound and fetch her water. She is indeed a tough lady made of iron and steel, which I hope has rubbed off on some of her offspring. I salute my senior sister, Prof. Agnes Anarado, a distinguished academic of the nightingale order who was to represent the family in this event but for last-minute disruptions in travel plans. You have been like a second mother to me, and I pray the good Lord to bless you abundantly. And my beautiful and amiable wife, who has shared life with me from my youth. You are a fellow of this college of your own right from the obstetrics and gynecology faculty. I could not have achieved much without you taking the back seat to provide the needed calm and comfort at home. May the good lord protect and prosper you. I must also acknowledge

Table 3: My core team in faculty of surgery

Prof. Mike Ohene-Yeboah
 Prof. O. Naaya
 Prof S. Ekenze
 Prof. Fred Ugwumba
 Prof. Lofa Chirdan
 Dr. Taiwo Lawal
 Prof. Usang E Usang
 Dr. Folake Abikoye
 Prof. Jerry Makama
 Prof. Bakare Abubakar
 Prof. Lukeman Abdurrahman
 Dr. Olawumi Popoola
 Prof. Enoch Uche
 Dr Oladipo Adewole
 Prof. Joe-Nath Clegg-Lamptey
 Dr Nii Adu Aryee
 Prof. Oladapo Adeoye
 Prof. Papa Saloum Diop

Table 4: Individuals that worked with me to set the agenda of the next 2 years

PP A Omigbodun
 PP KDT Yawe
 Prof. Emmanuel Ameh
 Prof. T Shokunbi
 Prof. Grace Anorlu
 Prof. OGB Nwaorgu
 Prof. T. Ogundiran
 Prof. Joe-Nath Clegg-Lamptey
 Dr. Sunday Ajike
 Dr. Thom Konney
 Prof. B.C. Jiburum
 Dr. Paul Onakoya
 Prof. Sidy Ka
 Dr Florence Deddey
 Prof. Segun Alatishe
 Dr Yemi Fasina
 Prof. Clement Osime
 Prof. Uche Enoch

the children the Lord blessed us with—Okwuchukwu, Chidozie, and Adaeze, all of whom are toeing the medical line, and the last two—Ugochukwu and Ogochukwu who have put in a protest appearance that we all should not end up in Medicine. You have been a bundle of joy for your mother and I and a reason for the continued struggle in life.

I extend my special thanks to all my colleagues at the University of Nigeria Teaching Hospital Enugu, starting from our Chief Executive, Prof. Onodugo Obinna and the Provost of our Medical College, Prof. Ezegwui Uzo. You have all invested heavily to make my leadership of this college a reality and with your support, I am confident we will make this college and your various institution proud of this presidency. I must also thank immensely the core team of surgeons from different parts of West Africa with

whom I have been privileged to work with, starting from our days in the BSS and ATOM course to steering the affairs of the faculty of surgery [Table 3] and WACS committees and EXCO. Equally, in the last 2 years, I have worked closely with several individuals who have set the agenda for this regime [Table 4]. As we move into the implementation phase, I pray the almighty God will give each one of you the strength and grace for the onerous task which lies ahead of us in the next 2 years.

To the members of my new EXCO and all the newly elected officers of the various faculties, I welcome you to the office and wish all of us a very fruitful tenure. I pray that we shall all be successful in translating all our plans into some tangible progress for the college. I will count on your collective effort to keep our college on course in the next 2 years.

And finally, I give all glory and thanks to the almighty God who has made this day possible and who we are relying upon for the grace and strength to carry out the task you, the fellows, have entrusted on us.

Thank you all.

- Long live the West African College of Surgeons

Prof. Emmanuel Rapuluchukwu Ezeome

32nd President of WACS

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Conflicts of interest

There are no conflicts of interest.

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