



Implementation of the Epilepsy Training in Adult Medicine Course

2023 - 2025



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The Global Perspective

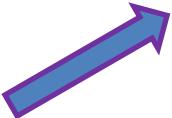


>50 million people worldwide have epilepsy



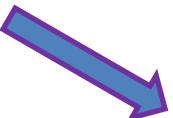
“...70% of people with epilepsy have no access diagnosis or treatment. And yet, 70% of those could become seizure-free.”

In the Shadow of Epilepsy. Lancet, 1997



Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders (IGAP)

WHO, 2022



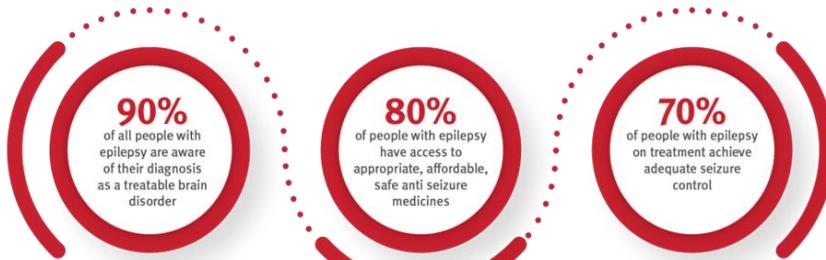
Improving the lives of people with epilepsy: a technical brief

World Health Organization

Health-care workforce: case study

Changing pediatric care for epilepsy through cascade training

BPNA PET cited as exemplar WHO, 2022



ILAE/IBE/WFN/WHO proposed 90-80-70 Targets for Epilepsy by 2030

In keeping with the goals of IGAP 2031



The ILAE engages in a wide variety of educational initiatives

Journal: Epileptic Disorders



ILAE Academy

Online Courses



Young in Epilepsy



EpilepsyDiagnosis.org



Plenary Lectures –
available online



Social Media and
Podcasts

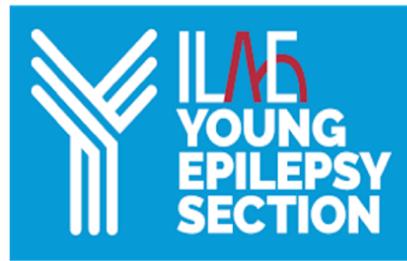


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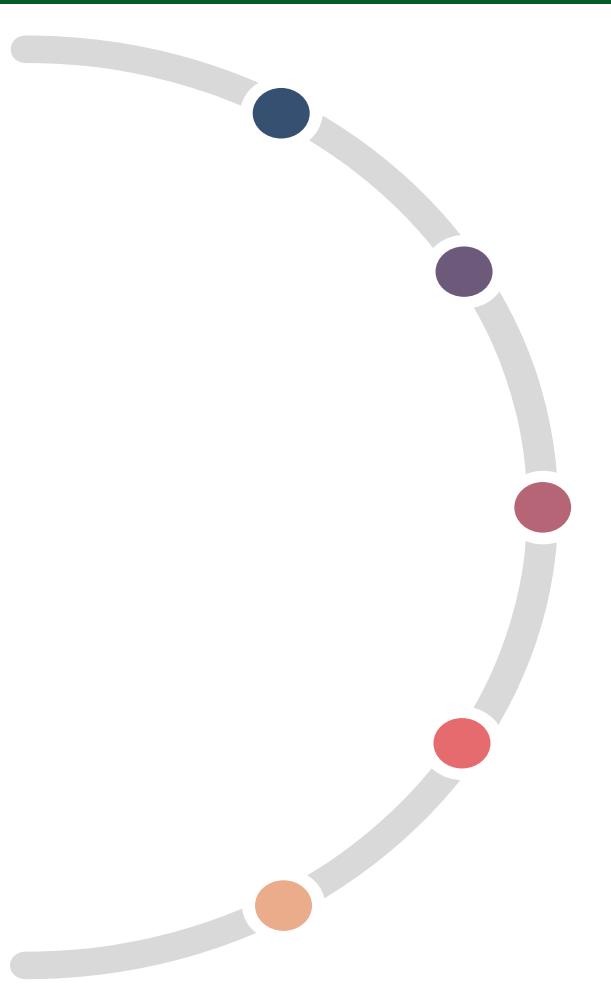
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With resources available, what additional benefit does ETAM offer?



Value of ETAM



- 1 Forms a **bridge** between other ILAE resources and the **coalface**.
- 2 In-Person course with **real-time interaction** and **feedback**.
- 3 Develops **local faculty** that committed to delivering courses in perpetuity.
- 4 Does not rely on a stable internet connection & not guaranteed data is expensive.
- 5 Individual sites can decide on **fee structures** best that suit them.

Value of ETAM



“In one intense day, where the most vital information, to the people that need it the most.”

- J. Whilmshurt, 16 May 2025

Value of ETAM



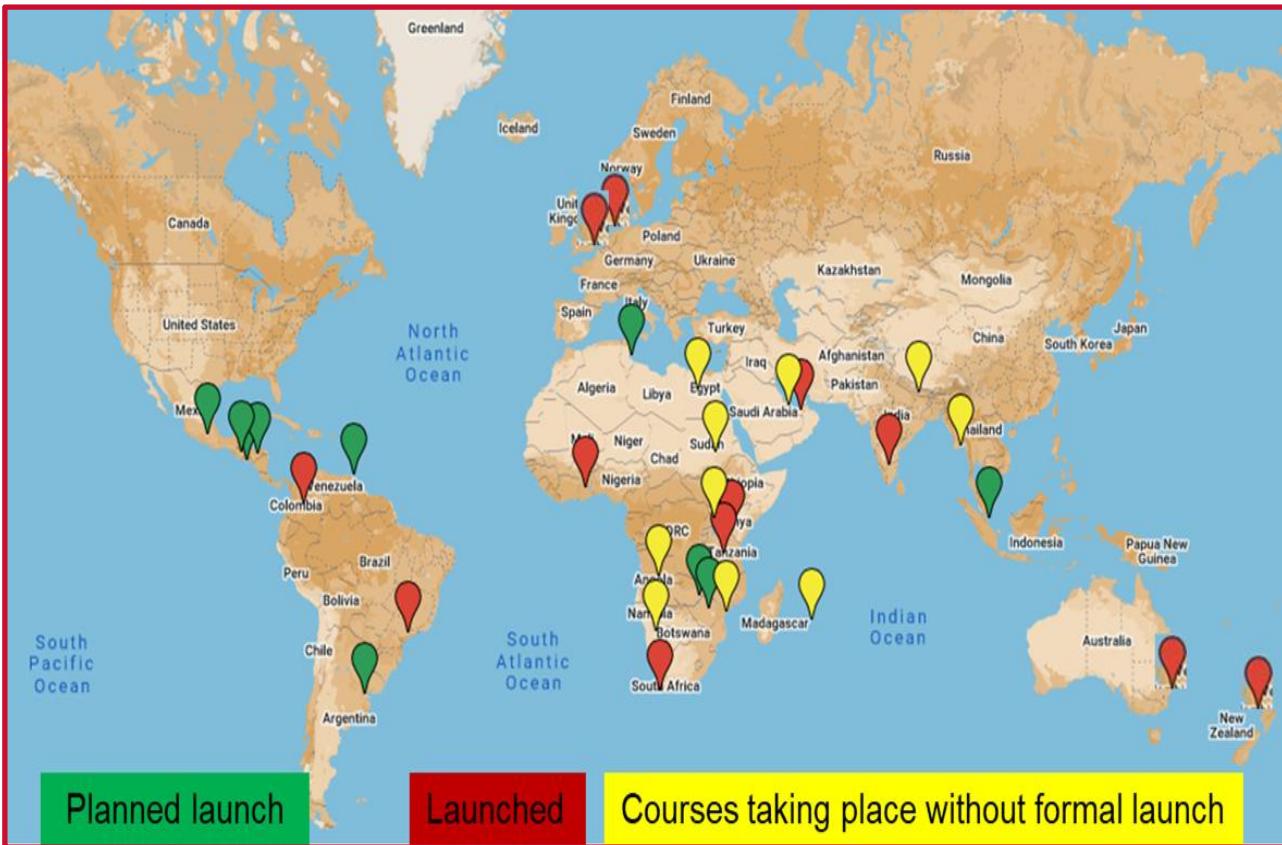




PET Success: 2013 to 2023



- 11,800 UK health workers trained
- 5000 health workers outside the UK
- >350 faculty volunteer
- Partnerships with country Paediatric Associations
- Multilingual Material PET: Taught in English, Portuguese, Spanish, French



Target Population



ETAM is designed for a broad range of primary health care workers. These include:

- General practitioners
- Nurse practitioners
- Interns and Junior Doctors
- Medicine and Neurology trainees

The focus remains aimed at **Primary healthcare interactions**.

Designed to be cost-effective and **highly relevant to the local context**, addressing the practical needs.

ETAM has also been attended by **community-based patient-advocates** and members non-medical advocacy groups.



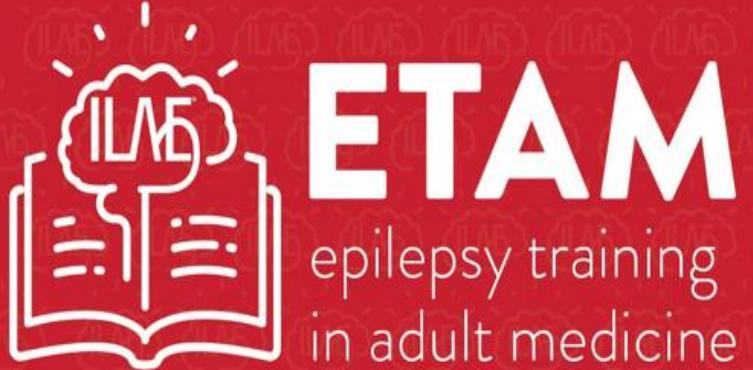
Prioritise human connection, social engagement.

Entrusting people as instrument of change

Technology in service, not in place, of people



Structure and Curriculum



The ETAM course is modeled after the pediatric epilepsy training (PET) courses

- Didactic large group sessions
- Small discussion-based tutorials to encourage context-specific feedback and active participation – everyone has something to contribute



ETAM consists of 14 interactive, modular lectures in four Sessions

1. History & Differential Diagnoses
2. Seizures & Syndromes
3. Comorbidities & Risks
4. Management & Treatment

Cascade Learning Model



Structure of a Full ETAM Deployment



Faculty from local or neighbouring countries deliver the ETAM course to participants.



A train-the-trainers session is held, where participants learn how to deliver the course themselves.



Newly trained faculty present the course to a new cohort of participants, further expanding the network of trained providers.

Cascade Learning Model



LONG-TERM VISION

The goal is to build a sustainable network of local epilepsy educators.

Faculty members committing to holding three to five courses per year.

This creates a force multiplier effect, enabling the program to reach thousands of primary care providers over time and standardize the management of epilepsy in adults at primary care centres.

Pilot – Moshi Tanzania



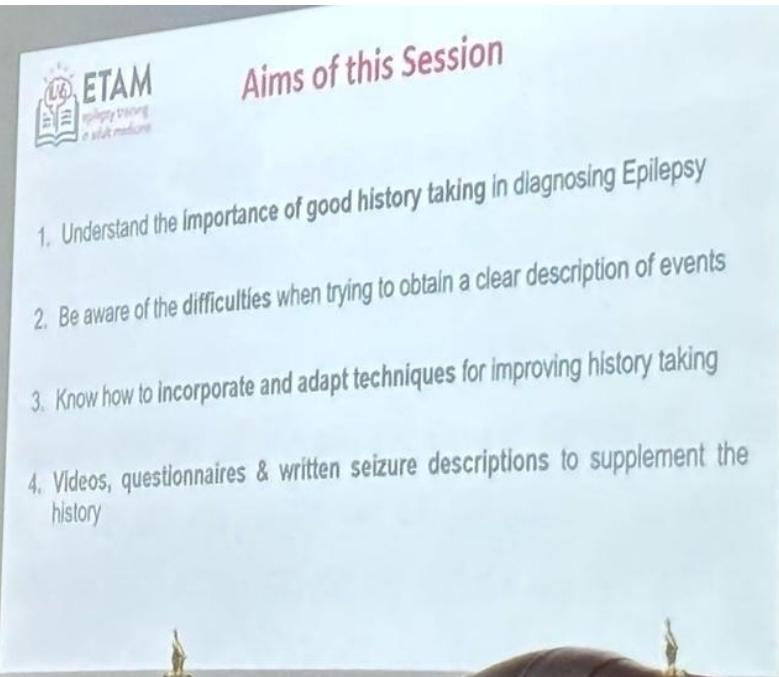
ETAM Full Deployment – Day 1



Full Deployment – Day 2



ETAM Full Deployment – Day 3



Acknowledgements



As ETAM faculty grows we would like to thank several key contributors who have supported the development of ETAM.

Professor **Martin Kirkpatrick** and Dr. **Colin Dunkley**, who contributed to structuring the program and provided guidance based on their experience with the PET course. Professor **Richard Walker** for facilitating the pilot study in Moshi.

Professor's **Arjune Sen, Gift Ngwende** and the Centre for Global Epilepsy.

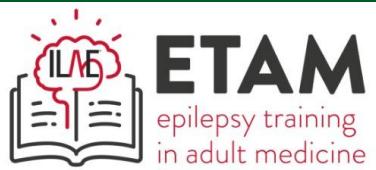
Professors **Helen Cross, Jo Wilmshurst, Gagandeep Singh**

Acknowledgements



Lastly, Taurai Mudzana, Gus Egan, Anna Minarik, Sonia Vallentin, Lacey Schmeidler and Jessica Ball for their patience and logistical support





SCAN ME!



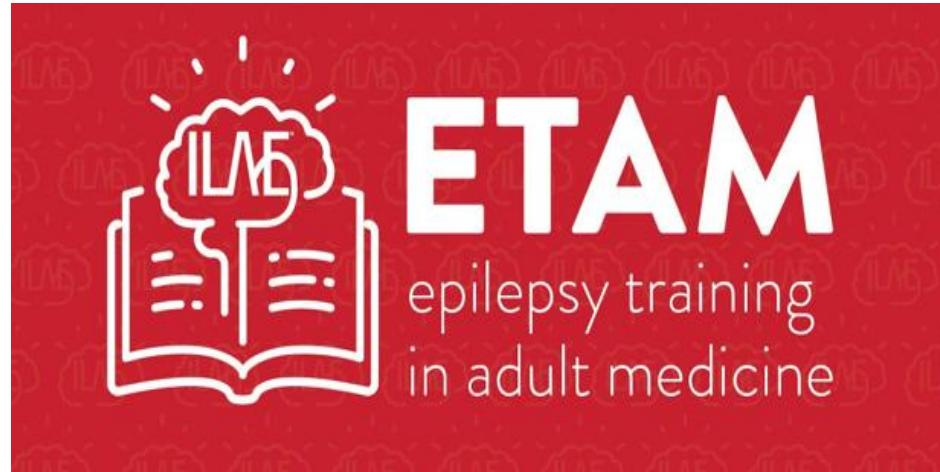
Scan to join the ETAM database
and receive updates on
upcoming training and events.



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Points for Discussion?