

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS (RACS):

GLOBAL HEALTH PROGRAM FOR PICTS

SUMMARY

The Royal Australasian College of Surgeons (RACS) is committed to supporting safe surgical and anaesthetic care across the Pacific. RACS recognises that investing in clinician's education is essential to increasing access to healthcare in Pacific Island countries and meeting the ongoing needs of Pacific communities.

A skilled workforce is the backbone of every health system, yet the World Health Organization (WHO) estimates there is a shortage of 17 million health care workers globally. During this period of no travel Pacific Island clinicians have had to resource themselves with the skills aptitude required to perform more complex procedures that at times would be taken care of by visiting medical teams

As a part of supporting Pacific clinicians to do this, RACS has established ongoing series of online mentoring sessions that have provided opportunity for Pacific clinicians to receive support and guidance from colleagues in Australia, New Zealand, and other PICs. This has included broad regional focus to allow clinicians to present complex cases as well as more focused and targeted sessions where Australian Surgeons have been matched with a Pacific country specialty department to regularly work through and review current cases.

When surveyed 67% percent of respondents said the sessions contributed to their knowledge and understanding of specialist topics 'very well'. With 96% of participants saying they would like the sessions to continue. RACS plans to continue to grow the remote learning element of PIP program a long side face to face support. This will include collaboration with other colleges and departments to create greater access Continuing Professional Development (CPD) opportunities through accredited RACS courses and the potential inclusion of remote simulation training in partnership with Monash Children's Hospital.

1. BACKGROUND

The Royal Australasian College of Surgeons (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 aims to achieve 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.

The current phase of this program is now in its final year of implementation with a new design phase commencing for the next iteration of the program over the next 6 months. RACS Global Health is currently in discussions with DFAT to enable the next phase of funding for this critical program. Part of this process involves a collaborative design process with key national partners to ensure that the next phase of the program aligns with Pacific partner’s key priorities.

2. PROGRESS AND ACHIEVEMENTS

2.1 COVID Surge Support in Fiji

The RACS Global Health team have recently responded to a request from the Fiji Ministry of Health to provide COVID surge support to the Colonial War Memorial and Lautoka Hospitals. RACS mobilized and deployed a team of six specialist volunteers, including 2 anaesthetists, 1 intensivist, 2 ICU nurses and 1 IPC nurse. RACS worked alongside the Ministry of Health, DFAT and AUSMAT to ensure that strict COVID safe protocols and procedures were implemented to keep the volunteers and Fijian people safe. The lessons learned from the trip will inform our planning for VMTs to resume assistance to other Pacific Island Countries when this is possible. RACS and SPC have recently sent out a [survey](#) to understand the current context and data around **surgical backlogs**. This data will help us to plan and provide more targeted support to individual countries in the coming year.

2.2 Midterm review

In 2020, RACS engaged the Nossal Institute for Global Health at the University of Melbourne to undertake an independent [Mid-Term Review \(MTR\)](#) of the PIP. Following completion of the MTR, RACS has developed a [learning paper](#) to ensure that significant learnings from the review continue to inform RACS Global Health strategy and program development.

2.3 Supporting perioperative nurses across the region

RACS has funded 25 places for Pacific nurses to undertake an online **Postgraduate Certificate in Perioperative Nursing** through the Australian College of Nursing (ACN) as well as providing further **weekly online mentoring**, tutoring and resources such as textbooks to the nurses to assist in successful completion of their studies. Further work is also being undertaken in collaboration with SPC to develop **online educational resources** in line with the recently published **Pacific perioperative practice standards manual** that has been a collaboration between SPC, RACS and Pacific operating nurses over many years. The online modules that will be produced are a self-paced training based that will predominantly be used for nurses entering operating theatres for the first time, as a refresher training for nurses in operating theatre and potentially other clinical staff working in the operating theatre environment.

2.4 Online education and mentoring

In addition, RACS has identified new ways to support remote learning, including development of specialised online training resources for clinicians in partnership with Interplast. Resources developed and uploaded to Praxhub (a specialist health care education website) include modules on: Skin Graft Knives, Management of the Unanticipated Difficult Airway, and Using the ISOBAR Tool for Post-anaesthesia Handover, Assessment of the Diabetic Foot amongst others. RACS is also collaborating with Interplast to undertake a **Gender Equity and Disability Analysis** across a sample of PIP countries. This will be conducted by local consultants and the findings internally used to better understand barriers to patient access and inform program design that is more inclusive and responsive to local needs. This is also a standard best practice compliance requirement of a DFAT accredited organisation.

RACS is continuing to support remote learning through webinars and more focused one on one mentoring. RACS is aware that many clinicians across the Pacific hold independent strong collegial relationships with RACS colleagues which enables informal peer to peer mentoring and remote

complex case review. A pilot to formalize clinical mentoring and complex case review and include more robust measurement of the outcomes and impact of this support is being planned and will be communicated shortly.

Further information on current activities and achievements can be found in our latest [newsletter](#)

3. CHALLENGES

The COVID-19 pandemic continues to impact significantly on the Pacific Island activities. Responding to the pandemic and the changed conditions has required a significant and ongoing shift in PIP programming, in order to continue to provide training, mentoring and support to Pacific health staff despite travel and quarantine restrictions. There is still uncertainty around when open international travel to the Pacific will be possible, and PIP planning has proceeded on the basis that resumption of VMT visits will occur early next year.

RACS is in communication with stakeholders to understand the ongoing impacts of COVID and is undertaking frequent review of its activity plans given the current fluid context. Whilst there are certainly some challenges, online communication has generally been a positive throughout the pandemic, virtually connecting larger numbers of people over large geographic areas. However, it will never replace direct, face to face communication and engagement among partners to strengthen collaborative relationships and increase understanding of local contexts.

4. FUTURE DIRECTIONS

4.1 Mentoring

We will continue to develop the capacity of the PIP to provide increased opportunities for remote mentoring, complex case review and training that provides CPD through RACS accredited courses and participation in online case discussions and learning sessions.

4.2 Simulation training

RACS is in the process of developing a partnership with Monash Children's International who have developed equipment and courses to provide remote simulation training in low resource settings. We

anticipate this partnership supporting the provision of surgical simulation training within the next iteration of the PIP to offer clinicians an opportunity to receive high level clinical skill training remotely.

4.2 Equipment

Training has been a key focus of the PIP over the last 5 years and will remain a focus with both remote and face to face training when travel resumes. However, RACS is aware that the lack of appropriate equipment can impact the ability of surgeons to perform more complex procedures even though they have the technical skills. RACS will work with hospitals, ministries, and other bodies such as WHO to ensure appropriate equipment is part of the ongoing support to our Pacific partners.

4.3 Recommendations for governments:

- To consider the most effective and inclusive process for endorsement of a collaborative design for the next phase of the DFAT funded Pacific Island Program by Ministries of Health and Regional Institutions.
- To consider the most effective process for gaining regional and national endorsement for use of RACS accredited on-line training with Continuing Professional Development points for Pacific participants.
- To consider and provide advice on the possibility of Pacific Ministries of Health providing professional indemnity cover for nurses travelling as part of RACS visiting medical teams.

4.4 Recommendations for development partners: