

FAMILY MEDICINE DIGEST

A Bulletin from Family Medicine



GHANA COLLEGE OF
PHYSICIANS AND
SURGEONS

PRO VITA SCIENTIA

FAMILY MEDICINE
FACULTY



(S.O.F.P.O.G)
SOCIETY OF FAMILY
PHYSICIANS OF GHANA

SECOND EDITION

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EDITORIAL

Foundations-

The foundation is the most important part of a building.

No matter how beautiful an edifice is, the foundation is what keeps it standing against flood and storm.

Family medicine in Ghana has become a force to reckon with.

Family physicians hold key positions in healthcare, management, politics and other areas of national endeavour.

Our AGSMs have developed into a living, breathing organism which draws family physicians from all over Ghana and provides the needed fuel for innovations, collaborations and research.

Our leaders are making huge impact at the community level, in the districts, regional capitals and in teaching hospitals and are influencing policy in Ghana and on the global front through Afriwon and WONCA.

Apart from the comprehensive clinical excellence we bring to the table, we have become the middle ground, collaborating and coordinating care at all healthcare levels.

As advocates we have forged critical collaborations with other stakeholders (the media, corporate organisations, pharmaceutical companies and laboratories) to bring relief and support to many communities through health screening, health education and offering free surgeries, especially during our annual world family doctor day celebrations.

Family physicians are now the sought after brand, but how did we get here?

In this bulletin we begin a journey backwards into our history.

Back to the founding fathers and mothers who envisaged a community so critical and crucial to the attainment of universal health coverage for Ghana and beyond.

Foundational pillars who sacrificed their time, comfort, resources and indeed their own personal interests for this cause.

In this and subsequent bulletins, we highlight the contributions of the individuals who are the pillars upon which our great faculty now stands.

Come along with us ...

Sincerely,

*Dr. (Med) Dora Egblewogbe
(Editor-in-Chief)*

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MESSAGE FROM FACULTY CHAIRPERSON

(To Family Medicine exam candidates)

It is the end of a long, gruelling road. As you stand at the threshold of your final examinations, I want to pause and acknowledge the journey that has brought you here.

For years, you have shown up — in clinics, on ward rounds, and in communities. You have learned to listen deeply and with empathy, to diagnose with skill, to comfort with compassion, and to lead with integrity.

Family Medicine is not just a specialty; it is a calling to see the whole person, the whole family, the whole community. And you have answered that call.

In these final days of preparation, trust your training. Trust that the countless hours on duty, the feedback from your mentors, and the lessons learned from patients who became your greatest teachers have made you the physician who stayed to explain a diagnosis to an anxious mother, who advocated for a patient when the system was broken, and who learned from every success and every setback.

You know more than you think you do. You are more ready than you feel.

On behalf of the entire faculty, I want you to know: we believe in you. We have seen your growth, your resilience, and your commitment to the values of Family Medicine.

Walk into that exam room with your head high — not because it will be easy, but because you are well equipped.

After the last paper is written, a new journey begins as a specialist. Our faculty needs your excellence as members. Our communities need your brand of care — holistic, continuous, courageous. And we cannot wait to call you colleagues.

You've got this. We are proud of you already, and just waiting for the final whistle to celebrate with you.

Sincerely

Dr. (Med) Maite Alfonso Romero

Faculty Chair – Family Medicine
Ghana College of Physicians and Surgeons

HISTORY OF FAMILY MEDICINE IN GHANA (PART I)



The discipline of **Family Medicine** is one of the youngest and newest specialties in the medical profession in Ghana.

It is concerned with the provision of *personalized, continuing, comprehensive, and coordinated* healthcare to the individual within the context of the family and the community.

Family medicine integrates the *biomedical, behavioural and social sciences* into a new whole in a *non-reductionist approach* to healthcare. The scope **encompasses** all ages, gender, organ system and disease entity.

The World Organization of Family Doctors (WONCA) describes the family physician as the physician who is primarily responsible for providing **comprehensive** health care to every individual seeking medical care, and arranging for other health personnel to provide services when necessary.

The family physician functions as a generalist who accepts everyone seeking care whereas other health providers limit access to their services on the basis of age, sex and/or diagnosis

HISTORY OF FAMILY MEDICINE IN GHANA (PART I) cont'd

The Scope of Practice of family medicine is broad:

Family physicians see patients of all ages: children, young people, adults (including the elderly).

From the *'womb to the tomb'* or from *'cradle to the rocker'*, all **genders, organ system** and **disease entity**.

A Family Physician should know *'all of some things and some of all things'*.

Family physicians provide **patient – centred care** which is based on the premise that ***'The good physician treats the disease; the great physician treats the patient who has the disease'*** – Sir William Osler.

Family medicine training in Ghana is credited to some members of the Society of Private Medical and Dental Practitioners of Ghana.

By 1991 when the specialty extended from Nigeria to the West African sub-region, some of these experienced practitioners had been elected as foundation fellows of the Faculty of Family Medicine (then known as General Medical Practice) of the West African College of Physicians (WACP).

These were **Professor Dr (Med) Philips, Dr. (Med) Odiko Quarshie** and **Dr. (Med) Badohu**. (all deceased). Together with later active foundation fellows like Ambassador **(Dr.) (Med) Eunice Brookman- Amissah, Dr. (Med) T. K. Caiquo, Dr. (Med) Edward Narh (deceased), Dr. (Med) DeAnne Martey-Marbel, Dr. (Med) Mercy**

Ablorh-Odjidja and **Dr. (Med) Jane Ansafo-Mensah**, they were charged with the responsibility of initiating postgraduate training in general medical practice in Ghana.

The residency programme officially began in **April 1999** under the WACP with three candidates in two training sites: **Narh-Bita Hospital & Korle-Bu Polyclinic**.

The three candidates included:

- **Dr. (Med) Aaron Ami-Narh** (Narh-Bita Hospital, Tema)
- **Dr. (Med) Kwaku Asante** (Narh-Bita Hospital, Tema)
- **Dr. (Med) Akye Essuman** (St. Dominic's Catholic Hospital, Akwatia)

(The late Dr. (Med) Baiden-Ghartey at Cape Coast wrote the first primary exam in Nigeria but did not join this initial training programme)

Active foundation fellows for this new faculty included some of the personalities above as well as **Dr. (Med) Alla Edusa, Dr. (Med) L. T. Ofosu (deceased), Dr (Med) Charles Quaofio (deceased) and Dr (Med) K. Spangenberg**. Dr Spangenberg was to be joined by Dr (Med) Akumia and Dr (Med) Tawiah later to support Family medicine training in Kumasi.

Professor Essuman successfully graduated in 2005 as Ghana's first-ever home-grown Family Physician.

HISTORY OF FAMILY MEDICINE IN GHANA (PART I) cont'd

In October 2005, The Ghana College of Physicians and Surgeons (GCPS) programme in Family Medicine was pioneered by 2 candidates at Korle-Bu and Komfo-Anokye Polyclinics respectively.

Dr.(Med) Edwina Addo – KBTH Polyclinic

Dr. (Med) Hassan – KATH Polyclinic

In early 2007, two fellows of the specialty (Professor Dr (Med) Akye Essuman and Professor Dr (Med) Henry Lawson) were appointed as lecturers in the University of Ghana Medical School (U.G.M.S.) to begin the process of establishing a family medicine department for undergraduates.

In September 2016, the Ghana College of physicians and Surgeons instituted the first 4-year Modular Residency Programme in family medicine with 19 candidates.

Major Achievements and Impact

Despite institutional friction, the discipline has profoundly reshaped the landscape of Ghanaian healthcare:

- **Decongesting Tertiary Care:** By producing highly skilled, versatile Family Physicians capable of managing a wide spectrum of medical conditions, the specialty successfully shifted the burden away from overstretched referral centers. Cases that used to be unnecessarily referred to tertiary institutions are now resolved effectively at the primary care level.

- **Educational Innovation:** The faculty of family medicine pioneered the introduction of the Objective Structured Clinical Examination (OSCE) in postgraduate medical education from 2009 - 2010; an objective, practical testing methodology that has since been adopted by various other medical specialties across the country.
- **National Footprint:** The discipline has successfully expanded training nationwide, establishing a highly connected network of Family Physicians leading hospitals and serving communities throughout Ghana.

(Part II in next edition)

References:

- Essuman A, Anthony-Krueger C, Ndanu TA. Perceptions of Medical Students About Family Medicine in Ghana. Ghana Medical Journal. 2013;47(4):178–184.
- Personal Communication documented by authors. (Credits: A. Essuman)

Summarized by

Dr. (Med) Dora Egblewogbe

COMPASSION AND INNOVATION AT THE HEART OF PRIMARY CARE

A Reflection on the 12th Annual General and Scientific Meeting of the Society of Family Physicians of Ghana (SOFPOG)

The 12th Annual General and Scientific Meeting (AGSM) of the Society of Family Physicians of Ghana (SOFPOG), held from 21st–24th May 2026 at the Western Serene Atlantic Hotel in Takoradi, brought together Family Physicians, General Practitioners, trainees, policymakers, researchers, and healthcare partners under the theme **“Strengthening Primary Health Care through Compassion and Digital Innovation.”** The meeting served as a platform for scientific exchange, professional development, advocacy, institutional growth, and fellowship while reaffirming the central role of Family Medicine in achieving equitable and patient-centred healthcare in Ghana.

The AGSM was preceded by a month-long series of Continuing Professional Development (CPD) webinars covering key primary care topics including urinary tract infections, diabetes, asthma management, hypertension, chronic kidney disease, telemedicine, and compassionate healthcare delivery. These sessions ensured participants arrived well-prepared to engage in advanced discussions on current trends in primary healthcare. A defining feature of the conference was its strong commitment to community service. In partnership with the Gold Fields Ghana Foundation and other collaborators, SOFPOG organized

extensive health outreach activities in the Western Region. These included free health screening programmes, National Health Insurance Scheme registrations, medication distribution, free surgical procedures for selected patients, and additional outreach activities in collaboration with AngloGold Ashanti Iduapriem Mine. Thousands of community members benefited from screening for hypertension, malaria, dental diseases, visual impairment, and other common health conditions.



Surgical Outreach at Tarkwa



Medical Outreach at Tarkwa

World Family Doctor Day was commemorated through a National Stakeholder Engagement held in Tarkwa. The event brought together regional government officials, health administrators, and Family Physicians to discuss strategies for strengthening primary healthcare through public-private partnerships, digital health innovations, and improved healthcare access, particularly in underserved communities.

Similar commemorative activities were simultaneously held across Ghana, highlighting the growing visibility and impact of Family Medicine nationwide.

Stakeholder Engagement at Tarkwa



The scientific component of the AGSM focused on contemporary clinical practice and digital transformation in healthcare. The opening cardiovascular medicine session emphasized preventive care, lifestyle medicine, and evidence-based management of acute cardiac emergencies in primary care settings. Participants also explored the role of digital innovations such as Point-Of-Care Ultrasound (POCUS), telemedicine, and artificial intelligence in improving healthcare delivery.

Research presentations showcased high-quality local evidence addressing important healthcare challenges. The studies included successful implementation of POCUS in Emergency Obstetric Care, Acute Pain Management in Emergency Departments, Redesign of Adolescent Health Services, Antimicrobial Resistance Surveillance, Validation of the Ghanaian version of the Patient-Doctor Relationship Questionnaire, Digital Appointment Systems, and Findings from Nationwide Breast Cancer Screening Programmes. Together, these presentations demonstrated the growing research capacity within Family Medicine and its contribution to evidence-based healthcare policy and practice.

The AGSM promoted collaboration through solidarity messages from the Ghana Medical Association, specialist societies, and industry partners, while pharmaceutical presentations highlighted advances in therapeutics and chronic disease management. The inaugural SOFPOG Wellness Corner emphasized physician wellbeing by providing free health screening for participants.

During the Annual General Meeting, members reviewed the Society's progress, finances, welfare initiatives, and strategic priorities, with discussions centred on expanding Family Medicine training, strengthening advocacy, and enhancing sustainability.

The conference also fostered networking through cultural excursions and social events, culminating in the Dinner and Awards Night, where outstanding contributions were recognised and the official SOFPOG commemorative cloth was unveiled, with the cloth symbolising healing, compassionate care, and family-centred practice.

The meeting concluded with a Thanksgiving Service, reaffirming members' commitment to advancing compassionate, innovative, and evidence-based primary healthcare.

The success of the 12th AGSM was made possible through the generous support of corporate sponsors and partners, led by the Gold Fields Ghana Foundation.



SOFPOG awards Goldfields Ghana Foundation at the SOFPOG AGSM



SOFPOG with the Executive Secretary of Goldfields Ghana Foundation



Goldfields Ghana Foundation presenting at the SOFPOG AGSM

THE MAIDEN WELLNESS CORNER: INVESTING IN THE HEALTH OF THOSE WHO CARE.

“Doctors who care for themselves are better able to care for others.”

Healthcare professionals dedicate their lives to caring for others, often at the expense of their own health. Long working hours, demanding schedules, and occupational stress can lead to neglected physical and mental well-being. Yet, a healthy healthcare workforce is essential for quality patient care and a resilient health system.

Recognising this need, SOFPOG introduced its Maiden Wellness Corner to promote preventive healthcare, self-care, and wellness among healthcare professionals. ***The initiative reinforced the message that caring for oneself is an essential part of delivering excellent patient care.***

Participants underwent health assessments including blood pressure, blood glucose, and body mass index (BMI) measurements, encouraging early detection of health risks and informed health decisions.

They also received personalised lifestyle counselling on nutrition, physical activity, stress management, sleep, and other evidence-based strategies for disease prevention.

The initiative received an enthusiastic response, reflecting the growing recognition of the importance of healthcare worker well-being. It also strengthened collegial interaction and reinforced wellness as a shared responsibility within the profession.



The success of the Wellness Corner was made possible through the dedication of the organising committee, volunteers, and healthcare professionals whose commitment transformed the vision into a meaningful reality.

Building on this success, SOFPOG plans to expand future editions to include mental health promotion, fitness programmes, nutritional education, preventive screenings, and other wellness-focused activities that support the holistic well-being of healthcare professionals.

The Maiden Wellness Corner marked the beginning of an important journey. By investing in the health of those who care for others, SOFPOG is strengthening the **foundation** for a **healthier workforce** and **better patient care**.

Dr (Med) Magdalene Mensah-Bonsu
Lifestyle and Wellness Advocate

SOFPOG AGSM GALLERY



SOFPOG CLOTH OUTDOORED

The climax of the dinner and awards night was the outdooring of the beautifully designed SOFPOG cloth. At a glamorous ceremony, Senior faculty members joined the executives of SOFPOG to officially unveil the cloth.

This commemorative cloth for the Society of Family Physicians of Ghana weaves together three powerful symbols of the profession's core values.

The **Aprukuma**, Adinkra symbol of healing and hope, represents a medicinal seed used to treat infections — reflecting hope, the curing of ailments, and the restoration of well-being that defines family medicine.

At the heart of the design is the **family icon**, underscoring the Society's deepest purpose: to care for families, support their health, and walk with them through every stage of life.

Completing the story is the **stethoscope**, symbol of care, which honours the doctors and their unwavering commitment to listening, understanding, and providing compassionate care to every patient.

Together, these elements celebrate the Society's mission of healing, family-centered service, and professional dedication.

Don't Miss Out! Secure your SOFPOG cloth—speak to any SOFPOG Executive today.



"DUMELA RRA! DUMELA MMA!" — Welcome, Dear Friend. Botswana is Waiting.

It is the morning of September 10th, 2026. The sun is rising over Gaborone, Botswana's proud and vibrant capital city.

The air is crisp and electric with possibility. In a grand conference hall, family physicians from across the length and breadth of Africa are streaming through the doors.

From Lagos, from Nairobi, from Cape Town, from Accra purpose in their stride. The WONCA Africa Regional Conference has begun.

And somewhere in that hall, we want **YOU** to be standing.

For two powerful days, **September 10th and 11th, 2026**, Gaborone becomes the heartbeat of Family Medicine on this continent.

World-class sessions, pan-African networking, and the chance to proudly fly Ghana's flag on an international stage. You will return home sharper, more connected, and inspired.

Perhaps you thought you had missed the chance. You have not. The wagon is still moving, and there is still a seat with your name on it, but it will not wait forever.

Do not be the one watching your colleagues' photos from Gaborone on your phone, wishing you had said yes.

Say **YES** today.

 Conference: WONCA Africa Regional Conference

 Venue: Gaborone, Botswana

 Dates: September 10 – 11, 2026

 Registration: <https://share.google/ZzTxFLggVzSMGP8ZO>

Yours in African solidarity,
Dr (Med) Baaba Damoah
SOFPOG President



BOTSWANA

Wonca 9th Africa Region Conference 2026
10 - 11 September, Gaborone

FROM THE TREASURER'S DESK — PAY YOUR DUES, OR THE WAAKYE WILL FINISH WITHOUT YOU!

Dear Esteemed Members of SOFPOG,

As your ever-vigilant Treasurer — the one who watches over our cedi like a hawk watches a market square — I come to you once again with a message that is both urgent and deeply personal to my soul: **PLEASE PAY YOUR ANNUAL DUES!**

Now, I know what some of you are thinking: "The year is not over yet!" My dear colleague, the year is moving very quickly, faster than a trotro on the Tema Motorway at 6 am.

Here is why your dues matters, and I mean REALLY matters:

✓ **STRENGTH IN NUMBERS** — A society is only as strong as its paid-up members. When we stand together as family physicians, our voice carries weight at the national table. You cannot shout at a durbar and then not show up!

✓ **FUNDING OUR MANDATE** — From CPDs, advocacy, to community health outreach, every pesewa of your dues goes directly into fulfilling what SOFPOG was built to do. You know we cannot do it on goodwill and jollof rice alone (as tempting as that sounds).

✓ **BELONGING IS NOT FREE** (but it IS worth it) — Being a paid-up member of this great society means you are part of something bigger than your consulting room. It is fellowship, identity, and pride in your specialty. Your colleagues know your name. We see you. We celebrate you.

So, my dear colleagues, do not let the society carry you like a passenger on a bus who quietly slips out at the last stop without paying the fare. Pay your dues today. Do it for Family Medicine. Do it so that I, your Treasurer, can finally sleep at night.

You know the MOMO number, right?

With love, ledgers, and a little pressure,

Dr. (Med) Beatrice Sam Omidiji
Treasurer, SOFPOG



PAY YOUR DUES

BE A PAID-UP MEMBER. BE PART OF THE MOVEMENT.

- ✓ STRENGTH IN NUMBERS**
 A society is only as strong as its paid-up members. When we stand together as family physicians, our voice carries weight at the national table. You cannot shout at a durbar and then not show up!
- ✓ FUNDING OUR MANDATE**
 From CPDs, advocacy, to community health outreach, every pesewa of your dues goes directly into fulfilling what SOFPOG was built to do. You know we cannot do it on goodwill and jollof rice alone (tempting as that sounds).
- ✓ BELONGING IS NOT FREE** (but it IS worth it)
 Being a paid-up member of this great society means you are part of something bigger than your consulting room. It is fellowship, identity, and pride in your specialty. Your colleagues know your name. We see you. We celebrate you.

PAY TODAY. MAKE AN IMPACT.
Your contribution counts!

TOGETHER, WE BUILD.
TOGETHER, WE LEAD.
TOGETHER, WE MAKE AN IMPACT.

CASE OF THE QUARTER

Patient-Centered Standard Urotherapy Successfully Resolves Nocturnal Enuresis in a Late Teenager

Authors: Dr. (Med) Obed Sarpong Adusei and Dr. (Med) Erica Kuma-MacGranaham

Journal: Postgraduate Medical Journal of Ghana

Edition: March 2026 | Volume 15 | Number 1 | Pages 44–46
(journal.gcps.edu.gh)

A recent case report published in the Postgraduate Medical Journal of Ghana highlights the effectiveness of patient-centered standard urotherapy in the management of secondary nocturnal enuresis in a 19-year-old female.

The patient had experienced worsening nighttime bedwetting for four years, significantly affecting her education, social interactions, and quality of life. After unsuccessful attempts with alternative therapies, she underwent a structured, non-pharmacological management plan centered on shared decision-making, lifestyle modification, bladder training, scheduled voiding, and family support.

Remarkable improvement was observed within six weeks of initiating therapy, with complete resolution of symptoms thereafter. More than two years later, the patient remains symptom-free and has successfully reintegrated into society.

This case underscores the importance of a thorough clinical assessment and understanding of the patient's illness experience in diagnosing nocturnal enuresis. It also demonstrates that patient-centered standard urotherapy is an effective, low-cost first-line treatment, particularly in resource-limited settings, minimizing unnecessary investigations while empowering patients through self-management and shared decision-making.

Full article <https://journal.gcps.edu.gh/index.php/pmjg/article/view/542/395>

UPCOMING EVENTS / ANNOUNCEMENTS



Ghana College of Physicians and Surgeons
West African College of Physicians (Ghana Chapter)



FACULTY OF FAMILY MEDICINE

MEMBERSHIP REVISION COURSE

(IN-PERSON)

MEQs & MCQs

LECTURES

MOCK OSCE

PRACTICAL SESSIONS

PICTURE TEST

13TH JULY – 24TH JULY 2026

GHANA COLLEGE OF PHYSICIANS & SURGEONS, ACCRA

7.30AM – 5PM

REGISTER HERE

<https://tiny.cc/revision26>

FEE

**GHS
2650**

PAY TO MTN MOMO NUMBER:
0243168886
(Pls add charges)

ACCOUNT NAME:
BAABA NYINA DAMOAH

DEADLINE: MON 6TH JULY 2026

INSIDE NEXT EDITION...

HISTORY OF FAMILY MEDICINE IN GHANA *Part 2*

From humble beginnings to a recognised specialty, Family Medicine in Ghana has grown through vision, dedication and collaboration—shaping the future of healthcare for individuals, families and communities.





BOTSWANA

Wonca 9th Africa Region Conference 2026
10 - 11 September, Gaborone

WONCA AFRICA BOTSWANA HIGHLIGHTS –

TRIBUTES TO DR (MED) EDWARD ATTER NARH

Dr. (Med) Edward Narh's association with the Ghana College of Physicians and Surgeons is one marked not by loud acclaim, but by quiet dedication, steadfast loyalty, and enduring commitment to the growth of postgraduate medical education in Ghana.

Inducted as a Foundation Fellow of the College in December 2003, Dr. (Med) Narh belonged to the distinguished group of pioneers who believed in the vision of establishing a strong, locally driven postgraduate training institution for Ghanaian doctors. Although actual training in Family Medicine commenced in September 2005, his support and conviction in the mission of the College predated its operational beginnings and contributed to laying the foundation upon which the Faculty of Family Medicine continues to stand today.

Throughout the years, Dr. (Med) Narh remained a calm and dependable presence within the Faculty of Family Medicine. He was not one to seek recognition or occupy the spotlight; rather, he worked quietly and consistently behind the scenes, offering thoughtful counsel and unwavering encouragement toward the advancement of Family Medicine training in Ghana. His visionary contributions helped shape discussions aimed at strengthening postgraduate medical education and ensuring the sustainability of Family Medicine as a vital specialty in the country.



At critical moments in the growth of the Faculty, Dr. (Med) Narh's support provided much-needed encouragement and resources for educational programmes and professional development initiatives. His commitment reflected his deep belief in mentorship, academic excellence, and the training of future generations of family physicians.

Dr. (Med) Narh also demonstrated remarkable loyalty to the College through his active participation in its affairs. He attended almost all Annual General and Scientific Meetings of the College, a testament to his enduring interest in the progress of the institution and his solidarity with colleagues across the medical profession.

Today, the College honours Dr. (Med) Edward Narh not only for what he did, but for how he did it — with humility, wisdom, generosity, and quiet strength. His legacy within the Ghana College of Physicians and Surgeons and the Faculty of Family Medicine will remain deeply appreciated and fondly remembered.

GHANA COLLEGE OF PHYSICIANS AND SURGEONS

TRIBUTES TO DR EDWARD ATTER NARH

Dr. (Med) Edward Atter Narh's relationship with the West African College of Physicians (WACP) is a remarkable story of vision, courage, and enduring contribution to postgraduate medical training in Ghana and the West African sub-region. His legacy within the College, particularly in Family Medicine, reflects pioneering leadership and an unwavering belief in excellence.

Dr. (Med) Edward Narh worked closely with colleagues in the Society of Private Medical and Dental Practitioners of Ghana, including Drs. (Med) Oduro Quarshie of blessed memory, T.K. Caiquo, Mercy Ablorh-Odjidja, and DeAnne Martey-Marbell. Together, they contributed significantly to the establishment of postgraduate medical training in Family Medicine in Ghana.

Dr. (Med) Narh is credited as the owner of the first hospital in Ghana to receive full accreditation for postgraduate training in Family Medicine by the West African College of Physicians. At a time when full-time postgraduate training was largely confined to the public sector, this achievement marked a historic breakthrough. The accreditation of Narh-Bita Hospital in Tema demonstrated that private institutions could meet and sustain the rigorous standards of the WACP.

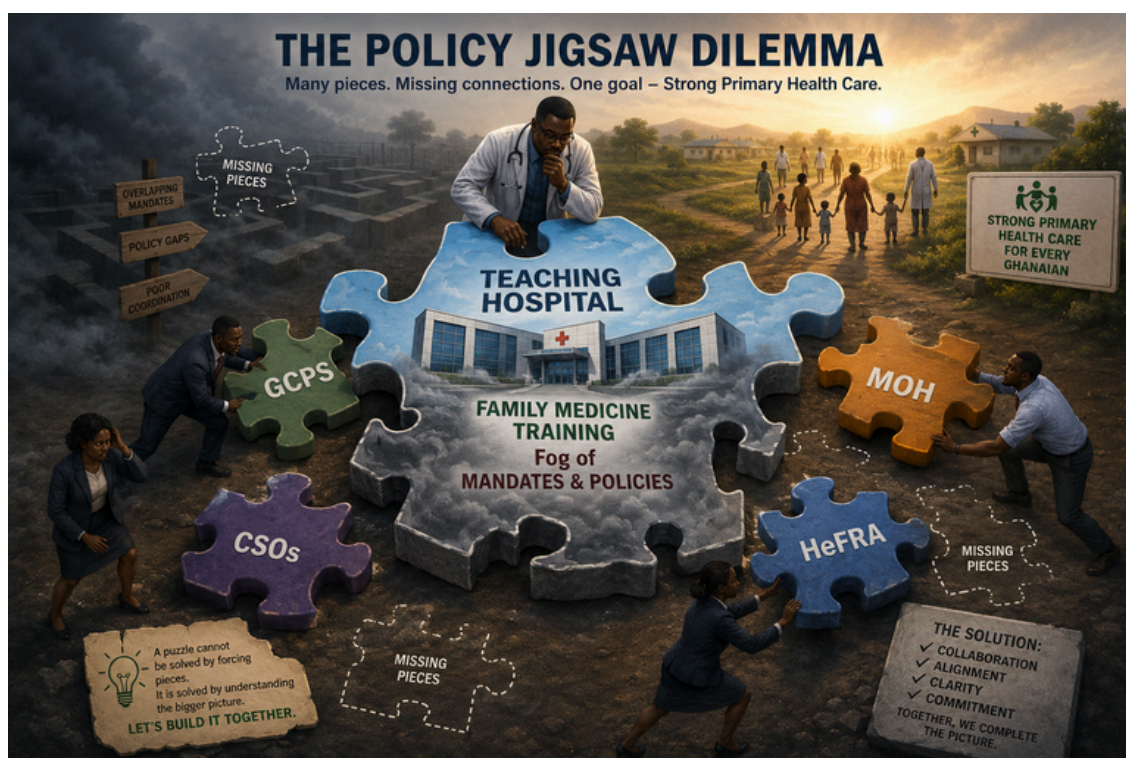
The accreditation led to the successful graduation of the second Fellow by examination in Family Medicine in Ghana in April 2006. In addition, four other doctors passed the Membership level examinations of the Faculty of Family Medicine under training supported at Narh Bita Hospital. These successes not only validated the accreditation but also expanded training opportunities for doctors who might otherwise have been excluded from specialist education.

Dr. (Med) Narh was a Foundation Fellow of the Faculty of Family Medicine, Ghana Chapter, WACP. His strong support for the training of residents and senior residents at Narh Bita Hospital reflected his deep commitment to mentorship and capacity building. His foresight, generosity, and commitment to standards have left an imprint on the College and on Family Medicine in general.

He will be remembered with respect and gratitude as a trailblazer whose contributions continue to shape future generations of family physicians.

**WEST AFRICA COLLEGE OF
PHYSICIANS (WACP)
GHANA CHAPTER**

THE DILEMMA OF A POLICY JIGSAW PUZZLE



Standing afar off I see the scattered pieces on the table wait, a sprawling policy, intricate and vast. They lock and tangle, sealing up our fate. And bind the shifting present to the past.

Alas! All those who attempted the assembly wear faces of anxiety. Could it be they were not carved out to fitly interlock and become a complete jigsaw? The sky seems to echo to those with energy and enthusiasm to arrive at a completely fitted jigsaw that such a dream in the current state is a mirage.

Each jagged edge is shaped by someone's will, A compromise that's built to make us bend. It takes a careful hand and steady skill, To find where all the wandering pieces end. Yet when you try to mend the broken view and force a stubborn corner in the frame, You find the picture has been warped anew, And changing one piece alters all the game. It stays a riddle locked in shadowy mist, Where every effort feels so hard to fix. For tangled laws and paper trails persist, As stubborn as the puzzle they entwine.

A shout to the corridors, where these policy jigsaw interlocking units are made worthwhile. Perhaps someone will hear and help. Alas! Every winding road eventually finds its clearing. The quest waits.

Family medicine is the steadfast cornerstone of exceptional primary healthcare, anchoring communities with continuous, compassionate, and comprehensive care.

THE DILEMMA OF A POLICY JIGSAW PUZZLE

It serves as the vital root system that nourishes the entire medical ecosystem, ensuring every individual receives deeply personal, lifelong healing. The Ghanaian's story is that of a jigsaw puzzle difficult to solve. Teaching Hospitals, where the scattered pieces on the table await. Upon examination it lacks all the shapes to make it ideal family medicine interlocking units. This was a fault in the soul's design, a map with no route forward. The silent, hidden flaw, in the fabric of the code was the adoption of the Polyclinic for Family Medicine with no route to future redesign.

Cloaked in these lapses, one key player, the giver of just rewards, often brings drought to this blossoming heart of quality primary healthcare. Family Medicine training in the Teaching hospitals is locked up in a fog of mandates.

Ghana College of Physicians Faculty of Family Medicine's highest centre for training expert generalists is in the primary care division of Teaching Hospitals. The Teaching Hospital Primary Care division with all the experienced expert generalists is where training expert generalists takes place. They churn out those that become the vital root system of the medical ecosystem fulfilling the ultimate dream of World Health Organization - Universal Health Coverage.

The Polyclinic as a primary care division was created out of necessity to address a need but without recourse to this big picture. The paradox that broke the Camel's back and created this dilemma is the National Health Insurance Authority giving the Polyclinic a health centre with doctor accreditation status. Typical Teaching Hospital Polyclinics do not have all the structures and services for Polyclinic or District Hospital accreditation requirements. This is how Family Medicine training got locked up by default. The reality now stares at us. This onerous responsibility cannot be accomplished with 24 hour detentions and meagre reimbursement. No other training has such a hand pressing on its chest.

Let's give this release the legs, wings and voice it needs to reach the architects of the realm and the sovereign of the course to cross the Rubicon. The puzzle can become a very exciting game. The uninvited guests of the heart, the silent ones who stand apart, shall find their pulse within the primary healthcare song, and join the chorus.

-Dr. (Med) Joshua Akurugu Abaah

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