



Terms of Reference: MAWARID Project's Consultant for Developing the Anaesthesia Speciality Program in Northwest Syria.

1. BACKGROUND

Who the Tropical Health & Education Trust (THET) are

One billion people will never see a qualified health worker in their lives. For over thirty years, [THET](#) has been working to change this by training health workers to build a world where everyone has access to affordable and quality healthcare. We do this by leveraging the expertise and energy of the UK health community, supporting health partnerships between hospitals, colleges, and clinics in the UK and those overseas.

From reducing maternal deaths in Uganda to improving the quality of hospital care for injured children in Myanmar, we work to strengthen local health systems and build a healthier future for all. In the past nine years alone, THET has reached over 100,000 health workers across 31 countries in Africa and Asia in partnership with over 130 UK institutions.

THET's work is rooted in the Health Partnership Model. Health partnerships are long-term, institutional relationships between health organisations in the UK and their counterparts in LMICs, and are based on ideas of co-development, reciprocal learning, and mutual benefit. Staff from UK health institutions volunteer their time developing and carrying out health systems strengthening activities at their LMIC (low- and middle-income countries) partner institution, be that training, curriculum development, leadership, and governance, etc.

Introduction to the MAWARID — Mapping and scoping Assistance to health care workers and human Resources for health Including the Design of future support to core quality assurance, education, and representative functions for the medical profession Programme.

THET is responding to a request from the EU to assist with the strengthening of medical education priorities in Northwest Syria (NWS), working with and responding to the priorities of the Syrian Board of Medical Specialities (SBOMS) and other partners.

North West Syria is a non-state area outside of the control of, and with no linkages with, the central government in Damascus. A number of different actors control the region resulting in an inconsistent and undermanaged health system. The health community has been able to develop an approach to maintain the health system to meet the minimum standards of the health system blocks including better service provision to the patients. Most of the health facilities in the area are managed and operated by local and international NGOs (non-governmental organizations) in cooperation with the local health authorities.

The project is further articulated around four result areas:

- i. Strengthened HRH/HSS leadership and governance of selected parameter-compliant actors possibly including the Syrian Board of Medical Specialities (SBOMS), Medical Syndicates, Leagues and/or Associations.
- ii. Improved delivery of postgraduate medical education with a focus on shortage specialities (through areas such as curriculum reform, improved clinical skills teaching and modern teaching approaches competency-based assessment procedures, placements, resources, and tools and/or application of learning technologies, based on scoping findings);
- iii. Improved understanding of and recommendations for the strengthening of undergraduate medical education; and
- iv. Improved understanding of health workforce capacity gaps and needs through a detailed scoping assessment, dialogue, and engagement of key local stakeholders to identify problems and test solutions.

2. Supporting the Syrian Board of Medical Specialities “SBOMS” in Northwest Syria “NWS”:

In 2015 a group of specialized doctors uncovered the huge need to train the unspecialized doctors who were not able to continue their training because of the absence of a governmental institution that was responsible for that. In cooperation with the NGOs funding health facilities and health facility management, SBOMS was created to respond to this gap and given the authority to enrol doctors in specialist training programmes. SBOMS’ key role is to define the standards for the health facilities to recognize them as training centres for resident doctors; build the capacity of both resident doctors and their supervisors to deliver training and supervise the related training activities; and examine the resident doctors’ and certify them as specialists after they finish the required training and pass the exams. Further details about SBOMS can be found [here](#).

Under the MAWARID project, and under the first and second results areas mentioned above, THET and SBOMS will be working to strengthen postgraduate medical education in NW Syria. SBOMS and THET have identified four priority speciality areas in need of support from external partners. These partners/experts will support SBOMS’ Scientific Committees to strengthen and develop the speciality programme, including areas such as: strengthening the curriculum; building the capacity of the supervisors; and providing mentorship to both supervisors and resident doctors during the training activities. The four priority specialities are Family Medicine, Emergency Medicine, Obstetrics and Gynaecology and Anaesthesia. The Anaesthesia speciality is the focus of this Call.

Due to access issues in NW Syria, any input will be provided remotely with a few scheduled meetings and reflection sessions to be conducted in Sothern Turkey if possible. Any travel to NW Syria, if possible, would need to be discussed and authorised with THET prior to arrangements being made.

3. Responsibilities (to be agreed with SBOMS following initial discussions, but likely to include):

1. Scale up the medical education leadership competences of the SBOMS’s Anaesthesia speciality board members.

2. Supporting the SBOMS's Anaesthesia speciality board members to develop the residency program (4 years) including the strengthening of the curriculum, residents' training plan and expected outcomes disaggregated by years and procedures; and their capacity to design and deliver the residents' assessment approach/policy and plan;
3. Developing the capacity of the SBOMS's Anaesthesia speciality board regarding the medical education quality assurance at the levels of both supervisors and residents.
4. Building the capacity of the Anaesthesia speciality supervisors to ensure that they have the appropriate skills for training and mentoring the resident doctors.
5. Providing remote mentoring for both Anaesthesia supervisors and enrolled resident doctors during their work in the health facilities on weekly basis (at least) through reflection sessions or any other way the consultant prefers, to ensure applying what has been achieved in the previous points. This could be started in parallel with the first two activities. (This is restricted to the contact duration with the possibility of extension per the fund availability).
6. Suggesting and providing physical training sessions in Southern Turkey from time to time for supervisors. (This is restricted to fund availability).

4. Deliverables (likely to include):

1. Anaesthesia speciality curriculum, residents' training plan and expected outcomes disaggregated by years and procedures.
2. Anaesthesia speciality program assessment approach/policy and program quality assurance framework.
3. Evaluation report for the Anaesthesia board members and supervisors' training skills including their baseline and final progress measured by indicators suggested by the consultant.
4. Mentoring report (if point 3 is achieved).
5. Training report for the physical training (if point 4 is achieved).
6. Final report including consultancy activities, challenges, achievements, the lessons learned and recommendations.

5. Knowledge Skills and Experience for the Consultancy:

To successfully undertake this assignment, the Consultant should meet the following minimum requirements:

1. Anaesthesia speciality degree.
2. At least 10 years of experience in training Anaesthesia resident doctors (being a member of a medical speciality training committee /Body is preferred: Exp: Royal College, American Board, Arab Board, Medical Supervisor in a University Hospital, etc.).
3. Experience in managing or contributing to developing Anaesthesia speciality programmes.
4. Experience working in partnership with others to promote capacity building.
5. Experience in medical education.
6. Arabic language is an advantage.



6. Terms and conditions

Individuals may apply for this role but the contract needs to be with an institution.

€50,000.00 is available for the delivery of this work, which will include all costs including salaries, travel and any costs associated with delivering training activities.

All initial work should be completed by 31 August 2023, with the potential for extension beyond this.

An Expression of Interest is to be submitted to Beatrice Waddingham at beatricew@thet.org by 9am on Tuesday 11th April.

For further information or to discuss the consultancy, please contact Ahmed Mbayed at ahmed.mbayed@thet.org or Beatrice Waddingham at beatricew@thet.org.