- Diagnosis, Classifications, and Treatment of Os Odontoideum: WFNS Spine Committee Recommendations
- Mapping the global neurosurgery workforce. Part 1: Consultant neurosurgeon density
- Mapping the global neurosurgery workforce. Part 2: Trainee density
- Cervical Spondylotic Myelopathy: From the World Federation of Neurosurgical Societies (WFNS) to the Italian Neurosurgical Society (SINch) Recommendations
- Variation in postoperative outcomes of patients with intracranial tumors: insights from a prospective international cohort study during the COVID-19 pandemic
- Peripheral nerve surgery in Serbia: "Think global, act local" and the privilege of service
- Kyphosis After Thoracolumbar Spine Fractures: WFNS Spine Committee Recommendations
- Needs of Young African Neurosurgeons and Residents: A Cross-Sectional Study

The **Global Neurosurgery Committee (GNC)** is a standing committee of the World Federation of Neurosurgical Societies (WFNS), established to coordinate and harmonize global neurosurgical activities. Its primary mission is to ensure timely, safe, and affordable neurosurgical care for all who need it, particularly in low- and middle-income countries (LMICs).

Key Objectives of the GNC:

1. **Advocacy:** Promoting the importance of neurosurgical care within global health agendas and influencing policy decisions to improve access to neurosurgical services.

2. **Education and Training:** Enhancing neurosurgical education and training programs worldwide, with a focus on building capacity in LMICs.

3. **Research:** Facilitating research initiatives that address global neurosurgical challenges and disseminating findings to inform best practices.

4. **Policy Development:** Collaborating with international health organizations to develop policies that integrate neurosurgical care into broader health systems.

5. **Service Delivery:** Supporting the establishment and improvement of neurosurgical services in underserved regions to ensure equitable care.

Recent Initiatives:

- **Global Action Plan:** The GNC has developed a comprehensive plan aiming to align global neurosurgical activities and foster collaborative efforts among various stakeholders.

- **Partnerships:** In April 2022, the GNC announced a partnership with the World Federation of Neuroscience Nurses (WFNN) to strengthen the nursing workforce in LMICs, emphasizing interdisciplinary collaboration.

- **Data Collection:** The committee is actively collecting data on the global neurosurgical workforce to identify gaps and inform strategies for capacity building.

- **Advocacy Efforts:** The GNC participates in high-level health policy events, such as the World Health Assembly and the United Nations General Assembly, to advocate for the integration of neurosurgical care into global health policies.

A sustainable neurosurgery workforce depends on robust training pipelines, but the size and distribution of the global neurosurgery trainee workforce have not been described. The objective of this study was to identify the types of training programs that exist in the global neurosurgery workforce, the support that trainees receive, the diversity of trainee experiences, and the accreditation processes that exist to regulate training programs.

The authors estimate a global consultant neurosurgeon workforce of nearly 73,000 neurosurgeons, with stark disparities in the density and growth of the workforce in different WB income-level groups and WHO regions. The presence of a neurosurgery society was correlated with the growth of the

Last update: 2024/11/09 wfns_global_neurosurgery_committee https://neurosurgerywiki.com/wiki/doku.php?id=wfns_global_neurosurgery_committee

For more information about the Global Neurosurgery Committee and its initiatives, you can visit their official website or contact them via email at GNC.WFNS@gmail.com.

It is unknown whether efforts to expand access to neurosurgery worldwide have translated to an increase in global neurosurgery workforce, particularly in low- and middle-income country. The main objective of the study was to quantify the number and distribution of consultant neurosurgeons worldwide, while also identifying temporal and geographic trends in the neurosurgery workforce in different income levels and WHO regions, and analyzing what factors might contribute to the growth of a national workforce.

This study was a subanalysis of an electronic cross-sectional survey administered to participants identified through neurosurgery societies, personal contacts, and online searches of all 193 countries and 26 territories, independent states, and disputed regions as defined by the World Bank (WB) and United Nations between October 2022 and March 2023. Population-weighted statistics for the consultant neurosurgery workforce and resource availability were estimated, and linear regression analysis was conducted to identify correlations with growth in the workforce.

Data were obtained for 192 countries (99.5%) and 25 additional territories, states, and disputed regions (96.2%). One hundred seventy-seven respondents participated in the survey. There were an estimated 72,967 neurosurgeons worldwide, representing a global pooled density of 0.93 neurosurgeons per 100,000 people and a median country density of 0.44 neurosurgeons per 100,000 people. The authors found an increasing density of consultant neurosurgeons, from low-income countries (0.12 per 100,000 people), to lower-middle-income countries (LoMICs; 0.37), to uppermiddle-income countries (UpMICs; 1.13), and high-income countries (2.44). The WHO African and Southeast Asia regions had the lowest pooled neurosurgeon density, while the Western Pacific region (WPR) had the highest density. There were 29 countries, 14 territories, and 1 independent state with no neurosurgeons. Neurosurgeons in countries with higher income-level designations had more frequent access to resources and equipment. The annual growth rates in workforce density were highest in LoMICs (26.0%) and UpMICs (21.3%), and the most rapid annual growth was in the Southeast Asia region (33.0%). Regression analysis revealed that an increasing population quartile, the Eastern Mediterranean region (relative to the WPR), the presence of a national neurosurgery society, increasing global development aid, and national gross domestic product were associated with relative growth in national neurosurgeon density.

https://neurosurgerywiki.com/wiki/

06:01

Methods: This study was a subanalysis of a cross-sectional survey administered online in all 193 countries and 26 territories, independent states, and disputed regions as defined by the World Bank and the United Nations. Participants were identified through neurosurgery society leadership, the personal contacts of the coauthors, and bibliometric and search engine searches. Population-weighted statistics were constructed and segregated by country income level and WHO regions.

Results: Data were obtained for 187 countries (96.9%) and 25 additional territories, states, and disputed regions (96.2%). There were an estimated 1261 training programs and 10,546 trainees within the regions sampled, representing a global pooled density of 0.14 neurosurgery trainees per 100,000 people and a median national density of 0.06 trainees per 100,000 people. There was a higher density in high-income countries (HICs; 0.48 trainees per 100,000 people) compared with upper-middle-income countries (0.09 per 100,000), lower-middle-income countries (0.06 per 100,000), and low-income countries (LICs; 0.07 per 100,000). The WHO European (0.36 per 100,000) and Americas (0.27 per 100,000) regions had the highest trainee densities, while Southeast Asia (0.04 per 100,000) and African (0.05 per 100,000) regions had the lowest densities. Among countries with training programs, LICs had the poorest availability of subspecialty training and resources such as cadaver laboratories and conference stipends for trainees. Training program accreditation processes were more common in HICs (81.8%) than in low- and middle-income countries (LMICs; 69.2%) with training programs.

Conclusions: The authors estimate that there are at least 1261 neurosurgery training programs with 10,546 total trainees worldwide. The density of neurosurgery trainees was disproportionately higher in HICs than in LMICs, and the WHO European and Americas regions had the highest trainee densities. The trainee workforce in LICs had the poorest access to subspecialty training and advanced resources ².

1)

Gupta S, Gal ZT, Athni TS, Calderon C, Callison WÉ, Dada OE, Lie W, Qian C, Reddy R, Rolle M, Baticulon RE, Chaurasia B, Dos Santos Rubio EJ, Esquenazi Y, Golby AJ, Pirzad AF, Park KB; WFNS Global Neurosurgery Committee; EANS Global and Humanitarian Neurosurgery Committee; CAANS Executive Leadership Committee. Mapping the global neurosurgery workforce. Part 1: Consultant neurosurgeon density. J Neurosurg. 2024 Jan 16;141(1):1-9. doi: 10.3171/2023.9.JNS231615. PMID: 39508199.

Gupta S, Gal ZT, Athni TS, Calderon C, Callison WÉ, Dada OE, Lie W, Qian C, Reddy R, Rolle M, Baticulon RE, Chaurasia B, Dos Santos Rubio EJ, Esquenazi Y, Golby AJ, Pirzad AF, Park KB; WFNS Global Neurosurgery Committee; EANS Global and Humanitarian Neurosurgery Committee; CAANS Executive Leadership Committee. Mapping the global neurosurgery workforce. Part 2: Trainee density. J Neurosurg. 2024 Jan 16;141(1):10-16. doi: 10.3171/2023.9.JNS231616. PMID: 39508227.

From: https://neurosurgerywiki.com/wiki/ - Neurosurgery Wiki

Permanent link: https://neurosurgerywiki.com/wiki/doku.php?id=wfns_global_neurosurgery_committee

Last update: 2024/11/09 06:01

