

Director of Clinical Services Meeting

Réunion des directeurs des services cliniques

SPC/HEALTH/DCS/Virtual Meeting

Information Paper N°8

BUILDING A SUSTAINABLE WORKFORCE THROUGH EDUCATION AND LEADERSHIP IN PACIFIC ISLANDS COUNTRIES AND TERRITORIES

16 – 17 August 2023, Time: 12.00-3.00pm FJ Time; virtual meeting



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS (RACS) BRIEFING PAPER

Agenda Item 7.1



1. BACKGROUND

The Royal Australasian College of Surgeons (RACS) has been assisting with clinical service delivery and clinical capacity building through various iterations of its Global Health programs in the Pacific since 1995. These programs have continued to be supported by the Australian Government, through the Department of Foreign Affairs and Trade (DFAT) and form part of DFAT's Regional Health Program in the Pacific.

RACS' Pacific Islands Program (PIP) concluded in September 2022. However, RACS, Fiji National University (FNU) and the Pacific Community (SPC) continue to work collaboratively through the new DFAT funded program, the **Pacific Clinical Services and Health Workforce Improvement Program (PCSHWIP – Phase 2)**. The program has three core Key Results Area or KRA, as follows:

KRA 1: Regionalisation of organisations, guidance, tools, standards, and services is strengthened.

KRA 2: Quality clinical services are strengthened and more accessible.

KRA 3: Health workforce development is strengthened and implemented.

2. PROGRESS IN 2023

Visiting Medical Teams (VMTS)	Clinical Focus	Patients Consulted and Treated
<p>13 surgical teams deployed across 8 countries.</p> <p>A further 7 VMTs to be deployed between August and to November the Solomon Islands, Kiribati, Federated States of Micronesia, Tuvalu and Timor Leste</p>	<p>Paediatrics, ENT, Urology, Vascular and Obstetrics and Gynaecology</p> <p>Paediatrics, ENT, Urology and Ophthalmology</p>	<p>662 patients received a consultation.</p> <p>264 patients received surgery</p>
Clinical Training Teams Deployed	Clinical Focus	Clinicians Trained
<p>14 clinical training teams provided 14 training courses involving 58 local faculty</p>	<p>EMST, CCrISP, APLS, PLS, GIC, Endoscopy, Surgical Simulation and Perioperative Nursing</p>	<p>225 clinicians trained</p>

3. CHALLENGES

RACS has experienced a range of operational challenges in 2023. The most significant continues to be the inflated cost of international airfares, hotel accommodation, international freight and medical consumables.

Supply chain issues continue; some consumables are not only higher in cost, but short in supply. With a scarcity of supply, RACS cannot always provide all the consumables our team's request. Where scarce items arrive late, RACS has to pay a premium rate for international freight or ask our VMTs to carry large quantities of equipment and consumables. Our teams always carry drugs required and these can weigh up to thirty kilos. Where teams carry equipment, excess luggage costs can be high.

There have been issues with customs clearance, both when equipment and consumables are carried by teams and also when kits have been freighted to hospitals. A RACS urology kit was impounded for three days before it was released. We have also experienced delays in customs clearance when we freight kits to hospitals. We will be asking (Ministries of Health) MoHs to help RACS obtain letters from Ministries of Finance and customs authorities providing customs duty waivers for our medical kits. Delays in customs clearance are delaying the start of surgeries by RACS teams.

There are also the unexpected issues that impact program delivery. For instance, hospital staff striking on the last day of a deployment resulted in patients having their procedures cancelled and a surgical team not being utilised.

RACS engages with MoH and other government departments well in advance of a VMTs planned departure date to obtain medical registration or special category visas (where required). However, late provision of approved medical registration or visa documents have come close to triggering VMT postponement.

Reaching a consensus on the focus and timing of VMT trips can cause delays. Countries may present patient lists that are non-surgical or involve procedures too risky to be undertaken by a visiting team in-country for 7 days. Where this occurs, RACS is committed to continuing collaborative discussions with MoHs to identify an alternative that align with clinical priorities.

4. FUTURE DIRECTIONS

RECOMMENDATIONS FOR GOVERNMENT

- Due to funding limitations and a commitment to equity across 10 PICTS, RACS Global Health can provide two Visiting Medical Teams annually to the 10 focus countries. Fortunately, MoHs can access specialised clinical support from other countries and other organisations and refer a limited number of patients overseas for treatment. However, RACS would be willing to explore other cost sharing arrangements with MoH, where this is possible, to increase VMT access through RACS Global Health.
- RACS looks forward to engaging with MoHs to develop the 2024 Workplan which will provide the focus for VMT deployment and clinical training in the coming year.
- RACS would greatly appreciate assistance from MoHs to obtain local medical registration and any special category visas well ahead of RACS VMT travel dates to avoid any postponement of VMTs.
- RACS will also be seeking assistance from MoHs to obtain customs duty waiver letters from Ministries of Finance and other authorities to assist with the timely customs clearance of RACS medical kits required by VMTs.
- RACS would like to extend our thanks to the many MoH and hospital staff who have engaged in clinical VMT planning meetings in 2023 and we look forward to continuing this important planning discussions ahead of all VMT deployments.
- In 2023, we have achieved a far greater clinical focus for VMT deployment and clinical training. VMT deployment has focused on Paediatrics, ENT, Urology, Vascular, Ophthalmology and Obstetrics and Gynaecology. Clinical training has focused on EMST, CCrISP, APLS, PLS, GIC, Endoscopy, Surgical Simulation Training and Perioperative Nursing. Whilst RACS is committed to aligning our clinical support and clinical training activities to MoH priorities, it is operationally more effective and programmatically more impactful to focus on fewer specialties.
- RACS Global Health would welcome the development of both VMT and clinical training schedules to avoid duplication of effort, and to support effective planning and collaboration.