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NURSES TOGETHER: A FORCE FOR GLOBAL HEALTH

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Royal Australian College of Surgeons: Global Health Program Updates

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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. 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)**.

In 2023, RACS continues to support specialised clinical services through the deployment of Visting Medical Teams (VMTs), and to support clinical capacity development through training and mentoring. Operational challenges including increasing costs, supply chain, logistics, freight and coordination issues continue. Improved coordination and collaboration with Ministries of Health and other partners will help to mitigate challenges and further strengthen program operations and outcomes.

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 AND ACHIEVEMENTS

Visiting Medical Teams (VMTs)	Clinical Focus	Patients Consulted and Treated
<p>15 surgical teams currently deployed across 8 countries.</p> <p>A further 2 RACS VMTs will be deployed to the Marshall Islands (ENT) and Kiribati (Urology) in November 2023.</p> <p>17 surgical teams will have been deployed in 2023.</p>	<p>Paediatrics, ENT, Urology, Vascular and Obstetrics and Gynaecology.</p>	<p>1000 patients received a consultation.</p> <p>377 patients received surgery.</p>

Clinical Training	Clinical Focus	Clinicians Trained
18 training teams, comprising 121 local and international instructors, conducted clinical training in 4 countries.	EMST ¹ , CCRISP ² , APLS ³ , PLS ⁴ , GIC ⁵ , Endoscopy, Surgical Simulation and Post Graduate Certificate in Perioperative Nursing (with weekly on-line mentoring sessions).	288 Indo-Pacific clinicians trained, including 77 nurses. 7 Pacific nurses enrolled in a Post Graduate Certificate in Perioperative Nursing and participating in weekly mentoring sessions.

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 equipment and 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 surgical 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 the drugs they require, 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 when our medical kits have been freighted directly 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 who are typically doing five days of clinical work.

There are also the unexpected issues that impact program delivery. For instance, hospital staff striking

¹ Emergency Management of Severe Trauma

² Care of the Critically Ill Surgical Patient

³ Advanced Paediatric Life Support

⁴ Paediatric Life Support

⁵ Generic Instructor Training

on the last day of a deployment resulted in patients having their procedures cancelled and a surgical team not being fully 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 can result in 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 surgical team in-country for a week. Where this occurs, RACS is committed to continuing collaborative discussions with MoHs to identify an alternative that aligns with clinical priorities.

4. FUTURE DIRECTIONS

4.1 Recommendations for governments:

- 4.1.1 Due to funding limitations and a commitment to equity across 10 Pacific Island Countries and Territories (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 MoHs, where this is possible, to increase VMT access through RACS Global Health.
- 4.1.2 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.
- 4.1.3 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.
- 4.1.4 In 2023, RACS' program 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.

- 4.1.5 RACS Global Health would appreciate countries sharing their annual VMT and clinical training plans and schedules to avoid duplication of effort, and to support effective planning and collaboration.