



SUMMARY OF DISCUSSIONS
11th Directors of Clinical Services Meeting
(Virtual meeting, 1 October 2020)

11th Director of Clinical Services (DCS) Meeting

1 October 2020

Virtual Meeting hosted by the Pacific Community (SPC)

Summary of Discussions

1. Dr Berlin Kafoa chaired this virtual meeting with an introduction to the meeting proceedings, briefing papers and presentations. Welcomed meeting participants to ask questions with the PowerPoint presentations to be made available after the meeting.

Regional Clinical Services (presented by the Clinical Services Team)

Berlin Kafoa, Team Leader

1. Governances – inaugural meeting of Pacific Heads of Nursing and Midwifery (PHoNM) held in February 2020
2. Help desk – increased queries from PICTs, Partners, Institutions, and Colleges
3. Cost effective regional – updates on SURGE¹ Critical Care short course, Graduate Certificate in Critical Care Nursing (GCCCN); Nursing CPD² Zooms; Pacific Perioperative Practice Bundles (PPPB) standards updates, National Surgical Obstetrics Anaesthesia Plans (NSOAPs) and Biomedical Support
4. Improved evidence-based planning & decision-making (Research and concept notes) –the Intensive Care Unit (ICU) survey report – showed that Pacific Island Countries and Territories (PICTs) needed a well-equipped ICU/HDU³; need to increase number and capacity of ICU/HDU workforce especially the nursing workforce and support for staff welfare
5. Pacific Clinical Networks (PCNs) – addressed discipline specific regional issues via digital platform (Zooms and Webinars)
6. Challenges, Gaps and Needs
 1. Updating of the clinical workforce data
 2. Continued support for CPD's in PICTs with partners
 3. Virtual training with suppliers of equipment
 4. Follow up ICU capacity survey
 5. PICTs support towards nurses enrolled in PGC Care
 6. Review of PPPB⁴ standards

Discussions

7. Palau: Ms Merur was very appreciative of the nurses that were accepted to the GCCCN course, the opportunities available through online webinars and sharing of the recordings for those who missed out.
8. Cook Islands: Dr May Yin Yin and Ms Mary Kata conveyed their appreciation in having their nurses included in the SURGE critical care and GCCCN course. Additionally were honoured and privileged to be given the opportunity to be part of the many webinars – PPE's⁵, environmental cleaning, anaesthesia, O&G⁶, mental health, gender- based violence, HIV stigma, online education especially at this time of COVID⁷

¹ Specialised Upskilling and RN Growth through Education in Critical Care

² Continuing Professional Development

³ High Dependency Unit

⁴ Pacific Perioperative Practice Bundle 3

⁵ Personal Protective Equipment

⁶ Obstetrics and Gynaecology

⁷ Coronavirus Disease

The Royal Australian College of Surgeons (RACS) Pacific Island Program (PIP) (presented by - Ms Philippa Nicholson and Dr Annette Holian)

Ms Philippa Nicholson, Head of Global Health

9. RACS is leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. Its 9 programs extends across 15 countries in the Asia-Pacific region. RACS is a substantial funder of surgical research
10. RACS has been implementing the Pacific Islands Program (PIP) since 1995 to address gaps in specialised clinical service provision in the Pacific. The PIP is funded to deliver a range of tertiary health services and training activities at the request of Pacific Ministries of Health with the objective 'to strengthen and consolidate specialised clinical service delivery in the Pacific region'. The PIP has the following program outcomes:
 1. Prioritised Pacific specialised clinical service professionals have improved competencies
 2. Pacific Island Countries receive quality visiting medical teams that meet their priority clinical and training needs
 3. Pacific Ministries of Health better identify and prioritise specialised clinical service and training needs, to inform Ministry of Health planning
 4. Pacific specialised clinical education institutions and Pacific professional clinical organisations have better educational resources.
11. Planning for 2021 – New activities
 1. ProQuest for Pacific colleagues
 2. Procurement of Advanced Paediatric Life Support (APLS) kit and delivery of APLS and PLS⁸
 3. Support 25 nurses to study PGC in perioperative nursing through the Australian College of Nursing (ACN)
 4. Online Learning Modules – in collaboration with Interplast to produce 10 online training modules – mental health education for nurses, Paediatric developments, radiology, and ultrasound training, PPPB learning modules, EMBS⁹ training course.
12. RACS opened question on 'What would be your 10 online training priorities?'

Discussions

13. RACS: Dr Annette Holian commented that initial priorities have been captured from various sources from online webinar from the surgeons and nurses the 5 showed came through these online webinars.
14. Marshall Islands: Dr Robert Maddison indicated that RMI¹⁰ have submitted their needs which was EMST¹¹ and ultrasound training, would probably add more towards the end.

National Surgery Obstetrics and Anaesthesia Plans presented by Dr Annette Holian.

15. Question put forward from Dr Annette Holian (RACS) - Could RACS play a role in reviewing the NSOAPs?

⁸ Paediatric Life Support

⁹ Emergency Management of Severe Burns

¹⁰ Republic of Marshall Islands

¹¹ Early Management of Severe Trauma

16. Tonga: Dr Ana Akauola indicated that several zoom discussions were held with the Harvard team and included the doctors and nurses who are part of the NSOAP team. Lord Tangi is leading the team in Tonga and data collection is ongoing.
17. Palau: Dr Mekoll commented that several meetings were held with Harvard, but the financial component is still with the finance department. Work held up due to COVID related activities and challenges with human capacity.
18. Future Program Directors: RACS indicated the need for more engagements with the PICTs with a strong focus on capacity building, health systems strengthening and regionalism. This includes engaging Clinical Leads to liaise directly with the college. Looking for people who can be the clinical leads and looking for support on how to this. Question posed – how can RACS best engage with DCS to commence discussions and selection of Clinical Leads?
19. SPC: Dr Berlin Kafoa suggested that the PICTs to be given time and to allow follow up within 2 weeks. PICTs to refer to the briefing paper sent out for more information.

Duty of Care (presented by Dr Annette Holian)

20. Is there anything further RACS could do to enhance Duty of Care related to surgical procedures conducted by RACS visiting medical teams in your hospitals?
Policy Developments – have reviewed policies to be in line with international requirements. These are available on the website for your information or to contact Shannon Farrow of RACS Global Health.
Partnerships and relationships formalised through MOUs¹² with MOHs – Pending MOUs with Fiji, Kiribati, and Vanuatu
How to request support? To utilise request forms with additional requests directed to RACS (Shannon Shannon.farrow@surgeons.org and Kathryn Kathryn.james@surgeons.org).
21. **Summary Questions**, and for PICTs to get back to RACS within 2 weeks please.
 1. What would be your 10 online training priorities?
 2. Could RACS play a role in reviewing the NSOAPs?
 3. How can RACS best engage with DCS to commence discussions and selection of Clinical Leads?
 4. Is there anything further RACS could do to enhance Duty of Care related to surgical procedures conducted by RACS visiting medical teams in your hospitals?

Discussions

22. Nauru: Dr Olayinka Ajayi discussed urgent priorities for Nauru.
 1. Nauru Dialysis Operations – support and training for General Surgeons on AV Fistula creation is a high priority due to challenges with Infected Vascular Catheters. Increase in number of MVA¹³, with need for support/management for head injuries.

RACS response – surgeons are working out the best way to virtually assist local surgeons

Others are

2. Diabetes care Management update for Nurses.
3. Nursing care Plans to supplement Physician management Directions

¹² Memorandum of Understanding

¹³ Motor Vehicle accidents

4. How to manage head injuries at the level of Primary care and continued clinical management. There has been an increase in motorcycle/MVA¹⁴
23. Cook Is: Dr Yin Yin May Aung indicated there is only 1 surgeon on island, and if the Cook Islands surgeon could discuss/talk to the surgeons for advice on case management, with the COVID-19 situation, some cases cannot be referred to New Zealand for further treatment e.g. “phone a friend” services to be set up with RACS.
24. RACS: will connect Cook Islands to the appropriate persons.
25. Nauru: Dr Olayinka Ajayi indicated that current arrangements through MOU is suitable for Nauru and Clinical Leads are already being engaged for various specific surgical needs areas
26. Cook Is: Dr Yin Yin May Aung indicated that Cook Islands will discuss with the Secretary and will confirm the clinical leads.
27. Kiribati: Ms Helen Murdoch – indicated through the chat that will follow up on the MOU for signing and the Clinical Leads for Kiribati
28. RACS Dr Annette Holian: What new skills or clinical support is needed to help these people be treated in their home country with their family and community support? What does Fiji need for Paediatric surgery? And RACS can support from a distance facilitating conversations with specialists outside of the established transfer scheme-only if needed.
29. Tonga: Ms Tilema Cama thanked SPC for coordinating the SURGE critical care online training, and GCCCN training with enrolment of 2 nurses. Value the Pacific zoom meetings with the various topics covered and the perioperative bundles. Thanked NZMTS for all the support with the accreditation preparation of the Postgrad Child Health Nursing program to be delivered next year including the support to deliver INFANTS virtually and online to Ha’apai and Eua islands

NZ Medical Treatment Scheme (NZMTS) presented by Ms Michelle Nicholson-Burr

30. Core business
 1. Overseas Referral Schemes (ORS) – discussion of the ORS from NZMTS, Realm countries and the Samoa Health Partnership program (SHPP); challenges faced in receiving referrals, patient isolation. Impact on the team for the preparations of receiving patients and when patients are in NZ e.g. MOH applications and approvals, mandatory isolation requests and planning, visa applications, caregivers, repatriation flights, unmet need etc. Good support from the private providers.
 2. Visiting Health Specialist (VHS) – frustrations with specialists to go in country. Orthopaedic support to Tonga from NZ specialist. Questions to consider are
 - a. How can energy be harnessed?
 - b. How do we ensure collaboration?
 - c. How do we protect from burn out?
 3. Strengthening in country capacity (SCC) - Child Health Nursing course: 1 Tongan and 19 Fiji nurses completed 2 online OSCE and have all done well.

¹⁴ MVA – Motor Vehicle Accidents

All affected by COVID-19 due to travel restrictions, boarder closures, repatriation flights, complex immigration systems and processes, changing requirements of NZ authorities. Current referrals include Tuvalu patient and paediatric cases from Fiji

Discussions and Comments

31. Niue: Dr Edgar Akauola conveyed his appreciation to the Counties Manukau team for their assistance with patient referral knowing that border restrictions are very challenging. Discussions are ongoing with Ministry of Health NZ to ensure support for Niue. Niue will request biomedical assistance from SPC once the x-ray and anaesthetic machines are in country. Niue will also request assistance from SPC with the BMET for installation via zoom. Acknowledge that COVID-19 is having negative impact on patient management. Having the border restrictions lifted between NZ and Niue is Niue priority/wish list. Thanked SPC for the 2 nurses in the surge critical care and in GCCCN.
32. Samoa: Dr Lucille – Joining on behalf of Leausa DG Dr Take Naseri. Gratitude to Counties Manukau and team for taking on the additional load of patient care. Samoa would like to have discussions on how to avoid burn out from both sides so there is less burden on both sides. Samoa has limited options and very grateful for the added support.
NZMTS Michelle responded on the work they provided. Absolute privilege for the team to provide this type of care and decrease the unmet need.
33. Cook Islands: Anaesthetist - Huge backlog of cases e.g. cancer cases. Request NZMTS on how they can assist.
NZMTS Michelle: have list of referred cases. Would like to know more of why cases are declined. Cook Islands to discuss in detail with NZMTS.

Fiji National University (FNU) presented by Dr Iobi Batio

34. Impacts of Covid-19 on CMNHS¹⁵ operations, students, PICTs, and partners:
 1. Tested how CMNHS operated during extraordinary circumstances e.g. emergency situations on a scale equal to COVID-19. Early semester breaks, to allow FNU to prepare for COVID-19. Colleges developed their response plans. Suspension of classes, staff work from home (WFH)
 2. Adjusting the CMNHS almanac, certain events had to be cancelled or postponed e.g. graduation
 3. Adapting to online learning. Issues were internet connectivity, lack of device to access materials, psychologically not geared to continue studies
 4. Student repatriation to home countries – issues included decision to continue/defer studies based on operating health systems and availability of onsite students
 5. Disruption of clinical attachments – initially Fiji MHMS didn't approve regional students to access clinical attachments, was later lifted but repatriated students couldn't return due to border closure. Delay in submission of assessed work.
 6. PICTs students that remained at CMNHS – countries were worried about their student's safety, health, and welfare
35. CMNHS Learning and Teaching Updates: Fiji is not sponsoring new students for MMBS and Oral Health in 2021.
 1. Accreditation of academic programs: Bachelor Medical Lab Science accredited from AIMS¹⁶, Health Services Management accredited from ACHSM¹⁷

¹⁵ College of medicine Nursing and Health Sciences

¹⁶ Australian Institute of Medical and clinical Sciences

¹⁷ Australian College of Health Service Management

2. 7 new programmes approved by Senate in 2020: Certificate IV in Universal Treatment for Substance Abuse Disorders; PGDs in Emergency Nursing, Mental Health Nursing, Sexual Reproductive Health, Human Nutrition, Pathology; Master in Emergency Nursing; Master by Research; Doctor by Philosophy (Higher Degree Research)]
 3. Minimum Entry Requirement (MER) tailored to meet regional needs e.g. 280 out of 400 for MBBS programme
36. Fiji Institute of Pacific Higher Research (FIPHR): 9 July – inaugurated as Higher Degree by Research Programme; C-POND as a WHO Collaborating Centre for Obesity Prevention and Management.
 37. Key challenges: delays with execution of certain research activities; adapting to the ‘new normal’; divergence of funding targeted for the pandemic
 38. Way forward: expansion of research focus on GBV violence, NCDs with disabilities, formation of One Health.
 39. Overall Summary:
 1. Regional students make up 17% on enrolment. Majority from Kiribati, Tonga, and Vanuatu
 2. Connections and partnership management. Encourage countries to send their requests for training.
 3. CMNHS Regional Strategy 2020 – 2023. To be launched in Quarter IV 2020

Discussions and Comments

40. Solomon Islands: Dr John Hue indicated that the government is considering continuing students remain in Fiji due to COVID-19, with only the graduating students returning. Does FNU have any plans in place to cater for the remaining students?
41. FNU: Dr Timaleti Tuiketei responded that FNU will commence semester 1 on March 1st, 2021; graduation has been scheduled for 29th January 2021. Due to COVID-19, semester 2 now breaks off on 11th Dec for the students and 21st Dec for the staff. For the students who would like to remain in Fiji during the break, that is the prerogative of the country and their sponsors.
42. Tonga: (chat comment): request not to lower MBBS entry level.
43. FNU: Dr Tuiketei explained that Heads of Health requested special consideration for regional students and confirmed that the entry level will not be less than 300 as cut off mark. Applicants will be ranked. Different quotas for Fiji and PICTs, given that Fiji government is not funding 2021 MBBS intake, which will provide opportunities for other PICTs and private students to get into the MBBS and Dental Year 1 program. Average cost is FJD15,000 annually.
44. Nauru: Dr Olayinka Ajayi (chat) What is the target audience for the PGD in Pathology?
45. FNU: Dr Odille Chang responded that the PGD Pathology program is under Health Sciences and will be offered next year. The Master program is undergoing revision and may not be offered in 2021.
46. Cook Islands: Dr Josephine Herman emphasised on the seriousness of student safety, whilst in Fiji during this COVID-19 situation. Matter needs to be discussed at HOH meeting. Need Fiji government public health system to demonstrate that students remain safe when send to Fiji for study. With the information provided and availability of the vaccine how can this be mitigated? Alternative is to consider online courses especially for the interim for pre-med and nursing. This is a serious matter, not sure whether this can be answered and may need elevating to the HOH level

47. Tuvalu: Dr Katalina Filipo indicated 4 nurses graduated from the Surge Critical care short course, no one is undertaking the GCCCN. Have a fulltime nurse organising and monitoring training for the nursing staff, clinicians and paramedics including training on IPC and COVID-19 including volunteer staff with the ongoing repatriation. Have locum anaesthetists, surgeon and O&G who are assisting with training as well. Requested the release of student anaesthetist from FNU to return to Tuvalu while awaiting recruitment of a locum anaesthetist during the interim. To date Tuvalu has had 4 repatriations. Thank NZMTS for their support as there are still patients to be referred to NZ. Raise concerns on student safety as highlighted by Solomon Islands since Tuvalu is planning to send students to Fiji. Use “UpToDate” for online CPD training. Ask whether other countries are using this system for CPD, and its adequacy.
48. Cook Islands: Ms Mary Kata (commented on chat): Nurses are in the process of completing applications for 2021 FNU programme. Cannot find FNU website, how to send through application and the closing date.
49. Tonga: Ms Tilema Cama enquired whether FNU will offer Lateral Entry BN¹⁸ externally again next year? Currently have 33 students enrolled this year.
50. FNU: Timaleti Tuiketeti: Lateral entry for Nursing is still on offer. The applications for 2021 for the undergrads will close on the 29th Nov and for the PGs is closing tomorrow. Interested candidates can apply online otherwise send an email directly to me.
51. **Closing Comments** by Director of the Public Health Division, SPC Dr Paula Vivili.

Dr Vivili thanked and acknowledged the support received from WHO, FNU and PICTs, all the Colleges and Counties Manukau. Indicated that SPC would like to see how to engage better with PICTs, and in the spirit of making things work better for all of us. Added that that some of the struggles included difficulties in engaging with countries. Acknowledged the nurses in understanding the difficulties faced, with the SURGE Critical care nursing training, and looked forward to working much closer with everyone, not just the countries but partners WHO, FNU, Colleges and Counties Manukau from Australia and NZ during this difficult time of COVID.

<https://drive.google.com/file/d/1hBwmLrAcB46hxp9XSfh7lbeXu34ARNcM/view?usp=sharing>

¹⁸ BN – Bachelor of Nursing