



Royal College
of Surgeons
of England

SURGICAL SKILLS WORKSHOP IN SOMALILAND

Report on Organisation, Implementation and Experience



Author: Abdi Karim Mohamed Yusuf





Introduction

Preface

My name is Abdi Karim Mohamed Yusuf. I am currently a urology registrar at St George's University Hospital in Tooting, Southwest London. I have had the privilege of being this year's Stefan Galeski Fellow. My fellowship aimed to deliver a surgical skills workshop across multiple institutions in Somaliland in collaboration with Somali Health Exchange (SHE). What follows is a report on the organisation and implementation of the course. The report also details my experience, provides relevant reflections, includes participant feedback, and offers a brief overview of the current situation regarding surgical training in Somaliland.

I've also included a short feasibility study on whether the Royal College in Somaliland can implement surgical skills courses.

Stefan Galeski Global Surgery Fellowship

The Stefan Galeski Global Surgery Fellowship was established to improve access to safe, affordable, and essential surgical care in low-resource settings. It is a 12-month programme administered by the Royal College of Surgeons of England. The fellowship operates in collaboration with global health organisations, surgical societies, and ministries of health worldwide. A maximum of £5,000 is available to cover costs related to travel and professional development activities necessary to achieve the objectives of the placement.

Somali Health Exchange

Somali Health Exchange (SHE) is a charitable organisation comprised of healthcare professionals and health advocates of Somali heritage. Their mission is to enhance patient care, safety, and overall experience by providing training and supporting the growth of the healthcare workforce. They aim to strengthen personal, public, and global health in Somaliland.

The charity aims to bring together volunteers with a wide range of experience, spanning medicine, nursing, pharmacy, project management, and communication.

Educational and training initiatives are typically shaped by the priorities of the local healthcare community and developed in close collaboration with hospitals, universities, and the Ministry of Health.





Somaliland – A Country Profile, Brief History and State of Surgical Healthcare

The Republic of Somaliland is a sovereign unrecognised country, with Hargeisa as its capital. It is located in the Horn of Africa, sharing borders with Djibouti, Ethiopia, Somalia, and the Gulf of Aden. The territory covers an area of approximately 176,000 square kilometres and is home to an estimated three million people. Somali is the official language, alongside Arabic and English, and the population predominantly follows Sunni Islam. The government operates as a democratic republic, with an elected president and parliament. Since declaring independence from Somalia on May 18, 1991, Somaliland has maintained stability and self-governance, despite lacking international recognition.

In the pre-colonial era, the region was inhabited by Somali-speaking pastoral clans who engaged in trade between the East African interior, the Red Sea and across the Indian Ocean. During the late 19th century, colonial powers began to arrive. Great Britain established the British Somaliland Protectorate in 1884, while Italy colonised the southern territories, which now form present-day Somalia. British Somaliland gained independence on 26 June 1960, briefly becoming the State of Somaliland before voluntarily uniting with Italian Somaliland five days later to form the Somali Republic. After years of dictatorship and civil war in Somalia, Somaliland declared its restored independence in 1991 following the collapse of the Somali central government.



A view of central Hargeisa looking north.





Somaliland's medical education sector has made significant strides in recent years, producing an increasing number of medical graduates each year. Despite this growth, opportunities for postgraduate surgical training within the country remain extremely limited or entirely unavailable. As a result, aspiring surgeons must seek advanced training abroad, with the closest comparable training centres located in countries such as Ethiopia and South Africa. This geographic reality presents significant logistical, financial, and personal challenges for doctors based in Somaliland. The need to relocate to foreign countries for specialist surgical training not only delays professional development but also contributes to the risk of brain drain, as some graduates may choose to remain in countries with more established training infrastructure. Consequently, Somaliland faces a critical gap in building a sustainable surgical workforce capable of meeting the healthcare needs of its population. Expanding local postgraduate surgical training programs is therefore essential for strengthening the country's healthcare system and ensuring long-term self-sufficiency in surgical care.

Aims of Fellowship

The fellowship aimed to deliver a high-quality surgical skills workshop for students, interns, and residents in Somaliland in collaboration with Somali Health Exchange. We aimed to provide one-day courses across five institutions in Somaliland over a period of two weeks.



Organisation

This project was a huge undertaking, and as a result, a considerable amount of effort went into organising and implementing it.

In collaboration with SHE, I had to find suitable faculty, develop an appropriate course programme, create course material, gather and source the required materials, and establish a reasonable budget. Given that the budget would not cover all of the materials I needed, I worked hard on soliciting donations from various organisations. I had regular meetings with SHE, the College, and other various organisations to implement the vision I had for the course.

Faculty



Ms. Marwa Jama (Right) – ST5 General Surgery Trainee, Yorkshire & Humberside Deanery

Mr. Guleed Mohamed (Left) – ST5 Urology Trainee, Yorkshire & Humberside Deanery

Mr. Abdi Karim Mohamed Yusuf (Centre) – Urology Registrar at St George's University Hospital





Course Programme

Surgical Skills Workshop

Course Programme

24TH JUNE 2025 - HARGEISA GROUP HOSPITAL

7:30 am Registration - Surgical Skills Course Part 1

8:00 am Introduction - Learning Outcomes

8:05 am Knots Tying - Reef Knot, Surgeons Knot, Tying at Depth

8:45 am Suturing Techniques - Interrupted Sutures, Continuous Sutures, Vertical Mattress Sutures, Subcuticular Sutures

9:45 am BREAK

10:00 am Excision of Lesion

10:35 am Bowel Anastomosis & Vessel Ligation

12:00 am Finish & Feedback - Surgical Skills Course Part 1

4:00 pm Registration - Surgical Skills Course Part 2

4:05 pm Reprisal of Skills

4:35 pm Basic Laparoscopic Skills

5:30 pm Finish & Feedback - Surgical Skills Course Part 2





Schedule

SHE 2025 Trip Itinerary				
Day	Date	Activity	Location	Agenda
Day 1	Sunday June 15 th 2025	Travel to Hargeisa	UK → Somaliland	N/A
Day 2	Monday June 16 th 2025	Arrival in Hargeisa	Hargeisa	Morning: Arrival
				Afternoon: Group Briefing/Rest
Day 3	Tuesday June 17 th 2025	Meet Hospital Faculty	Hargeisa	Morning: Hargeisa Groupo Hospital & Edna Aden Hospital Faculty Meeting
				Afternoon: Family/Rest
Day 4	Wednesday 18 th June 2025	Surgical Skills Course & Workshops x4	Amoud University Medical Campus – Borama	<p>Morning:</p> <p><u>8am-10am:</u></p> <ul style="list-style-type: none"> • Basic Life Support/Hand Hygiene Workshop • Genetic Counselling Workshop <p><u>10am-12pm:</u></p> <ul style="list-style-type: none"> • Physiotherapy Workshop • Medication Management Workshop <p>All Morning: Surgical Skills Course Part 1</p> <p>Afternoon: Surgical Skills Course Part 2</p>
Day 5	Thursday 19 th June	Surgical Skills Course & Workshops x4	Edna Aden Hospital – Hargeisa	<p>Morning:</p> <p><u>8am-10am:</u></p> <ul style="list-style-type: none"> • Basic Life Support/Hand Hygiene Workshop • Genetic Counselling Workshop <p><u>10am-12pm:</u></p> <ul style="list-style-type: none"> • Physiotherapy Workshop • Medication Management Workshop <p>All Morning: Surgical Skills Course Part 1</p> <p>Afternoon: Surgical Skills Course Part 2</p>
Day 6	Friday June 20 th 2025	Travel to Burao & Meet Hospital Faculty	Hargeisa → Burao	<p>Morning: Travel & Meet Burao Regional Hospital faculty</p> <p>Afternoon: Time off/Rest</p>
Day 7	Saturday June 21 st 2025	Surgical Skills Course & Workshops x4	Burao Central University College – Burao	<p>Morning:</p> <p><u>8am-10am:</u></p> <ul style="list-style-type: none"> • Basic Life Support/Hand Hygiene Workshop • Genetic Counselling Workshop <p><u>10am-12pm:</u></p> <ul style="list-style-type: none"> • Physiotherapy Workshop • Medication Management Workshop <p>All Morning: Surgical Skills Course Part 1</p>





				Afternoon: Surgical Skills Course Part 2
Day 8	Sunday June 22 nd 2025	Travel to Berbera & Meet Hospital Faculty	Burao → Berbera	Morning: Travel & Meet Berbera hospital faculty team
				Afternoon: Rest/Beach
Day 9	Monday June 23 rd 2025	Surgical Skills Course & Workshops x4 Travel back to Hargeisa	Berbera Regional Hospital - Berbera	Morning: <u>8am-10am:</u> <ul style="list-style-type: none">• Basic Life Support/Hand Hygiene Workshop• Genetic Counselling Workshop
				<u>10am-12pm:</u> <ul style="list-style-type: none">• Physiotherapy Workshop• Medication Management Workshop
				All Morning: Surgical Skills Course Part 1
				Afternoon: Lunch & Travel back to Hargeisa
Day 10	Tuesday June 24 th 2025	Time off/Rest Day	Hargeisa	Agenda: Time off/Rest
Day 11	Wednesday June 25 th 2025	Surgical Skills Course & Workshops x4	Hargeisa Group Hospital - Hargeisa	Morning: <u>8am-10am:</u> <ul style="list-style-type: none">• Basic Life Support/Hand Hygiene Workshop• Genetic Counselling Workshop
				<u>10am-12pm:</u> <ul style="list-style-type: none">• Physiotherapy Workshop• Medication Management Workshop
				All Morning: Surgical Skills Course Part 1
				Afternoon: Surgical Skills Course Part 2
Day 12	Thursday June 26 th 2025	Public Holiday	Hargeisa	Agenda: Time off/Rest
Day 13	Friday 27 th June 2025	Community Health Event	Hargeisa Cultural Centre	Agenda: Experience of working as surgical doctor in the UK Experience of Implementing Surgical Skills Workshop in Somaliland
Day 14	Saturday June 28 th 2025	Time off/Rest Day	Hargeisa	Agenda: Time off/Rest
Day 15	Sunday June 29 th 2025	Travel to Airport	Hargeisa	N/A

The schedule above reflects the total sum of activity that Somali Health Exchange aimed to deliver in Somaliland.





Budget

Item	Unit Cost	Qty	Total	%	Explanatory Notes/ Comments
Return Flight From London To Hargeisa	£ 1,000.12	1	£ 1,000.12	41.2%	Return flight from London to Hargeisa - June 15th 2025 TO July 2nd 2025. Emirates
Estimated cost of Extra Luggage	£ 50.00	1	£ 50.00	3.7%	
Visa to Somaliland	£ 45.00	1	£ 45.00	1.9%	A visa to Somaliland (Applicable to all foreign passport holders, whether they are natives of Somaliland or not. Currently it stands at \$60)
Heathrow Express From London Paddington to Heathrow Airport	£ 25.00	2	£ 50.00	2.1%	Trainlink From Central London to Heathrow airport
Estimated cost of hiring van and driver for transport between different areas of Somaliland (Hargeisa, Burco, Berbera and Borama)	£ 120.00	1	£ 120.00	4.9%	Van cost is approximately 1200 and will be divided among 10 people
Estimated cost of transportation via taxi within Hargeisa between hospital and accomodation	£ 7.00	5	£ 35.00	1.4%	£7 is estimated cost of return journey via taxi for 1 day.
Burco Hotel Stay - Burco International Hotel	£ 30.00	3	£ 90.00	3.7%	Prices are in US Dollars. I've converted to Pounds Sterling at current exchange rates (24/01/2025).
Berbera Hotel Stay - Damal Hotel	£ 50.00	1	£ 50.00	2.1%	Prices are in US Dollars. I've converted to Pounds Sterling at current exchange rates (24/01/2025).
Food costs whilst in Somaliland	£ 15.00	16	£ 240.00	9.9%	I have estimated that I will require about £15 a day for breakfast, lunch and supper
Knot Tying Practice Kit	£ 29.90	25	£ 747.50	30.8%	Cheapest price found on Amazon - 25 units required as we will be teaching 20 students per session at a maximum. A few extra needed, incase they get lost/damaged. those will be left at the hospital to build the capacity
Totals	£ 1,372.02	56	£ 2,427.62		

The above table details the final agreed-upon budget. The total funding awarded amounted to £2427.62.

Donations

I was able to accumulate a substantial amount of material for the course. The donations consisted of borrowed items and gifted items (Which represented the bulk of the donations). Donations were necessary, as it would otherwise be prohibitively expensive to fund all the material required to run the surgical skills course successfully. Donations allowed me to run a relatively inexpensive and sustainable course in Somaliland.





Listed below is the totality of the donations I was able to accrue:

Material Donated	Value (If known)	Amount	Cost	Plan	Source
Basic instrument sets (disposable) - Needle Holder, toothed forceps, non-toothed forceps, suture scissors	~ £20	100	£0	Plan to leave in the hospitals/universities	Donated from St George's University Hospital
New Silicon Skin Pads	~£10	100	£0	Plan to leave in the hospitals/universities	Donated From Doctors Academy
A variety of Instruments - Needle holder, toothed forceps, non-toothed forceps, tissue scissors, Suture scissors + More	£?	~ 30	£0	Plan to leave in the hospitals/universities	Donated from RCS Learning
Relatively New Skin Pads	£?	25	£0	Plan to leave in the hospitals/universities	Donated from RCS Learning
Suture Material	£?	Hundreds	£0	Plan to leave in the hospitals/universities	Donated from St George's University Hospital & Cardiff Simulation Lab/Ms. Hargest
Laparoscopic Instruments	£?	Many sets	£0	Plan to leave in the hospitals/universities	Donated from St George's University Hospital Simulation Lab & Cardiff Simulation Lab/Ms. Hargest
Foldable Laparoscopic Boxes	~£80	4	£240	Plan to leave in the hospitals/universities	Bought with own funds
30-page participant handbook (Made by me). Needed to be printed	~ £4.30	80	£350	Plan to leave in the hospitals/universities	Bought with funds
21 sets of brand-new basic instrument sets (non-disposable)	£100	21	£0	To be used during the course. To be returned	St George's University Hospital Simulation Lab
21 brand-new knot-tying jigs	£50	21	£0	To be used during the course. To be returned	Doctors Academy



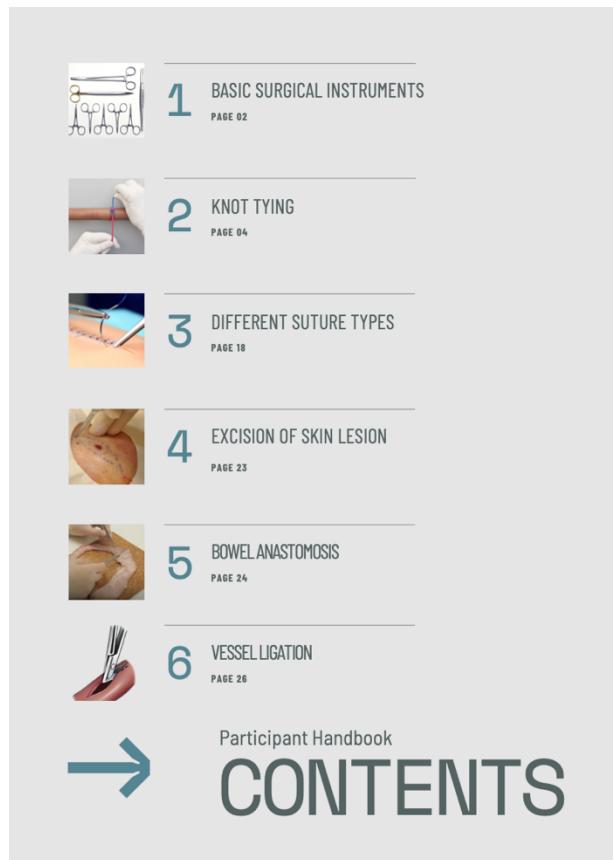
Participant Handbook

SURGICAL SKILLS WORKSHOP IN SOMALILAND

Participant Handbook



In collaboration with the Somali Health Exchange and GAPS St. George's University Hospital



1 BASIC SURGICAL INSTRUMENTS
PAGE 02

2 KNOT TYING
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3 DIFFERENT SUTURE TYPES
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4 EXCISION OF SKIN LESION
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5 BOWEL ANASTOMOSIS
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6 VESSEL LIGATION
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Participant Handbook
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This was a packed course happening over a day. Comparable courses here in the UK usually occur over two days. To facilitate covering all the material satisfactorily, I created a 30-page participant handbook to complement the course. I made the handbook available in PDF format to the participants beforehand and gave each participant a printed copy upon completion of the course.

The idea was for participants to cover as much material as possible before the course began and to reiterate what they had learned during the course. This would then allow the faculty to focus on the practical aspects of the course as much as possible



Photographs of Material Used in Each Course



Photographs of Course Set-up

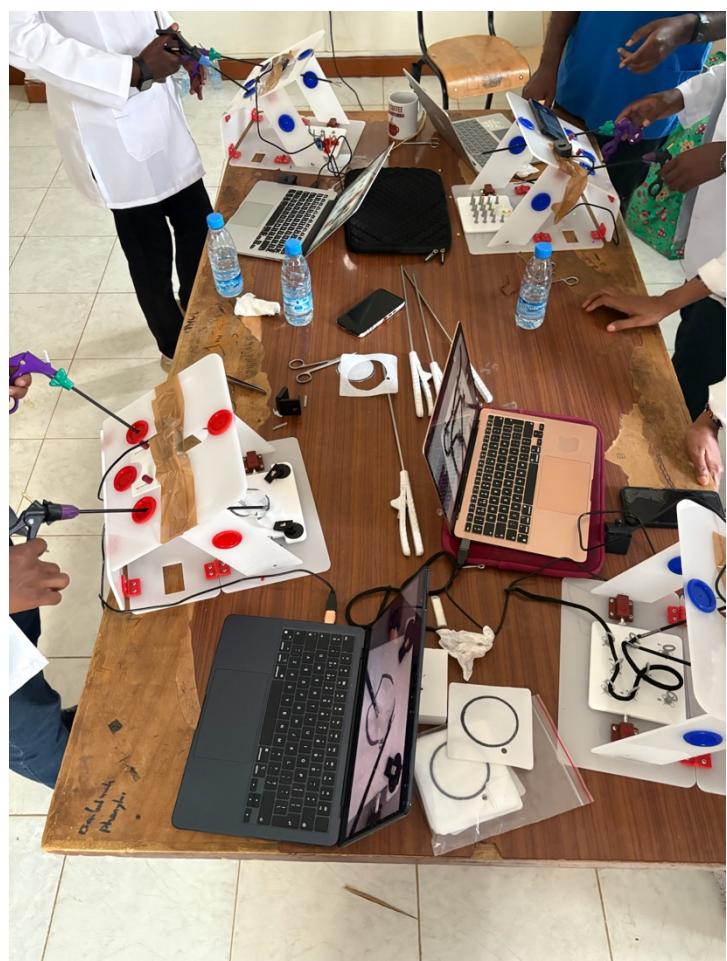
A variety of photos from Berbera Regional Hospital highlighting the setup for part 1 of the surgical skills course (Morning).



A variety of photos from Hargeisa Group Hospital highlighting the setup for part 2 of the surgical skills course (Afternoon).



Photographs of Participants During the Course



A variety of photos from the courses.

Top Left: Hargeisa Group Hospital

Top Right: Berbera Regional Hospital

Bottom Right: Edna Aden Hospital



Photographs of Participants During the Course



A variety of photos from the courses.

Top Left: Amoud University

Bottom Left: Amoud University

Bottom Right: Edna Aden Hospital



Photographs of Participants During the Course



A variety of photos from Edna Adan Hospital.



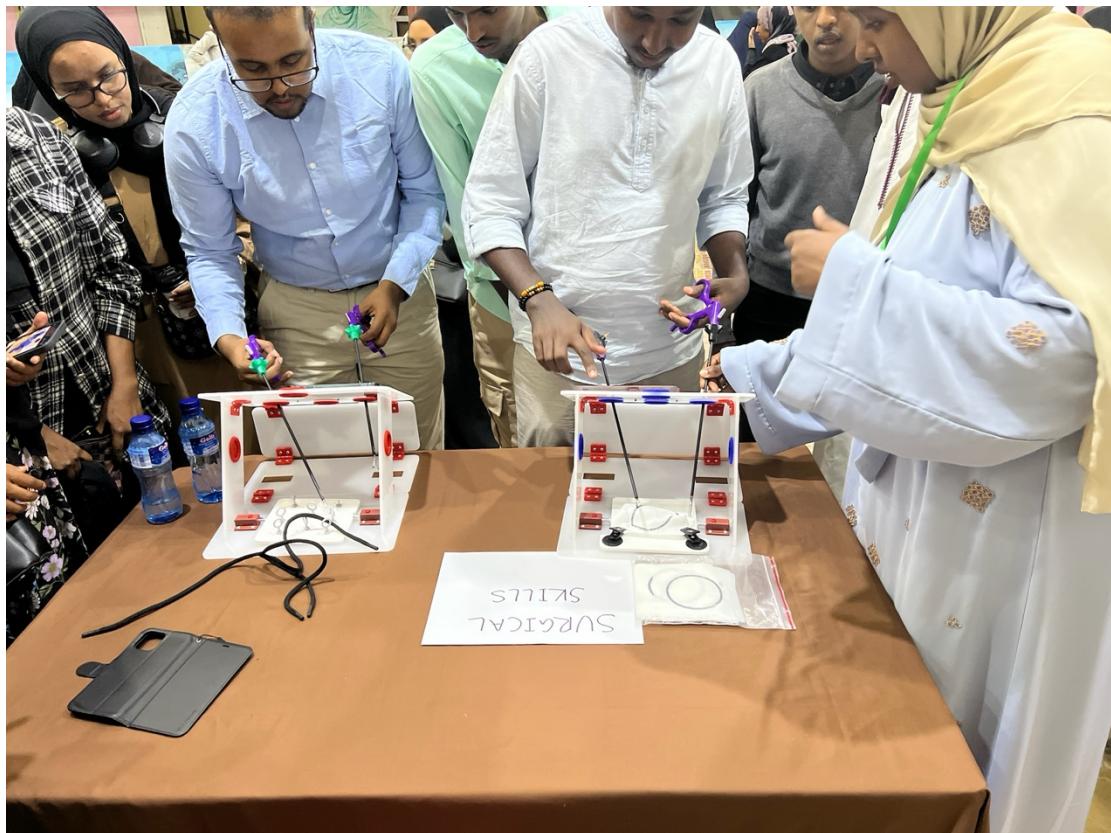
Photographs of Participants During the Course



Photos from
Burao
Central
University
College



Photographs of the Community Health Event – Hargeisa Cultural Centre



Photographs of the Community Health Event – Hargeisa Cultural Centre





Certificates for Participants



SOMALI
HEALTH
EXCHANGE

CERTIFICATE

OF PARTICIPATION



SOMALI
HEALTH
EXCHANGE

This certificate is given to :

Full Name

Has successfully participated in the
SURGICAL SKILLS COURSE

Hosted by Somali Health Exchange (SHE) Held on (DATE) at
(LOCATION)

Abdi Karim Yusuf
Urology Registrar

Marwa Jama
General Surgery
Registrar

Guleed Mohamed
Urology Registrar

*Empowering the next generation of Somali
healthcare professionals.*

Feedback

We had a total of 80 participants, 76 of whom provided feedback both before and after the course. We submitted our findings to the Global Surgical Frontiers Conference happening on the 10th of October 2025 as a poster presentation. Our abstract for this course can be seen below. The poster will be made available in due course.





Abstract for the Global Surgical Frontiers Conference

Surgical Skills Course as a Confidence-building Tool in Low-resource Settings

Authors: Abdi Karim Mohamed Yusuf, Mohamed Ibrahim Jama, Marwa Jama, Guleed Mohamed, & Mushtaq Abdi

Introduction & Aims

Concerns exist surrounding the development and distribution of surgical care in low- and middle-income countries (LMIC) (1-2). Somaliland, a de facto independent nation in the Horn of Africa, faces similar issues with an unequal geographical distribution of surgical services and minimal postgraduate training available to potential surgeons (3). Postgraduate training and courses are effective ways to increase service delivery and engagement, as well as surgical aspirations (4-5).

We aimed to deliver a high-quality introductory surgical skills course in Somaliland to increase capacity through these mechanisms.

Methods

A 1-day programme was delivered across five different institutions in four cities in Somaliland. There were 80 participants across the five institutions, 93% were between 20 and 30 years old, and 51% were female. Skills included: suturing, knot tying, incision and excision, vessel ligation, bowel anastomosis and basic laparoscopy. Participants completed pre- and post-course surveys to assess previous experience/exposure and to measure confidence in several skills to evaluate the effectiveness of the course.

Results

The percentage of participants confident (Giving a score of confident/very confident on a Likert scale) in each skill went up significantly (Handling Basic Instruments: 66% to 97%, basic suturing skills: 71% to 95%, knot-tying: 53% to 96% and excision of lesion: 41% to 76%). There was a statistically significant increase in the average confidence scores before and after the course across all skills (p values <0.05). No statistically significant difference in confidence was found for gender or institution. 96% of participants rated the quality of the course as either good or excellent.



Conclusions

The course was well received. Our participants expressed the need/importance of continuing to practice their skills; as a result, we helped to set up surgical skills labs using the materials we brought with us. Future endeavours should ensure sustainability by keeping costs low and by employing a "train the trainer" model to increase the number of potential faculty.

References

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2. Raykar, N.P., Bowder, A.N., Liu C., *et al* (2015) "Geospatial mapping to estimate timely access to surgical care in nine low-income and middle-income countries", *The Lancet*, Volume 385, Supplement 2 Page S16
3. Cotache-Condor, C.F., Moody, K., Concepcion, T., *et al* (2021) "Geospatial analysis of paediatric surgical need and geographical access to care in Somaliland: a cross-sectional study", *BMJ Open*, doi: 10.1136/bmjopen-2020-042969
4. Voss, M., Swart, O., Abel, L., Mahtani, K., (2021) "Capacity-building partnerships for surgical post-graduate training in low- and middle-income countries: a scoping review of the literature with exploratory thematic synthesis" *Health Policy & Planning*. 16:35(10):1385-1412. doi: 10.1093/heapol/czaa075.
5. Smith, B., Paton, C., Ramaraj, P. (2023) "Teaching Basic Surgical Skills Using a More Frugal, Near-Peer, and Environmentally Sustainable Way: Mixed Methods Study" *JMIR Perioperative Medicine* 15;6:e50212. doi: 10.2196/50212.





A Short Feasibility Study Report – Establishing an RCS Accredited Training Centre in Somaliland

Executive Summary

This feasibility study assesses the potential for establishing a Royal College of Surgeons (RCS) England-accredited training centre in Somaliland. The analysis indicates a significant unmet need for structured postgraduate surgical training in the region, with no existing accredited centres and a critical shortage of specialist surgeons.

Somaliland's medical education sector produces a growing number of medical graduates annually, yet postgraduate surgical training opportunities remain limited or unavailable. The nearest comparable training centres are located in Ethiopia and South Africa, creating substantial barriers for doctors based in Somaliland.

The findings suggest that Hargeisa is the most strategic location due to its concentration of healthcare facilities, medical workforce, and accessibility. However, establishing such a centre will require investment in infrastructure, faculty development, funding partnerships, and compliance with RCS accreditation requirements.

Project Description

The proposed project aims to establish a postgraduate surgical training centre in Somaliland, accredited by RCS England. The centre will:

- Provide high-quality, structured training for junior doctors and surgeons.
- Build local capacity through "train-the-trainer" programmes.
- Reduce the need for costly and logistically challenging overseas training.
- Ultimately improve surgical care standards across Somaliland.



Methodology

The feasibility assessment was conducted using:

- Secondary research: Review of existing literature, health workforce reports, and medical education statistics in Somaliland.
- Market analysis: Data on medical graduate output, surgical workforce ratios, and geographic accessibility.
- Comparative analysis: Examination of training opportunities in neighbouring countries.
- Stakeholder consultation: Discussions with local healthcare leaders and representatives from host hospitals.
- Geospatial mapping: Distances between Hargeisa and other major hospital hubs calculated using geographic coordinates.

Findings

Market Feasibility:

- Somaliland's universities produce a significant number of medical graduates annually.
- WHO-recommended surgeon-to-population ratio is far from being met; current local ratios are critically low.
- There is no formal RCS-accredited postgraduate surgical training in the country.
- Nearest RCS-accredited or comparable centres are in Ethiopia (~2-3 hours flight) and South Africa (much longer travel).
- The highest concentration of medical graduates and healthcare facilities is in Hargeisa.

Physical Resources:

- Facilities: Potential host hospitals in Hargeisa, Burao, and Borama.
- Infrastructure: Need for lecture rooms, surgical simulation labs, and reliable utilities.
- Faculty: Local surgeon pool is small, with most sub-specialties absent; international faculty partnerships will be essential.



Financial & Legal



Feasibility:

- Costs: Start-up (facility refurbishment, equipment, accreditation fees, marketing), Ongoing (staff salaries, maintenance, consumables, utilities).
- Funding Sources: Grants, development agency support, private sponsorship, and tuition fees.
- Legal: Compliance with Somaliland's health and education regulations, RCS England accreditation standards, and permits.

Organisational & Human Resources:

- Local Workforce: Insufficient number of specialist trainers.
- Capacity Building: 'Train the Trainer' initiatives needed to sustain operations long term.

Ethical Considerations:

- Avoid creating a two-tier training system that excludes rural doctors.
- Ensure gender equity in trainee recruitment.

Recommendations

1. Proceed with Caution: The project is feasible but requires phased implementation.
2. Location: Establish the centre in Hargeisa for optimal access and resources.
3. Partnerships: Collaborate with existing hospitals, the Ministry of Health, and international NGOs.
4. Funding Strategy: Pursue mixed funding—grants, donor agencies, and modest tuition fees.
5. Faculty Development: Implement a structured train-the-trainer programme to build local teaching capacity.
6. Risk Mitigation: Address political instability, funding gaps, and faculty shortages through strategic partnerships and contingency planning.

