

PD-ABL-990

MID-TERM EVALUATION  
CARIBBEAN EYE CARE SERVICES  
U.S. AID PROJECT 538-0111

Grantee: International Eye Foundation  
Bethesda, Maryland

I.E.F. Project Director: Miss A.M.S. Connell  
Queen Elizabeth Hospital  
Barbados

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### ABBREVIATIONS

IEF	International Eye Foundation
UWI	University of West Indies
IEC	Intermediate Eye Care
DO	Diploma in Ophthalmology
AID	Agency for International Development, Washington, DC

### ACKNOWLEDGEMENTS

The evaluator prepared this report following an inspection of the Caribbean Eye Care facilities on Barbados, St. Vincent, and Grenada November 16-23, 1985. Meetings and discussions were held with IEF staff in Bethesda, with IEF trainers Tamara Obersbeck and general ophthalmologists Connell, Gibbons, and Khadem, USAID staff Gail Washchuck and Letitia Diaz, physician and nurse program graduates in St. Vincent and Grenada, as well as Ministry of Health personnel. The evaluator had previously held preparatory interviews with trainers and trainees over a three day period at the American Academy of Ophthalmology meeting in San Francisco, October 1985. The author acknowledges the assistance of all of the above personnel in the preparation of this report; the conclusions and recommendations are entirely his own.

## SUMMARY

This evaluation assesses all aspects of Caribbean Eye Care service, Project 538-0111, at midterm as scheduled during November 1985 and includes: ophthalmology training, nurses training, the integration of eye care services into local health care delivery systems, and the provision of supplies.

Extensive interviews over a four day period were conducted in Barbados with the ophthalmologist training program director, Miss A.M.S. Connell and her associate in the eye department at Queen Elizabeth Hospital, ophthalmologist Mr. Gibbons. Also interviewed in Barbados were current intermediate eye care physician trainees Kazi, Allport, O'Neale, and Durjon, and IEF nurse trainer, Tamara Oberbeck, R.N. Faculty were questioned about curricula and techniques of training. The content of course material was reviewed. Trainees were specifically interrogated to determine their competence in regard to surgical and medical judgement in the management of cataracts, glaucoma, and other eye diseases using case examples.

On the islands of St. Vincent and Grenada, additional interviews were conducted with IEF ophthalmologist May Khadem, IEC Specialists Bacchus and McGuire, eye nurses, sisters Vierra and Duncan, family nurse practitioner Ledia Joseph, and social worker Phyllis Joseph. Eye clinics were observed in operation. A conference was held in the Grenada Ministry of Health with USAID representative Letitia Diaz, Chief Medical Officer Alexis, Permanent Secretary Ruth Rohim, and the Minister of Health, Mr. Danny Williams.

It is concluded that the training program made possible by this grant is accomplishing its original purpose: the provision of an adequate level of eye care services to selected Caribbean countries. Glaucoma is being detected and treated earlier than before and vision is being restored by cataract extractions using modern techniques. Moreover, Drs. Bacchus and McGuire are found to be working with confidence in their new role as intermediate eye care specialists. They are competent for this stage of their training and they enjoy the respect of their community. Finally, the nursing staffs are outstanding and would be a credit to any hospital or clinic.

Major recommendations are 1) that a video taping capability be installed at Queen Elizabeth Hospital as soon as practicable to enhance surgical training and 2) that the Caribbean Eye Care grant be extended to allow training of an IEC specialist for St.Kitts/Nevis/Monserrat, a second IEC specialist to help with the large clinical load in Grenada and a third eye care physician for another island to make a total of six specialists as originally planned. Seven other constraints are listed and appropriate actions identified all of which can be accomplished within a few months.

The important problem of establishing the opportunity for local physicians to earn a Caribbean Diploma in Ophthalmology awaits action by the University of the West Indies.

## I. Assessment of Project Design, Purpose, Objectives, and Implementation

The original purpose of the Caribbean Eye Care Project was to : provide an adequate level of eye health care services to selected Caribbean countries. This is a worthwhile, clearly stated purpose which today remains realistic and reasonable.

The specific objectives of the program are also clearly stated and their accomplishment is, in fact, already improving eye care in some of these countries. The first objective, which was to establish a training program for physicians from the LDC's that would qualify them as Intermediate Eye Care (IEC) Specialists was accomplished when the eye training program for the islander M.D.s was begun at Queen Elizabeth Hospital, Barbados in January 1984.

The second objective, which was to train at least six physicians as IEC specialists has been only partly accomplished. Dr. Junior Bacchus, a medical doctor from the island of St. Vincent completed his one year IEC course in Barbados in June 1985 and is currently delivering intermediate eye care and training nurses in St. Vincent with the help of visiting ophthalmologists from Lenox Hill Hospital in New York. Dr. Jenny Allport, an M.D. from Dominica, will complete her IEC course in June 1986 and return to her home island to practice ophthalmology in a preceptorship, for one year, with a qualified ophthalmologist. Dr. Valdez, an M.D. from Belize will resume his IEC training in January and will return, on completion of training in Barbados, to his country for an additional year of preceptorship. Recruitment of a medical doctor from St. Kitts/Nevis/Montserrat is planned. Other M.D.s (not in this grant) currently in training in Barbados are Dr. O'Neale from Tortola and Dr. Durjon from Guyana. Other M.D.s (not in this grant) who have completed IEC training in Barbados are Dr. Kazi, who may remain at Queen Elizabeth Hospital, and Dr. McGuire, who has returned to Granada to work with IEF ophthalmologist Dr. May Khadem. Antigua which has one eye specialist in private practice is not, at this time, participating in the training program and is the only country, originally targeted in this grant, which has so declined. Thus, three IEC physicians will have completed their training in Barbados by June 1986. A grant extension will be necessary to train three more.



The third objective; to provide eye care training for nurses who will assist Intermediate Eye Care Specialists, has been accomplished on schedule in St. Vincent, Grenada, Dominica, St. Kitt, and Monserrat. Accomplishment of this objective in the other islands will proceed further when the IEC trained physicians return to their islands.

The fourth objective; to assist participating countries in integrating primary and secondary eye care service into their systems for health care delivery and establish referral linkages to the tertiary eye care facility, is being accomplished on schedule in St. Vincent and Grenada. Nine cases were referred to Barbados from Grenada and a similar number from St. Vincent in the past year. The linkages are working but can be improved.

The fifth objective which is to provide initial supplies and necessary equipment to participating countries so they can establish their eye care services system, has been nearly accomplished in St. Vincent: a slit lamp certified to be en route to Kingstown General Hospital still has not arrived. St. Kitt and Grenada have completely equipped eye care facilities. Belize and Dominica will need equipment when intermediate eye care programs are begun there.

All of the activities specified in the 1983 Caribbean Eye Care program description have been carried out. They are:

A. Project Management

- a. Technical, financial, logistic, and procurement support from the home office have been provided.
- b. The 1/3 time services of a regional Project Director and a part-time administrator/secretary have been arranged. Dr. Connell is the regional Project Director (see C.V., addendum A). Mrs. Anne Bradshaw is administrator/secretary (see C.V., addendum B).

B. Planning Visit

The eligible countries were visited to reach agreement with governments on: physicians and nurses to be trained, the system of eye care services delivery to be developed, and equipment and supplies needed to initiate the program locally.

C. Technical Assistance/Training

Technical assistance and training has been provided to help establish adequate eye care services in participating countries.

D. Supplies/Equipment

Materials and equipment have been provided for the training programs as well as the medical supplies and diagnostic and curative equipment for country programs. Problems in delivery of equipment have been identified.

E. Travel/Communications

Support has been provided for both international and local travel as well as communications costs.

Recommendation:

Extend the grant to allow completion of training of three more physicians (in addition to Drs. Bacchus, Allport, and Valdez). One from St. Kitts/Nevis would improve the level of eye care in that country. Another is needed to help with the huge clinical load in Grenada. A third might be selected by one of the other islands.

## II. Evaluation of Grantee's Level of Success in Achieving the Project Objectives.

### A. Method and rationale for selecting ophthalmology candidates for training.

Various Island Ministries of Health and the University of the West Indies have been notified by Miss Connell of the availability of the Caribbean IEC specialist one year training program for physicians in Barbados. With this help, physicians from specific island nations were identified who were interested in specializing in eye care. Ideally, a number of physician candidates would apply from a particular island; this would allow selection of the most qualified candidate. In practice, the Island Ministry of Health has sent only one candidate, but it should be emphasized that the students I have interviewed, Drs. Bacchus, McGuire, Allport, O'Neale, and Durjon seem very well qualified and dedicated to helping the people in their home countries. Thus, an appropriate level of success has been achieved in identifying qualified M.D.s who will return to their countries as IEC specialists.

### B. Training certification status as it relates to selection of and participation by regional physicians.

Miss Connell has been negotiating with the University of the West Indies for the past two year, attempting to: 1)gain official U.W.I. recognition of the IEC specialist course and 2)establish a U.W.I. Caribbean D.O. based on a written and oral exam which would emphasize basic eye surgery rather than optics and refraction which forms a major part of the London D.O. The course and concept have been approved in principle by U.W.I. but funding and implementation of the exam has not yet been provided. Until such time as the Caribbean D.O. is established, IEC physician trainees will take the London D.O. exam, which if passed will provide a status for the doctors which will be recognized by their countries. Achieving an acceptable pass rate for the London D.O. exam, which will be given in Barbados in January and February 1986, is an important goal of the IEC training program at Queen Elizabeth Hospital which will have a beneficial effect on recruitment of candidates in the future. The I.E.F., recognizing the importance of this effect, is helping Miss Connell, Mr. Gibbons, and Mr. St. John to provide special tutoring to the trainees in the subject matter covered by the London D.O. exam.

C. Methods and rationale for nurses training.

The I.E.F. has employed a very able and experienced nurse instructor, Tamara Oberbeck, R.N., (see trip report Eastern Caribbean August 2-31, 1984, Addendum C), in giving training sessions in the islands over the past few years. The hospital based eye nurses as well as the IEC specialists in Grenada and St. Vincent are now well qualified to conduct effective primary eye care training of nurse practitioners and public health nurses from outlying clinics and communities. Continuous monitoring of screening projects by the IEC specialist should be continued to be certain the techniques of eye disease detection are being used appropriately.

D. Are activities consistent with expectations?

In general they are. The ministries of health expect that as a result of this program eye diseases, especially glaucoma and cataracts, will be detected and treated earlier in their countries. This is now taking place. For example, in Grenada approximately 120 patients are examined each week in the St. George's hospital eye clinic by two physicians. In the Kingstown hospital eye clinic in St. Vincent, about 60 patients per week are examined by one IEC specialist. Nurses and general practitioners are being trained to do screening for eye disease and are referring cases to the IEC specialists. Education of the public about eye care is provided by talks to groups of nurses, teachers, and civic organizations as well as by radio interviews and public health spot announcements. The IEC specialist and the I.E.F. ophthalmologist working together on the island are in the best position to determine how intensively to screen groups of people so as to avoid overloading the referral system.

E. Assessment of the appropriateness of the physician and nursing training.

The physicians are being trained to detect and treat common eye diseases, to perform cataract and glaucoma surgery, and surgery for strabismus, and to recognize and refer difficult cases to the tertiary center; their training is appropriate for these goals and the physicians are performing well in this regard. The nurses are trained to detect abnormalities of vision, ocular motility, pressure, and external appearance and refer to the intermediate eye care specialist; their training is appropriate and they are making appropriate referrals.

### III. Project Management system and Administrative Operating Procedures.

#### A. Program Information Systems

##### 1. Communications systems and information flows between I.E.F. and the Caribbean Project.

Monthly reports on project activities are required by IEF headquarters. The project director writes these according to the format specified by IEF headquarters, which is comparable to that required by all IEF projects. Monthly reporting on project activities can tend to be irregular depending on the workload of the project director. Copies of quarterly project reports written for USAID and other agencies involved in the Inter-Island Eye Care Services are sent to the project director for her own records. Correspondence between the project director and other agencies and governments pertinent to the project are copied and sent to IEF headquarters. Communication between IEF and the Caribbean Eye Care Project is frequently by telephone or cable as need arises. This is particularly the case when IEF needs to communicate with non-project personnel on islands outside of Barbados.

During management visits to the project, IEF personnel have established channels of communication with faculty and trainees involved in the project at the Queen Elizabeth Hospital. These channels remain open through correspondence, meetings, and phone calls. For example, a meeting for key project personnel was held in San Francisco prior to the meeting of the American Academy of Ophthalmology in September, 1985. This meeting included IEF headquarters staff, two trainees who had completed the year of ophthalmic training in Barbados - IEC M.D.s Bacchus and McGuire - Ophthalmologist Gibbons from the faculty of Queen Elizabeth Hospital, other IEF project directors from the Caribbean and several associated ophthalmologists in addition to the current evaluator. By meeting together as a group, issues affecting the project were aired and recommendations for improvement forwarded.

Written reports on project finances are prepared on a regular monthly basis by George Moore, the local financial administrator for the project. Having formerly been a banker, Mr. Moore prepares detailed and comprehensive financial statements. Although working entirely gratis, Mr. Moore prepares reports that are highly professional in structure and content. These reports are sent directly from Mr. Moore to the IEF accountant and Caribbean Administrative Manager at IEF headquarters.

2. Roles and functions of Inter-Island Eye Care Services, the UWI School of Medicine and IEF.

Although an agreement regarding roles was worked out in principle between the IEF, Dr. Connell representing the Inter-Island Eye Care Service, and University of the West Indies/School of Medicine, these roles and functions only assumed specificity over the course of the project. At the outset of the project, all parties involved misjudged the length of time a university review and approval of the Diploma in Ophthalmology certification would take. When inevitable delays in the process occurred, the IEF through its local project director and through CARICOM tried to promote a speedier review. Finally, in the summer, 1985, the UWI approved in principle a Diploma in Ophthalmology under UWI auspices.

The timetable for institutionalizing this certificate has not been specified, however. In the absence of such certification, agreements were made with the University of London to ensure that trainees would be certified. Consequently, examiners from the University of London are scheduled to give the exams for the Diploma in Ophthalmology in January and February 1986.

The IEF as a PVO has always stood in the position of facilitator and promoter. The UWI bears institutional responsibility for the program as an academic course of study subject to accreditation review. Dr. Connell serves as liaison between the IEF and UWI in her capacity as IEF Project Director and head of the Department of Ophthalmology at the UWI in Barbados.

3. AID reporting and grant management systems.

In preparing quarterly and financial project reports, IEF follows AID requirements. During management visits to the project, IEF staff make a point of reviewing the status of the project with local AID administrators. IEF headquarters staff are aware that AID requires regular reporting, concurrence for travel arrangements and AID approval of trainee-candidates.

In the fall of 1985, however, an incident occurred which may have led AID to question IEF knowledge of AID procedures. At that time, the project director was out of the country for several weeks. A candidate meanwhile arrived in Barbados who had not received approval from IEF headquarters, IEF project personnel, or AID.

In this particular instance, a cable had apparently been sent to the Assistant Permanent Secretary of Belize from the Queen Elizabeth Hospital administration indicating approval. This breach of existing project procedures occurred despite, not because of IEF project personnel. Serious problems arose when it was discovered that this candidate did not meet the pre-requisites required for entrance. IEF headquarters tried to ease the problems caused to the candidate by providing him with sufficient funds to stay on in Barbados on an observer status and to return to Costa Rica to complete his internship. These funds came strictly from IEF's own sources in an attempt to reduce the negative ramifications caused by his unapproved arrival. With an eye to promoting good will for the project, IEF provided these funds readily rather than press the Belize government or hospital administration to cover the costs incurred by this incident. Meanwhile, the local project director also tried to ameliorate the situation by appealing to the Medical Council to review Dr. Valdez's case. He will be completing his clinical pre-requisite and will begin training in Barbados in January.

These actions on the part of IEF headquarters and project director illustrate flexibility, commitment, and a broad sense of responsibility for all aspects of the project. These actions should not be taken, however, as admission of direct responsibility for this incident nor as an indication that IEF is unaware of AID review and approval procedures.

## B. Financial Management

### 1. Financial management system, including flow of funds, reporting of expenditures, financial accountability.

Primary responsibility for the financial management of this project rests with the IEF headquarters, where records are maintained by the Foundation's accountant under the supervision of the Administrative Director. For purposes of allowing project personnel to meet local financial needs, an account is maintained in Barbados at Barclays Bank. Funds are transmitted to this account from IEF headquarters on request of the Financial Manager, Mr. George Moore, approved by the Project Director, Miss Connell. Project related items paid from the local account include office expenses (telephone, postage, stationary), trainee stipends, and some local travel expenses.

The project's Financial Manager, Mr. Moore, a retired bank executive, serves in a voluntary capacity. Checks written on this local account require two signatures. Present signatories include the Project Director, the Financial Manger, the Project Director's Administrative Assistant, and the IEF's Administrative Director. The Financial Manager prepares monthly reports of local project expenditures and forwards these, along with bank statements, receipts, and invoices, to the IEF headquarters. The IEF headquarters, in turn, prepares quarterly financial statements for submission to USAID. In addition, monthly financial statements are generated on an "in-house" basis to facilitate monitoring of project expenditures and compliance with grant regulations.

2. Financial reporting to AID.

Accounting and Administration personnel at IEF Headquarters are sufficiently aware of AID financial reporting requirements.



IV. Constraints to Successful Implementation and Actions to Insure Achievement of Project Objectives.

- A. The necessity at present for IEC physician trainees to take the London D.O. for certification. Action: The completion of negotiation for a U.W.I. sponsored IEC course with one faculty person paid by U.W.I. and for U.W.I. certification of qualified IEC Caribbean physicians.
- B. The difficulty in arranging timely delivery for items such as the slit lamp for the Kingstown General Hospital. Action: Obtaining an understanding with the appropriate ministries for cutting through the red tape associated with delivery of equipment important for the adequate functioning of the hospital.
- C. The difficulty in providing more than barely adequate surgical experience for IEC trainees during the training year in Barbados. Action: The inauguration of videotaping of selected surgical procedures by trainees and surgical teachers. Using the present excellent Zeiss operating microscope in the eye operating room at Queen Elizabeth Hospital, such a video capability could be installed for about \$6000. Videotaping more than triples the value of every surgical procedure as a teaching experience and enables members of a group of trainees to profit enormously from each other's experience in the operating theater.
- D. The problem of keeping complex biomedical equipment in good working order. Action: The training of biomedical engineers who will be able to get instruments in good functioning condition 95% of the time and providing the administrative help and funds to arrange, in the other 5% of malfunction problems, to return the equipment to the manufacturer for repair. This is being accomplished at Queen Elizabeth Hospital, at Kingstown General Hospital, and at the hospital in St. George's.
- E. The problems associated with the establishment of Queen Elizabeth Hospital as a tertiary center. Action: The establishment of an easily followed line of referral for retinal problems to Barbados. This requires phone calls backed up by a letter of referral by the referring physician

on the outlying island to Barbados. Dr. Connell does some of the retinal cases and is encouraging Dr. Rieffer, a U.S. trained retinal specialist in Barbados, to accept more responsibility in the area of treatment and surgery for diseases of the retina. An argon laser is on order for the hospital. A YAG laser is being talked about. The hospital should definitely have both and a bioengineer trained to take care of most repairs. Other capabilities which are important to the Queen Elizabeth Hospital eye department as a referral center are: visual field screening using the Friedman analyzer, and ultrasonography, both A & B scan. Equipment will have to be ordered and personnel trained to perform these exams. A.E. Byer (see C.V., addendum D) is a technician in the Queen Elizabeth Hospital eye department who has the motivation and ability to learn these techniques.

- F. The potential problem of training IEC specialists only to see them fail to follow through with caring for the underserved population on the island for which they are trained. Action: The continual careful selection of physicians who have the dedication to return to their home islands to devote part of their workweek to care of the underserved. Secondly, the establishment of a larger housing allowance: for example, Dr. McGuire estimates it would take \$1000 EC/month to rent a home adequate for his family (he is currently paid only \$700 EC/month housing allowance by the Grenadian government. Thirdly, the planning for a second IEC ophthalmologist to replace the IEF trainer in cases where the island has a large enough public eye clinic load as in Grenada; this would allow both eye care specialists to share in the clinic load.
- G. The absence of any charge to those with the ability to pay for the use of expensive facilities and equipment and for the services of hospital personnel. Action: The institution of a modest sum to be paid by patients who can afford it for the use of expensive facilities such as the eye operating room. Such income is needed to provide funds to replace depreciated equipment.

- H. The feeling of working in isolation by new eye care specialists who face frustrations in getting the eye clinics equipped and in arranging suitable quarters for their family. Action: Weekly phone contact with an experienced I.E.F. physician during the set-up period followed by monthly conversations as needed.
- I. Difficulty by the local project director, Miss Connell, in finding time to fill out monthly report forms. Action: Simplification of report forms so that Mrs. Bradshaw can complete the forms with minimal input from Miss Connell.
- J. The problem of having candidates sent by their island who are not qualified. Action: Require the candidate and his ministry of health to provide proof of satisfying all pre-requisites for the course at least four months prior to matriculation.

V. A. Assess the Impact of the Project  
Component on the Intended Beneficiaries.

Cataracts, glaucoma, and other ocular diseases are now being diagnosed earlier and more frequently on the islands that are being served by IEC specialists. There appears to be a high incidence of glaucoma in the islands and glaucoma occurs at a younger age and is more difficult to treat in the Caribbean population. It is therefore particularly important for glaucoma to be detected when it first occurs.

Having adequate eye care on the islands is a real plus not only for the well being of the people but also as a significant factor in attracting tourist and enclave industries.

B. Effects of Unplanned Action and/or Events  
on Project Efforts.

There have been two unplanned situations which had the potential for adverse effect. The first is that of a trainee who wants to specialize in eye care but who finds that he does not have the mechanical aptitude or digital dexterity to do good eye surgery. Such individuals occasionally enter eye training programs and when their problem is apparent must be encouraged to limit themselves to medical ophthalmology, unless by dint of extraordinary effort they are able to train up to an adequate level of performance in the operating room. One of the early trainees, who has left the Caribbean area for more training, fell into this category. The second episode is that of the physician who arrived prematurely to begin the course before he had been fully qualified (see 3A3). This can be avoided by requiring that all candidates complete their applications and provide documented proof of completion of pre-requisites at least four months prior to matriculation in Barbados. Both of these episodes, which used considerable expenditure of time and effort on the part of Queen Elizabeth Hospital faculty and the I.E.F., were handled as well as possible, under the circumstances, and the adverse impact on the program, while noticeable at the time, will not be lasting.

## VI. Sustainability of Caribbean Eye Care Physician.

The concept of training selected physicians from the islands to an intermediate eye specialist level, with the goal of having them return to their home to provide eye care including basic surgery is obviously working. Problems experienced over the past two years can be avoided by careful selection of candidates and by having credentials and candidates completed and reviewed four months ahead of starting time for the course.

It may require effort but it should not be too difficult to balance, in the future, time devoted to private practice and to clinic responsibilities, so that adequate attention is given to clinic patients. Financial incentive in the form of increased housing allowance or increased salary may be necessary.

The ministry of health understands that supplementary income for private practice can make it possible for the physician to stay on the island and render public service for the modest salaries paid.

The concept of generating some additional income in the form of fees for the use of hospital and clinic facilities used in the care of patients who can afford to pay may make it possible to pay for equipment, supplies, and personnel. As this concept is implemented, the program can be increasingly self sustaining. With time and general improvement of the economy, the percentage of the population able to contribute use fees will increase. However, continued financial support by the Ministry of Health will always be necessary to subsidize the facility costs of outpatient and inpatient eye care for those who are too poor to pay anything.

In my opinion, the IEC trained physicians from the various islands will have, in the future, the dedication to devote a substantial portion of their workweek to the provision of professional services to patients in the government sponsored eye clinics, if the facilities can be adequately staffed, maintained, and supplied; this can be self sustaining with a low reasonable scale of facility use fees.

**CURRICULUM VITAE: 1985 A.M.S. Connell**

Nationality	British
Married	(Mrs. Dowglass)

**Qualifications**

1952 M.B., Ch.B. University of Birmingham, England  
 1957 Primary F.R.C.S., England  
 1959 Diploma of Ophthalmology, England  
 1964 Fellow of the Royal College of Surgeons (Ophthalmology), England

Fellow of the Royal Society of Medicine, London  
 Fellow of the Faculty of Ophthalmologists, England

1974 Fellow of the American Academy of Ophthalmology

**Programmes developed, etc., in Caribbean**

1974 Started Training Programme for Ophthalmic Assistants (IEF)  
 1978 Started Exchange Programme for post-graduate doctors in Ophthalmology with Washington D.C. Eye Centre  
 Started Surgical Training Programme for Residents from Lennox Hill and Mount Sinai Hospitals, New York City  
 Started Inter Island Eye Service from Barbados to Antigua, Grenada, Montserrat, St. Vincent, Turks and Caicos, Dominica  
 1984 Started Training Programme for Caribbean Ophthalmic Surgeons.  
 1979 Appointed Ophthalmic Adviser to Pan American Health Organisation  
 Committee: San Francisco 1979  
 Lima, Peru 1982  
 Caracas, Venezuela 1984  
 1982 & 1983 Elected Chairman of Medical Staff Committee, Queen Elizabeth Hospital, Barbados  
 1983 Awarded Honorary Gold Crown of Merit for ophthalmic work in Barbados and the Caribbean

## CURRICULUM VITAE

### Appointments

- 1953 - 1956 House Surgeon appointments, all to professorial units at teaching hospital, Birmingham:  
Obstetrics and gynaecology  
Ophthalmology  
Neurological Medicine  
Senior House Officer, Neurosurgery  
Research appointment in Neurosurgery, (Pituitary Ablation)
- 1957 Senior House Officer, Ear, Nose and Throat and General Surgery, Royal Marsden Hospital, London.
- 1958 Senior House Officer, South Middlesex Hospital, London.  
To Mr. Lorimer Fison, Specialist in retinal disease, Moorfields Eye Hospital
- 1959 Resident Surgical Officer to Moorfields Eye Hospital, London. (First woman appointed).
- 1961 - 1969 Senior Registrar at Moorfields Eye Hospital, City Road  
With Mr. Harold Ridley specialist in Anterior Segment surgery and inventor of intraocular lenses.  
With Mr. J.E.M. Ayoub, specialist in retinal disease.
- concurrently  
1961 - 1965 Registrar, Guy's Hospital, London
- 1963 - 1968 Senior Registrar, The London Hospital, Whitechapel, London and First Assistant to Mr. J.E.M. Ayoub.
- 1966 From Moorfields -  
Tour to South Yemen in charge of surgical team:  
Cataract surgery, and  
Grafting in Aden
- 1967 Tour to Barbados.
- 1969 Senior Ophthalmic Consultant, Head of Department of Ophthalmology, Barbados  
Associate Lecturer in Ophthalmology, University of the West Indies.

Papers, Lectures, Presentations etc: in and from Caribbean.

- 1975      Glaucoma Surgery      Society of Eye Surgeons' Meeting, San Salvadore
- 1977      Ophthalmic Feasibility Survey and Report      Eastern Caribbean
- 1979      Eye Screening      U.C.L.A., Asilomar, California
- 1980      Experience and Reform in the (Ophthalmic) Training of Foreign Graduates      Oxford Ophthalmological Congress, England
- 1981      Modern Developments in Ophthalmology,      Barbados
- 1983      Inter Island Eye Service      District of Columbia Medical Society
- 1983      Present State of Eye Care in the Caribbean      Definitive Paper produced at request of PAHO, Washington, D.C.
- 1984      Role of the Hospital in Integrated Health Services and the National Health Service,      Barbados
- 1984      Eye Care in the Caribbean: Possibilities of Integration, Caracas
- 1984      American Academy of Ophthalmology: Instructor on course for Cataract Surgery in Developing Countries, with John Hopkins Baltimore.
- Society of Eye Surgeons, luncheon guest speaker
- Treatment of Glaucoma in Developing countries, paper read at Society of Eye Surgeons, Rome, Italy

Blind Screening Programmes Conducted, Barbados

- 1969      Blind Screening and Report
- 1973      Blind Screening and Report
- 1975      Blind Screening and Report
- 1976      Population Screening for Glaucoma and Report

Conferences Organised in Caribbean

- 1970      Ophthalmic Conference      Barbados
- 1971      Ophthalmic Conference      Jamaica, with Hope Ship
- 1983      Prevention of Blindness and Glaucoma Workshop      Barbados, with PAHO, etc.
- 1984      Rehabilitation of the Blind      Barbados, with Caribbean Council for the Blind.
- 1985      Inter Agency Coordinating Group Meeting      Barbados

Presentations at Meeting of Caribbean Ministers Responsible for Health

- 1979      Prevention of Blindness: Inter Island Eye Service      Antigua
- 1984      Extending Eye Care throughout the Caribbean      Dominica
- 1985      Update on Eye Care in Caribbean      Guyana
- With Royal College of Surgeons of London) recognition and  
            and University of the West Indies      ) examinations



## CURRICULUM VITAE

Name: Anne Bradshaw

Marital status: Married

Nationality: Canadian/Barbadian

Education: Luke Callaghan Memorial High School,  
Montreal, Que. Canada.

Seven years elementary; four years high school; one year business college.

In Barbados attended several courses on Business Management conducted by the Barbados Employers Confederation and the Barbados Chamber of Commerce.

Employment:

1945-1951 Royal Victoria Hospital - office clerk

1951-1956 L & G Floor Covering - office clerk

1956 - 1960 Kay Metal & Refining Works, - accounting and secretarial work

1960 - 1963 Sicotte Transports - accounting and secretarial work.

Dec. 1963 To Barbados. Not working for 1-3/4 yrs after being married.

Jan. 1966-1982 St. Joseph Hospital. Managed office, records department; handled all secretarial duties including attending all medical staff meetings; handled payroll, banking, etc.

After Mother Irene, who was the original Hospital Administrator, retired to Rome, the Superior from Rome then appointed Sr. Francis as Administrator, Sr. Anastasia as Assistant Administrator and I was officially appointed the Hospital Secretary. I left in mid 1982 as my husband and I moved to Canada where we remained for 2 years. I returned for a short time to St. Joseph Hospital.

July 1985 Came to work with Miss Connell.

Hobbies: Cooking, reading and croquet.

TRIP REPORT  
EASTERN CARIBBEAN  
AUGUST 2-31, 1984  
TAMARA G. OBERBECK RN, COMT

PURPOSE:

The purpose of this trip to St. Vincent and Antigua was threefold:

1. To give a refresher course to the nurses in St. Vincent and Antigua who were previously trained by the International Eye Foundation (IEF) in Primary Eye Care (PEC).
2. To assist and supervise same nurses in the refresher course in training district nurses with no training in PEC.
3. To evaluate the conditions of and the equipment in the eye clinic and operating room in St. Vincent.

IMPLEMENTATION:

On August 2, 1984 I traveled to the IEF office in Bethesda, Maryland to collaborate with John H. King MD, Robert Meaders MD and Jack Swartwood MPH to plan the PEC program for the Eastern Caribbean. I was also able at this time to collect the necessary teaching materials.

While in Bethesda, Maryland I had the opportunity to meet with Sir John Wilson CBE, and discuss the nursing training program in the Eastern Caribbean.

I also met with Larry King MD to discuss the work I have done in Honduras and to discuss the possibilities of a training program for the nurses in the refugee camps in La Mosquitia, Honduras. We hope to plan this for November 1984.

On August 6, 1984 I met with Sister Louise E. Sandy-Deare, the Principle Nursing Officer of the Ministry of Health in St. Vincent. We planned the refresher course which was to be

for four days and was attended by four nurses, including Sister Sandy-Deare. Three of the nurses in the refresher course were previously trained by the IEF. The program consisted of:

1. Review of Anatomy and Physiology of the Eye.
2. Techniques of Examining the Eye
3. Common Eye Diseases
4. Glaucoma Screening
5. Visual Screening

August 7, 1984 we began our program at the nurses host~~el~~ for the following nurses:

1. Louise E. Sandy-Deare-Principle Nursing Officer MOH
2. Barbara Vanloo-Staff nurse at Kingstown General Hospital-Eye Clinic
- \*3. Kathleen E. Glasgow-Manderille-Staff Nurse, Health Clinic
4. Thresena Veira- Ward Sister at Kingstown General Hospital Eye Clinic.

August 8, 1984 we reviewed Techniques of Examining the Eye and Common Eye Disorders. We attempted to visit the Minister of Health and had just missed him.

August 9, 1984 We reviewed Glaucoma Screening. Later that afternoon the Radio Station of St. Vincent came and interviewed us and broadcast a 20 minute program and the work of the IEF. We also planned a 30 minute program for the following week to discuss Common Eye Diseases in St. Vincent.

I also met with the Permanent Secretary of Health and Education, Mr. Coffy and the Senior Medical Director Dr. Jesudason to discuss the program.

August 10, 1984 We spent the day at the Eye Clinic at Kingstown General Hospital and met with Sir Sidney Gunn-Munroe the Governor General and the only practicing eye doctor at this time. Sir Sidney has been the chief general surgeon at Kingstown General for the last 15 years and treats most of the eye cases

on a volunteer bases once a week. We discoused the PEC program and welcomed any suggestions from him.

I also planned with the nurses in the refresher course for them to present a 1 hour lecture to the second group of nurses to be trained in PEC. This provides an opportunity for the nurses trained to use their knowledge in training othters. Each nurse was encouraged to choose a topic of their personnel choice.

We then toured the hospital and operating room and the following is a summary of my findings.

Kingstown General Hospitalis the principle hospital in St. Vincent for a population of 140,000 people. The hospital has recently been renovated and expanded and is in excellent condition. Many of the wards are new and have new beds and general equipment. It is a 216 bed hospital which is divided into a Male Ward, Female Ward, Pediatrics, Ob-Gyn. and Geriatrics. At present they are still renovating the operating room which consist of one actual operating room and a small room for emergency cases. All cases are done in this room. It is well equiped with new lights, General Anesthesia equipment, orthopedic table and operating microscope for eye surgery. There are essentially no eye instruments for surgery.

The eye clinic is in need of a new slit lamp. They have most of the basics, all of it very old but useable.

August 13, 1984 I began the one week course in PEC for 20 district nurses with no previous training in Eye Care. There was on opening ceremony in which the newly appointed Minister of Health and Education, Mr. Allen Cruick-Shank, the Permanent Secretary, Mr. Coffy the Senior Medical Director, Dr. Jesudason and the Principle Nursing Officer, Sister Sandy-Deare all spoke. They thanked the IEF for our support

and encouraged the nurses in the program. I was very impressed with the interest the Ministry had with our program. We began our program and one of the nurses from the refresher course gave a talk on the Exam of the normal Eye.

Later that afternoon I went to the St. Vincent Radio Station where they broadcast a 30 minute program . We spoke about the work of the IEF, the role of the nurses in the program and Common Eye Diseases in St. Vincent. All went very well.

August 14-16 We continued our course and all three nurses from the refresher course did a good job in presenting lectures to the new group. We had a closing ceremony on August 16 and then I went to the M.O.H. where I met with the Permanent Secretary and the Senior Medical Director to give my summary of the program. The Minister was out and I was not able to say good-bye to him.

I spent the late afternoon traveling to Barbados to visit with Anthea Connell and Holly wise.

August 17, 1984 Arrived in Barbados and met with Miss Anthea Connell at Queen Elizabeth Hospital. We made rounds and toured the ophthalmology floor and operating room. We discussed the program and she had just received slides of the Red Eye Chart from WHO. She asked that I take these slides to Antigua to field test them. All in all Miss Connell was very much in favor of the IEF's program in the Eastern Caribbean and encouraged me to continue the good work.

Later that day I met with Holly Wise, Health Director from A.I.D. I would like to mention that the first thing I saw when I walked into her office was the Primary Eye Care Chart. She told me that she had learned a lot from just looking at it everyday. She was very impressed with the work that the IEF is doing in the Eastern Caribbean and specifically the training of the nurses.

I gave her a detailed description of the work I was doing and would have stayed for hours if lunch time had not interrupted us.

August 18 and 19 was spent in Barbados and the travel agent in Barbados gave me a wrong booking for Antigua and I was not able to leave for Antigua until Monday morning.

August 20, 1984 I arrived in Antigua and met with Imeta Wallace, Superintendent of Public Health Nurses and with Ivy-Jean Benjamin, Nurse Practitioner to discuss the outline for the program. All agreed that the program should emphasize on practical experience and we set up a time for glaucoma screening and visual screening in two different districts.

I contacted Aubrey Webson's office and he was in Barbados. I also made arrangements to meet with the officials in the MOH and with Dr. Walwyn, the eye specialist in Antigua who was trained by Miss Anthea Connell in Barbados.

August 21, 1984 we began our refresher course with four nurses.

1. Ivy-Jean Benjamin - Nurse Practitioner
2. Gretlyn Tittle - Staff Nurse at Holberton Hospital
3. Elenor Warrner - Staff Nurse at Holberton Hospital
4. Linda Joseph - Nurse Practitioner who works with Aubrey Webson

Later in the afternoon we visited with Dr. Walwyn to discuss the program. He felt we should emphasize glaucoma and visual screening. We invited him to speak to the nurses but he declined as he felt he did not have the time.

August 22 - 23, 1984 We continued with the refresher course and did glaucoma and visual screening on the wards in the hospital. A final exam was given and each nurse was evaluated as she examined a patient.

August 24,1984 I started a new group of nurses who have not been trained in PEC. The class consisted of eleven nurses one from each district,one nurse from Barbuda and one nurse from Anguilla.

August 26,1984 I met with Aubrey Webson to discuss the course and future courses in the Eastern Caribbean. We agreed that probably the best time for me to return would be May of 1985 as I will be able to devote at least six weeks to the program. I would also like to mention that on Sunday I became very involved with a incident of a sudden death in the apartment next to me of a Canadian women who I had befriended all week. Throughout the last week I was called on by the police several times to give statements about her and I was asked to go to the morgue to identify her body. All of which was very inconvenient not to mention emotionally draining.

August 27,1984 Continued with the program and the first of the nurses in the refresher course gave her lecture on cataracts.

Later that afternoon we went to the MOH and met with Mr. Christopher O'Mard,Minister of Health,Henson Barnes, Permanent Secretary and Olive Gardner,Principle Nursing Officer. I took a Primary Eye Care Chart for the Minister and invited Ms. Gardner to the closing ceremony on Thursday.

August 28,1984 Field tested the slides on the Primary Eye Care Chart. Also two of the nurses in the refresher course gave lectures to the nurses.

August 29,1984 Aubrey Webson presented a talk on the goals of the Eastern Caribbean council for the Blind. In the afternoon we worked in one of the clinics in St. Johns and screened about 20 patients.

Thursday August 30, 1984 In the AM we went to LiBerta and screened approximatly 50 patients.

In the afternoon I gave a final exam in which I included the Primary Eye Care Slides. The nurses were asked to identify the eye problem of the slide shown and list the treatment given. From 12 papers we had :

1 wrong: 3  
2 wrong: 5  
5 wrong: 1  
7 wrong: 3

The closing ceremony was given with presentations of the certificates and closing speeches by Aubrey Webson, Olive Gardner and myself.

#### SUMMARY:

A total of 40 professional nurses were trained during this 4 week course. Eight were in the refresher course and 32 nurses were trained for the first time in Primary Eye Care. I found that in general the goverment of St. Vincent, that is the Ministry of Health showed more interest and concern with the program. One reason for this may be that they have just had a change of goverment and the new officials in the Ministry are showing a lot of interest in all the health programs. The two islands were trained somewhat differently in that we spent more time in the classroom in St. Vincent and more time in the field in Antigua. I found both sets of nurses very interested and eager to learn and all had very favorable comments about the program, they only wished that it was longer.

I feel that it is very important that we work with the Eye Specialist on the islands in this program. One problem I forsee for the nurses is one of referral. In St. Vincent there is not yet an eye specialist and Sir Gunn-Munroe only sees



patients on Fridays. In Antigua Dr. Walwyn has given up working in a goverment clinic and only sees private patients.

One other problem that the nurses have is that they have no equipment or medications. Each has a penlight that we bought for them and a Primary Eye Care Chart. We need to get Vision Charts to all of them. They also lack any type of eye medication and some of the nurses in Antigua tell me that it may be a problem for them to have the ointment to give on their own without a doctors orders.

In ending I would like to say that I really enjoyed working with the nurses and hope to have another opportunity to return.

Name: BYER, Audley, Elson

Nationality: Barbadian

School  
Qualifications: (Examination Board, London or Cambridge)

1966, Examinations passed English Language, London County Council, Intermediate English Literature, General Certificate of Education Religious Knowledge, General Certificate of Education

1966 to "O" Level: Mathematics  
Physics

Professional Qualifications:

1970 General Nursing

1975 Ophthalmic Assistant's Course (International Eye Foundation)

1981 City and Guilds (London), passed examination in -  
Radio & Live Transmission, Course A  
Telecommunications Principles  
Radio, Television and General Electronics

Caribbean Ophthalmic Training Programme

Seminars will take place on Saturday mornings 9 a.m. till 12 noon in the Eye Department.

The Basic Science Course is postponed until October 1985.

## Amended Timetable.

1985

July 6th	Lecture not given	Mr. St. John
13th	The Red Eye and Trauma	Dr. Kazi
20th	Lecture not given	Mr. St. John
27th	Introduction to Glaucoma, Tonometry ) and Gonioscopy )	Miss Connell
	Introduction to use of Ophthalmic ) instruments )	

August

3	Glaucoma: Discs and Fields, Medical Therapy	Miss Connell
7	Cataract Management (Wednesday 4 p.m. Eye Department)	Mr. St. John
10	Investigation of Visual Loss	Mr. Gibbons
17	Proptosis and Orbital Disease I & II	Mr. Gibbons
24	Glaucoma Surgery, Secondary Glaucoma	Miss Connell
31	<del>Proptosis and Orbital Disease</del> <sup>Cataract Management Techniques</sup> 11	<del>Mr. Gibbons</del> Mrs. Connell

September

7	Cornea and Conjunctiva	Miss Connell
14	Optics and Refraction	Mr. St. John
21	Optics and Refraction	Mr. St. John
28	Optics and Refraction	Mr. St. John

Caribbean Ophthalmic Training Programme 1985 - 1986

The Basic Science Course (Anatomy and Physiology) will now take place on Monday, Tuesday and Wednesday, October 28, 29 and 30 from 9 a.m. - 12 noon and from 2 p.m. - 5 p.m. During this period routine clinics are cancelled.

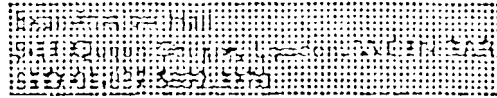
Seminars will take place on Saturday mornings 9 a.m. till 12 noon in the Eye Department.

Oct. 5	Optics and Refraction	Mr. St.John
12	Optics and Refraction	Mr. St.John
19	Optics and Refraction	Mr. St.John
26	Optics Examination	Mr. St.John/Miss Connell
Nov. 2	Anatomy Examination	Miss Connell
9	Retinal Vascular Accidents	Mr. Gibbons
16	Trauma	Miss Connell
23	Macular Disorders	Dr. Reifer
30	Uveitis	Mr. St.John
Dec. 7	Retinal Detachment	Dr. Reifer
14	Optic Nerve Disorders	Mr. Gibbons
21	Free Question Seminar (Optional)	Miss Connell
28	Holiday	
Jan 4	Orthoptic Principles and Squints	Miss Miller
11	Paretic Squints	Mr. Gibbons
18	Diabetic Retinopathy	Dr. Reifer
25	Practical Squint Evaluation	Miss Miller/Miss Connell
Feb. 8	Practical Refraction Examination	Miss Connell
15	Chiasma and Pupil	Mr. Gibbons
22	Corneal Lesions	Miss Connell
Mar. 1	Pigmented Lesions	Miss Connell
8	Ocular Bacteriology	Mrs. Lewis
15	Ocular Therapeutics	Dr. Fraser
22	Lids and Lacrimal Apparatus	Mr. St.John
29	Course Slide Examination	Miss Connell

Examinations Secretary

John Lambert

Tel. 01-405 3474

Examinations Dept.,  
35/43 Lincolns Inn Fields  
London WC2A 3PN

EXAMINATION FOR THE DIPLOMA IN OPHTHALMOLOGY

OVERSEAS 1986

- I The Council of the Royal College of Surgeons of England has accepted an invitation to conduct the DO Examination in Barbados in January and February 1986, as an extension of the Examination of that date in London.
- II Applications for admission to the Examination may be submitted by :
- a) Candidates holding qualifications Fully Registrable in the British Medical Register, provided that they have completed satisfactorily the twelve months' period of service in approved pre-Registration appointments as required by the Medical Act 1983.
  - b) Candidates holding a medical degree which is approved for Limited Registration in the United Kingdom, provided that they have completed not less than one year's clinical hospital experience after receiving their degree and are Fully Registered in the country in which it was awarded.
- Candidates whose names do not appear as Fully Registered in the current edition of the British Medical Register and who have not entered for this examination on a previous occasion must submit evidence of their medical degree and of their clinical (internship) experience with their application.
- c) Candidates who have completed 12 months' approved training in Ophthalmology at recognised hospitals (UK or West Indies), to be certified on application for admission.
- III The WRITTEN PAPERS will be held at the Queen Elizabeth Hospital, Barbados, on the same days as the examination in London viz :
- MONDAY 13 JANUARY and TUESDAY 14 JANUARY 1986.
- IV The REFRACTION and ORAL EXAMINATION and the CLINICAL EXAMINATION will be conducted at the Queen Elizabeth Hospital, Barbados, on MONDAY 17 FEBRUARY 1986 for those candidates whose written performance justifies further examination.
- V Copies of the Regulations and of the form of application for admission to the Examination may be obtained free of charge from the Examinations Secretary, Royal College of Surgeons of England, 35/43 Lincoln's Inn Fields, London WC2A 3PN, England.
- VI The fee for admission or re-admission is £156 Sterling which MUST be sent with the form of application and relevant certificates to reach the Examinations Secretary at his office in London, not later than Monday 2 December 1985.
- VII Candidates who withdraw from the Examination (owing to illness or any other cause) after the above closing date, will not be entitled to any refund of the fee paid for admission to the Examination.

POSTGRADUATE DIPLOMA IN OPHTHALMOLOGY - UNIVERSITY OF THE WEST INDIES

GENERAL REGULATIONS

OBJECTIVE

The main objective is to provide training which would prepare candidates to diagnose and treat common and uncomplicated ophthalmic disease. The possession of a diploma would not ordinarily qualify its holder for a consultant position in any specialty. The Diploma is awarded to trainees who satisfactorily complete the training period, including passing the necessary examination.

QUALIFICATION FOR ENTRY:

The applicant should be:

- a) a medical graduate of a University or Medical School recognised by the University of the West Indies;
- b) fully registered in the territories in which the training period will be spent.

TRAINING PERIOD

The training period will be at least eighteen months. The training will normally take place at the University Hospital of the West Indies or at institutions in the contributing territories recognised by the University for this purpose.

There will be regular and frequent in-course assessments and the residents will be required to keep an operative register.

The Dean of the Faculty of Medicine will keep a list of approved institutions and appointments for the guidance of candidates. Details of the programme may be obtained from the Chairman of the Specialty Board in Surgery.

SPECIALTY REGULATIONS

Applicants for entry into this course must have had six months experience in General Medicine and six months experience in General Surgery in pre- or post- registration appointments. All trainees are required to submit before the examination a tabulation of all operations performed by them and certified by their supervisor during the course.

EXEMPTIONS

Exemptions may be applied for from both the pre-course requirements and the course itself. For the course, however, these exemptions can be for a maximum of six months only.

EXAMINATION

The examination will consist of:

- a) written papers which may include multiple choice questions
- b) an oral examination which may include clinical material.

BEST AVAILABLE COPY