About Us

About our History
The International Federation of Surgical Colleges (IFSC) was founded in 1958 in Stockholm, Sweden, with the objective of speaking with a single voice for world surgery on problems of common interest. Founding members consisted of traditional colleges of surgery and surgical societies from the European continent. Official relations with the WHO started in 1960 and since then the IFSC has been a recognised non-state actor (NSA) in formal relations with the WHO. It is also in consultative status with the UN Economic and Social Council (ECOSOC) where it is in a position to advise the UN on surgical matters. The IFSC remains the only organisation representing surgeons that is in special relations with both the UN and the WHO.

Over the years the IFSC regularly changed its goals and operational methods as surgical care delivery, education and training changed in world surgery. In 1992 the constitution was changed to focus primarily in supporting surgical expertise in low income countries and in 2003 the constitution was again revised to state the federation’s goal as “the advancement of surgery in developing [sic] countries, especially Africa, promoting education and training, and help with examinations”. In 2007 a Memorandum of Agreement was signed with the College of Surgeons of East, Central and Southern Africa (COSECSA) to support specific educational projects. Similar support has been extended in different formats to the West Africa College of Surgeons (WACS), basic surgical training in Sri Lanka and the Egyptian Surgical Society.

About what we Did
From 2010 to 2015, under the leadership of Mr Bob Lane, the IFSC has supported the design, ratification and delivery of courses in basic surgical skills, anastomosis workshops, management of surgical emergencies, surgical critical care and in research methodology to a few hundred surgical trainees, other junior doctors, nurses who work in surgery and associate clinicians, predominantly in sub-Saharan Africa, but also in Sri Lanka. Such courses were always developed and delivered on request from affiliated regional or local surgical organisations, and in consultation with ministries of health about local need. In order to easier manage the business of course delivery the IFSC was registered as a charity in England and Wales in 2011.

Included in all training courses was Training of Trainers which was essential in order to create sustainability in surgical learning. Large numbers of senior surgeons joined
in the teaching of trainees on our courses and were able to continue running courses independently thereafter, which is still happening in certain centres to this day. To support this process teaching material was handed over to local centres or made available electronically.

In 2019 and 2021 online courses in research methodology were developed for surgical and anaesthesia trainees in COSECSA and the College of Anaesthetists of East, Central and Southern Africa (CANECSA) respectively, with guidance and support from the Royal College of Surgeons of Ireland (RCSI), a founding member of IFSC.

About us, the WHO and Surgical Learning

Over the years IFSC worked hard with likeminded groups to support WHO projects in emergency and essential surgery, such as contributing to the book *Surgical Care at the District Hospital*, the Alliance on Patient Safety, the Global Initiative for Emergency and Essential Surgical Care (GIEESC) and resolution 68.15 at WHA68 in 2015 on “Strengthening Emergency and Essential Surgical Care and Anaesthesia as a Component of Universal Health Coverage”. In 2020-2021 the IFSC contributed to the development of the Learning Strategy of the new WHO Academy with specific focus on improved global preparedness for health emergencies. Members of the IFSC’s executive board continue to play important roles in the Technical Experts Working Group for advising SADC countries on the implementation of National Surgery, Obstetrics and Anaesthesia Plans as part of Universal Health Coverage. In this process the IFSC actively contributes to implementing the WHO’s “3 Billion” Pillars of work for universal health coverage, better protection from health emergencies and people enjoying better health and wellbeing. The IFSC’s focus in delivering these goals remain in advocacy for global surgery, in supporting education and training in especially essential surgery in first level hospitals and in supporting research skills acquisition by all surgeons in especially low and middle income countries (LMICs). In this way IFSC is trying to contribute to the decolonisation of surgical education and research, and to stop the unethical flow of research data from the Global South to rich countries in the North.

It has also become clear that the time for designing surgical training courses in rich Western countries (or any HICs) for delivery in LMICs has come to an end. There remains a vast learning need in surgery in the Global South but such learning is directed from surgical educational institutions and experts in LMICs. The IFSC’s role in supporting such learning needs is increasingly to provide and support individual experts from its member organisations who can help deliver or advise on such learning projects. The SARS-CoV 2 pandemic has made it possible to deliver much of such support virtually, saving the expenses and climate impact of frequent air travel.

About our Vision

As incoming president of IFSC I have therefore stated three goals:

1. To make IFSC more open and democratic, and more representative of surgeons in LMICs. It means reviewing the constitution, re-introducing a
president’s council, changing membership criteria, and nomination and voting processes. To give this momentum, at the AGM a new Secretary-General and a new Chair of the Education and Research Committee were elected from Southern Africa institutions. The majority of surgeons in the world are not trained through traditional surgical colleges and IFSC membership should reflect this. Proposals for changes to IFSC structure and processes will be discussed by the Executive Board (EB) in 2022 and presented at the 2022 AGM for a vote.

2. To play our role in decolonising surgical education, training, research and care. It means discouraging the flow of teaching and training material developed in HICs to be taught in LMICs, and stopping the flow of research data and intellectual property from the Global South to rich institutions in the Global North. IFSC will, however, strongly support surgical learning programmes developed in LMICs, as requested, and continue to support our research methodology courses for trainees in COSECSA, CANECSA and elsewhere to help young surgeons and anaesthetists in LMICs have control of their own research data.

3. To support planetary health. Human, animal, plant and climate health are all interlinked. As IFSC helps with training, ongoing learning and support for essential surgery, it is important that such progress does not come at an unnecessary cost to planetary health. This also means being aware of and speaking out about unnecessary planetary health costs of luxury surgical care in high income environments. For this goal IFSC depends on advice from experts outside our organisation.

All the above mean that IFSC needs to work differently to support the role of surgeons and surgery in the world, and encourage members not to think in surgical silos, but consider how we can work with other organisations in global surgery and related groups in e.g. anaesthesia, gynaecology and with other expertise, in order to advance surgical care for patients who are most in need. Although membership of IFSC is through surgical colleges and societies, we hope that those colleagues who read this piece will be encouraged to support the work of IFSC through their respective surgical organisations.

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