GHANA COLLEGE OF PHYSICIANS & SURGEONS

TWENTY-FIRST ANNUAL GENERAL & SCIENTIFIC MEETING

THEME

Training and Retention of Health Workforce in Ghana

Mon 25th - Fri 29th November 2024

Ghana College of Physicians & Surgeons

His Excellency
President Nana Addo Dankwa Akufo-Addo
President of the Republic

Honourable Dr Bernard Okoe-Boye
Minister of Health

National Anthem

God bless our homeland Ghana,

And make our nation great and strong,

Bold to defend for ever,

The cause of Freedom and of Right.

Fill our hearts with true humility

Make us cherish fearless honesty,

And help us to resist oppressor's rule

With all our will and might for evermore

Prof Samuel Debrah

College President

Prof Richard Adanu

Rector

Dr Henry Lawson

Vice Rector

COUNCIL MEMBERS

Prof Yaw Adu-Gyamfi
Chairman

Prof Samuel Debrah
College President

Prof Richard Adanu
Rector

Prof Pius Agbenorku
Vice President Surgeons

Dr Justina K. Ansah
Vice President Physicians

COUNCIL MEMBERS

Nana K. Danso-Mensah
Eminent Person

Prof Paul Nyame
Rep. Ghana Medical & Dental Council

Mrs Frederica S. Illiasu
Rep. Attorney Generals Department

Dr Opoku W. Ampomah
Rep. Teaching Hospitals

Dr Patrick Kuma-Aboagye
Rep. Ministry of Health

Prof Frank Edwin
Rep. Deans of Medical Schools

Dr Ishmael Kyei
Rep. Ghana Medical Association

Dr Seth MC-J Dayie
Rep. College Residents

ACADEMIC BOARD

President
Prof Samuel Debrah

Vice President, Physicians
Dr Justina K. Ansah

Vice President, Surgeons
Prof Pius Agbenorku

Rector
Prof Richard Adanu

Vice Rector
Dr Henry Lawson

College Chief Examiner
Prof Alexander Tawiah Odoi

College Editor
Prof Samuel Oppong

Faculty of Anaesthesia
Dr Ebenezer Owusu Darkwa

Faculty of Dental Surgery & Subspecialties
Dr Francis Adu-Ababio

Faculty of Emergency Medicine
Dr Kwaku Nyame

Faculty of Family Medicine
Prof Mawuli Gyakobo

Faculty of Internal Medicine
Prof Yaw Asante Awuku

Faculty of Laboratory Medicine
Dr Solomon Quayson

Faculty of Neurosurgery
Dr George Wepeba

Faculty of Obstetrics & Gynaecology
Dr Kareem Mumuni

Faculty of Ophthalmology
Prof Vera Adobea Essuman

Faculty of Orthopaedic & Trauma Surgery
Dr Henry Holdbrook-Smith

Faculty of Otorhinolaryngology
Prof Joseph Opoku-Buabeng

Faculty of Paediatrics/Child Health
Prof Sampson Antwi

Faculty of Psychiatry
Prof Akwasi Osei

Faculty of Public Health
Prof Irene Agyepong

Faculty of Radiology, Oncology & Radiotherapy
Dr Hannah Ayettey Anie

Faculty of Surgery & Subspecialties
Dr William Appeadu-Mensah

FACULTY BOARDS

Faculty of Anaesthesia

Dr Ebenezer Owusu Darkwa (Chairman)
Dr Robert Djagbletey (Secretary)
Dr Irene Opai-Tetteh
Prof Akwasi Antwi-Kusi
Dr Audrey Anno
Dr Vivian Tanyenyo Mensah

Faculty of Dental Surgery and Subspecialties

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Dr Akua Boakyewaa Konadu (Secretary)
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Prof Merley Newman-Nartey
Dr Mary N. B. Ayettey-Adamafio
Prof Sandra Hewlett
Prof Alexander Oti Acheampong
Dr Kofi Osei Tutu

Faculty Emergency Medicine

Dr Kwaku Nyame (Chairman)
Dr Doreen Ntiriwaa Djan (Secretary)
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Dr Rockyfeller Oteng
Dr Chris Kwaku Oppong
Dr Maxwell Osei-Ampofo
Dr Daniel Osei-Kwame

Faculty of Family Medicine

Prof Mawuli Gyakobo (Chairman)
Dr Maite A. Romero (Secretary)
Dr Nana Kwame Ayisi Boateng
Dr Priscilla Vandyck-Sey
Dr Edwina A. Opare-Lokko
Dr Emmanuel Ati
Dr George Nketiah

Faculty of Internal Medicine

Prof Yaw Asante Awuku (Chairman)
Dr Augustina Charway-Felli (Secretary)
Dr Kenneth Tachi
Dr William Ankobiah
Dr Amoako Duah
Dr Perditer Okyere

Faculty of Laboratory Medicine

Dr Solomon Quayson (Chairman)
Dr Dilys John-Teye (Secretary)
Prof Mercy J. Newman
Dr Naa Okaikor Addison
Prof Timothy D. Osafo
Prof Yao Tettey
Prof Edwin Ferguson-Laing

Faculty of Neurosurgery

Dr George Wepeba (Chairman)
Dr Harry Akoto (Secretary)
Cdre. Dr Seth Adjetey
Dr Anthony Lamina
Dr Kwasi Agyen-Mensah
Dr Samuel Kaba
Dr Abass Adam

FACULTY BOARDS

Faculty of Obstetrics and Gynaecology

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Prof Kobinah Nkyekyer
Dr Robert Kwame-Aryee
Dr Isaac O. Koranteng
Dr Sylvia Deganus
Dr Ana Maria Simono
Prof Evans Kofi Agbeno
Dr Emmanuel Srofenyoh
Prof Emmanuel Morhe
Dr Michael Yeboah
Major Gen. (Dr) Ernest Crosby Saka

Faculty of Ophthalmology

Prof Vera A. Essuman (Chairman)
Dr Naa Naamuah Tagoe (Secretary)
Prof Seth Lartey
Dr Kwadwo Amoah
Dr Imelda Dziffa Ofori-Adjei
Dr Imoro Z. Braimah

Faculty of Orthopaedic and Trauma Surgery

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Dr Dominic Konadu-Yeboah (Secretary)
Prof Robert Quansah
Prof Afua Hesse
Dr Tolgou Yempabe
Dr Anthony Bandoh
Dr Dominic Awariyah
Dr Prosper Moh
Dr Reuben Ngissah
Dr Abednego O. Addo

Faculty of Otorhinolaryngology

Prof Joseph Opoku-Buabeng (Chair)
Dr Kenneth K. Baidoo (Secretary)
Prof Emmanuel D. Kitcher
Dr Peter Appiah-Thompson
Dr Theophilus Adjeso
Dr Mohammed I. Duah
Dr Rita Larsen-Reindorf

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Prof Anthony Enimil (Secretary)
Dr Victoria May Adabayeri
Prof Christabel Enweronu-Laryea
Prof Lorna Renner
Dr Catherine Segbefia
Dr Samuel Blay Nguah

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Dr Eugene Dordoye (Secretary)
Dr Pinaman Apau
Prof Joseph B. Asare
Dr Anna Puklo-Dzadey
Prof Yaw Osei

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Prof Emilia Udofia (Secretary)
Prof Kwadwo Koram
Prof Evelyn Ansah
Dr Koku Awoonor-Williams
Dr Amponsah Achiano
Prof Kwasi Torpey
Dr Linda Vanotoo
Dr Eugene Nyarko

Faculty of Radiology, Oncology and Radiotherapy

Dr Hannah Ayettey Anie (Chairperson)
Dr Klenam Dzefi-Tettey (Secretary)
Dr Samuel Asiamah
Prof Joel Yarney
Dr Ewurama Idun
Dr Nii Boye Hammond
Dr Michael Kofi Amedi
Dr Augustina Badu-Peprah
Dr Baffuor Awuah
Prof Verna Vanderpuye
Dr Ernest Osei-Bonsu

Faculty of Surgery and Subspecialties

Dr William Appeadu-Mensah (Chair)
Dr Patrick Maison (Secretary)
Prof Frank Edwin
Prof Joe-Nat Clegg-Lamptey
Dr Samuel Osei-Nketiah
Dr Kenneth E. K. Aboah
Dr Emmanuel Adu
Dr Mutawakilu Iddrisu
Dr Edwin Yenli
Dr Frank Owusu
Dr Forster Manu-Amponsah

stanza 1

Now praise we great and famous men,
The fathers, named in story;
And praise the Lord who now as then
Reveals in man His glory.

stanza 2

Praise we the wise and brave and strong,
Who graced their generation;
Who helped the right, and fought the wrong,
And made our folk a nation.

stanza 3

Praise, we the great of heart and mind,
The singers sweetly gifted,
Whose music like a mighty wind
The souls of men uplifted.

stanza 4

Praise we the peaceful men of skill
Who builded homes of beauty,
And, rich in art, made richer still
The brotherhood of duty.

stanza 5

So praise we great and famous men,
The fathers, named in story;
And praise the Lord who now as then
Reveals in man his glory

SONG OF PRAISE AND PRAYER

MHB 896

THE COLLEGE PLEDGE

I _____ _____ _____

upon my honour pledge to faithfully observe and obey the laws and regulations of the Ghana College of Physicians and Surgeons.

I pledge to promote the highest ethical practice and Professionalism.

I pledge to constantly upgrade my knowledge and skill and pass these on to future generations through teaching of students and health Professionals.

I pledge to promote the general health of society through advocacy.

Through this pledge, I promise to maintain and faithfully defend the honour, dignity and good name of the Ghana College of Physicians and Surgeons.

So help me God.

20 ANNUAL COLLEGE 24 LECTURER

Brief Profile of
Professor
Alfred
Edwin
Yawson

Professor Alfred Edwin Yawson, MBChB, DLSHTM, MSc (LSE), FWACP, FCGP, has over twenty years of medical practice and research experience. He is an alumnus of the University of Ghana Medical School, the London School of Economics and Political Science and the London School of Hygiene and Tropical Medicine. He is a Fellow of the West African College of Physicians (Community Health), a Fellow of the Ghana College of Physicians & Surgeons (Public Health), and an Honorary Associate Professor of the London School of Hygiene and Tropical Medicine. He is the principal investigator of the WHO World Health Survey Plus (WHS+) in Ghana, Chairman of the Ghana Non-communicable Diseases, Injury (NCDI) Poverty Commission, and a past Vice-President of the Ghana Chapter of the West African College of Physicians.

Prof. Yawson is a physician, public health practitioner, academic and researcher, and combines these skills to support, develop and strengthen national and international health systems. He has worked as national and international consultant for many international organizations and has contributed to the development of several national policy and strategy documents for the WHO, UNICEF, Global Financing Facility, The World Bank, Ministry of Health and the Ghana Health Service in Health Policy, Planning, Health Financing, Non-communicable Diseases, Ageing, HIV and AIDS, Malaria, Newborn Care, Immunization, Institutional Care, and National Healthcare Quality.

He has many international collaborations and research grants that support resource mobilization, training and mentoring of undergraduate and postgraduate students at the College of Health Sciences, University of Ghana, and has over 170 peer reviewed publications to his credit. He has close to a decade of leadership roles in the University, is the immediate past Dean of the University of Ghana Medical School and the current Provost, College of Health Sciences, University of Ghana.

ANNUAL COLLEGE LECTURE

ABSTRACT

Training and Retention of Health Workforce in Ghana

The Health System is the sum of all the organizations, institutions and resources whose primary purpose is to improve health i.e., all activities to promote, maintain or restore health. Ghana's Healthcare System is structured in tiers from the national to the community level, and provides quaternary, tertiary, secondary and primary care services at the national, regional, district, sub-district and the community level. At each of these levels, to ensure Equity i.e. 'Equal Access for Equal Needs', different cadre and different skill sets are required to ensure quality service delivery.

With the establishment of postgraduate training colleges, Ghana's health system is capable of training most of the specialists and sub-specialty professionals needed. Gross inequities, however, exist in the distribution of essential workforce across the country.

One major systemic challenge of the health system is inadequate and inequitable distribution of all the different cadres of the health workforce, and the external migration of essential health workforce. Multiple factors account for these, including limited local funding for health care; inequitable distribution of the health workforce; limited prioritization of demand driven training and implementation of policies; and global geopolitical forces especially post Brexit and post COVID-19.

The key question is, Can Ghana really compete with these external forces? What has been the sociological and functional role of the Ghana College of Physicians and Surgeons, what key national strategies need to be implemented, and what are the pertinent questions and issues to be asked of Government, Ministries and Training Institutions as Ghana moves forward into the future?

NEWLY ELECTED FELLOWS

PHYSICIANS

Internal Medicine
Dr Elliot Koranteng Tannor
Dr Foster Osei-Poku
Prof Senyo Komla Tagboto

Paediatrics/Child Health
Dr Adziri Harold Sackey
Dr Rafiuk Cosmos Yakubu

SURGEONS

Obstetrics & Gynaecology
Dr Charles Mawunyo Senaya
Dr Paul Kwesi Gabla Fiadjoe

Ophthalmology
Dr Judith Simon

Orthopaedic & Trauma Surgery
Dr John Kofi B. Tampuori
Dr Joseph Kwame Korpisah
Dr Levi Nii Ayi Ankrah

Surgery
Dr Mawuenyo Attawa Oyortey
Dr Kwabena Agbedinu
Dr Zainab Nina Schumacher

FELLOWS BY EXAMINATION

PHYSICIANS

Family Medicine
Dr Ellen Ama Crabbe

Paediatrics/Child Health
Dr Alimatu Salam
Dr Ashura Bakari Mussa
Dr Emmanuella Amoako
Dr Ernestina Nana Boatemaa Schandorf

Internal Medicine
Dr Vida Obese

Psychiatry
Dr Leveana Gyimah

Public Health
Dr Eric Odei
Dr Mary Eyram Ashinyo
Dr Winfred Komla Ofosu

SURGEONS

Anaesthesia
Dr Irene Bandoh
Dr Nana Addo Boateng
Dr Patience Adjepong
Dr Samuel Acheampong Anarfi

Dental Surgery
Dr Abdul-Majeed Ahmed
Dr Jonathan Tettey Olesu
Dr Nana Tuffuor Ampem Gyimah
Dr Paul Frimpong
Dr Richard Y. Atuwo-Ampoh

Emergency Medicine
Dr Maysel-Stella E. Forson-Adae

Obstetrics & Gynaecology
Dr Collins Oteng
Dr Derek Amoateng
Dr Ernest Kwadwo Puni Kwarko
Dr Kwaku Amoa-Gyarteng
Dr Kwaku Opoku Boateng
Dr Mawuse Kanfra
Dr Maxwell Kankam
Dr Munkaila Adam
Dr Nana Essuman Oduro
Dr Philip Aning-Kuffuor

Ophthalmology
Dr Abigail Nyarko Bosompem

Orthopaedic & Trauma Surgery
Dr Jefferson Owusu Adae
Dr Kwasi Kusi
Dr Majeedallahi Al-Hassan
Dr Prince George Larvie

Neurosurgery
Dr Richmond Hagan

Surgery
Dr Dominic Annor Mintah
Dr Jonathan Charles Lamptey
Dr Victoria Sena Gawu

Post-Fellowship
Dr Kwabena Agbedinu
(Colon and Rectal Surgery)

NEWLY QUALIFIED MEMBERS

PHYSICIANS

Family Medicine

Dr Aisha Vinolia Eisa-Ansah
Dr Anlaangmen Vitalis Saadaare
Dr Anna Abadoo-Brew
Dr Apetorgbo Dzodzegbe
Dr Barbara Owusu Addai
Dr Cynthia Amponsah
Dr David Jimomila Bening
Dr Dorothea Otchere-Keelson
Dr Edem Komla Letsa
Dr Elsie Esinam Adjacodjoe
Dr Emmanuel Agyei-Darko
Dr Emmanuel Ogbarmey
Dr Emmanuel Tweneboah
Dr Eric Kojo Oduro
Dr Eva Adu-Boakye
Dr Fredua Agyeman Prempeh
Dr Genevieve Ama Brown
Dr Gideon Owusu
Dr Gifty Clara Naa Lamile Lamptey
Dr Gifty Odame
Dr Jerry Kwesi Kumah Eshun
Dr John Moses Wireko
Dr Joyce Ndebila Azungah
Dr Kwabena Awisi-Amoako
Dr Kwabena Kusi
Dr Kwasi Kyei-Owusu Baafuor
Dr Mahamadu Mbiniwaya
Dr Marian Sam Paaga
Dr Mark Nutsukpui Cofie
Dr Martin Adayele Atuguba
Dr Mavis Opong-Addoh
Dr Obed Adusei Sarpong
Dr Obed Bamfo Koranteng
Dr Percy Sydney Tete Annan
Dr Philip Kwasi Sanjok
Dr Philomina Bonsu
Dr Robert Osei Tutu Opoku
Dr Solomon Odotei Ako-Charway
Dr Sulemana Rauf Abdul
Dr Sylvester Danso
Dr Vicentia Appiah Kwarteng
Dr William Okrah Konadu

Internal Medicine

Dr Abednego Attoh
Dr Adelaide Ankomaa Asante
Dr Akua Fosuaa Amponsah-Duodu
Dr Albert Agbi
Dr Barbara Asabea Asare
Dr Bernice Tagoe
Dr David Kobina Adu Biney
Dr Emmanuel Anafo Nsor-Yinne
Dr Esther Agyapomah Gyimah
Dr Francis Adenortey Agbovie
Dr Hannah Shidaa Lamptey
Dr Joana Adiya Amankwa-Kyeremeh
Dr Joseph Etsibah Awotwi
Dr Kwadwo Faka Gyan
Dr Kwadwo Sarfo Kantanka
Dr Matilda Koryoe Amissah
Dr Maureen Nyarko
Dr Mona Naa Ayorkor Torto
Dr Nellie Araba Barnes
Dr Pearl Ayerbea Obeng
Dr Princess Kathryn Mensah
Dr Sanaa Poku Afriyie-Ansah
Dr Seth Boakye-Dankwah
Dr Sharon Ekua Buabin-Otchere
Dr Sheilla Selasie Gbikpi Ansah
Dr William Perez Akoto Amankra
Dr Yaa Dufoa Brako
Dr Yaa Oparebea Safori

Laboratory Medicine

Dr Abigail Akua Anima Owusu
Dr Alpha Twumasi-Oteng
Dr Barbara Adjei-Mensah
Dr Beatrice Edusei
Dr Enam Sefakor Bankas
Dr Frank Bernasko
Dr Gifty Pinkrah
Dr Patience Obiorkor Commey
Dr Raphael Adu-Brobbey
Dr Selom Yaw Badu

Oncology & Radiotherapy

Dr Andrew Nyantakyi
Dr Edwina Ayaaba Ayabilah
Dr Joseph Daniels
Dr Judith Naa Odey Tackie
Dr Nana Ama Wadee Kuntuah
Dr Stephen Kpatsi

Paediatrics/Child Health

Dr Agnes Afua Asantewaa Addo Ashley
Dr Akorfa Ama Wotordzor
Dr Amanda Fofie
Dr Betty Nkansah Osei Mensah
Dr Bless Ama Tege
Dr Daniella Akrasi-Sarpong
Dr Dian Djan Obuobi
Dr Dorcas Amankwatia
Dr Dorothy Sackey
Dr Efua Nuamah Yankah
Dr Ekua Petsirbah Afful
Dr Emmanuel Aidoo
Dr Gabriella Jessy Bedu-Addo
Dr Gifty Pauson
Dr Harry Acquah
Dr Joshua Sarkodie-Addo
Dr Kwame Akoi
Dr Lynette Aboliwen Abag-Dem
Dr Magdaline Yaa Amoakoa Ansah
Dr Maxwell Atindaana Akugbire
Dr Nana Ama Agyemang
Dr Nana Yaa Saka Dwomoh
Dr Patricia Owusu
Dr Phyllis Nah Djumaa Owiredu
Dr Rebekah-Ruth Taylor
Dr Ruth Ama Otua Sam
Dr Sabina Antobam
Dr Sharron Makafui Aglobitse
Dr Success Kwaku Mawutor Nambiah

Psychiatry

Dr Adjoa Peprah Amo-Mensah
Dr Akua Baabo Asante Sinkari
Dr Barbara Sasa Buckman
Dr Edna Apio
Dr Edward Darfour Appah
Dr Edwin Yiadom Frempong-Boakye
Dr Elsie Agyemang Amaning
Dr Isaac Kweku Opoku Aidoo
Dr Moses Nuwor
Dr Nana Yaw Adu Dwomoh
Dr Niena Samira Majeed
Dr Quincy Kwasi Adarkwa Ofori
Dr Rebecca Hosi Abalo

Public Health

Dr Abigail Ladjer Marnah
Dr Amida Awudu Rahman
Dr Ayesha Kadiri-English
Dr Charles Kweku Adiepena
Dr Dorcas Esinam Awo Agbeke
Dr Ewura Adjoa Ahimah Nunoo
Dr Joseph Tuffour
Dr Linda Kyeremaa Baafi
Dr Mary Nyamekye
Dr Maxwell Worlasi Onassis-Fiadjoe
Dr Nafisa Mummy Issifu Alhassan
Dr Nana Ama Adusah
Dr Nana Esi Woode
Dr Susan Kokui Siabi

Radiology
Dr Achiaamah Akosua Nsiah
Dr Anthony Dakpallah
Dr Araba Ghartey
Dr Brenda Abena Ampah
Dr Claudia Ansong
Dr Dorcas Ewuradjoa Ntsiwa Addo
Dr Edmund Ayitey Tagoe
Dr Eliza Ama Poba Heymann
Dr Emmanuel Kwame Sogah
Dr Esther Appiah-Kubi
Dr Eunice Sena Aku Affram
Dr Gabriel Opoku-Asamoah
Dr Gideon Mintah-Yenzu
Dr Irene Dansowaa Ayimadu
Dr Kwabena Oteng Birimpong
Dr Nana Yaa Boakye Fredua-Agyeman
Dr Ruby Boatema Agyenim-Boateng
Dr Samantha Amankwah Sam
Dr Stephen Osei Yaw Bartels
Dr Yaw Korankye Wiafe

NEWLY QUALIFIED MEMBERS

SURGEONS

Anaesthesia
Dr Anastasia Naa Koshie Bruce
Dr Anna Doris Blankson-Darku
Dr Barbara Dzifa Obro
Dr Delphine Delali Grant
Dr Edinam Sika Lumor
Dr Irene Manubea Kwansa
Dr Kwame Afriyie Gyamera
Dr Mary Sarfo-Mensah
Dr Nuhaila Nefertiti Al-Hassan
Dr Priscilla Afua Kissiwaa Frimpong
Dr Rosaline Naa Lamiley Dake
Dr Samuel Asiedu-Koranteng
Dr Sumaiya Musah

Dental Surgery
Dr Abdul Malik Sahid
Dr Anthony Adarkwa
Dr Beatrice Liza Adjei-Fokuo
Dr David Ayim Antwi
Dr Dennis Appiah Bolfrey
Dr Edward Ohene-Marfo
Dr Emmanuel Hinneh Kyere
Dr Felix Nii-Addo Akwettey Addo
Dr Gloria Araba Moses Fiifi-Yankson
Dr Jeremiah Ankamah-Lomotey
Dr Kwabena Opoku Owusu-Ansah
Dr Leticia Boateng
Dr Oum-Kalsoum Zakaria Adam
Dr Peter Kwame Dotse
Dr Philip Boadi Frimpong
Dr Sarah Bondorin
Dr Solomon Odemey
Dr Thibault Komlan Wemegan
Dr Yaw Aboagye Adu-Darko

Emergency Medicine
Dr Emmanuel Boadi Attafuah
Dr Kofi Annor Diawuo Sarfo
Dr Sheba Afi Mansa Fiadzomor

Obstetrics & Gynaecology
Dr Abambire Clement Akulaa
Dr Abdul Fatao Saeed
Dr Abigail Asabea Owusu
Dr Albert Eshun
Dr Alfred Adu-Boateng
Dr Augustine Kofi Lolli
Dr Ayishetu Mejida Mesuns

Dr Babatunde Olaropo Egbewole
Dr Bertrand Agilinko
Dr Charity Oduro
Dr Christopher Hammond-Donkoh
Dr Clarence Fayorsey Mante
Dr Collins Peprah Addae
Dr David Acheampong
Dr Dennis Kweku Arhin
Dr Doreen Eyison
Dr Elinam Afi Setsoafia
Dr Elvis Frimpong Peprah
Dr Eric Boateng
Dr Evans Narh Dotcher
Dr Evans Quarshie
Dr Foday Sheriff Unisa
Dr Fortunate Banyebo Azuure
Dr Gavin Apio
Dr George Apasu
Dr Gerald Edem Gbekle
Dr Isaac Opoku-Kyeremeh
Dr Jemima Asune
Dr Jonathan Ian Coomson
Dr Joseph Yeng Bathuure
Dr Kofi Amoako-Siaw
Dr Kofi Nyarko Oppong
Dr Lilian Bentuma Micah-Bondzie
Dr Nana Nketia Apau Ababio
Dr Philip Worlanyo Kasu
Dr Raymond Addo-Tham
Dr Ricky Ayimbila Alagskomah
Dr Samuel Adjei Antwi
Dr Samuel Koranteng Asante
Dr Samuel Sulemana
Dr Selasie Dziedzoave
Dr William Selormey Klah

Ophthalmology

Dr Derrick Nanabanyin Ackom-Mensah
Dr Dzigbodi Damashie
Dr Flerida Afua Banson
Dr Jennifer Dzoe Kwawukume
Dr Joyce Siaw
Dr Kwabena Ofori
Dr Loretta Etema Duopah
Dr Michael Okyere
Dr Michael Osei-Sarfo
Dr Nana Yaa Asuama Afful
Dr Pinamang Frimpong Gyamfi
Dr Richelle Adamson Kumi

Otorhinolaryngology

Dr Emmanuel Owusu Kumi
Dr Kenneth Asare
Dr Kwabena Agyenim Boateng

Surgery

Dr Abdul Rashid Abdulai
Dr Augustine Arthur
Dr Baba Saeed Khalid
Dr Charles Banka
Dr Daniel Afari Nkornu
Dr Daniel Alifoe
Dr Daniel Yebo
Dr David Kofi Nyarko
Dr Duke Boye Micah
Dr Edwin Osei
Dr Emmanuel Fritz Yao Agbeka
Dr Enoch Akosa Appiah
Dr Eric Agyemang
Dr Eric Kofi Baah
Dr Eugene Atuahene-Ampaddu
Dr Francis Kobina Baidoo
Dr Gabriel Asiedu
Dr Israel Hagbevor
Dr Jenny Kwablah Grant
Dr Joelle Mylove Amissah
Dr Jonathan Kwatei Quartey
Dr Joojo Nyamekye-Baidoo
Dr Karen Naa Darkoa Quarchey
Dr Kingsley Ewool
Dr Kofi Adu Otchere

Dr Kwaku Acheampong
Dr Kwame Boakye-Acheampong
Dr Marian Esi Ashong
Dr Mishael Suhuyini Dason
Dr Munira Amadu
Dr Peter Nyuzagla Vobakaawono
Dr Reginald Boateng Frimpong
Dr Reginald Jeff Maddy
Dr Richard Buobu-Balang Nesco
Dr Selom Kwame Dake
Dr Seth Agyemang
Dr Victor Dassah
Dr Wisdom Afedo
Dr Yvonne-Martha Lutterodt

DIPLOMA IN ANAESTHESIA

Dr Abdul-Razak Abdulai
Dr Charles Agyekum Woode
Dr Emmanuel Gabu
Dr Emmanuel Mawuli Dzator
Dr Francisca Acheampong
Dr Kofi Keelson Okyere
Dr Michael Koranteng Boafo
Dr Phidelia Ladje Pinto
Dr Rita Owusu
Dr Robert Arkoh
Dr Samuel Nyamekeh Amoakah

MON 25th NOV 2024

Pre-Conference Workshops

FACULTY	THEME
Dental Surgery & Subspecialties	The Practice Of Dentistry And The Law
Emergency Medicine	Emergency Department Toxicology Talks
Family Medicine	Grooming Doctors For The Future
Internal Medicine	Point Of Care Ultrasound (POCUS)
Laboratory Medicine	Laboratory Results and Report
Neurosurgery	Essential Topics In Neurosurgery
Obstetrics & Gynaecology	Ensuring Quality Care in Labour and Delivery
Ophthalmology	Quality Assurance in Eyecare Services in Ghana
Orthopaedic & Trauma Surgery Surgery & Subspecialties	Workplace Based Assessment as a Formative Assessment Tool: The Role of a Supervisor and Trainee
Otorhinolaryngology	Surgical Airway Management Made Simple
Paediatrics / Child Health	Practical Knowledge of Genetics for the Paediatrician
Public Health	Digital Technology and Public Health
Psychiatry	Navigating Contemporary Challenges In Psychiatric Care In Ghana
Radiology, Oncology & Radiotherapy	Updates in The Management of Non-Small Cell Lung Cancer

2nd College President's Public Lecture **2:00pm - 5:00pm**

Faculty Board Meetings **5:00pm - 7:00pm**

TUE 26th NOV 2024

Membership Graduation

Procession: Vice Rector, Rector, Vice Presidents, College President, Council Chair	**1.00pm**
Yen Ara Asaase Ni	
Opening Prayer: Dr. Worlanyo K. Siale	
Song of Praise and Prayer MHB 896	
Opening of Graduation Ceremony: Professor Yaw Adu-Gyamfi, Council Chair	**1.25pm**
Welcome Address: Professor Samuel Debrah, College President	**1.30pm**
Musical Interlude: Ecclesia	**1.40pm**
Rector's Address: Professor Richard M. K. Adanu	**1.50pm**
Graduation of Members	**2.00pm**
Newly Qualified Members	
Diplomates	
Presentation of Prizes	
Musical Interlude: Ecclesia	**2.40pm**
Motivational Speech: Professor Yaw Adu-Gyamfi, Council Chair	**2.50pm**
Closing of Graduation Ceremony: Council Chair	**3.00pm**
Vote of Thanks: Dr. Denise A. Mantey	
Closing Prayer: Dr. Maxwell Amo	
Announcements: Dr Augustina Badu-Peprah (MC)	
Recession: Council Chair, College President, Vice Presidents, Rector & Vice Rector	**3.15pm**
Group Photograph	
Refreshments	

WED 27th NOV 2024

Fellowship Induction

Procession of Fellows	**9:00am**
Procession of Council Members & Dignitaries	
Yen Ara Asaase Ni	
Opening Prayer: Dr Adwoa Kumiwaa Affrane	
Song of Praise and Prayer MHB 896	
Opening of Induction Ceremony: Professor Yaw Adu-Gyamfi, Chairman of Council	
Welcome Address: Professor Samuel Debrah, College President	**9.20am**
Fraternal Messages:	**9.25am**
Ghana College of Nurses and Midwives	
Ghana College of Pharmacists	
West African College of Physicians	
West African College of Surgeons	
National Postgraduate Medical College of Nigeria	
Liberia College of Physicians and Surgeons	
Musical Interlude: MOH Choir	**9.55am**
Rector's Address: Professor Richard M. K. Adanu	**10.05am**
Address: Honourable Dr Benard Okoe-Boye, Minister of Health	**10.15am**
College Lecture: Professor Alfred Edwin Yawson	**10.25am**
Musical Interlude – MOH Choir	**10.45am**
Address: Dr Sylvia Deganus, Guest of Honour	**10.55am**
Induction of New Fellows (Election, Examination & Post-Fellowship)	**11.05am**
Presentation of Prizes	
Closing of Induction Ceremony: Professor Yaw Adu-Gyamfi, Council Chair	
Vote of Thanks: Dr Nana Frempomah Adu-Ampomah	
Closing Prayer: Dr Perez Sepenu	
Announcements: Dr Henry Lawson (MC)	**11.50am**
Recession of Council Members & Dignitaries	**12.00pm**
Group Photograph	
Refreshments	

Rector's Meeting with Residents (Virtual)	**2:00pm**
Annual College Dinner @ Ghana College of Physicians & Surgeons (Strictly by Invitation)	**7:00pm**

THU 28th NOV 2024

1st Scientific Session

	Zoom ID: 924 0320 1236 Passcode: GCPS	Zoom ID: 990 0578 8540 Passcode: GCPS	Zoom ID: 953 3124 1196 Passcode: GCPS
Time	**Scientific Session 1A** Moderator: **Prof Pius Agbenorku**	**Scientific Session 1B** Moderator: **Dr Justina Ansah**	**Scientific Session 1C** Moderator: **Dr Henry Lawson**
10.00 -10.18am	Accuracy of sonographic lower segment thickness and prediction of vaginal birth after caesarean in a resourced-limited setting: A Prospective study **Dr Charles Adu-Takyi**	The Utility of Virtual Simulation in Improving Knowledge Among Residents Involved in the Emergency Care of Children **Dr Susan Zakariah**	Management of Spinal Anaesthesia-Induced Hypotension During Caesarean Section: A Comparison of Ephedrine and Norepinephrine **Dr Patience Adjepong**
10.20 -10.38am	Accuracy Of Freehand Ventricular Cannulation Using Kocher's and Keen's Points in Hydrocephalus Patients at a Tertiary Institution in Ghana **Dr Richard Hagan**	Perioperative Hypothermia During Elective Spine Surgery at the Korle Bu Teaching Hospital: Effects of Preoperative Forced-air Warming and Intraoperative Active Fluid Warming **Dr Samuel Anarfi**	Incidence and Factors Associated with Acute Kidney Injury in Chemotherapy Naïve Children Receiving Nephrotoxic Chemotherapy at the Paediatric Oncology Unit, Korle Bu Teaching Hospital, Accra **Dr Alimatu Salam**
10.40 -10.58am	Outcomes Of Intramedullary Nailing Of Tibial Diaphyseal Fractures: A Comparison Of Open And Closed Methods Of Reduction **Dr Majeedallahi Al-Hassan**	Evaluation of the Pattern and Short-Term Treatment Outcomes of Bimalleolar Fractures at Komfo Anokye Teaching Hospital **Dr Kwasi Antwi Kusi**	Leveraging the ECHO (Extension for Community Healthcare Outcomes) Model to Improve Collaboration in Cancer Care: Impact, Innovations, and Future Directions in Africa. **Dr Josiah Halm**
11.00am -11.18am	Prevalence and Outcomes of Intra-abdominal Hypertension in Critically Ill Patients in a Mixed Intensive Care Population **Dr Irene Bandoh**	A Study of Methods for The Reconstruction of Mandibular Defects at the Komfo Anokye Teaching Hospital **Dr Nana Tuffuor A. Gyimah**	
11.20am -12.00pm	DISCUSSION		
12.00 -1.00pm	LUNCH		

2nd Scientific Session

	Zoom ID: 924 0320 1236 Passcode: GCPS	Zoom ID: 990 0578 8540 Passcode: GCPS	Zoom ID: 953 3124 1196 Passcode: GCPS
Time	**Scientific Session 2A** Moderator: **Prof Yaw Asante Awuku**	**Scientific Session 2B** Moderator: **Dr Francis Adu-Ababio**	**Scientific Session 2C** Moderator: **Prof Mawuli Gyakobo**
1.00 -1.28pm	Quality Of Life of Patients with Parkinson's Disease in The Central Belt of Ghana **Dr. Vida Obese**	Assessment Of the Severity of Odontogenic Infections Using Clinical and Laboratory Indices at Komfo Anokye Teaching Hospital (KATH) **Dr Jonathan Tettey Olesu**	The Effect of Nutrition on Physical Functional Status in Patient's Attending a Geriatric clinic in Accra **Dr Ellen Crabbe**
1.30 -1.58pm	Accuracy of the GALAD Serologic Model in the Diagnosis of Hepatocellular Carcinoma in Ghanaian Patients **Dr. Yvonne Ayerki Nartey**	A Prospective Study of the Treatment and Outcomes of Midface Fractures at the Komfo Anokye Teaching Hospital (KATH) **Dr Richard Atuwo-Ampoh**	Cost of Care and Management of Non-communicable Diseases in Ghana: A Comparative Analysis of a Digital Remote System vs Traditional Care **Dr Nana Kofi Adu Affare**
2.00 -2.28pm	Silent Exposure: The Need for Enhanced Latent TB Infection Screening and Treatment Among Healthcare Workers in Ghana **Dr. Elizabeth T. Abbew**	Analysis Of Treatment Outcomes of Mandibular Fractures: A Prospective Study at the Komfo Anokye Teaching Hospital **Dr Paul Frimpong**	Exploring Strengths, Weaknesses, Opportunities and Threats of Collaborative Research among Family Physicians in Ghana: A Workshop Report **Dr Stephen Engmann**
2.30 -3.00pm	DISCUSSION		

Ethics Seminar

Zoom ID: 950 4063 0448 Passcode: GCPS

Time	Moderator: **Prof Richard Adanu**
4.00 - 5.00pm	Ethics of Informal Mobile Health Practices **Dr Alex Konadu Peasah, Deputy Registrar, MDC, Ghana**

FRI 29th NOV 2024

8.30 - 10.00am	Divisional Board Meeting
10.30 - 1.00pm	Business Meeting
1.00pm	Closing

FELLOWS IN GOOD STANDING

ANAESTHESIA

Addison, William
Adu-Gyamfi, Yaw
Adwedaa, Ebenezer Odei
Amoah, Victor Amos
Amponsah, Gladys
Anaba, Thomas Winsum
Aniteye, Ernest Adibuer
Annan, B. N. Yarley Annan
Anno, Audrey Fosua Ama
Antwi-Kusi, Akwasi
Asibey-Berko, Timothy
Baddoo, Henry H. Kpakpo
Baffour-Awuah, Lorraine
Boakye, Gabriel
Boni, Frank Komla
Collison, Carol
Danso, Owusu-Sekyere
Degraft-Johnson, P. K. G.
Djagbletey, Robert
Enninful, Titus K. Amoah
Gyapong, Nana Fosua
Keteku, J. Asomaning
Lamptey, Eugenia
Lassey, Phyllis Demi
Mensah, David K.
Mensah, Vivian Tanyeyo
Obeng Adjei, Grace-Imelda
Opai-Tetteh, Irene
Osei, Fred Kwabena
Owoo, Christian
Owusu Darkwa, Ebenezer
Peters, Jeffrey L.
Philips, Brenda Joyce
Quarshie, A. Sekyiwa
Sam-Awortwi, Wilfred Jnr
Sarpong, Ama Pokua
Sottie, Daniel A. Y.
Vanderpuye, Naa M.
Wulff, Irene Adorkor
Zakariah, Ahmed Nuhu

DENTAL SURGERY

Abban, Pamela O. Djan
Acheampong, A. Oti
Addo-Yobo, Constance
Adedevoh, Chloris
Adjei, Maxwell Kudzo
Adu-Ababio, Francis
Adu-Ampomah, Nana F.
Adu-Arko, Ampong Yaw
Adu-Poku, Francis
Amankwah, Boateng Yaw
Amoah, Kwabena G.
Ampofo, Patrick C.
Amponsah, E. Kofi
Amuasi Ama Agyeibea
Ankoh, Stephen Ekow
Ankrah, Gilbert Aboryo
Appiah, James Amoateng
Arhin, Frederick
Arkutu, Norvishie
Asamoa, Eric Asare
Ayettey-Adamafio, M. N. B.
Boamah, Matthew Owusu
Bruce, Ishmael
Buckman, Victoria Afi
Daniels, John Spencer M.
Dawson, R. Naa Adzrakor
Dery, Felix Tuopare
Djaba, Samuel Tetteh
Donkor, Peter
Fernando, Miguel A.
Goka, Ruby Yayra
Hewlett, Sandra
Kakraba-Quarshie, C
Karikari, Patrick Eric
Ketempi, Gabriel Victor
Konadu, Akua Boakyewaa
Larmie, Robert Nii Larmy
Nartey, Nii Otu
Nartey-Newman, M. A.
Ngyedu, Eric Kofi
Nyako, Ebenezer Anno
Nyarko, Alfred
Obiri-Yeboah, Solomon
Onuoha, Emily
Osei Tutu, Kofi
Osei, Frank Bonsu
Otoo, Godfried
Owusu, Slyvester
Parkins, Grace E. A.
Pobee, Regina
Sabbah, Daniel K.
Sackeyfio, Josephine
Siale, Edward Edem
Taiwo, Juliana Obontu
Thandani, Mamta
Tormeti, Daniel
Vasco, Emma
Yeboah-Agyepong, M. (Brig Gen)
Yelibora, M. Antunmini

EMERGENCY MEDICINE

Annan, Anthony
Antwi-Donkor, Kwabena
Biney, Eno Akua Afriyie
Buckle, Conrad
Djan, Doreen Ntiriwa
Ekremet, Kwame
Nyame, Kwaku
Oduro, George

Oppong, Chris Kwaku
Osei-Ampofo, Maxwell
Osei-Kwame, Daniel
Oteng, R. Acheampong
Prah, Irene Mamaa Fosua
Takyi, Godfred
Yakubu, Hussein Alhaji

FAMILY MEDICINE

Acquah-Hagan, Getrude
Adabie, S. K.
Addy, Seth Nii
Afeng-Nkansah, Diane
Afriyie, Kwaku
Ahlijah, Lenusia
Akumia, Nana Adu
Amoh, G. K. Ampomah
Annan-Nanka-Bruce, D.
Ansafo-Mensah, Jane
Aryee, Anum Daniel
Ati, Emmanuel
Ayerh, Nii Anum
Ayisi-Boateng, Nana Kwame Ofori
Bannerman, Elizabeth H.
Damoah, Baaba Nyina
Diaba, Ignacio Emmanuel
Edusa, Alla Ivanovna
Entsuah, Barbara Naa C.
Essuman, Akye
Gyakobo, Mawuli Kotope
Hanson, Joseph K.
Kitcher, Esther N. K.
Kwakye-Maafo, Jacob K.
Kyemenu-Caiquo, Tsease
Lamptey, Roberta
Lawson, Henry J. O.
Letsa, Archibald Yao
Lopez, Duniesky Martinez
Maite, Alfonso Romero
Martey-Marbell, Deanne
Nkansah, Gabriel K. S.
Nketiah, Bediako George
Nyarko-Mensah, Justice
Odoi-Agyarko, Kwasi
Ofori-Amankwah, G. K.
Olayemi, Osa
Opare-Lokko, E. Addo
Opoku, Constance
Quaye, Daniel Kweitei
Rodriguez, C. Yamile
Spangenberg, Kathryn
Steele-Dadzie, Allen
Tannor, Yeboaa Abena
Tsikata, Sertome
Vandyck-Sey, P. Naana

INTERNAL MEDICINE

Acheamfour-Akowuah, Emmanuel
Acheampong, J.W. (Sir)
Adjei, Patrick
Adjepon-Yamoah, K. K.
Adu-Boakye, Yaw
Afriyie-Mensah, J. Sandra
Agamah, Edem Stefano
Agyekum, Francis
Akamah, Joseph Atiah
Akoto, Emmanuel
Akpalu, Albert K. Jnr.
Akpalu, Josephine
Amable, Eugene K.
Amissah-Arthur, M. B.
Amoah, Albert G. B.
Amoako, Yaw Ampem
Anie, Samuel Joseph
Anim-Addo, Edward K. A.
Ankobiah, William A.
Appiah, Lambert Tetteh
Aryee-Boi, Jeannette
Asare, Henrietta Rowena
Asiedu-Frimpong, Fred
Asomani, Frederick Akoto
Awuku, Yaw Asante
Bampoh, Sally Afua
Bandoh, Salome
Bobbie-Sarfo, Akosua K
Boima, Vincent
Brobbey, Jacob A.
Charway-Felli, Augustina
Dapaah-Afriyie, Kwame
Dartel, Norman
Delle, Edmund Nminyem
Delsol-Gyan, Desrie
Dey, Ida Dzifa
Dey, Richard Sylvester
Doku, Alfred
Duah, Amoako
Duncan, George
Dwomoa, Adu
Dzokoto, Comfort
Eastwood, John B.
Fiscian, Henrietta
Fokuoh, Foster Nketiah
Folson, Aba Ankomaba
Forson, Audrey
Gonzalez, Gertrudis de
L. A. Gyening, Albert B. (Brig)
Hagan Paa Gyasi
Hanson, Kwesi Atteh
Hayfron, J.C.K.
Hernandez, Odalys Rivera
Hesse, Adukwei I. F. (Rev)
Kokuro Collins
Kootin-Sanwu, Cecilia
Kpodonu, John
Kwarko, Harriet Akosua
Larbi, Emmanuel Bekoe
Lartey, Margaret Y. M.
Laryea, Clement Titus
Laryea, Horace

Mate-Kole, Michael O.
Mensah, Alla Gaidel
Micah, Eileen Akonobea
Nani, Seth Yao
Nkromah, Kodwo Oduro
Nkrumah, Kofi Nyaako
Nkum, Bernard Cudjoe
Nyame, Paul Kwame
Odame, Phillips Richard
Ofei, Francis Werner E.A.
Ofori, Cyril Senyo
Ofori-Adjei, David
Ofori-Adjei, Yaw
Okyere, Perditer
Oppong, Bright
Osafo, Charlotte
Owusu, Isaac Kofi
Puplampu, Peter
Sarfo, Fred Stephen
Seadey, Mark-Young
Tachi, Kenneth
Tawiah, Phyllis
Woananu, B. Annette
Yakubu, Abdul-Subulr
Yeboah, Mary K. Afihene
Yorke, Ernest

LABORATORY MEDICINE

Abrahams, A. O. Darkwah
Acquah, Michael Ebo
Addison, Naa Okaikor
Adjei, Ernest Kwasi
Adu-Sarkodie, Yaw
Akwasi-Kuma, A. Benneh
Anim, Jehoram Tei
Ansah, Justina Kordai
Ansah-Boateng, Yaw
Asare, E. V. Naa Kwarley
Awuku, Nana Agyeiwaa
Bruce-Tagoe, Alexander
Davis, Aisar Bernard
Der, Edmund Muonir
Egan, Joseph Mark
Ekem, Ivy Adwowa Efiefi
Ferguson-Laing, Edwin
Frimpong, E. Henebeng
Ghunney, William
Gyasi, Richard Kwasi
Hobenu, Frederick
John-Teye, Dilys
Naporo, Simon
Newman, Mercy Jemima
Olayemi, Edeghonghon
Osafo, Timothy Dankwa
Owusu-Ofori, S. Phyllis
Quayson, E. Solomon
Tettey, Yao
Wadhwani, J M. (Col)
Wiredu, Edwin Kwame

NEUROSURGERY

Adam, Abass
Adjetey, Seth Adjei
Agyen-Mensah, Akwasi
Akoriyea, Samuel Kaba
Akoto, Harry
Bankah, Patrick Ekow
Boatey, Jerome Kwesi
Dakurah, Thomas
Lamina, Anthony Peh
Nketiah-Boakye, Frank
Tamakloe, Kafui Kwaku
Totimeh, Teddy Tsiate
Wepeba, George

OBSTETRICS & GYNAECOLOGY

Acquaah-Arhin, Rebecca
Adadevoh, Sydney W. K.
Adae, Kenneth
Adageba, Rudolph
Adanu, Richard M. K.
Adarkwa, Opei Kwafo
Adjei, Timothy
Adu Samuel Yaw
Adu, Seth
Adu-Bonsaffoh, Kwame
Adu-Takyi, Charles
Agbeno, Evans
Agyapong, Jeff Osei
Aikins, James K.
Ali, Samba
Amakpa, Eric Yao
Amaniampong, Kofi
Amartey, Okaikwei Nii
Ameh, E. Ogbada
Amoatwo, J. Kwabena
Amoh, Michael Yaw
Amo-Mensah, Samuel
Amponsah-Tabi Seth
Ankobea-Kokroe, Frank
Annan, Ben D. R. T.
Annan, Henry George
Annan, John Jude Kweku
Anum, Patrick
Apea-Kubi, K. A. Kwarko
Appiah-Kubi, Adu
Appiah-Sakyi, Kwabena
Arkutu, Andrew Rupert A.
Asah-Opoku, Kwaku
Asirifi, Samuel K. Amoako
Ayers, Charletta Ann
Ayi-Bonte, G. Joshua
Azanu, Wisdom Klutse
Baafuor-Opoku, Kofi
Baffoe, Peter
Baffoe, Sarah Esi
Banful, Richard
Beyuo, Titus Kofi
Boachie, J. K. Agyemang
Boafor, Theodore Kobla
Boamah, Martin Owusu

Boateng, Alex Kodi
Borlabi, Samuel Bortier
Buadi, Lawrence Oppong
Charadan, A. M. Simono
Coleman, Jerry
Dah, Anthony Kwame
Damale, Nelson
Damalie, F. M. Kwadzo
Danso, Kwabena Antwi
Deganus, Sylvia Ayele
Doffuor-Dapaah, K. A.
Dortey, Benjamin Ansah
Dzokoto, Victor Fialesesie
Frimpong, Ransford
Ganyaglo, G. Yao-Kumah
Gordon, Afua Sarpong
Gorges, Edith Juliane (Sr)
Gumanga, S. Kwabena
Ken-Amoah, Sebastian
Kolbilla, David Zawumya
Konney, Thomas Okpoti
Koranteng, Osei Isaac
Kuti, Christiana Kafui
Kwame-Aryee, R. Armah
Kwarko, Kwasi A. Jnr
Kwawukume, E. Yao
Laing, Amelia Efua
Larsen-Reindorf, R. Emil
Laryea, Henry Nii Otoo
Lassey, Anyetei Tanyeli
Malechi, Hawa
Mensah, Paul Amoako
Mensah, Theresa Aba
Morhe, S. K. Emmanuel
Mumuni, Kareem
Nkyekyer, Kobinah
Norgbe, Gameli Kwame
Ntumy, Michael Yao
Odame, Frank
Odoi, Alexander T.
Onuzo, C. Nwabugwu
Opai-Tetteh, Emmanuel T.
Opare Larbi Yaw
Opare-Addo, Henry Sakyi
Opoku-Fofie, Chris
Oppong, Samuel Antwi
Owusu, R. K.Kwarteng
Owusu, Yaw Gyanteh
Owusu-Asubonteng, Gerald
Owusu-Baah, Paul
Peprah, Amponsah
Pobee, Fredrickson
Quarshie, Ameni Joseph
Quist, Patrick K.
Quist, Samuel A. F.
Rubayiza, Fulgence
Sarbeng, Kwadwo
Sarfo, Bedford Simons
Sarpong, Philip
Seffah, Joseph Darkwa
Sepenu, Perez
Srofenyoh, Emmanuel K
Swarry-Deen, Alim
Takyi, Charles
Titigah, A. Babatuiamu
Vormawor, Andrew
Wilson, John Baptist
Yanney, Henry Ekow
Yeboah, A. K. Omari
Yeboah, Michael Yaw

OPHTHALMOLOGY

Adam, Yacubu Seidu
Adu-Darko, Michael
Ahmed, Akwasi Agyeman
Aikins, Amos Kobena
Akafo, Stephen Korku
Amankwah-Frempong, D.
Amissah-Arthur, K. Nyan
Amoah, Kwadwo
Ampong, Angelina
Armah, Peter Cornelius
Beyuo, Vera Mawusime
Dogbe, Edith
Essuman, Vera A.
Fordjuor, Gladys
Hagan, Maria
Heda, Aarti Subhash
Imoro, Zeba Briamah
Lartey, Seth Y.
Mensah, Alex Mawuko
Mensa-Bonsu, A. Badu
Mensah, Evelyn
Ofori-Adjei, Imelda-Odille
Quaye, Billey
Seneadza, K Asiwome
Tagoe, Naamuah Naa
Toseafa, Raymond

ORTHOPAEDIC & TRAUMA SURGERY

Abu, Kwadwo Aning
Addo, A. O.
Addo, Wilfred Labi
Adondaa, A. Dominic
Aitpillah, Francis
Alatiiga, John Abanga
Anyemedu, Asare
Anyitey-Kokor, David
Asare, Amgbo
Ativor, Vincent
Azorliade, Roland
Baddoo, Daniel Tettey
Baidoo, Kwesi Paa
Baidoo, Richard Orgima
Bandoh, Anthony
Boafo, Nana K. G.
Bukari, M. I. Suglo
Buunaaim, Alexis
Dwamena, William Gyau
Gudugbe, Senyo

Holdbrook-Smith, H. A.
Konadu-Yeboah, Dominic
Kumah-Ametepey, R.
Kunutsor, Dziwornu
Kuunaiguo-Moh, Prosper
Kwafo-Armah, Abena
Lawson, Madonna
Leat, Michael
Mintah, Kwabena Felix
Quansah, Robert Ekow
Quartey, Raphael
Sackkeyfio, Arthur Odotei
Sakyi, Ngissah K. Reuben
Yempabe, Tolgou

OTORHINOLARYNGOLOGY

Abdulai, Eunice Rabiatu
Adjeso, Theophilus Kofi
Amoo-Quaye, Grace Naa A.
Appiah-Thompson, Peter
Awuah, Peter
Baidoo, K. K. Koranteng
Barnor, I. K. Okyeremah
Damah, Michael Chanalu
Danso-Adams, James
Duah, M. Issahalq
Dzogbefia, Mawutor
Jangu, Adam Alhassan
Kitcher, Emmanuel D.
Konney, Anna
Labrada, M. Rodriguez
Larsen-Reindorf, Rita
Mensa-Yawson, Sally
Murphy, James P
Opoku-Buabeng, Joseph
Quansah, Robert Ekow
Searyoh, Kafui
Tuffour Constance
Wireko Brobby George (Sir)

PAEDIATRICS/ CHILD HEALTH

Adabayeri, Victoria May
Addai, Stephen Akwasi
Addo-Yobo, E. O.D
Adja-Sai, Claudia
Adjaye, Nellie
Adjei, Nicholas
Afaa, Taiba Jibril
Afrane, Asare A. Kumiwa
Ahor-Essel, Kojo
Alhassan, Abdul Mumin
Amegan-Aho, K. Hefoume
Ameyaw, Emmanuel
Ansong, Daniel
Antwi, Sampson
Appiah, John Adabie
Asafu Agyei, Serwa Bonsu
Asante, A. Naa Morkor
Assimeng-Dame, J. A.
Awuku, Mark Addi
Badoe, Ebenezer V.
Baffoe-Bonnie, Benjamin
Boakye-Yiadom, A. Pokua
Enimil, Anthony Kwame
Enweronu-Laryea, C.
Eshun, Francis Kwabena
Fuseini, Yaninga Halawani
Goka, Bamenla
Hammond, Charles Kumi
Kamara, Lannes
Kilba, Marie-Charlyne F.
Neizer, Margaret
Nguah, Samuel Blay
Nyann, Beatrice Irene
Nyarko, Mame Y. Adobea
Obeng, William
Oduro-Boatey, Collins
Ofori-Adjei, E. Koshie
Okai, Emmanuel
Onowona-Agyeman, K. A.
Osei-Akoto, Alexander
Osei-Yeboah, Christiana
Adwoa Tiwaah Marfo
Owusu, Larko Domenyo
Owusu, S. A. Kwarteng
Paintsil, Vivian
Parbie, A. Emmanuel
Plange-Rhule, Gyikua T.
Poku, Charles K. A.
Renner, Lorna Awo
Rodrigues, Onike Patricia
Salifu, Nihad
Sarfo, Maame A. Attobrah
Segbefia, Catherine
Sly-Moore, Eugenia
Tagoe, Lily Gloria
Tette, Edem M. Afua
Turay, Ishmael Turay
Welbeck, Jennifer Eileen
Wireko Brobby, N. Ayiwa
Yao, Nana-Akyaa

PSYCHIATRY

Adomakoh, Christian C.
Ahmed, Boachie
Apau, Augustina Pinaman
Asare, Joseph Bediako
Dankwa, Y. Amoakohene
Donnir, Gordon Maanianu
Dordoye, Eugene
Fiagbe, Delali Kudzo
Mfodwo, Yao Manukure
Ohene, Sammy Kwame
Osei, Akwasi Owusu
Osei, Yaw
Owusu-Antwi, Ruth
Puklo-Dzadey, Anna

PUBLIC HEALTH

Aboagye-Atta, John K.Y.
Addo Akwei Nii
Adibo, M. Erasmus Komla
Adomako-Boateng, Fred
Adu-Gyamfi, Mokowa
Adu-Krow, William
Adusi-Poku, Yaw
Afari, Edwin Andrews
Afenyadu, Godwin Yaw
Afreh, Osei Kuffour
Afriyie, Kwaku
Agongo, Erasmus E. A.
Agyepong, Irene Akua
Ahmed, Kofi
Amoakoh-Coleman, Mary
Amofa, George Kwadwo
Amponsa-Achiano, K.
Amuzu, Joseph
Ansah, Evelyn Korkor
Antwi, Phyllis Mary
Antwi-Adjei, K. Odei
Appiah-Denkyira, E. Kofi
Asamoah, Odei
Asante, Rexford K. O.
Awoonor-Williams, J. K.
Ayim, Andrews
Ayisi Asare, Brainard
Baddoo, Nyonuku Akosua
Badu, Sarkodie
Bannerman, Cynthia
Beke, Andy Kwaku
Bekoe, Franklin Asiedu
Binka, Fred Newton
Bio, Fred Yaw
Biritwum, Richard Berko
Boateng, B. Kwabena
Boateng Wiafe
Boatin, Boakye A.
Bonney, Agatha
Bonsu, Frank Adae
Bonsu, George
Bosu, William
Brew-Graves, S. Henry
Browne, E. Nii Laryea
Bugri, Samuel
Calys-Tagoe, Benedict
Chinbuah, Margaret Naa-A.
Clottey, Clarence E.
Coleman, Nii Ayite
De Graft-Johnson, R. J. W.
Dodor, Emmanuel A.
Dovlo, Delanyo Yao Tsidi
Dzotsi, Emmanuel Kofi
Engmann, Eva C. O.
Enyimayew, Nana
Forjuoh, Samuel
Gardiner, Charlotte
Gyapong, John Owusu
Hodgson, Abraham V. O.
Husunukpe, William Yao
Ibrahim, Alhaj M. Bin
Kasu, Emmanuel Senyo
Kuma Aboagye, Patrick
Kwashie, Samuel Tetteh
Kwawukume, B. Susu
Laryea, Dennis Odai
Letsa, Sewornu Timothy
Malm, Lawrencia Keziah
Martinson, Francis
Mc Damien, Dedzo
Newman, Morkor
Newton, Samuel K. T.
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Siaw-Lartey, Isaac
Tettey, Eugene
Ulzen-Appiah, Kofi

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Agbley, Benson Harry
Agbleze, Dunyo Yaotse
Agongo, Hadizat
Agyabeng, Antwi-Agyei D.
Agyapong-Marfo, Dennis
Agyekum, Aaron
Agyeman, Marcus Baffour
Agyeman, Samuel
Agyeman-Prempeh, Philip
Aidoo, Kobina Chris
Akaba, Helen
Akabua, Michael Sena
Akankaskum, Nathaniel A.
Akiwande, Deen Derrick
Akotiah, Samuel
Akuoko, Victor
Akyinah, Yaw Antwi
Amankwa, Daniel Yaw-Korsah
Amegah, Frank Kwadzo
Amfo, Michael Afriyie
Amoa-Gyarteng, Kwaku G.
Amoah-Ebonyi, Isaac
Amoateng, Derek
Amoh, Derick
Ampadu, Martha B.
Ampah, Nelson
Ampem-Darkwa Kwasi
Amponsa-Dadzie, E. M.
Amponsah, Sabina
Amuah, Mary Benyiwa
Amugi, Andrew Nii Okai
Anane-Fenin, Betty Akua O.
Aning-Bonsu, Alex
Aning-Kuffour, Philip
Ansing, Ceasar Awonboro
Ansong, Edward
Antie, Bemjamin Nii Okai
Antwi, Isaac Adu-Poku
Antwi, Maxwell Akwasi
Anum, Edwin
Apea-Kubi, Kwabena B.
Appea, Oduro Kwasi
Appiah, Edward Kwabena
Appiah, Eric Fening
Appiah-Denkyira, K. A.
Appiedu, Abdul-Halim A.
Arthur, Enoch Obeng
Arthur, Juventius Arthur
Arthur-Komeh, Johnny
Asaah-Aboagye, Nana Y.
Asamoah, Richard
Asamoa-Manu, Nita
Asante, Derrick Kofi
Asare, Agnes
Ashong, Joycelyn A.
Asiedu Felix Odae
Asiedu, Grace
Asmah, Arthur Justice J.
Atomo-Hammond Obed
Attah, Ellis Nutifafa Kofi
Attoh, Katherine A.
Atuguba, Hayford B.
Avonsige, Anita Barbara
Awusi-Nti, Cynthia D.
Ayambire, Anthony
Aziz, Dalatu
Baafi, Eric Aninkorah
Baiden, Richard
Baidoo, Abraham F.
Baidoo, Francis Eshun
Baidoo-Ansah, Frank
Baidoo-Williams, Frank
Bakaweri, Francis Sullibie
Bawah, Annabel Amina
Benneh, Vincent Agyei
Birikorang, Rexford
Bittaye, Mustapha
Blasu, Eleazar
Boadi, Frank Opoku
Boamah, Isaac
Boamah-Mensah, C.
Boateng, Abigail Serwaa
Boateng, Benedict Owusu
Boateng, Kwaku Opoku

Bosomtwe, John K.
Botchey, Benedict Kofi
Bowuo, Abeyifah Felix
Boye, Jeffrey Ablorh
Brefo, Agyen Kwaku
Brew, Ruth Naa Adoley A.
Brewu, Bernard Kwabena
Brown, Frank Ewusie
Buadi, Lawrence Oppong
Bukari, Zakari
Caesar, Victor Ofori
Coffie, Zachariah
Coleman, Henry
Danquah, Bennet
Danso, Kwame Asiedu
Danso, Raymond Sey
Darko, Fredrick Owusu
Darko, Kwabena Awuku
Darko, Kwadwo Addai
Diji, Francis
Doe, Paul
Doffour-Dapaah, K. A.
Dolo, Obed Weayen
Duku, Gideon Nomafo
Effah, Kofi
Egbefome, Adolph M.
Eshun, Emmanuel Kojo
Fenyi, Barbara
Frempong, Angela D.
Frempong, Peter Adjei
Frimpong, Frank
Gandaa, Solomon
Gbadamosi, A. R. Tunde
Ghunney, Ama Kaki
Gomina, Sie Seth
Gudugbe, Adzi Kofi
Gyamera, Kelvin Akoto
Gyedu, Linda
Hansen-Garshong, Seth
Hasford, Emmanuel L.
Hassan, Seth Tele
Henneh, Augustine
Hoedoafia, Lawrence
Hutchful, Jilac Adwoa S.
Ibine, B. A. Rebecca
Ibrahim, Abdul-Basit W.
Ibrahim, Muslim Donkor
Iddrisu, Safia
Issah, M. Soale Issah
Issahaku, Sheila Tipaga
Issaka, Aisha Ali
Jeredine, M. O. George
Kagyah, Grace Bruwah
Kamali, Mustapha
Kanfar, Mawuse
Kankam, Maxwell
Keita, Abdoulie
Kelugu, Neville Kaba
Kemevor-Asima, Dorothy
Kibolibi, Adams Baba
Klinogo, Thomas Kojo
Korang, Isaac Kwesi
Koranteng Samuel Attuah
Koray, Ubeida
Korsah, Eric
Korsah, Nathaniel Kweku
Kpofo-Tetteh, Elorm
Kugbey, Kudjomlimor
Kumi, Frederick Oduro
Kumi, Henry Kintoh
Kupualor, David Akwafo
Kusi-Bofa, Wilson
Kwarko E. Kwadwo Poku
Kwarkye-Ansong Stephen
Kyei Nathaniel Kofi
Kyei, Margaret
Kyeremeh, Christian Sabi
Labi, A. Kwaku Apraku A.
Lassey, Victus Kwame
Lawerter, Joseph Tetteh
Loglo, Richard
Malm, Keziah
Manford, Herbert Kofi
Mbamba, Gidaz Ng-man-Wara
Mbroh, Hinterman K.K.
Mensah, Boateng Kofi
Mensah, Charles Obeng
Mensah, Eric Peter Yao
Mensah, Francesca D.
Mensah, Nathaniel A.
Mensah, Samuel Freeman
Mensah, Teresa Aba
Mensah-Brown, Shirley A.
Menyah, Samuel R.
Miezah, Charles Erzane
Misroame, Senyo M.K.
Mohammed, Jelilat
Mouhajer, Mohammed
Musa, Marena
Nachinab, Vincent Bizor
Napari, Ah-Lam
Ndago, Daniel
Nduroh, Kingsley Afreh
Neequaye, James Nikoi
Newman, Benjamin Teye
Newman, Grace Teikuor
Ninimiya, Sabastian
Nkrumah, Bright Sam
Nkrumah, Ellis
Nsiah, Isaac Kwabena A.
Nti, Maxwell Kofi
Ntiamoah, Irene Owusu
Nuertey, Augustine Demah-Teye
Nwangere, Eunice
Nyabe, Frank Kwasi
Nyani, Anthony Kwame
Obeng, Eric Ansu
Obeng, Kyei Kofi Boakye

Oduro, Frederick
Oduro, Nana Essuman
Oduro, Samuel Appiah
Oduro-Boateng, Collins Y.
Ofori Anane, R. Regan
Ofori, Anthony Amanfo
Ofori-Boadu, Kwame
Ofosu-Barko, Ben Blay
Oghenovo, E. Kofi
Okai, Bernard Kwaku
Okine, E. Nii Okai
Okyere, Bernard
Opare-Addo, Kwabena
Opoku, Afriyie, Augustine
Opoku, Baafuor Akwasi
Opoku, Richard A.
Opoku-Achampong
Oppong, Charles Wiredu
Oppong, Clement
Oppong, Kwabena
Oppong-Kyekyeku, Daniel
Oppong-Kyekyeku, K. A.
Osei Asamoah, Derrick
Osei Charles Antoh
Osei, Justice
Osei, Owusu Menash
Osei-Appiah, Edward
Osei-Owusu, Frederick
Osei-Owusu, Innocent
Osei-Tutu, Ethel
Osman Mohammed
Otaka, Dickson
Oteng, Collins
Owoo, John
Owusu, Sylvia
Owusu-Ansah, Kwadwo A.
Owusu-Baah, Yaa
Parker-Allotey, David W.
Pieterson, Kojo
Pinkrah, Richard
Poku, Barima
Quarmpah, Anthony M. K.
Quarntson, F. Rahman
Quarshie, Mensah Hope
Quarshie-Ngissah, Gifty
Quartey, Joseph
Quaye, Ernest
Saanwie, Suntaa Aiden
Sabi, Theophilus Ben
Safo, Yaw Abrefa
Sagoe, R. Wiredu Jnr
Sarpong, Seth
Sayibu, S. Shembla
Sebuabe, Solomon Afetsi
Secorm, Isaac Tettey
Sefogah, Promise E.
Seidu, Allan Vikuba
Senayah, Heindel Tonyi
Senker, Catherine Rita
Senunyeme Timothy
Shaidah, J. Buernokie
Soale, Ibrahim Friko
Sopiimeh, E. Lierdong
Sotindjo, Roch
Sowah, Jacqueline Anita
Stephenson, Laari
Sulemana, Abdul Samed
Sulley, Faisal
Suoseg, David Putiero
Suwiere, Jonathan
Swarray-Deen, Alim
Tackie, Ian
Tagoe-Reinhold, C. Naa A.
Tawiah, Augustine
Tay, Leslie Kojo
Tetteh, Eric Otoo
Toffah, Gideon Kwesi
Tseklu, Eric Komla
Tsibo-Takyi, Kobina
Tsikata, Richard Kobla
Tweneboah, Humphrey O.
Tweneboah-Koduah, Fred
Umar, Sham-Una
Valmont, Taurus
Wilson, Fareeda
Wuobar, V. Francis
Yakubu, M. Subeiya
Yamoah, Patrick
Yangnuu, Solomon
Yankson, George Essiam
Yawson, Abena Konadu
Yeboah, Daniel Sarpong
Yeboah, Edwin Kwabena
Zachariah, Osman Aldrin

OPHTHALMOLOGY

Ackah, Peter Forson
Acquah, Akua Serwaa
Addo, Alex Kweku
Addo, Dorothy Ofori
Adom, Gifty Afua Fosuah
Agyeman, Osei Bonsu
Aidam, Senam Aseye A.
Akafo, Andrew Elikem
Akude, Edinam Yawa
Aleser, Mildred
Amartey, Bernice Naa M.
Ameyaw-Asamoah, A.
Amissah, Prince
Amoabeng, Diana K.
Anane-Druyeh, Hilda
Ankor, John Junior
Appiah, Lawrence O. Kusi
Appiah-Berko, Maame T.
Appiah-Thompson, B. L.
Arthur, Isabella Perpetual
Asiama-Asare, Daisy
Awa, Richard
Ayisi-Boateng, Esinam
Boa-Antwi, M. Gyasiwaa

Bondzie, Samuel
Bosompem, A. Nyarko
Brookman, Sylvia Akua
Clegg-Lamptey, Carol
Cosmos, Hewbert Kwasi
Dagba, Lordson
Duffour, Abrafi Ama
Enimil, R. Emmanuel
Frimpong, Doreen Adebi
Kortei, N. Atuquaye
Kwakye, F. Boanpong
Kwakye-Yeboah, David
Kwarteng, Joseph Adjei
Kwarteng, Kwaku O. A.
Kyeremeh, G. Gyamaa
Lassey, Akorfah
Leuri, Joselyn Bomansah
Mahama, Nafisa Rita
Mattia, John Gbortu
Mbamah, Adakudugu Ida
Nimako, Andrea Nelly
Obeng, Francis Kwasi
Oduro, Awo Yaa Karikari
Ohene-Dankye, Nana Yaw
Oku, Aaron Nii Tettey
Okyere, Yaa Kusiwaa
Opoku, Lauretta
Osei-Kontoh, Georgette
Oteng, Kwame Anim
Oteng-Gyimah, Louis
Quarcoe, Adjoa Sarfoa P.
Sakplavie-Biko, Bernice
Tiertoore, Wanye Nina
Tiweh, Joyce B.M
Tweneboa, Michelle D.
Vukamia, Eva
Yeboah, Patience
Yebuah, Florence-Barbara
Zakhia, George

OTORHINOLARYNGOLOGY

Adom-Mensah, Ivy
Agyeman, Kofi
Aning, Daniel Gyawu
Appiah, Regina
Armooh, Louis Kwame
Asante, Tony Julian Kofl
Bilson-Amoah, Estella
Dery-Kuzuume, Philibert
Dowuona, Frederick E. N-N.
Forkah, Shirley
Fosu, Angela Etornam
Gaveh, Valerie Selorm
Gyimah, Derrick
Hanson, Nana Andoh
Koomson, Richard
Kouame, Majeste
Kwapong, Maa Pabia
Muanah, Ivan An-Ichie
Ndaa, Anita Abena
Nutsugah, Carl
Nyamekye, Evelyn
Obeng-Hinneh, Zac
Oblitey, Mary Kordei
Opoku-Amankwaa, W.
Owusu-Achaw, Eugene
Peprah, Oppong Philip
Poku, Martha
Sepenu, Naa Akushia
Siale, Worlanyo Kwasi
Wankhede, Asha Ajit

PAEDIATRICS/ CHILD HEALTH

Acheampong, Benjamin
Adade, Nelly
Addah, Ernestina
Addo-Sarkodie, Enoch
Adjei, Stella Barnie
Adjeman, Josephine J. K.
Adu-Takyi, Christina
Adutwum, J. N. Aggrey
Adutwum, Laila M. A.
Adzosii, Della Komla
Afari, Priscilla
Afful, Augustine Kwame
Afriyie-Agyeman, Akua
Aggrey, Islynn Gloria
Agyabeng, Eugenia
Agyeman, C. Osei Tutu
Agyeman-Ababio, Nana A.
Aikins, Anna-Marie
Akakpo-Ashiadey, Nicholas Kobla
Akanzum, M. Awingura
Akorli, Mawuse Kosi
Akoto, Elliot Ofei
Akwetey, Francis Mensa
Alhassan, Priscilla
Ama-Mansa, Okaine Y.
Amamoo, Adwoa A.
Amedo, Cynthia Senam
Amoah, Emmanuel
Amoako, Emmanuella
Amponsah, Nana Ofosua
Amponsah-Kodua, Gloria
Anane-Binfoh, Nana Anyimadua
Anane-Frimpong, Dan
Andoh, Hilary Dzigbodi
Andzie-Quainoo, Ekua
Ankomah, Juliet
Anokye-Asiedu, Yaw
Ansong, Anita Boatemaa
Antwi, Benedicta, E.
Antwi, Esodie
Antwi-Agyei, M. Otemaa
Apanga, Dania Awintima

Appiah, Nana Akua B. A.
Appiah-Nkansah, Yaa
Aryeetey, Dorcas Naa D.
Asaman, Jennifer
Asamoah, Genevieve Tiah
Asante, Boateng
Asante, Esther Serwaa
Asante-Kwabiah, Adeline
Akua Obuo
Aseyoro, Matilda
Ashong, Joyce Akweley
Asiamah, Bright
Asibey, Jacqueline G.
Asibey, J. Gyapomaa
Assani, Nancy
Atindaana, M. Akugbire
Atsem, Nana Aba
Atta-Fynn, Doreen
Attfuah, Naana Adoma
Attobrah-Sarfo, Maame A.
Awari, Joselyne Fulera
Awumbila, Aisha Gosying
Ayamga, Judith
Ayi-Bisah, Nedda
Ayikutu, Gabriel K.
Baeta, Novisi
Baffoe, Victoria Damoah
Bakari, Ashura Mussa
Bani, Fathea
Bannerman, Emmanuel
Barima-Poku, A. Hage
Barnor, Veronica
Batsa-Nakotey, Lydia
Bedwei-Majdoub, V-M.
Bening, Joyce Emakayor
Biremeh, Cyprian
Boakye-Ansah, Gifty A.
Boakye-Mensah, Flora O.
Boamah-Mensah, Faye C.
Bonney, Nana Yaa Akyaa
Boye, Hilda Mantebea
Brako, Nana Kweku Okai
Britwum, Priscilla A.
Brown, Eunice
Brown, Florence Naa A.
Chemogo, Solomon
Coker, Freddie
Cudjoe, Martha
Danso Frederick, Owiredu
Danso-Aboagye, Abigail
Danyoh, Richard Bright
Dapaah, Dora
Dono, Matilda Tierenya
Duah, Nana Ayaa
Duopah, Felicia Etema
Dzakpasu, Elikem Afi
Edenam, Esinam Afi
Ekem, Amma Akyere
Ekuban, Anthoinette
Forson, Theophylia E.
Frimpong, Solomon A.
Frimpong-Barfi, Audrey
Fuseini, Yaninga Halwani
Ghartey, Nenyi
Glover, Benedicta Ama
M. E.
Glover, Naa Djama
Gudugbe, Adjoa G.
Ainooson
Gyan-Kesse, Lydia
Gyimah-Asante, Akua A.
Hagan, Janet Reynolds C.
Insaidoo, Genevieve
Kanzie, Perpetual
Karikari Appau, Bernice
K.
King-Mensah, Priscilla O.
Kokuro, Rosemond
Komeh, Hannah
Kotoh-Mortty, Maame F.
Kumahor, Matilda
Kutor, Augusta Worlase A.
Kwarteng, Abena D.
Kwarteng, Peter Gyamfi
Kwawu, Patience
Kyerematen, Christina
Laryea, Lily Tiorkor
Laryea, Stephen
Letsa, Richard Mawuli
Lomotey, Gladys Naa L.
Lomotey, Percival
Mahama, Haruna
Makalo, Lamin
Manu, Ewura Abena O.
Manu, Sally Owusua
Marbell, Marilyn N. A.
Martey, Eugene Kwaku
Martey, Pamela M.
Martyn-Dickens, Charles
Mensah, Eunice Mintah K.
Mensah, Micheal Ekow
Mills, Hannah-Sharon
Mitchell, Juliana Tutua
Naadow, Grace
Nani, Veronica Enyonam
Nsiah, Alice Adobea
Nyako, Blay Nana
Nyarko, Esinam Ama
Obodai, Edna Okaikor
Odonkor, Emmanuel Nii A.
Okantey, Patience O.
Oku, Caroline
Oppong, Emmanuel
Oppong-Mensah, Yaa G.
Opuni, Ruby Peggy
Osei-Bonsu, Angela
Osei-Tutu, Lawrence
Osei-Wusu, Ama Bema
Osew-Gyamfi, Afua K.
Ossei-Sekyere, Barbara

Owusu, Annie Mawunyo
Owusu, Larko Domeryo
Owusu, Ruth Asantewaa
Owusu, Shiela Agyeiwaa
Paintsil, Freda
Peprah, Phillip
Pomaa, Maame Yaa
Prosorova, Anastasia
Raj, Amrit
Ramachandrarao, Sudha
Sagoe, Maame Ama F.
Salam, Alimatu
Salamat, Samuel Tibil
Sallah, Abdoulwahab
Samani, Edna Dandaare
Sarbah, Wilson Edem
Senyah, Akua Yeboah
Shamwun, Valerie M.
Sunkwa-Mills, Frank Nii L.
Swanzy-Asare, Barbara
Tanson, J. B. Akua
Tawiah, Esther Annette
Taylor, Henrietta
Tetteh, Abena Agyeiwaa
Tetteh, Catherine Korkor
Tettey, Abena Asantewaa
Teye, Rachel
Tsrakasu, Selorm K.
Tweneboah, Josephine O.
Wood, Joan Afua T.
Wordui, Seyram M.
Yakubu, Rafiuk Cosmos
Yamyolia, Samira W. A.
Yeboah, Ama Adoma
Yiyugsah, Catherine
Zakariah, Susan

PSYCHIATRY

Addo, Bernice Takyiwah
Addo, Naa Adoley
Addom, Selasie N. Ama
Adjei, C. Naa Narkie
Adjei, Daniel
Adu-Nyako, Pearl
Afeti, Stella Sena
Agbeli, Esinu Akosua
Agorinya, Joel
Aidoo, Joseph Kofi
Annan, Susana
Appiah-Pippim, Sheila
Apraku, Theodore Ofori
Ayambila, Jude Nazir
Azusong, E. Atuesinya
Baiden, Maame Ekua
Baning, Frank
Berko, Joseph Langa
Boadu, Amma Mpomaa
Brown, Nana Yaa Adobea
Daliri, Dennis Bomansang
Darko, Josephine A. Stiles
Dei-Asamoah, Richard
Donkor, Enoch Yaw
Ekremet, Peggy Asiedu
Gaynor, Ankamah Ama
Gyamera, Adwoa
Harding, Abigail Naa A.
Koomson, William F. Hill
Kosoe, John-Diego
Kusi-Kyere, Mintah A.
Kusi-Mensah, Kwabena P.
Lartey, Lorna Nana A.
Maalug, Yennusom
Narteh, Narkwor
Nsiah-Asamoah, Alberta
Nuanah, Nana
Obeng, Kwadwo Marfo
Odonkor, Samuel Tei Azu
Ogoe, Victor Abraham B.
Ogundipe, Bernard A.
Opare-Addo, Gyanwa
Oppong, Francis
Owusu-Gyetuah, R. Betty
Quao, Evezi
Sackey, Ruth Charlotte
Sedohia, Albert
Seffah, Susan
Seidu, Zenabu Ramata
Twum, Winnifred Lydia
Wemakor, Stephen
Xatse, Julius Mawuse

PUBLIC HEALTH

Abduai, Abukari
Abdulai, Faridati Njelba
Abudey, Samuel
Adam, Diane Al-Hassan
Addai, Lilian
Addo, Dennis Emmanuel
Addy, Akua A Boamah
Adjei, Rockson Michael
Adotey, Hoffman Justice
Ahadzie, Grace
Akoto-Ampaw, Francis A.
Akuamoah-Boateng, Yaa D.
Allotey, Pearl Emelia
Ameme, Kofi Donne
Amo-Mensah, Patrick
Amoo-Sakyi, Felicia
Amugi, Gifty
Ansah, Osei Carl S.
Ansu-Yeboah, Evans
Antobre-Boateng, Albert
Antwi, Edward
Apanga, Awingura Pascal
Appiah, Anita
Appiah, Edwina
Appiah, Eric Kwaku
Appiah, Paulina Clara
Appiah-Kubi, Sandra
Arhin, Doris Anamoah

Arhin, Jeffrey Kojo
Armah, Richard Nii
Arthur, Joshua Appiah
Asante, Afua Animwaa
Asante-Manu, Ibrahim A.
Asenso-Mensah, E.
Ashinyo, Mary Eyram
Asiedu, Ernest Konadu
Asigri, Pius Von Labaran
Atuguba, Frank A.
Atupra, Divine Kojo
Avoka, Cephas Ke-On
Awekeya, Hectoria
Ayisi, Akosua Sika
Azumah, Abdul-Tawab
Babayara, Michael
Bawa, Salifu
Blankson, Hemans J. M.
Boampong-Konam, Killian
Boateng, Paul
Boni, Moses Tay
Botwe, Esther Selorm
Brightson, Kennedy T. C.
Britwum-Nyarko, Alberta A.
Cham, Momodou
Cobbinah, Jojo
Commeh, Mary Efua
Dadzie Dora
Darkwa, Akosua Gyasi
Darkwa, Theresa Ethel
Davies-Teye, Bernard B.
Deh, Seli Yawa
Derkyi-Kwarteng, Abigail
Djimatey, Moses Barima
Dola, Maurice Kofi
Donkor, Joseph H. K.
Duah, Frederick Yao
Duodo Frank
Essel, Maame
Frimpong, Collins
Frimpong-Mansoh, Rita P.
Gamba, Israel Patkuan
Gladzah, Nouffan
Gudjinu, Horlali Yao
Gyamfi, Eric
Gyau, Bertha Adwoa
Hanson-Nortey, Nii N.
Hayibor, Ninette Y.
Houphouet, Ekua E.
Kenu, Ernest
Kotey, Nana Konama
Kubio, Chrysantus
Kwakye-Maclean, C.
Kwawukume, Enyonam
Kyei, Nicholas
Laapo, Sheila Evelyn D.
Lartey, Lawrence
Lindsay, Kwadwo O. S.
Manu, Harriet
Martey, Maureen M.
Matey, Louisa Ademki
Mensah, Ernest K. O.
Mingle, Daniel
Mireku-Gyimah, Nana
Mohammed Naziru Tanko
Nabila, Martha Sebiyam
Newman, S. Lily Ama
Nimako, Belinda Afriyie
Nkansah-Asamoah P.
Nyarko Kofi Mensah
Nyinaku, Philip A.
Nyuzaghl, Joseph A-I.
Odame Ankrah E
Odame-Asiedu Esther
Odei, Eric
Odiko-Ollennu, Wallace A.
Odum, Ansah Patrick
Ofosu, Komla Winfred
Ogbordjor, Stephen A.
Okoh, Abena Asamoabea
Okoh-Owusu, Marion
Okyere-Mensah, H.
Omari-Sasu, Adumea A.
Opata, Vera
Osei Asante, Yaa Bonsu
Osei, Kwakye Kingsley
Osei-Tutu, Valerie Idaye
Otoo, John Ekow
Owusu, Alex Ansah
Owusu, Kwaku
Owusu, Nyarko Edward
Owusu, Ruth
Owusu-Ensaw, Nana
Peprah, Nana Yaw
Prah, James Kojo
Punguyire, Damien T.
Quao, Linda Naki
Quist, Sophia
Samani, Freeman S.
Sandaare, Sebastian N.
Sarfo, Yaw Twerefour
Sarpong, Charity
Sarpong, Godfred K.
Seake-Kwawu, Godwin A.
Sefenu, Ransford Paul S.
Seidu, Barikisu Abukari
Senya, Kafui Yayra K.
Sottie, Cynthia
Sunkwa-Mills, Gifty M.
Tambil, Joseph
Tayib, Abdul-Rahman M.
Teviu, Emmanuel A.
Therson-Cofie, Esi Forewa
Tuosie, Beni Ptosper
Twum Birebu, Micheal
Twum-Nuamah, Kwabena
Van-Ess, Prince Baa
Yeboah, Kwame

Yeboah, Robert Kwabena
Zakariah, Adam
Ziem, Bernard Aanoume

RADIOLOGY, ONCOLOGY & RADIOTHERAPY

Abdulai, Abubakari B.
Abiemoh, Lloyd
Aboagye, Rosemond N.D.
Abrahams, Sydney Niibi
Ackon, Allwell Awo
Acquaye, Amy
Adam, Diane Al-hassan
Adjei, Frederick
Adjei-Yeboah, Anna
Adse-Poku, Yeboah Abena
Afachao, Henry O.
Agala, Dennison Kuma
Agyeman, Mervin Boakye
Akorli, Emmanmuel
Akorli, Patricia Andrea
Akpanu, Ebenezer
Alhassan, Sualeh Salifu
Amamoo, Mansa
Amaning, Ofosu Atta
Amankrah, Daniel
Amankwaa-Frempong
Amankwah, Pierre Kusi A.
Amoa-Mensah, Afua
Anibra, Yvonne Emefa
Anim, Dorothea Akosua
Ankomah, Juliana
Ankrah, Annabel Akosua
Appau, Andrea Akua
Appiah, Becky Amponsaa
Asamoah, Byrite
Asamoah, Francis A.
Asante, Cathy Yaa G.
Asare Adwoa, Owusua
Asare-Boateng, Kwame
Asiedu, Rosalind Ama A.
Awagah, Solomon
Badjo, Amanda A.
Bawuah, Appiah kwabena
Beecham, Kwamena E.
Benson, Belinda Hagbene
Berhe, Zekeria Males
Bimpong, Francis Collins
Blagogie, Rueben G.
Blankson, Nana Kwesi
Boateng, Samuel N.
Buckman, Ebenezer Paul
Caesar, Bernard Papa
Dadson, Ebenezer
De Graft-Johnson, Esi
Dewhurst, Charles
Dodoo-Amoo, Henrietta
Donkor, M. Mawuena r
Drobeng-Amo, Bismark
Edusa, C. Emmanuel
Essah, Dinah N.K.
Forson, Charles Kwame
Frimpong-Boateng Yao
Gyamiri, Kwadwo Adu
Hoyte-Williams, Frances M.
Insaidoo, Arwen Julie
Jackson, Emmanuel K. Y.
Jobarteh, Fatoumatta
Kekessie, Kafui Kossi
Korsah, Sandra Ama
Labi, Juliana E. Mbiriba
Mackey-Lengor, Sahr
Marfo, Charles
Mayeden, R. Nicholas
Mensah, Jophlim Karikari
Mensah, Simpson Kudjo
Mpetey, Margaret T.
Narh, Michael Edward
Nixon, Harold Ricketts
Nketiah, Linda
Nti, Millicent Ankrah
Ntiamoah, E. Caroline
Obeng, Harriet
Oblitey, Jared Nii
Oblitey, Mary Kordei
Ocran, Edward Ebo
Ofei, Francis
Oppong-Anane, Abena
Osei, Samson Seth
Owusu-Ansah, M.
Paaga, Fredrick Ferzagl
Palm, Brigette
Parggah, Deborah Lilian
Pieterson, Elleisabeth S.
Quaye, Isaac
Sam, Daniel
Sarkodie, Benjamin Dabo
Seidu, Laila
Sekyere, Angela T.
Sintim-Aboagye, Desmond
Tamakloe, Delaedem
Tasiame, Christian K.
Terkpertey, Lydia Narkie
Thompson, John Evans
Twum, Birago Margaret
Twum, Kwasi Adjepong
Wiafe, Nana Ama A.

SURGERY & SUBSPECIALTIES

Abdul-Latif, Saiba
Abdul-Majeed, Bashiru
Abu, Kwadwo Aning
Abukari, Al-Hassan
Abuku, Julius
Acheampong, Ebenezer O.

Acheampong, Michael K.
Acquah, Emmanuel
Adae, Jefferson Owusu
Adam-Zakariah, Leslie I.
Adanu, Kekeli Kodjo
Adika, Patrick Kwame
Adjei, Faisal
Adjepong-Tandoh, Ernest K.
Adoboe, Hillah Ayayi
Adofo-Asamoah, Yvonne
Adufutse, Michael
Adu-Gyamfi, Akwasi
Adunah, Serah Kaneh
Aduwia, David Adobasom
Adziamli, Innocent K.
Afrifa, Daniel Kwabena
Afriyie, Collins
Agamah, Gospel
Agbakey, Jefferson Xorse Kobla
Agbedinu, Kwabena
Agbemafoh, Frederick M.
Agyapong, M. Meshach
Agyapong, Paul
Agyeman-Duah, N. Kwaku
Agyen, Thomas
Aikins, Ebenezer Takyi
Akandi, Kofi Isaac
Akli-Nartey, Cynthia
Akpaka, Richfield
Akuoko, Dominic Darkwa
Alhassan, Baba Alhaji Bin
Al-Hassan, Majeedallahi
Alhassan, Zainab Nina
Allah, Stephen Minlah
Allotey, Sandra Naa A.
Amamoo, Joseph
Amankwa, Benedictus
Amankwaa, Isaac Oware
Amankwah, Emmanuel G.
Amegatcher, Joseph O.
Ametefe, Elikem Koku
Ametefe, Evans Akpakli
Ametefe, Mawuli Kwami
Ametih, Richard
Ammah, Jude
Amoabeng, Joseph
Amoah, Boateng Edward
Amoah, George
Amoah, Joseph Kofi
Amoah, Raymond Kwame
Amoako-Boateng, Mabel P.
Ampadu, Joshua Oppong
Ampofo, Kwaku Bimpong
Ampong, Angelina
Anderson, Doreen Tee
Anderson, Jennifer
Andzie-Mensah, Emmanuel
Aniakwo, Luke Adagrah
Ankamah, Sunquist
Ankomah, James
Ankrah, Levi Nii Ayi
Annan, Jessie Yaoteokor
Ansong, George
Antwi-Kusi, Kwasi
Aperkor, Nicholas
Apodolla, Eric
Appiah, Charles
Appiah, Eric Kofi
Appiah-Kubi Bismark
Arhin Appiah, Kwaku A.
Arhinful, Charles
Arko, Robert
Arkorful, Temitope E.
Armah, Ralph
Asante, Stephen
Asare, Amgbo
Ashiagbor, Kwasi Foli
Asiedu, Charles Kwame
Asiedu, Paul
Asman, Wilfred Kojo
Assim, Alex Osei
Asumah, Hamza
Atindama, Solomon
Avoka, Anthony Akubase
Awindaogo, Joseph Kebo
Awoonor-Williams, R.
Awuah, Michael Kwaku
Awuku, Asabre Joseph
Ayensu, Kofi Semua
Ayodeji, Emmanuel Kafui
Azindow, Sarah Sugru
Azoliade, Roland
Azumah, Thywill Gameli
Bandoh, Dickson Kwadwo
Bansah, Eyram Cyril
Banson, Mabel
Basogloyele, Clarence A.
Bazaadut, Dan
Bia-Naah, Reuben A.
Birikorang, Geoffrey Ofori
Bleboo, Charles
Boakye, Benedict
Boakye-Yiadom, Kwaku
Boateng, Kwame Boamah
Bonney, Williams F.
Bonsu, Kofi Karikari
Boutros, F. Farhat
Brookman, Solomon
Brown, George Darko
Coompson, Christian L.
Daary, Dennis
Dadoza, Edem
Dakurah, Justine
Daleku, John
Dam, Elvis Eresung
Dankwah, Fred

Danso, Patrick
Darko, Kwame Osae
Davis, Emmanuel Kweku
Davor, Anthony Kwasi
Dayie, Makafui Seth C.
Dei-Asamoa, Jessica
Dinku, Gideon Della
Dokurugu, Abdulai Moses
Donkor, Kwame Karikari
Dordunoo, Maurice Kofi
Egyir-Biney, Priscilla
Enti, Donald Tweneboah
Erzan-Andoh, Johannes
Eshun, Anthony
Eshun, Francis Jnr
Ewura, Abdul-Aziz
Fenu, Sena Benjamin
Fiifi-Yankson, Papa K. S.
Gakpetor, Delali Akosua
Gavua, Kuklui
Gawu, Victoria Sena
Gyasi, Kwaku
Hadi, Abdullah M.
Hagan, Richmond
Hammond, Abeeku A.H.
Hammond, Bernard
Hill, Joseph Nii Ayitey
Hussey, Romeo
Iddrisu, Haruna
Ihekanandu, Kelechi
Jiagge, Evelyn Mawunwo
Kanpeyeng, Lawrence B.
Kemetse, Andrew Eyram
Klufio, Kenneth Adjetey
Kodi, Joshua Sanka
Kolbila, Edward Manneya
Kopah, Timothy M. Kwaku
Kpangkpari, Richard
Kpangkpari, Steve B. T.
Kudoh, Vincent
Kumassah, Philemon K.
Kusi, Stephen Marboah
Kutor, Jasper Yayra
Kwapong-Nyarko, M.
Lamptey, C. Jonathan
Larbi, Charles Ansah
Lartey, Samuel Quashie
Larvie, Prince George
Lovi, Agbenya Kobla
Luri, Prosper Tonwisi
Manneh, Alagie
Manu, Joseph Yaw
Mensah, Kofi Tawiah
Mensah, Maxwell Kwaku
Mensah, Philip
Mensa-Yawson, Sally
Mintah, Dominic Annor
Mohammed, Rawoof
Monney, Mary
Muoghalu, Okechukwu C.
Naalane, Narious
Nachelleh, Emmanuel A.
Nketiah-Boakye, Frank
Nkrumah John Nana
Noah, Emmanuel Azure
Nofong, Valentine
Nongbavielle, Maanikuu B.
Nortey, Michael
Nsiah-Siawu, Kwabena
Nutsuklo, Prudence K.
Obeng, Gilbert
Obeng-Nsiah, Yaw
Odei-Ansong, Francis
Offeh, Jeffrey Sakyi
Offei, Larbi Gordon
Ofori, Emmanuel Owusu
Ofosu-Akromah, Richard
Ohemeng-Mensah, Elvis
Okoh, David Kwabena
Omane, Acheamfour O.
Opoku, Dominic
Opoku, Michael
Opuni, Godwin
Osei, Dennis Broni
Osei, Emmanuel Kumi
Osei-Akoto, Ebenezer
Osman, Imoro
Ousman, Sanyang
Owusu, Godfred
Owusu-Ansah, Jeffrey
Oyortey, Mawuenyo
Pecku, Isaac
Pereko, Janet
Pieterson, Warigbani K.
Saanwie, Edwin
Sackey, Dorcas
Sackey, Samuel O.
Sackeyfio, Arthur Odotei
Sagoe, Robert
Sahabi, Shamsu Deen
Salifu, Abdulai M.
Sarpong, W. Nana Osei
Sefa, Asiedu Evans
Seidu, Sadat Anwar
Sheriff, Mohammed
Smart, Y. Awo Abena A.
Sobotie, Johnny
Suhewie, Seidu Sikenibe
Sulley, Abdul Aziz Addo
Taah-Amoako, Philip
Tackie, Enoch
Tandoh, Abraham
Tanzudil, Mark Mbambe
Tigwii, Aubrey
Toboh, Bernard
Toure, Tawfik Mahama
Tsatsu, Sandra Enyonam
Turkson, Edmund Kojo M.
Turkson, Ephraim

Vandyke, Mark
Vormawor, Kizito Kakra
Wedam, Boniface Adigah
Wepeba, George
Wereh, Bright Kelvin
Wood, Marie F. Banahene
Wordui, Theodore
Yakubu, Musah
Yamoah, Francis
Yigah, Makafui
Yorke, Gaddiel Obo M.
Yussif, Safia
Zakpalah, Emmanuel D.
Zigah, Mark
Zubeviel, Donatus Dery

HONARARY FELLOWS OF THE COLLEGE

2003: H. E. Mr. John A. Kufuor
Former President of the Republic of Ghana

2003: Ms. Eveline Hefkins
Former Netherlands Minister for Development and Cooperation, United Nations Secretary-General's Executive Coordinator for the Millennium Development Goals

2003: Prof Timothy R. B. Johnson
Prof and Chair, Department of Obstetrics and Gynaecology, University of Michigan.

2003: Prof Adetokunbo O. Lucas
Prof of International Health at the Harvard School of Public Health, and Director of the Special Programme of Research and Training in Tropical Diseases at the World Health Organization in Geneva.

2003: Prof Eldryd Parry
Former Foundation Dean and Prof of Medicine, University of Ilorin, Nigeria; former Dean and Prof of Medicine, University of Science and Technology, Ghana; Founder, Tropical Health and Education Trust.

2003: Prof John J. Sciarra
Prof of Obstetrics and Gynaecology, Northwestern University Medical School, Chicago.

2006: Mr. Bernard Ribeiro
Former President of the Royal College of Surgeons of England.

2006: Prof Sara E. Walker
Former National President of the American College of Physicians, Prof Emeritus of Medicine, Division of Immunology and Rheumatology, Department of Internal Medicine, University of Missouri, Columbia.

2007: Prof Stephen Addae
Former Head, Department of Physiology, University of Ghana Medical School; Medical Historian

2007: Prof Zephne Van der Spuy
Former President, Colleges of Medicine of South Africa

2007: Prof Lizo E. Mazwai
Former President, Colleges of Medicine of South Africa

HONARARY FELLOWS OF THE COLLEGE

2007: Prof Sonny O. Jeboda
Former President, National Postgraduate Medical College of Nigeria

2013: Prof Aaron Lawson
Former Dean, University of Ghana Medical School, Former Provost College of Health Sciences, University of Ghana

2013: Prof Kwaku Danso-Boafo
Ghana's Ambassador to the United Kingdom and Ireland; Former Ambassador to Cuba

2013: Prof Dr Med Rolf Dieter Horstmann
Chairman of the Board of Directors, Bernhard Nocht Institute for Tropical Medicine, Hamburg, Germany (BNITM).

2016: Prof Carolyn Johnston
Member of American Society of Clinical Oncology, Board Member of American Cancer Society and Michigan Cancer Consortium, Fellow of Mount Sinai Hospital, New York City.

2018: Prof Charles Newman Mock
Prof of Surgery at Brown University of Medicine, Fellow of the American College of Surgeons and Associate Editor, World Journal of Surgery.

2019: Prof David John Howard
Prof of Head and Neck Oncology, Imperial College, London. Honorary Fellow, Royal Society of Medicine.

2020: Prof W. Bradford Rockwell
Prof of Plastic Surgery and Vice Chair for Academic Affairs, Dept of Surgery, University of Utah Health.

2022: Professor Matthias Richter-Turtur
Prof of General and Orthopaedic Surgery, Technical University of Munich, Germany.

COLLEGE INSIGNIA

The Arms of the College

The Arms of the College is a blue-bordered escutcheon divided into four parts - two up and two down-reminiscent of the heart. The left upper panel has the black star of Ghana on a grey background. The right upper panel has the caduceus on a burgundy background. The burgundy colour represents the Surgeons and the caduceus the universality of the medical Prof. ession. The caduceus descended from the symbolic staff carried by a herald in ancient Greece, and now symbolizes the physicians' calling. The left lower panel is blue in colour, the colour of the Physicians, and the right lower panel has another grey background.

The grey backgrounds, in the two places, represent the many people outside Medicine, Surgery and related disciplines, including Honorary Fellows, who are individuals of high distinction the College decides to honour, who are involved with the College in diverse ways.

Straddling the two lower panels is an open book containing two Adinkra symbols. On the book's left page is 'Mate masie'- a symbol of wisdom, knowledge and prudence; and on the right page is the 'Nyame biribi wo soro'- a symbol of hope. Knowledge emanates from books. In these books doctors learn not only the basis of their Prof.ession but also wisdom, prudence and discretion. And in the true Hippocratic tradition doctors must be a source of hope to their patients. The shield is perched on a motto ribbon, which bears the motto of the College- 'Pro Vita Scientia' – meaning 'Knowledge to save lives'.

Mace

The Mace of the College is a wax gilt (in gold) wooden shaft with a mace head. The mace head was designed with the 'Adinkra' symbols and the caduceus found in the arms of the College. It is a symbol of authority and dignity of office. It is placed in front of the President of the College on all appropriate ceremonial occasions.

Chain of Office

The President of the Ghana College of Physicians and Surgeons is identified by the Chain of Office he wears during ceremonial occasions. It is a long chain of jointed 13 carat gold plates on which are engraved the symbols on the Arms of the College. It comes with a gold-plated Arms of the College as pendant.

Academic Dress

The ceremonial Gowns of Fellows of the College is a clerical type gown. They are burgundy in colour, open-fronted and have no collar. There are three black velvet bands on the sleeves and black velvet facing running down the front of the gown are embossed with the caduceus and two Adinkra symbols in the Arms of the College.

Caps

Fellows wear a black Tudor Bonnet made of velvet with tiff brim accented with a fixed tassel-blue for Physicians and burgundy for Surgeons. The President and Rector of the College wear burgundy Tudor bonnets with a stiff brim accented with a fixed tassel (colour of the tassel varies depending on whether the office holder is a Physician or Surgeon).

Members wear a four-sided mortarboard with a blue tassel for Physicians and burgundy tassel for Surgeons. Candidates for

President/Rector
Tudor Bonnet

Fellows' Tudor
Bonnet (Physicians)

Fellows' Tudor
Bonnet (Surgeons)

Members' Mortar Board
(Surgeons)

Members' Mortar Board
(Physicians)

Hoods

All fellows of the College wear burgundy hoods. The lining of the hood differs based on whether Fellows are Physicians (Blue lining) or Surgeons (Burgundy lining). Members do not wear hoods.

STATISTICS

Breakdown for Members Graduated (2007 - 2024)
Division of Surgeons

Faculty	Total
Anaesthesia	95
Dental Surgery and Subspecialties	132
Emergency Medicine	66
Obstetrics and Gynaecology	393
Ophthalmology	85
Otorhinolaryngology	46
Surgery and Subspecialties	341
Total	1,158

Breakdown for Members Graduated (2007 - 2024)
Division of Physicians

Faculty	Total
Family Medicine	195
Internal Medicine	197
Laboratory Medicine	63
Oncology and Radiotherapy	22
Paediatrics/Child Health	244
Psychiatry	62
Public Health	178
Radiology	110
Total	1,071

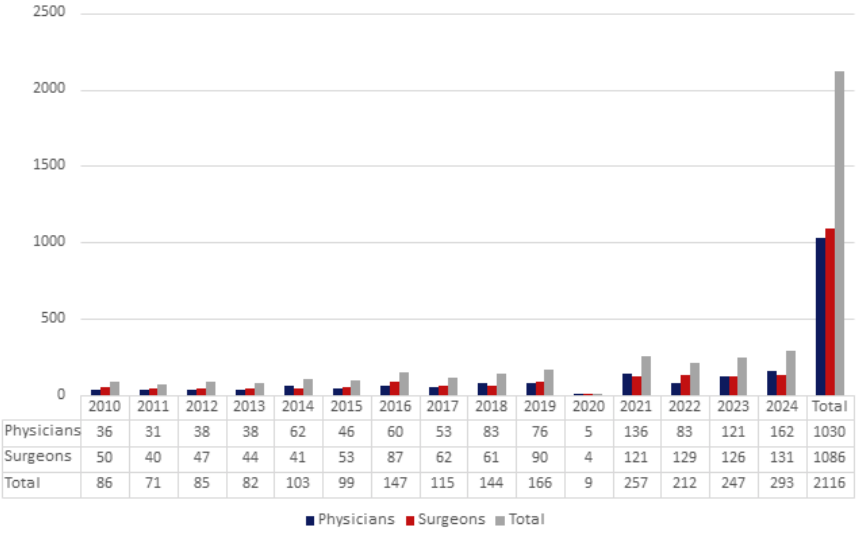
Fellows (By Examination) Graduated (2010 - 2024)

Faculty	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Anaesthesia	0	0	0	3	0	5	0	1	2	0	0	2	2	5	4	24
Dental Surgery & Subspecialties	0	0	2	0	1	1	2	1	2	1	0	7	1	6	5	29
Emergency Medicine	0	0	0	0	0	0	0	7	0	0	0	2	1	2	1	13
Family Medicine	0	0	0	0	0	0	1	2	1	0	0	4	2	3	1	14
Internal Medicine	0	0	0	0	0	1	0	1	0	0	1	2	4	2	1	12
Laboratory Medicine	0	0	0	0	0	0	0	1	1	1	1	1	0	2	0	7
Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Obstetrics & Gynaecology	0	3	0	0	1	4	1	4	4	6	3	7	2	15	10	60
Ophthalmology	0	0	0	0	1	0	0	1	0	0	1	2	5	0	1	11
Orthopaedic & Trauma Surgery	0	0	0	0	0	0	0	0	0	0	0	0	5	3	4	10
Otorhinolaryn-gology	0	0	0	0	3	1	1	0	0	2	0	0	2	1	0	10
Paediatrics/ Child Health	0	0	0	0	0	0	0	0	0	3	2	2	1	6	4	18
Psychiatry	0	0	0	0	0	0	2	0	0	3	0	0	0	0	1	6
Public Health	0	0	0	0	0	5	0	2	3	0	0	2	2	0	3	17
Radiology, Oncology & Radiotherapy	3	0	0	0	0	0	0	1	0	1	0	3	6	1	0	15
Surgery & Subspecialties	0	2	0	2	4	1	4	1	4	5	1	2	7	2	3	38
Total	**3**	**5**	**2**	**5**	**10**	**18**	**11**	**22**	**17**	**22**	**9**	**36**	**40**	**48**	**39**	**285**

Post-Fellowship (2023 - 2024)

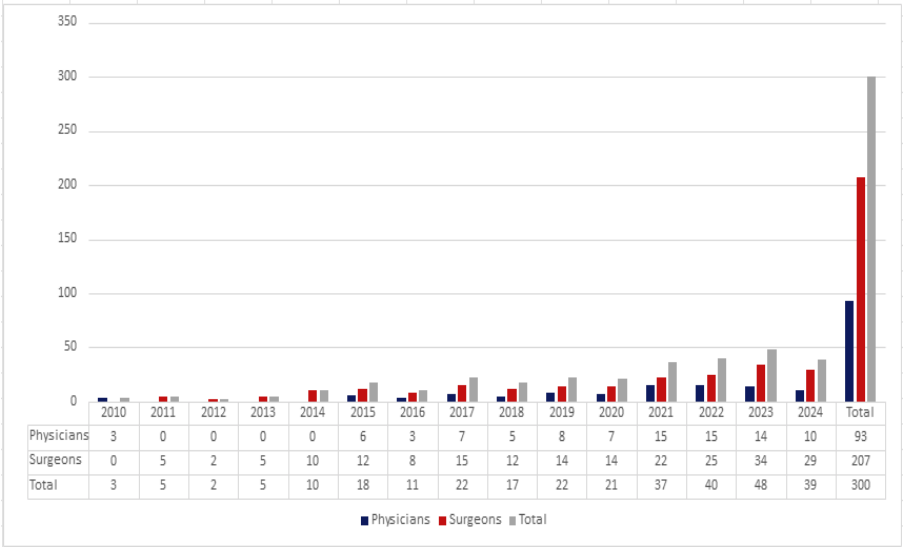
Subspecialty	2023	2024	Total
Hand and Micro Surgery	1	0	1
Spine Surgery	1	0	1
Vascular Surgery	2	0	2
Colon and Rectal Surgery	0	1	1
Total	4	1	5

Members Graduated (2010 - 2024)



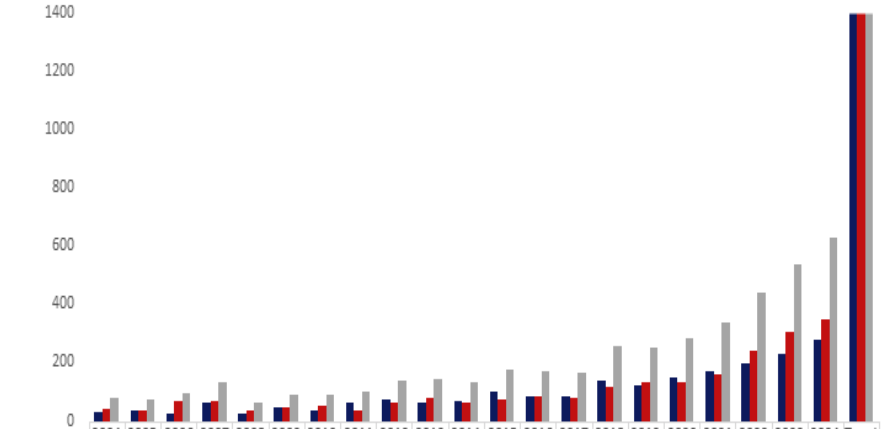
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Physicians	36	31	38	38	62	46	60	53	83	76	5	136	83	121	162	1030
Surgeons	50	40	47	44	41	53	87	62	61	90	4	121	129	126	131	1086
Total	86	71	85	82	103	99	147	115	144	166	9	257	212	247	293	2116

Fellows Graduated (2010 - 2024)



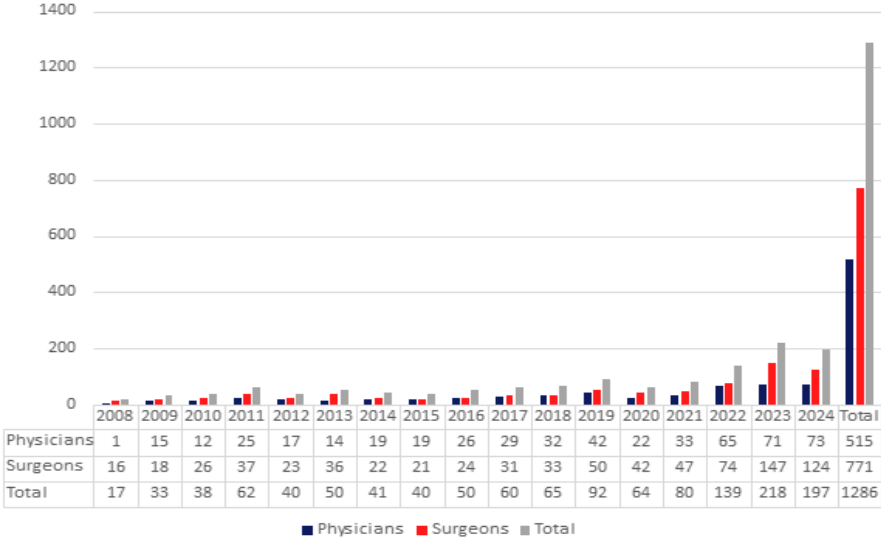
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Physicians	3	0	0	0	0	6	3	7	5	8	7	15	15	14	10	93
Surgeons	0	5	2	5	10	12	8	15	12	14	14	22	25	34	29	207
Total	3	5	2	5	10	18	11	22	17	22	21	37	40	48	39	300

Resident (Membership) Enrolment (2007 - 2024)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Physicians	34	36	26	66	29	47	39	62	77	65	69	101	84	88	139	124	150	175	200	233	283	2127
Surgeons	44	39	69	70	36	46	52	39	63	79	64	76	87	81	121	132	137	164	245	307	350	2301
Total	78	75	95	136	65	93	91	101	140	144	133	177	171	169	260	256	287	339	445	540	633	4428

Senior Resident (Fellowship) Enrolment (2010 - 2024)



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Physicians	1	15	12	25	17	14	19	19	26	29	32	42	22	33	65	71	73	515
Surgeons	16	18	26	37	23	36	22	21	24	31	33	50	42	47	74	147	124	771
Total	17	33	38	62	40	50	41	40	50	60	65	92	64	80	139	218	197	1286

ABSTRACTS

Accuracy Of Sonographic Lower Segment Thickness and Prediction of Vaginal Birth After Caesarean in a Resourced-limited Setting: A Prospective Study

Adu-Takyi C

Introduction

The rate of caesarean deliveries (CD) has increased globally in recent years. CD accounts for more than 1 in 5 births; this is predicted to rise to about a third by 2030. When indicated, CD preserves the lives of mother and baby; however, it has associated complications. Vaginal birth after CD (VBAC) has gained traction in recent years because of its high success rate, but identifying which women are likely to have a successful VBAC remains challenging.

Methods

Myometrial lower uterine segment thickness (mLUS) and full lower uterine segment thickness (fLUS) were measured with transvaginal ultrasound (TVUS). The women were managed according to local protocols with the clinicians blinded to the ultrasound measurements. The LUS was measured intraoperatively for comparison with ultrasound measurements.

Results

311 pregnant women with one previous CD were enrolled; 147 underwent elective CD and 164 underwent a TOLAC. 96(58.5%) women had a successful vaginal birth. The mLUS was comparable to the intraoperative measurement in the elective CD group with LUS thickness <5mm(bias of 0.01, 95% CI-0.10 to 0.12mm); fLUS overestimated LUS<5mm(bias of 0.93, 95% CI 0.80-1.06mm). Successful vaginal birth rate correlated with higher mLUS values (OR 1.30, 95% CI 1.03 1.64). LUS measurement ≤2.0 mm was associated with an increased risk of uterine defects with a sensitivity of 91.7% (95% CI 61.5–99.8%) and specificity of 81.8% (95% CI 75.8–86.8%).

Discussion

Our findings revealed that mLUS values compared favourably with intraoperative measurements. The rate of successful VBAC increased with increasing mLUS measurements with a 71/105 (67.6%) success in mLUS ≥3.0 mm, 25/48 (52.1%) success in measurements between 2.1 and 2.9 mm and no successful VBAC with mLUS ≤2 mm (0/11).

Conclusion

Accurate TVUS measurement of the LUS is feasible in a resource-limited setting. This could help in making safer decisions on mode of birth in limited-resource settings.

Accuracy Of Freehand Ventricular Cannulation Using Kocher's and Keen's Points in Hydrocephalus Patients at a Tertiary Institution in Ghan

Hagan R

Introduction

Cerebrospinal fluid diversionary procedures are life-saving procedures in neurosurgical practice. It is also one of the most common procedures performed. Accuracy of ventricular cannulation as part of the diversionary procedure is of utmost importance as it reduces complications significantly, more so when some of the procedures like the ventriculoperitoneal shunting is lifelong. There have been various methods applied including freehand and image guided ventricular cannulation.

Aim

This study aims to determine how accurate the freehand cannulation of lateral ventricle is in patients with hydrocephalus using at Kocher's and Keen's points.

Methodology

This is a cross-sectional study of patients with hydrocephalus undergoing CSF diversion (external ventricular drain or ventriculoperitoneal shunt placement) in the Neuroscience unit of Korle Bu Teaching Hospital. A consecutive sampling method was used to select patients who presented to the emergency unit and outpatient department with hydrocephalus requiring CSF diversion. A total of 54 participants were recruited for this study. CT scan of the head was taken after CSF diversion using Kocher's point of Keen's point and catheter tip position was graded.

The data collection was done using questionnaires and analysed with the Excel spread sheet and the IBM SPSS version 21 and 24. Patient's demographic characteristics, the size of the dilated ventricles were obtained and Evan's ratio calculated using the radiological imaging available, aetiology and type of hydrocephalus were also obtained and analyzed using descriptive statistics. The primary outcome which is accuracy grade was categorized as accurate and coded 1 or inaccurate and coded 0. Multivariable logistic regression was used to identify correlation of factors that may influence accuracy.

Results

Out of the 54 participants, 61.1% were males and 38.9% were female with a mean age of 22.6 with a standard deviation of 26.01. Tumour was the commonest cause of hydrocephalus (38.9%) followed by congenital causes (27.8%). Post infectious causes accounted for the least (9.3%).

Accuracy of the ventricle cannulation using Kocher's point was 78.3% while that of Keen's point was 25.8%. There was no statistically significant relationship between the Evans index and accuracy (p=0.836) and level of experience of surgeon and accuracy of ventricular catheter placement (p=0.437).

Discussion

Out of the 54 patients recruited for this study, 23 had freehand ventricular cannulation, using Kocher's point and 31

using Keen's point. The accuracy using Kocher's point was found to be 78.3%. A review by Yam Bahadur Roka found accuracy of puncture using Kocher's point to be 56-84%.13 This is consistent with the findings of this study. Another review article by Peter J.M et al quoted a miss rate of Kocher's point access between 4 to 40%.38 This also consistent with this study with a miss rate of 22%.
In the work of Huyette et al to find the accuracy of the freehand pass technique for ventriculostomy, 56.1% of the catheter tips were in the ipsilateral lateral ventricle, 7.1% were in the contralateral lateral ventricle, 8.2% were in the third ventricle, 6.1% were within the interhemispheric fissure, and 22.4% were within extraventricular spaces. Using the Ghajar's grading, the accuracy of ventricular cannulation would be 64.3%.12 This is below the accuracy rate found in this study using the Kocher's point. The accuracy for the ideal placement of ventricular catheter tip using Kocher's point was found to be 86%.39. This is higher than that gotten from this study which was 78.3%. However, of note is accuracy rate (78.3%) of this study which is in strong agreement with Karkala's investigation (77%) and C. Brenke et al (79%) using Kocher's point.33,40. Most literature have reported successful ventricular cannulation using the Keen's point. For example, in an article by Woo et al, Keen's point was the most correctly sited burrhole with 63% of the catheters optimally placed.45 Also, Mohammed J. et al noted in his article that ventriculoperitoneal shunting using Keen's point was very successful in their practice.4

Amongst the surgeons which included Residents with > 2 years experience, Senior specialists and Consultants, there was no statistically significant difference in level of accuracy and these groups of surgeons (p= 0.35). This is consistent with the work on the surgical management of EVD placement using a virtual reality simulator which showed no statistically significant correlation between the number of neurosurgical training years of the surgeon and the performance.53 Also in another work by Ji-Hoon Lee et al, on Accuracy of the Free Hand Placement of an External Ventricular Drain, it was noticed that the level of experience of the surgeon did not make a statistically significant difference in the level of accuracy of ventricular catheter placement.48 There was no statistically significant correlation between the Evans ratio and the accuracy rate (p = 836). Ji-Hoon Lee et al in their work on assessing freehand placement of ventricular catheter categorized the Evans index into <0.4 and >0.4. It was noted that using the preoperative CT scans, when the Evans index was <0.4, 22.1% of the ventricular catheter tips were in the ipsilateral frontal horns while 37.1% were not. On the other hand, when the Evans index was >0.4, 20.4% of the ventricular catheter tips were in the the ipsilateral frontal horns while 20.4% were not. Though numerically had some difference, this was not statistically significant.48

Conclusion

Freehand ventricular cannulation was more accurate using Kocher's point than using Keen's point.

There was no significant correlation between the Evans ratio and level of experience of surgeon with the accuracy rate of ventricular cannulation using the Kocher's and Keen's point. Ventricular catheter placement can be significantly improved using a modification of technique (especially for Keen's point access) in order to optimize outcome.

Outcomes Of Intramedullary Nailing of Tibial Diaphyseal Fractures: A Comparison of Open and Closed Methods of Reduction

Al-Hassan M

Introduction

The tibia is the commonest long bone to be fractured in road traffic accidents. The increasing number of RTAs in many Low to Middle-Income Countries (LMICs) has resulted from the increasing usage of motorized vehicles on the roads of these countries. The result is an increase in complex trauma cases, with tibia fractures being among the top three. Male adults in the productive age group are affected the most, presenting with high-energy fractures. Delayed union and non-union are major burdens resulting from the paucity of a soft tissue envelope and the precarious blood supply of the tibial diaphysis. Despite improvements achieved with the introduction of fluoroscopy, there are increasing concerns regarding the cumulative effect of radiation exposure. In addition, increased operation time, cost of nails, the need for fluoroscopy, and the utilization of a radiolucent table in the theatre are equally important drawbacks to modern methods of I.M. nailing. Due to poor equipment in some theatres, frequent breakdown of equipment, and erratic power supply in Low to Middle Income (LMIC) like Ghana, open reduction of fracture may be considered as an alternative to closed reduction. During the follow-up after tibial I.M. nailing, radiographs are used to assess the progress of bone healing. The Radiologic Union Score for Tibia (RUST) is a tool for the radiologic determination of healing in fractures of the tibia. The Johner and Wruh's criteria with modification is a functional assessment tool for assessing outcomes of tibia fractures. The use of these assessment tools together provides a comprehensive assessment of tibia fracture healing.

Methods

A prospective interventional comparative study was conducted to determine the difference in the outcomes of reduction techniques during I.M. nailing of closed tibial diaphyseal fractures (AO 42A-C). We enrolled 60 participants who underwent their routine I.M. nailing with closed or open reduction techniques. There were 32 participants in the open reduction group and 28 participants in the closed reduction group. Participants were followed up for six months, during which they were monitored for time to clinical union, radiologic union, and functional outcome.

The Johner and Wruh's criteria was used to determine the functional outcome, which was then compared against the two groups.

Results

The male-to-female ratio was 2.2:1, with an average age of 38 years. More participants (52%) underwent open reduction than closed reduction (48%). By 24 weeks, 88% of the participants achieved clinical union, whereas 10% went beyond 24 weeks. Radiologic union was achieved in 8% (5 participants) at 12 weeks, 4 of whom belonged to the open reduction group. The duration of surgery in the closed reduction group was longer than in the open reduction. Open reduction technique led to a faster time to radiologic union. Seventy-eight percent of the participants had excellent functional outcomes, whilst 22% had good outcomes. Ninety percent of those who achieved excellent outcomes were in the open reduction group (p-value 0.02 at 95% CI)

Discussion

In this study, most participants were male, with a male-to-female ratio of 2.2:1 and an average age of 38 years, which aligns with global trends. As in previous research, most participants were in the productive age range. Over half of the participants presented with right tibial diaphyseal fractures, consistent with earlier findings. A slight majority (52%) underwent open reduction as compared to closed reduction (48%), a trend supported by other studies, one of which mentioned difficulty in passing the nail as a reason. This study did not investigate the cause of this difference. Most participants (88%) achieved clinical union by 24 weeks, with only 2% reaching union by 12 weeks, paralleling earlier reports of high union rates. Radiologic union at 12 weeks was observed in 8% of participants, predominantly from the open reduction group. Delayed union occurred in 92%, mostly from the closed reduction group, although the difference was not statistically significant. The overall functional outcomes, as assessed by Johner and Wruh's criteria, were excellent in 78% of cases, with 90% of these in the open reduction group. There were no fair or poor outcomes.

Conclusion

In conclusion, the method of reduction (open vs. closed) in intramedullary nailing of tibial diaphyseal fractures did not significantly affect the time to clinical or radiologic union.

Prevalence And Outcomes of Intra-Abdominal Hypertension in Critically Ill Patients in a Mixed Intensive Care Population.

Bandoh I

Introduction

Intra-abdominal hypertension (IAH) is a condition with significant morbidity and mortality risks in ICU patients, particularly when it escalates to Abdominal Compartment Syndrome (ACS). IAH and ACS can have detrimental effects like reduced cardiac output, decreased

splanchnic blood flow, and renal impairment. Notably, the prevalence of IAH can be as high as 58.8% among ICU patients. Nevertheless, this condition still demands attention in numerous healthcare facilities, including Ghana. The main objective of this study was to investigate the prevalence and prognostic implications of IAH in a mixed surgical and medical ICU environment

Methods

This study participants were adult patients admitted to the Main ICU of Komfo Anokye Teaching Hospital. Intra-abdominal pressure was measured on admission and every six hours during the initial 48 hours of admission or until the patient's discharge or demise. The modified Krohn's method was employed to carry out these measurements. The Sequential Organ Failure Assessment (SOFA) scores of the participants were calculated daily to evaluate the extent of organ dysfunction. The baseline SOFA score upon admission served as the reference point for comparisons. This allowed for a comparison between the group with IAH and the group with normal intra-abdominal pressure, aiming to ascertain whether IAH significantly impacted SOFA scores as a metric for organ dysfunction. Furthermore, the study delved into critical outcome measures for patients, such as the ventilator-free days and the ICU length of stay.

Results

90 participants were enrolled in the study consecutively. The results of the same were analysed. The mean age of participants was 44.3(S. D 17.9, CI=40.4-48.03). Males represented the majority of participants with 53.3% while females formed 46.6%. Intra-abdominal hypertension was defined as "IAP ≥ 12" according to the WSACS consensus guidelines while abdominal compartment syndrome was defined as "IAP ≥ 20 with new onset organ failure". The prevalence of IAH was 47% (95% CI 0.36-0.57) and that of ACS was 1.1% of the general population and 2.38% of the cohort that developed intra-abdominal hypertension. Identified risk factors for IAH included Mechanical Ventilation (p-value 0.004), positive fluid balance (p-value 0.028), obesity (p-value 0.073) and massive fluid resuscitation (p-value 0.012). Other identified risk factors included abdominal surgery, major trauma, Acidosis and sepsis but these were not statistically significant. The mean SOFA score on day one for all participants was 7.3±3.9 which was lower than that of the group that developed IAH and higher than the normal IAP group. Mean SOFA scores worsened significantly in the IAH group over the first 48 hours but reduced in the normal IAP group. IAH did not prolong the ICU length of stay. However, the IAH group had significantly less ventilator-free days than the normal IAP group.

Discussion

The Prevalence rate of intra-abdominal hypertension is lower than others reported from studies from other mixed ICUs in the Africa. The differences in methodology and measurement techniques used in the various studies could explain the differences in prevalence. Raised intra-abdominal pressure worsened disease severity and organ

dysfunction. This was comparable to the other studies perused. Intra-abdominal hypertension appears to have a strong correlation with massive fluid resuscitation, defined as more than 3.5 litres of crystalloids or colloids in a 24-hour period. This relationship between fluids and IAP was a finding in most of the studies reviewed, the increase in intra-abdominal pressure results from an increased intra-abdominal volume (both intra and extra luminal due to ascites formation, gut oedema, and ileus) and a decrease in abdominal wall compliance that results from the tissue oedema of the abdominal wall. Other risk factors identified included Mechanical Ventilation, obesity and positive fluid balance. There are conflicting results on the importance of Mechanical ventilation, which was an important risk factor in this study, as a contributor to the development of intra-abdominal hypertension. The artificial ventilation is said to exert a direct influence on the intra-abdominal pressure by increasing intrathoracic pressures which is then transmitted to the abdomen. The mean length of stay in the ICU amongst the study participants was not significantly affected by raised intraabdominal pressure. One other study in the African subregion corroborated this finding. In other studies, the patients who developed intra-abdominal hypertension had an increased length of stay in the ICU. Perhaps, the fewer number of study participants in this study could explain the insignificance of the difference in length of stay between the two groups. Patients who developed intra-abdominal hypertension spent relatively more days on the mechanical ventilator than those who did not. This was a common finding from other studies. This requirement of prolonged ventilation may be explained by the fact that Intra-abdominal hypertension has been demonstrated to cause secondary acute lung injury and adult respiratory distress syndrome. Also, IAH causes an increase in chest wall elasticity and it also reduces the functional residual capacity. Additionally, there is an increase in peak airway and plateau pressures, which can lead to barotrauma and aggravate the ARDS by encouraging a neutrophil-activated inflammatory response. Non-cardiogenic pulmonary oedema can be brought on by increased capillary permeability and exudation of protein-rich fluid into the pulmonary interstitial space as a result of the pulmonary congestion brought on by the elevated diaphragm caused by the IAH and the inflammatory processes.

Overall, ICU mortality was considerably higher in the IAH and ACS group than in the normal IAP group this study in keeping with the other studies appraised.

Conclusion

The prevalence of IAH was 47% in the KATH ICU. IAH increased mean SOFA scores, ventilator dependence and mortality. This study highlights the importance of intra-abdominal pressure as a clinical entity. It is crucial to have protocols for identifying and managing intra-abdominal hypertension to improve ICU outcomes.

The Utility of Virtual Simulation in Improving Knowledge Among Residents Involved in the Emergency Care of Children

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Introduction

Simulation is the artificial representation of a real-world situation to achieve educational goals. Virtual simulation utilizes the internet as a link between simulators, instructors and trainees. Childhood mortality is high in resource limited countries and improving emergency care is key to reducing mortality. Residents are often the frontline staff who receive these children in Ghana. This work sought to introduce virtual simulations to residents involved in the emergency care of children and assess its utility in building knowledge in the management of paediatric emergencies.

Aim

To assess the utility of virtual simulation in improving knowledge among residents involved in the emergency care of children

Methods

This was a mixed methods study. Residents of the departments of Paediatrics and Emergency medicine were given 12 virtual simulations of common paediatric emergencies over a 5 month period using Virtual Resus Room. Pre and post implementation tests and surveys were distributed to the residents. The QSAT score was used to assess knowledge/performance during the simulation session.

Results

77 residents participated in the pre-survey, of these 31% had participated in virtual simulations before. 33.8% strongly believed virtual simulation had the ability to improve knowledge in paediatric emergencies, whilst 57% agreed it did. QSAT scores increased from 10 to 18 over the period

Discussion and Conclusion

This study adds to the limited research in LMICs on virtual simulations (1,2) The virtual simulations were found to be helpful in enhancing knowledge in the management of paediatric emergencies and should be considered in training residents.

Perioperative Hypothermia During Elective Spine Surgery at the Korle Bu Teaching Hospital: Effects of Preoperative Forced-air Warming and Intraoperative Active Fluid Warming

Anarfi S

Introduction

Inadvertent perioperative hypothermia (core temperature < 36°C) is a common consequence of anaesthesia. Adults presenting for spine surgery fall under the category of surgical patients most at risk of becoming hypothermic in the perioperative period. Ensuring perioperative normothermia prevents the adverse outcomes associated with inadvertent perioperative hypothermia (IPH). Strategies for perioperative patient warming during spine surgery under general anaesthesia in Korle-Bu Teaching Hospital do not meet recommended standards and there are also no local studies to ascertain the incidence of IPH with current hypothermia prevention strategies. Preoperative forced-air warming (Prewarming) minimises IPH when combined with intraoperative active warming. It is however not used in Korle Bu Teaching Hospital although it may be easy to implement with available resources.

Aim

The aim of this study was to determine the effectiveness of preoperative warming combined with active intraoperative warming (forced-air and in-line intravenous fluid warming) compared to intraoperative forced-air warming alone in preventing inadvertent perioperative hypothermia in adult patients scheduled for elective spine surgery at Korle-Bu Teaching Hospital.

Methods

This was a prospective, randomized study involving 32 participants scheduled for elective spine surgery under general anaesthesia. Participants were randomly assigned to prewarmed group or non-prewarmed group after meeting inclusion criteria and giving consent. The prewarmed group received forced-air warming at 43°C via a full body blanket for 30 to 40 minutes before induction of general anaesthesia as well as intraoperative forced-air warming at 43°C (reduced to 38°C after 30 minutes) and in-line intravenous fluid warming at 37°C. The non-prewarmed group only received intraoperative forced-air warming at same temperature as per current hospital practice. The primary outcome measure, core body temperature, as well as heart rate and blood pressure measurements were recorded at regular intervals. Preinduction thermal comfort, time to tracheal extubation after reversal of neuromuscular blockade, estimated blood loss, total volume of intravenous fluids and blood products used, anaesthesia duration, surgery duration and occurrence of shivering in recovery ward were recorded.

Results

At 30, 45, 60, 90, 120, 180 and 210 minutes post-induction and at all other intraoperative time points, the average intraoperative core body temperature

recorded in the intervention group was significantly higher than that of the control group (p-value < 0.05). The intervention group had an average of 0.56°C drop in core body temperature (largest drop) at the 45th and 60th minute compared to a 0.83°C and 0.81°C drop in the control group at the 45th and 60th minute respectively. The differences in the average temperature change between the two study groups were however only statistically significant at the 30th, 75th, 90th, and 120th minute time points (p-value < 0.05). The intervention group had a relatively higher immediate postoperative core body temperature [37.00 ± 0.39°C] than the control group [36.87 ± 0.51°C], however, this was not statistically significant (p-value = 0.419). Cumulative incidence of inadvertent perioperative hypothermia (IPH) was 0% in the intervention group compared to 50% in the control group. Time taken to reach the lowest intraoperative temperature, time-to-tracheal extubation and intraoperative blood loss were not significantly different between the two groups. The intervention group, however, had better preoperative thermal comfort and lower postoperative shivering.

Discussion

The results of the study show that core body temperatures averaged over the intraoperative period were significantly higher in the intervention group than in the control group. Lower core body temperature decreases were also observed in the intervention group than in the control group during the intraoperative period. While the cumulative incidence of inadvertent perioperative hypothermia was as high as 50% in the control group, no participant in the intervention group fell below 36°C at any point in the intraoperative and immediate postoperative periods. The results of the study therefore demonstrate that the combination of prewarming in addition to intraoperative forced-air and intravenous fluid warming appears effective in preventing hypothermia during elective spine surgery in adults. This outcome is consistent with the outcomes of similar studies in spine surgery patients as well as in other surgical specialties.

Conclusion

30 to 40 minutes of prewarming combined with active intraoperative warming increased perioperative core body temperature and decreased the incidence of IPH in adult patients having spine surgery under general anaesthesia compared to intraoperative forced-air warming alone at Korle Bu Teaching hospital.

Evaluation of the Pattern and Short-Term Treatment Outcomes of Bimalleolar Fractures at Komfo Anokye Teaching Hospital

Kusi KA

Introduction

There has been an observable increase in the occurrence of ankle fractures, resulting in significant morbidity. This study aimed to evaluate the pattern and short-term treatment outcomes of bimalleolar fractures at the Komfo Anokye Teaching Hospital. Demographic patterns and treatment modalities were assessed, and the severity of pain and functional outcomes were compared between patients managed conservatively and those who underwent surgical treatment. The aims of this prospective study were to assess the pattern and short-term treatment outcomes of bimalleolar fractures at Komfo Anokye Teaching Hospital (KATH).

Methods

In this prospective investigation, information was collected from a cohort of 68 individuals diagnosed with Bimalleolar ankle fractures. Subsequently, various measurements were recorded at regular intervals up to three months following the medical intervention. Outcomes were assessed through the utilization of several measurement tools. The ones utilized in this study included the Visual Analog Scale (VAS), the American Orthopaedic Foot and Ankle Society (AOFAS) score, and the measurement of the Medial Clear space. The evaluation and quantification of outcomes were carried out using the American Orthopaedic Foot and Ankle Society (AOFAS) score and the visual analog scale (VAS). The collected data were analyzed using the Statistical Package for the Social Sciences (SPSS) software, specifically edition 21, to conduct the data analysis. The results of the AOFAS, VAS, and Medial Clear space were analyzed using appropriate statistical tests, including ANOVA. The primary outcome measures that underwent analysis encompassed pain levels, functional capacity, and alignment. These specific parameters were assessed and scrutinized to determine their impact and significance within the study.

Results

Majority of injuries, representing 82.09%, were caused by falls, while 8.96% were due to motorcycle accidents and 4.48% each from direct impact and tricycle accidents. Nearly half of the injuries (49.25%) were classified as Weber B fractures, with 38.96% classified as Weber C and 11.94% as Weber A. At twelve weeks, 94% of the patients had healed fractures, while 6% did not. At 12 weeks, 52% experienced moderate pain and 48% mild pain, as measured by the visual analogue scale. Using the AOFAS scale for pain, 78% had good pain measurement, 13% excellent, and 9% mild pain.

Discussion

This study aimed to analyze the demographic characteristics, treatment modalities, and outcomes of bimalleolar fractures at the Komfo Anokye Teaching Hospital (KATH). The study population exhibited a metropolitan demographic, with a majority being informal workers aged 50 and above and a slightly higher female representation. Falls were the leading cause of these fractures (82.09%), contrasting with previous studies in Ghana, Rwanda, and South Africa where road traffic accidents (RTAs) were often the primary cause. This distribution may reflect the impact of occupational risks and urban demographics unique to the KATH region. Treatment findings revealed that approximately 52% of patients required operative treatment, with the remainder receiving conservative treatment. Comparative studies, such as those by Makwana, Anand et al., and Beauchamp et al., found no significant differences in outcomes between operative and conservative treatments, though operative treatment sometimes yielded higher patient satisfaction. This aligns with our findings, which support conservative treatment as a viable option, especially in stable fractures, similar to the studies by Tunturi and Dietrich et al. The American Orthopaedic Foot & Ankle Society (AOFAS) score indicated that 91% of patients achieved good or excellent recovery, though many continued to experience moderate pain, as shown by the Visual Analog Scale (VAS) results. Comparatively, studies like Wronka's reported a considerable percentage of patients with residual pain post-treatment, highlighting the potential for prolonged discomfort. Functionally, early intervention correlated with better outcomes, echoing findings by Breederveld and Konrath et al., who noted that timely surgery within three weeks generally leads to improved results. Overall, this study underscores the importance of demographic factors, mechanisms of injury, and early intervention in managing bimalleolar fractures and informs treatment approaches in similar urban contexts.

Conclusion

At the Emergency Department of KATH, the incidence rate of Bimalleolar fractures is significantly high. This study emphasizes the need for personalized treatment plans for bimalleolar fractures at the Komfo Anokye Teaching Hospital. We found that both surgical and conservative approaches can result in positive outcomes for selected patient groups with stable and unstable nondisplaced fractures, without significant differences in the short-term. Most patients experienced healed fractures and good to excellent pain measurements at twelve weeks post-intervention. This study provides valuable insights into the management of bimalleolar fractures and highlights the importance of individualized treatment plans for optimal patient outcomes.

A Study of Methods for the Reconstruction of Mandibular Defects at the Komfo Anokye Teaching Hospital

Gyimah NTA

Introduction

The mandible is an important part of the skull that plays a significant role in mastication, deglutition, airway patency and facial aesthetics. Defects of the mandible may be congenital or may result from injuries, infection, or ablative surgery for both benign and malignant pathologies. The goal of reconstruction in such instances is to restore the form and function of the mandible. However, the ideal method of reconstruction of the mandible is yet to be achieved. Various alloplastic materials, including metal prostheses, and autogenous bone grafts, have been used with varying outcomes. In this study, the different methods used to reconstruct the mandible at the Oral and Maxillofacial Surgery Unit of the Komfo Anokye Teaching Hospital and their outcomes were studied. The objective was to study the outcomes of reconstruction of mandibular defects resulting from congenital, traumatic, infective, and other causes, including ablative surgery for pathologies of the jaw.

Methods

This was a descriptive prospective study. Purposive sampling of patients presenting at the Oral Maxillofacial Surgery Unit of the Komfo Anokye Teaching Hospital with mandibular defects with various aetiologies that require reconstruction was done. Patient demographics, diagnosis, and surgery performed were recorded. The patients were followed up for 6 months and their concerns and examination findings were recorded at four different time intervals. At the end of the 6 months, their satisfaction with speech, mastication and aesthetics was scored using a visual analogue scale.

Results

31 patients were studied. Ameloblastoma was the most diagnosed pathology. The most common surgical procedure performed was hemi-mandibulectomy while most reconstructions were done with a mandibular reconstruction plate alone followed by a rib graft combined with a mandibular reconstruction plate. Complications recorded included exposed reconstruction plate, wound dehiscence and malocclusion. There was a success rate of 80% for the rib grafts. Whereas 65% were very satisfied with speech, 29% and 26% were very satisfied with mastication and 19% with aesthetics scoring 8-10 out of 10.

Discussion

Hemimandibulectomy (32%) and segmental resections (29%) were the most common surgeries. Extensive surgeries were required due to late patient presentation. The methods of reconstruction, though lagging behind what is considered the gold standard in the developed world, is

similar to what is done in the subregion. The study could have included more patients, and the use of CT scans for bone graft assessment would have been more accurate than plain X-rays.

Conclusion

There is a significant burden for mandibular reconstruction at KATH. Though the current surgical methods available yield acceptable outcomes, there is still a need for improvement.

Management of Spinal Anaesthesia-Induced Hypotension During Caesarean Section; A Comparison of Ephedrine and Norepinephrine

Adjepong P

Introduction

Spinal anaesthesia is the preferred technique for caesarean sections due to its safety profile, but spinal anaesthesia-induced hypotension remains a common complication, with potentially adverse effects on maternal and foetal outcomes. Traditionally, vasopressors such as ephedrine and phenylephrine are used to managed spinal anaesthesia-induced hypotension, but norepinephrine has emerged as a potential alternative. This study aimed to compare the effectiveness of intravenous ephedrine and norepinephrine in preventing and managing spinal anaesthesia-induced hypotension.

Methods

This was a prospective, randomised double-blind controlled study involving 138 parturients, divided into two groups: an ephedrine group (n = 69) and a norepinephrine group (n = 69). Participants in the ephedrine group received prophylactic 5 mg ephedrine during intrathecal injection of local anaesthetic agent, with rescue boluses of 5mg as needed, while the norepinephrine group received prophylactic 5µg norepinephrine, with rescue boluses of 5µg whenever maternal systolic arterial blood pressure dropped less than 90% of the baseline value. The primary outcome was the incidence of spinal anaesthesia-induced hypotension, defined as a drop in systolic arterial pressure to less than 80% of baseline. Secondary outcomes included reactive hypertension, bradycardia, nausea and vomiting, and neonatal Apgar scores. Categorical data were analysed using chi-squared tests and continuous data were analysed using Shapiro's rank test and t-tests. Skewed data were analysed using the Mann-Whitney U test. STATA version 17 (College Station, Texas) statistical software was used for all computations. Statistically, significance was set at a $p < 0.050$ with a 95% confidence interval.

Results

The incidence of spinal anaesthesia-induced hypotension was significantly lower in the

norepinephrine group (42.03%) compared to the ephedrine group (62.32%, p = 0.017). Reactive hypertension occurred in 13.04% of the ephedrine group and 8.82% of the norepinephrine group (p = 0.429). Bradycardia rates were similar between the two groups (4.35% for both, p = 0.612), as were the incidences of nausea and vomiting 8.7% in the ephedrine group, 10.14% of the norepinephrine group, p = 0.710). Neonatal outcomes, assessed through first and fifth-minute Apgar scores, were favourable and comparable between the two groups (p = 0.878 and p = 0.827, respectively).

Discussion

Norepinephrine was more effective than ephedrine in maintaining systolic arterial pressure, resulting in a significantly lower incidence of hypotension. Norepinephrine's potent alpha-1- and modest beta-adrenergic agonist activities and fast onset could have provided a rapid countereffect against spinal anaesthesia-induced hypotension. The other similar properties of both vasopressors (both alpha- and beta-adrenergic activity) could have led to similar secondary outcomes

Conclusion

Norepinephrine provided more effective maintenance of maternal systolic arterial pressure compared to ephedrine during caesarean sections under spinal anaesthesia. However, both vasopressors were comparable in terms of neonatal outcomes and maternal side effects.

Incidence And Factors Associated with Acute Kidney Injury in Chemotherapy Naïve Children Receiving Nephrotoxic Chemotherapy at the Paediatric Oncology Unit, Korle Bu Teaching Hospital, Accra.

Salam A; Adabayeri V; Segbefia C; Renner LA

Introduction

Chemotherapy for childhood cancers and good supportive care have resulted in a significant increase in survival to at least 80% in high-income countries (HIC) compared to 30-45% in lower middle-income countries. Over the course of their treatment, childhood cancer patients may suffer treatment-related toxicities, including acute kidney injury (AKI). These toxicities may require dose alteration or complete elimination of the offending drug, thereby adversely affecting outcome. Therefore, there is an urgent need for the early identification of AKI for early intervention, preventing long-term complications.

Methods

In a prospective cohort study carried out from 1st July, 2021, to 30th June, 2022, sixty-six newly diagnosed childhood cancer patients with a known nephrotoxic drug as part of their protocol, managed at the Paediatric Oncology Unit, Korle Bu Teaching Hospital were recruited for this study.

Their serum creatinine-based eGFR was measured on days 0 before chemotherapy and days 5 after chemotherapy in the first 3 cycles of their chemotherapy regimen. AKI was determined using the pRIFLE (risk, injury, and failure) grading system. Urine dipstick tests were also performed prechemotherapy and post-chemotherapy in each cycle for the first 3 cycles to assess urine protein and blood.

Results

Overall, 19.7% of the participants developed AKI stage "risk," 1.5% AKI stage "injury, and no AKI "failure" recorded at the end of the study. AKI was common among individuals who received cisplatin and those who received cisplatin in combination with ifosfamide. There was an increase in proteinuria from 22.7% at baseline to 66.7% at the end of the study.

Discussion

Drug-induced nephrotoxicity is a serious common complication in cancer patients treated with nephrotoxic drugs, and it may be associated with adverse long-term renal outcomes. Those who received cisplatin had significant associations with nephrotoxicity. The AKI stage "injury" recorded in the study was probably attributable to concomitant cisplatin administration with ifosfamide. The highest AKI stage "risks" occurred among patients with and in patients presenting with distant metastases at time of cancer diagnosis. This could have clinical implications for choice of treatment and supportive care in cancer patients to avoid progression to AKI.

Conclusion

Drug-induced nephrotoxicity is common in childhood cancer patients. The most consistent predictive risk factors for renal toxicity in this study were cisplatin, cisplatin in combination with ifosfamide, and the age group 10-14 years. A urine dipstick test for proteinuria is a very good screening tool for patients on chemotherapy, both short- and long-term, for early detection of nephrotoxicity.

Leveraging the ECHO (Extension for Community Healthcare Outcomes) Model to Improve Collaboration in Cancer Care: Impact, Innovations, and Future Directions in Africa.

Halm JK

Introduction

Workforce shortages and limited specialized cancer care training rank amongst barriers to best-practice cancer control on the African Continent. To address these disparities, the ECHO Model for bi-directional collaborative learning leverages video conferences to disseminate specialized cancer care knowledge through guided practice.

Methods:

In December 2016, Project ECHO launched a global initiative to enhance

the capability of local providers in cancer prevention, diagnosis, management, survivorship, and palliative care. Employing a "hub and spoke" model interdisciplinary teams of specialists at academic medical and or tertiary care centers, and government health agencies were trained to facilitate virtual mentoring discussions with community-embedded participants using the ECHO Model. The four principles of the ECHO Model. 1) use technology to leverage scarce resources 2) Share best practices to reduce disparities 3) Apply case-based learning to master complexity 4) Evaluate and monitor outcomes.

Results

53 cancer ECHO programs focused on Africa: 22,385 logged attendances in Africa-focused cancer ECHO's. 175 replicating partners implemented over 550 ECHO projects for cancer care, spanning 29 countries. 74 peer revied publications demonstrated the efficiency of ECHO for cancer care. ECHO in action, Ghana: in 2023, MD Anderson Cancer Center initiated a needs assessment with topics such as cervical and breast cancer, oncology medicine and onco-plastic surgery with collaborators in Ghana.

Conclusions

ECHO telementoring is a low cost, high impact component of many successful cancer care disparities. By moving knowledge and not people, ECHO removes barriers to the rapid dissemination of evidence-based practice in low resource settings.

Quality Of Life of Patients with Parkinson's Disease in the Central Belt of Ghana

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Introduction

The complications of Parkinson's Disease (PD) have been found to impact on the patient's Quality of life (QoL). There is a paucity of studies assessing QoL in developing countries like Ghana. This study principally sought to examine the factors associated with QoL in patients with idiopathic PD in the neurology clinic of Komfo Anokye Teaching Hospital (KATH) in Ghana. It assessed the associations between QoL and the extent of motor and non-motor complications, stigma, depression, and cognitive impairment among patients with Parkinson's disease.

Methods

A cross-sectional study was conducted with a consecutive sample of 161 PD patients receiving treatment from the neurology clinic at KATH. Structured questionnaires were used for data collection. A locally adapted Parkinson's disease Questionnaire (PDQ-39) was used to assess the quality of life, and motor and non-motor symptoms were assessed using the MDS-UPDRS and Beck depression inventory (BDI) to assess depression. Global cognitive performance was assessed using a locally adapted Montreal Cognitive Assessment Scale (MoCA),

and stigma was evaluated with the 24-item stigma scale for chronic illness (SSCI). Ethical clearance was obtained from the Kwame Nkrumah University of Science and Technology Institutional Review Board. Patients' consent was sought, and the data gathered was password protected. The data were organized under the research objectives for analysis. ANOVA and independent sampled t-test were used to analyse QoL differences among patients with different socio-demographic characteristics. Stepwise multiple regression analysis was used to determine the factors that best account for variance in QoL scores. Multivariate linear regression model analysis was used to assess the effects of motor and non- motor variables on the QoL of PD patients.

Results

There were 161 participants in this study, with an average age of men (n = 114) and women (n = 47) being 65.2 ± 4.96 and 65.5 ± 5.01, respectively. The mean (± SD) non-motor severity score was 41.8 ± 21.6, and that for the motor severity score was 37.1± 20.5 On the Hoehn and Yahr scale, nearly a third (31.7%) of participants were in stage 3. Overall, the mean PDQ-39 Summary Index (PD8-39 SI) was 37.2 ± 17.1 The mean score of the items on the stigma scale was 62.36±14.49. Most (65.8%) of the study participants had mild cognitive impairment, and almost half (44.1%) were moderately depressed. The cognitive domains that had the most significant effect on quality of life within the MOCA scoring in this study were delayed recall (p-value 0.027), language fluency (p-value 0.033), orientation (p-value 0.05) and visuospatial executive (p-value 0.018) Multivariate linear regression analysis showed that participant's cognition (β= -0.65, p-value= 0.031), depression(β = 0.52, p-value =0.013) and stigma status (β= 0.51, p-value <0.0001) were independently associated with overall QoL.

Conclusions

This study has identified stigma, depression and cognitive performance as independent factors significantly associated with overall health-related QoL of individuals living with idiopathic PD in the central belt of Ghana. While non-motor complications were associated with QoL in our study's limited multivariate linear regression models, their associations were lost in the fully adjusted regression models. Screening for depression, stigma and cognitive impairment should be done routinely at neurology clinics, and an urgent need for the introduction of a multidisciplinary team approach in the running of outpatient clinics for Parkinson's disease patients.

Accuracy Of the GALAD Serologic Model in the Diagnosis of Hepatocellular Carcinoma in Ghanaian Patients

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Introduction

Hepatocellular carcinoma (HCC) is one of the leading causes of cancer-related mortality worldwide. In sub-Saharan Africa, HCC is the second most common cancer in men and the sixth in women. Among Africans, patients present with HCC at a young age and at advanced stage of disease. Improved surveillance can increase early HCC detection. The GALAD score has good sensitivity in the diagnosis of HCC in Asia, Europe and North America, however, it has not been validated in an African cohort. The aim of this study was to assess the performance of the GALAD score in the diagnosis of HCC in Ghanaian patients.

Methods

Clinical data from patients with cirrhosis (n=93) or HCC (n=78) from out-patient hepatology clinics at 3 teaching hospitals in Ghana were abstracted, and serum samples analyzed. A logistic regression model predicting HCC status based on GALAD score was constructed to obtain the Receiver Operating Characteristics (ROC) curve for GALAD. The area under the curve (AUC) with 95% confidence interval was calculated and used to assess the performance of the GALAD score in surveillance for HCC.

Results

The median AFP (5010.2 vs. 3.4), L3% (28.3 vs. 0.3) and DCP (507.6 vs. 0.2) levels were all significantly higher among HCC cases than the controls ($p<0.0001$). The median GALAD score was also higher among HCC patients (8.0 vs. -4.1, $p<0.0001$). The AUC of the GALAD score in the diagnosis of HCC was 0.86 (95% CI 0.79 – 0.92). At a cut-off value of -0.37, the GALAD score had a sensitivity of 0.81 and a specificity of 0.86. In a re-fit of the logistic regression model, the most significant factors in the GALAD model in our cohort were AFP-L3% and log(DCP). The AUC of the new GALAD model after model selection was 0.89.

Conclusion

The GALAD score can be used to detect HCC in Ghana and has the potential to improve HCC surveillance in low-resource settings in sub-Saharan Africa.

Silent Exposure: The Need for Enhanced Latent TB Infection Screening and Treatment Among Healthcare Workers in Ghana

Abbew ET; Adu JB; Kwakye AO; Amankwaa NA; Fumador EK; Adusi-Poku Y; Oliver-Commey J

Introduction

The global rise in tuberculosis (TB) has intensified efforts under the End TB Strategy to reduce new cases by 80% by 2030, focusing on those at higher risk for progressing from latent TB infection (LTBI) to active disease. High-risk groups include people living with HIV, young children, individuals on immunosuppressive therapies, and healthcare workers (HCWs). While the WHO advises systematic LTBI screening for the first three groups, HCWs in high-burden countries lack similar interventions despite their elevated exposure. Addressing this gap is crucial for understanding LTBI prevalence, associated risks, and protecting HCWs in high-incidence regions.

Methods

A case-control study with a prospective follow-up was conducted at Cape Coast Teaching Hospital, Ghana, to investigate the prevalence of latent tuberculosis infection (LTBI), subclinical TB, and associated risk factors among healthcare workers (HCWs). Cases included HCWs with direct patient contact for over a year, while controls were drawn from outpatient department and administrative staff, with no exclusion of comorbidities. All participants completed a baseline questionnaire, Tuberculin Skin Testing (TST), symptom screening, Xpert MTB/RIF, and a chest X-ray using the computer assisted device for TB (CAD4TB). Risk factors assessed included diabetes mellitus, HIV, alcohol use, and malnutrition. Outcomes focused on the prevalence of LTBI, subclinical and TB. HCWs identified with LTBI were offered treatment with Rifapentine/Isoniazid and re-evaluated at six months with TST; those declining treatment were also monitored. Adverse events throughout the study were documented.

Results

A total of 606 participants were enrolled, with a mean age of 31.4 years. Cases comprised 486 HCWs with patient contact, while 120 were controls. The overall LTBI prevalence was 25.9% (153/590), with cases showing a higher prevalence (29.8%) compared to controls (10.8%). Two active TB cases were detected, including one rifampicin-resistant TB (RR-TB) and one subclinical TB. Odds of LTBI were higher among HCWs with inpatient contact (OR 4.44, $p<0.001$) and those exposed to deceased or exposed patients (OR 3.18, $p=0.006$); male HCWs also had increased odds (OR 2.09, $p=0.002$). BCG vaccination, HIV status, household size, hypertension, and BMI but did not have higher odds of latent TB infection. The RR-TB patient was initiated on BPaLM, while the active TB patient received RHZE. Of 140 LTBI cases, 33 accepted Rifapentine/Isoniazid (3HP) treatment, with general weakness reported as a common adverse effect. Six-month TST follow-up indicated TST conversion in several cases.

Discussion and Conclusion

The findings show the need for systematic LTBI screening among healthcare workers, particularly those with prolonged patient contact, to mitigate TB transmission in high-burden settings. While treatment is freely available, access to testing and subsequent treatment for LTBI remains a gap in care. Unresolved questions include the optimal frequency of TST screening and the long-term risk (5-10 years) of developing active TB in exposed HCWs. Addressing these uncertainties through further research and policy adjustments could improve TB prevention strategies, protecting both HCWs and the broader community in high TB incidence regions.

Assessment Of the Severity of Odontogenic Infections Using Clinical and Laboratory Indices at Komfo Anokye Teaching Hospital (KATH)

Olesu JT

Introduction

Odontogenic infection is the major cause of sepsis in the orofacial region, leading to significant morbidity and mortality. The severity of the odontogenic infection correlates with the incidence of morbidity and mortality. It is, therefore, important for the clinician to determine the severity of the odontogenic infection and institute an aggressive treatment protocol when necessary to reduce the incidence of morbidity and mortality. In this study, the severity of odontogenic infection was determined using the clinical scale designed by Sainuddin et al. (2017) C-reactive protein and procalcitonin were used as the laboratory indices as they are the common biomarkers of sepsis and are known to rise at the early stages of infection, although blood cultures may be negative.

Aim

To assess the severity of odontogenic infection using clinical parameters and biomarkers of sepsis at Komfo Anokye Teaching Hospital.

Methods

This was a prospective cross-sectional study. It was conducted on selected participants over six months (August 2023- January 2024 inclusive) in the Oral and Maxillofacial Surgery Department of the Oral Health Directorate of Komfo Anokye Teaching Hospital (KATH). Data was collected by the principal investigator and two trained research assistants after getting ethical clearance from the KATH Institutional Review Board (IRB). The severity of odontogenic infections in each enrolled participant was determined using clinical parameters. These parameters were used to clinically score the participant and thereby predict the severity of the odontogenic infection. Participants' blood samples were also collected for laboratory investigations, including FBC, LFT, KFT, CRP and PCT. Plasma concentrations of CRP and PCT were used as laboratory indices to determine the severity of odontogenic infection.

Data was captured and coded using Excel. It was then cleaned and analysed using Statistical Package for the Social Sciences (SPSS) version 25.0.

Results

62 participants were enrolled in the study, comprising 31(50.0%) males and 31(50.0%) females. Their ages ranged from 2 to 86 years, with mean, median and modal ages of 44.8 years, 43 years and 37 years, respectively. The clinical severity scores using Sainuddin et al. (2017) criteria were 27 (44.0%) moderate, 18 (29.0%) mild and 17 (27.0%) severe. CRP levels were ≤ 50.2 for mild odontogenic infections, and procalcitonin levels were ≤ 0.179. Moderate infections encompassed a CRP range of 50.3 to 80.3 and a procalcitonin range of 0.18 to 9.7. Severe infections were characterised by CRP levels ≥ 80.4 and procalcitonin levels ≥ 9.8. In terms of diagnostic accuracy, the overall area under the Receiver Operating Characteristic (ROC) curve of CRP was 0.67, and that of PCT was 1 ($p < 0.0000000116$). This indicates that compared to CRP, PCT is a better biomarker for odontogenic infection severity prediction. Most participants were treated and discharged 60 (96.8%); however, there was a mortality rate of 2 (3.2%).

Discussion

In determining the clinical severity of odontogenic infections, nearly half of the participants in this study were of moderate severity, followed by mild and severe. This indicates that most of the participants in this study presented late, for health care. This may be due to them resorting to herbal preparations or self-medications or might have been kept on admission by a general practitioner. In this present study, there is a positive correlation between clinical severity scores and biomarkers of sepsis (that is, C-reactive protein and procalcitonin). This means the clinical severity score and biomarkers of sepsis have the same direction and strength. As the clinical severity score moves higher or or lower, biomarkers of sepsis (C-reactive and procalcitonin) move in the same direction with the same magnitude. However, there was a moderate positive correlation between severity score and procalcitonin and a low positive correlation between severity score and C-reactive protein. This indicates that procalcitonin has better kinetics to sepsis than C-reactive protein as it tends to rise earlier and offers a quicker detection of sepsis than C-reactive protein. In this current study, both biomarkers have 91.7% accuracy in positively predicting the severity of odontogenic infections. However, PCT has a better discriminatory power than CRP since the ROC AUC for PCT was 1. It is, therefore, a superior biomarker for predicting the severity of odontogenic infections compared to CRP.

Conclusion

Most patients with odontogenic infection presented with moderate severity. PCT is a superior biomarker for predicting the severity of odontogenic infections compared to CRP. However, the test results of any sepsis biomarker need to be carefully evaluated in light of the patient's medical history, physical examination, and microbiological investigation.

A Prospective Study of the Treatment and Outcomes of Midface Fractures at the Komfo Anokye Teaching Hospital (KATH)

Atuwo-Ampoh RSY

Introduction

The midface forms an important part of the maxillofacial skeleton and plays a significant role in function and aesthetics forming the basis of all human identity and interactions. Trauma to the midface tends to be higher than in other areas of the body because the midface is more prominent and less protected. The aetiology of midface fractures is influenced by environmental, social, and cultural factors and may vary with age-related activities. Treating midface fractures aims to satisfactorily re-establish the preinjury anatomy and functional state. The objective was to determine the treatments, and outcomes of midface fractures presenting at the Oral and Maxillofacial Surgery Unit of the Komfo Anokye Teaching Hospital (KATH).

Methods

The study was a prospective cross-sectional study using a purposive sampling of patients with midface fractures presenting to the Oral Maxillofacial Surgery Unit of KATH from August 2023 to January 2024. Ethical approval was received from the Institutional Review Board (IRB) of KATH (KATH IRB/AP/136/23). Midface fractures were diagnosed and classified using a combination of clinical examination and radiographic imaging. Participants' sociodemographic, epidemiological characteristics of the fractures, treatment and outcome details were collected using a case report form. Postoperative evaluations of functional and aesthetic outcome variables were recorded over four weeks. Assessment of the anatomical alignment of the facial bones was done using plain radiographs and the overall satisfaction with the outcomes was evaluated using a Numeric Rating Scale (NRS) four weeks post-treatment. The data was coded and analysed using Stata SE version 18.0. Descriptive statistics: frequency, percentages, means, and median were used to summarize and display the results in tables and charts. Chi-square test was used to compare and establish associations between categorical variables and testing of the hypothesis and associations of variables of the study was set at a significance level of $p < 0.05$ and a 95% confidence interval (CI).

Results

A total of 60 patients with midface fractures were studied giving a prevalence of 36.2%. The age range was 12 to 81 years mean of 32.5 ±11.88 years. The majority, 23(38.3%), were within the 20-29-year age group, and a male-to-female ratio of 7.6:1. Road Traffic Crash (RTC) was the highest 50(83.3%) cause of midface fractures, followed by assault/interpersonal violence and occupational injuries (6.7%) each. Sports injuries were the least common, 2(3.3%). Motorcycle crashes dominated in RTCs with 33(66%). A majority, 53(43%) of the fractures involved the zygomatic bone.

In 34(56.7%), fractures involving only midfacial bones were sustained; 20(33.3%) had in addition, mandibular fracture, whiles 3(5%) had frontal bone fractures in addition. Open reduction with internal fixation (ORIF) using mini/ microplates and screws was the most preferred (86.6%) treatment modality. Treatment was delayed beyond two weeks of injury in 78.3% of the participants, while in 21.7%, treatment was carried out within two weeks. Satisfaction with functional and aesthetic outcomes was recorded in the majority 85% of participants.

Discussion

The prevalence of midface fractures in KATH was 36.2%. Road Traffic Crashes involving motorcycles were the highest cause of midface fractures and were higher among young adult urban dwelling males with a 7.6:1 male-to-female ratio. Similar trends are found in many other global studies. However, literature in most developed countries reports assault and interpersonal violence as the leading causes of midface fractures (Faciales et al.,2012; Lshere et al.,2004; Kyrgidis et al 2013). Most patients had combined midfacial bone fractures among which fractures involving the zygomatic bone were the most frequently occurring. Open reduction with internal fixation (ORIF) using titanium mini plates and screws was the most favoured and commonly applied treatment with high satisfactory functional and aesthetic outcomes observed. Different information is available from the literature regarding the timing of treatment of facial fractures. However, to date, there is no unanimous agreement on the timing for facial fracture treatment.

Conclusion

ORIF is the preferred treatment for midface fractures and it is widely viewed as the most effective and has become the standard of care in most centres (Rosu et al.,2023). Overall, delays in treatment were evident. Even though delay in treatment was observed, no statistically significant relationship was found between treatment delay and treatment outcome hence there is no need to rush treating midface fractures. Regardless of the time of treatment, outcomes can be satisfactory.

Analysis Of Treatment Outcomes of Mandibular Fractures: A Prospective Study at the Komfo Anokye Teaching Hospital

Frimpong P

Introduction

The mandible is one of the prominent bones of the maxillofacial region, and injuries to this bone tend to be higher than in other areas of the body. The aetiology of mandibular fractures is influenced by social, cultural, and environmental factors and may vary with age-related activities. The ultimate aim of the reconstruction of mandibular fractures

is to restore the preinjury anatomical and functional state of the mandible as closely as possible. In this study, the restoration of function and structure of the mandible to the preinjury state was assessed at the Oral and Maxillofacial Surgery and Radiology units of the Komfo Anokye Teaching Hospital (KATH). The objective of this study was to determine the treatment outcomes of mandibular fractures at KATH.

Methods

This was a prospective cross-sectional study of treatment outcomes of mandibular fracture patients who report to the Emergency Medicine Department and Oral and Maxillofacial Surgery Unit at KATH. The sampling technique was a purposive sampling of all patients who underwent mandibular fracture treatment from January to June 2023 at KATH. At the point of entry, participants' socio-demographics, type of fracture, clinical diagnosis, types of fixation and materials for fixation were recorded. Participants were followed post-surgery for up to 3 months. After 3 months, the state and extent of the bony union were assessed using the adopted Modified Radiographic Union Score of Tibia (RUST) and also functional outcome was assessed using the Helkimo clinical dysfunction index. New complaints (e.g., pain, paraesthesia, in speech and mastication) and examination findings (e.g., limited mouth opening, malocclusion, and TMJ dysfunction) were recorded at each review.

Results

A total of 62 patients participated in this study, with an age range from 5 years to 65 years and a mean age of 29.9 years. About 70% of study participants were aged 20-39 years, with a male- to-female ratio of 6.75:1. Motor vehicular crashes were the most prevalent aetiological factor, accounting for 82% of cases. The majority (85%) of mandibular fractures occurred in urban settlements, and 74% of participants had a form of national insurance. Thirty-nine percent (39%) of fractures occurred on the left, 31% were bilateral, and 26% on the right. The most frequent site was the body, which was followed by the angle. Sixty-seven (67%) of study participants had at least two fracture lines, while 73% of the reported fractures were unfavourable. The majority of participants (55%) were treated by ORIF, while the remaining 45% were treated by closed reduction. The t-test results of RUST score showed a statistically significant difference in the degree of bony union of the two main treatment method with ORIF having a higher degree of bony union than that of closed reduction method. However, there is insufficient statistical evidence to conclude a significant difference in functional outcome using the Helkimo Clinical Dysfunction Index (HCDI) scores between the two treatments methods used in this study.

Discussion

Closed Reduction has been reported to be effective by Frimpong et al. in the management of mandibular fractures in resource constraint settings. However, in 2019. Asim et al. reported that open treatment of unilateral mandibular condyle fractures results in better functional outcomes

particularly in terms of mouth opening. To the best of our knowledge, this is the first study that radiographically assesses the degree of bony union following mandibular fracture treatment.

Conclusion

Treatment by ORIF resulted in better bony union but no significant difference in terms of mandibular function, and thus, closed reduction is a viable treatment option for mandibular fractures, especially in resource-constrained settings.

The Effect of Nutrition on Physical Functional Status in Patient's Attending a Geriatric Clinic in Accra

Crabbe EA

Introduction

Mortality rates have declined throughout the world resulting in increase in life-expectancy at birth. As a result, there has been an increase in the number of older adults aged 60 years and above. This group of the population should be functionally independent to minimize undue stress to their caregivers and/or family members. The level of physical activity performed by an older adult reflects his/her total health. A well-nourished older adult can maintain physical function to become independent of others at home and in the society. Presence of chronic diseases notably arthritis and coronary artery disease, may decrease physical function. It is important to identify malnourished older adults and intervene to prevent onset of frailty. It is a known fact that malnutrition differs among older adults in various settings such as communities, nursing institutions, hospitals and out-patient departments. Unfortunately, the National Nutrition Policy for Ghana focused on nutritional interventions for maternal and child health. This study was focused on the geriatric out-patient clinic setting to provide information to fill the literature gap in Ghana regarding, impact of nutrition on physical functional status of older adults.

Methods

This was a cross-sectional study utilizing quantitative methods to assess the nutritional status and physical functional status of participants. Older adults aged 60 years and above were selected by systematic sampling method. The nutritional status of older adults was assessed using the Mini Nutritional Assessment Tool (MNA). Physical function assessment was grouped into three categories: the first was functional status assessment using the Katz Activities of daily living (ADL) and the Lawton-Brody Instrumental Activities of Daily Living (IADL) tools; the second was assessing hand grip strength (HGS) using the Smedley's dynamometer, and the third was assessment of balance and gait using the Timed Up

and Go (TUG) test. Data was entered using KoboCollect android application version 2022.4.4 software, and Stata version 17 was used for analysis.

Results

A total of 329 older adults participated in the study. One hundred and ninety-nine (60.5%) of them were at risk of malnutrition, 13 (3.9%) were malnourished and 117 (35.6%) had normal nutrition. Majority of those at risk of malnutrition were in the age group 60-74 years. Older adults who needed external support were 3.5 times more likely to be at risk of malnutrition/malnourished (p=0.001) whereas those with secondary/vocational school education and tertiary education were 0.23 times (p=0.004) and 0.28 times (p=0.011) less likely to be at risk of malnutrition/malnourished respectively. Fifty-five percent of respondents had low HGS and 45% had normal HGS and 278 (84.5%) had abnormal TUG. Almost all respondents (99.7%) were independent for Katz ADL assessment whereas 84.2% of respondents were independent for Lawton-Brody IADL assessment. There was a significant association between nutritional status and physical functional status measured by IADL (p=0.004). The odds of older adults who were independent for IADL being at risk of malnutrition/malnourished was low [OR:0.33 (0.15-0.70), p-0.004; aOR:0.36 (0.16-0.77), p=0.009].

Discussion/Conclusion

We found that majority of older adults who attended the geriatric clinic were at risk of malnutrition. It is expedient that older adults are screened by clinicians for risk of malnutrition/malnourishment for early nutritional intervention to prevent morbidity and mortality. The levels of independence and education had significant association with the nutritional status of the older adult. This has implications for the role of physical activity and education in determining nutritional status and related outcomes like handgrip strength and walking speed. High educational levels should be encouraged in the general population and among older adults; and geriatric care should necessarily include preventative physical therapy.

Cost of Care and Management of Non-communicable Diseases in Ghana: A Comparative Analysis of a Digital Remote System vs Traditional Care

Affare NKE

Introduction

Chronic non-communicable diseases (NCD's) and related mortality have been rising sharply in Ghana over the past decade, driven by demographic and socioeconomic factors such as population growth, urbanization, sedentary lifestyles, and dietary changes. To achieve Sustainable Development Goal (SDG) 3.4, which aims to reduce premature NCD-related deaths by one-third, Ghana must adopt digital innovations to enhance healthcare access, efficiency, and effectiveness. PharmAccess is engaged in developing and testing innovative healthcare

Africa. This study assesses the implementation of a digital NCD care model funded by PharmAccess in Ghana by comparing healthcare costs for patients using the digital model to those using the traditional model in selected healthcare facilities within the Greater Accra region.

Methods

This case-control study was conducted at three major healthcare facilities in the Greater Accra region: the University of Ghana Medical Centre (UGMC), Greater Accra Regional Hospital (GARH), and 37 Military Hospital, where a digital remote care system (App) is being piloted for NCD management. Patients were divided into a treatment group (case) and a control group. The case group consisted of patients with hypertension and/or diabetes who were enrolled in the digital NCD care App, receiving support and feedback, including treatment from providers. The control group comprised similar patients who received traditional face-to-face care at these facilities without the digital intervention. The Cost-of-Illness (COI) method was used to estimate potential cost savings for users of the digital NCD care App compared to non-users relying on traditional in-person care.

Results

Patients utilizing the digital platform incurred an average annual cost of GH₵ 5,452 for NCD-related healthcare, while those following the traditional model spent GH₵ 6,266, reflecting a 15% reduction in expenses for digital care users. This cost difference is primarily attributed to lower indirect costs and reduced spending on additional treatments (e.g., for comorbidities) in the digital group. Average total indirect costs were GH₵ 22 for digital care users and GH₵ 436 for traditional care users. Notably, most NCD care expenses were out-of-pocket, with health insurance covering only 2–4% of total medical costs for NCD care.

Conclusion

This study indicates that digital healthcare innovations in diagnostics, treatment, and communication for NCD's (specifically hypertension and diabetes) offer a cost-effective alternative to traditional face-to-face care. However, caution is warranted as differences in income and education between the case and control groups may have influenced the cost estimates.

Exploring Strengths, Weaknesses, Opportunities and Threats of Collaborative Research among Family Physicians in Ghana: A Workshop Report

Engmann ST; Ayisi-Boateng NK; Egblewogbe D; Vandyck-Sey P; Damoah B.N; Nketiah G.B

Introduction

Collaborative research, defined as research involving coordination between researchers, institutions, organizations, and/or communities, is essential for enhancing patient outcomes and health system efficiency when integrated into primary health care. This is a conference report on a workshop by the Society of Family Physicians of Ghana, aimed at exploring the strengths, weaknesses, opportunities, and threats (SWOT) related to collaborative research among family physicians in Ghana.

Methods

The workshop was conducted on May 17, 2024, during the 10th Annual General and Scientific Meeting of the Society of Family Physicians of Ghana (SOFPOG). It involved 85 participants, including family medicine residents and experienced physicians from various accredited training centres and teaching hospitals. Participants engaged in breakout sessions focused on each component of the SWOT analysis, facilitated by designated leaders who summarised key findings after content analysis.

Workshop Findings

Strengths identified included the diverse knowledge base of SOFPOG members, which enhances collaborative efforts and access to primary data. However, weaknesses such as inadequate research training, heavy clinical responsibilities, and limited funding were noted. Opportunities for collaboration exist through partnerships with local and international institutions, while threats include poor recognition of family physicians' roles and bureaucratic obstacles that hinder research progress.

Discussion/Recommendations

To enhance collaborative research, the workshop participants recommended improving research training from medical school through fellowship and fostering mentorship relationships. Additionally, establishing a directory of family physicians could facilitate collaboration on research projects.

Conclusion

The workshop underscored the critical need for improved collaboration in research among family physicians in Ghana. By addressing identified weaknesses and leveraging existing strengths and opportunities, family physicians can significantly contribute to evidence-based practice, ultimately enhancing the quality of primary health care in the country.

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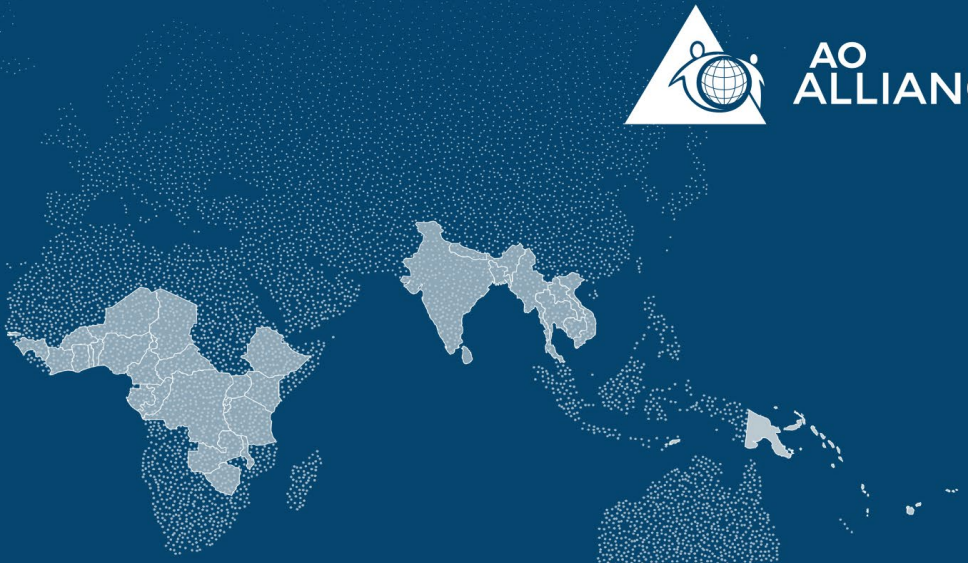

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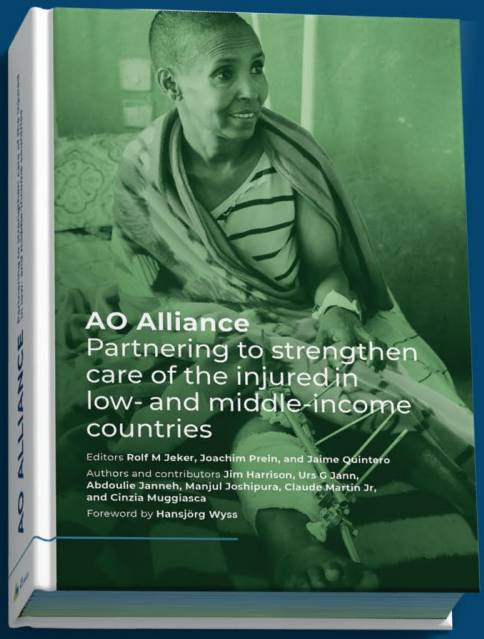

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