

Directors of Clinical Services Meeting

Réunion des directeurs des services cliniques



Royal Australasian

College of Surgeons

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS (RACS)

BRIEFING PAPER

DIRECTORS OF CLINICAL SERVICES MEETING

29th – 30th AUGUST 2022

1. BACKGROUND

The Royal Australasian College of Surgeons (RACS) has been implementing the Pacific Islands Program (PIP) since 1995 to assist in addressing gaps in specialised clinical service provision in the Pacific. This health-focused program is funded by the Australian Government, through the Department of Foreign Affairs and Trade (DFAT) and forms part of DFAT's Regional Health Program in the Pacific. The PIP also contributes to DFAT's regional program goal of making health care in Pacific Islands Countries "affordable, appropriate to local needs, of good quality and assessable". The PIP is funded to deliver a range of tertiary health services and training activities aligned to the priorities of Pacific Ministries of Health and has the following anticipated 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 the PIP will conclude in September 2022. However, work to design the next phase of DFAT's regional program, the **Pacific Clinical Services and Health Workforce Improvement Program (PCSHWIP – Phase 2)** is well underway. RACS, SPC and FNU have spent the last six months collaborating closely with DFAT on the re-design process. RACS' Pacific Island Program or PIP is just one component of the DFAT regional program as SPC and FNU programs also form integral parts of the PCSHWIP. RACS, SPC and FNU staff joined DFAT and the external design team for design workshop in Suva in March 2022. This workshop established the overall concept for the program design including the proposed high-level outcome areas. The three partners are also engaging with the Nossal Institute for Global Health to undertake a baseline study to establish baseline data which will support effective monitoring and evaluation and specifically assessment of progress towards achievement of key outcomes as the program and work of the three partners progresses over the next four to five years.

2. PROGRESS AND ACHIEVEMENTS

2.1 PIP Partner Reflection Workshop –August 31, 2022

An annual partner reflection workshop will be held with representatives of the 11 Pacific Island Countries participating in RACS' PIP on August the 31st in Nadi. After 2 and half years of COVID-19, and associate challenges such as closed borders and limited international travel, RACS Global

Health is looking forward to engaging, face-to-face, with our Pacific clinical partners to reflect on the last five years of the PIP program.

The main objectives of the **Partner Reflection Workshop** are to:

- Discuss and reflect on the strengths, weaknesses and achievements of the current phase of the RACS' PIP
- Consider our current ways of working together and how we can further improve our communication and partnership approaches with Pacific Ministries of Health and clinical teams so that RACS Global Health can continue to firmly focus on, and effectively respond to key priorities
- Discuss your current priorities for clinical services support and clinical capacity building and establish effective modes of communication

2.2 Visiting Medical Teams and In-Country Clinical Training

Over the last 6 months, RACS Global Health has been able to deploy a number of visiting medical teams and work with in-country colleagues to support training where countries have been ready to receive teams. RACS is now in the process of working with the 11 countries to understand key priorities for support over the next year (September 2022-August 2023). RACS will use the vital information you provide to develop annual activity plans for each country. This participatory planning process ensures that the PIP responds to the key priorities you have communicated to us. The table below outlines RACS surgical and training activities conducted in the first six months of 2022.

Location	Date	Specialty	Consults	Operations	RACS team	PI clinicians trained/mentored
Clinical Trips						
Fiji (Labasa)	May 22-28	ENT	36	24	1 surgeon, 1 nurse, 1 anaesthetist	23
Cook Islands	May 22-28	ENT	76	14	1 surgeon, 2 nurses, 2 anaesthetists	5
Nauru	June 9-19	Vascular	27	4	1 surgeon, 2 nurses, 1 anaesthetist	4

Location	Dates	Type of Training	Trainers	Number of Participants
Training Trips				
Fiji (Suva)	May 8-14	EMST/CCrISP	3 Australian EMST/CCrISP Instructors/8 Fijian Faculty	32
Australia	April 8-10	EMST Observer ship	Melbourne EMST Course Faculty	1 Fijian Senior Emergency Nurse
Australia	March 25-27	EMST Instructor Training	Melbourne EMST Course Faculty	1 Fijian Surgeon & FNU Lecturer
Fiji (Suva)	April 6-8	Advanced Paediatric Life Support (APLS)	4 APLS Faculty / 9 Local Faculty	24
Fiji (Suva)	April 11-13	General Instructor Course (APLS)	APLS Faculty /3 Local Faculty	11

Fiji (Lautoka)	June 15-17	APLS	3 APLS Faculty/ 11 Local Faculty	18
Location	Dates	Type of Training	Trainers	Number of Participants
Fiji (Suva)	June 2- July 1	Gastroenterology	ANZGITA	Approx. 30
RACS also fully supported 2 clinicians from the Solomon Islands attend this 1-month long training in Fiji.				
<i>Trainings supported by RACS and conducted by in-country faculty</i>				
Fiji (Labasa)	Feb 28	Paediatric Life Support (PLS)	Fijian PLS Course Faculty	16
Fiji (Labasa)	April 1	PLS	Fijian PLS Course Faculty	16
Fiji (Labasa)	March 3	PLS	Fijian PLS Course Faculty	12
Fiji (Suva)	March 4	PLS	Fijian PLS Course Faculty	16
Vanuatu (Torres Island)	May	Primary Trauma Care (PTC)	Ni-Vanuatu Faculty	20
Vanuatu (Banks Islands)	June	PTC	Ni-Vanuatu Faculty	20
Fiji (Sigatoka)	May	PTC	Fijian Faculty	20
Fiji (Lautoka)	June	PTC	Fijian Faculty	20

2.3 Supporting perioperative nurses across the Pacific

RACS funded 25 places for Pacific nurses to undertake an online **Postgraduate Certificate in Perioperative Nursing** through the Australian College of Nursing (ACN). RACS support also included **weekly online mentoring**, tutoring and the provision of key resources such as textbooks to the nurses to assist in successful completion of their studies. To date:

- 12 nurses have now completed their postgraduate certificate in perioperative nursing through the Australian College of Nursing
- Two Tongan nurses who had to take a term off due to the volcano in Tonga earlier in 2022 will complete their course in September 2022.
- RACS is planning to support a further 10 nurses through the same course in 2023 as well as provide the additional mentoring course

Further work has also been undertaken in collaboration with SPC and RACS nursing educators 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 theatre nurses over many years.

2.4 Pacific Islands Virtual Online Training in Surgery (PIVOTS) pilot

PIVOTS is a collaboration between RACS, FNU and Monash Children's Simulation Centre. The 5-week pilot surgical simulation training project was implemented at FNU during April and May 2022. The recently completed evaluation of the pilot project will inform the expansion of the project

to other countries through the next phase of the PIP. PIVOTS aim to provide local trainees with the opportunity to use simulation-based education and virtual educational methodology with novel technology; and for facilitators to further develop their skills in providing education using this novel intervention moving towards a sustainable educational system in the future.

2.5 Training and Contextual Analysis

RACS Global Health continues its partnership and collaboration with Interplast on a range of new training activities and contextual analysis as follows:

On-Line Training:	Pacific Perioperative Standards modules (information on how to access these will be available to countries in August 2022)
	Wound Management modules (information on how to access these will be available to countries in August 2022)
	These resources may also be used as complementary learning materials to go with face to face visiting medical teams
Contextual Analysis	Diabetic Foot Disease Baseline Research
	Gender Equality and Disability Inclusion Analysis
Face to Face Training:	Disability Inclusion Training for Clinicians and Hospital Administrators - rolled out to 6 countries in collaboration with local Pacific disability organisations. Participating countries include Samoa, Tonga, Fiji, Kiribati, Vanuatu & Solomon Islands

3. CHALLENGES

The COVID-19 pandemic continues to impact significantly on RACS programs in the Pacific. Responding to the pandemic and changed conditions has required a significant and ongoing shift in PIP programming, to continue providing clinical support, training, and mentoring to Pacific clinical partners. For instance, RACS deployed a surgical team recently that had to complete seven days of quarantine before commencing surgery with the team at the national referral hospital. This additional time commitment (for quarantine) can make it challenging to find clinicians available for deployment. After completing four days of surgery, the Visiting Medical Team (VMT) had to depart at short notice, due to a concerning COVID outbreak. This example highlights the very fluid contexts that we all currently work in and respond to. These changing conditions have direct operational or program impacts such as planned trips being delayed; VMT trips already in progress being cut short; fewer patients able to be treated if the deployment period is shortened; purchased drugs and consumables not able to be used by VMTs; clinical training courses cut short if large numbers of trainers and participants contract COVID. Where these events occur, planned activities may not achieve the level of results anticipated.

Whilst COVID interrupted travel, face-to-face engagement and direct support to countries, online communication has generally been a positive. The ability to virtually connect large numbers of people, over large geographic areas has enabled the continued provision of support and information sharing during a very challenging period.

4. FUTURE DIRECTIONS

4.1 Clinical Mentoring

RACS Global Health, will continue to support 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 Surgical Simulation Based Training

RACS' partnership with the Monash Children's Surgical Simulation Centre will continue to support the provision of surgical simulation training to Pacific clinicians during the next phase of the PIP. A recent evaluation of the PIVOTS pilot revealed a very positive participant response (1= needs significant improvement, 10= Excellent, presented as Mean & Standard Deviation). The response rate for the post-course evaluation questionnaire was 42/49 (85.7%), and 12/12 (100%) for the MCS Clinical Educators Course.

• Course overall	8.9/10 (SD 1.8)
• Recommendation to colleague at same level	9.4/10 (SD 1.3)
• Future Clinical Practice Relevance in Fiji	8.9/10 (SD 1.7)
• Online Learning Resources	9.1/10 (SD 1.7)
• Group Discussion Webinars	8.6/10 (SD 1.9)
• Live Laparoscopic Webinars	9.0/10 (SD 1.9)
• SurgTrac Curriculum	8.9/10 (SD 1.9)
• Online Assessment Feedback	8.9/10 (SD 1.9)

There was also a significant difference in all the **pre- vs. post-course self-reported confidence domains** which were linked to the PIVOTS Intended Learning Outcomes:

• Knowledge of laparoscopic principles:	0.8 vs 2.6, p<0.0001
• Core laparoscopic skills:	0.7 vs 2.7, p<0.0001
• Intra-corporeal knot tying:	0.5 vs 2.0, p<0.0001
• Arranging urgent theatre cases:	2.3 vs 3.7, p<0.0001
• Preparing, draping, and operating room ergonomics:	2.5 vs 3.6, p<0.0001
• Identifying and handling open surgical instruments:	2.6 vs 3.3, p=0.0006
• Handling of common laparoscopic instruments:	0.9 vs 2.6, p<0.0001
• Writing operative notes:	2.6 vs 3.6, p<0.0001
• Conducting daily ward round of surgical patients:	3.0 vs 3.6, p=0.0002
• Obtaining informed consent for minor procedures:	3.1 vs 3.6, p=0.0079
• Dealing with challenging situations on the ward:	2.8 vs 3.5, p=0.0003

4.3 Recommendations for Governments:

RACS is looking forward to receiving Ministry of Health priorities for clinical support and training for the next year (Sept 2022-August 2023) from the 11 Pacific Island Countries that participate in the PIP. This will enable RACS to complete country level activity implementation plans and budgets based on Pacific Ministry of Health clinical priorities.